

# **The situation of people with disability in Indonesia: a desk review**



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# Preface

People with disability, frequently addressed in day-to-day conversation in Indonesia as *penyandang cacat* (disabled, handicapped), are often considered as unproductive citizens, as people who are unable to exercise their duties and responsibilities, which leads to a neglect of their rights.

Indonesia is a country with a range of disability risks including: extended armed conflicts in Aceh and Papua; horizontal conflicts in the Moluccas and in various other areas over land, employment or violations of local customs; numerous natural disasters in many areas over the years; polio and leprosy incidence; vitamin A deficiencies; a high incidence of strokes; and poor patient safety in medical practices. Although vaccines are already available for polio and *lumpuh layu* (acute flaccid paralysis), the prevalence of both diseases is still at the level of 4/100 000 of population. The prevalence of leprosy was 0.76/10 000 in 2008. Hypertension that can lead to stroke prevails in 31.7% of people aged 18 and above<sup>1</sup>, and the prevalence of stroke is estimated to be 8.3/1000.<sup>2</sup> Traffic safety and occupational safety are both poor.

The implementation of Law No. 4 of 1977 concerning People with Defects (a literal translation of *penyandang cacat*) has been weak, and the law is considered to disempower its legal subject because the term *penyandang cacat* imposes stigma. The word *penyandang* (people with) indicates a person with defects as a whole person.

The movement to achieve equal rights for people with disability and the demand for physical and non-physical accessibility have a long history in Indonesia. Disability rights activists organised in disabled people's organisations have long demanded accessibility in facilities and infrastructure, which would allow them to access public services and enjoy equal opportunities to participate in education, community affairs, politics and religion. Although some progress has been made, much remains to be done.

Price and Takamine compiled lessons learned from an evaluation of the Decade of the Disabled in the Asia-Pacific region (1993–2002) and commended Indonesia as one of the countries that had already made some progress in national coordination and in the making of many legal instruments.<sup>3</sup> During that decade, Indonesia issued not only the special law concerning people with disability, but also Law No. 28 of 2002 concerning Buildings and Constructions and a number of ministerial regulations relevant to the needs of people with disability. Nevertheless, Vernor Munoz, UN Special Rapporteur on the Right to Education, wrote in his report that the Indonesian Government lacked the political will to achieve the universal goal of inclusive education. Munoz observed in 2007 that there were wide discrepancies between the existing normative framework and the resources provided to enforce the rights of

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<sup>1</sup> Indonesian Ministry of Health, 2008.

<sup>2</sup> Riskesdas, National Basic Health Research, 2007.

<sup>3</sup> Penny Price & Yutaka Takamine. "The Asian and Pacific Decade of Disabled Persons 1993-2002: What Have We Learnt"; Asia Pacific Disability Rehabilitation Journal, vol.4, No. 2, 2003

people with disability to inclusive education. Sudibyo Markus, who was commissioned by the International Labour Organization to conduct an evaluation on the rights of people with disability in employment, made a similar observation. He stated that Indonesia already had the legal instruments, but that implementation was significantly weak.

The UN Convention on the Rights of Persons with Disabilities, which was signed by Indonesia on 30 March 2007 and is currently in the process of ratification, states the following in its preamble:

*Recognizing* that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others ...

This recognition indirectly states that removing the barriers to participation is the responsibility of the society and the state. Society's attitude and government policies to accommodate the principles of human rights (non-discrimination, equality and equal opportunity), as well as to recognise that limitations can be overcome through efforts to provide physical and non-physical accessibility, would be important factors in addressing so-called 'disability'. Improving society's awareness of disability and the state's measures to address it is an important task of the global community so that everyone, regardless of the type and severity of their impairment, can enjoy their most fundamental rights.

This desk review is intended to give a snapshot of the general condition of people with disability in Indonesia. It illustrates the characteristics and the size of the population; government policies and programs; and the legal framework that is relevant to disability issues. It also analyses the participation of people with disability in various sectors, such as education, politics and culture. The review could be used as a foundation to develop inclusive policies, particularly for people with disability, so that they have the same opportunity before the law to enjoy their social, economic, political and cultural rights. The data and information for the review was derived from various national surveys, micro- and macro-level research, media reports, and other sources relevant to sectoral policies.

This review may be far from perfect, so we welcome all constructive inputs, for which we thank you in advance.

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# A People with disability: who and how many?

This section describes the population of people with disability in Indonesia, which is not easy due to poor data and census record-keeping. For a relatively complete description, we shall start with the data from the Ministry of Health's small collaborative study with the World Health Organization (WHO) in 1975. Of 3317 interviewees, no fewer than 9.2% had physical impairments and disability (mental/intellectual and psychiatric impairments were not the focus of the study). Based on that study, WHO estimated that the proportion of people with disability in Indonesia at that time was 12%.<sup>4</sup>

In 1976–1978, the National Institute of Health Research and Development in the Indonesian Ministry of Health, assisted by WHO<sup>5</sup>, carried out a random survey in 14 provinces. The survey involved 22 568 people from 4323 households (18% in urban areas and 82% in rural areas). The Indonesian population at that time was estimated to have reached 114.8 million people.<sup>6</sup> In the survey, Kartari found that the prevalence of functional impairment was 15.5% and that of disability was 14.1%.<sup>7</sup> The most common disabilities are shown in Table 1.

**Table 1: Most commonly found disabilities**

Types of disability	M (%)	F (%)
Inability to carry out social activities	9.3	5.2
Inability to perform household chores	6.4	8.1
Inability to perform employment activities	3.8	1.9
Inability to carry out daily activities	2.7	2.1

Source: DS Kartari, 1979, *Disability study: A preliminary report*, National Institute of Health and Development, Departemen Kesehatan RI, cited from Irwanto & Hendriati (2001).

Another attempt to obtain an overall picture of disability was carried out by the Ministry of Social Affairs together with the Indonesian Central Statistics Agency (BPS), which incorporated a survey on disability in Susenas (the national socio-economic survey) in 1995 which was reported under 'health statistics'. The result is shown in Table 2.

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<sup>4</sup> Irwanto & Hendriati, 2001.

<sup>5</sup> Including India; WHO, 1980, South-east Asia Advisory Committee on Medical Research.

<sup>6</sup> WHO, 1980; DS Kartari, 1991, 'A study on disability in Indonesia', *Cermin Dunia Kedokteran*, no. 72, hlm. 51–56.

<sup>7</sup> DS Kartari, 1991, 'A study on disability in Indonesia'. In this study, Kartari defined disability as having functional limitation and/or impairment as a causative factor, and as an existing difficulty in performing one or more activities which, in accordance with the person's age, sex, and normative social role, are generally accepted as essential, basic components of daily living, such as self-care and social and economic activity. Depending in part on the duration of the functional limitation, disability may be short term, long term or permanent. In this context, only long-term and permanent disability is considered.

**Table 2: Number of people with disability, by type of disability and province**

Province	Blind	Physical disability	Chronic illness	Mental disability	Mute / deaf	Total
DI Aceh	34 628	32 704	25 009	15 390	11 928	119 660
North Sumatra	100 032	94 475	72 245	44 459	34 455	345 666
West Sumatra	38 909	36 747	28 101	17 293	13 402	134 451
Riau	35 105	33 155	25 353	15 602	12 092	121 307
Jambi	21 330	20 145	15 405	9 480	7 347	73 706
South Sumatra	64 868	61 264	46 849	28 830	22 343	224 155
Bengkulu	12 682	11 977	9 159	5 636	4 368	43 824
Lampung	59 920	56 591	43 275	26 631	20 639	207 056
DKI Jakarta	82 014	77 458	59 232	36 451	28 249	283 403
West Java	352 861	333 258	254 844	156 827	121 541	1 219 331
Central Java	266 879	252 053	192 746	118 613	91 925	922 217
DI Yogyakarta	26 251	24 793	18 959	11 667	9 042	90 712
East Java	304 596	287 674	219 986	135 376	104 916	1 052 548
Bali	26 061	24 613	18 822	11 583	8 977	90 055
North Nusa Tenggara	32 811	30 989	23 697	14 583	11 302	113 382
East Nusa Tenggara	32 197	30 409	23 254	14 310	11 090	111 259
East Timor	7 557	7 138	5 458	3 359	2 603	26 115
West Kalimantan	32 722	30 904	23 632	14 543	11 271	113 071
Central Kalimantan	14 647	13 833	10 578	6 510	5 045	50 614
South Kalimantan	26 041	24 595	18 808	11 574	8 970	89 987
East Kalimantan	20 828	19 671	15 042	9 257	7 174	71 971
North Sulawesi	23 842	22 517	17 219	10 596	8 212	82 387
Central Sulawesi	17 443	16 474	12 597	7 752	6 008	60 274
South Sulawesi	68 025	64 246	49 129	30 233	23 431	235 065
South-East Sulawesi	14 282	13 489	10 315	6 348	4 919	49 353
Maluku	18 779	17 735	13 562	8 346	6 468	64 891
Irian Jaya	17 484	16 512	12 627	7 771	6 022	60 416
<b>Indonesia</b>	<b>1 752 793</b>	<b>1 655 416</b>	<b>1 265 906</b>	<b>779 019</b>	<b>603 740</b>	<b>6 056 875</b>

Source: BPS-Susenas 1995 (in 'Health statistics').

The number of people with disability was estimated to be more than 6 million, or approximately 3.2% of the total population of 194.8 million at that time.

In 1998, BPS reported on the same types of disability but found much smaller prevalence than Susenas, as shown in Table 3.

**Table 3: Number of people with disability, by cause, province and region (urban/rural) in 1998**

	Congenital			Accident			Illness			Total
	Urban	Rural	U+R	Urban	Rural	U+R	Urban	Rural	U+R	
DI Aceh	2 352	13 471	15 823	571	3 254	3 825	2 077	10 981	13 058	32 706
North Sumatra	10 996	14 430	25 426	3 236	3 481	6 717	11 707	13 469	25 176	57 319
West Sumatra	2 440	13 869	16 309	1 679	7 030	8 709	3 548	17 815	21 363	46 381
Riau	1 717	5 006	6 723	830	2 089	2 919	1 804	4 204	6 008	15 650
Jambi	2 466	5 010	7 476	166	1 485	1 651	1 056	5 754	6 810	15 937
South Sumatra	6 250	12 039	18 289	3 905	7 011	10 916	13 637	19 195	32 832	62 037
Bengkulu	962	3 472	4 434	139	1 075	1 214	848	4 416	5 264	10 912
Lampung	3 905	22 384	26 289	2 357	9 125	11 482	8 478	33 140	41 618	79 389
DKI Jakarta	10 934		10 934	5 398		5 398	6 940		6 940	23 272
West Java	27 614	52 751	80 365	11 790	17 266	29 056	31 677	71 637	103 314	212 735
Central Java	25 906	59 798	85 704	10 592	23 880	34 472	32 508	89 456	121 964	242 140
DI Yogyakarta	4 496	6 538	11 034	5 044	3 807	8 851	10 248	6 359	16 607	36 492
East Java	29 160	83 225	112 385	16 739	38 791	55 530	58 061	154 987	213 048	380 963
Bali	2 575	5 432	8 007	556	2 233	2 789	4 265	14 055	18 320	29 116
Nusa Tenggara Barat	1 138	7 017	8 155	1 278	2 632	3 910	2 130	10 144	12 274	24 339
Nusa Tenggara Timur	1 118	25 690	26 808	442	11 402	11 844	2 317	40 522	42 839	81 491
East Timor	124	2 247	2 371		1 091	1 091		3 841	3 841	7 303
West Kalimantan	1 283	9 633	10 916	1 280	1 841	3 121	1 534	13 273	14 807	28 844

	Congenital			Accident			Illness			Total
	Urban	Rural	U+R	Urban	Rural	U+R	Urban	Rural	U+R	
Central Kalimantan	765	2 233	2 998	201	706	907	782	1 737	2 519	6 424
South Kalimantan	3 077	7 507	10 584	463	2 447	2 910	8 170	14 923	23 093	36 587
East Kalimantan	3 613	2 704	6 317	1 849	2 297	4 146	2 565	2 559	5 124	15 587
North Sulawesi	1 514	3 003	4 517	484	1 624	2 108	2 337	4 000	6 337	12 962
Central Sulawesi	603	6 967	7 570	538	4 258	4 796	2 322	9 993	12 315	24 681
South Sulawesi	5 262	17 956	23 218	2 098	8 491	10 589	4 609	27 065	31 674	65 481
SE Sulawesi	753	2 825	3 578	529	1 185	1 714	310	3 176	3 486	8 778
Moluccas	2 647	7 244	9 891	428	6 180	6 608	2 115	7 257	9 372	25 871
Irian Jaya	973	6 407	7 380	414	3 198	3 612	856	5 760	6 616	17 608
<b>Indonesia</b>	<b>154 643</b>	<b>398 858</b>	<b>553 501</b>	<b>73 006</b>	<b>167 879</b>	<b>240 885</b>	<b>216 901</b>	<b>589 718</b>	<b>806 619</b>	<b>1 601 005</b>

Source: BPS – Susenas 1998 (in 'Demographic and social welfare statistics').



The number of people with disability in 1998 was 1 601 005, or 0.8% of the total population.<sup>8</sup> Illness-induced and congenital disabilities were the largest contributors. The Susenas in 1998, 2001 and subsequent years did not include disability under health statistics, but under social welfare statistics.<sup>9</sup> This means that the questions on disability were used to find out about citizens who experienced barriers or disadvantage in achieving their social welfare. Therefore since 1998, the data on people with disability has been biased as it only reflects poor people with disability. The data that is frequently cited as a reference on disability issues is the data from Susenas 2003. Based on that data, the number of people with disability in Indonesia is estimated to be 2 454 359.<sup>10</sup>

After the tsunami in Aceh on 26 December 2004 and the major earthquake in Yogyakarta on 27 May 2006, BPS piloted questionnaire modules on disability, assisted by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), to obtain data on health and disability in Indonesia on the basis of the International Classification of Functioning, Disability and Health (ICF) developed by WHO. According to UNESCAP, 1.38% of the Indonesian population (3 063 000 people) are people with disability.<sup>11</sup> This figure is drawn from the response from the Indonesian Government to the UNESCAP survey in 2006, in which the data was derived from Susenas 2006. Nevertheless, it was not clear whether the data obtained by UNESCAP was the result of any pilot testing. The data was used neither in programs nor in policymaking.<sup>12</sup> In 2009, Susenas BPS sought other disability statistics. The questions in Susenas 2009 were based on the disability categories in Law No. 4 of 1997. The statistics were derived from the number of people answering 'Yes' in rural areas (1 198 185 people), in urban areas (928 600 people), and in total (2 126 785 people). The percentages are shown in Table 4, by category of disability.

It is important to note that the data has rarely, perhaps never, been used as a reference to develop policies.

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<sup>8</sup> The differences in the estimates are possibly due to different definitions. In 1995, the working definition was 'loss or abnormality of anatomy, physiological or psychological functions or structures; the level of severity meant the level of permanent inability or impairment, or declining ability to perform normal activities as a result of an illness, congenital disorder or accident. In 1998, the working definition of a person with disability was anyone who experiences impairments so that they are impeded or confronted by obstacles and barriers in performing a task in an appropriate manner.

<sup>9</sup> JICA (Japan International Cooperation Agency), 2002, *Country profile on disability: Indonesia*, Planning and Evaluation Department, JICA, Jakarta; Irwanto & Hendriati, 2001.

<sup>10</sup> More detailed information about the types of disability per province is in Table 10 in the Appendix.

<sup>11</sup> UNESCAP (United Nations Economic and Social Commission for Asia and the Pacific), 2009, *Disability at a glance: A profile of 36 countries and areas in Asia and the Pacific*, UNESCAP, New York.

<sup>12</sup> See [www.unescap.org/stat/meet/widism4/Indonesia\\_field\\_test\\_report.pdf](http://www.unescap.org/stat/meet/widism4/Indonesia_field_test_report.pdf) and [www.unescap.org/stat/meet/widism4/widism4\\_conclusions.pdf](http://www.unescap.org/stat/meet/widism4/widism4_conclusions.pdf) (accessed 13 September 2010).

**Table 4: Proportion of people with disability, by type of disability (%)**

Type of disability	n (%)
Blind	15.93
Deaf	10.52
Mute	7.12
Mute / deaf	3.46
Physical	33.75
Mental retardation	13.68
Physical & mental retardation / multiple disability	7.03
Mental (psychiatric/psychological)	8.52

Source: BPS, Susenas 2009.

The data used in the Strategic Plan of the Indonesian Ministry of Social Affairs (*Renstra Kemensos RI*) and the National Medium Term Development Plan 2010–2015 was the data obtained from *Pusdatin Kemensos RI* (the Data and Information Centre of the Ministry of Social Affairs). As shown in Table 5, the number of people with disability who were targeted in the Indonesian Government’s policy was 1 163 508.<sup>13</sup>

**Table 5: Number of people with disability in poor households**

Disability	2002	2004	2006	2008	2009
Children with disability	367 520	365 868	295 763	–	
People with disability	1 673 119	1 847 692	2 364 000	1 163 508	1 541 942
People who have developed a disability from a chronic illness	215 543	216 148	150 449	–	

Source: Data from Pusdatin (Data and Information Centre) of the Indonesian Ministry of Social Affairs 2002–2009.

The most recent data used by Bappenas to set the target for development is the ‘by name, by address’ data as collected by BPS and the so-called *Pendataan Program Perlindungan Sosial* (PPLS, Social Protection Program Data Collection) 2008. Table 6 indicates the numbers of people with disability in the ‘near poor’ to ‘extremely poor’ household categories targeted in *Program Keluarga Harapan* (PKH, Family of Hope Program—conditional cash transfer).<sup>14</sup>

**Table 6: Number of people with disability, based on household poverty categories**

Types of disability	Poverty status			
	Extremely poor	Poor	Near poor	Total
Blind	46 146	82 242	78 699	207 087
Deaf	24 746	54 747	66 468	145 961
Mute	20 678	33 822	27 054	81 554

<sup>13</sup> Complete details are in Figure 3 in the Appendix.

<sup>14</sup> For more detailed information, see Table 11 in the Appendix.

Deaf & mute	7 616	13 700	12 703	34 019
[Upper/lower] limb disability (physical disability)	51 857	106 042	116 981	274 880
Paralysis	19 985	42 167	45 755	107 907
Mental disability	39 439	76 280	66 571	182 290
Total disabled	210 467	409 000	414 231	1 033 698

Source: BPS, PPLS 2008.

The Indonesian Ministry of Social Affairs is now undertaking a disability survey on the basis of the ICF, as recommended by WHO. Based on the data from 14 (out of 33) provinces targeted in the survey, there are 1 167 111 people with disability.<sup>15</sup>

The ICF classification was also used in the *Riset Kesehatan Dasar* (Basic Health Research) project in 2007, in which the Indonesian Ministry of Health sampled people aged 15 and over. The findings showed that 1.8% of the researched population stated that they ‘have extreme problems’, and 19.5% stated that they ‘have problems’ in various aspects of their ability to carry out daily activities. The prevalence of those who ‘have problems’ in cleaning their bodies and dressing themselves is 3%.<sup>16</sup>

What can we learn from the Indonesian Government data on people with disability?

First, because the disability data in the BPS survey was changed from being classified under the health indicator to the social welfare indicator, the available data is more relevant to be used in the context of poverty alleviation than the population of people with disability.

Second, as a consequence, it is still difficult to determine the exact number of people with disability in the population, mainly due to changes in operational definitions. Nevertheless, from a number of surveys not biased because of the government’s targeting of poor people—such as Riskesdas 2007 and the World Bank’s pilot project in the same year, which distinguished disability from participation<sup>17</sup>, it is estimated that at least 2%–3% of Indonesians are people with various handicaps that impede their day-to-day functioning and social activities.<sup>18</sup>

Third, the existing surveys are unable to properly represent the prevalence of disability in the mental, emotional and intellectual domains (particularly autism, ADHD and other intellectual disabilities). For example, Riskesdas 2007 estimated that the national prevalence of mental and emotional impairment among people aged 15 or over to be 11.6%, while the prevalence of severe mental disability is 4.6 per million (more than 1 million people).<sup>19</sup> Mental and emotional disability, particularly

<sup>15</sup> Marzuki, 2010, *Penyandang cacat berdasarkan klasifikasi ICF*, Kepala Badan Penelitian dan Pendidikan, Kemensos RI; the complete set of data is in Table 12 in the Appendix.

<sup>16</sup> The complete figures are in Table 13 in the Appendix.

<sup>17</sup> D Mont, 2007, *Measuring disability prevalence*, Special Protection discussion paper no. 0706, World Bank, Washington DC; D Mont and M Loeb, 2008, *Beyond DALY’s: Developing indicators to assess the impact of public health interventions on the lives of people with disabilities*, Special Protection discussion paper no. 0815, World Bank, Washington DC.

<sup>18</sup> Data from the pilot project from Mont’s 2007 paper is in Table 14 in the Appendix.

<sup>19</sup> Riskesdas 2007.

severe mental disability, may cause serious hindrances to participation, particularly due to stigma and discrimination. Cases of confinement (*pemasungan*—being held captive to a wooden block) of children or adults who are emotionally disturbed are often found in society.<sup>20</sup>

Fourth, the disability prevalence figures are also problematic when we compare the figures with health statistics for severe impairment of participation caused by:

- stroke (prevalence is 0.9% in urban areas and 0.8% in rural areas)
- articulation/joint disorder (1.2% in urban areas and 1.5% in rural areas)
- colour blindness (0.7%)
- diabetes mellitus (0.1%)
- tumour (0.6%).

It is also important to note that the prevalence of leprosy in Indonesia is considered quite high (0.76 per 10 000 people), although eradication has been considered successful because the number is now below 1 in 10 000 of the population. In 2008, 17 441 new cases were found; former sufferers are estimated at 700 000.<sup>21</sup>

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<sup>20</sup> TH Tyas, 2008, 'Family experience of dealing with "the deviant"', in Bireun, Nangroe Aceh Darussalam, Indonesia', masters thesis in medical anthropology, Faculty of Social and Behavioral Sciences, University of Amsterdam; Minas, H. & Diatri, H. (2008). Pasung: Physical restraint and confinement of the mentally ill in the community. *International Journal of Mental Health Systems*. 2:8.

<sup>21</sup> Ministry of Health, 2008.

## B. Government programs and policies

When disability data was moved from health indicators to social welfare indicators, disability became a social sector issue. According to Law No. 11 of 2009 concerning Social Welfare and the Ministerial Regulation of the Minister of Social Affairs No. 82/HUK/2005 concerning the Duties and Procedures of the Department of Social Affairs, the focal point for handling issues concerning people with disability in Indonesia is the Indonesian Ministry of Social Affairs. The ministry's work is focused more on the provision of social services and rehabilitation to enable people with disability to function normally in society. The ministry also holds a mandate, by virtue of Law No. 4 of 1997 concerning People with Defect (Disability), to administer social aid and social welfare sustenance programs.

### B.1. Government programs for people with disability

The main target of the disability programs under the Indonesian Ministry of Social Affairs is people with disability, followed by their family members and society as a whole. Their programs are listed in this section.

#### 1. Non-institutionally based social rehabilitation

##### *Unit Pelayanan Sosial Keliling (UPSK, Mobile Unit for Social Service)*

*Unit Pelayanan Sosial Keliling* is a mobile service unit aiming to reach people with disability or other *Penyandang Masalah Kesejahteraan Sosial* (PMKS, or People with Disadvantages in Social Welfare) at the village level so that they can obtain social welfare services as early and as quickly as possible. The UPSK is available in 33 provinces.

##### **Loka Bina Karya (LBK)**

LBK is intended to help people with disability to gain access to social services and rehabilitation by focusing on skills training. The beneficiaries of LBK are people with a minor disability. In this era of regional autonomy, there are 321 LBK units, which are managed by district or city governments. However, only 204 units are currently functioning, while 104 units have been converted to other functions; 13 units are no longer functioning at all. Since 2008, the Ministry of Social Affairs has rehabilitated some of the LBK's buildings and refurbished some of its equipment.

#### 2. Institution-based social rehabilitation

There are 19 *Unit Pelaksana Teknis* (UPTs, or Technical Implementation Units) in the form of *panti* (institutions, rehabilitation centres) and two *Balai Besar* (national centres), which are managed by the Ministry of Social Affairs and function as centres or institutions for providing services and rehabilitation for people who are blind, deaf, mute, physically disabled, those with a disability from a chronic illness, mentally retarded, or former mentally ill patients (commonly schizophrenia) who are no longer in treatment (not institutionalized) (see Table 7). In addition, there are also 22 centres or institutions managed by local government and 321 *panti* run by communities.

**Table 7: Number of *panti sosial* under the Ministry of Social Affairs**

Type of impairment	Name of <i>panti</i> / <i>Unit Pelaksana Teknis</i>	No.
Blind	PS Bina Netra & Balai Braille Abiyoso	5
Deaf–mute	PS Bina Rungu Wicara	2
Physical disability	PS Bina Daksa & Balai Besar Dr Soeharso	6
Mental disability (retardation)	PS Bina Grahita & Balai Besar Kartini	3
Psychotic	PS Bina Laras	3
Those with a disability from a chronic illness	PS BL Kronis	1
National Vocational Rehabilitation Centre	Cibinong	1
<b>Total</b>		<b>21</b>

Source: Directorate of Social Service and Rehabilitation of People with Disability, 2010.

*Panti*-based social rehabilitation services targeted at multiple groups are also delivered through daycare systems and special outreach programs. In addition, the *panti* are also used as referral centres for services for people with disability under the family/community-based rehabilitation and UPSK programs.

### **3. *Rehabilitasi Basis Masyarakat* (RBM, Family/community-based rehabilitation)**

The family/community based rehabilitation (RBM) program is intended to mobilise the community to provide support and assistance to people with disability and their families by leveraging potential local resources of social welfare. The RBM program is driven by community cadres formed as teams consisting of people representing relevant community elements and community figures, as well as people with disability and their family members. Their main activity is to detect disability early and to refer people with disability to potential sources of assistance according to need. Ideally, the presence of a UPSK unit in a location would require RBM support. However, further guidance and development of RBM is required.

### **4. Social assistance for social organisations working on disability issues**

Social assistance for organisations aims to increase the community's level of participation and to extend the outreach of social service and rehabilitation for people with disability. In 2009, social assistance for organisations was given to 27 social organisations (25 organisations of people with disability and two *panti* dealing with people with multiple disabilities).

### **5. *Bantuan Tanggap Darurat* (emergency assistance)**

Emergency assistance is aimed at people with disability who suffer from abandonment, discrimination, exploitation, violence or disasters, as well as people who acquired their disability as a result of a disaster. In 2009, assistance was channelled to five people with disability in Garut in the form of assistive devices and social allowances of Rp. 1 000 000 each. In West Sumatra, 50 people received assistive devices and 56 people received social allowances. Other locations where

emergency assistance was delivered were Depok, Sukabumi and Ciamis in East Java (Ngawi) and Jakarta. This assistance covers people with blindness, former mentally ill patients (commonly schizophrenia) who are no longer in treatment (not institutionalized), physical disability, mental disability, social-behavioural disorder, deafness-muteness and chronic illness. Social service and rehabilitation programs for people with disability are carried out through three systems:

- institutionally based assistance—the regular program, multiple services, and multi-target group assistance through daycare services and cross-subsidies, as well as special programs that include outreach, UPSKs and expert assistance to social organisations and community-based social rehabilitation
- non-institutionally based assistance—support and assistance services using family-based and community-based approaches, which administers *Rehabilitasi Basis Masyarakat* (RBM, Community-based Rehabilitation)
- other social services—including *Loka Bina Karya*, *Praktek Belajar Kerja* PBK, *Usaha Ekonomi Produktif / Kelompok Usaha Bersama* (UEP/KUBE, Productive Economic Enterprise / Joint Enterprise Group).

## 6. Social Security for People with Severe Disability

This is a non-conditional allowance to maintain the livelihoods and sustain the social welfare of people with severe disability. The estimated number of people with severe disability is 163 232, but until 2009 the number of recipients of this form of social security was 17 000. They were given Rp 300 000 per person per month for a year as a social allowance disbursed through PT Pos Indonesia (the Indonesian postal service).

The allowance is for:

- people with disability who cannot be rehabilitated
- people who are unable to carry out their daily activities unless someone is there to help them
- people who are highly dependent on other people's assistance to carry out their everyday activities at all times
- people who do not live in *panti sosial*, are unable to sustain themselves and come from poor families.

**Table 8: Provision of Social Security for People with Severe Disability, 2006 to 2009**

Year	No. of provinces	No. of districts/cities	Recipients of social allowance
2006	5	15	3 750
2007	8	24	6 000
2008	13	49	10 000
2009	30	182	17 000
2010	33	—	20 000 (projected)

Source: Data and Information Centre of Social Welfare, 2009.

## **7. Food Allowance for People with Disability in *Panti***

This program provides food allowances for people with disability who live in *panti sosial* run by local governments and communities. The allowance is a supplement to meet basic needs, particularly food, amounting to Rp. 3000 per person per day for a year. In 2010, the allowance was disbursed to 11 000 people with disability who live in *panti* in 137 districts and cities in Indonesia.

## **B.2. Aims of policies and programs**

This section outlines the aims of policies, programs and social service and rehabilitation activities for people with disability in the period from 2005 to 2009.

### **Program aims**

- Increasing the opportunity to undertake business and employment in order to improve the quality of life and the level of social welfare of people with disability.
- Improving the community's social care, utilising the potentials and sources of social welfare as well as economic resources to develop productive economic undertakings and to develop a culture of entrepreneurship for people with disability.
- Sustaining the income and social welfare of people with disability through the social security system.
- Improving physical accessibility for people with disability in education, health, social welfare services and economic facilities to improve quality of life and social welfare.
- Improving non-physical accessibility for people with disability in decision making related to public policy and social services, in accordance with the perspectives of people with disability.

### **Policy aims**

- Encouraging acceleration in ratifying the Convention on the Rights of Persons with Disabilities and the issuance of regulations that protect the rights of people with disability.
- Extending the reach of social services and rehabilitation to people with disability.
- Increasing professionalism in social services and rehabilitation for people with disability on the basis of social work by the government, community and businesses.
- Improving the management of social services and rehabilitation for people with disability.
- Improving and developing the role of the community in improving the social welfare of people with disability.
- Supporting the implementation of decentralisation policy in public administration and development by taking into account various unique social and cultural values and by promoting the social potential and sources of families and local



communities in providing social services and rehabilitation for people with disability.

- Improving the responsibility of government, local government and society in administering social services to people with disability.
- Developing advocacy and social support and assistance in managing social services and rehabilitation programs, as well as the welfare of people with disability.

### **Aims of the National Medium Term Development Plan 2010–2014**

- Increasing and creating equal distribution of just social services and rehabilitation, in the sense that people with disability are entitled to social services and rehabilitation.
- Increasing professionalism of human resources in social services and rehabilitation as the basis of social work to address the issues and potentials of social welfare.
- Improving the management of social services and rehabilitation in planning, implementation, monitoring, evaluation, reporting and coordination.
- Creating a climate and system that promote the improvement and development of the role of the community in administering social services and rehabilitation for people with disability.
- Supporting the implementation of decentralisation policy in administering social services and rehabilitation, based on the types and level of disability and recognition of unique social and cultural values, as well as by promoting the potentials and resources of families and local communities.

## **B.3. National Plan of Action**

In addition to the specific programs listed above, work on disability in Indonesia is also integrated with other sectors through the National Plan of Action (RAN) on People with Disability 2004–2013.

The RAN has eight priorities:

- Establishment of self-supporting disabled peoples' organisations and associations of families and parents of children with disability
- Improvement of the welfare of women with disability
- Early detection of and early intervention on disability, as well as education for people with disability
- Training and placement of workers with disability
- Access for people with disability to public facilities and transportation.
- Accessibility of people with disability in information, communications and technology, including assistive device technology
- Poverty alleviation and improvement of social security protection and livelihoods

- International cooperation and human rights.

The RAN resulted from an agreement between stakeholders from multi-sector ministries, disabled peoples' organisations, universities and businesses, who formed the National Coordination Team on Measures to Improve the Welfare of People with Disability. The team was formed as a focal point for disability issues by virtue of a decision signed by the Minister of Social Affairs.

Two-thirds of the way through the implementation phase of the RAN, some progress has been made, although not all of it has been significant:

- Self-supporting disabled peoples' organisations and associations of families and parents of children with disability have been established in many provinces, but mainly in Central Java, South Sulawesi and West Java. Disabled peoples' organisations play a very important role in advocating for people with disability at the national and regional levels. Organisations and associations of families and parents of children with disabilities have been established in 18 provinces to advocate for children with disability, including children with intellectual disability, who have so far rarely received attention.
- Efforts have been made to improve the lives of women with disability, including through reviews of discriminatory legislation and regular capacity-building training at the national and regional levels. The Ministry of Women's Empowerment and Child Protection has also taken the initiative to establish centres for consultancy and information for women with disability in two provinces (Jambi and East Java).<sup>22</sup>
- Accessibility has been improved in public facilities, particularly buildings and social facilities, despite slow progress. Between 2005 and 2009, pilot accessibility projects were carried out in a number of provinces in 255 locations, including at the district and city levels.<sup>23</sup> The targeted buildings and environments included hospitals, schools, office buildings and social environments and facilities. The pilot projects included improved access to toilets, signs, handrails and ramps.
- To alleviate poverty and improve the social security protection and livelihoods of people with disability, the Ministry of Social Affairs has carried out programs to sustain the level of social welfare (in the form of a non-conditional social allowance for people with high-level disability) and food supplements. A health insurance/maintenance program for people with disability has been included in the health insurance program for poor people.
- In the health sector, efforts to prevent disability and early interventions on disability include programs for free polio vaccination, administration of vitamin A and iodised salts, and screening for pregnant women to prevent premature and disabled babies (using health technology assessments, especially in major hospitals). A guideline on health functioning screening has been issued for doctors

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<sup>22</sup> Ministry of Women's Empowerment and Child Protection report in meeting with the National Coordination Team of UPSK (Measures to Improve the Social Welfare of People with Disability and meeting of Working Group on UPSK of People with Disability, April 2010.

<sup>23</sup> Ministry of Public Works, 2009, presented in the Seminar on Accessibility of People with Disability, December 2009.

to help them deal with people with disability who apply for jobs and educational positions.

- Much progress has been made on international cooperation and human rights. This work has included cooperation between agencies, ministries and international or regional organisations on the rights of people, particularly to build the capacity of self-supporting disabled peoples' organisations. Indonesia signed the Convention on the Rights of Persons with Disabilities on 30 March 2007, and the ratification documents will be presented to the House of Representatives in 2011. In adjusting its perspective on disability from welfare to the fulfilment of human rights, Indonesia has also carried out a review of the use of the term *penyandang cacat* (people with defect), which was commonly used in day-to-day communications as well as in official state documents. The term *penyandang disabilitas* (people with disability) has been adopted to replace *penyandang cacat*.
- Internet access has been made available for people who are blind in a project initiated by *Yayasan Mitra Netra* (the Mitra Netra Foundation), and for people who are deaf-mute through web I-Chat in a project initiated by PT Telkom. Training in the use of computers with voice-recognition technology has been given to people who are blind and to teachers at special schools for the blind, and 125 books have been converted to digital voice format. For people who are deaf-mute, Indonesian Sign Language (*Bahasa Isyarat Indonesia*, BISINDO) has been launched for use in daily conversations and formal communications.

Slow progress in the implementation of the 2004–13 RAN for People with Disability can be attributed to a number of causes:

- The RAN sets out programs and policies without explicitly specifying the agencies or ministries that should run them, and is not reinforced by binding decisions.
- It does not specify how funding for the programs is to be obtained.
- Although it mentions monitoring, it does not specify monitoring and evaluation mechanisms (who and how) for the implementation of the programs.
- Since regional decentralisation was implemented, some discrepancies have occurred in the implementation of programs run by the national government and those run by local government. Although there were efforts to strengthen the national government's programs at the local level through deconcentration and co-administration funding, there was no clear regulation of the implementation of disability work, which is highly dependent on leadership figures in each region at the provincial, district and city levels. In addition, ministerial decisions no longer outweigh local ordinances (*perda*) in the hierarchy of Indonesian legislation.
- Although Indonesian legislation states the importance of equal opportunity and rights for people with disability in various aspects of life, the further elaboration of that legislation is not clear enough—the laws stipulate specific provisions, but there are no implementing regulations for those provisions and their enforcement is weak.

## B.4. The budget for people with disability

The budget for people with disability is allocated to the Ministry of Social Affairs as part of the budget for social service and rehabilitation (SSR). In the state budget for 2010, the ministry was allocated Rp. 3 627 706 319 000 (approximately USD 416 million). Of that amount, the Directorate General of Social Service and Rehabilitation was allocated Rp. 697 915 799 000 (approximately USD 80 million or 19% of the total), of which the Directorate of Social Service and Rehabilitation of People with Disability was allowed Rp. 86 165 060 000 (approximately USD 9.8 million 12% of SSR funding). That expenditure is categorised in Table 9.

**Table 9: Budget appropriation for the Directorate of Social Service and Rehabilitation of People with Disability, Ministry of Social Affairs, 2010**

Activity	Allocated budget
Administration of activities	120 800 000
Implementation of administration of activities in Directorate of SSR–PwD	169 190 000
Making of seven types of books to improve services to PwD	1 040 547 000
Preparation of programs and work plan at central level, deconcentration, and Technical Implementation Unit (UPT) for Strategic Plan of Directorate of SSR–PwD 2010–2014	893 380 000
Assistance to 13 social organisations of PwD in 2009 and <i>panti</i> social rehabilitation centres/institutions that serve people with multiple disabilities	401 000 000
Channelling of additional funds for fulfilment of basic needs of 11 000 clients in <i>panti</i>	12 045 000 000
Reporting of program activities and accountability in 2009 (each semester and annually)	97 200 000
International meetings/conferences to improve social services and the rehabilitation of PwD	135 150 000
Coordination between government and PwD social organisations in the fulfilment of the rights of PwD	1 577 249 000
Availability of books for social services and rehabilitation of PwDs	75 750 000
Organisation of emergency responses	172 980 000
Implementation of services and social rehabilitation in 33 provinces in line with the prevailing guidelines	478 786 000
Improvement of social workers' capacity to improve social services and rehabilitation for PwD	4 050 714 000
Administration of social security funds for 17 000 people with severe disability	63 287 096 000
Public awareness of PwD	1 620 218 000
<b>Total</b>	<b>86 165 060 000</b>

PwD = people with disability.

It is interesting to note that the largest allocation from the Directorate of SSR–PwD (Rp. 63 287 096 000, USD 7.2 million or 73% of the available funds) is to provide social assistance, or *Jaminan Sosial Penyandang Cacat* (JSPC, Social Security for People with Disability). The target of JSPC is ‘people with severe disability’ or

people with disability that is irreversible through social rehabilitation, and it is delivered as a non-conditional subsistence allowance. The remaining funds, which are to be used to build infrastructure, develop human resources capacity and develop empowerment programs for people with disability, are very small. JPSC coverage is very limited (it goes to only 17 000 out of 163 000 people), and funds for other purposes should be allocated.

Because the budget for other purposes is so low, the quality of services in many programs for people with disability becomes problematic. Most social workers have no professional background, and most of those who do work behind desks. The same problem happens in training units for people with disability, which cannot build their capacity due to limited financial and human resources<sup>24</sup>, and in economic empowerment programs such as the KUBE (Joint Enterprise Group) and UEP (Productive Economic Enterprise) programs. At the moment, the available funding is so limited that implementation is not running well and is often mismanaged. Inadequate funding means that the desired impacts are not delivered due to lack of technical assistance and lack of monitoring and evaluation. Some program work is no longer carried out in some regions.<sup>25</sup> These kinds of programs are supposed to be prioritised to alleviate poverty and to empower people.

## **B.5. Other government sectors**

The health sector plays an important role in disability prevention programs. The administration of 200 000 IU of vitamin A in two daily doses to women who are in postpartum haemorrhage has been carried out in all provinces, with 58% coverage. Iodine deficiency was reduced from 19% in 2005 to 13% in 2007. Polio immunisation has reached 79% in urban areas and 66% in rural areas. The Ministry of Health has also trained medical doctors to respond to disaster situations, as well as in the detection and management of leprosy.<sup>26</sup> In addition, a dissemination program under the Ministry of Social Affairs on early detection of disability, early intervention, and children's growth and development has been carried out by community-based rehabilitation cadres in 16 provinces under the coordination of Ministry of Health.

However, access to health services by people with disabilities is seriously problematic.<sup>27</sup> They often have no financial means to support their specialised care, such as medical rehabilitation or treatment and care for specific physical conditions, which is not provided in primary health care units. State insurance for the poor (JAMKESMAS) is very limited in coverage and cash value because of the lack of local government investment, making it dependent on central government funds. In the context of very limited resources, people with disability are not considered as priority recipients. Risnawati Utama has also observed that local health authorities are

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<sup>24</sup> Irwanto, N Christiane and S Natalia, 2010, 'Evaluasi program bantuan sosial bagi penyandang cacat' [Evaluation of social assistance program for people with disability], internal report to Bappenas.

<sup>25</sup> Irwanto, N Christiane and S Natalia, 2010, 'Evaluasi program bantuan sosial bagi penyandang cacat'.

<sup>26</sup> Ministry of Health, 2009

<sup>27</sup> R Utami, 2007, 'Health financing and disabled rights: A case study in Solo, Central Java', final paper for health financing class, Heller School for Social Policy and Management, Brandeis University, Boston, United States.

not well informed about the number of people with disabilities in their regions. In addition, not all health facilities in cities such as Solo are structurally accessible to people with disability.

A decision of the Minister of Public Works (No. 468/KTPS/1998) concerning the technical requirements for accessibility in public areas and public buildings was issued on 1 December 1998 and later updated by a ministerial regulation (No. 30 of 2006), but the associated monitoring mechanism and sanctions are not working as expected. Other important agencies, such as Ministry of Communication and Information, the Ministry of Tourism and others, do not make significant contributions, even though access to information and communications is essential in building inclusive communities, and even though the global tourism sector has seen the rise of the 'accessible tourism' movement.

The commercial sector does not give proportionate attention to people with disability, such as in access to banks and insurance. Programs for the provision of bank loans or microcredit do not specify target numbers of people with disability; nor does the *Program Nasional Pemberdayaan Masyarakat* (National Program on Community Empowerment), a poverty alleviation program aimed at the grassroots level.

## C. Laws and policies concerning people with disability

To date, 146 countries have signed the Convention on the Rights of Persons with Disabilities (CRPD), 89 have signed the convention's optional protocol, 90 have ratified the convention and 57 have ratified the protocol.<sup>28</sup> Indonesia has signed the convention but, regrettably, is yet to ratify it.<sup>29</sup>

The CRPD states that there has to be a change of paradigm concerning people with disability. The idea that people with disability are merely 'the object of charity, medical treatment, and social protection' has changed to a perspective that regards people with disability as subjects who have rights and are able to strive for those rights and freely make life-decisions as active members of society.<sup>30</sup> The convention recognises that every person with any kind of disability must be able to enjoy all human rights and fundamental freedoms.

However, questions arise during the implementation. Indonesia has a number of regulations, including Law No. 4 of 1997 and Law No. 39 of 1999, that are relevant to people with disability and human rights, but the implementation of those laws is still far from what is expected.

Law No. 4 of 1997 concerning People with a Disability (*Penyandang cacat*) makes it clear that equality and non-discrimination are requirements for opening up access for people with disability.<sup>31</sup> The law prescribes many rights of people with disability in education, employment, equality in development and the enjoyment of the results of development, accessibility, rehabilitation and social welfare, as well equality in the development of aptitudes and social life.<sup>32</sup>

Law No. 23 of 2002 concerning Child Protection regulates issues involving children with disability. It covers special protection, the right to education (either regular education or special education), social welfare, the right to be treated the same as other children to achieve the fullest possible social integration, and individual development. For discrimination against children (in general) that causes a child to suffer from physical or mental loss that disturbs his or her social functioning, Article 77 prescribes a maximum of five years imprisonment and/or a maximum fine of Rp. 100 000 000 (approx USD 11 500). However, the legal provisions and their implementation at the local community level are not in harmony.

In Indonesia, many laws require secondary legal instruments to allow their implementation. If a law's implementing regulation, which sits at a lower policy level in the hierarchy, is not available, that law cannot be implemented. This makes government regulations, ministerial regulations, ministerial circulars and local

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<sup>28</sup> See, <http://www.un.org/disabilities/countries.asp?navid=12&pid=166>.

<sup>29</sup> Indonesia signed the CRPD on 30 March 2007.

<sup>30</sup> <http://www.un.org/disabilities/default.asp?navid=13&pid=150>.

<sup>31</sup> Article 1 of Law No. 4 of 1997.

<sup>32</sup> Article 6 of Law No. 4 of 1997.

ordinances, all of which are at lower levels than the law, important. The provisions in those instruments become the benchmark for implementation at the local and community levels.

To date, Indonesia has created some laws and regulations covering people with disability. Most of the regulations (which are hierarchically lower than law) govern accessibility for people with disability and the elderly, which is regulated under various state regulations such as Circular Letter of Ministry of Social Affairs No. A/A-50/VI-04/MS, Circular Letter of Ministry of State Body Apparatus of the Republic Indonesia No. SE/09/M.PAN/3/2004, Circular Letter of State Ministry of National Planning Body of the Republic Indonesia No. 3064/M.PPN/05/2006 with regard to planning in providing accessibility for people with disability.

## **C.1. Accessibility in the building and transportation sector**

Law No. 28 of 2002 concerning Buildings states that each building, other than private houses, must provide facilities or infrastructure for people with disability. In addition, Government Regulation No. 43 of 1998 concerning Measures to Improve Social Welfare for People with Disability states that all public facilities and infrastructure must provide for equal accessibility.<sup>33</sup>

Article 9 sets out the concept of affirmative action for people with disability by explaining that accessibility aims to create conditions and environments that are more conducive to people with disability performing their social functions. Such arrangements emphasise the provision of minimum access for people with disability in the public sphere, as mandated in Article 9 of the CRPD. The government has the obligation to provide physical accessibility in public facilities and infrastructure, public buildings, public roads, parks and cemeteries, and transportation.<sup>34</sup>

Law No. 28 of 2009 concerning Traffic and Transportation imposes an obligation to fulfil the rights to accessibility for people with disability. It is now possible for people with disability to gain a drivers licence under a special category.<sup>35</sup> Access to justice is also regulated by giving people with disability the right to file claims when their rights are not upheld. Government Regulation No. 43 of 1993 prescribes special provisions in transportation for people with disability.

In addition, in DKI Jakarta Province, Governor's Regulation No. 66 of 1981 and Governor's Regulation No. 140 of 2001 mandate accessibility in public facilities and infrastructure in the province.

Nevertheless, the accessibility provisions covering public buildings and government offices have been only partly implemented. This is reflected in the inaccessibility of public transport facilities; the lack of suitable footpaths and parking lots; narrow elevators; unreliable sanitation facilities; and slippery and uneven roads. The law is

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<sup>33</sup> Article 8.

<sup>34</sup> See Articles 11–15 of Government Regulation No. 43 of 1998.

<sup>35</sup> Article 80.



not properly implemented, and sanctions have never been imposed. The problem is more complicated for people with different types of disability and different needs.<sup>36</sup>

The public also lacks information about policies that are relevant to people with disability. For example, there are provisions that allow people with disability to file claims for their rights, but not many people are aware of them.

## C.2. The right to employment

The right to employment is prescribed in the Universal Declaration of Human Rights and is acknowledged as a primary right under international human rights law. It is also specified in the Covenant on Economic, Social and Cultural Rights (ICESCR)<sup>37</sup>, in which the right to employment emphasises economic, social and cultural development. Indonesia ratified the ICESCR in 2005.<sup>38</sup> Article 6 of the convention states clearly that the right to employment is a human right. As a signatory to the ICESCR, Indonesia has the obligation to respect, protect and fulfil all the rights listed in the convention without discrimination.

A number of Indonesian laws and regulations regulate job opportunities for people with disability. Under Government Regulation No. 43 of 1998, business owners/employers must employ one person with disability for every 100 workers. However, the provisions are rarely implemented, even in the government sector. There are many cases of discrimination against people with disability in employment. For example, Wuri, a person with disability, was rejected for a job as lecturer in a public university.<sup>39</sup> Discrimination was also experienced by Lisa, a person with disability who lives in Aceh, when she was rejected for a civil servant position because of her status as a person with disability.<sup>40</sup>

Violation of the right to employment occurs when the government is not able to carry out its obligation according to the law. International human rights law holds that, first, Indonesia must respect human rights by refraining from taking part in human rights violations. Rejecting people with disability for work as civil servants because of their disability means that the Indonesian Government has violated human rights. Furthermore, the government must punish the party that violates the rights of people with disability, in order to protect human rights. There has not yet been a clear sanction in the form of a court decision or administrative penalty imposed by the Ministry of Manpower on companies that refuse to allow people with disability to work.

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<sup>36</sup> See, Dr Didi Tarsidi, 'Aksesibilitas Lingkungan Fisik Bagi Penyandang Cacat' [Accessibility of the physical environment for people with disability], 22 November 2008.

<sup>37</sup> Adopted by General Assembly resolution on 16 December 1966; came into force on 3 January 1976.

<sup>38</sup> See Law No. 11 of 2005 concerning the ratification of the ICESCR.

<sup>39</sup> See Ethenia Novyanti Widyaningrum, 'PT, Akankah Menjadi Milik Penyandang Cacata?' [Will universities belong to people with disability?], *Kompas*, <http://oase.kompas.com/read/2010/07/30/03380631/PT.Akankah.Jadi.Milik.Penyandang.Cacat>.

<sup>40</sup> See Oleh Aflinda, 'Akses kerja perempuan tunanetra di Aceh' [Employment access for blind women in Aceh], [http://pertuni.idp-europe.org/Dunia-Kerja/essay/AKSES\\_KERJA\\_PEREMPUAN\\_TUNANETRA\\_DI\\_ACEH.doc](http://pertuni.idp-europe.org/Dunia-Kerja/essay/AKSES_KERJA_PEREMPUAN_TUNANETRA_DI_ACEH.doc)

Instead, the government encourages employers to open up job opportunities for people with disability, and should reward companies that give job opportunities to such people, but has not used its power to punish employers who withhold employment because of disability. Without sanctions, motivational programs lose their meaning.

Laws and policies are already in place to guarantee the right to employment. Local ordinances have been implemented in some provinces, such as Bandung and Sukoharjo.<sup>41</sup> Local Ordinance No. 10 of 2006 regulates the quota for workers with disability, but in practice the Governor of the province acknowledges that it has not yet been implemented well.<sup>42</sup> The implementation of local ordinances is highly dependent on the goodwill of the local government, which has resulted in difficulties in standardising the realisation of rights to employment and in an increased likelihood of neglect.

### **C.3. The education and social welfare sector**

UNESCO's vision for 2015 is education for all as the main pillar of human development. Education must be easily obtained regardless of the status of the child, but that seems hard to achieve in Indonesia.

Law No. 20 of 2003 concerning the National Education System stipulates the obligation to administer special and equal education for people with disability. Government Regulation No. 10 of 2010 includes a requirement that each level of education must admit students without discrimination, including discrimination on the basis of physical and mental condition, but so far 90% of 1.5 million children with disability cannot access education.<sup>43</sup>

The spirit of non-discrimination is embodied in education sector policies, but the right to be treated equally in public schools has not yet been realised. Conventional education looks at disability as a barrier to students achieving like 'normal' students. In most cases, students from special schools have to endure discriminatory treatment because their achievement and level of education are given a lesser value. For example, they cannot use their school diplomas to apply for jobs.<sup>44</sup>

In the social welfare sector, Indonesia has Law No. 11 of 2009 concerning Social Welfare. The law stipulates that people with disability are categorised as members of society who have problems and social dysfunction. The application of the term 'social dysfunction' to people with disability poses some problems; for example, it is not in line with international human rights law, the Indonesian national constitution, and the Law on Human Rights. It creates multiple discriminations against people with disability because by using the terms 'have problems' and 'social dysfunction' the

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<sup>41</sup> Local Ordinance No. 6 of 2006 concerning People with Disability.

<sup>42</sup> 'Gubernur Jabar Akui Belum Optimal Layani Penyandang Cacat' [West Java Governor acknowledges services for people with disability are not optimal], 26 February 2009, *Kompas*, <http://regional.kompas.com/read/2009/02/26/16201552/Gubernur.Jabar.Akui.Belum.Optimal.Layani.Penyandang.Cacat>.

<sup>43</sup> <http://bataviase.co.id/node/361771>.

<sup>44</sup> See Note 40, Lisa case.

government identifies people with disability as people who cannot fully participate and comprehensively function in society.

The CRPD is a big leap in changing the perspective on disability and ensuring that society recognises that everyone must have equal opportunity to live their life to its full potential.<sup>45</sup>

## **C.4. The political sector**

People with disability face inequalities in the political sector. Law No. 10 of 2008 on Election stipulates that, for a person to be eligible to be elected, that person must be able to speak, write and read in the Indonesian language. Those requirements narrow down the opportunity of people with disability who can only communicate in sign language or braille. No Indonesian political party has devised a concrete plan for the protection of people with disability.

In the 2009 general election, people with disability were confronted with a number of problems. No ballots in braille were available for people who are blind. Particularly for people with physical disability, the polling stations were not designed to take into account the characteristics of their disabilities; for example, many polling stations had stairways, many were on slippery terrain, and tables in the polling booths were not within reach of physically disabled people using wheelchairs. This means that Law No. 12 of 2003 concerning General Election, which has clauses stipulating explicitly that voters with disability are to be facilitated in exercising their political rights to elect and to be elected, has failed in its implementation.

The previous Law on General Election did not give protection to voters with disability and elderly voters, and some clauses were misinterpreted during general elections to undermine the electoral rights of people with disability. For example, the requirement to be physically and mentally healthy was interpreted to have the same meaning as ‘to be a person without any disability’.

The Universal Declaration of Human Rights includes universally applicable fundamental principles that are to be used regardless of position, nationality, religion or gender, and which are naturally inherent in humankind.

Article 25 of the UN International Covenant on Civil and Political Rights stipulates that, ‘Every citizen shall have the right and the opportunity...

1. To take part in the conduct of public affairs, directly or through freely chosen representatives;
2. To vote and to be elected at genuine periodic elections which shall be by universal and equal suffrage and shall be held by secret ballot, guaranteeing the free expression of the will of the electors;
3. To have access, on general terms of equality, to public service in his country.’

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<sup>45</sup> See <http://www.un.org/disabilities/convention/questions.shtml#one>.

The principle of electoral confidentiality becomes hard to observe when it comes to people with disability. Due to limited accessible facilities to allow them to cast their votes, people with disability often require assistance from the organising committee or their relatives. Article 156 of the Law No. 10 of 2008 sets out specific provisions for people who are blind or otherwise physically disabled. It states that such voters and others who experience physical barriers in casting their vote in the polling station may be assisted by others at the voter's request. Many ask for assistance, and a family member helps while an electoral official monitors and maintains confidentiality. More or less the same provision applies for people with disability who reside and vote abroad.<sup>46</sup> One problem that arises is that having the electoral official monitor the casting of the vote compromises the principle of confidentiality if, as usually happens, the officer also acts as witness for one of the political parties.

## C.5. Potential remedies to problems

Ways to remedy the problems outlined above include the following.

- It is necessary to clarify whether legislation that uses the term 'according to the level of disability' is discriminatory and contradicts the principle of equality. Adjustment to a level of disability can become a barrier to participation in social life.
- The making of local ordinances (*perda*) may increase the budget for the fulfilment of the rights of people with disability, but not all local governments have *perda* concerning people with disability. Based on the existing *perda*, especially the first *Perda* concerning People with Disability in the city of Bandung, an evaluation is necessary so that new *perda* can further accommodate the interests of people with disability. The authorities must also ensure the implementation of the *perda*.
- Manpower issues are mostly covered in Government Regulation (PP) No. 43 of 1998, including employers' obligation to employ one person with disability for every 100 employees. As an affirmative action, this measure can serve as a role model for other sectors.
- Law No. 1 of 1974 concerning Marriage and Government Regulation (PP) No. 9 of 1975 concerning the Implementation of Law No. 1 of 1974 stipulate that divorce is allowed if a spouse acquires a disability such that he or she cannot fulfil their marital obligation. This legislation is considered to be discriminatory against people with disability.
- The Law on Social Welfare still identifies people with disability as members of society who are considered to 'have problems' and 'carry social dysfunction'. This law clearly contradicts the spirit of equality, as well as the reality that people with disability can still carry out their social functions actively, for example through the imposition of the 1% quota in the employment sector.
- In the education sector, there are already provisions to treat people with disability equally in education, but the legislation has not equalised the level of education or

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<sup>46</sup> Article 184 of Law No. 10 of 2008.

diplomas from special schools for people with disability, so that their diplomas are not recognised when they apply for a job. This is clearly evident in the recruitment of civil servants (applicants must be physically and bodily healthy) and in the Law concerning General Election, which requires candidates for legislative positions to be able to write, read and speak in the Indonesian language.

- For voters, the regulation covering general election committees is already available (although it is limited only to people who are blind). It is necessary to discuss affirmative action to remedy this. The right to political participation is covered under Law No. 39 of 1999 concerning Human Rights, but specific provisions are not available in Article 6 of Law No. 4 of 1997 concerning People with Defect (Disability).

Overall, there are some contradictions between the laws and policies concerning people with disability. In other words, there is no policy harmonisation. Policy harmonisation can be advanced through the making of *perda* (which are yet to be available in every local government) or revision of the relevant laws.

## D. Participation of people with disability

### D.1. Discrimination and participation

Participation is an important aspect of disability. The CRPD states clearly that an individual's impairment does not necessarily preclude their participation in any field.

However, the attitude and treatment meted out by the society and the state often hinder participation. The lack of assistive devices or physical accessibility in many public facilities, for example, clearly hinders people with disability in taking part in public activities. Stigma and discrimination—due to ignorance, fear or myths about disability—are also the primary factors that hinder participation.

Many researchers have shown that there is still much discrimination by the public against people with disability caused by chronic illness, such as psychosis and leprosy. A report from a legal reform working group concerning mental health in Indonesia found that there are many legal–structural obstacles for people with disability. The group even found reports of exploitation, coercion and neglect of people who have mental disability (resulting in shorter life expectancy) in *panti* (rehabilitation centres, institutions) run by the Office of Social Affairs (*Dinas Sosial*); a number of instances of *pasung* (confining or shackling to a wooden block); and various acts of violence committed by family members or health professionals.<sup>47</sup>

The same problems are experienced by people who are affected by leprosy, who have long experienced discrimination and isolation. There are specifically designated housing settlements for leprosy survivors, such as Kampung Kusta in the Simpenan subdistrict of Sukabumi regency. In a study of the conditions of leprosy survivors in 17 villages in 13 provinces, it was found that most of the villages were in rural areas that lacked public services, such as education and health care, even though most of the villages are still run by the Ministry of Health. In addition, only a few of the villages had received funds for people's development. Interviews with the residents revealed that, aside from having a low level of education, many are unemployed. They claimed that it is difficult for them to develop themselves and their abilities because of rejection by their families and society.<sup>48</sup> Research by the Ministry of Health in 2008 came up with similar findings.<sup>49</sup> Many leprosy survivors suffered from discrimination even though they had recovered from the disease.

In general, people with disability suffer from discrimination not because of fear or ignorance, but because of the assumption that they do not have the same capacity as normal people, and that helping them to overcome their limitations would cost a lot of

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<sup>47</sup> Irmansyah, Doloksaribu, E.I., Suci, E.S.T., Semen, G.M., Yulianto, I., Gunawan, S., Damayanti, Y.R., Prasetyo, Y.A., & Budiningsih, Y. (2009). Ethic, human rights and advocacy of people with mental problems. Working paper; H Minas and H Diatri, 2008, *Pasung: Physical restraint and confinement of the mentally ill in the community*, International Journal of Mental Health Systems, 2(8); TH Tyas, 2008, 'Family experience of dealing with "the deviant"', in Bireun, Nangroe Aceh Darussalam, Indonesia', masters thesis in medical anthropology, Faculty of Social and Behavioral Sciences, University of Amsterdam.

<sup>48</sup> Yayasan Transformasi Lepra Indonesia, 2008.

<sup>49</sup> B Sihombing and Wv Brakel, submitted, 'Disability in people affected by leprosy: the role of impairment, activity, social participation, stigma and discrimination', *Lancet*

money. That assumption makes it difficult for people with disability to participate broadly in society.

## D.2. Disabled people's organisations

Disabled people's organisations (DPOs) are different from other community organisations or NGOs. They are founded by people with disability according to their type of disability; examples include Pertuni (*Persatuan Tuna Netra*, Association of People who are Blind) and Gerkatin (*Gerakan untuk Kesejahteraan Tunarungu Indonesia*, Movement for the Welfare of Indonesian People who are Deaf).

These organisations were established around the 1980s to assist their members (mostly people with disability of the same type or their family members or parents) to fulfil their basic needs (school, training, support and medical treatment) and to promote the community's recognition that people with disability can be treated as ordinary citizens who should be respected and given opportunities.<sup>50</sup>

Successful efforts by DPOs included the negotiations to pass Law No. 4 of 1997 concerning People with Defect (Disability) and Indonesia's participation in the signing of regional agreements during the Asia-Pacific Decade for People with Disability 1993–2002 and the Asia-Pacific Decade II for People with Disability 2003–2012, as well as the International Convention on the Rights of Persons with Disabilities.

Self-supporting DPOs play a leading role in awareness-raising campaigns to promote the rights of people with disability. In general elections, for example, some DPOs contributed input on accessibility to the government and the general election organising committee. DPOs also actively encourage local government to implement Law No. 4 of 1997, particularly regarding physical accessibility and the right to employment. They also serve as a place to empower their members, promote their cause, and ensure independence and access to community resources. Although there is no official list of DPOs, it is estimated that they currently number more than 100.<sup>51</sup>

The following findings are the results of analysis of the websites or brochures of six of the main DPOs.<sup>52</sup>

In general, the goal of establishing a DPO is to achieve welfare and to fight for equality of the rights of people with disability, as well as to help people with disability live as independent and useful human beings.

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<sup>50</sup> JICA (Japan International Cooperation Agency), 2002, *Country profile on disability: Indonesia*, Planning and Evaluation Department, JICA, Jakarta.

<sup>51</sup> A list based on our data is in the Appendix.

<sup>52</sup> *Persatuan Penyandang Cacat Indonesia* (Indonesian Association of People with Disability); *Persatuan Tuna Netra Indonesia* (Indonesian Association of People who are Blind); *Himpunan Wanita Penyandang Cacat Indonesia* (Association of Indonesian Women with Disability); *Federasi Nasional Kesejahteraan Penyandang Cacat Tubuh* (National Federation for the Welfare of People with Physical Disability); *Gerakan Kesejahteraan Tuna Rungu Indonesia* (Welfare Movement of the Indonesian Deaf); and *Federasi Nasional Kesejahteraan Penyandang Cacat Mental* (National Federation for the Welfare of People with Mental Disability).

In the vision and mission statements of the DPOs, there is no specific and explicit definition of 'participation' as it applies to people with disability. In general, the statements concern bringing out potential; protecting rights; contributing to an obligation; advocacy and campaigning; increasing dignity and self-worth; enhancing equality as partners; socialising or disseminating policies; legislation; developing cooperation; and fostering a sense of familial relationship.

However, PPCI's mission statement no. 4 includes 'to empower people with disability to also take part as actors of development who have integrity, are independent, and productive.'

The word 'sufferer' (*penderita*) is found in the vision statement of Gerkatin. The use of this word goes against the principle of participation of people with disability. Gerkatin as a DPO still identifies its members as sufferers, which semantically has meanings close to 'troubled', 'sadness', 'illness' and 'suffering'; it refers to being pessimistic and disempowered.

Referring to their roles and functions, the DPOs in general perform coordination, consultation, communication, socialisation/dissemination, information, partnership, empowerment, gathering and channelling aspirations.

Although none referred to the full 'participation' of people with disability, that concept is implicit in the DPOs' statements of goals, visions, missions, roles and duties.

The results of analysis of other NGOs and DPOs, such as those listed below, can be summarised as follows.

Their work is focused specifically on activities that commonly take the form of training, which can mean that people with disability are given the opportunity and are asked to participate in particular areas:

- *Badan Penyelenggara Olah Raga Cacat* (Sports Agency for the Disabled) and *Soina* provide opportunity and participation for people with disability in sports
- *Siswa Terpadu* and *Himpunan Pelaku Seni Defrensia Indonesia* (Association of Different Art Performers) focus on the arts
- *Sejera* and *Mitra Netra* work in the educational field
- *Lembaga Pelatihan Tenaga Kerja Penyandang Cacat Indonesia* (Indonesia Manpower Institute for Disability) focuses on gaining job opportunities
- *Ikatan Sindroma Down Indonesia* (Indonesian Down Syndrome Society) and *Biro Pelayanan Penyandang Cacat - Lembaga Daya Dharma - Keuskupan Agung Jakarta* (Bureau of Disabilities Services - Dharma Resources Institute - Archdiocese of Jakarta) are more focused on life skills that enable people with disability to be independent and productive.

A comprehensive analysis of the development and roles of DPOs has never been carried out before. The general impression is that each DPO is used to working on its own. Umbrella organisations, such as PPCI, are often ineffective in fostering cooperation between DPOs that focus on different types of disability. One reason for this is that each DPO has very limited resources and so works to maintain its



existence and services to its members. Many struggle to stay afloat due to lack of managerial capacity and state assistance.

A national alliance (RBM) has been established, but it is not considered to be representative of DPOs because most who are involved are not people with disability (although three DPOs are members of the alliance).

Another issue is the aspiration to have a National Commission on People with Disability, but that has not yet been realised. The problems that DPOs have in uniting and working together are among the obstacles to progress for people with disability in Indonesia.

### **D.3. Participation in day-to-day life**

According to Law No. 4 of 1997 and a number of relevant ministerial regulations and decisions, the state is responsible for providing reasonable accommodation for people with disability, particularly in public facilities and infrastructure.

However, media and other reports indicate that the state is not meeting that responsibility.<sup>53</sup>

On 21 April 2006, the Bandung newspaper *Pikiran Rakyat* reported a study of the Sub-office of Housing Settlements of the Office of Spatial Planning and Housing Settlements (*Distarkim*) of West Java under the headline ‘90% public buildings are not built in accordance with Law No. 28/2002’. The article also mentioned the provision of facilities for people with disability.

RBM Solo assessed some markets in Solo. The markets had been renovated from what used to be traditional facilities into a more modern ones. RBM Solo showed that the old traditional markets were more friendly for people with disability than the new ones, which had been renovated during a period in which public buildings were regulated under Law No. 28 of 2002 concerning Buildings.<sup>54</sup>

Public accessibility has always been a serious problem for people with disability. During election campaigns, the DPOs are usually mobilised with a promise that public accessibility will be provided in stations and other public facilities. After the election is over, only half of the promises are realised and their implementation is not fully monitored. In some cases, ramps in the House of Representatives building or the Presidential Palace, lifts and elevators at main train stations, and special parking spaces in shopping malls or government offices were disassembled, abandoned or had their functions converted (elevators converted to storage, or ramps to motorbike parking), or their initial functions were no longer maintained. Regular reports on accessibility by the authorised agency are always unavailable, probably because such reports are never demanded by state administrators.

Eventually, many people with disability feel confined in their own cities or offices.

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<sup>53</sup> HWPCI, 2007; W Setyaningsih, 2006, ‘Perwujudan elemen aksesibilitas pada bangunan gedung dan lingkungan’ [Case study in Surakarta], paper presented at an international seminar on policy and regulation supporting inclusion in Indonesia, 3 June.

<sup>54</sup> Sunarman, 2010, Mengembalikan surga yang hilang: Final manuscript pending publication.

## D.4. Participation in national education

Education is one of the most fundamental rights of every person and citizen. The law in Indonesia confirms that every citizen, including people with disability, has equal rights and opportunities to receive quality education.

### **Indonesia's laws on education.**

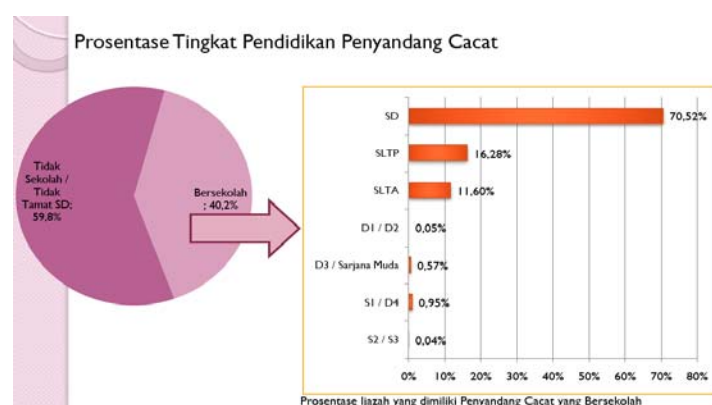
- Law No. 20 of 2003 concerning National Education System:
  - Article 4, Paragraph 1: Education shall be administered based on democracy and equity and without any discrimination.
  - Article 11, Paragraph 1: It is the obligation of the government to provide decent education for all citizens, without any discrimination.
  - Article 12, Paragraph 1b: The rights of students to receive decent education based on their aptitude, interests, and ability.
- Government Regulation No. 19 of 2005 concerning National Education Standards, Article 41, stipulates that every education unit (school) that administers inclusive education must have educational personnel who are competent to instruct students with special needs.
- Regulation of the Minister of National Education No. 70 of 2009 concerning Inclusive Education for Students with Impairments and with Special Potentials in Intelligence and/or Aptitude.

Legally, the participation of school and university students with disability is clearly protected, which means that they can decide the type, the unit and the level of education suited to their aptitude, interest and ability, because the basis of administration of education in Indonesia is oriented towards democracy, equity and non-discrimination. Indonesia has issued and implemented Decision of the Minister of Education and Culture No. 0306/VI/1995, which regulates the implementation of universal<sup>55</sup> basic education, but statistically the participation of people with disability in education is of a high concern.

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<sup>55</sup> Often called 'compulsory' or '*wajib*', but no sanctions are indicated in the law.

**Figure 1: Education levels of people with disabilities**



Source: Marjuki, 2010, *Penyandang cacat berdasarkan klasifikasi ICF*, Kepala Badan Penelitian dan Pendidikan, Kemensos RI.

Not attended or not finished schooling: 59.8% Those who finished schooling: 40.2%. Of which 70.5% completed elementary school; 16.28% completed junior high school; 11.6% completed senior high school; .05% completed 1 or 2 year diploma; 0.57% completed 3 year diploma; 0.95% completed 4 year diploma; .04% completed Masters or PhD.

Indonesia has 4929 private and public special schools, ranging from kindergartens to senior secondary schools, which have 28 914 classrooms.<sup>56</sup> Of those schools, 1390 are public schools. In the 2006–07 school year, they had 72 425 students (27% in public schools and 73% in private schools).

In addition, the data for the 2007–08 school year shows that another 13 590 children with disability (7906 boys and 5684 girls) attended inclusive education programs in ordinary primary schools, while 1308 (758 boys and 551 girls) attended such programs in ordinary junior secondary schools.<sup>57</sup> A survey using the International Classification of Functioning, Disability and Health (ICF) in 14 provinces conducted by the Ministry of Social Affairs indicated that almost 60% of people with disability do not go to school. Of those who do, 75% graduate from primary schools.

The statistics tell us a number of things. According to BPS-PPLS 2008 data (for the poor to extremely poor population), the number of school-age children with disability is 174 519. The estimate of people with disability from 2006 Pusdatin (Data and Information Centre) data is 295 763. If the proportion of people with disability is 20% of the total population, then based on the data from Susenas 2006 the figure would not be less than 600 000. Therefore, only 24% (using the Pusdatin data) or 12% (using the Susenas data) of children with disability go to school. Most are managed by the community; the state only covers one-third of the existing load.

Things are more complicated when we try to compare enrolments in inclusive primary schools and inclusive junior secondary schools, which indicated 75% attrition of students with disability. This means that many parents tried to enrol their disabled

<sup>56</sup> Ministry of National Education, 2006–07. Table 16 in the appendix has more detail.

<sup>57</sup> Djatmiko, 2009, 'National report on inclusive education', PowerPoint presentation for UNESCO workshop on the provision of inclusive education for children with disabilities, Jakarta, 3–5 November 2009.

children in formal schools, but pulled them out when they reached higher levels of education. What went wrong?

Participation of students and university students with disability is strengthened by the implementation of policy on inclusive education. The basic concept of inclusive education is in line with and supports the basis of education in Indonesia, which seeks to make all students able to fully participate in a learning situation equipped with supporting services to meet their needs. The basic concept of inclusive education clearly embraces students with disability.

To extend the participation of children with disability in learning, Indonesia issued and implemented Circular No. 380/G.06/MN/2003, which regulates inclusive education, issued by the Directorate General of Primary and Secondary Education in the Ministry of National Education on 20 January 2003.

The administration of inclusive education is the valve for the participation of people with disability in education. To expedite the implementation of regulations and policies, some provinces, for example DKI Jakarta, have issued local ordinances. DKI has implemented Decision of the Governor of DKI Jakarta No. 116 of 2007 concerning the implementation of inclusive education in the province, which explicitly requires that every subdistrict must have a minimum of one school that administers inclusive education at primary and secondary levels.

However, the participation of people with disability in education remains problematic despite of the existing laws and regulations. Students with disability still experience many barriers in inclusive schools. The first and main factor is the teachers' dedication and readiness. Because most of the teachers are yet to understand the characteristics and learning styles of each student, including students with disability, they are not flexible in accommodating the learning needs of students with disability. Often, the attitudes and actions of teachers during instruction tends to extremes: they are either overprotective or neglect students with disability. Eventually, participation in inclusive schools means being 'marked' or 'labelled' as having limitations. The surroundings stigmatise students with disability due to their distinctive characteristics, which are not understood as individual uniqueness and diversity.

The second factor is the curriculum, school policies and the local school culture, which fail to accommodate the nature and special needs of the students. For example, the competency standards say that students should be able to 'express' something. Teachers interpret the meaning of 'express' in a narrow sense—to express verbally—which makes students who are deaf-mute unable to participate, even though they can use non-verbal communication as a means of expression.

Another example involves students who are physically disabled but are required to meet the requirement to write using their hand. It is difficult for teachers to include students who have disabled hands, or no hands, in writing or other exercises using their feet, because using the feet that way is culturally frowned upon: it is impolite to lift your feet up to the desk for writing, and it is inappropriate to deliver something to an older person using your foot. A student with an intellectual disability faces problems in following lessons if teachers deliver abstract subject matter without using attractive learning media to facilitate learning.

A third factor is the lack of reasonable accommodation to meet the various needs of children with disability. Students with physical disability may have problems getting to their classrooms because many school and university buildings have stairways but no elevators. Students using wheelchairs cannot actively participate in writing up their assignments in front of the class because the whiteboard is placed on an elevated platform. Other constraints are present in toilets, prayer facilities, and so on.

A key support for inclusive schooling is the availability of a special education teacher or supervisor (GPK, *guru pembimbing/pendidikan khusus*). Unfortunately, their number is quite limited and their quality still needs improvement. In some cases, even when a school has a GPK, its practices are against the principles of inclusive education because the regular teacher hands over students with disability to the GPK for lessons outside the classroom. Such treatment not only creates barriers and stigma for those students, but it also eliminates their right to study. In other cases, a GPK attends the regular class but students with disability and the GPK work on subjects different from the lesson delivered by the classroom teacher, creating an impression of having a class within a class.

An evaluation by Unika Atma Jaya of inclusive programs, supported by USAID and Hellen Keller International, indicates that of 37 GPK prepared to assist inclusive schools in DKI Jakarta, only 17 are still working in inclusive schools—the others moved on to special schools.<sup>58</sup> The reason is that it is difficult to change learning strategies and classes to accommodate students with disability. There are also problems in carrying out individual learning programs, which in the end segregate children with disability. The report also noted that a lack of professional recognition in normal schools has compelled teachers with special needs education skills to withdraw.

For students with disability in senior secondary schools and universities, the barriers to participation are in accessing their school or campus and reading material. Common problems for students who are blind or who have limited vision are a lack of braille books, enlarged-character material and speech-recognition software; students who are deaf–mute find that few teachers can use sign language. Nevertheless, in secondary schools and universities, students with disability are more able to participate than primary school students. If the educational institution can communicate and understand, they can usually participate in group study, complete individual assignments, express opinions, and be active in students' organisations, although their participation is not yet optimal.

## **D.5. Participation in employment**

Law No. 4 of 1997, Article 6, states that people with disability have the right to obtain 'decent work and a living in accordance with the type and level of disability, education, and capability'. Article 14 makes it compulsory for private corporations

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<sup>58</sup> Unika Atma Jaya, 2009, *Laporan Monitoring dan Evaluasi Program OVC di Nanggroe Aceh Darusalam, DKI Jakarta, Jawa Tengah, Sulawesi Selatan*, Psychology Faculty, Hellen Keller International, Jakarta, and USAID.

and government to employ people with disability.<sup>59</sup> The application of that article is reinforced by the Circular of the Minister of Manpower and Transmigration (No. 01.KP.01.15.2002) concerning Placement of Disabled Workers in Corporate Enterprise. In addition, Law No. 13 of 2003 concerning Manpower clearly adheres to the principle of non-discrimination.<sup>60</sup> The government administers training for disabled workers (Article 19) and gives protection (Article 67), such as from arbitrary dismissal (Article 153).

In practice, the situation is not so good—as is the case with accessibility, much stays as political promises<sup>61</sup>, although the attendance of the President at HIPENCA 2009<sup>62</sup> was considered a major contribution to the realisation of justice for people with disability.<sup>63</sup> The government, through the Ministry of Social Affairs and the Ministry of Manpower and Transmigration, runs various vocational training programs such as *Loka Bina Karya* (LBK), but those programs can only cover a small number of trainees (fewer than 150 people per institution per year). Furthermore, the training is not supported with links to job placement.

Sudibyo Markus's 2002 report for the International Labour Organization stated that, according to Susenas 2000, 17% of people with disability are working in the agricultural sector, 18.6% in industry, 23.9% in general trading, and 13% in other sectors. The ICF survey findings in 14 provinces indicate that most people with disability are not working.<sup>64</sup>

Article 27 in the CRPD states that people with disability have equal rights to job opportunities. The manpower policies of Indonesia, as explained in this paper, are not in contradiction with that convention. What seems to be needed are concrete efforts to implement the law, along with clear incentives.

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<sup>59</sup> The elucidation to the article states that 'Enterprises must employ at least 1 (one) person with disability that meets the requirements and qualifications of the work, for each 100 (one hundred) employees.'

<sup>60</sup> Chapter III, Articles 5 and 6.

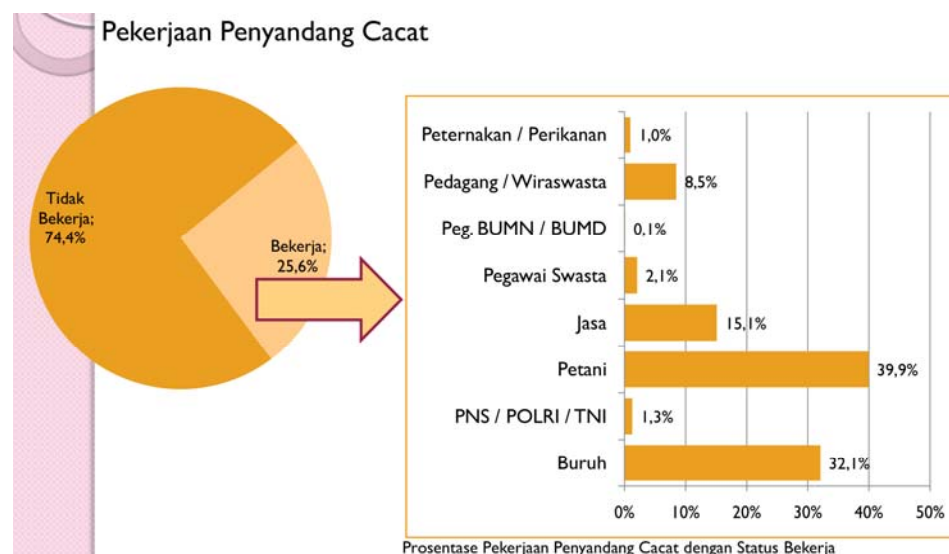
<sup>61</sup> East Java's gubernatorial candidates, Soekarwo and Saifullah Yusuf, promised to issue circulars to corporate enterprises in the province; see *Kompas*, 17 February 2010.

<sup>62</sup> International Day of Disabled Persons.

<sup>63</sup> State Secretariat,  
[http://www.setneg.go.id/index.php?option=com\\_content&task=view&id=3123&Itemid=29](http://www.setneg.go.id/index.php?option=com_content&task=view&id=3123&Itemid=29).

<sup>64</sup> Marjuki, 2010, *Penyandang cacat berdasarkan klasifikasi ICF*, Kepala Badan Penelitian dan Pendidikan, Kemensos RI.

**Figure 2: Types of work performed by people with disability, from ICF survey**



Source: Marjuki, 2010, *Penyandang cacat berdasarkan klasifikasi ICF*, Kepala Badan Penelitian dan Pendidikan, Kemensos RI.

Not working: 74.4%. Working: 25.6% Of which are employed as: animal farming/fishermen: 1%; merchant/business people: 8.5%; public servant: 0.1%; private business employee 2.1%; in services 15.1%; farming 39.9%; National Police/Military: 1.3%, labourer: 32.1%.

## D.6. Participation in sports and the arts

The participation of people with disability in sports and arts in Indonesia is quite well known. In both areas, not only do they participate, but their extraordinary achievements have made the nation proud. Although accessibility is still substandard, the participation of people with disability is well organised.

In sports, *Badan Pembina Olahraga Cacat* (BPOC, Sports Agency for the Disabled) has been active in organising sports for the disabled since 1962. BPOC was able to persuade *Komite Olahraga Nasional Indonesia* (KONI, Indonesia's National Sports Committee) to organise National Sportsweek for the Disabled (*Porcanas*) which became part of National Sportsweek (*Pon*), held once every four years. The most recent *Porcanas* was held in 2008 in Samarinda, East Kalimantan, and 32 provinces participated. BPOC also participates at the international and ASEAN level. In the 2009 ASEAN Paralympic Games in Malaysia, the Indonesian delegation was ranked third in swimming and athletics.

BPOC is managed by local governments (*Pemda*), but Bapak Willy (board member of BPOC Jakarta), has asserted that 'not every Pemda cares'. During a sports tournament for disabled people in Warta in June 2020, Bapak Kasmian (chairman of BPOC Surabaya) stated that 'People with disability have good enough ability and achievements in sports, but they lack opportunities.' Ibu Ariani, chairman of *Himpunan Wanita Penyandang Cacat Indonesia* (HWPCI, Indonesia Association of Women with Disability), added that 'Lack of exhibitions or sports competition for people with disability is caused by minimal sponsorship, since such events are deemed to bring lesser profit.'

## **Sports achievements**

Two people with disability, both blind, represented *Panti Sosial Bina Netra Mahatmiya* of Bali province. They were able to win one gold medal, two silvers and one bronze in the National Competition (*Kejurnas*) of Athletics for People with Disability in July 2010 in Stadion Manahan, Solo, Central Java (*Tabanan*, 9 August 2010).

During the opening of a wheelchair tennis exhibition in May 2010, Professor DR Haryono Suyono said, ‘Amidst Indonesia’s poor international achievements in sports recently, marked with the failure of Indonesia’s Thomas and Uber Cup Team, there is something we can be proud of. Indonesia’s disabled women brought home a gold medal from the International Wheelchair Tennis Competition held in Japan, Korea and Malaysia’.

The exhibition was organised by HWPCI at the wheelchair tennis courts in *Pusat Rehabilitas Cacat* (Pusrehabcat, Centre for Rehabilitation for the Disabled), Sayoto, Bintaro.

The participation of people with disability in the arts is considered to be only a social activity, not a professional calling. There is only minimal support from the government, which makes talent scouting, continuity of rehearsals, and improvement in the quality of the arts suboptimal. The participation of people with disability in the arts is generally dependent on the organisation of specialised events.

## **Participation in arts and culture**

On the commemoration of the International Day of Disabled People in 2009, a band festival for people with disability was held for Java and Bali; 17 bands participated. Data from *Himpunan Pelaku Seni Defrensia Indonesia* (HIPSDI, Association of Different Art Performers) suggests that there are at least five bands in Jakarta whose members are blind. In Bandung, an all-blind band actively participates and performs, providing entertainment in restaurants and hotels.

Arts groups from *Yayasan Siswa Terpadu* have been active in arts for disabled people since the 1990s through attendance at arts festivals at the international level. In September–October 2009, the *Siswa Terpadu* arts group won the Asia–Pacific Arts Festival in Japan and Korea.



## E. Recommendations

### 1. Data on disability

Accurate data is the primary requirement to develop appropriate programs and policies for people with disability. Current data on disability in Indonesia is problematic because it is scattered among a number of sectors, and reflects mainly social welfare conditions related to poverty. The data should reflect the number of people who experience problems in day-to-day participation. Participation is a human right, regardless of the socioeconomic and disability status of the individual, and failure to ensure that right constitutes a serious human rights violation.

Data on disability must be regarded as a cross-sectoral issue and should be derived as demographic data, free from any sectoral interests.

*The issue of data on disability must be treated as part of bureaucratic reform and access to justice. This is in line with the goal stated in the National Medium Term Development Plan 2010–2015: that is, just and equitable development.*

### 2. Government programs

Government programs for people with disability are closely related to poverty alleviation programs, and especially with the use of 2008 *Pendataan Program Perlindungan Sosial* (Social Protection Programs Data Collection) data. In poverty alleviation programs, the largest part of the funds provided is used only to give social assistance for people with severe disability who can no longer attend social rehabilitation programs. Social and economic empowerment programs are static, and are undergoing no further development.

*Training and empowerment programs run by the Ministry of Social Affairs and other relevant ministries should be reviewed to find out about existing opportunities and constraints. Studies of other countries' best practices in government programs that can empower people with disability will help the Government of Indonesia to design similar programs.*

*Disability-specific programs should be implemented in proportion with mainstream programs, because the unique nature and characteristics of disability require both approaches (a twin-track approach).*

### 3. Health system

Access to health is an essential component of the Convention on the Rights of Persons with Disabilities and other human rights conventions. Care and treatment are an essential part of empowering interventions to support the independent living and effective social participation of people with disability. Lack of investment in the care, treatment and prevention of disability constitute serious neglect by the state.

*Any concerted effort to improve and strengthen the health system should consider disability as a priority issue.*

#### **4. Legal framework**

The existing legal framework that regulates the fulfilment of the rights and needs of people with disability in Indonesia is highly influenced by Law No. 4 of 1997 concerning People with a Disability, which uses terminology that marginalises the community of people with disability (*Penyangang cacat*).

*Indonesia should ratify the Convention on the Rights of Persons with Disabilities and revise and amend Law No. 4 of 1997 as a necessary strategic step.*

#### **5. Coordination**

The rights of people with disability are also covered by other laws and ministerial decisions at the sectoral level. Until now, cross-sectoral and cross-ministerial coordination is carried out only through a team whose membership is specified in a decision of the Minister of Social Affairs.

*A monitoring mechanism, in the form of a national commission or ombudsman, should be established to monitor the implementation of existing laws or regulations concerning disability.*

#### **6. Disabled peoples' organisations**

Disabled peoples' organisations (DPOs) have the potential to work as partners with government in empowering people with disability. The DPOs' current problems are their lack of financial and human resources and their inexperience in fostering cooperation among people with different types of disability and the organisations that represent them.

*The organisational capacity and network of DPOs should be strengthened as a necessary strategic step to form strong groups of DPOs that can act as development partners to empower people with disability.*

#### **7. Tertiary study and research**

Efforts to raise public awareness, to strengthen the role of people with disability in national development, and to build expertise in dealing with disability issues require specialised practitioners and research.

*Universities should to develop courses or studies on disability and conduct research on disability issues, particularly in their faculties of social and political science.*

#### **8. Primary and secondary education**

Education for people with disability is question of basic rights and requires serious attention. Without quality education, people with disability cannot make the most of the available opportunities. As a consequence, disability comes to be associated with ignorance and disempowerment. Supporting all children with disability to go to school is the only option. However, stigma and discrimination still exist in mainstream schools.

*Awareness-raising programs on disability issues, the training of teachers and teachers' aides in the education of children with special needs, and the development of a curriculum that accommodates children with special needs must be continuous. Until inclusive schools are up to the task, special schools for students with disability must be properly maintained.*

## **9. Prevention and mitigation**

Disability is caused by many factors—congenital causes, diseases and infections, and injuries and accidents, some of which can be prevented.

*Organisational, professional and sectoral capacity building to prevent and mitigate disability should be considered and planned for the future.*

## **10. International cooperation**

The issue of people with disability is a global one, and efforts to address it cannot be undertaken solely by the Indonesian state or the community of people with disability. Regional and international cooperation (bilateral or multilateral) is required.

*Indonesia should cooperate with international partners to strengthen human resources and technical and managerial expertise in a rights-based approach to manage disability.*

# Appendix

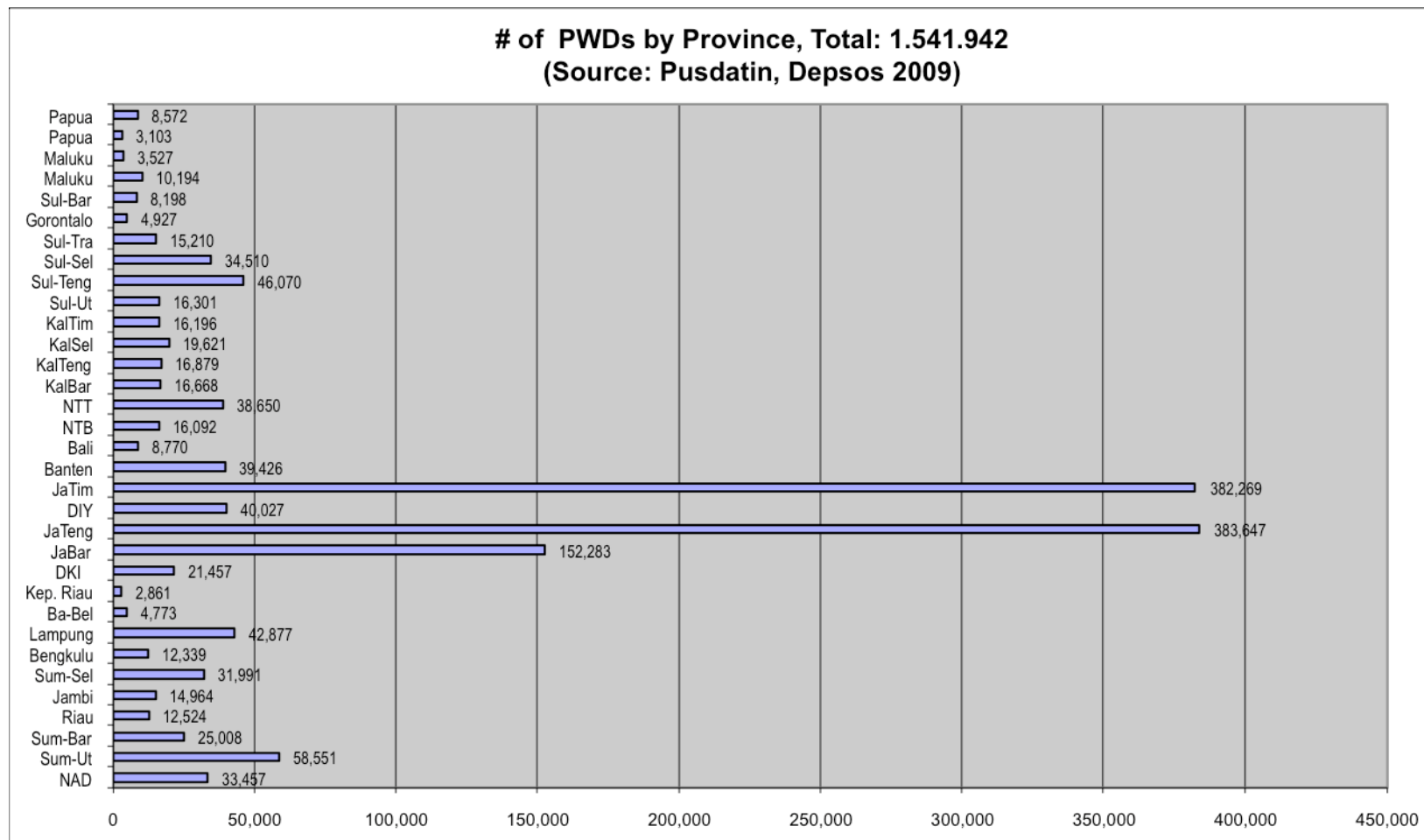
**Table 10: Disability data, by types of disability and province**

Province	Sight	Hearing	Speech	Hearing & speech	Arms and fingers	Feet	Physical anomaly	Paralysis	Mental retardation	Psychiatric	Total
Nanggroe Aceh Darussalam	34 596	7 805	2 937	1 428	2 856	8 470	2 012	1 509	1 006	1 006	63 625
North Sumatra	26 847	4 715	943	943	943	8 784	1 886	0	1 985	1 985	49 031
West Sumatra	18 348	5 041	1 956	1 304	617	5 006	1 234	1 921	617	2 503	38 547
Riau	10 353	3 474	2 066	1 385	2 747	2 747	0	2 089	0	0	24 861
Jambi	3 997	1 777	611	0	555	3 554	611	1 833	0	0	12 938
South Sumatera	41 607	7 452	1 886	0	2 829	5 520	2 737	0	2 829	0	64 860
Bengkulu	21 396	4 551	2 522	1 005	1 182	1 694	670	670	0	512	34 202
Lampung	67 311	12 294	5 751	819	1 656	11 484	4 923	2 457	1 647	3 276	111 618
Bangka Belitung Islands	2 952	1 476	738	738	0	455	0	455	0	283	7 097
Riau Islands	1 836	459	0	0	0	1 377	0	0	0	0	3 672
DKI Jakarta	13 302	739	739	0	1 478	1 478	0	0	0	739	18 475
West Java	240 223	60 233	24 932	13 165	10 369	52 978	7 361	13 271	13 271	7 414	443 217
Central Java	189 072	85 751	29 637	19 426	22 844	64 856	6 965	12 633	4 500	9 129	444 813
DI Yogyakarta	30 136	9 884	4 874	2 490	1 824	9 286	946	1 612	2 104	1 718	64 874
East Java	254 564	88 768	45 582	21 012	24 522	98 088	19 898	19 802	17 550	12 830	602 616
Banten	11 250	7 350	1 100	1 100	0	2 500	0	0	0	1 100	24 400
Bali	4 247	949	902	0	1 353	2 255	451	451	902	0	11 510
Nusa Tenggara Barat	41 285	17 094	4 380	2 261	5 475	11 320	2 773	4 451	1 607	0	90 646
Nusa Tenggara Timur	19 107	10 659	6 864	2 112	1 056	4 224	3 168	1 584	1 056	0	49 830
West Kalimantan	8 112	3 614	4 056	1 044	482	2 530	1 526	1 004	1 486	0	23 854

<b>Province</b>	<b>Sight</b>	<b>Hearing</b>	<b>Speech</b>	<b>Hearing &amp; speech</b>	<b>Arms and fingers</b>	<b>Feet</b>	<b>Physical anomaly</b>	<b>Paralysis</b>	<b>Mental retardation</b>	<b>Psychiatric</b>	<b>Total</b>
Central Kalimantan	5 018	2 509	2 035	814	814	881	407	881	814	407	14 580
South Kalimantan	12 294	3 924	1 962	972	972	1 458	486	972	0	1 494	24 534
East Kalimantan	9 734	1 350	2 096	0	0	1 350	0	0	0	746	15 276
North Sulawesi	8 121	1 587	0	0	480	960	480	0	0	0	11 628
Central Sulawesi	15 283	3 485	978	0	0	978	489	1 467	0	489	23 169
South Sulawesi	32 769	10 855	5 845	3 340	2 505	7 566	5 010	2 505	835	1 670	72 900
South-east Sulawesi	12 387	2 888	1 805	1 444	722	2 888	0	361	722	0	23 217
Gorontalo	12 810	3 355	949	305	983	1 593	983	1 220	305	305	22 808
West Sulawesi	3 184	0	398	0	0	796	0	398	0	0	4 776
Molucca	6 860	2 416	1 382	686	0	2 754	348	0	0	0	14 446
North Molucca	1 462	0	356	0	0	712	356	712	0	0	3 598
West Papua	2 737	391	391	391	0	0	0	391	0	391	4 692
Papua	15 516	5 603	4 310	431	862	6 465	431	431	0	0	34 049
<b>Indonesia</b>	<b>1 178 716</b>	<b>372 448</b>	<b>164 983</b>	<b>78 615</b>	<b>90 126</b>	<b>327 007</b>	<b>66 151</b>	<b>75 080</b>	<b>53 236</b>	<b>47 997</b>	<b>2 454 359</b>

Source: BPS, Susenas 2003.

**Figure 3: Disability data from PUSDATIN (Data and Information Centre) of the Ministry of Social Affairs, 2009**



**Table 11: Number of poor people with disability**

Province	Blind	Deaf	Mute	Deaf & mute	Limb (physical disability)	Paralysis	Mental disability	Total population
Nanggroe Aceh Darussalam	3 906	2 029	2 357	702	7 137	2 365	4 658	23 154
North Sumatra	10 097	5 252	4 393	1 658	15 250	5 342	9 844	51 836
West Sumatra	4 288	2 353	1 921	723	5 817	2 243	5 123	22 468
Riau	3 151	1 562	1 154	381	3 663	1 321	2 372	13 604
Jambi	1 946	1 355	869	316	2 569	985	1 751	9 791
South Sumatra	7 140	4 753	2 977	1 000	7 256	2 906	4 757	30 789
Bengkulu	1 450	1 506	648	267	2 142	731	1 350	8 094
Lampung	6 371	5 090	2 865	1 164	8 286	2 912	5 190	31 878
Bangka Belitung Islands	533	330	206	52	950	552	939	3 562
Riau Islands	272	148	100	52	424	151	280	1 427
Dki Jakarta	1 898	1 092	957	376	2 710	1 436	2 323	10 792
West Java	27 759	20 870	10 673	4 522	35 389	14 637	20 364	134 214
Central Java	32 563	27 486	11 842	6 378	48 471	19 265	37 454	183 459
East Java	1 358	513	509	141	1 470	419	674	5 084
D.I. Yogyakarta	2 509	1 632	903	417	3 954	1 794	5 204	16 413
East Java	38 064	27 637	13 262	6 010	53 590	21 432	38 345	198 340
Banten	6 263	4 432	2 497	886	6 232	2 662	3 611	26 583
Bali	2 098	951	893	427	3 652	1 365	2 569	11 955
Nusa Tenggara Barat	6 623	3 806	2 709	1 025	8 004	4 179	3 628	29 974
Nusa Tenggara Timur	12 016	8 499	3 878	1 466	12 168	3 187	6 590	47 804

<b>Province</b>	<b>Blind</b>	<b>Deaf</b>	<b>Mute</b>	<b>Deaf &amp; mute</b>	<b>Limb (physical disability)</b>	<b>Paralysis</b>	<b>Mental disability</b>	<b>Total population</b>
West Kalimantan	6 102	3 793	2 544	920	6 700	2 514	3 700	26 273
Central Kalimantan	1 610	1 300	802	309	2 728	1 417	2 004	10 170
South Kalimantan	2 433	2 004	964	338	3 844	2 413	3 483	15 479
East Kalimantan	2 020	1 422	946	398	3 286	1 362	1 816	11 250
North Sulawesi	1 305	1 103	723	306	2 428	711	1 378	7 954
Central Sulawesi	2 471	1 488	1 037	373	3 011	1 048	1 441	10 869
South Sulawesi	10 648	6 517	3 991	1 691	11 753	4 486	6 966	46 052
Southeast Sulawesi	3 789	2 452	1 658	666	4 797	1 767	2 281	17 410
Gorontalo	1 105	561	490	158	1 134	552	556	4 556
West Sulawesi	1 464	957	699	274	1 638	528	792	6 352
Moluccas	1 865	1 176	917	337	2 878	620	794	8 587
North Moluccas	884	537	324	139	1 205	304	413	3 806
West Papua	683	419	441	83	797	199	257	2 879
Papua	3 119	1 962	1 423	346	2 487	940	731	11 008
Indonesia	209 803	146 987	82 572	34 301	277 820	108 745	183 638	1 043 866

Source: PPLS 2008 (data owner: Coordinating Ministry of People's Welfare).



**Table 12: Number of people with disability in 14 provinces in 2010**

<b>Provinsi</b>	<b>Laki-Laki</b>	<b>Perempuan</b>	<b>Total</b>
Jambi	8 528	6 436	14 964
Bengkulu	7 422	4 917	12 339
DKI Jakarta	11 585	10 128	21 713
Jawa Barat	87 992	64 291	152 283
Jawa Tengah	210 129	173 714	383 843
DI Yogyakarta	21 696	18 354	40 050
Jawa Timur	207 385	175 387	382 772
Banten	23 230	16 300	39 530
Bali	5 176	3 594	8 770
Nusa Tenggara Barat	9 056	7 036	16 092
Nusa Tenggara Timur	21 904	16 746	38 650
Kalimantan Barat	10 323	6 345	16 668
Sulawesi Selatan	20 153	14 357	34 510
Gorontalo	2 862	2 065	4 927
<b>Total</b>	<b>647 441</b>	<b>519 670</b>	<b>1 167 111</b>

Source: Marjuki (Indonesian Ministry of Social Affairs) 2010.

**Table 13: Prevalence of people with disability aged 15 and over, by status (extreme problem and problem)**

Provinsi	Status Disabilitas	
	Sangat Bermasalah (%)	Bermasalah (%)
Nanggroe Aceh Darussalam	2.1	18.1
Sumatera Utara	1.3	14.1
Sumatera Barat	2.1	20.5
Riau	1.5	14.1
Jambi	1.9	18.6
Sumatera Selatan	1.4	10.8
Bengkulu	2.4	16.0
Lampung	1.4	15.0
Bangka Belitung	1.6	27.9
Kepulauan Riau	1.7	10.3
DKI Jakarta	1.9	17.8
Jawa Barat	1.9	25.4
Jawa Tengah	2.0	22.9
DI Yogyakarta	2.0	15.1
Jawa Timur	1.7	21.7
Banten	1.4	14.6
Bali	1.9	21.1
Nusa Tenggara Barat	2.5	27.7
Nusa Tenggara Timur	2.1	19.2
Kalimantan Barat	1.4	17.9
Kalimantan Tengah	1.3	20.0
Kalimantan Selatan	1.6	21.6
Kalimantan Timur	1.3	12.8
Sulawesi Utara	1.7	18.6
Sulawesi Tengah	1.7	26.6
Sulawesi Selatan	2.2	23.7
Sulawesi Tenggara	1.5	19.7
Gorontalo	2.3	21.9
Sulawesi Barat	1.9	23.6
Maluku	1.2	15.0
Maluku Utara	1.4	10.1
Papua Barat	2.7	14.3
Papua	1.7	12.8
<b>Indonesia</b>	<b>1.8</b>	<b>19.5</b>

Source: Riskesdas, Indonesian Ministry of Health, 2007.

**Table 14: Prevalence of disability, by country and level of severity**

<b>Domain</b>	<b>Philip- pines</b>	<b>Fiji</b>	<b>India</b>	<b>Indon- esia</b>	<b>Mong- olia</b>
<i>Seeing</i>					
Mild	19.5	14.3	4.7	14.9	12.4
Severe or unable	1.8	3.9	4.4	7.3	4.2
Any	21.3	18.2	9.1	22.1	16.7
<i>Hearing</i>					
Mild	9.4	5.1	2.5	5.4	3.5
Severe or unable	0.6	0.7	0.9	1.8	1.8
Any	9.9	5.8	3.4	7.1	5.3
<i>Walking and climbing</i>					
Mild	18.8	16.5	9.1	10.6	16.5
Severe or unable	2.7	6.0	8.5	5.6	6.0
Any	21.6	22.5	17.6	16.3	22.5
<i>Remembering and concentrating</i>					
Mild	18.9	19.2	8.1	16.3	9.7
Severe or unable	2.4	3.5	3.7	2.9	4.0
Any	21.3	22.7	11.9	19.1	13.7
<i>Self-care</i>					
Mild	2.9	2.5	0.9	2.4	3.4
Severe or unable	1.1	1.3	2.0	1.4	2.0
Any	4.1	3.8	2.9	3.8	5.4
<i>Communicating</i>					
Mild	10.7	5.8	4.2	6.6	2.2
Severe or unable	1.5	2.2	2.4	1.3	2.4
Any	12.2	8.0	6.6	7.9	4.6

Source: Mont D (2007). *Measuring disability prevalence*, Special Protection discussion paper no. 0706, World Bank, Washington DC.

**Table 15: Proportion of people with disability, by province and region, 2009**

	Disabled?				Total	
	Yes n	%	No n	%	n	%
Nanggroe Aceh Darussalam	31 405	0 77	4 067 971	99 23	4 099 376	100 00
North Sumatra	118 603	0 91	12 960 551	99 09	13 079 154	100 00
West Sumatra	48 757	1 08	4 460 882	98 92	4 509 639	100 00
Riau	33 379	0 59	5 601 533	99 41	5 634 912	100 00
Jambi	22 629	0 79	2 841 468	99 21	2 864 097	100 00
South Sumatera	56 466	0 78	7 149 783	99 22	7 206 249	100 00
Bengkulu	17 072	0 97	1 735 599	99 03	1 752 671	100 00
Lampung	69 066	0 89	7 672 145	99 11	7 741 211	100 00
Bangka Belitung Islands	12 277	1 19	1 019 218	98 81	1 031 495	100 00
Riau Islands	12 268	0 78	1 557 627	99 22	1 569 895	100 00
DKI Jakarta	51 381	0 58	8 882 166	99 42	8 933 547	100 00
West Java	329 696	0 79	41 572 689	99 21	41 902 385	100 00
Central Java	354 515	1 10	31 996 148	98 90	32 350 663	100 00
DI Yogyakarta	49 924	1 46	3 360 291	98 54	3 410 215	100 00
East Java	375 511	1 04	35 764 361	98 96	36 139 872	100 00
Banten	71 404	0 69	10 329 651	99 31	10 401 055	100 00
Bali	38 580	1 08	3 518 418	98 92	3 556 998	100 00
West Nusa Tenggara	53 353	1 15	4 584 379	98 85	4 637 732	100 00
East Nusa Tenggara	60 261	1 38	4 304 155	98 62	4 364 416	100 00
West Kalimantan	32 198	0 68	4 669 418	99 32	4 701 616	100 00
Central Kalimantan	12 945	0 54	2 369 516	99 46	2 382 461	100 00

	Disabled?				Total	
	Yes n	%	No n	%	n	%
South Kalimantan	45 028	1 30	3 409 300	98 70	3 454 328	100 00
East Kalimantan	17 579	0 56	3 101 948	99 44	3 119 527	100 00
North Sulawesi	25 108	1 11	2 227 703	98 89	2 252 811	100 00
Central Sulawesi	29 777	1 15	2 566 605	98 85	2 596 382	100 00
South Sulawesi	82 170	1 05	7 767 912	98 95	7 850 082	100 00
South-east Sulawesi	21 543	0 93	2 290 061	99 07	2 311 604	100 00
Gorontalo	9 792	1 09	890 508	98 91	900 300	100 00
West Sulawesi	12 533	1 21	1 025 228	98 79	1 037 761	100 00
Moluccas	15 193	1 12	1 337 426	98 88	1 352 619	100 00
North Moluccas	6 902	0 72	952 146	99 28	959 048	100 00
West Papua	2 762	0 38	721 416	99 62	724 178	100 00
Papua	6 708	0 33	2 033 422	99 67	2 040 130	100 00
<b>Total</b>	<b>2 126 785</b>	<b>0 92</b>	<b>228 741 644</b>	<b>99 08</b>	<b>230 868 429</b>	<b>100 00</b>

Source: BPS, Susenas 2009.

**Table 15: Regulations concerning people with disability**

<b>No.</b>	<b>Legal umbrella</b>	<b>Rights of people with disability</b>	<b>Lex specialis</b>	<b>Lex specialis provisions</b>	<b>Lex inferiori</b>	<b>Lex inferiori provisions</b>
1	Art. 6 Law No. 4 of 1997	Education at each unit, path, kind and types of education	Law No. 20 of 2003 concerning the National Education System	The administration of special education for citizens with physical and mental impairment	Govt. Regulation (PP) No. 10 of 2010	Admission of students at each level without any discrimination based on mental and physical condition
					Draft Regional Ordinance on People with Disability (Bangka Belitung)	The administration of various education and skills training for people with disability
2	Art. 6 Law No. 4 of 1997	Decent living and employment according to the types and level of disability, education and capability	Law No. 13 of 2003 concerning Manpower	Protection in accordance with disability, equal rights and job training	Govt. Regulation (PP) No. 43 of 1998	1% quota in employment
3	Art. 6 Law No. 4 of 1997	Equal treatment to take part in development and to enjoy the results of development				
4	Art. 6 Law No. 4 of 1997	Accessibility to support independence	Law No. 28 of 2002 concerning Buildings and Constructions	Accessibility is mandatory, except for housing areas	Govt. Regulation (PP) No. 43 of 1998	Provision of public facilities and infrastructure that are friendly for people with disability
			Law No. 28 of 2009 concerning Traffic and Road Transport	SIM D (drivers' licence) and accessibility in public transport	Govt. Regulation (PP) No. 43 of 1993	Prioritising the vehicles of people with disability

No.	Legal umbrella	Rights of people with disability	Lex specialis	Lex specialis provisions	Lex inferiori	Lex inferiori provisions
					Local Ordinance No. 10 of 2009 concerning People with Defect (Bandung)	Promoting adjustments in public facilities
					Local Ordinance No. 6 of 2009 concerning People with Defect (Sukoharjo)	Accessibility for people with defect (disability)
					Governor's Regulation No. 66 of 1981	Adjustments in public facilities and infrastructure in Jakarta
					Governor's Regulation No. 140 of 2001	Adjustments in public facilities and infrastructure in Jakarta
5	Art. 6 Law No. 4 of 1997	Rehabilitation, social allowance, and sustenance of social welfare	Law No. 11 of 2009 concerning Social Welfare	People with disability as people who have problems and social dysfunction	Govt. Regulation (PP) No. 43 of 1998	The social welfare of people with defect (disability)
			Law No. 36 of 2009 concerning Health	The right to the provision of health facilities, and government obligations	.	
6	Art. 6 Law No. 4 of 1997	Equal rights to grow and develop aptitude, capability and social life, particularly for children with disability in families and communities	Law No. 1 of 1974 concerning Marriage	Divorce is allowed in the event that the spouse acquires disability	Govt. Regulation (PP) No. 9 of 1975	Divorce is allowed in the event that the spouse acquires disability

<b>No.</b>	<b>Legal umbrella</b>	<b>Rights of people with disability</b>	<b>Lex specialis</b>	<b>Lex specialis provisions</b>	<b>Lex inferiori</b>	<b>Lex inferiori provisions</b>
7	Law No. 39 of 1999 concerning Human Rights	The right to participate in politics and in lawmaking	Law No. 10 of 2008 concerning General Election	The requirements of being able to speak, write and read in the Indonesian language	Regulation of KPU (General Election Commission) No. 13 of 2009 concerning Technical Guidelines for Vote Casting and Counting in Polling Stations	Provision of assistive devices in the general election for people who are blind



## National-level disabled peoples' organisations in Indonesia

*Persatuan Penyandang Cacat Indonesia* (PPCI, Indonesian Association of People with Disability) is the umbrella DPO in Indonesia. It functions as a coordinating organisation for other organisations in the area of disability. PPCI consists of a number of national organisations, and it has representatives in all provinces.

*Federasi Nasional Kesejahteraan Penyandang Cacat Tubuh* (FKPCTI, National Federation for the Welfare of People with Physical Disability). This organisation was established in 1987 and is a member of PPCI. It has representatives in 31 provinces.

*Federasi Nasional Kesejahteraan Tuna Rungu Indonesia* (FNKTTRI, Indonesian National Federation for the Welfare of the People who are Deaf) was established by deaf people and has representatives in several provinces.

*Persatuan Tuna Netra Indonesia* (Portuni, Indonesian Association of People who are Blind) is a national organisation with representatives in a number of provinces.

*Gerakan Kesejahteraan Tuna Rungu Indonesia* (Gerkatin, Welfare Movement of the Indonesian Deaf) has representatives in a number of provinces.

*Federasi Kesejahteraan Tuna Netra Indonesia* (FKTNI, Federation for the Welfare of Indonesian People who are Blind), is a national organisation for people who are blind that also has some representatives at the local level.

*Persatuan Olah Raga Tuna Rungu Indonesia* (Porturin, Indonesian Sports Association for the People who are Deaf) is a national organisation working in the area of sports for people who are deaf.

*Badan Penyelenggara Olah Raga Cacat* (BPOC, Sports Agency for the Disabled) is a national organisation that focuses on sports. It has representatives in a number of provinces, and is also a member of *Komite Olah Raga Nasional* (KONI, the National Sports Committee).

*Spesial Olympic Indonesia* (SOIna, Indonesian Special Olympics) is a national organisation that focuses on sports for people with intellectual disability.

BANI, a national organisation of people with disability who are alumni of YPAC, has representatives in a number of provinces.

*Komite Advokasi Penyandang Cacat Indonesia* (KAPCI, Advocacy Committee of Indonesian People with Disability) is a national organisation of people with disability that has a number of representatives in a number of provinces.

*Persatuan Orang Yang Pernah Mengalami Kusta* (Permata, Association of People who have been Affected by Leprosy) is an independent organisation for people who have suffered from leprosy. It has representatives in some provinces.

*Himpunan Wanita Penyandang Cacat Indonesia* (HWPCI, Association of Indonesian Women with Disability) is a national organisation for women with disability that has representatives in some provinces.

*Pemilu Akses* (Access to General Election) is a national organisation that focuses on national and regional elections. It has representatives in some provinces.

*Persatuan Paraplegia Indonesia* (Perpari Indonesian Paraplegic Association) is a national organisation for paraplegics.

*Persatuan Olah Raga Tennis Kursi Roda Indonesia* (Indonesian Association of Wheelchair Tennis) is a national organisation that focuses on wheelchair tennis.

*Persatuan Cacat Veteran dan Seroja Indonesia* (Association of Indonesian Veterans and Former Seroja Soldiers with Disability) is a national organisation for people who acquired disability during their service in the military.

*Organisasi Pelaku Seni dan Difrensia Indonesia* (Indonesian Organisation of Performers and Differentias) focuses on music and dance.

*Persatuan Pelukis Kaki dan Mulut Indonesia* (Association of Indonesian Foot and Mouth Painters) focuses on painting using the mouth or the foot.

*Lembaga Penempatan Kerja Penyandang Cacat* (LPKC, Job Placement Agency for People with Disability) is a national organisation that specifically focuses on employment and vocational training. It has a number of representatives at the local level.

*Fathul Ulum* is a national organisation for people with disability that focuses on Islamic preaching.

*Lembaga Advokasi Penyandang Cacat Indonesia* (LAPCI, Advocacy Institution for Indonesian People with Disability) focuses on advocacy and legal matters for people with disability.

## Other organisations working on disability

*Yayasan Pemeliharaan Anak Cacat* (YPAC, Foundation for Children with Disability), is the oldest organisation in rehabilitation services for people with disability in Indonesian that specifically provide services for children; it was founded by Prof Dr. Suharso in 1954. YPAC has branches in each province in Indonesia

*Federasi Nasional Kesejahteraan Penyandang Cacat Mental* (FNKCM, National Federation for the Welfare of People with Mental Disability), is a national organisation that focuses on advocacy for people with intellectual disability. The members of this organisation are mainly the SLB (special schools) for children with intellectual disability.

*Komite Orang Tua Tuna Daksa* (KOPTUNDA, Parents' Committee of people who are physically disabled), is an organisation of parents with children with physical disability.

*Forum Komunikasi Orang Tua/Keluarga dengan Anak Cacat* (FKDAC, Communication Forum of Parents/Families of Children with Disability), is a national organisation for parents who have children with disability. This organisation has some representatives in the local level.

*Persatuan Orang Tua dari Anak Penyandang Cacat* (PertuPencanak, Parents' Association of Children with Disability), is a national organisation for parents/families who have children with disability. This organisation has a number of representatives in some provinces.

*Mitra Netra*, is an organisation that specifically focuses on the advocacy for people with visual disability/blindness that focuses on the provision of communication and information devices.

*Aliansi Rehabilitasi Berbasis Masyarakat* (Alliance of Community-based Rehabilitation) is an alliance organisation of a number of Community-based Rehabilitation providers in Indonesia. It has some members in some provinces, mainly in Java Island.

*Pusat Studi Kecacatan Indonesia* (PSIKI, Indonesian Centre for Disability Studies), is an organisation that specifically focuses on information and RBM in Indonesia.

*Pusat Kajian Disabilitas Universitas Indonesia* (PUSKA UI, Centre for Disability Studies of Universitas Indonesia) which operates under Universitas Indonesia, focusing on research and advocacy for policies concerning disability in Indonesia.

**Table 16: Schools, students, teachers and classrooms of special schools (SLB, TKLB, SDLB, SMPLB, SMALB) throughout Indonesia, by level of education, disaggregated by types of disability**

No	JENIS KELAINAN	Jumlah Sekola h	TKLB	SDLB	SMPLB	SMALB	Jml Siswa Seluru h	Jml Kelas Fisik	KEADAAN SISWA					KEADAAN GURU						
									Negeri	Swasta	Jumlah	SLTA	PROG KHUSU S	SGPLB	D III	S1 PLB	S1 UM	S2	S3	Jumlah
1	A Tunanetra	631	456	2 227	580	251	3 514	2 577	1 072	691	1 763	113	119	704	210	340	265	12	0	1 763
2	B Tunarungu / Tunawicara	1271	3 258	13 397	3 371	1 600	21 626	8 981	2 752	2 215	4 967	247	278	1 845	549	1 376	653	19	0	4 967
3	C Tunagrahita Ringan	1306	2 812	20 387	4 481	2 108	29 788	9 430	3 012	2 594	5 606	304	285	2 063	617	1 487	824	26	0	5 606
4	C1 Tunagrahita Sedang	887	1 491	8 793	1 992	838	13 114	5 840	1 452	1 239	2 691	153	159	994	290	719	364	12	0	2 691
5	D Tunadaksa Ringan	348	133	844	143	62	1 182	774	415	259	674	27	61	262	55	153	111	5	0	674
6	D1 Tunadaksa Sedang	90	45	447	93	39	624	267	128	99	227	14	13	68	29	50	53	0	0	227
7	E Tunalaras	78	63	367	150	84	664	214	117	88	205	29	5	71	20	41	35	4	0	205
8	F Autis	267	588	835	90	24	1 537	681	218	435	653	63	37	177	70	164	136	6	0	653
9	G Tunaganda	51	71	202	90	13	376	150	54	85	139	28	7	24	11	43	25	1	0	139
Total			8 917	47 499	10 990	5 019	72 425	28 914	9 220	7 705	16 925	978	964	6 208	1 851	4 373	2 466	85	0	16 925

SDLB = Sekolah Dasar Luar Biasa: Elementary School for People with Special Needs; SMALB = Sekolah Menengah Atas Luar Biasa; High School for People with Special Needs; SLB = Sekolah Luar Biasa, School for People with Special Needs; SMPLB = Sekolah Menengah Pertama Luar Biasa; Junior High School for People with Special Needs; TKLB = Taman Kanak-Kanak Luar Biasa; Preschool for People with Special Needs

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## Acronyms and abbreviations

BPS	Indonesian Central Statistics Agency
CPRD	Convention on the Rights of Persons with Disabilities
GPK	<i>guru pembimbing/pendidikan khusus</i> (special education teacher or supervisor)
ICF	International Classification of Functioning, Disability and Health
RAN	National Plan of Action on People with Disability 2004–2013
RBM	<i>Rehabilitasi Basis Masyarakat</i> (Family/community-based rehabilitation)
UPSK	<i>Unit Pelayanan Sosial Keliling</i> (Mobile Unit for Social Service)
UPT	<i>Unit Pelaksana Teknis</i> (Technical Implementation Unit)
WHO	World Health Organization