



# 2021

## VOLUNTARY NATIONAL REVIEW (VNR)

ON THE IMPLEMENTATION OF THE 2030 SDGS IN THE IMPACTS OF COVID-19  
PANDEMIC IN INDONESIA

### THE INCLUSION OF PEOPLE WITH DISABILITIES

COMPREHENSIVE REPORT BY  
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# Preface

Indonesia supports the new Agenda 2030 Sustainable Development Goals, with 17 goals and 169 targets. The important part of the follow-up process is the Voluntary National Review (VNR), where countries voluntarily register and report their progress in the implementation of the 2030 Agenda and the Sustainable Development Goals (SDGs). Aligned with the 2021 High Level Political Forum agenda, VNR 2021 reporting focuses on sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social and environmental dimensions of sustainable development, namely building an inclusive and effective pathway to the achievement of the 2030 Agenda in the context of the decade of action. and achieve sustainable development. The cross-sectoral reports on the SDGs goals that will be discussed are on goal 1 no poverty, goal 2 on zero hunger, goal 3 on good health and well-being, 8 on decent work and economic growth, 10 on reducing inequality, 12 on consumption that responsibility and production, 13 on climate action, 16 on peace, justice and strong institutions, and 17 on partnerships, which in this report will focus on progress towards achieving the 9 goals of VNR 2020 on the issue of persons with disabilities. The issue of people with disabilities is a cross cutting issue where each goal achievement has a role in improving the lives of people with disabilities in Indonesia, specifically in cross cutting issues with gender issues, in this report we consultants who collaborate with UNFPA will also help the VNR 2021 Bappenas consultant to see the condition of people with disabilities women with disabilities, especially in goal 3. Although there has been progress in fulfilling the rights of persons with disabilities in Indonesia, the condition of women with disabilities is still lagging behind compared to male with disabilities. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) highlights the fact that the majority of persons with disabilities live in conditions of poverty, and recognizes the critical need to address the negative impacts of poverty on persons with disabilities which have an impact on the difficulty of persons with disabilities to obtain adequate education, access health services and access to formal employment, this has an impact on the circle of poverty for persons with disabilities is still difficult to break. Responses to these global challenges are outlined in the 2030 Agenda for Sustainable Development, at the point of which is a commitment to end poverty everywhere and leave no one behind. It predicts a better future for everyone, which will ensure that everyone has a decent, dignified and fruitful life, and reaches his full human potential by eradicating poverty in all its dimensions. The implementation of the 2030 Agenda should be guided by the CRPD to change the lives of people with disabilities around the world.



# List of Abbreviations

<b>Abbreviations</b>	<b>Indonesian Language</b>	<b>English</b>
<b>AIDS</b>	<i>Asekumpulan gejala dan infeksi akibat infeksi virus HIV</i>	Acquired Immune Deficiency Syndrome
<b>APBN</b>	<i>Anggaran Pendapatan Dan Belanja Negara</i>	National Budget Drafted by Central Government
<b>Bappenas</b>	<i>Badan Perencanaan Pembangunan Nasional</i>	Ministry of National Development Planning of the Republic of Indonesia
<b>BDT</b>	<i>Basis Data Terpadu</i>	Unified Database
<b>BLT</b>	<i>Bantuan Langsung Tunai</i>	Cash Transfer Assistance
<b>BPS</b>	<i>Badan Pusat Statistik</i>	National Statistics Office
<b>CATAHU</b>	<i>Catatan Tahunan</i>	Annual Record
<b>CCA-DRR Program</b>	<i>Program Adaptasi Perubahan Iklim dan Pengurangan Risiko Bencana</i>	Climate Change Adaptation and Disaster Risk Reduction Program
<b>COVID-19</b>	<i>Penyakit disebabkan Virus Corona</i>	Coronavirus Disease 2019
<b>CRPD</b>	<i>Konvensi mengenai Hak-Hak Penyandang Disabilitas</i>	Convention on the Rights of Persons with Disabilities
<b>DTKS</b>	<i>Data Terpadu Kesejahteraan Sosial</i>	Integrated Social Welfare Data
<b>Dukcapil</b>	<i>Direktorat Kependudukan dan Pencatatan Sipil</i>	Directorate General of Population and Civil Registration
<b>HIV</b>	<i>Virus yang menyerang sistem kekebalan tubuh</i>	Human Immunodeficiency Virus
<b>HLPF</b>	<i>Forum Politik Tingkat Tinggi</i>	High-Level Political Forum
<b>IFC</b>	<i>Korporasi Keuangan Internasional</i>	International Finance Corporation
<b>ILO</b>	<i>Kantor Internasional Buruh</i>	International Labour Office
<b>Jamkesmas</b>	<i>Jaminan Kesehatan Khusus</i>	Special Health Insurance
<b>JKN</b>	<i>Jaminan Kesehatan Nasional</i>	National Social Insurance
<b>J-PAL</b>	<i>Pusat Penelitian untuk Mengurangi Kemiskinan oleh Abdul Latief Jameel</i>	Jameel Poverty Action Lab
<b>HKSR</b>	<i>Hak Kesehatan Seksual dan Reproduksi</i>	Sexual and Reproductive Health Rights
<b>KIS</b>	<i>Kartu Indonesia Sehat</i>	National Health Insurance
<b>Komnas Perempuan</b>	<i>Komisi Nasional Anti Kekerasan terhadap Perempuan</i>	Participant's Identity Card National Commission for Women
<b>MSMEs</b>	<i>Usaha Mikro, Kecil, dan Menengah</i>	Micro, Small, and Medium Enterprises
<b>NIK</b>	<i>Nomor Induk Kependudukan</i>	Population Identification Number
<b>ODDP</b>	<i>Orang Dengan Disabilitas Psikososial</i>	People With Psychosocial Disabilities
<b>OPD</b>	<i>Organisasi Orang dengan Disabilitas</i>	Organization of Persons with Disabilities

<b>PBI</b>	<i>Penerima Bantuan Iuran</i>	Beneficiaries of Social Insurance with Membership Paid by the Government
<b>Perpres</b>	<i>Peraturan Presiden</i>	Presidential Regulation
<b>Poskesdes</b>	<i>Pos Kesehatan Desa</i>	Village Health Post
<b>Poslindes</b>	<i>Pondok Bersalin Desa</i>	Village Midwife Clinic
<b>PP</b>	<i>Peraturan Pemerintah</i>	Government Regulation
<b>PPLS</b>	<i>Pendataan Program Perlindungan Sosial</i>	Social Protection Program Data Collection
<b>Pusdatinaker</b>	<i>Pusat Data dan Informasi Ketenagakerjaan</i>	Data Center and Workforce Information
<b>PUSKAPA</b>	<i>Pusat Kajian dan Advokasi Perlindungan dan Kualitas Hidup Anak</i>	Center on Child Protection and Wellbeing
<b>Puskesmas</b>	<i>Pusat Kesehatan Masyarakat</i>	Community Health Center
<b>PUSTU</b>	<i>Puskesmas Pembantu</i>	Primary Health Sub Center
<b>RSIA</b>	<i>Rumah Sakit Ibu dan Anak</i>	Mother and Child Hospital
<b>Sakernas</b>	<i>Survey Angkatan Kerja Nasional</i>	National Labor Force Survey
<b>SDGs</b>	<i>Target Pembangunan Berkelanjutan (TPB)</i>	Sustainable Development Goals
<b>SIHA</b>	<i>Sistem Informasi HIV AIDS dan IMS</i>	HIV AIDS and STIs Information System
<b>SUPAS</b>	<i>Survei Penduduk Antar Sensus</i>	Intercensal Population Survey
<b>Susenas</b>	<i>Survei Sosial Ekonomi Nasional</i>	National Socioeconomic Survey
<b>UNFPA</b>	<i>Lembaga PBB untuk Dana Kependudukan</i>	United Nations Population Funds

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# EXECUTIVE SUMMARY

The Republic of Indonesia highly supports the new Agenda of Sustainable Development Goals - Agenda 2030, with 17 goals and 169 targets. Voluntary National Review (VNR) 2021 reporting focuses on sustainable and resilient recovery from the COVID-19 pandemic promoting the economic, social and environmental dimensions of sustainable development, namely establishing an inclusive and effective pathway to achieving the 2030 Agenda in the context of decades of action and realizing sustainable development. Although there has been progress in fulfilling the rights of persons with disabilities in Indonesia, the condition of women with disabilities is still lagging behind compared to men with disabilities and women without disabilities. Based on the United Nations Convention on the Rights of Persons with Disabilities (CRPD) this cross-sectoral report on the Voluntary National Review (VNR) on disability highlights the fact that the majority of persons with disabilities, especially women with disabilities, still live in conditions of poverty, and lack access to education, health, and social services. employment, and social participation. The cross-sectoral Voluntary National Review (VNR) report on disability presents a review of the achievements of the 9 SDGs targets (1,2,3,8,10, 12,13,16,17) as well as challenges and recommendations that must be carried out by related parties in order to achieve the new Agenda of Sustainable Development - Agenda 2030.

**Situation Analysis on the implementation and impacts of Covid-19 to people with disabilities in achieving the nine goals of SDG's 2030 program for the VNR 2021**

***"Sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social and environmental dimensions of sustainable development: building an inclusive and effective path for achieving the 2030 Agenda in the context of the decade of action and delivery for sustainable development".***

The above sentence is the theme of the 2021 High-Level Political Forum. The high-level political forum on sustainable development (HLPF) is the core United Nations platform to follow - up and review the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals. The analysis follows the 2021 HLPF that will only address the 9 SDGs' goals. They are the first goal on no poverty, the second on zero hunger, the third on good health and well-being, the eighth on decent work and economic growth, the tenth on reduced inequalities, the twelfth on responsible consumption and production, the thirteenth on climate action, the sixteenth on peace, justice, and strong institutions, and the seventeenth on partnerships in depth. In addition, the analysis will be able to explore various aspects of the response to the COVID-19 pandemic and the different steps taken in the regional and national sectors to control the impact of the pandemic on persons with disabilities.



## GOAL 1

# End poverty in all its forms everywhere

**Target 1.2. By 2030, reduce at least half the proportion of men, women, and children of all ages living in poverty in all its dimensions based on national definitions.**

According to SUPAS 2015, there are 8.56 percent or about 21.84 million people with disabilities, 48.5 percent of which are people with multiple disabilities. People with disabilities have low participation rates in the areas such as education and employment and lack access to public facilities and services that put people with disabilities at higher risk under the poverty line. Based on DTKS (Integrated Social Welfare Data) of January 2020, as many as 1.3 million people with disabilities fall into the category of 40 percent of those with low welfare. Unfortunately, the disability data in DTKS does not present in more detail per disability type category. There is no aggregate of it either. To compare, the data in PPLS 2008 presented the number of disabilities based on the type of disability that falls into the category of

very poor, inadequate, and almost broke. Although it is only in a total amount, it will facilitate policymakers in developing poverty alleviation programs for people with disabilities. 86% of the 1,683 respondents of workers with disabilities experienced an income drop by up to 80% from before the pandemic. The data is from the networks of organizations of people with disabilities in responding to COVID-19. While the result of the Jameel Poverty Action Lab (J-PAL) study showed that of the 205 workers with disabilities surveyed in Indonesia, 68% of them lost their works. At least 39% of them have to go back to their home town. The statistical data show that females dominate the migration of workers with disabilities by 70%. This figure is higher than the migration rate of non-disabled women that is only 34%. The study also revealed that many of them do not have any savings, and 95% even have weak economic resilience. It further confirms that disability is particularly vulnerable to the shock of poverty. The COVID-19 pandemic has severely affected the

worse level of a family with disabilities that can lead them into more severe poverty.

**Target 1.3. Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable social insurance**

The highest proportion of JKN (National Health Insurance Program) KIS (National Health Insurance Participant's Identity card) membership come from the PBI (APBN), the participants getting assistance from the Indonesian State Budget segment of 49.10% in 2017 or about 187.9 million people

It assumes that people with disabilities included in the BDT (Unified Database) list (40% have the lowest welfare status) are all registered in the PBI (APBN) of JKN-KIS recipients. Unfortunately, there are many issues where some people with disabilities are not included in the BDT list even though they are eligible. The comparison between Disability Data Care Program with BDT Data 2015 conducted in Kulonprogo District Yogyakarta by the Peduli Program Team shows that the average is still above 50% of people with disabilities in two villages recorded by the Peduli Program. They are in Jatirejo Village and Ngentakrejo Village that are not in the BDT data. There are still many people with disabilities in both villages who do not benefit from the JKN-KIS program. Based on the analysis from the Care Program Team, several factors have caused the problem.

First, those people with disabilities are not in the BDT criteria. Second, the field landing officer does not understand well about the operational definition of disability. Last, there is still a strong negative stigma in the community towards people with disabilities, so that some families hide their family members who have disabilities during the data collection. During the Covid-19 pandemic in 2020, the case in DI Yogyakarta, the stop of Special Health Insurance (Jamkesmas) services results at

the end of access for people with disabilities to aids and therapies, even though it is a basic need for people with disabilities to continue their survival.

**Target 1.4. By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to principal services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services, including microfinance**

**Indicator 1.4.1. Proportion of population living in households with access to principal services.**

**Access to basic services**

Referring to the data from the network of organizations with disabilities responding to the COVID-19, the absorption of social assistance for people with disabilities is still minimum. It is only 35.4 percent for electricity subsidies, 5.16 percent for water subsidies, 4.53 percent for Cash Social Assistance, 11.36 percent for Non-Cash Food Assistance, and 13.03 percent for the Family Hope Program.

**Disability and Poverty**

Poverty will greatly impact vulnerable and marginal groups, one of which is the disability group. Based on data held by BPS (unfortunately still old data) namely PPLS (Social Protection Program Data Collection) 2008, even though now it has changed to DTKS (Integrated Data on Social Welfare). In PPLS 2008 there were 1,033,698 people who were categorized as poor. From this data, it is divided into 210,467 categorized as very poor, 409,000 poor and 414,231 near poor. Referring to this data, the government should pay special attention to groups of people with disabilities who fall into these three categories. Because the disabled group is a vulnerable group due to a number of obstacles and challenges, one of which is still experiencing stigma from the community. Moreover, people with disabilities who are included

**Table 1. The COVID 19 crisis: Indonesia and neighbors, October 2020**

Types of Disabilities	Poverty Status			
	Very Poor	Poor	Almost Poor	Total
Blind	46,146	82,242	78,699	207,087
Deaf (Hear)	24,746	54,747	66,468	145,961
Deaf (Speak)	20,678	33,822	27,054	81,554
Total Deaf	7,616	13,700	12,703	34,019
Physics	51,857	106,042	116,981	274,880
Paraplegic	19,985	42,167	45,755	107,907
Mental	39,439	76,280	66,571	182,290
Total	210,467	409,000	414,231	1,033,698

Source: PPLS 2008

Currently, BPS has conducted the 2020 Susenas, one of the data items is disability and poverty. Although this data cannot be compared with the 2008 PPLS data above because the sources are different, this Susenas data can be complementary data and other references to see the portrait of disability data in poverty. This Susenas data includes the category of the lowest 40 percent level of welfare in Indonesia, so at least this data can still be used as a reference. It's just that the BPS said that this Susenas data still needs to be reviewed because it has a low level of accuracy

From the data above, it can be seen that the number of people with disabilities who fall into the category of 40 percent of low welfare is dominated by disabilities with an age of more than 30 years as many as 2,545,730 people. This means that many disabilities of productive age are included in the category of 40 percent of low welfare, this is a warning for the government to optimize them according to their abilities and adjust to the obstacles of each disability. That way, they will be able to leverage their own welfare and that of their families so that they don't just rely on government aid programs that are purely aid, but emphasize

empowerment programs. It can also be seen from table 8 below which shows that the percentage of the disabled population living below the national poverty line is in the productive age range, namely the age of 16-30 years as much as 1.33 percent. If it is related to employment, it is still very possible to be optimized in meeting their needs with an inclusive employment policy. Judging from the area of residence, more people with disabilities live in urban areas as much as 1.34 percent, which means that they are very close to access to work as long as they get opportunities and opportunities guaranteed by the state. For rural areas as much as 1.33 percent which is also very likely to be optimized to manage the surrounding resources according to their capabilities.

**Table 2. Number of People with Disabilities Included in the Low 40 Percent Welfare Category in 2020 by Age**

Welfare Category	Age 0-5	Age 6 - 12	Age 13- 25	Age 26 - 30	Age >30
40% Poorest	74.553	98.827	216.979	84.746	2.545.730
Quintile 1	38.453	53.128	124.013	41.337	1.442.602
Quintile 2	36.100	45.699	92.965	43.409	1.103.128
Quintile 3	34.141	36.697	85.579	38.042	1.007.064
Quintile 4	26.867	31.238	75.373	29.034	899.107
Quintile 5	18.782	29.705	57.593	32.480	801.091

Source: Susenas 2020, BPS

**Table 3. Percentage of the disabled population living below the national poverty line, by sex and age group**

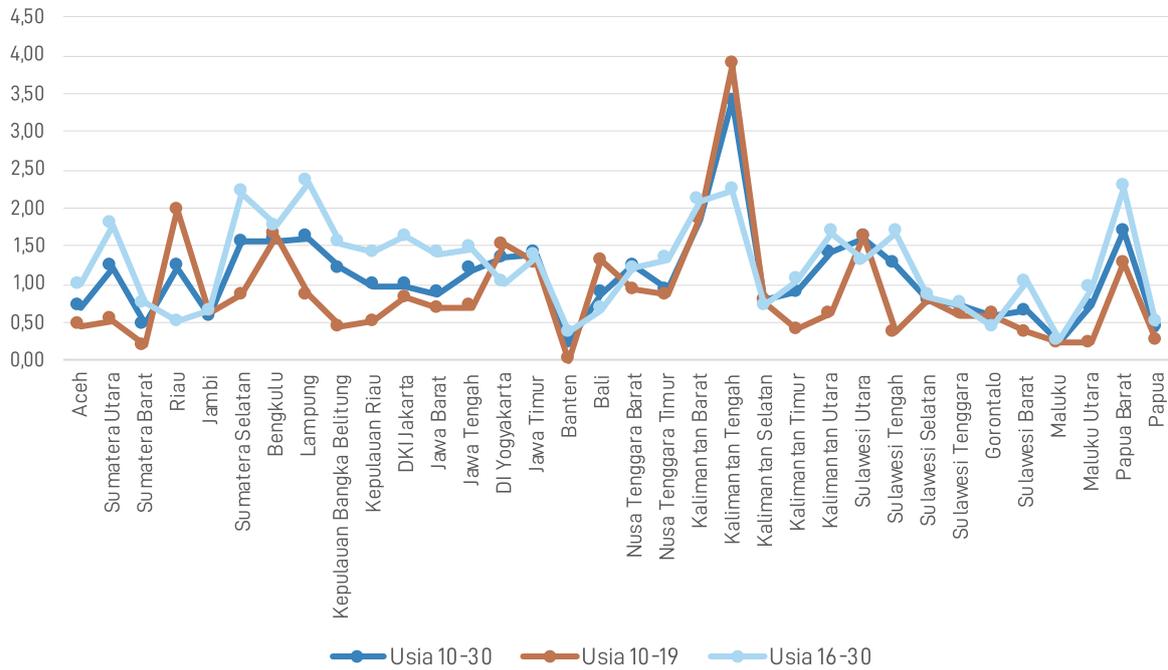
	Age 10-30	Age 10-19	Age 16-30
Indonesia	1,09	0,81	1,33
<b>Residence</b>			
Urban	1,09	0,85	1,34
Rural	1,08	0,78	1,33
<b>Gender</b>			
Male	1,19	0,84	1,52
Female	0,99	0,78	1,15

Source: Susenas 2020, BPS

In the context of poverty, poor people with disabilities are still seen as objects of the program so that their approach is still uncertain as recipients of social assistance. Whereas in addition to the obstacles they have according to the type of disability, they also have abilities that can be empowered. And this capability is often not explored and is still ignored by families, communities and the government as those who are supposed to provide basic services, including mapping the potential of citizens. It is also suspected that disability is always intertwined in conditions of poverty. Therefore, policies for accelerating poverty reduction in the future need to map the potential, abilities and barriers possessed by disabilities in various age groups referring to the data above so that program

interventions can use the right approach and can achieve the targeted goals.

**Percentage of People with Disabilities Living Below the National Poverty Line, By Age Group By Province.**



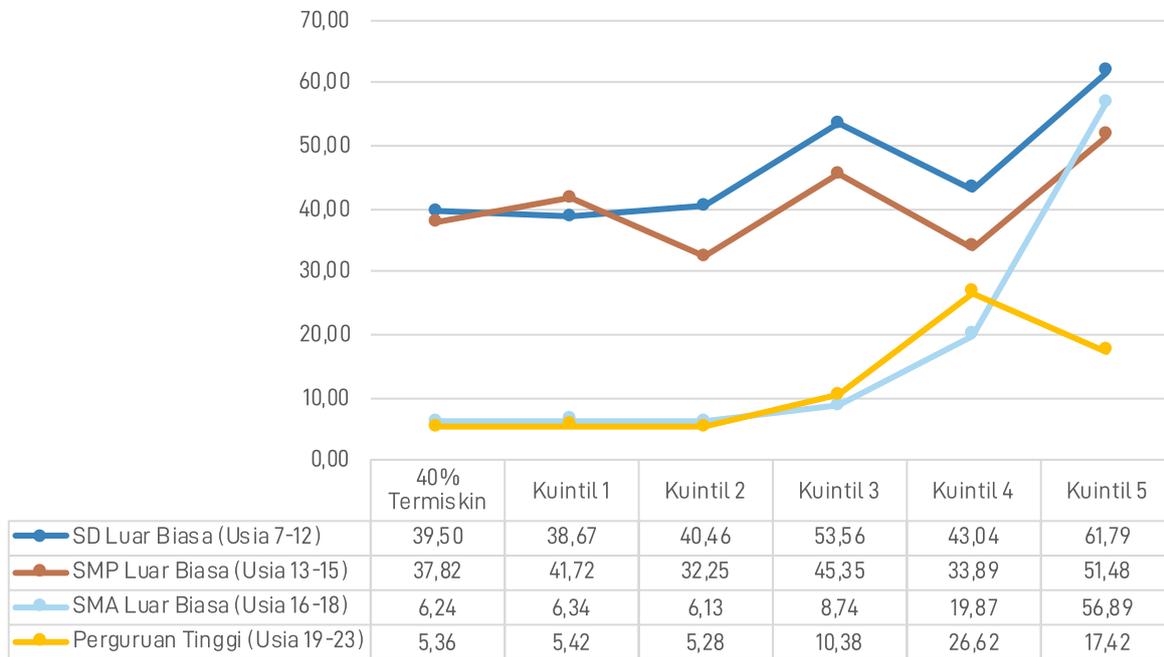
**Figure 1. Percentage of People with Disabilities Living Below the National Poverty Line, By Age Group by Province**

Source: Susenas 2020, BPS.

Global trends show that people with disabilities tend to have a high vulnerability to experience exclusion in development. The exclusion is not only on the opportunity to receive development benefits but also on the opportunity to participate in every stage of development. As a consequence, people with disabilities tend to have a lower quality of life than non-disabled people in various sectors such as health, education, employment and access to public facilities that are more limited. In addition, households with people with disabilities are more likely to be found in the low welfare group. This is also confirmed in the data presented above, including in graph 12 which shows the percentage of the disabled population below the poverty line by comparative age group per province in Indonesia. From the graph above, it can be seen that Central Kalimantan is the province with the highest number of disabilities in Indonesia and the highest in the age range of children and adolescents, 10 to 19 years at 3.88 percent. Judging from the graph

above, it can be concluded that each province has the highest percentage of people with disabilities in different age ranges. However, if the average is drawn, the age range of 16-30 years is almost the same in every province. This means that this age is in the productive age and needs to be the focus of human development issues. How is the intervention process for basic services, both health, education and also jobs that must be fulfilled by the government as a mandate from the 1945 constitution? The disaggregated data that has been obtained from the Susenas will greatly assist the performance of the government, especially the provincial government in intervening for people with disabilities. Unfortunately, this data often overlaps with sectoral data, causing regions to be confused about which data they should use as a reference in the planning process for development programs. In the future, synergies need to be made in data management, especially data on disability, vulnerable groups and poverty data.

## Angka Partisipasi Kasar Jenjang SD Luar Biasa, SMP Luar Biasa, SMA Luar Biasa Dan Perguruan Tinggi Yang Menerima Siswa Disabilitas Kategori 40 Persen Tingkat Kesejahteraan Terendah Tahun 2020



**Figure 2. Percentage of People with Disabilities Living Below the National Poverty Line, By Age Group by Province**

Source: Susenas 2020, BPS.

In the 2020 Susenas, BPS also collects data on access to education for families, including families who are in the category of the lowest 40 percent of the welfare level. In this family data, data on the population of disabilities can also be taken which is then processed to see how access to education services is for school-age disabled residents. The graph above shows the trend of gross enrollment rates for Extraordinary Elementary Schools, Extraordinary Junior High Schools, Extraordinary High Schools and Universities that accept students with disabilities in the category of 40 percent of low welfare. Gross Enrollment Rate is the proportion of school children at a certain level of education in the age group with that level of education. If we look at the graph, it shows that access to education services is getting higher and lower. The highest disability accesses education services at the elementary school level, Special Elementary School with a percentage of 39.50 percent in the poorest 40 percent category which then continues

to increase along with the level of welfare. In quintile I of 38.67 percent, people with disabilities in quintile 2 are 40.46 percent, quintile 3 are 53.56 percent, quintile 4 are 43.04 percent and the largest is in quintile 5 as much as 61.79 percent. Meanwhile, the higher the level of education, the fewer people with disabilities who can access it, even for higher education, only about 5.36 percent in the category of the poorest 40 percent. This is caused by many factors, both internal and external. From the internal side of disability, many still lack self-confidences due to lack of awareness and support from their family. Meanwhile, from the external side, there is still a high stigma from the community and the environment as well as the unavailability of accessibility to public services, including educational infrastructure. In addition, the implementation of inclusive schools is still hampered so that many families with disabilities still choose to access special schools or better known as special schools.

**Table 4. Percentage of Population with Disabilities Age 10-17 Years with Birth Certificate Ownership (Population in the Lower 40% Expenditure Group)**

Age 10-17	
Indonesia	75,86
Residence	
Urban	80,53
Rural	72,60
Gender	
Male	72,49
Female	79,71

Source: Susenas 2020, BPS.

In addition to access to education, so far, people with disabilities still experience problems in accessing basic rights in the form of birth certificates. However, based on the 2020 Susenas data conducted by BPS, it can be seen in table 9 above that the data are getting better. The percentage of the population with disabilities in the age range of 10-17 years who has a birth certificate in the population with the lowest 40 percent expenditure group is 75.86 percent, of course this is something that is encouraging because only about 24 percent of people with disabilities at that age have not had access to a birth certificate. At least the Indonesian government's homework, especially the Director General of Population and Civil Registry of the Ministry of Home Affairs, is not too difficult to pursue the fulfillment of the 24 percent figure. Still referring to the table above, access to birth certificates for people with disabilities in the age range of 10-17 years is still dominated by disabilities who live in urban areas by 80.53 percent while in rural areas as much as 72.60 percent. This is a challenge for the Ministry of Home Affairs to be able to cooperate with local and village governments in reaching families with disabilities in fulfilling their basic rights in the form of birth certificates. Several strategies such as pick-up and drop-off programs for families with disabilities, mobile birth certificate services as well

as through village assistants and volunteers must still be optimized to fulfill the right to birth certificates. This can also be done in urban areas so that the target for birth certificate ownership services for Indonesians is immediately covered.

**Table 5. Percentage of Ever Married Women Aged 15-30 Years by Health Facility as a place for give birth, 2020 (40% Lower)**

	Disability								
	Health Facility as a place for give birth								Total
	Public/Private/Mother and Child Hospital	Maternity Hospital/Clinic	PHC	Pustu	General practioner	Polindes/Poskesdes	Home	Other	
Urban	23,81	9,02	46,33	0,00	0,00	8,48	12,37	0,00	100,00
Rural	12,57	1,13	37,52	4,30	14,79	0,00	27,92	1,77	100,00
Indonesia	17,23	5,65	43,93	2,02	8,28	0,00	22,06	0,83	100,00

Source: Susenas 2020, BPS.

Another basic service that must also be ensured that it is easily accessible by the community without exception is health services. The table above is Susenas data for 2020 which shows the percentage of ever-married women aged 15-30 years in the category of the lowest 40 percent of income who have ever accessed birthing facilities. This data shows that many people with disabilities access Puskesmas as a place to give birth with a percentage of 43.93 percent. Of course, this is encouraging data, meaning that the Puskesmas is quite accessible for people with disabilities. Unfortunately, the second place to give birth that many women with disabilities choose is the house with a percentage of 22.06 percent. Furthermore, hospitals owned by the government, private or RSIA as much as 17.23 percent became the third highest health facility reached by disabilities for childbirth. This phenomenon is a special note considering the barriers that women with disabilities have that make them fall into the high risk category, meaning that adequate handling and infrastructure is needed during delivery so that the mother and baby are safe. The choice of home as a place of delivery can be caused by two factors, first is the internal disability factor which has special barriers so that they cannot go to health facilities. The second is external factors such as the availability of accessible health facilities (distance, infrastructure and services) for people with disabilities and the high stigma of the community, the surrounding environment and even service

providers, thus making people with disabilities choose to give birth at home. Of course, these two factors are intertwined and influence each other so it is difficult to separate. However, health services that are easily accessible by anyone is a basic right of citizens so that it is the state's obligation to fulfill and provide accessible health facilities. Including methods and a variety of health services that address the needs of residents, especially people with disabilities and other vulnerable groups, such as home visits, telemedicine in addition to conventional services at health care centers. With this variety of health service methods, the government will easily reach people with disabilities and other vulnerable groups who have barriers. And it is their obligation to bring public services closer to the beneficiaries.



**Table 6. Number of Persons with Disabilities by Type of Disability, 2020**

	Visual Impairment		Hearing Impairment		Mobility challenges		Challenges in fine motor		Difficulties in concentrating and remembering		Behavioral and emotional impairment		Communication challenges		Difficulties in self-care	
	Tidak	Ya	Tidak	Ya	Tidak	Ya	Tidak	Ya	Tidak	Ya	Tidak	Ya	Tidak	Ya	Tidak	Ya
Indonesia	4,230,134	1,993,494	4,711,444	1,512,185	3,503,073	2,720,555	5,204,668	1,018,960	4,452,316	1,771,312	5,383,504	840,124	4,887,042	1,336,586	4,924,356	1,299,272
	Residence															
Urban	2,246,073	915,062	2,446,584	714,551	1,716,052	1,445,084	2,617,491	543,644	2,268,392	892,743	2,726,181	434,954	2,462,687	698,448	2,459,021	702,114
Rural	1,984,061	1,078,432	2,264,859	797,634	1,787,022	1,275,471	2,587,177	475,316	2,183,924	878,569	2,657,323	405,170	2,424,354	638,138	2,465,335	597,158
	Gender															
Male	2,008,491	828,954	2,157,058	680,387	1,709,018	1,128,426	2,363,819	473,626	2,043,842	793,603	2,404,833	432,611	2,175,675	661,770	2,235,586	601,859
Female	2,221,644	1,164,540	2,554,386	831,798	1,794,055	1,592,128	2,840,849	545,335	2,408,474	977,709	2,978,671	407,512	2,711,367	674,817	2,688,770	697,414

Source: Susenas 2020, BPS.

BPS in the 2020 Susenas tried to identify the number of people with disabilities according to the type of disability. There are eight types of obstacles recorded by BPS including visual impairment, hearing impairment, mobility challenges, challenges in fine motor, difficulties in concentrating and remembering, behavioral and emotional impairment, communication challenges and difficulties in self-care. Based on the data above, there are 6,223,628 people with disabilities in Indonesia. From the data, it is then seen what obstacles they experienced, referring to the eight types of obstacles. Based on the data obtained, there were 1,993,494 people with visual impairment and 4,230,134 people who did not. For Hearing Impairment as many as 1,512,185 people experienced it and 4,711,444 people did not experience it. Persons with disabilities who experience mobility challenges are 2,720,555 people and those who do not experience are 3,503,073 people. Meanwhile, there were 1,018,960 people who experienced Challenges in fine motoring and 5,204,668 people who did not experience it. Meanwhile, those who experienced Difficulties in Concentrating and remembering were 1,771,312 people and those who were not as many as 4,452,316 people. There were 840,124 people with disabilities who experienced behavioral and emotional impairments and 5,383,504 people did not experience this barrier. Other data shows as many as 1,336,586 people experience communication challenges and 4,887,042 people do not experience these obstacles. Other obstacles Difficulties in self-care were experienced by 1,299,272 people and 4,924,356 people who did not. Referring to the data, it means that there are several people with disabilities who experience double barriers. This should then be a special concern of the government to develop its intervention strategy. These data show the various obstacles experienced by disabilities that have been recorded by BPS in 2020, of course with this data it will make it easier for the government to intervene in programs and activities for disabilities according to the variety and obstacles they have.

So that there will no longer be inaccuracies in the targeting of programs and activities aimed at disabilities.



## GOAL 3

# Ensure healthy lives and promote wellbeing for all of all ages

If we can implement the Inclusive health care policy 2017 - 2030 prepared by the Ministry of Health and BAPEENAS properly, it can be an opportunity to achieve SDGs Goal 3. This policy, unfortunately, is still not implemented maximally. The case is always about policy implementation. The information on regulation does not reach the operational level in the region. If society can well implement the inclusive health care policy, it can accomplish the SDGs goal 3. All ages, genders, and patients with obstacles can access the health services, and they can realize the idea of "no one left behind" health services. Here is an analysis of the conditions in achieving Goal 3 SDGs for people with disabilities in Indonesia.

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

**Indicator 3.1.2(a). The proportion of females aged 15-49 helped by trained health workers.**

In specific, trained health workers help more women with disabilities in their birthing process. The number is 31.28% of those aged 15-19 who live in urban areas, while in rural areas is 53.45%. For the women with disabilities aged 16-30 years living in the urban areas, the number is 36.72%, while the number of those in the rural areas is 27.57% (SUSENAS, 2020 – without wealth index). First aid in the birth process of young people needs precision in the skills of medical personnel, especially in women with disabilities aged 15-19 years in the countryside who do not know about reproductive health. The government, therefore, should put reproductive health as the main program in PUSKESMAS (Community Health Center) so that adolescents with disabilities can avoid exploitation and sexual violence.

**Indicator 3.1.2(b). The proportion of females who got married at 15-49 years and who have given birth in health facilities.**

Women with disabilities in both urban and rural areas have significantly carried out their childbirth in health facilities. There are 87.63% of those living in the city and 70.30% of those in the rural areas. The total national data of women with disabilities helped by trained health workers in their process of childbirth is 77.11% (SUSENAS, 2020 – with wealth index). An appreciation goes to the government that has improved the Community Health Center (PUSKESMAS). As a result, the number of health facilities in Urban and Rural areas no longer has a big gap. The data, however, does not accommodate data from all provinces, including DKI Jakarta, the capital of Indonesia. It shows that the country still needs to improve the data system based on names and addresses in the national data system.

**Target 3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other contagious diseases.**

**Indicator 3.3.1. Number of new HIV infections per 1,000 uninfected populations, by sex, age, and key populations.**

In January-September 2020, there are 32,293 people out of 2,780,349 people tested for HIV in Indonesia. Among the number, 25,119 people have received HIV treatment. The number of AIDS cases reported was 6,772. From the existing data, there have not been recorded cases of HIV AIDS in people with disabilities. From the discussions conducted by Yakkum Rehabilitation Center with the Organization of Persons with Disabilities (OPD), no OPD has data on HIV cases of people with disabilities. Meanwhile, the cases of people with disabilities experiencing sexual violence are pretty

high. The acts of violence can result in sexually transmitted infectious diseases and or HIV, especially in cases of repeated violence<sup>1</sup>.

Organizations that assist the people with HIV in Yogyakarta have found/accompanied cases of people with disabilities exposed to HIV. There are 24 (twenty-four) cases of HIV in disabilities in YOGYAKARTA. The Organization for Persons with Disabilities (OPD) in Papua also finds/assists the cases of people with disabilities exposed to HIV. Unfortunately, the medical record in health care facilities does not mention whether the patients are persons with disabilities or not. Similarly, in the national HI information system (SIHA), there is no information stating the status of having a disability or not. The related data is essential to find an appropriate method of providing information to patients. The challenge in achieving this indicator is in the group of people with disabilities. Information about HIV AIDS is still very minimal, and the stigma related to HIV is still pretty high. The Institutions/organizations that assist people with HIV do not understand the issue of disabilities. Therefore, they have difficulty in doing HIV assistance in persons with disabilities, as happened in YOGYAKARTA. In addition, there is also no comprehensive cooperation or referral system for HIV cases in people with disabilities<sup>2</sup>.

**Target 3.7. By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programs.**

**Indicator 3.7.1. Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods**

<sup>1</sup> Report development HIV AIDS and disease infection Infectious sexual (PIMS) quarter III 2020, Ministry of Health Directorate General Prevention and control disease (P2P)

<sup>2</sup> Focus Group Discussion with National DPO's and Special Need Schools Teacher (SLB) DI. Yogyakarta

Disabled women of reproductive age (15-30 years old) and their spouses living in urban areas have family planning needs and use modern method contraceptives by 18.88%, while those living in rural areas reach 24.65% (SUSENAS, 2020 – without wealth index). Sexual and Reproductive Health Rights (HKSR) in disability advocates are still not getting serious attention. The school for the disabled is now more focused on skills, art, and vocational. So far, disability advocates have provided more information about sexual and reproductive contraceptives rights to people with disabilities than the government (refers to educational institutions). A discussion conducted by Yakkum Rehabilitation Center with the Organization of Persons with Disabilities (OPD) stated that the information about the rights to people with disabilities is still uneven. It is because there are not many OPD running HKSR programs. It is essential to improve the method of sharing information and increase the variety of educating ways for each disability. Therefore, integrity between educational institutions, health, and OPD is essential in creating the appropriate materials for sharing information about sexual and reproductive health rights. The information should also go to the parents/counselors/or others who interact daily with those people with disabilities. Education and information related to HKSR can reduce the risk of sexual violence against people with disabilities. But in many cases of violence against people with disabilities, the perpetrator is the closest person to the victim. Then there needs to be a specific strategy in providing information on sexuality and health reproduction to people with disabilities.

In the 2020 Annual Record on Violence Against Women (CATAHU) issued by Komnas Perempuan (National Commission for Women), there were 87 cases of violence against women with disabilities. The figure decreased even though the drop is not significant compared to CATAHU 2019 data (2018 data) by 89 incidents. However, the number of sexual violence in 2019 rose to 79% compared to the

In the 2020 Annual Record on Violence Against Women (CATAHU) issued by Komnas Perempuan (National Commission for Women), there were 87 cases of violence against women with disabilities. The figure decreased even though the drop is not significant compared to CATAHU 2019 data (2018 data) by 89 incidents. However, the number of sexual violence in 2019 rose to 79% compared to the previous year that reached 69%. CATAHU 2020 data records that rape cases dominate the sexual violence experienced by women with disabilities, and the victims cannot identify most of the perpetrators. Of the overall violence against women with disabilities, women with intellectual disabilities are the most vulnerable group, with a percentage of 47%. High cases of violence occurring in women with disabilities indicate a risk of infection of the reproductive organs.

Changing the perception that information / education about sexuality and reproductive health is not taboo has been the obstacle and challenge to achieve indicator 3.7.1 in people with disabilities. There are limitations of accessible information media to people with disabilities, and not many institutions/organizations with disabilities conduct HKSR (Sexual and Reproductive Health Rights) education in communities with disabilities.

If cooperation and network strengthening work well between OPD and related health services to establish a comprehensive referral and information system, capacity for counselors /teachers /parents/agencies on Sexual Health Rights and Reproduction (HKSR) for people with disabilities will increase. Implementation and monitoring of the execution of the Guidelines for implementation of Reproductive Health Services for People with Adult Disabilities issued by the Ministry of Health can be a reference for health facilities in performing the services. Those two can be the ways for the government to deal with the obstacles and challenges in achieving the 3.7.1 indicator.



## GOAL 8

# Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all

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

**Indicator 8.3.1. Proportion of informal employment in total employment, by sector and sex**

People with disabilities in Indonesia still have difficulty accessing formal work that includes various economic empowerment mechanisms requiring and standardizing the desired human resources to meet criteria that are hard to reach for people with disabilities. It is because of many issues, namely perspectives on seeing and understanding disability barriers in accessing employment, disability workforce data, and accessibility to education, training, and professional certification.

**Perspective in seeing and understanding disability barriers in accessing work**

Law number 8 of 2016 has taken people with disabilities to be equal with others without disabilities. However, the fact is that there are still many perspectives that are not proper in looking at disabilities. The improper view eventually creates a stigma that leads to wrong circumstances and behaviours for people with disabilities. The perspective eventually creates a stigma attached to people with disabilities, creating discriminatory, dichotomy, and marginalized behaviours and situations. The external barrier for people with disabilities results in deterioration in living conditions in many livelihood sectors, including accessing productive and proper work. An example of a limitation in the employment sector is the medical requirement attached to people with disabilities. Someone has to be "physically and spiritually" healthy to enrol in the recruitment of

Based on the business field/sector in Table 7, people with disabilities work more in the agricultural, forestry, and fisheries sectors. 3.68 million or about 47.90 percent are in the large trade. 1.23 million, or about 16.02 percent, are in the retail sector. In the processing industry sector, there are 743 thousand people, or about 9.68%. For males, they work in agriculture, forestry, and fisheries by 2.30 million people or about 51.92%. The next largest sector dominated by males is the big trade and

retail sector by 529 thousand people or about 11.93%. The next sector is the processing industry sector by 381 thousand people or about 8.60 percent. Similarly, women work more in agriculture, forestry, and fisheries by 1.38 million people or about 42.41%. The large trade and retail sector come next by 701 thousand people or about 21.60%. The last is the processing industry by 362 thousand people or about 11.17%.

**Table 7. Working People with Disabilities by Business Field 17 Sectors and Genders in 2020**

Business Fields in 17 categories	Gender		Total
	Male	Female	
A. Agriculture, Forestry, and Fishery	2.301.202	1.376.606	3.677.808
B. Mining and Excavation	37.938	7.362	45.300
C. Processing Industry	380.964	362.512	743.476
D. procurement of electricity and gas	5.232	2.291	7.523
E. Procurement of water, waste management, and recycling sector	31.685	13.123	44.808
F. Construction	258.881	7.205	266.086
G. Large and retail trade; Reparation and car & motorcycle maintenance	528.859	701.154	1.230.013
H. Transportation & Warehousing	194.304	5.823	200.127
I. Procurement of accommodation, food, and drink	159.386	286.599	445.985
J. Information and Communication	19.347	4.445	23.792
K. Finance & Insurance Service	18.897	9.970	28.867
L. Real Estate	16.716	15.642	32.358
M,N Service Companies	43.533	12.510	56.043
O. Government Administration, defense, and social security	117.018	38.082	155.100
P. Education Services	111.222	149.503	260.725
Q. Health Service & Social Activity	20.410	43.932	64.342
R,S,T,U Other Services	186.480	208.979	395.459
Total	4.432.074	3.245.738	7.677.812

Source: SBPS, Sakernas August 2020, processed by Pusdatinaker



**Table 8. Working People with Disabilities by Primary Employment Status and Gender by 2020**

Primary Job Status	Gender		Total
	Male	Female	
Self-employed	1.197.284	959.646	2.156.930
Self-employed assisted by part-time employees/family workers	1.398.749	624.947	2.023.696
Self-employed assisted by full-time employees/paid employees	190.456	66.670	257.126
Laborer, staff, or employee	883.969	489.915	1.373.884
Free-lancer in Agriculture	278.528	190.879	469.407
Free-lancer in Non-Agriculture	214.618	73.520	288.138
Unpaid Family workers	268.470	840.161	1.108.631
Total	4.432.074	3.245.738	7.677.812

Source: SBPS, Sakernas August 2020, processed by Pusdatinaker

Viewed on the dominated employment status, Table 8 informs that the majority of people with disabilities work as self-employment by 2.16 million people (28.09%). Following those are the people with disabilities who work with their part-time employees by 2.02 million people (26.36%). The number of males who work with their part-time employees is higher than those who work as self-employed by 1.4 million people (31.56%) and 1.2 million (27.01%), respectively. On the contrary, the number of females working as self-employment is higher than those working with part-time employees by 960 thousand people (29.57%) and 625 thousand people (19.25%) respectively.

In the informal sector, there is a need for serious handling to improve the quality of the real sector of the economic empowerment actors to have competitiveness and quality in both products and services. The informal sector or the real sector is the sector in economics resilient to various impacts of economic crisis, politics, and even pandemic as it is today. The state recognizes the existence of the real economy sector as one of the contributive resources in the economic resilience

of the state.

Various related parties, National and local governments need to support the presence of people with disabilities. The training to improve the capacity of people with disability in the informal sectors have to be potential-based. The training organizers should open as much space as possible. In a quick survey on the impact of Covid-19 on the MSMEs businesses of people with disabilities in six provinces with the highest population in 2020, one of the recommendations is to give access to revenue and financial literacy that has inclusive perspectives. It is not that the people with disabilities want to have a dispensation in accessing any requirement.

Speaking of digital capabilities, the National Labour Force Survey (Sakernas) August 2018 conducted by the Central Statistics Agency (BPS) showed that almost all people with disabilities do not utilize the internet to carry out their work. The number of people with disabilities who use the internet in carrying their job is only 7.22 percent. They use the internet in their main job to promote,

communicate, and transact with consumers. The number is low in the Covid-19 pandemic, in which digital promotion is essential in doing business through the digital marketplace.

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

### Indicator 8.5.2. Unemployment rate, by sex, age, and persons with disabilities

#### Labour force with disabilities

The labour force is residents who meet the requirements of working age, are already employed and unemployed, already have a job but are not working, or are in the process of looking for work. The labour force does not include the residents who are in the working-age group but are not active in economic activities. Students, university students, stay-at-home mommies, and retirees are not labour force.

We will look at the data on the number of the labour force in 2020 based on the area of residence, age, gender, and education degree to perceive the opportunities of the disabled during the 2020 pandemic. There are 8 million disabled labour force or 5.79% of the total labour force in Indonesia. The data is from the National Workforce Survey of August 2020, processed by the Data Center and Workforce Information (Pusdatinaker). The number has decreased by 18.96% from the same period of the previous year. The number of men with disabilities in the labour force is 4.62 million (57.83%), while the number of women with disabilities is 3.37 million people (42.17%).

Based on the classification of residential areas shown in Table 9, the labor force with disabilities living in urban areas is 3.61 million people (45.18%), and in rural areas are 4.39 million people (54.82%). Based on gender, 2.1 million males (45.40%) live in

urban areas, and 2.53 million males living in rural areas (54.60%). Meanwhile, 1.51 million females (44.89%) live in urban areas, and 1.86 million females (55.11%) live in rural areas. When juxtaposed with the number of persons with disabilities of working age living in cities and rural areas, most labor forces are women, but they are not part of the labor force. Table 6.47 shows there is more disabled men labor force than women in both urban and rural areas

Table 10 shows that the productive age labor force with a disability is greater than the elderly and youth. There are 4.33 million productive people (54.24%), 3.46 million elderly (43.32%), and 195 thousand youth (2.43%). Based on gender, the male labor force with disabilities in the productive age group dominates at 53.53%, while those in the elderly and young age groups are 44.35% and 2, 13%. Meanwhile, the female labor force with disabilities in the productive age group is 55.22%, while those in the elderly and young age groups are 41.92% and 2.86%, respectively. It implies that the productive-aged men with disabilities have more opportunities in the labor force than the young and older men or young, productive, and older women.

Based on the educational background shown in Table 11, the elementary graduates and below dominates the labor force at 5.42 million people (67.78%). The 875 thousand people (10.94%) are junior high school graduates, and 759 thousand people (9.50%) are academic high school graduates. The number of males with elementary school degrees and below is 2.99 million people (64.69%), junior high school degrees is 571 thousand people (12.35%), and academic high school degrees is 495 thousand people (10.71%). The number of females with elementary school degrees and below is 2.43 million people (72.02%), 304 thousand people with junior high school degrees (9.01%), and academic high school degrees is 264 thousand people (7.82%). The number shows that although men with disabilities dominate the labor force, they mostly have elementary school degrees or

unfinished elementary school.

**Table 9. Labor Force with Disabilities by 2020 Classification of Residential and Gender Areas**

Classification of Residential Area	Gender		Total
	Male	Female	
Urban	2.099.422	1.513.767	3.613.189
Rural	2.525.048	1.858.756	4.383.804
Total	4.624.470	3.372.523	7.996.993

Source: Central Bureau of Statistics, National Workforce Survey of August 2020, processed by Pusdatinaker

**Table 10. Labor Force with Disabilities by Age Group and Gender by 2020**

Age Group	Gender		Total
	Male	Female	
Young (15-24 years old)	98.288	96.307	194.595
Productive (25-59 years old)	2.475.455	1.862.327	4.337.782
Elderly (>60 years old)	2.050.727	1.413.889	3.464.616
Total	4.624.470	3.372.523	7.996.993

Source: Central Bureau of Statistics, National Workforce Survey of August 2020, processed by Pusdatinaker

**Table 11. Labor Force with Disabilities by End of Highest Education and Gender Period 2020**

Level of Education	Gender		Total
	Male	Female	
≤ Elementary school	2.991.671	2.428.971	5.420.588
Junior high school	571.203	303.848	875.051
Academic senior high school	495.437	263.880	759.317
Vocational high school	256.927	117.742	374.669
Diploma I/II/III/Academy	61.957	59.438	121.395
University (S1/S2/S3)	247.275	198.698	445.973
Total	4.624.470	3.372.523	7.996.993

Source: Central Bureau of Statistics, National Workforce Survey of August 2020, processed by Pusdatinaker

### Working Persons with Disabilities

Based on the National Workforce Survey (Sakernas) for the August 2020 period processed by the Data Center and Workforce Information (Pusdatinaker), 7.68 million labour forces with disabilities or around 5.98% of the total labour force population in Indonesia. The number decreased by 20.25% compared to the previous year in the same period. The number of disabled male labour force is 4.43 million (57.73%), while females are 3.25 million people (42.27%).

Based on the age group shown in Table 12, the labor force with disability in the productive age is more than those in the elderly and young age groups. The productive-aged people are 4.13 million (53.82%), the elderly are 3.39 million people (44.15%), and the youth are 156 thousand people (2.03%). When viewed from the gender, men with disabilities who work and are in the productive age group dominate at 52.87%, while those in the elderly and young age groups are 45.29% and 1.84%, respectively. Meanwhile, women with disabilities who work and are in the productive age group are 55.12%, and those in the elderly and young age groups are 42.58% and 2.30%, respectively.

### People with Disabilities Working Age by Education Level

Based on the educational background shown in Table 13, disabled working-age people mostly graduate from elementary school and below. The elementary school graduates and below are 12.95 million people (72.13%), the junior high school graduates are 1.84 million people (10.26%), and the academic high school graduates are 1.56 million people (8.67%). According to gender, most of the males and females are elementary school graduates and below. The males with elementary school graduates and below are 5.35 million people (65.78%), 983 thousand males are junior high school graduates (12.08%), and 879 thousand males (10.80%) are academic high school graduates. Meanwhile, the elementary school female graduates and below are 7.6 million people (77.39%), the junior high school graduates are 859 thousand (8.75 percent), and the academic high school graduates are 678 thousand people (6.90%). **The table also shows that women dominate the disabled in the working-age with elementary school graduates and below.**

**Table 12. Working People with Disabilities by Age Group and Gender in 2020**

Age Group	Gender		Total
	Male	Female	
Young (15-24 years old)	81.596	74.639	156.235
Productive (25-59 years old)	2.343.082	1.789.000	4.132.082
Elderly (>60 years old)	2.007.396	1.382.099	3.389.495
Total	4.432.074	3.245.738	7.677.812

Source: Central Bureau of Statistics, National Workforce Survey of August 2020, processed by Pusdatinaker



**Table 13. Working Age Residents with Disabilities by End of Highest Education and Gender in 2020**

Level of Education	Gender		Total
	Male	Female	
≤ Elementary school	5.351.792	7.597.224	12.949.016
Junior high school	982.982	859.162	1.842.144
Academic senior high school	878.920	677.648	1.556.568
Vocational high school	413.217	256.394	669.611
Diploma I/II/III/Academy	134.286	123.041	257.327
University (S1/S2/S3)	374.207	303.636	677.843
Total	8.135.404	9.817.105	17.952.509

Source: Central Bureau of Statistics, National Workforce Survey of August 2020, processed by Pusdatinaker

**Table 14. Working People with Disabilities by End of Highest Education and Gender in 2020**

Level of Education	Gender		Total
	Male	Female	
≤ Elementary school	2.901.878	2.357.130	5.259.008
Junior high school	538.272	289.837	828.109
Academic senior high school	467.534	244.418	711.952
Vocational high school	233.147	107.036	340.183
Diploma I/II/III/Academy	58.993	55.927	114.920
University (S1/S2/S3)	58.993	55.927	114.920
Total	4.432.074	3.245.738	7.677.812

Source: Central Bureau of Statistics, National Workforce Survey of August 2020, processed by Pusdatinaker

Based on the educational background shown in Table 14, most disabled people who work are elementary graduates. There are 5.26 million people (68.50%) who graduate from elementary school, 828 thousand people (10, 79%) from junior high school, 712 thousand people (9.27%) from academic high school. Both males and females mostly graduate from elementary school and below. There are 2.90 million males (65.47%) who graduate from elementary school and below, 538 thousand males from junior high school (12.14%), and 468 thousand males (10.55%) from academic high school. As for the female, there are 2.36 million people (72.62%) who graduate from elementary

school and below, 290 thousand people from junior high school (8.93%), and 244 thousand people (7.53%) from academic senior high school.

The data presented above implies disabled people's education degree and occupation. Some disabled people graduated from formal education. Either males or females disabled in urban and rural areas work in the informal sectors. The next challenge is to make sure that those who have graduated from formal education also have hard and soft skills to prepare them for the job field. Besides, the employers should prepare the recruitment process with perspective, work environment accessibility,

and proper accommodation to create an inclusive and productive work ecosystem when they accept a disabled employee. Challenges for individuals with disabilities in hard skills and soft skills and recruitment of the disabled employees must be correlated, so they are psychologically prepared to work and compete with non-disabled workers. In the future, they will have no more obstacles in getting decent and productive works.

Based on the data compiled by the Indonesian Ministry of Manpower through the online Compulsory Employment Report (WLKP) service from February 2018 to July 2019, there were 1038 companies (with a total of more than ten employees per company). Of the 1038 verified companies that employ people with disabilities, 510 companies (49.13 percent) have employees with disabilities at least 1 percent of the total employees in their company, while the rest (50.87 percent) still do not meet the minimum standard for the number of people with disabilities in the company. Various studies prove that employees and customers will

more loyal to the company if they see that the company values diversity and difference. In addition, companies that employ people with disabilities will be more profitable and productive because they know the needs of consumers with diverse needs.

The guidelines for employing disabled workers for companies published by Better Work Indonesia states that disabled workers are more productive, having lower accident risk, and more perseverance. The Better work Indonesia works collaboratively with Australian AID, the United States Department of Labour, the International Labour Office (ILO), and the International Finance Corporation (IFC). However, several internal and external factors influence persons with disabilities' perspectives when entering the world of work. External factors are the negative stigma of society regarding their competencies. Internal factors are their lack of confidence in the community and developing their potential to compete in the job market.

### Labour Force Participation Rate for Persons with Disabilities

The labor force participation rate for persons with visual disabilities encourages all parties to immediately provide facilities and open possible access so that the visual disabilities can improve their competence to enter the labor market and work productively. There should be specific education, training, and apprenticeship for each type and level of disability, so people with disabilities in Indonesia can develop their potential and self-confidence to take an active role in the labor market in Indonesia. People with a visual disability needs an inclusive job training center. It indicates that the education module and infrastructure facilities in the job training center

should be visually disability friendly, although they still can accommodate other types of disabilities. The existing methods and curricula in job training centers managed by the Ministry of Social Affairs (rehabilitation process) and the Ministry of Manpower for persons with disabilities have not considered the persons with various types of disabilities. An inclusive training perspective can be modified and adapted according to assessment results of potential, needs, accessibility, and appropriate accommodation on types of disabilities. Thus, the diversity of training on various types of disabilities can accommodate the needs of the labor market and skills to empower the economic independence of persons with disabilities.

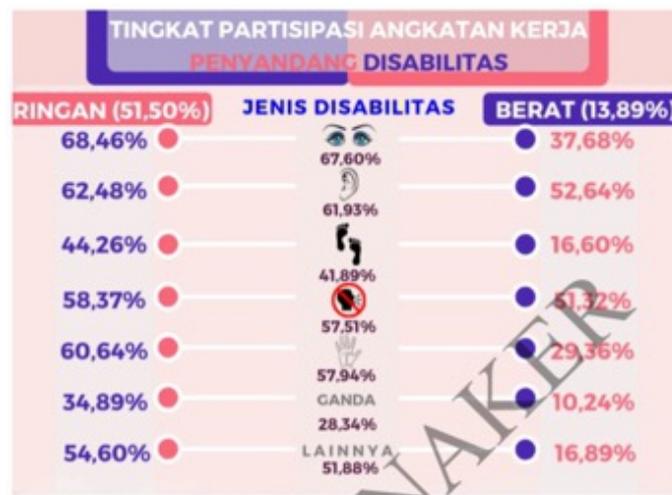


Figure 3. Participation Rate of The Workforce of Persons with Disabilities

Source: BPS, Sakernas August 2018, processed by Pusdatinaker



## GOAL 10

# Reduce inequality within and among countries

**Target 10.2. By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.**

Discrimination is a major cause of social exclusion of persons with disabilities and prevents them from participating equally in society. Some groups of people with disabilities such as women with disabilities, indigenous people with disabilities and people with intellectual and psychosocial disabilities face multiple layers of discrimination and are even more disadvantaged. The Government of Indonesia has ratified the International Convention on the Rights of Persons with Disabilities through Law No.19 of 2011. The Government of the Republic of Indonesia subsequently issued Law no. 8 of 2016 concerning Persons with Disabilities. The Law on Persons with Disabilities then becomes the basis for all Ministries and Institutions in formulating inclusive

policies.

**Indicator 10.2.1. Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities.**

The results of a quick survey of the Indonesian Disability Network related to the COVID-19 Pandemic showed that people with disabilities experienced a decrease in income who worked in the informal sector, namely 51% which dominated the job profile of respondents. There are also respondents who do not experience changes in income (13.94%) who are respondents who work in the formal sector, and respondents who experience an increase in income (1.39%). Respondents who experienced an increase in income were generally tailors who received an increase in orders for personal protective equipment for medical personnel.

Around 86% or 664 respondents from a total of 768 respondents with disabilities who work experienced a decrease in income during the covid-19 pandemic. However, based on group data, respondents from the multiple disability group were the most affected group, namely all respondents (20 people) experienced a reduction in income, with 50% of respondents experiencing a 50-80% decrease in income.

**Indicator 10.3. Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.**

In order to encourage the realization of equality of opportunity for persons with disabilities in all fields, the Government of the Republic of Indonesia issued nine derivative regulations of Law No. 8 of 2016 concerning Persons with Disabilities.

1. Government Regulation (PP) Number 52 of 2019 concerning the Implementation of Social Welfare for Persons with Disabilities.
2. Government Regulation (PP) Number 70 of 2019 concerning Planning, Implementation, and Evaluation of the Respect, Protection, and Fulfillment of the Rights of Persons with Disabilities.
3. Government Regulation (PP) Number 13 of 2020 concerning Adequate Accommodation for Students with Disabilities.

4. Government Regulation (PP) Number 39 of 2020 concerning Adequate Accommodation for Persons with Disabilities in the Judicial Process.

5. Government Regulation (PP) Number 42 of 2020 concerning Accessibility to Settlements, Public Services, and Protection from Disasters for Persons with Disabilities.

6. Government Regulation (PP) Number 60 of 2020 concerning the Disability Service Unit in the Manpower sector.

7. Presidential Regulation (Perpres) Number 67 of 2020 concerning Terms and Procedures for Giving Awards and Respecting, Protecting, and Fulfilling the Rights of Persons with Disabilities.

8. Presidential Regulation Number 68 of 2020 concerning the National Commission for Disabilities.

9. Ratification of the International Agreement as regulated in Presidential Regulation Number 1 of 2020 concerning the Ratification of the Marrakesh



## GOAL 13

# Take urgent action to combat climate change and its impacts

### **Target 13.1. Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries**

As in anticipating the climate change impact, the focus of developing disaster resilience and climate change is on increasing community resilience in facing the COVID-19 pandemic. Therefore, it encourages non-natural disaster systems through some efforts such as preparedness, disaster risk reduction, capacity building, and institutional coordination. Policy directions to achieve these targets include increasing disaster and climate resilience through strengthening the convergence between disaster risk reduction and climate change adaptation. We need to apply disaster management strategies through secure data, information, monitoring potential geo-hydro-meteorological disasters and early warning, and disaster literacy; establishing disaster systems, regulations, and governance; establishing disaster

risk reduction plans; improvement of infrastructure for disaster mitigation and management; integration of cooperation between regions; strengthening disaster emergency management; implementation of rehabilitation and reconstruction; strengthening the integrated multi-threat disaster mitigation system; strengthening preparedness in disaster management; and increasing the development and innovation of alternative schemes for disaster management financing.

For people with disabilities, this condition causes vulnerability to increase because there is a double danger. On the other hand, there is also a double vulnerability. Knowledge of hazard and disability diversity leads to more attention to each risk reduction plan, especially in the prepared contingency plan. These situations and conditions force us to create "more complex" risk/potential impact scenarios. Hence, we need to carefully

integrate the Regulation of the Head of BNPB Number 14 of 2014, concerning the Management, Protection, and Participation of Persons with Disabilities in Disaster Management and the Indonesian National Standard (SNI) Number 8751: 2019 concerning Contingency Planning.

We need to measure the risk analysis in more detail by determining the unit of analysis for hazards, vulnerabilities, and capacities. Measuring the diversity of capacity and vulnerabilities of persons with disabilities during a pandemic will contribute to decisions in the preparation stage of the event and impact scenarios and their operational plans. Paripurno (2020) states that Covid-19 risks according to the level of mobility (mode, distance, time), physical interaction (density, repetition, type, space, time), self-immunity (nutrition, age, associated diseases), and positive habits (cleanliness, clothing, masks). All CCA-DRR program needs to establish the specific needs for the people with disabilities concerning their health, education, economy, and socio-culture. The foundation for policymaking and strategies requires disaggregated data on various disabilities, gender, and age. Thus, it recommends a coordination mechanism of stakeholders (hexahelix), the community, government, business institutions, academics, media, and non-governmental organizations. Coordination needs to be done vertically and horizontally at all levels: national, provincial, district and village while still considering the principles of speed and accuracy. There is also a requirement for better and more planned coordination between ministries and agencies, so policies are consistent and contextual. In addition, development strategies can increase the synergy in the use of regional space. Initially, the development strategy is the enforcement of spatial plans based on climate change mitigation and disaster risk reduction to protect spatial functions and to prevent negative impacts on the environment due to spatial use. The following strategy is strengthening climate change mitigation and disaster management to reduce

climate change and disaster risks. The last one is increasing resilience to climate change and disasters, especially in regional growth centers, urban areas, and metropolitan cities. The policies for developing disaster resilience in 2022 will focus on strengthening the system and early warning response to natural disasters (especially on geological, tectonic, volcanic, hydro-meteorological, and environmental disasters) and non-natural disasters (especially on preparedness in preventing the spread of infectious diseases/pandemic). The policies work together with the preparedness and disaster risk reduction, capacity building, and institutional coordination in reforming (strengthening) the disaster resilience system.



## GOAL 16

# Promote just, peaceful and inclusive societies

### **Target 16.7. Ensure responsive, inclusive, participatory and representative decision-making at all levels**

The issuance of Law No. 8 of 2016 concerning Persons with Disabilities has had an impact on improving command policies at the national and local levels in realizing disability-inclusive development. The increasing role and participation of persons with disabilities in the process of formulating public policies in Indonesia can be seen from the presence of persons with disabilities who occupy strategic positions at the national and local levels. The labor quota stipulated in the Disability Law has had an impact on increasing the number of people with disabilities who get strategic positions in government institutions both at the national and local levels. This situation has had an impact on improving the quality of program planning and policies to become more inclusive in accommodating the special needs of persons with

disabilities. Several people with disabilities have succeeded in occupying strategic positions in government as Special Staff to the President for Social and Disability, Expert Staff to Deputy V of the Presidential Staff Office, Commissioner at the National Commission on Violence Against Women, Jakarta City Transportation Council, and a number of staff at various government institutions at the national level, national and at the local level. Their existence is very strategic to be able to be directly involved in the process of inclusive policy formulation. On the other hand, the presence of the Law on Persons with Disabilities has also prompted the issuance of Regional Regulations concerning Persons with Disabilities in several provinces and districts in Indonesia. The existence of the Regional Regulation on Persons with Disabilities has opened access to the participation of persons with disabilities in policy formulation through the District Development Planning Deliberation Forum and the Village Development

Planning Deliberation.

**Target 16.9. By 2030, provide legal identity for all, including birth registration**

The Direct Cash Assistance Program (BLT) in a survey conducted by Organizations of Persons with Disabilities in 6 provinces in Indonesia on 596 respondents with disabilities who own MSME businesses resulted in data that 92% of respondents answered that they had heard information about business assistance from the government. Meanwhile 53% of respondents answered that they had never received business assistance from the government because they did not have a Population Identification Number (NIK). The absence of ownership of the Population Identification Number also has an impact on access to health services, especially access to vaccinations. There are 3 factors that cause persons with disabilities to not have a National Identity Number;

1. There is still a strong social stigma in society, including within the family, against persons with disabilities. Some families are reluctant to include family members with disabilities in the Family Card.
2. Population Administration Service Center Office which is far from the residence of persons with disabilities. Most people with disabilities live in rural areas far from the population administration service center. Meanwhile, persons with disabilities have major obstacles related to mobility, so they experience obstacles in managing population administration.
3. The complexity of the bureaucracy in managing population administration in Indonesia causes a lot of time and costs to be incurred in managing the Population Registration Number.

These three obstacles need to get immediate attention from the government so that they can be facilitated so that the number of ownership of Population Identification Numbers by persons with

disabilities can be increased.

**Target 16.b. Promote and enforce non-discriminatory laws and policies for sustainable development**

Protection of people with disabilities living in rehabilitation centers has become a global spotlight because it can be a place that has a high potential for infectious diseases, as well as during the Covid-19 pandemic. At the ODDP (People with Psychosocial Disabilities) rehabilitation center in Jakarta, according to PJS data from media exploration there are more than 200 residents of the orphanage who have been exposed to Covid-19 (if there is data from the Ministry of Social Affairs for residents of ODDP homes exposed to Covid, it can be the government's best practice data in efforts to prevent Covid transmission in vulnerable groups). There has been no effort from the government to prepare ODDP and other people with disabilities living in orphanages who are ready to return to society, this is needed to prepare Indonesia to support vulnerable groups (people with disabilities) free from orphanages by 2030, Discrimination regarding health services for ODDP, the impact of Covid causing ODDP problems in accessing drugs, discrimination in the media of information and health protocols at the beginning of the Covid pandemic resulted in the emergence of cases of deafness exposed to Covid-19 in Central Java where there were no health workers who could serve in accordance with the patient's barriers, as a result, deaf patients are only left to self-isolate without any information that can be understood by deaf patients The impact of Covid-19 and cases of corruption in social assistance have affected the policy of therapeutic assistance and people with disabilities aids: The existence of corruption has resulted in the government carrying out monitoring efforts carried out during the pandemic, from March to October 2020, there are six districts/cities in Central Java and Yogyakarta, which cannot access social assistance programs in full. Therapeutic assistance and assistive devices were

discontinued due to changes in local government policies. For example, in Yogyakarta, the Jamkesmas program, because of Covid, the program was finally stopped and until now there is no longer any. This is a problem, because what should have been for Persons with Disabilities who have a DIY ID card can get aids in the end, they don't get, including therapies for children with disabilities with hearing loss, autism and cerebral palsy.



## GOAL 17

# Strengthen the means of implementation and revitalize the global partnership for sustainable development

**Target 17.8. Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology**

**Indicators 17.8.1. Proportion of individuals using the Internet.**

Persons with disabilities have barriers to internet access. So that the population of people with disabilities in Indonesia who can access the internet is less than people without disabilities. The Ministry of Home Affairs through the Directorate General of Population and Civil Registration (Dukcapil) which records population administration data for all Indonesian citizens to be used as the main reference for the 2020 Population Census needs to pay attention to data on access to ownership of legal identity for persons with

disabilities. Based on a study conducted by PUSKAPA (2014) shows that children whose parents/guardians are not physically disabled are 5 times more likely to have a birth certificate compared to children whose parents have physical disabilities.

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