

Report on the Implementation of the 2030 Agenda in Line with the CRPD in Indonesia

**Prepared by ASEAN Disability
Forum (ADF)**



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Prepared by ASEAN Disability Forum
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List of Abbreviations

ADF	ASEAN Disability Forum
APK	Angka Partisipasi Kasar (Rough Participation Rate)
BLK	Balai Latihan Kerja (Vocational Training Center)
BPJS	Badan Penyelenggara Jaminan Sosial (Social Security Agency)
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CRPD	Convention Rights of Persons with Disabilities
CSR	Corporate Social Responsibility
FGD	Focus Group Discussion
GPDLI	Gerakan Peduli Disabilitas dan Lepa Indonesia (Indonesia Leprosy and Disability Care Movement)
GPK	<i>Guru Pendamping Khusus</i> (Special Assistant/Shadow Teacher)
HWDI	<i>Himpunan Wanita Disabilitas Indonesia</i> (The Association of Women with Disabilities)
ICT	information, communication, and technology
IDA	International Disability Alliance
ILO	International Labor Organization
JKN	<i>Jaminan Kesehatan Nasional</i> (National Health Insurance Program)
LDCs	Least Developed Countries
MDT	Multi-Drug Therapy
MoU	Memorandum of Understanding
NHRI	National Human Rights Institution
OJK	<i>Organisasi Jasa Keuangan</i> (Financial Services Authority)
OPDs	Organizations of Persons with Disabilities
PANRB	Pendayagunaan Aparatur Negara Reformasi Birokrasi Ministry of Administrative and Bureaucratic Reform/PANRB
PAUD	Pendidikan Anak Usia Dini (early childhood education)
PJS	Perhimpunan Jiwa Sehat (The Association of Indonesian Mental Health)
PP	Peraturan Pemerintah (Government Regulation)

PUSKESMAS	<i>Pusat Kesehatan Masyarakat</i> (Public Health Center at Subdistrict level)
PwD	Person with Disabilities
PwPD	Person with Psychosocial Disabilities
RANHAM	Rencana Aksi Nasional Hak Asasi Manusia (National Action Plan on Human Rights)
RBM	Community-based Rehabilitation
RPJMN	Rencana Pembangunan Jangka Menengah Nasional (National Medium-Term Development Plan)
RPP	Rancangan Peraturan Pemerintah (Draft of Government Regulation)
SAKERNAS	Survei Angkatan Kerja Nasional (National Workforce Survey)
SBMPTN	<i>Sistem Bersama Masuk Perguruan Tinggi Negeri</i> (National Selection of Registration for <i>Higher Education</i>)
SDGs	Sustainable Development Goals
SIDS	Small Island Developing States
SLB	Sekolah Luar Biasa (The Special Schools)
SNMPTN	<i>Sistem Nasional Masuk National Perguruan Tinggi Negeri</i> (Selection of Registration for Higher Education/SNMTN)
ULD	Unit Layanan Disabilitas (Disability Services Unit)
WKCP	Autism Child Association and Cerebral Palsy Family Association

Chapter I Introduction

A. Background of the Report

The Sustainable Development Goals (SDGs) of the 2030 program are broader, universal commitments to end poverty, protect the environment and ensure peace and prosperity across the globe. The SDGs replaced their successor Millennium Development Goals (MDGs) in 2015 resulting from the United Nations Conference on Sustainable Development held in Rio de Janeiro in 2012. It is important to mention here that these goals cover some new areas such as climate change, innovation, sustainable consumption, reducing economic inequality, peace and justice and some other priorities. SDGs are interconnected with the belief that success of one goal will lead to the success of another.¹

The 2030 Agenda for Sustainable Development Objectives (SDGs) is a global agenda agreed upon by all countries with ambitious goals, especially not to leave anyone in development. This year the 2030 agenda has entered its fourth year since it was adopted in 2015. The achievements, progress and challenges faced in implementing the 2030 agenda in each country are monitored regularly both at global and national levels.

SDGs pledging to “*leave no one behind*,” is an ambitious plan of action of the international community towards a peaceful and prosperous world, where dignity of an individual person and equality among all is applied as the fundamental principle. It is critical to ensure, in this regard, the full and equal participation of persons with disabilities in all spheres of society and create enabling environments by, for and with persons with disabilities, in line with the CRPD. The mantra “Leave no one behind”, and as such, negotiations over the framing of the Goals involved many otherwise disenfranchised groups negotiating and lobbying for inclusion in the framing of indicators. The predecessor to the Sustainable Development Goals, the Millennium Development Goals, did not take into account the intersectionalities of marginalization within their rather broad indicators. Persons with disabilities were one such group.

Disability is referenced in various parts of the SDGs and specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs, for instance:

Goal 4 on inclusive and equitable quality education and promotion of life-long learning opportunities for all focuses on eliminating gender disparities in education and ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities. In addition, the proposal calls for building and upgrading education facilities that are child, disability and gender sensitive and also provide safe, non-violent, inclusive and effective learning environments for all.

¹ “Background on the goals”, UNDP Website, accessed from <https://www.undp.org/content/undp/en/home/sustainable-development-goals/background.html>

In Goal 8: to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, the international community aims to achieve full and productive employment and decent work for all women and men, including for persons with disabilities, and equal pay for work of equal value.

Closely linked is Goal 10, which strives to reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities.

Goal 11 would work to make cities and human settlements inclusive, safe and sustainable. To realize this goal, Member States are called upon to provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, such as persons with disabilities. In addition, the proposal calls for providing universal access to safe, inclusive and accessible, green and public spaces, particularly for persons with disabilities.

Goal 17 stresses that in order to strengthen the means of implementation and revitalize the global partnership for sustainable development, the collection of data and monitoring and accountability of the SDGs are crucial. Member States are called upon to enhance capacity-building support to developing countries, including least developed countries (LDCs) and small island developing states (SIDS), which would significantly increase the availability of high-quality, timely and reliable data that is also disaggregated by disability.²

In an effort to ensure a human rights approach in the implementation of SDGs, especially in ensuring the CRPD principles are contained, this report will focus on a number of Goals in the SDGs. This report captures the achievement of SDGs' implementation in Indonesia using the human rights approach in the CRPD as a guideline for report writing, with the aim to ensure that vulnerable groups are not left behind from the development process.

More specifically, this report will focus on the objectives of the SDGs which will be reviewed in the High Level Political Forum (HLPF) 2019, which are: Goal 3 on the Good Health and Well Being, Goal 4 Quality Education, Goal 5 Gender Equality, Goal 8 Sustained, Inclusive and Sustainable Economic Growth, and Goal 11 Sustainable Cities and Communities.

B. Drafting Process of the Report

1. Methodology

This report is based on participatory methodology, based on the information and experiences of persons with disabilities in Indonesia. The main information of data collected through the Focus Group Discussion (FGD) with the a diverse group of persons with disabilities including under-represented groups such as persons with intellectual ~~disabilit~~ disabilities, Deaf persons, persons with psychosocial ~~disabilit~~ disabilities and

² "Sustainable Development Goals (SDGs) and Disability", accessed from <https://www.un.org/development/desa/disabilities/about-us/sustainable-development-goals-sdgs-and-disability.html>

persons with leprosy, conducted by ASEAN Disability Forum (ADF) in Jakarta on 3rd March 2020. The FGD aimed to collect data and information for research or report on the implementation of SDGs and CRPD in Indonesia on five aspects, namely 1) health and well-being; 2) quality of education; 3) gender equality; 4) decent work and employment; 5) Sustainability and Smart City. The participants ~~ecomprised~~comprised diverse groups of persons with ~~disabilites~~disabilities including ~~uunderrepresented~~underrepresented groups of persons with disabilities including persons with Deafblindness, Leprosy, women with disabilities, persons with intellectual disabilities, and psychosocial disabilities.

They represent these organizations:

- Persons with Deafblindness represented by the Association of Indonesian Deafblindness (PELITA).
- Persons with leprosy represented by the Indonesian Disability Care and Leprosy Movement (GPDLI).
- Women with Disabilities represented by the Association of Indonesian Women with Disabilities (HWDI).
- Persons with intellectual ~~disabilites~~disabilities represented by The Indonesian Care Association of Down Syndrome (YAPESDI).
- Persons with intellectual disabilities represented by The Centre of Hope - The Association of Indonesian Down Syndrome (ISDI).
- Persons with psychosocial disabilities represented by the Association of Mental Health (*Perhimpunan Jiwa Sehat*, PJS).

The pool of ~~data~~-data obtained from the FGD compiled by the ADF Secretariat to be systematized and adjusted to the needs of this report. Furthermore, to strengthen the CRPD perspective in it, this report uses the CRPD Convention (Articles) and CRPD Indicators prepared by OHCHR as a reference. Additionally, this report also refers to some documents, such as a global report on inclusive education produced by IDA and other relevant references.

To expand the data sources for this report, ADF uses data ~~uses data~~ that was collected previously by Disabled Persons' Organizations (~~DPOs~~OPDs) in national and international reporting. ~~In~~ particular, the report leverages data collected through ADF's the Baseline Study of Regional SDGs Implementation in ASEAN, ~~DPOOPD~~'s Coalition Report on the SDGs Implementation in Indonesia, and alternative reports for CRPD that have been made by ~~DPOs~~OPDs in 2019.

2. Objectives

This report aims to:

- a. Reflect on the implementation of the State's activities, policies, and directions pertaining to the Government's 2030 Agenda in relation to persons with disabilities, especially regarding Goal 3 (Ensure Healthy Lives and Well-Being For All), Goal 4 (Ensure Inclusive and Equitable quality Education and Promote Lifelong Learning

Opportunities for All), Goal 5 (Gender Equality), Goal 8 (Decent Work and Economic Growth), and Goal 11.

- b. Ensure the Development Agenda 2030 complies with the CRPD principles, especially on the basis of "*leave no one behind*"
- c. Present the current situation and make concrete suggestions from disabled people, individuals and organizations towards linking the CRPD and the SDGs in Indonesia.

Chapter II Inclusion Policy in Indonesia Legal Framework: an Overview

The commitment of Indonesia to implement SDGs reflects in an integrated national development program and national medium-term development plan with SDGs. The government of Indonesia legalizes the integration with Presidential Regulation No.59, the Year 2017 that explains the purposes and global target to achieve in the national program and medium-term development plan 2015 - 2019.

Referring to the Government of Indonesia's Voluntary National Review (VNR) Report, the government of Indonesia is committed to becoming one of the foremost pioneers and role models to achieve SDGs. Indonesia has mainstreamed SDGs into the national development plan. Furthermore, the President of Indonesia will directly lead SDGs implementation, as stated in the Presidential Decree No. 59/2017 on SDGs. The Presidential Decree is also a legal basis of institutional arrangement to implement SDGs with the involvement of all stakeholders through the establishment of a National Coordination Team. The structure of the National Coordination Team consists of Steering Committee, Implementing Team, Working Groups, Experts Team and SDGs Secretariat. Members of Implementing Team and Working Groups are representatives of government, philanthropy and business society, civil society organizations, academics and experts to ensure inclusiveness and no one left behind principles. This comprehensive set up is to develop national ownership and is implemented at national and sub-national levels. The SDGs Secretariat is under the Ministry of National Development Planning/Bappenas.³

Indonesian SDGs implementation is expected to be relatively at ease since the National Medium Term Development Plan (RPJMN) coincided with SDGs preparation. Therefore, SDGs mainstreaming to RPJMN was developed at an early stage is essential to ensure that goals and targets of SDGs become one unity with the national agenda. Thus, RPJMN provides clear guidance for Ministries/Institutions to implement SDGs and secure a budget allocation. In other words, for Indonesia, SDGs implementation also means implementing national development. Therefore, the success or lack of attaining SDGs will affect national development in the same manner.⁴

However, some challenges cause unsatisfied implementation on the rights of persons with disabilities. It's shown on the following reasons, namely:

1. Inadequate policy frameworks and regulations to implement Law No. 8 Year 2016 concerning Persons with Disabilities. Ministries and agencies have drafted several derivative regulations for the law both at the ministry and government levels to

³ Republic of Indonesia, *Voluntary National Review (VNR): Eradicating Poverty and Promoting Prosperity in a Changing World*, 2017, p. iv.

⁴ Republic of Indonesia, *Voluntary National Review (VNR)*, p. v.

implement Law No. 8 Year 2016. As of 2019, the government has completed the Ministry of Social Affairs Regulation on Disability Card and undertakes the finalization of other mandated regulations under Law No. 8 Year 2016. Law No. 8 Year 2016 is a comprehensive Law and has accommodated the rights of persons with disabilities in Indonesia. Nevertheless, several evaluations note that despite this progressive law, persons with psychosocial disabilities are not able to exercise their rights to legal capacity (incompetence) –the Court decision. Persons with psychosocial disabilities encourage the fulfilment of Law No. 8 Year 2016 following CRPD to ensure the persons with ~~disabilites~~disabilities have legal capacity in Indonesia, especially mentioned in Article 32 – 35 of Law No. 8 Year 2016.

Table of List of Government Regulations

(Derivative Regulations to Law No. 8 Year 2016)

Name of government regulation	Institution	Note
Government Regulation on Planning, Implementation, and Evaluation	National Development Planning Agency/Ministry (Bappenas)	Enacted through the Government Regulation No. 70 Year 2019 on the Planning, Implementation, and Evaluation of the Respect, Protection, and Fulfilment of the Rights of People with Disabilities.
Government Regulation on Social Welfare	The Ministry of Social Affairs	Enacted through the Government Regulation No. 52 Year 2019 on Implementation of Social Welfare for Persons with Disabilities
Government Regulation on the Reasonable Accommodation of Education	The Ministry of Education and Culture	Enacted through the Government Regulation No. 13 Year 2020 on the Reasonable Accommodation for Students with Disabilities
Government Regulation on Reasonable Accommodation in the Trial	Ministry of Law and Human Rights	In the process of drafting
Government Regulation on	Ministry of	In the process of drafting

Habilitation dan Rehabilitation	Social Affairs	
Government Regulation on Disability Service Unit of Employment	Ministry of Manpower	In the process of drafting
Government Regulation on Accessibility and Public Services	Ministry of Public Works and Public Housing	In the process of drafting

2. The Government has not harmonized laws and regulations that discriminate against persons with disabilities. That is reflected in some laws and regulations that are discordant with the principles set out in CRPD (see paragraph 1 of this report). One example of this is Law No. 1 Year 1974 concerning Marriage, which discriminates against persons with disabilities as it states that one of the justified reasons for divorce is the disability of the spouse. Another example is Law No. 11 Year 2009 on Social Welfare, which positions persons with disabilities as a social group that experience welfare issues. Furthermore, Law No. 13 Year 2003 on Manpower retains the derogatory phrases 'disorder' and 'physically and mentally fit', which put barriers to employment in both government and private sectors.

These discriminatory regulations are reflected in:

- a. Some laws and regulations are tainted with stereotypes toward persons with disabilities (PWDs), for instance:
 - Article 5 Paragraph (2) of the Law No. 11 Year 2009, related to Law No. 6 Year 1974 on Social Welfare, categorizes disability as an indicator of social welfare problems. The provisions stigmatize persons with disabilities as a problem to social life and follow the medical view of disability in which disability is seen as an abnormality.
 - Article 5 of Law No. 1 Year 1974 on Marriage regulates matters on polygamy, and it regulates that polygamy is permissible when the wife becomes disabled or suffers from terminal illnesses. Article 29 enumerates the justified reasons for divorce, one of which is when a spouse becomes 'disabled.'
- b. Some laws and regulations put persons with disabilities in disadvantaged situations and utilize a charity-based approach, instead of building inclusive physical infrastructure, in overcoming barriers. For instance, Article 69 of Law No. 24 Year 2007 on Disaster Management regulates that "Government and local government shall provide grief and disability compensation money to disaster victims." This

approach is also used in Article 3 Paragraph (1) Letter c of Law No. 33/1964 concerning Compulsory Passenger Accident Insurance and Article 4 of Law No. 34 Year 1964.

- c. Some laws and regulations employ medical approach, as can be seen in Article 7 of Law No. 4 Year 1979 concerning Child Welfare, which states that "Children with disabilities shall be entitled to special services to attain the level of growth and development to which they are capable." This approach is flawed, and using the medical perspective of disability reinforces the stereotype that persons with disabilities are powerless. This incorrect notion of disability can be seen in Article 57 of Law No. 34 Year 2004 concerning Indonesian National Army, Article 21 Paragraph (3) of Law No. 40 Year 2004, Law No. 23 Year 2007 concerning Railroad System, Law No. 17 Year 2008 concerning Shipping, and Law No. 1 Year 2009 concerning Aviation.
- d. Some laws and regulations retain the use of the term 'disorder' (a derogatory term for disability) or follow a faulty logic despite their so-called rights-based perspectives. Law No. 23 Year 2002 on Child Protection, for example, draws upon both medical and rights-based perspectives, as set out in Article 9 Paragraph (2) and Article 51. Another example includes Article 42 Paragraph (1) of Law No. 17 Year 2008 concerning Shipping, which contains some faults.⁵

⁵ See, Fajri Nursyamsi, et.al, *Kerangka Hukum Disabilitas di Indonesia: Menuju Indonesia Ramah Disabilitas (Legal Framework of Disability in Indonesia)*, (Jakarta: PSHK, 2015). s

Chapter III The SDGs Implementation and the Rights of People with Disabilities in Indonesia

Goal 3 Good Health and Well Being

Goal: Ensure healthy lives and promote well-being for all at all ages

Targets related with People with Disabilities CRPD Relevant Articles

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education,

Article 25 – Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further

and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

disabilities, including among children and older persons;

c) Provide these health services as close as possible to people's own communities, including in rural areas;

d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;

e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Article 26 – Habilitation and rehabilitation

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social

services, in such a way that these services and programmes:

a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;

b) ———Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Article 28 (Article 2) - Adequate standard of living and social protection

2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:

a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;

b) To ensure access by persons with

-
- disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;
- c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;
 - d) To ensure access by persons with disabilities to public housing programmes;
 - e) To ensure equal access by persons with disabilities to retirement benefits and programmes.

Source: SDGs Goals and CRPD Articles

A. Inclusion Policies of Health Services

The government's commitment to providing accessible health services and rehabilitation for persons with disabilities is stipulated among other things in Law No. 36 Year 2009 on Health, Law No.18 Year 2014 on Mental Health in conjunction with Law No. 8 Year 2016 on Persons with Disabilities. The legal guarantee for equal rights and opportunities in all aspects of life and livelihood, including rights to access health services, is further emphasized under Article 5, Article 6, and Article 18 of the Law on Health.

Law No. 36 of 2009 on Health mentions explicitly about health services to people who are "disabled", which is a term used prior to "person with disabilities" contained in Article 139, that provides:

- a. Health maintenance efforts of the disabled shall be aimed at maintaining healthy life and be socially and economically productive, as well as having dignified lives.
- b. The Government shall ensure the availability of health care facilities and facilitate them to enable them to live independently and socially and economically productive lives.

Law No. 36 Year 2009 on Health, also specifies Mental Health, including the right for protection and mental health services for those who are mentally handicapped and

abandoned or homeless with the financing from government and regional governments as contained in Article 149 paragraph (2).⁶

In relation to Mental Health Law (No. 18 Year 2014), Article 52, Law No. 18 Year 2014 on Mental Health, a law that was passed after Indonesia ratified the CRPD in 2011, requires all provincial governments to establish at least one psychiatric hospital in their respective regions. Various other government regulations guarantee the establishment of social care institutions. However, the Law on Mental Health emphasizes that the definition of 'lacking legal qualification' should be made by psychiatrists instead of the court. The status of 'lacking legal qualification' often allows for the imposition of certain medical services on persons with psychosocial and intellectual disabilities by their family members or guardians. The Law deprives people's right to legal capacity.

Concerning the rights to health, Law No. 8 Year 2016 asserts persons with disabilities to receive equal health services and opportunities with safety, quality, and affordability, including early intervention mechanism for children with disabilities in Article 12 (c). The Government of Indonesia is committed to providing sufficient early detection service and establishing a referral system for early intervention for disabled infants and children in every healthcare setting in the country. The Ministry of Health has developed Congenital Hypothyroid Screening in 14 Provinces to prevent disabilities caused by Congenital Hypothyroidism and will be replicated in all other provinces in the future. The Ministry of Health also grants a free regular immunization program, including iodine and vitamin A for infants and children given in community-based health care services in rural and urban areas, to combat preventable forms of disability among infants and children.⁷

The Inclusion Health Roadmap was compiled based on various discussions, including with organizations of persons with disabilities, by referring to WHO Disability Action and Health System Strengthening, and according to the Ministry of Social Affairs, formulated as an implementation of Law No. 8 Year 2016. The Inclusive Roadmap itself is a comprehensive policy instrument needed related to disability services with more specific following targets: a) Policy references, programs, and assessments for all levels of the Ministry of Health; b) To build a health service system that is accessible, comprehensive, affordable, quality, respects dignity, and empowers all persons with disabilities. In the National Action Plan on Human Rights (*Rencana Aksi Nasional Hak Asasi Manusia*, RANHAM 2018 - 2019), the Ministry of Health has conducted information dissemination on the Inclusion Health Roadmap in 34 provinces in Indonesia.⁸

The government of Indonesia also has issued the policy on Disability Inclusive Health Services Roadmap 2020 - 2024. The inclusive roadmap is a comprehensive policy instrument made for disability development, including disability services with specific

⁶ " *The Government, regional government, and the community shall get medical treatment at the health care facility for person with mental disorders who are displaced, homeless, threatening the safety of himself and/or others, and/or disrupt public order and/or public security*" in accordance with the obligations of his/her family to refer them to a mental health care provider.

⁷ Government of Indonesia's Initial Report to the Committee of CRPD para 149 and 150.

⁸ President Regulation No. 33, the Year 2018 on the Amendment of President Regulation No. 75, the Year 2015 on the National Human Rights Plan..

targets. Inclusive Roadmap 2017 - 2030 consists of a) policy references, programs, and evaluation for the Ministry of Health and its related institutions;⁹ b) to build the service systems accessible, thoroughly, affordable, quality, respect to dignity, and empower persons with disabilities. In the human rights national plan of 2018 - 2019, the Ministry of Health had disseminated the Inclusive Health Roadmap in 34 provinces in Indonesia.¹⁰

Table of the National Targets to SDGs

Global Targets	National Targets /RPJMN
3.1 By 2030, reduced the global maternal mortality ratio to less than 70 per 100,000 live births	1.1 Decreased the maternal mortality rate by 10,000 in 2019 to be 306 (2010:346).
3.2 By 2030, ended preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	2.1 The infant mortality rate decreased by 1,000 live births in 2019 to 24 (2012-2013: 32).
3.3 By 2030, ended the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.4 The elimination of leprosy people decreased in the number of provinces in Indonesia out of 34 provinces in 2019 (2013:20).
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	4.4 The number of regencies/districts with local health services increased to provide mental health services in 2019 to be 280 (2015:80).
3.8 Achieved universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	8.2 National health insurance coverage increased in 2019 by 95% (2015:60%).

⁹ National Team for the Acceleration of Poverty Reduction (TNP2K) in the presentation of “Social Protection for Persons with Disabilities”; the briefing paper can be accessed also at <http://www.tnp2k.go.id/downloads/inclusive-social-protection-for-persons-with-disability-in-indonesia>

¹⁰ This refers to the President Regulation No. 33, the Year 2018 on the Amendment of President Regulation No. 75, the Year 2015 on the National Human Rights Plan.

From the targets mentioned above, the target only mentioned a specific group of disabilities, namely persons with psychosocial disabilities and leprosy. Moreover, while referring to the availability of data, the Government does not collect and disaggregate data to monitor and evaluate the achievement of targets for persons with disabilities in the implementation of SDGs and RPJMN.

Referring to the above targets, the government has not yet disaggregated data about persons with disabilities who receive those services. The available data is hugely partial and incomprehensive. This lack of data on disability means the implementation of the SDGs in line with the CRPD is more complicated, especially to strive for the goal “no one left behind.” The Bappenas document on SDGs Roadmap 2019¹¹ does not mention persons with disabilities in the third target of health and well-being. That indicates the national program still utilizes a normative approach instead of a human rights-based approach, which underlines the interest of persons with disabilities with vulnerabilities in the national development.

B. Coverage of essential health services

The government of Indonesia has issued policies to ensure the rights to health for persons with disabilities to access health services. The foundation of such services is Law No. 24 Year 2011 concerning the Social Health Insurance Agency; The Government Regulation No. 76 Year 2015 concerning the Amendment of the Government Regulation No. 1010 Year 2012 concerning the Health Insurance Beneficiary Contribution; The Decree of Ministry of Social Affairs No.146/HUK/2013 concerning the Decision of Criteria and Data of Poor People. Also, the Article 17 of the Law No. 8 Year 2016 concerning the Rights of Persons with Disabilities asserts the social welfare rights for persons with disabilities consists of the rights to social rehabilitation, social insurance, social empowerment, and social protection.

Article 21 of Law No. 40 of 2004 concerning the National Social Security System is still discriminatory against people with disabilities. This is illustrated from [Article 21](#) paragraph (3) which guarantees BPJS contributions only for total disability. In fact, Article 25 of the CRPD emphasizes that social security must be provided to all persons with disabilities, both severe and mild. Another thing, the law and all regulations relating to social security still use the term “*cacat*” (defect), not disability.¹²

In the context of subsidized health insurance schemes (JKN-PBI), *BPJS Kesehatan* (Social Security Agency for Health) subsidizes health insurance premiums for the most deficient 40% of the population (including persons with disabilities). Benefits include access to assistive devices for a small number of individuals, based on a medical assessment. 1.2 million persons with disabilities have access to JKN-PBI, and approximately 20,404 individuals received assistive devices from 2015 to 2017.

¹¹ See the Roadmap here <https://www.unicef.org/indonesia/reports/roadmap-sdgs-indonesia>.

¹² See the English version of Law at https://www.bpjsketenagakerjaan.go.id/assets/uploads/tiny_mce/Peraturan%20inggris/07112016_081646_EN_UU%20No%2040%20Tahun_2004%20tentang%20SJSN_1.pdf

National Health Insurance (JKN) scheme under *BPJS Kesehatan* provides the purchase of a hearing assistive device. However, *BPJS Kesehatan* only covers the hearing assistive device half-cost to its recipients. For instance, the purchase of hearing assistive devices in the “ABDI” Company registered in Indonesia offers off-price IDR 1 million for people with hearing disabilities with terms and conditions for the purchase with minimum price IDR 6 million per device or ear. Suppose a person with a disability needs two devices for each ear, so the discount applies for only one device. This mechanism burdens persons with hearing disabilities since they have to borne IDR 1 million or 16% for a minimum one hearing assistive device.

Nevertheless, the government has issued policies and regulations; but some gaps should be improved to fulfill the rights to health for persons with disabilities. The following gaps confirm such issues:

- a. Presidential Regulation No. 12 of 2013 *jo* 26 year 2016 *jo* 82 year 2018 *jo* 75 year 2019 *jo* 64 year 2020 concerning National Health Insurance. Article 52 paragraph 1 letter (r) regulates that women of victims of abuse, sexual violence, trafficking, and terrorism are not guaranteed by the National Health Insurance Program (JKN). Even though in the previous regulation, namely Presidential Regulation No. 19 of 2016, the victims were guaranteed by JKN. This regulation regulates the guarantee of contributions –by the State only for those categorized as having severe disabilities as mentioned in Article 8 of Presidential Regulation.
- b. Some policies concerning health have not accommodated the needs of persons with disabilities yet; thus, they can not access the scheme of contribution assistance as recipients called (PBI) as persons with disabilities are not included in the social insurance scheme. Persons with disabilities stigmatized because they are deemed a burden for family, friends, and the environment. Besides, the standard used is poverty-based, not the vulnerability of a disability basis. That causes persons with disabilities are not indicated in the program target by the government, albeit persons with disabilities need higher expenses, especially assistive devices, in the households compared to non-disabilities persons.

Table of Areas in Indonesia Prioritize Persons with Disabilities on Health Issues

Provinces	Priority Programs
Yogyakarta	The local government provides health care facilities in Yogyakarta through Regional Regulation No. 51 The year 2013 concerning health insurance for persons with disabilities. The local government implements the regulation with Governor Letter with names and disability data qualified to receive the services.
Nangro Aceh Darussalam (Aceh)	There are disability services provided and accessible with a card for persons with disabilities in the hospitals.
Cianjur, West Java	The local government develops health insurance for psychosocial disabilities.

Regent of Sukoharjo, Central Java	Regent Regulation No. 1 Year 2012 concerning Health Insurance, is revised annually. It does not use poor conditions as an indicator to access such a service. Persons with disabilities may access this service with a recommendation from the social services in the local government.
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- c. The social health coverage system is not compatible with the needs of persons with disabilities and it does not address accessibility issues in accessing health services. The Decree of Ministry of Health No. 28 Year 2014 concerning the Standard of Implementation of Health Insurance Program ensures to distribute the mobility assistive devices for persons with disabilities, except wheelchairs with time limitation about the assistive device distribution, once every five years. The program also includes coverage for 150 illnesses.¹³ The Decree of the Ministry of Health regulates the home visit program in a local health care center called *Puskesmas*, which is not borne by BPJS. That program hampers persons with disabilities from accessing the information, treatment, and medication; since the psychosocial disabilities must go to the hospital to get such healthcare facilities with BPJS. The health care providers do not perform services in the rehabilitation institutions. Furthermore, persons with disabilities can not go to the hospital quickly.
- d. Persons with disabilities do not have adequate healthcare services and information in the social security (BPJS Kesehatan) scheme, which belongs to all Indonesians for accessing any healthcare facilities, treatments, and medications if they possess any disease and illness. Consequently, they do not register the BPJS Kesehatan scheme or do not recognize the available healthcare services provided with BPJS Kesehatan in the *Puskesmas* and hospital. One running doctor per day in *Puskesmas* and hospital limits persons with disabilities to access the services since the location of those healthcare facilities are distant from community, city, and regent levels besides they are far from appropriate.
- e. The government's definition of disabilities is limited to physical disabilities; consequently, the existing regulations do not accommodate the needs for assistive devices for other forms of disabilities. The government has allocated some funds into the National Mid-Term Development Plan (RPJMN) to provide assistive devices in all regencies/municipalities. However, the implementation is not well monitored, and there is confusion at the municipality level, hampering the effective implementation of the program. In the manner of necessity, decent healthcare facilities and hospitals are needed in the community or regency level as close as possible to the community environment. Besides, a dedicated center or desk for persons with disabilities installed in those places is important and impelling. However, for the long-range and sustainability of the shifting paradigm, all sections

¹³ Ministry of Health Regulation No. 28, the Year 2014 on the Guideline Implementation of Health Insurance

and facilities in the healthcare services and hospitals should increase awareness and preparedness for serving healthcare towards persons with disabilities. Being that said, stigma and discrimination should be eliminated in any healthcare services so that all persons with disabilities can access and receive services in those facilities equally with other people.¹⁴

Inequality in the availability of medication between urban and rural areas

In Indonesia, there is a disparity between the mental health services and medications available in big cities and rural areas, as shown in Health Ministerial Decree No. 328/Menkes/SK/VIII/2013 on the National Formulary. This decree regulates the availability of medications in different levels of health facilities, from community health services to district, province, and national level hospitals. As a result, in primary healthcare services closest to the community (community health centers, *Puskesmas*), the choice, quantity, and quality of psychiatric medications are limited. Many persons with psychosocial disabilities must travel far, sometimes even to other islands, to access the necessary healthcare services. Even with the limited allocation of drugs, many community health centers do not submit requests for psychiatric medication supplies to the local health office. Various *Puskesmas* sources stated that they do not request the medications because they have a limited understanding of psychiatric health issues.¹⁵ Incapacitated officers in rehabilitation centers might cause human rights violations such as the force of sterilization and injection for psychopathic medication without following the standardized procedure and regular evaluation.

For persons with mental disabilities or autism or other disabilities who need expensive drugs, but are not included in health insurance, they ultimately incur costs beyond guarantee (the potential to be reduced) due to inadequate health insurance.¹⁶ As discussed during the ADF focus group discussion with vulnerable groups of persons with disabilities, people with psychosocial disabilities find it hard to get generic medicines with coverage from the *BPJS Kesehatan* since the medication for psychosocial disabilities is available only for the higher impact or potent quality with a high price.

¹⁴ Indonesian **DPOsOPDs**' alternative report to the UN CRPD, coordinated by OHANA, 2020. The report accessed at https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fCO%2fIDN%2f41184&Lang=en

¹⁵ PJS's alternative report to the UN CRPD Committee, "Forgotten People, Alternative Report on the Situation of People with Psychosocial Disabilities in Indonesia" 2020, para. 254 – 259; Report can be accessed at https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fCO%2fIDN%2f41150&Lang=en

¹⁶ ADF Report from Focus Group Discussion with Vulnerable Groups of Persons with Disabilities, March 2020.

C. Sexual and Reproductive Health and Rights

In terms of access to reproductive health, Law No. 36/2009 on Health emphasizes the importance of access to reproductive health services and family planning. Article 72 of the Law stipulates that every individual shall have the rights to:

1. Have a healthy and safe reproductive life and sexual life without any coercion and/or violence with a lawful partner;
2. Determine his/her reproductive life and free from discrimination, coercion and/or violence that respect noble values and not degrading human dignity following religious norms;
3. Personally determine when and how often to reproduce in a medically healthy manner and not contradictory to religious norms; and
4. Obtain information, education, and counseling regarding proper and accountable reproductive health.

Article 72 and 78 of the Law No. 36 Year 2009 concerning Health also underlined the government works to expand the availability of health information and reproductive healthcare facilities, including family planning services that are safe, adequate, and affordable. Concerning this, Indonesia has adopted Government Regulation No. 61 Year 2014 on Reproductive Health, aims to ensure the provision of quality and responsible reproductive health services to all persons.

In providing access to information on sexual and reproductive health, the government, through the Ministry of Education, initiates the educational program on reproductive health for women with disabilities since 2010. The program offers a technology-based interactive module that provides accessible information for persons with a disability, particularly visually and hearing impaired. The Ministry of Education and Culture and the Ministry of Health collaborate to develop curriculums about sexual rights and reproductive health for students in the junior and senior high schools.

Protection of reproductive health rights of women with disabilities is ensured under the Law No. 8 Year 2016 on Persons with Disabilities. Article 5 paragraph 2 of the said law further ensures the freedom for women with disabilities to personally decide on the use of contraception and ensure the protection of women with disabilities against discrimination and violence, including physical and sexual violence.¹⁷

The data from the people with disability organizations shows that persons with intellectual disabilities find hardship accessing such services from the government in the healthcare services called *Puskesmas* at the community level. Thus, they ought to seek information to contact free-services of sexual and reproductive health and rights from women organizations and its network or go to the hospital in the city or central level instead. In doing so, they can access treatment and medication related to SRHR.

¹⁷ Government of Indonesia's Initial Report for CRPD Committee, 2017 (para. 157 – 159); the report can be accessed at https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fidN%2f1&Lang=en

The appointed hospitals providing speech therapy services for children with intellectual disabilities are also limited in terms of quantity and quality. The Association of Women with Disabilities (HWDI) in Indonesia also conducted research advocacy to the students with disabilities in Jakarta province regarding the SRHR. It provided media communication with the student on social media and television for socialization.¹⁸

Sexual rights and reproductive health education for children with disabilities are often neglected as the absence of accessible media communications according to the necessity and understanding of children with disabilities. Even more, the stigma accuses children with disabilities as asexual and hypersexual; therefore, the family of children with disabilities thinks that the treatment is not significant as they believe none is interested in getting married with children with disabilities. This condition leads to maltreatment and violation of persons with disabilities concerning sexual and reproductive rights. As previously explained in the chapter on gender-based violence, *Komnas Perempuan* uncovered the practice of forced sterilization of female patients at the Margo Widodo Psychiatric Hospital in Semarang. Until now, the government has taken no action to stop such practices.¹⁹

Women with psychosocial disabilities who are placed in social institutions and psychiatric hospitals are also vulnerable to forced contraception and forced sterilization. The administrators of social institutions and psychiatric hospitals hold the view that women with psychosocial disabilities do not have the mental capacity to participate in sexual intercourse. Therefore, each case of pregnancy is assumed to be the result of rape, even though forced sterilization is itself a form of sexual violence. None of them was given consent either by family members or government officers. These contraceptive methods are conducted based on the family's consent if their family admits the patient. However, if the patient is dropped off by the Public Order Agency (Satpol PP) after a raid on the streets, the contraceptive procedure is conducted without the person's informed consent.²⁰ According to *Komnas Perempuan's* finding, the Margo Widodo Social Institution, Semarang, Central Java, inserted contraceptive implants into female residents of childbearing age. Meanwhile, the Dr. Amino Regional Psychiatric Hospital performs tubectomy in female patients. All without the direct consent of the women involved.²¹

D. Health Services for Leprosy Community

The leprosy prevalence rate in Indonesia increased during 1954-1974. In 1954, 22,000 out of 79,025,881 people were affected by leprosy. In Sulawesi alone, 12% (3,095) of its 5,930,251 population were affected by leprosy. Twenty years later, the number increased to 93,395 people out of 12,083,000 (Dali Amiruddin, in *Leprosy: a clinical approach*, Hasanuddin University, April 2001). The number of leprosy cases decreased to 60,000 people

¹⁸ ADF Report from Focus Group Discussion with Vulnerable Groups of Persons with Disabilities, March 2020.

¹⁹ PJS's alternative report to the UN CRPD Committee para. 253

²⁰ PJS's alternative report to the UN CRPD Committee, Appendix 57 – 58.

²¹ PJS's alternative report to the UN CRPD Committee para. 223 – 225.

in 1990 after Multi-Drug Therapy (MDT) was introduced in 1982. However, it is challenging to access MDT because of lengthy bureaucratic processes. Due to decentralization, the central government has shifted some of its responsibilities to the local government, but the latter has yet to take measures to ensure that MDT is widely accessible. This problem happens in Greater Jakarta, Jambi and East Java, and other areas.²²

The management and distribution of medication for leprosy have been transferred to the government from the private sector since 2008. Leprosy is categorized as a type of disability by the government, as stated in the Ministry of Health Decree No. 82 Year 2014 concerning the Prevention of Contagious Diseases. During the medication, persons with leprosy might get their skin darkened as the signs of improvement and recovery. Nevertheless, this illness and medication process are not well-informed in society. Moreover, the Ministry of Health issued Decree No. 11 Year 2019 on Eliminating Leprosy, but the elimination concentrates in the health sector. The minimum indicator in decreasing the number of leprosy cases uses the updated data of each area in Indonesia.

Moreover, the early detection program to identify leprosy does not become massively available. As a result, persons with leprosy are cornered and gathered in the same location, which is called a leprosy village, which causes worse stigmatization from society. The women with leprosy have a multi-layer stigma in society. They are deemed a burden, belong to a contagious disease, uneducated, living in poverty, hard to get married, and have other lists. The organization of persons with leprosy is rare; thus, the government needs to set up programs to empower persons with leprosy and other types of disabilities to increase awareness and inclusive perspective.

People cured from or lived with leprosy are still stigmatized, bullied, and effectively excluded in some spheres of life by their communities; in some cases, they are disowned by their own families.²³ The government designated a settlement for people cured of leprosy in Jogya and South Sulawesi. However, this attempt further excludes them from society and reinforces the stigma against them.²⁴

E. Psychosocial Disability and Shackling

The Government Regulation No. 52 Year 2019 concerning Social Welfare for Persons with Disabilities stipulates the prevention and management of risks from social shocks, but it does not regulate habilitation. Article 4 paragraph 2 of the regulation states that the Implementation of Social Welfare covers: rehabilitation, social insurance, social empowerment, and social protection. The regulation explains that mental disabilities are to be overcome through moral, spiritual, and religious counseling.

²² Monitoring by Indonesian Care Movement to Disability and Leprosy or Gerakan Peduli Disabilitas dan Lepra Indonesia (GDPLI).

²³ A video documenting leprosy has been made by GPDLI. Watch here: <https://www.youtube.com/watch?v=OCGQfKnLbXc&feature=youtu.be>

²⁴ Indonesian **DPOsOPDs**' alternative report to the UN CRPD, coordinated by OHANA, 2020, para. 87 – 91.

In the implementation of habilitation and rehabilitation, the government has yet to ensure reasonable accommodation availability. For example, health service centers do not provide wheelchairs for children with disabilities. Habilitation and rehabilitation programs are charity-based, non-multi-sectoral, and poorly monitored. Persons with disabilities do not have social security despite having to bear more costs incurred from their treatment. The government is too focused on rehabilitation and overlooks habilitation. The condition above might cause late treatment of persons with disabilities and the occurrence of other types of disabilities.

Community-based Rehabilitation (RBM) is mostly run by non-persons with disabilities, without the participation of persons with disabilities themselves. RBM is a state-sponsored program meant to strengthen corporate social responsibility (CSR) in providing assistive devices. RBM staff members are not equipped with the knowledge on how to run community-based rehabilitation programs so that many persons with disabilities are excluded from RBM. Efforts should be made to monitor rehabilitation centers because human rights violations against persons with disabilities are ironically higher in these centers.²⁵

As mentioned earlier, Semarang's case of rehabilitation institution describes that the whole process from admission to rehabilitation is conducted without reference to a person with psychosocial disabilities' (PwPD) right to exercise his or her own will or preferences. It is as if he/she has no legal capacity to do so. Because these rights are informally dispensed with, the parties that should be held accountable for giving a treatment can act arbitrarily in dictating how PwPD should be treated.

Medical and non-medical interventions for institutionalized patients are also conducted without the consent of those receiving it. Ignoring the legal capacity of PwPD may even result in compulsory sterilization or forced contraception.²⁶ In several social care institutions providing medication for mental disability, the residents did not even know what medications they were getting or why they were being given. They suffered from the side effects of the drugs without knowing why. One resident we interviewed told how he received injections of an undisclosed nature once every two weeks. He complained of stiffness and pain. Based on our conversation with administrators, we found that he was receiving sikszoneate injection, an older generation antipsychotic drug with severe side effects that include triggering Parkinson's, among other symptoms, is known to stiffen the limbs.

Based on the administrator's information, it became clear that all of the more than 400 residents - regardless of their problems or diagnosis - received the similar antipsychotic drug with the same dosage, including some underage children who were also ensconced there. Traditional non-medical treatment, including harsh, painful massage, midnight bath, soaking, and other acts, were forcibly conducted to the residents without

²⁵ More information on this issue will be given in a separate Alternative Report by [DPOsOPDs](#) working on mental disabilities, on PJS's alternative report to the UN CRPD Committee.

²⁶ Chuzaifah et al. (2019). *Hukuman tanpa Kejahatan (Punishment without Mistake)*. Jakarta: The National Commission on Violence against Women, page 91; Quoted by PJS in the alternative report to the UN CRPD Committee, 2019, para. 19 – 20.

consent. Observations strengthened these findings by the national human rights commission, *Komnas HAM* (NHRI), in 2019 made at 6 Java-based social care institutions. They found that none of the residents were interviewed had received clear information or had been asked for consent when being subject to treatments.²⁷

Concerning shackles, the government of Indonesia issued several policies and regulations such as Law No. 18 Year 2014 concerning Mental Health; nevertheless, the shackle acts continue to occur, especially in the private rehabilitation institutions.²⁸ The Law on Mental Health confirms that shackles are prohibited; nevertheless, the law does not include facilities and measures to eliminate shackles such as local healthcare centers, stigma eradication, and consultation facilities, and many more. The government does not have regulation or policy to issue a license, monitoring, and evaluation of the rehabilitation institutions; however, those institutions require a license from the local government.

In Indonesia, shackle happens because of several reasons, namely:

1. Inadequate accessible services from medical, social, and economic aspects for psychosocial disabilities
2. Minimum information regarding psychosocial disabilities
3. Stigma over the psychosocial disabilities which are deemed shameful by family and society
4. Medical services and medication with the lowest effect are not available in the Puskesmas. The facts highlight that psychosocial disability is mostly living in local areas; thus, they have to go to the city level to access a distant hospital. If there are facilities in *Puskesmas* (Public Health Center at Subdistrict level), the available medication causes high side effect with a tremendous amount of dosage;
5. The low existence of social services such as rehabilitation, education, employment, and many more;
6. Rehabilitation institutions in Indonesia, both owned by the government and private agency, are more likely to operate as prisons than rehabilitation centers. The patient of rehabilitation institutions are living with inhuman treatment with non-approval to go out and shave hair into bald are common for women with psychosocial disabilities in the institutions;
7. Traditional or mystical factors cause mental issues and psychosocial disabilities; therefore, persons with psychosocial disabilities shall use traditional medication for the treatment instead of a human rights-based approach.
8. There is no monitoring, oversight or accountability for the rehabilitation services themselves and no monitoring and enforcement mechanism to ensure services are provided with high quality and without violating human rights.

²⁷ PJS's alternative report to the UN CRPD Committee, Appendix No. 10

²⁸ Law No. 18, the Year 2014 on Mental Health.

Indonesia has been prohibited shackling since 1979, yet, the cases continue to happen until now. Also, the Ministry of Health developed programs to disallow shackles, but it keeps happening. Estimated 57,000 people in Indonesia have or are being shackled. A survey of primary health research done by the Indonesian government mentions that 14% of families with persons with mental or psychosocial disabilities conducted shackles. The government has planned the Memorandum of Understanding (MoU) to handle issues of persons with psychosocial disabilities among four ministries, 4 Indonesian police agencies, and BPJS in 2016 to eliminate shackles with chosen tagline "Movement to Stop Shackles 2017". Despite that, there are no concrete frameworks agreed or published between parties about these issues. Also, there is no civil engagement, especially people with disabilities, in the development process.

The narrowness of the parties involved in the Indonesia Free of Shackling program is also evident in the Memorandum of Understanding (MoU) between the Social Affairs Ministry, Health Ministry, the Police, and National Health Insurance. This MoU only involves the parties mentioned above. No other significant ministries to ensure independent living were involved. Health Ministerial Decree No. 54 Year 2017 on the Prevention of the Shackling of Persons with Mental Disorders has shown improvements by explaining the need for cross-sectoral support. However, this support was outlined in the explanation section of the Regulation, not in the body. Moreover, in practice, almost no cross-sectoral support is carried out in a structured and systematic manner.

The Ministry of Health also undertakes health services for people with mental disorders. Those health services became national human rights action plans in 2017, even though the local government, not the central government, implemented the actions. In 2017, the program of free of shackles in 17 provinces were taking place, namely Aceh, Jambi, South Sumatra, North Sumatra, Bangka Belitung, Yogyakarta, Riau, Central Java, Banten, East Java, West Nusa Tenggara, Central Kalimantan, North Sulawesi, South Kalimantan, North Kalimantan, West Kalimantan, and West Sulawesi. There were 187 regencies, and cities provided services for mental health in *Puskesmas*. In 2018, mental health services focused on people with weighty mental issues in 210 regencies and cities (50%) towards 4,798 people with mental issues. As recorded, 4,474 cases of people with severe mental disorders were being shackled. Also, according to the data from the Ministry of Health, there were 3,986 people with mental health problems treated. Data from the Ministry of Health points out that the total number of people with average-light mental issues is 13,252.²⁹

However, until now, the shackling free program in Indonesia has only been focussing on administering drugs (most of the time without free and informed consent) and rehabilitation in institutions that resemble prisons. Through the restraint-free program, the government usually releases the person in question, takes them by force to a psychiatric hospital, and possibly holds them there in an isolation room. Also, the officer gives persons with disabilities a pile of medicine, and when they are "stable", some are taken to a social rehabilitation institution to be "treated" (read: locked up). Some are also taken straight to an institution if there are no psychiatric hospitals in the area. After being

²⁹ The National Human Rights Plan Report (RANHAM Report) 2018 – 2019 regulated by the Presidential Regulation No. 75, the year 2015 *jo* No. 33, the year 2018.

in the psychiatric hospital, some are sent home. However, few follow-up programs in place for persons with psychosocial disabilities facilitate independent living and participation in the community.

Relating to the psychosocial disability, until now, Indonesia still does not recognize the legal capacity of persons with mental disabilities. It is mentioned in the Law No. 8 Year 2016 on Persons with Disabilities, Law No. 18 Year 2014 on Mental Health, and the Indonesian Civil Code. Most commonly, removal of legal capacity and placement under guardianship for people with psychosocial disability (PwPD) in Indonesia involves no legal process. It is a long established cultural tradition that remains unchanged until the present. Most of Indonesian people regard persons with psychosocial disability as automatically losing their legal capacity whereby they should be placed under the guardianship of their family. No legalization is required nor is the need for such questions. This situation is regarded as normal and healthy. It is not only applied as common practice amongst the community, but also accepted as a legitimate truth among government institutions, law enforcement and various private bodies, ministries and agencies, law enforcement and various private bodies. These phenomena lead to numerous violations of the rights of persons with psychosocial disabilities including:

- a. Involuntary admission to a mental hospital and the absence of informed consent.
- b. Involuntary admission to social care institutions.
- c. Involuntary medical and non-medical treatment.
- d. Right to inheritance.
- e. The Right of Child Care.
- f. Political Rights.³⁰

In terms of informed consent and forced treatment for people with psychosocial disability, it occurred in the several social care institutions, that providing medication for mental disorders the residents didn't even know what medications they were getting or why they were being given them. They suffered from the side effects of the drugs without knowing why. One resident we interviewed told how he received injections of an undisclosed nature once every two weeks. He complained of stiffness and pain. Based on discussion with the resident in a certain social Institution, found that he was receiving sikszoneate injection, an older generation antipsychotic drug with severe side effects that include triggering Parkinsons, which, among other symptoms, is known to stiffen the limbs.

Based on administrator's information (of the certain Social Institution) it became clear that all of the more than 400 residents - regardless of their problems or diagnosis - received similar antipsychotic drugs with the same dosage, including some under age children who were also ensconced there. Traditional non-medical treatment including harsh painful massage, midnight bath, soaking and so on were forcibly conducted to the residents without consent. These findings were strengthened by observations by the Indonesian National Human Rights Commission, *Komnas HAM*, in 2019 made at 6 Java based social care

³⁰ PJS's alternative report to the UN CRPD Committee, para. 7 - 25.

institutions. They found that none of the residents they were interviewed had received clear information or had been asked for consent when being subject to treatments.³¹

In terms of compulsory sterilization or forced contraception, the National Commission on Violence Against Women/ *Komnas Perempuan*) found a Semarang, Central Java, based social care institution that compelled contraception on female PwPD of childbearing age at the time of their admission. If the patient was admitted by family, permission was requested from the family, but if the admission was by public security and order officials (Satpol PP) after street raids, the procedure was applied without the informed consent of the patients.³² Here we see how the whole process from admission to a rehabilitation center / hospital and through treatment and other interventions is conducted without reference to a PwDP's right to exercise his/her own will or preferences; it is as if he/she has no legal capacity to do so. Because these rights are informally dispensed with, the parties that should be held accountable for giving treatment can act arbitrarily in dictating how PwPD should be treated.

³¹ Felani and Isnenningtyas. (2018). *HAM Penyandang Disabilitas Mental Di Panti Rehabilitasi Sosial (PwPD's Human Rights in social care institution)*. Jakarta: The National Commission on Human Rights of Republic Indonesia, pp: 33-34.

³² Chuzaifah et al. (2019). *Hukuman tanpa Kejahatan (Punishment without Mistake)*. Jakarta: The National Commission on Violence against Women, page 91.

Goal 4: Quality Education

Goal 4: Ensure Inclusive and equitable quality education and promote lifelong learning opportunities for all	
Relevant SDGs Targets	Relevant CRPD Articles
<p>4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes</p> <p>4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education</p> <p>4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university</p> <p>4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship</p> <p>4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities,</p>	<p>Article 24 Education</p> <p>1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:</p> <ul style="list-style-type: none"> a. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity; b. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential; c. Enabling persons with disabilities to participate effectively in a free society. <p>2. In realizing this right, States Parties shall ensure that:</p> <ul style="list-style-type: none"> a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability; b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the

indigenous peoples and children in vulnerable situations

4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy

4.7 By 2030, ensured that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

4.a By 2030, build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

communities in which they live;

c) Reasonable accommodation of the individual's requirements is provided;

d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;

e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;

b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;

c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and

alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

A. Legal Framework and Participation of People with Disabilities in Education

In terms of legal frameworks, the regulation on education of persons with disabilities in Indonesia are sufficient. These regulations guarantee that persons with disabilities have the right to enjoy access to education of good quality without discrimination or exclusion. As stated in the Initial Report of Government of Indonesia to the UN CRPD Committee, it mandated by the Indonesian Constitution and regulated under relevant national laws and regulation, Article 5 of Law No. 20 Year 2003 on National Education System, Law No. 8 Year 2016 on the Person with Disability, and Law No. 35 Year 2014 on Child Protection.

Law No. 20 of 2003 does not mention “inclusive education” or education for persons with disabilities. This might be due to the Law made in 2003 where the disability issue was not well understood by the Government and there were no instruments that were used as the main reference in the formulation of the Law. The guarantee of non-discrimination education is only affirmed in Article 11 paragraph (1) of this Law, that “*The Government and Regional Governments shall provide services and facilities, as well as guarantee the quality of education for every citizen without discrimination*”.

Meanwhile, Article 10 of Law No. 8 Year 2016 concerning Persons with Disabilities emphasizes the right to education for persons with disabilities, includes quality education in education units in all types, lines and levels of education, as well as getting proper accommodations for students. To realize this, Article 40 of Law 8 Year 2016 emphasizes that the Government and Regional Governments are required to organize and / or facilitate education for Persons with Disabilities carried out through implementation in the national education system through inclusive education and special education. The law also requires the Regional Government to prioritize children with disabilities attending school near their homes and to provide scholarships for children with disabilities. Law No. 8 Year 2016 does not regulate prohibition of rejection clause so that learners with disabilities cannot be denied education.

Based on Article 24 of the CRPD, the inclusive education system of persons with disabilities should be implemented on an equal educational platform, where students with disabilities learn in the same school or classroom with non-disabled children with support for adequate accommodation. The CRPD does not emphasize special education for persons with disabilities, so this needs to be an important note regarding Law No. 8 Year 2016.

Regarding proper accommodation, Article 43 of Law No. 8 Year 2016 on The Persons with Disabilities emphasizes that the Government and Regional Governments must facilitate educational institutions in providing reasonable accommodation. Furthermore, educational providers that do not provide adequate accommodation for students with disabilities are subjected to administrative sanctions in the form of: a) written reprimands; b) termination of educational activities; c) suspension of education administration permits; and d) revocation of education administration permit.

The Law No. 8 Year 2016 concerning Persons with Disabilities mandates the establishment of a Government Regulation to implement reasonable accommodation in the process of education. To carry out the mandate of the Law, on February 20, 2020 the Government has compiled Government Regulation No. 13 of 2020 concerning Reasonable Accommodation for Students with Disabilities after 4 years the Persons with Disabilities Act was passed.³³ The definition of reasonable Accommodation according to this Government Regulation No. 13 of 2020 (on Reasonable Accommodation for Students with Disabilities) and Law No. 8 Year 2016 concerning Persons with Disabilities states that is *“An appropriate modification and adjustment and is needed to guarantee the enjoyment or implementation of all human rights and freedoms fundamental for people with disabilities based on equality”*.

Facilitation of the provision of reasonable accommodation implemented through the provision of budget and / or funding support, provision of facilities and infrastructure, preparation and provision of educators and education staff, and curriculum provision. Provision of adequate accommodation, according to this Government Regulation, includes providers of reasonable accommodation, beneficiaries of reasonable accommodation, forms of reasonable accommodation and facilitation mechanisms for the provision of reasonable accommodation. Fulfillment of reasonable accommodation for students with disabilities, according to Article 20 paragraph (1) carried out by the Education Providers with the support of the Disability Service Unit.

Government Regulation No. 13 Year 2020 on Reasonable Accommodation for Students with Disabilities, states that Local Governments must facilitate the formation of Disability Service Units in early childhood education level, elementary education level, and secondary education level. Meanwhile, the Minister of Education facilitated the formation of the Disability Service Unit in higher education. Furthermore, the Ministry of Religious Affairs facilitated the formation of the Disability Service Unit in early childhood education, elementary education, secondary education, and higher education level.

However, the Government Regulation on Reasonable Accommodation for Students with Disabilities still regulates the special education for people with disabilities who are actually

³³ The Law 8, the Year 2016 mandated the issuing of its Government Regulation two years after the enactment of Law.

unknown in the CRPD. The Government Regulation also does not explicitly state the purpose of the disability education system towards inclusive education in accordance with the mandate of Article 24 of the CRPD.

Before the Government Regulation on the Reasonable Accommodation enacted, various laws and regulations are adopted to support the implementation of these commitment, such as Minister of Education and Culture Decree No. 34 Year 2006 on the Management of Children with Special Needs and Special Abilities, Government Regulations No. 19 Year 2005 on National Education Standard, and Minister of Education Decree No. 70 Year 2009 on Inclusive Education, and Director General of Primary and Junior School Circular Letter No. 380/C.C6/MN/2003 that encourage every regency (district) to provides inclusive schools in their respective regions.

On education institutions, Indonesia continue to promote schools that are accessible and inclusive education for persons with disabilities, including by issuing Regulation of the Ministry of Education and Culture No. 16 Year 2007 on the Standards and Competence of Teachers, in which standardize different competence and skills of teachers inclusive education institutions, in accordance to their responsibility as class teachers, counseling teachers and special tutor teachers.³⁴

The government of Indonesia also stated that there are several challenges faced by the government in fully realizing the rights of education for persons with disabilities. One of the challenges is to promote inclusive schools with excellent quality of infrastructure, teachers, curriculum, and supported by appropriate learning environments for students regardless of their type of disabilities.³⁵

Law No. 8 Year 2016 on Disabilities has mandated the availability of adequate accommodations and disability service units for persons with disabilities in schools and higher education facilities but requires implementing regulations to realise this. Various Disability Persons Organizations (**DPOsOPDs**) have provided recommendations to the Ministry of Education and Culture on appropriate accommodations that need to be made for various disabilities, as draft government regulation materials. However, until now the draft regulation has not been passed and there are always concerns that the recommendations from OPDs will be omitted from draft regulation.³⁶

To carry out inclusive education, the Ministry of Education and Culture only focuses on providing assistance to schools and students, without paying further attention to the quality of education. In the National Human Rights Action Plan (RANHAM) 2017 - 2019, for example, the inclusive education program includes, tuition assistance for children with disabilities, increasing the competence of inclusive teachers, and provincial level inclusive education training, and inclusive school fee assistance.³⁷

³⁴ Indonesia Government's Initial Report to the UN CRPD Committee, 2017, para 141 – 144.

³⁵ Indonesia Government's Initial Report to the UN CRPD Committee, 2017, para 145.

³⁶ PJS's alternative report to the UN CRPD Committee, 2020, para. 183.

³⁷ See, Presidential Regulation No. 33, the Year 2018 on National Action Plan on Human Rights.

Efforts to provide quality education for persons with disabilities have been conducted continuously by the central and local governments. There is a widespread increase in the number of inclusive and specialized schools in Indonesia. In 2015, the number of The Special Schools (SLB) was 2,036, then increased to 2,236 schools in 2019, and the number of inclusive schools was expanded from 2,610 in 2015 to 29,315 schools in 2019.³⁸ This data shows a serious effort from the government to establish inclusive schools as a representation of the realization of an inclusive education system, although this data is obtained by children with disabilities who have received education services, only 18% of the total children with disabilities.³⁹

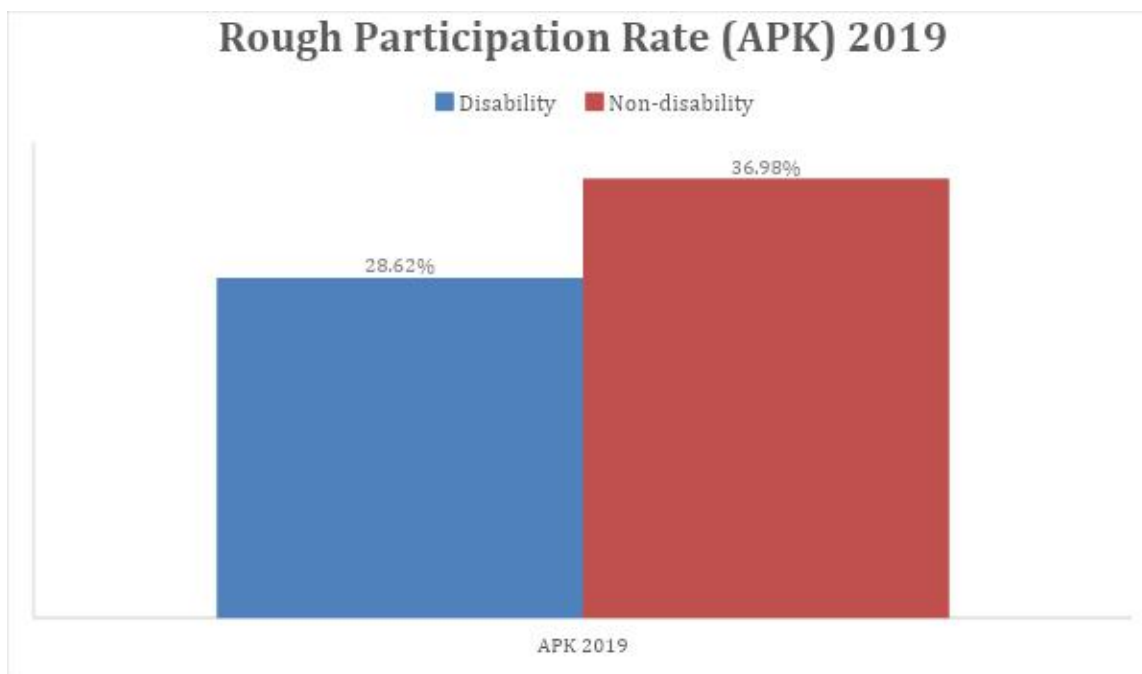
These approaches cannot significantly increase the participation and quality of education of persons with disabilities. Since 2009, Indonesian government has not done the national census on the number of children with disabilities and their participation in education. Data from the National Survey on 2009 shows that their participation is still low; 46,32% for the age range 7-12 years old, 29,75% for the age range 13-15 years old, and 16,91% for the age range 16-18 years old.⁴⁰

According to the Central Bureau of Statistics (BPS) in the 2018 Indonesia Education Statistics Portrait Report, the higher the level of education, the wider the gap between persons with disabilities and non-disabled people. This can be seen in all indicator data presented. Rough Participation Rate (APK) of PAUD for children with disabilities aged 3-6 years is lower than for non-disabled people. The APK of early childhood education (PAUD) for children with disabilities aged 3-6 years is 28,62% while non-disabilities is 36,98%.

³⁸ ASEAN Disability Forum, *The 2020 Baseline Report the Rights of Persons with Disabilities: The Implementation of SDGs and CRPD in ASEAN Countries*, (2020).

³⁹ Indonesian [DPOsOPDs](#)' alternative report to the UN CRPD, coordinated by OHANA, 2020

⁴⁰ National Survey on the Economic and Social Aspect, 2009, by Central Bureau of Statistics (BPS); BPS starts to present indicator data according to disaggregation of persons with disabilities in 2018.



Source: Central Bureau of Statistics (BPS), 2019

Tabel Percentage of Population Aged 5 Years and Over According to School Participation, 2019

Demographic Characteristics	School participation					
	No / Not yet attended school		Still in school		have attended school	
Year	2019	2018	2019	2018	2019	2018
Total	6,40	6,70	24,95	25,22	68,65	68,08
<i>Sex</i>						
Male	5,33	5,53	25,29	25,54	69,38	68,93
Female	7,47	7,88	24,61	24,89	67,92	67,23
<i>Disability status</i>						
Non-disability	5,97	6,17	25,49	25,83	68,54	68,00
Disability	21,39	23,91	5,90	5,48	72,21	70,62

Source: Central Bureau of Statistics (BPS), 2019

Inequality of school participation between persons with disabilities and non-disabilities still occurs in 2018. Based on 2018 Education Statistics, the percentage of the population of persons with disabilities aged 5 year and above who are still in school is only 5.48% and increase to 5.90 in 2019. This percentage is far from the population of non-disabilities aged 5 year or above reaching 25.83% in 2018 and 25,-49 in 2019. While, the persons with disabilities who not or never attended school altogether reach 23.91%. The population of non-disabilities persons aged 5 years and over and not yet in school is only 6.17%. Whereas, for persons with disabilities who have attended school reach 70.62%. The higher the age group, the lower the school participation rate (APS). The highest APS occurred in the 7-12 years age group, which is 91.12% for persons with disabilities and 99.29% for non-disabilities persons. Meanwhile, the lowest APS occurred in the 19-24 years age group, which is 12.96% for the persons with disabilities and 24.53% for non-disabilities persons.⁴¹

Table Comparison of School Attendance between Persons with Disabilities and non-disabilities based on Age in 2018

Age Groups	PWDs' School Attendance (%)	Non-PWDs' School Attendance (%)
7-12	91,12%	99,29%
19-24	12,96%	24,53%

Source: Central Bureau of Statistics (BPS), 2018

B. Inclusive Education

Based on the CRPD principles, inclusive education must be interpreted as *“the systems would contribute to the greater ability of future generations to embrace diversity and achieve gender equality, to promote sustainable development, peace and non-violence, and to develop the wider range of skills required in future economies”*.⁴² So that, in an inclusive education system, all learners with and without disabilities, are learning together in classes in their local community schools. All learners receive the support they need, from preschool to tertiary and vocational education, in inclusive and accessible schools and educational facilities, including sign language bilingual schools.

The main principle of inclusive education is often forgotten in the education system developed in Indonesia. Failure to capture the essence of inclusive education causes

⁴¹ BPS, *A Portrait of Indonesian Education Statistics*, (2019), accessed from <https://www.bps.go.id/publication/2019/11/29/1deb588ef5fdbfba3343bb51/potret-pendidikan-statistik-pendidikan-indonesia-2019.html> and for (2018) at <https://www.bps.go.id/publication/2018/12/06/a65b526c119ce8f799e5ea63/statistik-pendidikan-2018.html>

⁴² International Disability Alliance, **Vision for SDG 4 implementation by 2030 in line with the CRPD**, (prepared by IDA Inclusive Education task team), November 2019.

educational programs for persons with disabilities experiencing many obstacles and problems. Policy on special education does not reflect the system and mechanism of inclusive education. The limited formal legal definition of inclusive education has been defined in Article 1 of Minister of National Education and Culture Regulation No. 70 Year 2009 concerning Inclusive Education, which states:

*“Inclusive education is a system of education that provides opportunities for all students who have abnormalities and have the potential for intelligence and/or special talents to attend education or learning in one education environment together with students in general”. This basis underlies the implementation of inclusive education for children with disabilities, which in juridical nomenclature is referred to as “children who have abnormalities”.*⁴³

The policy interpreted the students with disabilities as children who have ‘abnormalities’ and student disabilities as ‘troubled individuals’, based on the medical approach or perspectives.

The condition above causes inclusive education to fail to increase the participation of persons with disabilities in education and at the same time to provide quality education services for people with disabilities. From the people with disabilities’ experiences, some problems raised in term of inclusive education that regulated by Indonesia’s government, as follows:

- a. Policies have not changed how society and education provider’s view of the persons with disabilities, which led the concept and culture of inclusive education, has not yet appeared. Disabled students enrolled in the inclusive school continued to be marginalized and labeled as the “inclusive kids”.
- b. The provision of policies have not mentioned the reasonable accommodation in inclusive schools, and particular inclusion and support requirements for children with disabilities. It causes education facilities and infrastructure, such as physical accessibility, in school or tools and medium for teaching and learning activities is not yet available, including also for the sign languages. Some inclusive schools only handle students with particular learning difficulties, such as the slow learners, and physical disabilities. It is not uncommon for inclusive schools to reject prospective students with disabilities who have severe disabilities or who have a variety of physical disabilities. Schools usually reasoned because there were no inclusive teachers, the quota had exceeded students with disabilities, there were no facilities and infrastructures, or other discriminatory reasons.⁴⁴
- c. The ministerial regulation does not mandate to modify the national curriculum for inclusive education, so that until now inclusive schools do not yet have a specific

⁴³ Article 1 of Minister of National Education and Culture Regulation No. 70 Year 2009 concerning Inclusive Education

⁴⁴ The Association of Indonesian Women with Disabilities (HWDI) states there are cases of drop-out of women students with physical disabilities in inclusive or general schools in local areas because they fail to provide accessible accommodation. Nevertheless, instead of creating necessary measures to make it inclusive, the schools decide to drop them out, which indicates that they do not understand and belong to an inclusive approach.

curriculum that is adapted to the variety of disabilities. The people with disability students learn through the unmodified curricula or in some schools, using the curricula of the school with special needs.

- d. The most frequently recorded problem by the OPDs is the limited number of teachers in the inclusive schools that have sufficient knowledge and skills on inclusive education or teaching students with various learning needs. Existing practice is that the inclusive teacher also known as special assistant/shadow teacher (*Guru Pendamping Khusus, GPK*), are the teachers 'borrowed' from the school with special needs for teaching twice a week. Based on the information from the Parents with Autism Child Association and Cerebral Palsy Family Association (WKCP), cost to provide GPK in many public and private schools is borne by the parents. Report from the HWDI branch office, in Central Sulawesi, in the appendix of the Local Regulation No. 10 Year 2017 on the Tuition Fee and Contribution to High Schools, Vocational Schools, and Special Schools stipulates the amount of tuition fees for special school students. It means that children with disabilities cannot have their education for free.
- e. Children with intellectual disabilities are denied entry to regular schools because they are deemed incapable of keeping pace with the curricula. This decision is made purely based on outward appearances of the children without proper assessment.⁴⁵ Moreover, some schools list IQ tests as one of the admission requirements. Other reasons include the unavailability of supporting infrastructure or teachers.⁴⁶
- f. "Zoning" system restricts persons with disabilities from choosing their own schools. In 2014, a student with disabilities was denied entry to an inclusive elementary school in Banda Aceh on the ground that he was from a different zone. Once they found an inclusive school within the allowed zone, he was still denied entry because his teacher felt distracted by the presence of the teacher assistant during the class. Disappointed, the parents decided to send him to a special school in the City of Banda Aceh. (The case has been advocated by OPDs in Aceh. The victim's parents had tried to explain to the school administrator concerning inclusive school and its obligation to accept their child. However, the school remained adamant).
- g. Based on the social and cultural perspective in the society, parents forced their child (with disabilities) to not go to school. In West Nusa Tenggara, a 16-year old girl with autism enjoyed school in a public special school for only a week before her parents no longer let her go, to this day. Mira's parents were not poor; in fact, they were

⁴⁵ Between 2016 and 2018, YAPESDI received reports from 5 to 8 parents whose children were denied admission because of the IQ test requirement. Such cases were not brought up to the surface because parents tended to be too ashamed of the situation; consequently, some parents chose to send their children to private schools, which are expensive, or worse, they would not send their children to school believing that the children's low IQ meant that schooling was useless. This might be the reason why it is rare to find adults with Down Syndrome in public spaces; parents may be too ashamed of making them socialize with their peers since an early age.

⁴⁶ This case was found in an inclusive school in Yogyakarta in 2017. The school told that since a child with cerebral palsy and another child with ADHD already joined the class, it would not accept any more children with cerebral palsy or ADHD because there was only one assistant teacher.

quite well off and respected by their community. Another case happened in West Nusa Tenggara, where a teenage girl with physical disability could not continue her education in high school because her parents did not allow her because they feared that she would be bullied by her classmates.⁴⁷

C. Educations for Girl and Women with Disabilities

Some education policies have yet to fully accommodate the needs of persons with disabilities, particularly women and children, rendering them unable to fully access education as mandated by CRPD. The observation conducted by HWDI (2017 - 2019) in a number of provinces in Indonesia reveals several problems in accessing education, namely: 1) The lack of understanding and awareness among state apparatus and the government. This is due to the lack of policies propagated in all levels of education to local level. As a consequence, it is not uncommon to find women and children with disabilities experiencing troubles in accessing education; 2) School or university policies that are not sensitive to the needs and interests of women with disabilities. In Lampung, a woman who became disabled because of an accident in 2014 must quit her study because she went paralyzed for two years and unable to attend classes. She recovered and must use a wheelchair. She returned to her study spending her 2-year academic leave. Unfortunately, the university did not take her back on the grounds that she has exceeded two years.

a. ***The absence of access and physical and psychological reasonable accommodations***

In 2019, there was a case of denying a student to school on the ground of disability also happened in Banda Aceh. A student was denied entry to a vocational school not because she was incapable, but because she was deaf. Nevertheless, she was eventually accepted on the instruction of the Acting Governor's wife. The mother's victim together with OPDs in Aceh worked on the case. The case eventually reached and was responded to by the Acting Governor's wife, so the victim could take the test to her favourite vocational school and passed the test. The government tends to neglect invisible disabilities and focused mostly on building physical infrastructure, overlooking the utmost need for shadow teachers to assist students who have various forms of disabilities.⁴⁸ In 2017, a four grader student with disability at an inclusive school was forced to move to an SLB because he was deemed incapable of following the lessons. His mother refused it but ultimately bowed to the pressure.⁴⁹ Another child with cerebral palsy was denied entry to a kindergarten because he was considered too old.

b. ***The strong stigma about, discrimination, and bullying against disability.*** A case of an 11-year old girl with intellectual disability in Central Sulawesi had been constantly bullied by her classmates ever since she was in elementary school. Her teacher even sometimes made discriminating comments to her parents. Her mother eventually decided to take her out of the school. Other known cases are as follows;

⁴⁷ HWDI continues to assist the victim and family with this case until she can go back to school again.

⁴⁸ Based on the monitoring done by Yayasan Peduli Sindroma Down Indonesia (YAPESDI) for the drafting of this report.

⁴⁹ This case was monitored by WKCP in 2017.

- In Semarang (Central Java), Central Lombok (West Nusa Tenggara), and Banda Aceh (Aceh). Rude and discriminative treatment also happened to a deaf woman in a supposedly inclusive school in Semarang, Central Java (2019). Such treatment was committed by the teacher and headmaster. On top of that, her classmates also bullied her. Unfortunately, the school administration did not take any remedial actions and simply ignored the case;
- In Central Lombok, West Nusa Tenggara, a mother of a daughter with intellectual disability had to transfer her child to a special school because the administration in the previous school said that “she does not belong in this school” (the student was slow in learning). Because of this harsh comment, the student refused to go to school because she was embarrassed and lost her self-confidence (the case is documented by HWDI of West Nusa Tenggara).
- In Banda Aceh, in the year 2016, a 10-year old girl with physical disability suffered from bullying and sexual harassment committed by her classmates until she had to leave the school. The perpetrator inserted his dirt-covered fingers to her vagina, which caused her pain and infection. She was taken to the local community health centre.⁵⁰

D. Education for the psychosocial disabilities

Many persons with psychosocial disabilities in Indonesia drop out of school, especially at the higher education level, because when they encounter mental health problems, reasonable accommodation is not available. Many students who experience mental health problems cannot attend classes and are eventually expelled as their study period has expired. *Perhimpunan Jiwa Sehat* (Indonesian Mental Health Association/IMHA) advocated several cases of students about to be expelled from universities. In many cases there is a lack of understanding and support from the university towards students who experience such issues.

One form of reasonable accommodation required by persons with psychosocial disabilities is flexibility in their study period. A few times, IMHA advocated for persons with psychosocial disabilities who have been expelled from several well-known public universities in Indonesia because they exceeded the maximum study period of 12 semesters. Adequate accommodations should be made for students without the need for pressure from disability organizations.

In addition to a flexible study period, many other accommodations need to be made so that students with psychosocial disabilities can complete their studies, including flexibility in working on assignments and taking tests, counselling services, and so forth. Until now, higher education institutions in Indonesia have not provided appropriate accommodations.⁵¹

⁵⁰ The data collected by the Branch offices of HWDI in 2019; the cases are monitored and/or assisted by HWDI branch offices. The data also included in the Alternative Report of HWDI Network to the UN CRPD Committee, 2020.

⁵¹ PJS’s alternative report to the UN CRPD Committee, 2020.

Jakarta is an example, where the local budget was built four to five units under the Jakarta government's social service unit. The unit is also utilized as a disability community center to teach painting, crafting, and sharing sections. However, most importantly, these unit centers are essential to raising awareness of Jakarta citizens to understand disability knowledge and inclusive interaction.

The psychosocial disabilities delivered their concern for reasonable accommodation for students with different learning methods at public schools. The different methods refer to their state of mental health situation and comfortable situation for learning, which should be understood by the teachers. Besides, awareness-raising and information should be socialized frequently to avoid discrimination and bullying at schools, both from students and education providers. Furthermore, the group of psychosocial disabilities encourage the local government in other areas to establish Social Service Information Unit or simply called Social Day Care to provide a creative platform.

Special Need Schools

Special Need Schools have been existing since independence in Indonesia. It grew rapidly related to the existence of Law Number 4 of 1950 and later became Law Number 12 of 1954 on the Education and teaching for children with disabilities and compulsory learning for the blind. Until the National Education System Law formulated in 2003 and Law No. 8 Year 2016 was passed, special education became a system used by Indonesia. A serious concern for the Government of Indonesia in the future is to abolish the current special education system into an integrated system of inclusive education as mandated in the CRPD.

Practically, Special Education provided through the School with Special Needs (SLB) are still the main services for the disabled students and have been allocated higher funding by the government, compared with the inclusive education funding allocation. However, quality of the teaching and learning activities in SLB still need to be increased, either from the academic or vocational aspects to prepare the student for work.

Some of the issues that often arise are:

- a. The curricula that are rarely modified. Revised curricula done by the Ministry of Education and Culture is not always followed by modification of SLB curricula. Individual Learning Program, a program which should be owned by the students, prepared by the government is not always done by the school.
- b. There are lack of understanding about the rights of the children with disabilities and the correct method for the disabled students which cause the physical and sexual violence still occur. The Indonesian Deaf Welfare Movement or GERKATIN record that almost in all of SLB, deaf students are forced to use oral language, while the use of sign language is not recognized even more forbidden in school. One of the reasons why this is happening is because of the limited number of teachers who are able to use sign language.
- c. Vocational skill is the important aspect of education in SLBs. For SLB with C Category for psychosocial disabilities, curricula applied are 40% academics and 60% skills. Unfortunately, the high vocational component is not compensating with

the aspect of field work or internship. This is causing the low opportunities provided by the employer for the SLB alumni.

- d. Reproductive education is not yet part of the SLBs curricula in any of inclusive schools. This condition creates serious problems on sexual violence against persons with disabilities, such as forced sterilization and incest, which still occur until now.
- e. Inadequate Special Education system, namely the system isn't meeting their needs or keeping them safe and this system needs to be reformed, encourages parents of intellectual and down syndrome disabilities to register their children in other community centers to learn soft skills and capabilities. As told by the parents of intellectual disabilities in ADF focus group discussion, their children are more convenient to learn at dance community centers than SLB or inclusive schools. Not only the children of intellectual and down syndrome can learn dance, but also perform in public to earn self-esteem and money. Above all, the dance community center for intellectual disabilities provides a creative method and inclusive learning environment so children with intellectual disabilities will not receive stigma and bullying from the educational environment.⁵²

E. Higher Education

The Regulation of Ministry of Research, Technology and Higher Education No. 60, the Year 2018 concerning the admission of students into bachelor's degree does not uphold the rights of persons with disabilities. For example, personality tests such as BAUM Test (showing pictures of humans, trees, and homes) and DAP Test (showing human pictures) are incorporated into admission tests (such as National Selection of Registration for Higher Education/SNMPTN and Joint College Entrance Selection/ SBMPTN).⁵³ These tests hurt persons with disabilities' chance of getting admitted into universities. Some universities make IQ Tests as one of the mandatory components of their admission tests.

The disability service unit or called *Unit Layanan Disabilitas (ULD/ Disability Services Unit)* in universities are not yet appropriately implemented as mandated by Law No. 8 Year 2016, and Government Regulation No. 13 Year 2020 on the Reasonable Accommodation for Students with Disabilities. Consequently, information and knowledge among students, academic colleges and providers regarding the rights of education and types of disabilities are not socialized to the academic environment. The enrollment of a student with intellectual disability in the University of Indonesia becomes the milestone yet the output quality of intellectual disability students graduated from the university should be improved and evaluated so that they can prepare a career work plan in the future.⁵⁴

⁵² Indonesian [DPOsOPDs'](#) alternative report to the UN CRPD, coordinated by OHANA, 2020. .

⁵³ Or other tests, such as DISC Test, which are intended to reveal one's personality, or PAPI Personality Test and IST Test to identify one's intelligence.

⁵⁴ ADF Report from Focus Group Discussion with Vulnerable Groups of Persons with Disabilities, March 2020

Goal 5: Gender Equality

Goal 5 Achieve Gender Equality Andempower All Women and Girls

Relevant SDGs Targets

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

5.5 Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

5.a Undertake reforms to give women

Relevant CRPD Articles

Article 6 – Women with disabilities

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

Article 13 – Access to justice

1. States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

2. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.

equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

Article 15 – Freedom from torture or cruel, inhuman or degrading treatment or punishment

1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.

2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

Article 16 – Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.

3. In order to prevent the occurrence of all forms of exploitation, violence and

abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

A. Discriminatory Regulation and Practices against Women with Disabilities

Indonesia has ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) that is contained in Law No. 7 Year 1984, enacted on 24 July 1984. The Law No. 8 Year 2016 on Persons with Disabilities has ensured a special treatment for women with disabilities. This is stipulated in Article 5 of the Law No. 8 Year

2016.⁵⁵ Moreover, the Law No. 8 Year 2016 also pays special attention to women with disabilities, which was manifested in Article 125, 126, and 127.⁵⁶

Even though from a normative point of view the rights of women with disabilities are also regulated in the Law No. 8 Year 2016, at the implementation the legal instrument does not fully accommodate all conditions of women with disabilities, including in preventing and handling violence cases against women with disabilities. The [draft bill of the Elimination of Sexual Violence](#) is *lex specialis* because it complements other laws which protect women and women with disabilities from sexual violence such as Law No. 1 Year 1974 on Marriage, Law No. 23 Year 2004, and Penal Code. Also, it regulates the prevention, post-protection, reasonable accommodation, and remedies to the victims and families. Therefore, women with disabilities encourage the Indonesian Legislative Body to pass the Bill of the Elimination of Sexual Violence.

Women with disabilities continuously experience discrimination in the fields of education, work, leadership participation, decision-making position, and suffer high-level physical, mental, and sexual abuse. Multiple and intersecting forms of discrimination and stigma endured by women and girls with disabilities have made them vulnerable to physical and sexual abuses, as well as exploitation by members of family and other people.

One of the challenges in the efforts to protect the rights of persons with disabilities in Indonesia is related to the existing policies that were enacted before the ratification of CRPD or the enactment of the Law No. 8 Year 2016. These policies are not only biased against disability, but they also contain gender-bias, rendering women with disabilities prone to multiple ~~discriminations~~[discrimination](#). Some of existing regulations that are still discriminative against women with disabilities are:

- a. The Law No. 1 Year 1974 concerning Marriage that allows the practice of polygamy for husbands whose wives become physically disabled or afflicted by an incurable disease;⁵⁷ and a provision stipulating that one of the requirements to file for divorce is if one party becomes physically disabled or afflicted by a disease that renders the said party unable to fulfill his/her obligations as a husband/wife.⁵⁸ Article four (4) states that men are eligible to get married to another woman under four requirements. One of them is if the women belong to physical disorder and terminally ill.

⁵⁵ Article 5 number (2) of Law No. 8/2016 mentions: "*Beside the rights of Persons with Disabilities mentioned in number (1), women with disabilities have the right to: a. health reproduction; b. agree or refuse to use contraception; c. receive extra protection from multiple discrimination;[1] and d. to receive extra protection from violence, including sexual violence and exploitation*".

⁵⁶ Article 125 Law No. 8, the year 2016 concerning People with Disabilities, stipulates the provision of information service and quick response unit for women with disabilities who became a victim of violence; Article 126 stipulates the Central and Regional Government obligation to give a special protection; and Article 127 stipulates the provision of safe houses provided by the Government for women with disabilities who became a victim of violence.

⁵⁷ Article 4 number (2) of the Law No. 1 Year 1974 on Marriage.

⁵⁸ Article 39 of the Law No. 1 Year 1974 on Marriage.

- b. The Law No. 17 Year 2014 on Exclusive Breastfeeding, Article 6 clause (3) and (7) allow mothers with mental disabilities to not breastfeed their babies exclusively.

Another challenge related to this is the lack of a legal framework that protects and guarantees women's rights in Indonesia, so that this causes double discrimination against women with disabilities. Until 2020, Indonesia does not have a gender mainstreaming and anti-discrimination law against women and a law on the protection of violence against women which emphasized sanctions for perpetrators of violence. This also includes the absence of an effective mechanism that can be used by women with disabilities to complain about their cases, be dealt with effectively, and be given remedies for the losses and violations experienced.⁵⁹

On the other hand, until now Indonesia does not have a regulatory framework that protects women with disabilities from the practice of violence and exploitation as mandated by Articles 13 and 16 of the CRPD. Law No. 8 Year 2016 concerning People with Disabilities emphasizes the obligation of the Central Government and Regional (province and regency/city) Governments to provide special protection for women and children with disabilities in accordance with the provisions of the legislation (Article 126), provide information services units and fast action for women and children with disabilities who are victims of violence (Article 125), and provide safe houses that are easily accessible for women and children with disabilities who are victims of violence (Article 127). But unfortunately, the implementation of 3 of these Articles is not explained further and so it cannot be implemented. There is no legislation criminalising, protecting against and preventing all forms of violence, abuse and exploitation inclusive of persons with disabilities with sanctions for perpetrators and effective remedies for victims.

Meanwhile, the implementing regulations for Law No. 8 Year 2016 regarding proper accommodation in the judicial process has not yet been approved by the Government, so cases of violence against women with disabilities still use ordinary legal procedures that do not have access to a variety of disabilities. As a result, there are many cases of violence that cannot be resolved legally.

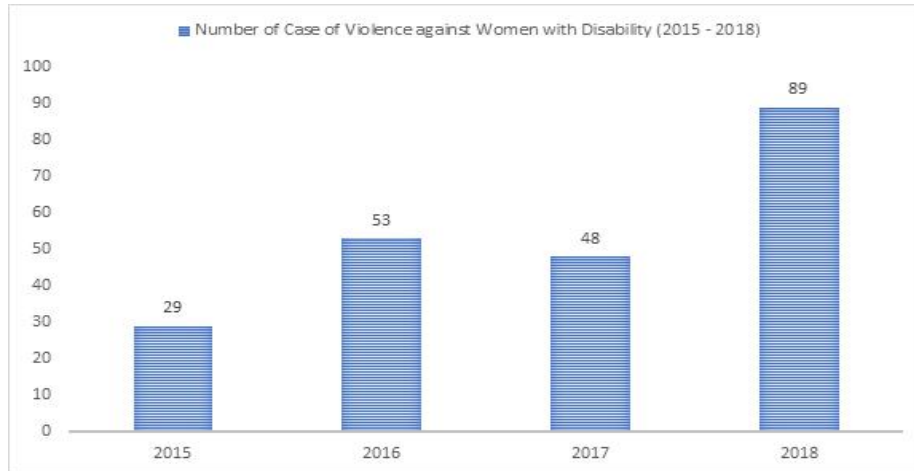
A number of reports submitted by the state institutions and organisations of people with disabilities (OPDs) states that the cases of discrimination, violence, and neglect against women with disabilities are still taking place. The National Commission on Anti-Violence Against Women (Komnas Perempuan) reports that the number of women with disabilities that become victims of sexual violence are increasing, from 40 cases in 2015 to 89 cases as of January 2019.⁶⁰ Unfortunately, there are no guidelines for law enforcers and the

⁵⁹ Indonesia adheres to a system of legal dualism, where the ratification of international treaties can take effect if laws and regulations have been made at the national level. This has caused the ratified CEDAW convention to not be implemented even though it has been ratified.

⁶⁰ The report captures various forms of violence against women with disabilities. It could manifest in the form of physical violence which in this report is categorised as rape; murder; battery; torture; abandonment; and sexual harrasment; psychological violence in this report is divided into stigmatisation, bullying, stereotyping, etc. Forms of discrimination among others are denied by school, requirements in the employment recruitment, etc. Exploitation can take the form of fraud and domestic violence.

government that can be used to close such cases. It resulted in a high number of violence cases (including rape) that are not opened and processed. Meanwhile, the draft of Government Regulation (RPP) on Reasonable Accommodations in Trial Process for Persons with Disabilities, until 2019, is still waiting to be passed.

Number of Case of Violence Againsts Women with Disability (2015 – 2018)

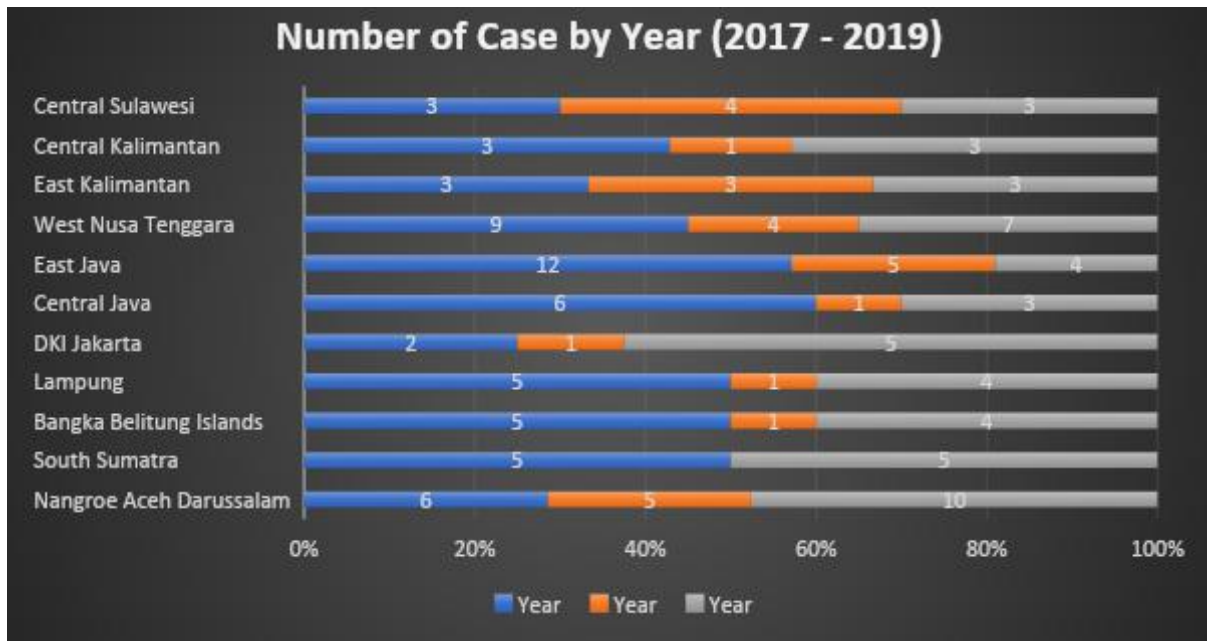


Source: Women National Commission Annual Reports from 2015 - 2018

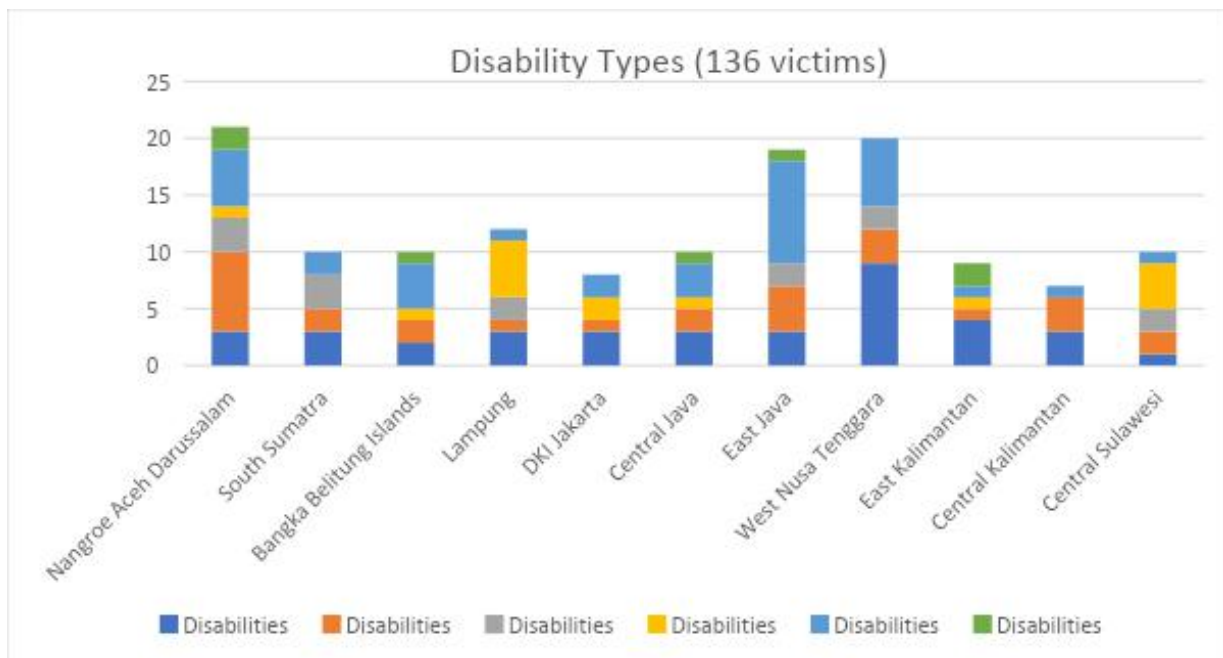
In terms of data, even though the data for legal aid receivers are disaggregated between men and women, the data available in the Ministry of Law and Human Rights are not disaggregated by the types of disability, including women with disabilities. As a consequence, there are no legal aid available for women with disabilities who are facing legal matters, such as providing them with a sign language interpreter or an aid.

B. Violence against Women with Disabilities and Access to Justice

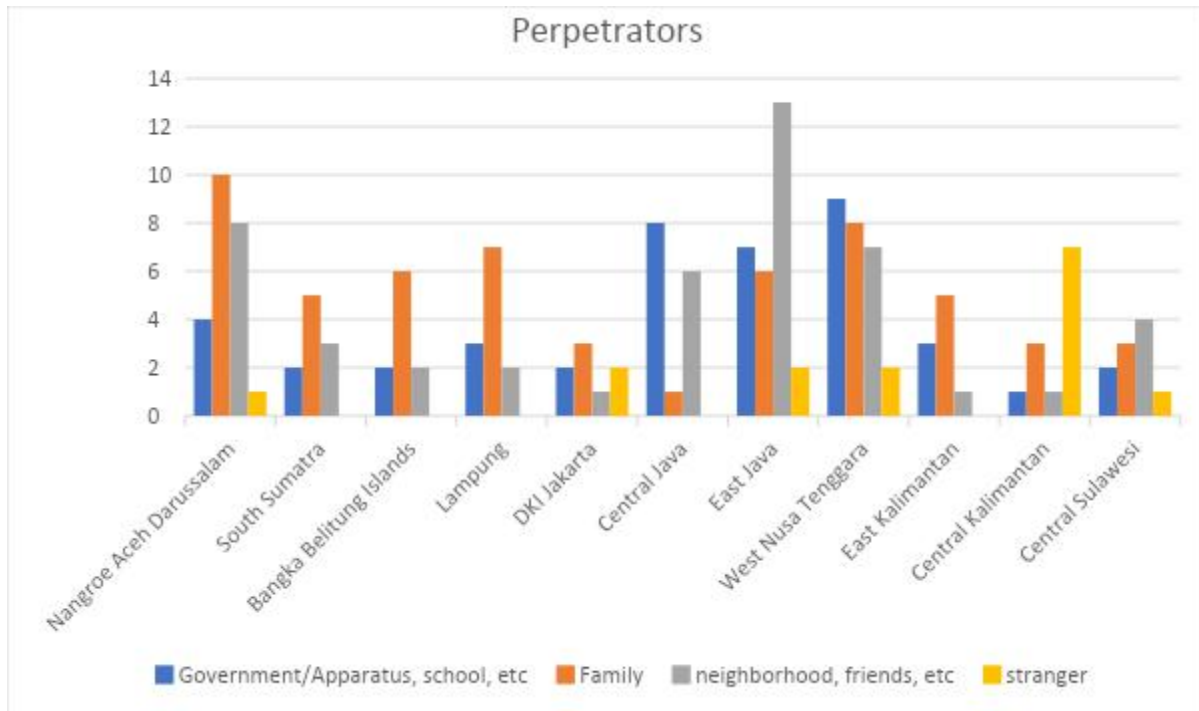
The new monitoring cases by the Association of Indonesia Women with Disabilities (HWDI) in 2019 (covered 2017 – 2019) found 136 cases in 11 provinces with the following explanation in the graphics (number of cases, type of abuses, type of victims' disability, and perpetrators).



Source: HWDI, 2019 (see the table of cases in the end note)



Source: HWDI, 2019

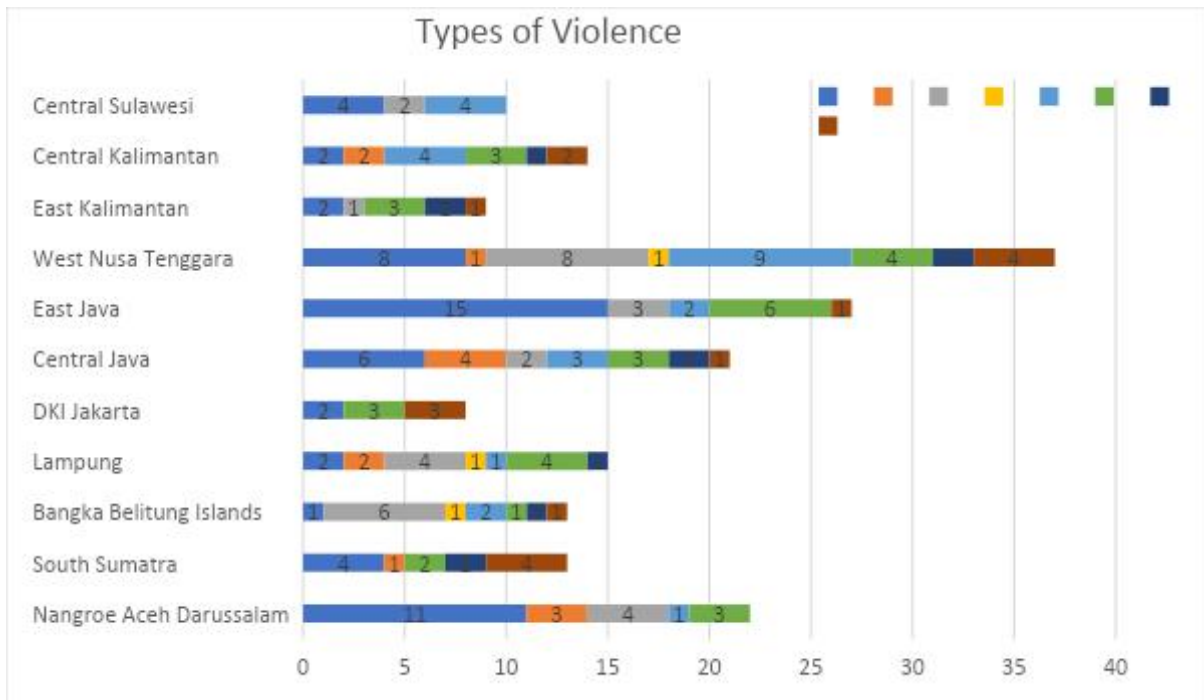


Source: HWDI, 2019

The latest observation in 2019 conducted by HWDI in 11 provinces show that a number of regional regulations have been published to protect women and children from exploitations, violence, and harassment,⁶¹ but in practice, there are still a number of obstacles between the regulations, the state apparatus and the government, and the availability of access to services and legal aid towards the protection of the rights of women with disabilities. Likewise, there are no comprehensive mechanisms to ensure such laws are effectively implemented. This condition has resulted in unsolved cases of violence, exploitation and the violation of the rights against persons with disabilities.

The mapping of women with disabilities conditions carried out by HWDI in 2019, within 2017-2019 were collected 142 legal cases faced by women with disabilities were recorded. Majority of them are rape 33%, discrimination 20%, and other physical violence 17%, exploitation 9%, domestic violence 8%, sexual harassment 7%, psychological violence 5%, and inhuman degrading 1%.

⁶¹ North Maluku Province Government Regulation No.5 year 2013, on the Protection and Services for women and children who become victims of violence Article 6, 8, and 11; East Kalimantan Province Government Regulation No. 1 year 2018, Pasuruan Municipality Government Regulation No. 4 year 2018 on the Empowerment and Protection of Women and Children, East Java Governor Regulation No.93 year 2018 on the Regional Action Plan for Gender Mainstreaming in East Java Province year 2018-2019.



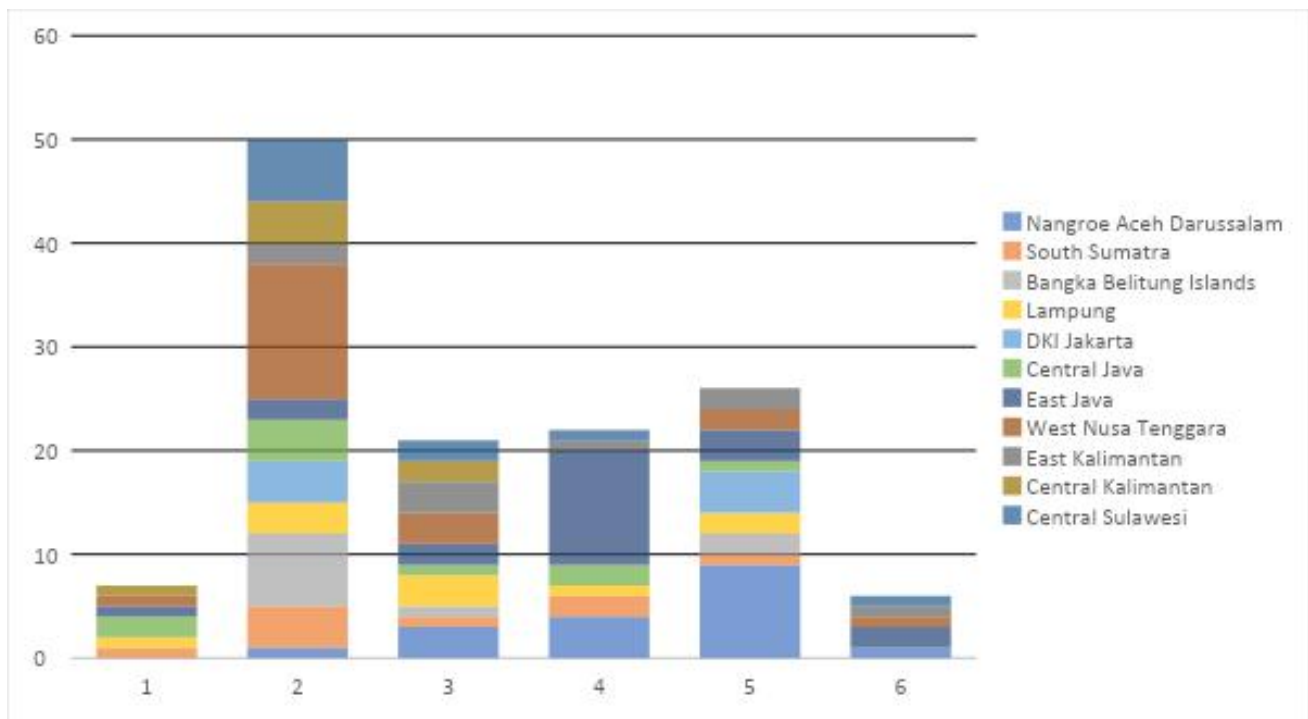
Source: HWDI, 2019 (see the table of case in the endnote)

The absence of well-planned, systematic, and measurable efforts taken by the Government to protect women with disabilities has resulted in the occurrence of violence cases and violations. The data collected in the monitoring of the rights of persons with disabilities conducted by HWDI,⁶² It was discovered that the problems in handling the victims of violence and exploitation cases lay in the investigation process, which was caused by the lack of accessible facilities such as mobility, information and communication facilities. Whereas, in terms of service, there are four (4) aspects that have yet been fulfilled, namely: assistance for the victim, the value of the testimony given by persons with disabilities (which is often deemed as legally incapable or is not qualified as a testimony), the rehabilitation of victims with disabilities, and institution.

The observations conducted by HWDI on 2019 in 11 provinces in Indonesia shows that from one hundred and thirty-two (132) cases of sexual violence against women with disabilities (from 2016 to 2019), only 26 cases that received court ruling and the perpetrators were sentenced/ *incracht*. There are 7 cases that progress very slowly, which is caused by hesitations and lack of trust from the law enforcers on the testimony of persons with disabilities. Those cases occurred in East Java and Aceh. Meanwhile, there are 50 cases that are not processed or unclarified, there are no certainties if those cases will eventually be investigated, despite being reported to the police. The observation also notes that there are 21 cases that are processed by law enforcers, but eventually they decide to go solve it in an amicable manner (usually by marrying the victim with the perpetrator) or

⁶² 2015, ASEAN Disability Forum research on Sexuality & reproductive health of Persons with Disabilities

are covered up. The remaining 22 cases, until this report is written, are still being processed in the police or on trial process, and 6 cases that are resolved by the advocacy by the [DPOsOPDs](#) and government officers (not criminal case).



Source: HWDI, 2019

C. Women with Disability in the Specific Situation

Sexual and health reproduction rights. The rights of reproductive health of the women with disabilities stated in Article 6, Article 25, Article 23, and Article 16 of CRPD. The Convention emphasizes that States shall adopt national gender equality legislation and policy, national action plan on disability, programme on sexual and reproductive rights of persons with disabilities (Article 6), guarantee women and girls access to sexual and reproductive health care, information and education (Article 25), eliminate all of provision in the law which restrict directly or indirectly on the basis of disability (Article 23), and take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects (Article 16).

The discussion of gender equality among groups of vulnerable persons with disabilities is narrowing to the concern of sexual and health reproduction rights because they feel relate-able to human rights and sexual violations both in public and private spheres. Generally, the concern goes to women with disabilities whose multiple discrimination and go through various violations experiences that should be eliminated urgently. The perpetrator of sexual violations is taking advantage in advance of information and technology era so that they do not have to present at the location to commit sexual harassment, oppression, or violations such as the distribution of inappropriate materials, coercion to do something,

blackmail, and grooming in social media, such as WhatsApp, Tik Tok, and others. Such cases happened to the women and girls with intellectual disabilities and hearing impairment often, as recorded in the FGD.⁶³

Leprosy. The group of people with Leprosy shared experience of women with Leprosy as human trafficking victim in Bangka Belitung province in 2017. The perpetrators used bribery towards parents of the victim and made a promise to give their girl employment in Bangka Belitung but ended as a victim of trafficking. Fortunately, with the help of police officers in Bangka Belitung and Indonesia Leprosy and Disability Care Movement (GPDLI), the case was solved, and the victim also saved. As mentioned, the sexual violation happened in private space, too, to the vulnerable groups of persons with disabilities. For instance, the women with hearing and visually impaired get abused and domestic violations by their husbands. It happens even though the husband has a hearing impairment. The wife somewhat felt complicated, devastated, and fearful of the complaint, the case to other people with language and network limitations—women with physical disability also prone to receive domestic violations at home from husband or other family members.

Women with psychosocial disabilities in social institutions.

The group of psychosocial disabilities has a different concern with regards to SRHR as they find sexual and human rights violations happened terrifyingly in the private and state-own institutions by the institution officers. Based on the inspection and monitoring done by The Association of Indonesian Mental Health (PJS), there are sexual cases frequently happening in the institutions. Those include shackles; women toilets built-in open space without the door; force sterilizations towards women and girls with disabilities by using pills and other types of contraception. A mixture of wards between men and women, man officers help women or girls patients to take a bath, and a baby transferred to the family without consent from the women or girls with psychosocial disabilities are also happening often in the institutions. These human rights and sexual violations have been researched and monitored among The Association of Indonesian Mental Health (PJS), together with The Indonesian National Human Rights Institution (*Komnas HAM*), and the Ministry of Law and Human Rights. An appropriate monitoring, complaints and sanctions monitoring for social institutions are undergoing. However, the results are slowly seen as cases keep happening and even worse during the Covid-19 pandemic situation.⁶⁴

Women with psychosocial disabilities who are held in social institutions are vulnerable to sexual harassment. Often the perpetrators are the staff of the institutions.⁶⁵ The Association of Indonesian Mental Health observed a female resident being bathed by male staff

⁶³ ADF Report from Focus Group Discussion with Vulnerable Groups of Persons with Disabilities, March 2020

⁶⁴ ADF Report from Focus Group Discussion with Vulnerable Groups of Persons with Disabilities, March 2020

⁶⁵ The Association of Indonesian Mental Health, Human Rights Watch as well as National Commission on Violence Against Women found cases of gender based violence during visits to social care institutions.

members while naked and in chains at the Syamsul Healing Center, Brebes District, Central Java. We encountered female residents bathing in open spaces while male staff passed by. The risk of sexual violence in social institutions is also a result of the limited number of female staff. Almost in all institutions observed, the number of male staff are much higher than female staff. Many female residents are cared for by male staff. Male staff also easily enter women's rooms including in the evenings. All the women we interviewed claimed to be too afraid to report this, especially since most of the perpetrators were the institution's staff. Protection mechanisms available to women victims of sexual violence outside of the institutions such as legal assistance, shelters, safe houses, counselors are not available for them.

Goal 8: Decent Work and Economic Growth

Goal 8 Promote Sustained, Inclusive And Sustainable Economic Growth, Full and Productive Employment and Decent Work For All

Relevant SDGs Targets

Relevant CRPD Articles

8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training

8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all

Article 27 Work and Employment

1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;

b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;

c) Ensure that persons with disabilities are able to exercise their labour and trade union

rights on an equal basis with others;

d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;

e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment

f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;

g) Employ persons with disabilities in the public sector;

h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;

i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;

j) Promote the acquisition by persons with disabilities of work experience in the open labour market;

k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

2. States Parties shall ensure that persons

with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

An analysis of the SDGs relating to employment shows very deep reflections with many Articles of the CRPD, not just with Article 27 that deals with employment. The recognition of a person with disability as a person, who is capable of entering into financial and legal relationships, such as seeking financial services and signing contracts of employment, is a necessary prerequisite to the realization of the goals relating to employment and financial inclusion.

A. Legal provisions relating to employment for persons with disabilities in Indonesia

The right to work is guaranteed by the Constitution of Indonesia,⁶⁶ and PWDs' right to work is guaranteed under Law No. 8 Year 2016. The government of Indonesia has enacted Law No. 8 Year 2016 on Person with Disability which stipulates a minimum percentage of persons with disabilities to be engaged in state-owned enterprises and private companies. At regional level, by working together with local government, expansion of Local Vocational Centres can reach more persons with disabilities across Indonesia and help to increase their skills and knowledge. Although enforcing law can make a difference, additional resources should be provided by the government to expedite its implementation.⁶⁷

Law No. 8 Year 2016 obliges state and private institutions to reserve 2% and 1% respectively to employ persons with disabilities. Law No. 8 Year 2016 concerning the quota of 2% of the employees, but it is still limited to state-owned enterprises and regional government-owned enterprises. The quota 1% that has already been regulated in Law No. 8 Year 2016 has not been optimally implemented and there has not been any sanction put against companies that violate or even limit the rights to work.

Four years after Law No. 8 Year 2016 was passed, Indonesia does not yet have a clear legal framework for how the right to work for persons with disabilities is implemented. The draft of government regulation concerning employment of persons with disabilities has not yet been published, while other regulations are still discriminatory and do not comply with the CRPD standards. Indonesia does not yet have a national plan (mainstream or disability-specific) that promotes vocational training inclusive of persons with disabilities or comprehensive national employment strategies and/or plans to promote the employment of persons with disabilities in public and private sectors.

Law No. 8 Year 2016 regulates reasonable accommodation, rights and obligation of persons with disabilities as employees and the company, freedom of association and assembly,

⁶⁶ Article 27 paragraph (2) of the 1945 Constitution of Indonesia.

⁶⁷ "Pathways to Decent Work for People with Disability", accessed from <https://indonesiadevelopmentforum.com/2019/knowledge-center/detail/12701-pathways-to-decent-work-for-people-with-disability>

equal pay, recruitment process accessible to persons with disabilities. Also, the same law also stipulates the responsibility of the local government to ensure and implement this legal framework. Furthermore, Law No. 8 Year 2016 mandates the development of disability service units or called ULD to facilitate information to the government, local government, and private companies on the recruitment process, working acceptance, training, working distribution, working sustainability, fair career development without ~~discriminations~~discrimination to the persons with disabilities. In another clause, the law asserts that the employer has to form a complaint mechanism should the employees need to address or file their complaint.

However, the government interprets 2% as the minimum recruitment quota instead of manpower. The implementation of Law No. 8 Year 2016 focuses on the working distribution and achieving the enrollment of persons with disabilities as figured in the minimum quota. The Ministerial Regulation (Ministry of Administrative and Bureaucratic Reform/PANRB) No. 23 Year 2019 stipulates that people with all forms of disabilities can apply for any types of jobs. The clauses that regulate special and general application procedures are deemed discriminatory as they suggest that persons with disabilities can only take on certain jobs. In practices, persons with disabilities also have to present a doctor's statement explaining the degree of their disabilities.⁶⁸

On the other hand, the existing regulations are still discriminatory and not in accordance with the CRPD. This is reflected in the following regulations, such as Law No. 13 Year 2003 on Employment that still uses the phrase "disorder" and allows termination of employment due to disability (Article 153 and 172). Similar example in Law No. 21 Year 2000, Article 12 section "Membership" has not accommodated workers with disabilities,⁶⁹ Article 8 of Law No. 14 Year 2005 concerning Teachers and Lecturers states that, "*teachers must have academic qualifications, competence, certification as educators, physical and mental health, as well as having the ability to realize the goal of national education*".⁷⁰ Law No. 36 Year 2009 on Health perpetuates the stigma on persons with disabilities through the term "physic and mental health."⁷¹

Meanwhile, the Minister of Manpower Decree No. 205 of 1999 on Vocational Training and Employment of Persons with Disabilities has limited the jobs for persons with disabilities according to the type of disability, reinforcing the stereotypes of disabilities. For example, visual disabilities are identical with masseurs, physical disabilities are identified with tailors, people with hearing loss is synonymous with jobs done in a noisy place, while intellectual disabilities are deemed as weaving.

⁶⁸ Indonesian DPOsOPDs' alternative report to the UN CRPD, coordinated by OHANA, 2020.

⁶⁹ Article 12 Law No. 21, the year 2000 concerning Labour Union: "*Labor unions, federations and confederations of labor unions must be open to accept members regardless of their political orientation, religion, race religion, and gender.*"

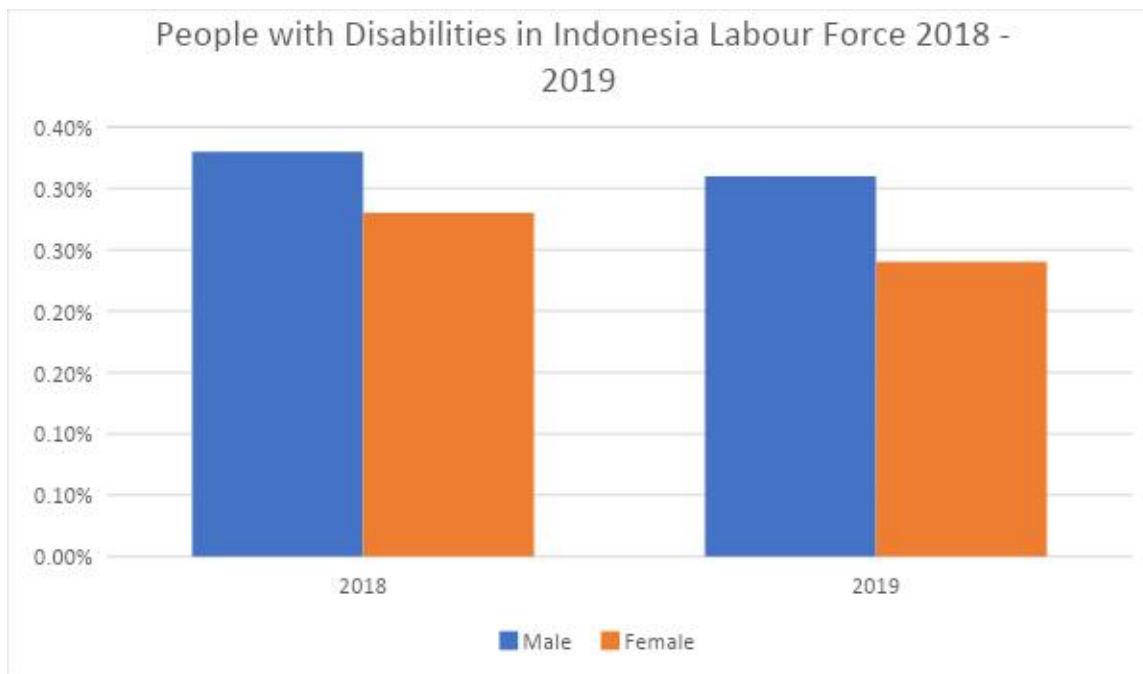
⁷⁰ As a result of this arrangement, a woman in Bantul, Yogyakarta, retired early from her job as a teacher because of paralysis caused by a spinal cord injury.

⁷¹ Almost all agencies and institutions within the government, private sectors, law enforcement officers, even human rights organization, include physical and mental health requirements for prospective employees. The same is also true in the education sector. DisCo Initial Report to the CRPD Committee

B. Participation in labour force

Despite the existence of the policy, the concern about employment service for persons with disabilities is growing. The situation is inevitable since many persons with disabilities in Indonesia are “underemployed, engaged in insecure jobs, and have less opportunity to advance their careers”. The statistics of Population Census 2010 also showcases that persons with disabilities in Indonesia face employment problems. Among citizens aged 15 and above, there are 12.15% of people who live with disabilities, 1.87% of them with severe disability and 10.29% with mild disability. Their participation in the labor force is as low as 20.27% (severe disability) and 56.72% (mild disability), much lower than the participation of those without disabilities at 70.40%.⁷²

According to data by the National Workforce Survey (SAKERNAS) 2017, the population of persons with disabilities is 21,930,529 people. The number of disability workforce is 11,224 673 people or 51.18%. Meanwhile, the number of employed Disability Workforce is 10,810,451 people or 96.31%, while open unemployment amounted to 414,222 people or 3.69%. There are still 48.82% (10,705,845 people) unemployed workforce that require decent work.⁷³

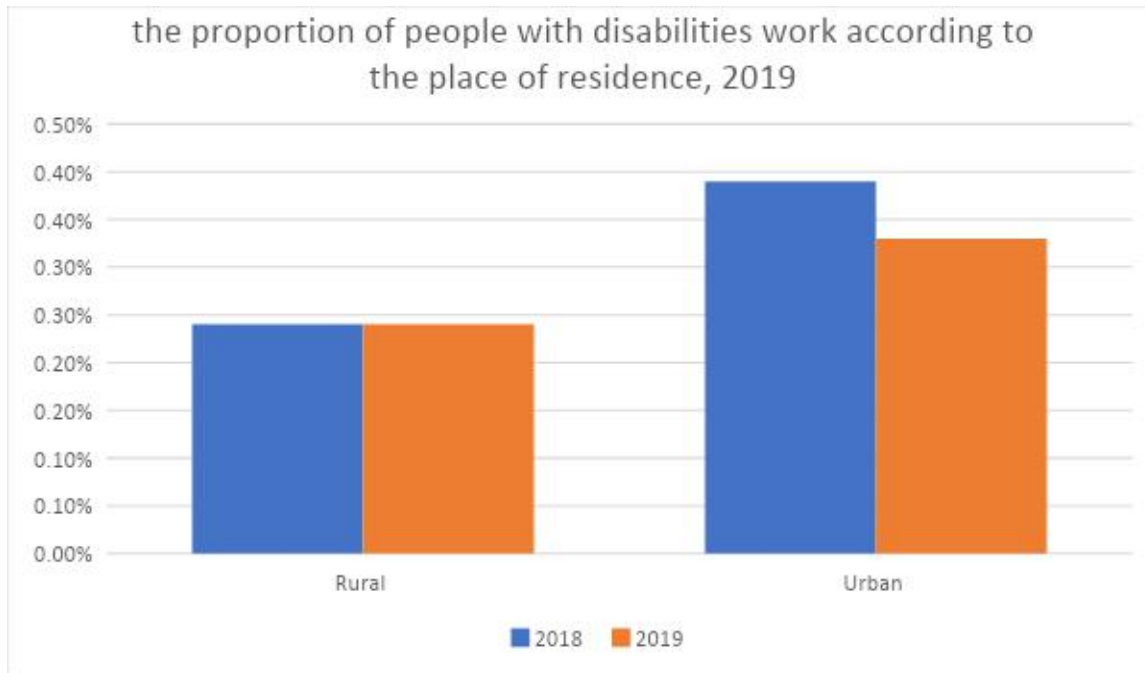


Source: National Labor Force Survey, 2019.

⁷² Endah Tri Anomsari and Siti Wlhidretno Mursalim, “Mainstreaming Disability: Challenges and Strategies Toward Equality and Decent Work in Indonesia”, *Journal of Social Sciences and Humanities*, volume 10, Number 1, 2020.

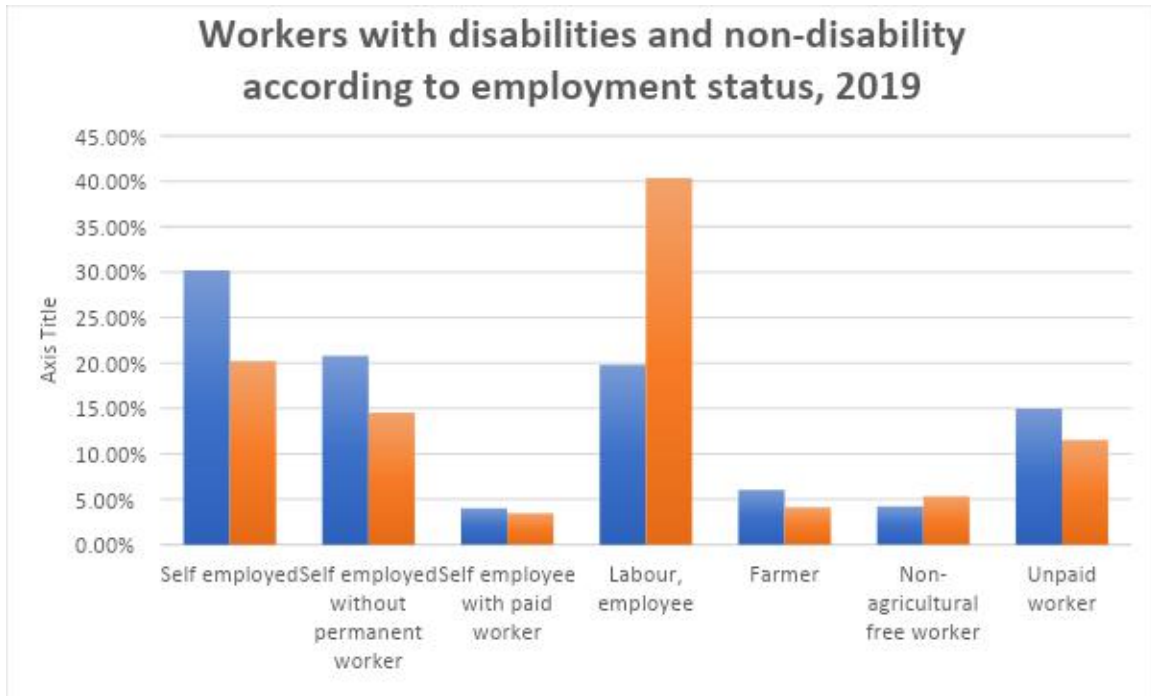
⁷³ ASEAN Disability Forum, *The 2020 Baseline Report the Rights of Persons with Disabilities: The Implementation of SDGs and CRPD in ASEAN Countries*, (2020).

National Labor Force Survey 2019 showcases, there are 0.28% of participation of people with disabilities in Indonesia above 15 years in the workforce and 0.31% in 2018. In terms of sex, the proportion of male workers is higher than women. In 2018, male workers were 0.33% and women were 0.28. While in 2019, men would be 0.31% and women would be 0.24%. Economically active population in Indonesia by age and sex group in 2019 is 126,515,119 in total male and female.



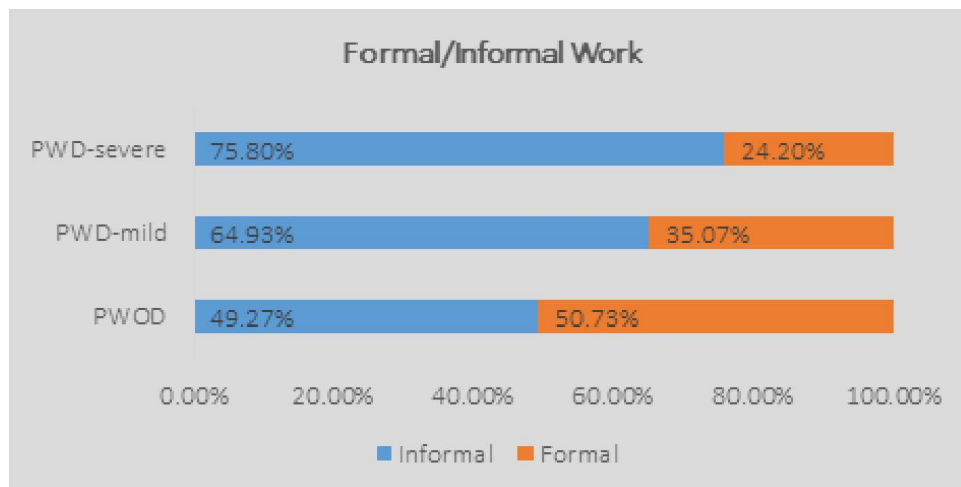
Source: BPS, 2019.

The table below shows the distribution of the proportion of the worker population with disabilities according to employment status in Indonesia. In 2019, the occupation distribution worked with the greatest disability among self-employed workers, namely 29.19%. Then in the status of self-employed with non-permanent workers as much as 20.9%. Disability persons as employees as much as 19.77% of labor status. The smallest proportion is in self-employed with permanent or paid workers, namely 3.99%.



Source: BPS, 2019

According to ILO in 2017, people with disabilities are mostly working in informal sectors with relatively lower take-home pay to persons without disabilities. The percentage of people with mild and severe disabilities who work in informal jobs is 64.93 percent and 75.80 percent respectively. This number is much higher compared to persons without disabilities at only 49.27 percent.⁷⁴



Source: ILO, 2017

⁷⁴ ILO, *Inclusion of People with Disabilities in Indonesia*, p. 16

The high number of informal workers with disabilities is related to the difficulty of persons with disabilities reaching the requirements and criteria for formal employment. People with intellectual disabilities, for instance, mostly work in contemporary jobs such as trading, selling, self-employment, and other types because they can not pursue a permanent job in private and state-own agencies. Therefore, people with intellectual disabilities find it more convenient to work as designers with a small team to produce their products, clothes, and crafts.⁷⁵

Besides, with regard to employment for persons with disabilities, factually it can be said that it has not reached a level of sustainable diversity and inclusion. This means that the presence of persons with disabilities in a company has not been positioned as individuals who have the same ability as those with disabilities. In other words, the disability of a worker is not seen as diversity in a company as well as differences in culture, religion, racial groups, so that inclusiveness values cannot be applied within the company.

With regard to inclusive employment for persons with disabilities, various studies have been carried out, including the International Labor Organization (ILO), which explains that there is no absorption of persons with disabilities in employment, eliminating 3-7% of GDP. This number is quite significant if it is associated with the economic growth of a country. Other studies regarding employment opportunities for persons with disabilities are seen from various aspects, both internal aspects of persons with disabilities themselves and external aspects, such as policy, perception and stigma, accessibility, and so forth. Based on various studies, the factual condition is that there are still many people with disabilities who have not received decent employment.⁷⁶

C. The Challenges of Inclusive and Sustainable Economic Growth

This report highlights several challenges that contribute strongly to the current situation of people with disabilities employment. The first challenge is the employment service in Indonesia, which is not comprehensive and accessible enough. It is related to the lack of a channel of jobs applied for people with disabilities and limited to public employment service delivered by the Manpower Office of Local Government in regencies and cities across Indonesia.⁷⁷

First challenge is related also with the problem of society and the Indonesian government's awareness, lack of understanding on the inclusive perspective and human rights-based approach. Even though the Law No. 8 Year 2016 concerning the Rights of Persons with Disabilities states obviously that persons with disabilities are entitled to the rights to work equally as other people with affirmative quota 1% in the private sector and 2% in the state-own agency, the facts show through several cases recently that recruitment of persons with disabilities in state agencies is still exclusive and unfair.

⁷⁵ ADF Report from Focus Group Discussion with Vulnerable Groups of Persons with Disabilities, March 2020

⁷⁶ Indonesian **DPOsOPDs** Coalition, *Our Agenda for Inclusive Development*, (Organization of Persons with Disabilities Coalition Report Voluntary National Review - Agenda 2030), 2019), p. 20

⁷⁷ Endah Tri Anomsari and Siti WIidhretno Mursalim, "Mainstreaming Disability".

The vulnerable groups are still encountering challenges in the employment fields. People with hearing and visually impaired and intellectual disabilities cannot apply or work both in public and private sectors as the institutions are questioning the capability of these people. Even though they can work in the private or state-owned agency, supporting assistive devices, accessibility, and reasonable accommodation for them are not available. The inclusive environment and support from employees are essential as persons with disabilities with intellectual disability, hearing and visual impairment may encounter difficulty and longer time to adjust the situation without reasonable accommodation. Otherwise, these vulnerable people with disabilities who are qualified and capable will not be able to adapt to the situation and resign from the job because of inadequate reasonable accommodation, bullying, stigma, or discrimination from their surroundings.

The second challenge appears to be how the existing Law No. 8 Year 2016 is not being practiced successfully, yet. In Indonesia, a by law must be translated into several more technical policies to support the implementation of the respective law. The policies include those by central government i.e. government regulation and presidential regulation and those by the local government.

One of the serious challenges in the implementation of Law No. 8 Year 2016 is related to the interpretation of 2% and 1% in the law. There is a different interpretation of Article 53 of the Law No. 8 Year 2016 that sets 2% and 1% quota for disability employment. It is because there are no guidelines for both government and private entities in applying the provision. In practice, government institutions apply this provision by allocating 2% in every term of civil servant recruitment. Whereas, the Law No. 8 Year 2016 requires each government institution to hire at least 2% of the total numbers of employees. The lack of segregated data, including the number of working women with disabilities, both in public and private sectors, is one challenge in applying the 2% and 1% quota provision.

The implementation of provisions that ensure persons with disabilities' right to employment remains challenging due to the lack of propagation to the local level. Even policies at local level are not widely disseminated to all private entities. As a result, discrimination and violations in accessing employment for women with disabilities, starting from the job requirements, recruitment, selection, to finally acceptance at workplace and within the workplace. The protection assurance is still limited to operational matters such as facility, social security, or accessibility, which often cause women with disabilities unable to work professionally due to unhealthy work relationships (such as workplace bullying). In Central Java, one victim had suffered from constant verbal bullying in her workplace. She was so stressed out that she decided to quit from the job.⁷⁸

The third challenge is the lack of public facilities for persons with disabilities. The lack of accessibility and reasonable accommodations for different types of disability also still became a challenge on this matter. It raises the stigma and discrimination for those who are accepted as civil servants or private employees. The lack of accessibility also makes persons with disabilities question themselves and to be transferred to jobs that are not suitable to their capacity and capability. For instance, a blind civil servant that is not

⁷⁸ Case documented on November 2019 by HWDI Central Java; quoted from HWDI's alternative report to the CRPD Committee

equipped with an accessible computer, a staff with physical disability who works in an inaccessible office, and so on. This happened to a woman with physical disability who was discriminated against in her workplace at a state-owned company in Central Java. Unfortunately, there were no significant efforts taken by her supervisor to eliminate the discrimination, thus, she decided to quit her job.

Persons with disabilities currently publicly reported their cases to the local governments, state recruitment agency, and the ministry of social affairs regarding the rejection result during the state official's recruitment process because of their disabilities. One of the cases involved a woman with disability; Dr. Romi S. Ismael, who applied as a dentist in *Puskesmas* (community healthcare service) in West Sumatra, was rejected because of her physical limitation. However, it does not guarantee the practice will not reoccur in other regions both in the center and local government recruitment.

The forth challenge is related to lack of employment due to low education status. Statistically, 45.74% of persons with disabilities never attend or finish primary school. The experiences of Lampung Provincial Vocational Training Center (BLK), for instance, since 2017 opens opportunities for people with disabilities to get skills training. The enthusiasm of persons with disabilities who are high enough to get skills training and interest in work has led to an increase in the number of participants with disabilities in the BLK. In 2017 participants with disabilities were 18 people, and in 2018 increased to 68 people. This significant increase was not matched by the distribution of workers with disabilities in various sectors of the company related to their education background and skills. This is due to a number of things, including a low education status and some that do not have educational status, as well as the absence of competency tests for participants with disabilities, as a condition for the distribution of labor.⁷⁹

The vocational training center is intended for people who already have educational status, at least having completed senior secondary education. The fact is that persons with disabilities who are accepted by BLK do not have senior secondary education status, some even have never attended school. This is a problem when the BLK will channel persons with disabilities to the world of work. Problems faced by BLK, persons with disabilities cannot be included in competency tests on the skills they have acquired. In addition, the BLK cannot distribute persons with disabilities to recipients of work because of the educational status and stigma of the BLK who have not fully considered that persons with disabilities can work.⁸⁰

The lack of skills of women with disabilities, so they cannot fill in the allocated quota, be it as a civil servant or as a private employee. This is closely related to the disability vocational education and the government's commitment in placing women with disabilities into the workforce after they have their vocational training. In a case in Sidoarjo, East Java, a divorced woman with physical disability with one child experienced the effect of the stigma attached to disability. She struggled to find a job because she did not have a proper education and the required skills. As a result, she could not raise her only child properly.

⁷⁹ Indonesian [DPOsOPDs](#) Coalition, *Our Agenda for Inclusive Development*, p. 18

⁸⁰ Indonesian [DPOsOPDs](#) Coalition, *Our Agenda for Inclusive Development*, p. 21

The fifth challenge is related to the administrative requirement, especially Mental Health Certificate requirements for all of work/job recruitment.⁸¹ Adversities are also found by the group of psychosocial disabilities who apply for employment in state-own and private agencies as they are required to include a letter of health confirmation that informs mental and physical condition. If they are ineligible because of mental conditions, they will not acquire their wished employment. Furthermore, psychosocial disabilities also address the need for day leaves for regular checks into the doctor without decreasing their annual paid leaves. The working method and time flexibility will significantly help people with psychosocial disabilities in the working environment.

This discrimination takes place in the form of Mental Health Certificate requirements that must be fulfilled by every job seekers in Indonesia who wish to apply to be a civil servant, state-owned enterprises (SOEs) and private companies. The requirement for a mental health certificate is based on Government Regulation No. 11 Year 2017 on the Management of Civil Servants. Article 23 of the regulation states that all persons who wish to apply to become a civil servant must be physically and mentally sound in accordance with the requirements of the position being applied for.⁸²

Another factor related to the administrative issue is in the recruitment process, the government has set up a special formation for persons with disabilities, but it does not give a chance for persons with disabilities to compete in a regular formation. As the result, even though persons with disabilities can compete, they may be prone to discrimination or their numbers become too small, as shown in a case occurred in Solok, West Sumatera. A woman who uses a wheelchair passed the test of civil servant recruitment as a doctor, but the decision was dismissed by Solok City Administration because the recruitment was not according to the formation. After receiving strong protest from many OPDs, the Minister of State Apparatus Empowerment restored the decision.⁸³

The sixth challenge is related to the data of people with disabilities in Indonesia. As mentioned in the ILO report (2017), the lack of accurate data on the number of persons with disabilities acts as a brake on a range of actions and measures that could be taken otherwise. In fact, there is no accurate and comprehensive data regarding persons with disabilities in Indonesia.

Vocational Skills Program and Financial Support

As a follow-up to Law 8 Year 2016, the Ministry of Industry and the Ministry of Social Affairs made an MoU to collaborate on Training, Certification and Job Placement for Persons with Disabilities to improve the competency of persons with disabilities to be ready to work in the industrial sectors. The MoU was made on December 27, 2018 with the

⁸¹ A Mental Health Certificate is a letter issued by a health services agency to prove that the holder has no mental disorder.

⁸² PJS's alternative report to the UN CRPD

⁸³ "Disabled dentist finally appointed civil servant in West Sumatra", 7 August 2019, <https://www.thejakartapost.com/news/2019/08/07/disabled-dentist-finally-appointed-civil-servant-in-west-sumatra.html>; see also, "Dentist in Sumatra finds dream crushed because of disability", 10 July 2019, accessed from <https://www.thejakartapost.com/news/2019/07/10/dentist-in-sumatra-finds-dream-crushed-because-of-disability.html>

scope of exchanging data and information, organizing education and training, job placement in industrial companies, and developing other institutional cooperation related to the implementation of the tasks of each party. This collaboration program targets 72,000 people with disabilities to participate in the 3 in 1 Training and Education program (Training, Certification, and Job Placement).⁸⁴ In addition, as an implication of the regional autonomy in Indonesia, a number of job training programs for persons with disabilities have been carried out by the Social Service at the District/City level.

There are several obstacles and notes that arise in the implementation of vocational training for people with disabilities. Some vocational skills programs are still targeted at people with physical disabilities, putting aside other disabilities. The teaching materials are composed based on assumptions rather than proper assessment of persons with disabilities' needs. There monitoring and evaluation mechanisms are nonexistent. Additionally, there are no clear or systematic follow-up programs available after vocational training, such as channeling the trainees' skills to employment or providing funds to help them set up their own business.⁸⁵

The local government has provided vocational education, but it is usually limited to traditional jobs such as massaging for blind people. Most of this training is not coupled with a work placement programme, so women with disabilities who are already equipped with skills still have to look for a job themselves.⁸⁶

⁸⁴ "Ministry of Industry and Social Affairs Trains Persons with Disabilities to Be Ready to Work in Industry", 28 December 2018, accessed from <https://www.kemdikbud.go.id/main/blog/2018/12/kemenperinkemensos-latih-penyandang-disabilitas-agar-siap-kerja-di-industri>

⁸⁵ Indonesian **DPOsOPDs**' alternative report to the UN CRPD, coordinated by OHANA, 2020, para 102.

⁸⁶ HWDI's alternative report to the UN CRPD, 2020, para. 74.

Goal 11: Sustainable Cities and Communities

Goal 11 Make Cities and Human Settlements Inclusive, Safe, Resilient and Sustainable

Relevant SDGs Targets

11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums

11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons

11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries

11.4 By 2030, Strengthen efforts to protect and safeguard the world's cultural and natural heritage

11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations

Relevant CRPD Articles

Article 9 – Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;

b) Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures:

a) To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and

11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management

11.7 By 2030, provided universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities

11.a Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning

11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels

11.c Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials

services open or provided to the public;

b) To ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;

c) To provide training for stakeholders on accessibility issues facing persons with disabilities;

d) To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;

e) To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;

f) To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;

g) To promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;

h) To promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become

A. Regulations and Policies for Accessibility of Persons with disabilities in Indonesia

Law No. 8 Year 2016 concerning Persons with Disabilities, and in particular Article 18 of the said Law, makes accessibility and universal design mandatory. Law No. 8 Year 2016 Article 18 provides the primary legal basis for disabled people's right to accessibility. Such provisions entail the government to create a more appropriate condition and environment for persons with disabilities to be able to participate in society fully. In this regard, the Government of Indonesia has issued sectoral laws and regulations to ensure that accessibility is in place in various aspects such as infrastructure, transportation, as well as information and communication.⁸⁷

Besides, several laws and regulations in Indonesia have been drafted to ensure accessibility of persons with disabilities, amongst them, are Law No. 28 Year 2002 Concerning the Building Infrastructure, Law No. 8 Year 2016 Concerning Persons with Disabilities, and Law No. 1 Year 2011 concerning Housing and Residential Areas. Additionally, the guarantee of accessibility is also reflected in the Regulation of Minister of Public Works and Housing No. 1 Year 2018 concerning Assistance in the Development and Management of Flats, the Regulation of Minister of Public Works and Housing No. 14 Year 2017 concerning Facilities in the Building Requirement, and Regulation of Minister of Transportation No. 98 Year 2017 concerning the Provision of Accessibility to Public Transportation Services for Users with Special Needs.

Through these regulations, the organizers of buildings and housing operators and residential areas are given guidance to build public facilities by applying the principles of accessibility and universal design in efforts to create accessible public facilities, whether in the form of government buildings, housing, or residential areas.⁸⁸

As the Government of Indonesia reported to the UN CRPD Committee, the requirement of building accessibility is implemented through monitoring building development permits. Each proposal for the design of buildings or public infrastructure and facilities must obtain a permit from the city planning office. The permit will be issued if all requirements are fulfilled, including the accessibility for persons with disabilities, elderly, and persons with physical limitations.⁸⁹

The government also puts together various activities to increase the accessibility of public services, even though these activities do not require mandatory participation of all relevant

⁸⁷ Indonesia Government's Initial Report to the UN CRPD Committee, 2017, para 44.

⁸⁸ ASEAN Disability Forum, *The 2020 Baseline Report the Rights of Persons with Disabilities: The Implementation of SDGs and CRPD in ASEAN Countries*, (2020)., p. 33 – 34.

⁸⁹ Indonesia Government's Initial Report to the UN CRPD Committee, 2017, para. 45.

governmental and private sectors.⁹⁰ Regulation of the Minister of Public Works and Public Housing No. 14/PRT/M/2017 concerning Building Requirements specifies that school, office, housing, and public buildings must be accessible by persons with disabilities. To implement the regulation, the Ministry of Public Transportation has established a commitment with 23 governmental enterprises and private entities in the transportation sector that operate on land, sea, and air, and also trains.

However, as mandated by Law No. 8 Year 2016 concerning Persons with Disabilities, the regulation on the accessibility of buildings ~~and buildings~~ is regulated through Government Regulations, because Ministerial Regulations are inadequate to serve as a legal basis for all Ministries, government agencies, the private sector, or other public service providers. For this reason, legally the Regulation of the Minister of Public Works and Housing No. 14 Year 2017 concerning Facilities in the Building Requirements is not sufficient to be a legal umbrella to ensure the implementation of development that is accessible for persons with disabilities.

Moreover, there is no standardization on accessibility and public facilities that can be applied in every transportation sector. The Ministry of Public Transportation Regulation No. 98 Year 2017 cannot ensure that all women with disabilities can access public transportation services, particularly air transportation. This results in an incomplete regulation of the accessibility of public services in Indonesia, both physical and non-physical, and public transportation systems in Indonesia are mostly not accessible to persons with disabilities. For example, persons with disabilities are obliged to sign a statement of sickness to access flight services; by and large, land transport facilities—such as bus stops, train stations, airports, bus stations, ⁹¹persons with disabilities and harbours—are inaccessible to people with visual disabilities and wheelchair users. Most of these facilities are not equipped with running texts and braille.

At the local level, the commitments of local governments are reflected in their participation in the "High-level Meeting of Mayors Toward Inclusive Cities" that was organized by the United Nations on October 31, 2017. This meeting was attended by mayors from across Indonesia, as well as various stakeholders which included representatives from relevant Ministries, OPDs, labour and business unions and other civil society organizations. The meeting was concluded by the signing of the "Indonesian Mayors Network Toward Inclusive Cities Charter" by 14 mayors.

Several regions have their regulations related to disability, which includes accessibility aspects, such as Central Java Province.⁹² In the implementation, accessibility provision

⁹⁰ For example, the Ministry of Transportation held an event to disseminate information on accessible transport for PWDs on September 11, 2019, in commemoration of the National Day of Transportation 2019. 60 PWDs from various ~~DPOs~~~~OPDs~~ attended this event. During this event, a commitment to serving PWDs was signed with 23 state-owned and private enterprises in land, water and air transportation. "*Kemenuh Sosialisasikan Transportasi Ramah Disabilitas*", September 12, 2019, accessed from <http://dephub.go.id/post/read/kemenuh-sosialisasikan-transportasi-ramah-disabilitas>

⁹¹ This is despite the Government of Jakarta providing Transcare. This shuttle car caters specifically to

⁹² Central Java Regulation No. 11 the Year 2017 on the Implementation of Government Regulation No. 11 the Year 2014 on the Fulfillment of Disability Rights.

related to communication devices is still limited to physical objects such as bells, visual aid, and other types. The regulation has yet to address non-object accessibility, such as providing sign language in public services. This policy is not effective in assisting persons with disabilities in communicating within the free environment. As a result, miscommunication often occurred between persons with disabilities and public service personnel such as bus drivers and ticket sellers at stations or airports.⁹³ The Aceh Governor Regulation No. 11 Year 2013 on Social Welfare asserts the importance of accessible public services, which include public facilities and infrastructure, environment, ease of access to public service for persons with disabilities. However, OPDs in Aceh claim that most public facilities and services are not accessible, such as roads, buildings, and some government buildings, including mosques.

The Special Province of Yogyakarta has also adopted the Local Regulation No. 4 Year 2012 on the Protection and Fulfillment of the Rights of persons with disabilities⁹⁴All of the public facilities must be adjusted to meet the accessibility standards as stipulated in the regulation at least ten years after the regulation enters into force. It means that by 2024, the Yogyakarta Government must have provided accessible facilities in all sectors. In Yogyakarta province, 4 out of 5 regencies have adopted local regulations on the protection and fulfilment of the rights of persons with disabilities. These include Bantul Regency (Local Regulation No. 11 Year 2015), Gunungkidul Regency (Local Regulation No. 9 Year 2016), Kulon Progo Regency (Local Regulation No. 3 Year 2016), and Sleman Regency (Local Regulation No. 1 Year 2018). Accessibility is discussed in separate Articles in all of those four local regulations.

B. Challenges of Implementation of Goal 11 in Indonesia

Several challenges have not yet been overcome by the Government of Indonesia to ensure the effective implementation of Goal 11, including:

1. Lack of comprehensive data or baseline of physically accessible public facilities for persons with disabilities, including the transportation service units that are accessible to persons with disabilities. Also, a population that has convenient access to public transport, by sex, age and persons with disabilities, the proportion of existing public or governmental buildings and facilities that meet accessibility standards, and proportion of newly constructed buildings that comply with accessibility standards. It causes the inconsistent implementation of infrastructure development in Indonesia which is often not under the principle of accessibility under the CRPD. The absence of baseline or data causes the government cannot measure the extent to which this accessibility has been achieved in several years and what percentage of public service buildings, transportation facilities and infrastructure, and communications have been accessed.

⁹³ Findings of observations conducted by HWDI Main Office and HWDI Central Java on CRPD implementation, 2019.

⁹⁴ Article 2f sets out the principles of accessibility. Articles 89-93 in Chapter III mandate that public facilities must already be accessible when the regulation comes into force.

2. The regulations are not strong enough to ensure public service providers, whether government or private, are accessible to persons with disabilities. Regulation of the Minister of Public Works and Public Housing No. 14/PRT/M/2017 does not provide binding or even sanctions to public service providers who do not meet the accessibility aspects of the regulation. As a result, not only the private sector, but also government offices are often built without considering accessibility aspects. It causes the most public buildings, such as apartments, state-owned flats, schools, parks, services offices, entertainment areas, public buildings do not yet implement the universal design for persons with disabilities. Many governments and privately owned buildings are not compliant with the standards set out in the said Ministerial regulation.
3. Lack of understanding of the stakeholders, both at the central and regional levels, is related to the accessibility of persons with disabilities, especially physical accessibility. The lack of understanding about the physical accessibility of the government has caused infrastructure development incompatible with the accessibility standards in the CRPD. The profound understanding from both public and private sectors on the laws and regulations, especially on the provision of inclusive, accessible, and public services, become other factors. That hinders the full implementation of existing regulations. Based on the FGD, people with hearing and visual impairment express their concerns about guiding blocks and facilities in the building, such as toilets, lifts, and stairs that should be disability-friendly, even though it has been made. However, it cannot be used because it does not meet the standards. Other examples, many offices are not friendly to wheelchair users because they have high desks. They do not provide running texts and speech technologies.⁹⁵ Thus, it causes difficulty for people with hearing and visual disabilities to receive information. A case in East Java, for instance, a woman wheelchair user (Ms A) had to use a modified motorcycle for her long-range trip (driven by a non-disabled driver). She was denied entry to a hotel by the security guard because her motorcycle must be parked in the back area of the hotel.⁹⁶ Even though they explained that she only wanted to drop off on the hotel lobby, the security guard persisted. Eventually, Ms.A got off from her motorcycle (using her wheelchair) right in front of the gate. The same thing happened again on November 25, 2019, when she went to a five-star hotel in Surabaya.⁹⁷
4. Also, the lack of understanding of public service providers, both government and private, towards non-physical accessibility causes development to stop only at the physical aspect. For example, even though the infrastructure has been formulated according to standards, the services provided are not following accessibility standards, from officers who serve the service. It causes persons with disabilities still tricky to access public services because of the lack of understanding of service providers with persons with disabilities. Additionally, concerning accessibility on the aspect of

⁹⁵ This information is derived from a survey conducted by [DPOsOPDs](#) in the Special Province of Yogyakarta, covering three governmental agencies at the regency and provincial levels between 2018 and 2019.

⁹⁶ That happened on November 14, 2019.

⁹⁷ The case was collected by the HWDI branch offices in 2019.

information, communication, and another services, the vulnerable group of persons with disabilities concern about the stigma and discrimination acts in public facilities and services from the officer of service providers. For instance, the treatment for hearing and visually impaired, and women with disabilities should be treated equally and with dignity in the bank and other public services. Many cases prove that unjust treatment is still happening to register a bank account or house procurement for people with down syndrome and psychosocial and intellectual disabilities. They are deemed ineligible and unequal before the law to register legal ownership, such as birth certificate, house certificate, and bank account. Public house's credit and bank account are primary needs for persons with disabilities. As stipulated in the CRPD, persons with disabilities are entitled to equality before the law to decide such matters. The matters of legal and financial activity for persons with disabilities have been discussed with the Indonesian Financial Services Authority (OJK). Nonetheless, there are limitations in communication and accessibility tools for people with hearing and visually impaired.⁹⁸

5. The government has yet to develop a monitoring and evaluation mechanism for the building structures that are mentioned in the Government Regulation No. 14 Year 2017. As a consequence, to this day, there is no data on the percentage of public buildings both at the national and local level that provide accessibility. A case related to accessibility happened in Samarinda, East Kalimantan (2018). A woman who uses a wheelchair could not enter the community health centre building in her region because the building was not equipped with a ramp to allow her to come inside.⁹⁹

At the local level, the local Government of Yogyakarta is one of the city has provided accessible facilities, such as tactile paving/guiding blocks along the streets of Malioboro, Kota Baru, Mangkubumi, and the local government office complexes in Gunungkidul, Sleman and Yogyakarta. The government has also provided accessible public facilities, such as ramps and accessible toilets in government offices and *puskesmas* (government-mandated community health clinics). These facilities are available in several government offices in the City of Yogyakarta and Regency of Gunungkidul. The Government of Yogyakarta has also initiated the establishment of underground toilets for persons with disabilities; these toilets are located in Panembahan Senopati Park, across Bank Indonesia. The elevator is available to ease the mobility of wheelchair users.¹⁰⁰ Accessible facilities on the aspect of information and communications, such as the running texts for information, are already available both on buses and bus stops of Transjogja (in Yogyakarta province). The Government of Yogyakarta has built inclined planes at several bus stops to ease the

⁹⁸ ADF Report from Focus Group Discussion with Vulnerable Groups of Persons with Disabilities, March 2020

⁹⁹ This case has been resolved by giving education and advocacy to Public Health Office and local administrations. The local government had provided access.

¹⁰⁰ "Toilet Bawah Tanah Mewah Ramah Disabilitas" (Luxury Underground Toilet with Disability Friendly), *Harianmerapi.com*, 9 January 2018, Accessed at <https://www.harianmerapi.com/news/2018/01/09/5241/toilet-bawah-tanah-mewah-ramah-difabel>

mobility of wheelchair users. In particular, on some buses, there is space that is explicitly designated for wheelchair users.¹⁰¹

However, the survey carried out by **DPOsOPDs** in Yogyakarta between 2018 and 2019 in three governmental institutions at the regency, and provincial levels show some problems around accessibility¹⁰² as explained below:

- a. Generally, government offices in Yogyakarta are not equipped with ramps, handrails, accessible toilets, lifts (meeting rooms are located on the second floor), and accessible parking lots (including signs to indicate parking space for persons with disabilities). Besides, the toilet sinks are too high for wheelchair users.
- b. Limited communication and coordination between the provincial and local governments to ensure that public facilities are accessible to persons with disabilities. The division of tasks and functions between both parties remains unclear.
- c. Public service workers generally do not possess adequate knowledge and awareness about accessibility and disability rights, which result in a limited number of accessible and decent public services available to persons with disabilities.
- d. Attempts have been made to engage OPDs in development planning, but such participation is encouraged only to make these forums appear to be inclusive. The aspirations of persons with disabilities are not taken seriously to effect any policy change.¹⁰³

¹⁰¹ “Hanya Dua Halte dari 192 Halte Trans Jogja yang Ramah Difabel (Only two bus stops out of 192 Trans Jogja bus stops are friendly with disabilities)”, *Solider.id*, 19 May 2018, <https://www.solider.id/baca/4512-hanya-dua-halte-192-halte-trans-jogja-ramah-difabel>

¹⁰² That survey was conducted to assess the implementation of Paragraph 2 Local Government Regulation No. 4 the Year 2012 concerning the Protection and Fulfilment of the Rights of Persons with Disabilities, which states that in ten years after the passing of the regulation, Yogyakarta will be an accessible province.

¹⁰³ Survey by the People with Disability Organizations in Yogyakarta in 2018 and 2019.

Chapter III Conclusion and Recommendation

Based on the SDG principle of *leave no one behind* and referring to the disability principles in the CRPD, this report notes a number of issues to consider as efforts to improve the implementation of SDGs in Indonesia, namely:

First, the absence of data or baselines is one of the obstacles in fulfilling and protecting the rights of persons with disabilities, including to ensure the achievement of the SDGs program. The absence of this data implies the difficulty of measuring the achievements of interventions or programs implemented by the Government and to some extent making these interventions not on target. This is reflected in the implementation of the Goals reviewed in this report, such as access to education for persons with disabilities, participation in the workplace of persons with disabilities, as well as physical and information, communication, and technology (ICT) accessibility of persons with disabilities in public service facilities. The absence of a baseline and integrated data system ultimately results in the absence of comprehensive monitoring and evaluation of the success of development outcomes that affect people with disabilities.

Secondly, cases of violence, discrimination and exploitation, of persons with disabilities and specifically for more marginalized disability groups such women and girls with disabilities, persons with leprosy and persons with intellectual disabilities and persons with psycho social disabilities, are widespread in Indonesia. Unfortunately this has not been a serious concern from the Government of Indonesia, so there is no accountability and no adequate mechanism within the justice sector to ensure persons with ~~disabilit~~ disabilities get access to justice and mechanisms are in place to protect and prevent violence against persons with disabilities in accordance with the CRPD principles. The absence of an effective and accessible reporting mechanism with effective remedies and sanctions for perpetrators of violence has allowed for systemic violence, exploitation, abuse and discrimination against persons with ~~disabilit~~ disabilities to continue on widescale levels.

Third, incompleteness of regulations to implement Law No. 8 Year 2016 on Persons with Disabilities and harmonization of regulations that are in accordance with the CRPD principles have caused a slow implementation of programmes and services that promote the inclusion of persons with disabilities. As a result, the change in paradigm and approach in Law 8 Year 2016 based on human rights has not been realized in practice. The lack of shift in paradigm –also hinders the achievement of development goals based on the priorities of people with disabilities.

Fourth, the lack of understanding of the government about the CRPD and disability inclusion, at both the central and regional/local government levels, cause the failure of development programs to achieve inclusive development standards. In some cases, it results in programmes that exclude persons with disabilities. This can be seen from the implementation of social health insurance schemes carried out by the Government of Indonesia without considering the health needs of persons with disabilities. In some cases, inclusive education policies do not address accessibility issues and infrastructure

development policies to not address physical accessibility and accessible communication, information and technology.

Fifth, the inclusive e-development plans to promote the rights of persons with disabilities (as regulated in the Government Regulation No. 70 Year 2019 concerning the Planning, Implementation, and Evaluation of the Respect, Protection, and Fulfilment of the Rights Person with Disabilities) has not been used as guidance by the Government, both national and local level, and so that development plans ~~are~~~~is~~ still limited to activities that do not address the rights or inclusion of persons with ~~disabilites~~~~disabilities~~ and therefore, do not result in significant changes in the lives of persons with disabilities. This has resulted in no significant changes from interventions by the Government to improve the living situation of persons with disabilities, such as access to decent work and employment policies. –For example, even though the government has prepared vocational training programs for people with disabilities, the program has led to an increase in persons with ~~disabilites~~~~disabilities~~ obtaining decent work or employment. –On the other hand, when employment opportunities are available for persons with disabilities, the education level of persons with disabilities does not meet the specified criteria.

For this reason, this report presents a number of recommendations for improvement that must be made by the Government of Indonesia to ensure the achievement of the SDGs also has an impact on improving the lives of people with disabilities, namely:

1. Establish an integrated and disaggregated national data collection system in all sectors of the central and regional governments. Data should be disaggregated by disability and sex as well as age and other factors. –Data should also look at the barriers persons with disabilities face in exercising their rights (to education, health, work and employment etc.). –The data should be a reference for all stakeholders in the planning and implementation process of development programs, as well as being integrated with SDGs achievement reports prepared by the Government of Indonesia.
2. Accelerate the drafting of implementing regulations for Law No. 8 Year 2016 on Persons with Disabilities to comply with the CRPD, and involving ~~DPOs~~~~OPDs~~ at every stage of the process drafting. This also includes revising legislation that is not in accordance with the principles of Law No. 8 Year 2016 and CRPD.
3. Regarding the achievement of SDGs, this report specifically recommends::
 - a. Goal 3 Good Health and Well Being
 - 1) Review and amend health laws that are not in accordance with Article 25 of the CRPD, such as health insurance coverage for all types of disabilities regulated in Article 21 of Law No. 40 of 2004 concerning the National Social Security System and Presidential Regulation No. 12 of 2013 *jo* No. 26 of 2016 *jo* No. 82 of 2018 *jo* No. 75 of 2019 *jo* No. 64 of 2020 concerning National Health Insurance.
 - 2) Ensure the implementation of the Inclusion Health Roadmap in accordance with the CRPD Principles within health services, from the lowest levels to hospitals. This should include the prohibition of discrimination in accessing and using health services, –, –ensuring health

services are fully accessible to all persons with ~~disabilites~~disabilities including accessible communication, information and technology.

- 3) Formulate the program and any necessary measures to increase the accesibility of reproductive health services for all women with disabilities, including access to media communication and medical services providers, at national and local levels.
 - 4) The government should take immediate measures to eliminate violence, abuse and exploitation against women and girls with disabilities and in particular, protect and prevent violence, exploitation and abuse against women and girls with disabilities within residential institutions such as rehabilitation centers and psychiatric hospitals. –The government must also take immediate measures to end forced sterilization and forced contraception of women with disabilities
 - 5) Increase efforts to eliminate discrimination and stigma against persons with leprosy through State sponsored awareness raising campaigns to combat stigma and discriminatory practices and promote the rights and contributions of persons with leprosy. The government must also ensure health services that are needed by persons with leprosy are provided at health care centers at the local level.
- b. Goal 5 Quality Education
- 1) Review the legal and policy framework on education to comply with CRPD Article 24 (Education) principles. –In particular, address the reforms needed to transform the mainstream education system to a fully inclusive education system and transition away from a segregated, special needs education system.
 - 2) Ensure Government Regulation No. 13 Year 2020 on the Reasonable Accommodation for Students with Disabilities is understood by all Central and Local Governments, and education service providers, as well as Disability Service Units at the local and national levels. There is a need to also ensure assistive devices and support services are well understood as an integral part of providing students with ~~disabilites~~disabilities reasonable accommodations in education.
 - 3) Establish an effective monitoring system to eliminate all forms of discrimination against persons with disabilities to access educations in all of levels of the education system. –This includes abolishing discriminatory education laws, regulations and entry requirements that discriminate on the basis of disability such as requirements for spiritual and physical health that prevent people with disabilities from attending school.
- c. Goal 8 Decent Work and Economic Growth
- 1) Speed up the regulatory framework that guarantees the achievement of Goal 8 –in accordance with Article 27 of CRPD, including providing a clear explanation of the interpretation of the 2% and 1% quota stipulated in Law No. 8 Year 2016 concerning Persons with Disabilities.-

- 2) Ensure that the 2% and 1% quota are implemented by the Government and the private sector, including through comprehensive and regular data and monitoring processes.
 - 3) Ensure reasonable accommodation for workers with disabilities, both in government and the private sector to ensure that accommodations are put in place for all persons with disabilities, including also including other concessions in working conditions, such working from home one day a week or a flexible work schedule.
 - 4) Abolish discriminatory laws such as the Physical and Spiritual Health requirements for work recruitment and/or requirements all of any positions which are still discriminatory.
- d. Goal 11 Sustainable Cities and Communities
- 1) Strengthen the enforcement and monitoring mechanisms for building accessibility regulations by incorporating them into a Government Regulation as mandated by Law No. 8 Year 2016 concerning Persons with Disabilities.
 - 2) Develop a framework for monitoring and evaluating the accessibility of buildings, both nationally and regionally, at the planning stages for newly constructed buildings to ensure they are built using accessibility standards.
 - 3) Develop a regulatory framework related to accessibility of communication, technology, and information for a variety of people with disabilities, as well as a regular monitoring and enforcement mechanism.
 - 4) Improve the understanding and knowledge of public service providers related to physical accessibility and communication systems, technology, and information for various disabilities, both from the government and private parties.
4. Improve the understanding and knowledge of central and local governments on the implementation of SDGs and the National Medium-Term Development Plan (RPJMN) based on the rights enshrined in the CRPD. This is to ensure that the implementation of development not only reaches national development targets equally, but also involves all marginalized groups such as persons with disabilities.
 5. Accelerate the implementation of Government Regulation (PP) No. 70 Year 2019 and make it common reference in every development policy and program in Indonesia, including the alignment of national and regional development programs in accordance with the main interests of persons with disabilities. It is also important in this regard to develop a monitoring and evaluation framework that can monitor the implementation of the CRPD.

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