

Chapter 9

Barriers to Inclusion: COVID-19, People with Disabilities, and Indonesia's Policy Responses

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A. COVID-19 and People with Disabilities in Indonesia

The COVID-19 pandemic has infected millions worldwide and severely impacted social, health, and economic conditions. Persons with disabilities are among the most vulnerable communities disproportionately affected by COVID-19. The United Nations (UN) defines persons with disabilities as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UN, 2006). According to the World Health Organization (WHO), more than a billion people live with a disability globally. Around 80% of them are in low and middle-income countries. It corresponds to about 15% of the world's

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population (WHO, 2011). The UN adopted The Convention on the Rights of Persons with Disabilities (CRPD) in 2006, a comprehensive international human rights framework to protect and fulfill the rights of persons with disabilities. The CRPD declares that all persons with disabilities have rights to equality, education, housing, employment, dignity, and independence (OHCHR, 2014). The treaties also eventually shifted the ‘charity approach’ paradigm to ‘the human rights approach.’

However, although the government has signed and ratified the CRPD, there are still many challenges to fulfilling the rights of persons with disabilities. Based on Hussey et al.’s (2017) study, the state must reform policies and systems to comply with the CRPD. The government of Indonesia ratified CRPD in 2011, which then translated into Law No. 8/2016 on Persons with Disabilities. According to Law No. 8/2016, persons with disabilities experience physical, intellectual, mental, and sensory limitations in the long term. They may encounter obstacles and difficulties in interacting with the environment to participate fully and effectively with other citizens based on equal rights. It is evident in the law that Indonesia started to use a more inclusive definition and recognizes the rights of persons with disabilities as human rights.

Based on the National Socio-Economic Survey (*Survei Sosial Ekonomi Nasional/Susenas*) by the Central Bureau of Statistics (*Badan Pusat Statistik/BPS*) in 2018, the total population of Indonesia with disabilities is 30.38 million or 14.2% of the total population of Indonesia. Nevertheless, Indonesia faces many obstacles and challenges in fulfilling the rights of persons with disabilities. According to Nusantara Disability Activists Network (Dewi, 2020), years after Law No. 8/2016 was passed, not much has changed regarding fulfilling the rights of persons with disabilities. The person with disabilities still faces many daily problems, from structural to cultural ones, such as stigmatization. This condition got worse, especially when COVID-19 entered Indonesia in March 2020. Not long after that, the government introduced a policy that limits activities in the public space and had consequences for communities in Indonesia, especially for persons

with disabilities: from the economic, social, and health to education aspects. Therefore, this chapter discusses how COVID-19 affects persons with disabilities and Indonesia's policy responses.

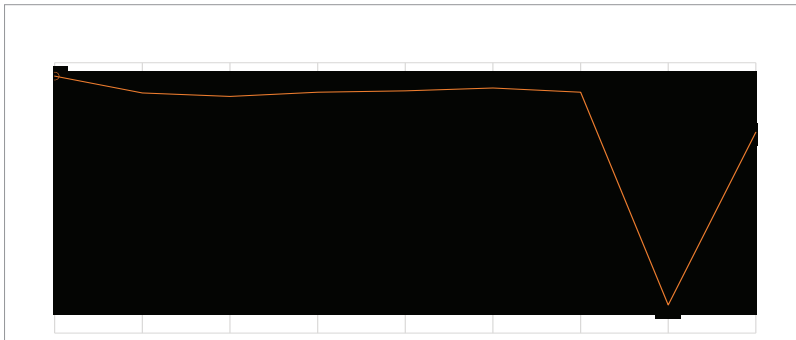
The structure of the chapter is as follows. Section 1 provides the background, context, and aim of the chapter. In Section 2, I review the impact of COVID-19 on people with disabilities in three aspects: economic, health, and education. In Section 3, I further discuss the policy response of the Indonesian government, specifically in responding to COVID-19 for persons with disabilities. It briefly presents the policy response as of 31 December 2021. Finally, in Section 4, I outline the recommendation to improve inclusion strategies for people with disabilities, especially in the COVID-19 situation.

B. The Impacts of COVID-19 on People with Disabilities

The impact of COVID-19 is pervasive and multi-dimensional, especially for persons with disabilities. It can be said that persons with disabilities are among the hardest hit by COVID-19. Even before the COVID-19 pandemic, persons with disabilities were already at greater risk of difficulties accessing healthcare, economic accessibility, and daily living activities (Kweon, 2020). The COVID-19 situation has intensified inequalities and even produced new threats for persons with disabilities. In the COVID-19 pandemic situation, not only have many disabled people been at greater risk of contracting the virus (Shakespeare et al., 2021), but they also have been at greater risk of the impact of the pandemic on economic, social, and psychosocial aspects (Mbazzi et al., 2021; Wong, 2022). Shakespeare et al., (2021) argue that persons with disabilities have been differentially affected by COVID-19 because of three factors: the increased risk of poor outcomes from the disease, reduced access to routine health care and rehabilitation, and the adverse social impacts of efforts to mitigate the pandemic. However, this chapter will identify three main sectors, economic, health, and education, in which persons with disabilities are adversely impacted.

1. Economic impact

COVID-19 has substantially altered the Indonesian economy. Based on BPS data, Indonesia's Gross Domestic Product (GDP) growth experienced a steep decline in 2020, with -2.07% compared to 5.02% in 2019, as shown in Figure 9.1. There has never been a decline such as this, aside from the financial crisis in 1998, which shows how COVID-19 has affected the Indonesian economy.

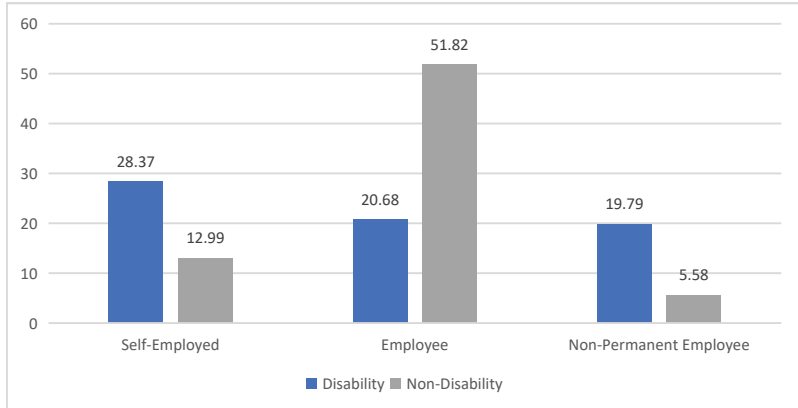


Source: Kusnandar (2022)

Figure 9.1 Indonesian Gross Domestic Product (GDP) Growth 2013–2021

According to a survey in November 2020, almost 74.3% of Indonesian households experienced a decrease in income from what they received in January 2020 (SMERU Research Institute et al., 2021). For people with disabilities, this condition further increases inequalities in the economic sector. There are several reasons for this. First, persons with disabilities often face various barriers in accessing the labor market. It is partly because persons with disabilities face multiple stigmas and discriminations that prevent them from being in the labor market (Kaye et al., 2011). For example, in the COVID-19 situation, the stigma increases and worsens. It is because persons with disabilities are already stigmatized for being disabled, and then they can get another stigma for getting COVID-19 (Satriana et al., 2021). In other words, persons with disabilities experience a 'double stigma.'

Second, the employment rates of persons with disabilities are lower than those without disabilities. Most disabled workers work in the informal sector, making employment positions vulnerable. BPS (2020) data shows that the self-employed and non-permanent employee sectors are dominated by persons with disabilities (see Figure 9.2).



Source: BPS (2020)

Figure 9.2 Employment Sector Comparison Between Persons with Disabilities with Non-Disabled Persons

According to Satriana et al. (2021), persons with disabilities primarily work with high uncertainty and have unstable and irregular incomes, resulting in income insecurity and poverty. Furthermore, the informal economy generally is a very vulnerable sector, and it has been estimated that the COVID-19 pandemic has caused 60% of its workers' earnings to decline (ILO, 2020). According to OHCHR (2021), COVID-19 has generated 36.5% of persons with disabilities to be economically inactive. This is ironic because the motivation for work is generally higher among persons with disabilities, but unfortunately, their job opportunities remain very limited (Aichner, 2021). The results indicate a mismatch between job opportunities, skills, and interests, especially for those with disabilities.

In addition, the lockdown policy also hurts persons with disabilities. First, the mobility of people with disabilities is minimal compared to persons without disabilities. Therefore, it can prevent them from accessing jobs and economic opportunities. Second, remote work (work from home) can also significantly impact people with disabilities. Although remote work is usually considered an option for persons with disabilities (Cirruzzo, 2020; Morris, 2021), its implementation in Indonesia is still challenging. Based on the 2018 Susenas data, technological divides and limited access to information are highly prevalent among people with disabilities. For example, the usage of cell phones or laptops for persons with disabilities is only 34.89%, compared to 81.61% for persons without disabilities (BPS, 2018).

2. Health impact

Due to the social restriction and lockdown policy, people with disabilities usually have limited mobility and choice of healthcare services and facilities. To anticipate that, the Ministry of Social Affairs (*Kementerian Sosial/Kemensos*) already has several social assistance programs for persons with disabilities. According to a survey from the Ministry of National Development Planning (*Badan Perencanaan Pembangunan Nasional/Bappenas*), Mahkota, and Kompak (Satriana et al., 2021), persons with disabilities in Indonesia received several forms of social assistance in varying amounts and frequency: Cash Social Assistance (*Bantuan Sosial Tunai/BST*), Direct Cash Aid (*Bantuan Langsung Tunai/BLT*), Electricity Subsidy, and Basic Food Program had the most excellent coverage among respondents, while Family Hope Program (*Program Keluarga Harapan/PKH*) constituted a smaller coverage. There are also insurance schemes under the Social Security Program (*Badan Penyelenggara Jaminan Sosial/BPJS*). Although the program is supposed to be accessible to all, according to the Indonesian Disability Network's survey, the Indonesian social assistance program has not reached all persons with disabilities (Nilawaty, 2020). Data availability and precision are two significant constraints preventing Indonesia's equal distribution of social assistance.

In terms of health facilities, hospitals have also been disrupted by the massive number of COVID-19 cases. Due to the outbreak of COVID-19, many hospitals have reduced their staff's availability. It is mainly because many hospital staffs have been redeployed to other hospitals or crisis centers dealing with COVID-19 and because of pandemic burnout.¹ It could affect the supply of essential health care equipment and services (Satriana et al., 2021). It is worsened because the ratio of hospital beds in Indonesia is meager, only 1.17 per 1,000 population. In other words, Indonesia only has one hospital bed per 1,000 population (Jayani, 2020).

With the closure of rehabilitation centers and lack of hospital facilities, persons with disabilities may experience worsening conditions that require more medical attention. Especially for persons with intellectual disabilities, the impact of COVID-19 and social restriction may induce mental stress, which eventually causes an escalation in behaviors, placement breakdown, and increased psychotropic medication use (Courtenay & Perera, 2020). COVID-19 also severely impacts persons with disabilities because adults with disabilities are three times more likely than adults without disabilities to have heart disease, cardiopulmonary issues, diabetes, or cancer than adults without disabilities (Jumreornvong et al., 2020).

COVID-19 also poses a huge barrier to access to health information. It is because persons with disabilities usually rely on others to inform them about their health information, including COVID-19 and how to reduce their risk of contracting it. However, since access to rehabilitation and health centers is restricted, they need other resources. Therefore, web accessibility and disability-friendly websites are required. Furthermore, individuals with visual or hearing impairment may also be at risk due to inadequate information about the illness, including COVID-19 (Kuper et al. 2020). Unfortunately, on

¹ According to report from the Faculty of Health, University of Indonesia. In 2020, at least 83% of Indonesian Health Workers experience moderate and severe burnout syndrome during the COVID-19 pandemic. <https://fk.ui.ac.id/berita/83-energi-kesehatan-indonesia-mengalami-burnout-syndrome-derajat-medium-dan-berat-during-masa-pandemi-COVID-19.html>

the Ministry of Health website page, as of 15 January 2022, only eight articles were explicitly published related to disability, most of which are associated with implementing vaccinations.² Similarly, the website of the Health Crisis Center of the Ministry of Health, which has the primary function of managing information and prevention, mitigation, preparedness, and facilitation of emergency response in health crises as of 15 January 2022, only publishes two articles containing information related to COVID-19 and disability as seen in Figure 9.3.³



Source: Pusat Krisis Kesehatan Kementerian Kesehatan RI (2020)

Figure 9.3 The Ministry of Health’s Poster on the Article “How to Help Persons with Disabilities During COVID-19”

Persons with disabilities experience a multi-layered impact caused by COVID-19 in the health sectors, from limited access to information to healthcare facilities. There are also barriers that persons with disabilities face in the vaccine services. For instance, the process of providing vaccine injections for persons with disabilities has not been comprehensive and easily accessible due to the lack of data (Evandio, 2021).

² This information is accessed through the main website of the Ministry of Health. <https://www.kemkes.go.id/>

³ This information is accessed through the main website of the Health Crisis Center of the Ministry of Health. <https://pusatkrisis.kemkes.go.id/>

3. Education impact

According to the 2018 Susenas, about 3 out of 10 kids with disabilities never attend formal school, and only 56% of those with disabilities finish elementary school. This condition shows how access to education is still complicated for persons with disabilities, and this problem has been made worse by COVID-19. According to Satriana et al. (2021), COVID-19 disproportionately impacts students with disabilities, especially since many have experienced various barriers and educational disadvantages since the pre-pandemic. A survey taken since the outbreak of COVID-19 shows that 23.38% of children with disabilities dropped out of school, compared with only 10.34% of children without disabilities (BPS, 2021). It is clear that there are many factors contributing to this, but in a survey conducted by UNICEF on 938 children aged 7-18 years who dropped out of school as a result of the Covid-19 pandemic, 74% said it was because of economic reasons (Jayani, 2021).

Infrastructure was also a contributing factor to this condition. According to the Ministry of Education, out of the 1.6 million students, only 18% of Indonesian students with disabilities receive inclusive education services (Harususilo, 2019). This can be interpreted in two ways: first, the lack of educational infrastructure for persons with disabilities because different stages of education require other skills and support as well as foreign teachers. This includes the fact that schools or education establishments are not always accessible or disability-friendly; second, the government's inability to promote access to and participation in education for persons with disabilities. Furthermore, the Save the Children organization conducted a survey that found that at least 85% of parents of children with disabilities are worried about their children not returning to school once the pandemic is over, primarily because the pandemic creates new barriers to accessing education (Ritonga & Helmy, 2021).

The impact of COVID-19 on persons with disabilities in the education sector is very multilayered and even created great concern for parents. In addition, finding solutions to COVID-19's impact on

the education of persons with disabilities can be difficult. For instance, remote learning cannot be a practical solution because there are still challenges from technology to teaching mechanisms. Gayatri (2020) states that elementary-age children struggle more than older children with remote learning. Many scholars believe that the shift from in-person to remote education has been very challenging, especially if it involves students with disabilities requiring high levels of regularity or having different focus abilities (Shuck and Lambert, 2020).

C. COVID-19 and Indonesia's Policy towards Persons with Disabilities

Given the many negative impacts caused by COVID-19, public policy in Indonesia should accommodate and anticipate the prolonged effects of COVID-19, especially for persons with disabilities. Almost two years since the first COVID-19 outbreak, in 2021, Indonesia released the National Action Plan for Persons with Disabilities (*Rencana Aksi Nasional Penyandang Disabilitas/RANPD*),⁴ a planning document to protect and fulfill the rights of persons with disabilities. It should be noted that even though the RANPD idea had been initiated before COVID-19, its release around the time of COVID-19 makes it even more important and relevant since persons with disabilities are among those most affected. In addition, the document makes specific mention of disability-inclusive development, a concept that increases its importance, especially for persons with disabilities. The document states that disability-inclusive development is a “development that integrates the mainstreaming and involvement of persons with disabilities as actors and beneficiaries of development in all stages of development including planning, budgeting, implementation, monitoring and evaluation” (Ministerial Regulation of Bappenas No. 3/2021, 2021, p.5).

At the implementation level, RANPD also mandates the preparation of the Regional Action Plan for Persons with Disabilities (*Rencana*

⁴ The RANPD document is part of the Ministerial Regulation of Bappenas No. 3/2021 on Implementation of Government Regulation no. 70/2019 on Planning, Implementation and Evaluation of Respect, Protection and Fulfillment of the Rights of Persons with Disabilities.

Aksi Daerah Penyandang Disabilitas/RADPD). Both documents serve as an implementation framework for disability-inclusive development at the national and regional levels. There are seven strategic targets of RANPD which is part of the National Master Plan of Persons with disabilities (*Rencana Induk Penyandang Disabilitas/RIPD*): (1) Data collection and inclusive planning; (2) A barrier-free environment for persons with disabilities; (3) Protection of rights and access to justice; (4) Empowerment of persons with disabilities; (5) inclusive economy; (6) Education and skills; (7) Access and equitable distribution of health services. To support the implementation process, each of the strategic targets of RIPD also contains strategies to achieve disability-inclusive development.

In this part, the author identified and explored the disability-inclusive development strategy in RANPD with the circumstances in 2021, when the study took place. There are at least three underlying barriers to inclusion for persons with disabilities. This condition causes persons with disabilities to be increasingly excluded and impedes the implementation of disability-inclusive development. The three barriers are (1) lack of disability-disaggregated data, (2) shallow definition of human rights, and (3) ambiguity in coordination and policy design.

1. Lack of disability-disaggregated data

According to UNDP (2018), disability-inclusive development intersects the CPRD and Sustainable Development Goals (SDGs). The concept of disability-inclusive development acknowledges that all development processes focus on reducing inequality and improving the quality of life for persons with disabilities. Nevertheless, disability-inclusive development is a complex concept. According to Johnson and Anderson (2012), inclusive development is a process of structural change which gives voice and power to excluded and marginalized groups. Thus, data availability is critical for the government to identify and integrate those groups into the development process.

Unfortunately, data on persons with disabilities in Indonesia is still unclear and often overlaps. Existing data on persons with dis-

abilities are generally derived from the Susenas, which the BPS carried out. On the other hand, the Ministry of Health and the Ministry of Social Affairs also collected data on persons with disabilities separately. However, the Susenas and two ministries' data are different,⁵ indicating a problem with data collection and coordination between state institutions.

Kemensos, for instance, collected data through its Information System for Persons with Disabilities (*Sistem Informasi Manajemen Penyandang Disabilitas/SIMPD*), which was integrated into their social protection program. However, there have been data discrepancies between Kemensos and BPS since early 2000, mainly because Kemensos and BPS used different variables to collect data on persons with disabilities (Irwanto et al., 2010). A similar situation occurs between the Ministry of Health and BPS, where differences may result from different sets of questions they used to identify persons with disabilities: Ministry of Health refers to recommendations and modules developed by UNICEF, WHO Disability Assessment Schedule, and Barthel Index of Activities of Daily Living (ADL), whereas BPS relates to the recommendations of The Washington Group on Disability Statistics (Hastuti et al., 2018).

There is no definitive reason why BPS, Kemensos, and the Ministry of Health used different methodologies. It may be due to the beneficial interests of each institution: Kemensos needs the data to be later linked to social and poverty alleviation programs, and the Ministry of Health needs the data to gather health information. At the same time, BPS focuses more on a larger picture. According to the RANPD document, one of its strategies to achieve disability-inclusive development is data harmonization, of which Kemensos has been explicitly in charge⁶. According to RANPD, Kemensos also has to issue a Ministerial Regulation on the guidelines for collecting disaggregated data on persons with disabilities. However, until 2021, Kemensos only

⁵ According to SUSENAS 2018 total persons with disabilities in Indonesia is 30.38 million people, while the SIMPD data (retrieved on January 5, 2021) is 212 thousand people

⁶ This statement appears in Annex 1 of Regulation of the BAPPENAS 3/2021

issued one regulation regarding disability, namely Ministerial Law No. 2/2021 on Cards for Persons with Disabilities (*Kartu Penyandang Disabilitas/KPD*). KPD is an identity card for persons with disabilities to access services and social assistance. This regulation is not entirely new; it revises the previous law on the same subject, which was issued in 2017. There seems to be a contradiction since Kemensos has issued a newly revised regulation for data-based social assistance; however, it is not part of the RANPD mandate and doesn't provide any guidelines regarding how to identify and collect disaggregated data on persons with disabilities. This shows that the RANPD's sense of urgency is still not as apparent as it ought to be, and state institutions seem more concerned with their concrete institution interests.

The situation has also become more complex under COVID-19. In Indonesia, COVID-19 is primarily handled by the Ministry of Health. However, the Ministry of Health faced several problems, including inaccurate data about people who contracted COVID-19 (Putri & Maulidar, 2021) to poor vaccine distributions (Wiryo, 2021). For instance, in 2021, there are inconsistencies in data between the local government and the Ministry of Health regarding the number of positive COVID-19 cases (Mantalean, 2021). The condition continues in 2022 as there have been significant differences in the number of deaths (about 16,000 deaths) between data provided by the Ministry of Health and the COVID-19 independent monitoring community (Supriatin, 2022). Persons with disabilities are increasingly excluded and invisible due to this condition. In November 2021, at least 16,638 persons with disabilities were vaccinated, but this number still falls short of the 30 million total persons with disabilities in Indonesia (Alamsyah, 2021). Siti Nadia Tarmizi, the spokesperson for COVID-19 of the Ministry of Health, also stated that the vaccination of persons with disabilities could not be carried out accurately due to the lack of data (Alamsyah, 2021).

Therefore, specific disaggregated data related to persons with disabilities is a matter of great urgency, which has also been mandated by RANPD even though its implementation has not been carried

out ideally. The government cannot design effective strategies and interventions for persons with disabilities without disaggregated data, as we need more than just *numbers* from the data, but rather specific characteristics so that government can determine what support is required for every individual on the different spectrum of disabilities, which has different needs.

2. Shallow human rights approach

The Indonesian government often emphasizes the importance of Law No. 8/2016, which marks a paradigm shift in how people with disabilities are treated in Indonesia. This paradigm shift (from a charity approach to a human rights approach) is in line with the concept of the CPRD, which states that the government should not treat persons with disability as ‘charity objects.’

Bickenbach (2012) claimed that the historical origins of disability policy have always been related to a sense of compassion and orientation to charity. In Indonesia, the source of its disability policy can be traced back to 1997. The first regulation about disabilities in Indonesia is Law No. 4/1997. In this law, the government still uses the term ‘handicapped’ and implies that persons with disabilities ‘need to be fixed’ (see Table 9.1).

Table 9.1 Comparison Between Law on Persons with Disabilities in Indonesia

Aspects	Law No. 4/1997	Law No. 8/2016
Concept	Handicapped person	Persons with disabilities
Categories	Physical handicapped; mental handicapped; and physical and mental handicapped	People with physical disabilities; people with intellectual disabilities; people with mental disabilities; and people with sensory disabilities
Rights	Education; Work; Equal treatment; Accessibility; Rehabilitation; Rights to develop talent and ability	Free from stigma; Privacy; Justice and legal protection; Education; Work; Health; Political; Religion; sports; Culture; Well-being; Accessibility to public services

Aspects	Law No. 4/1997	Law No. 8/2016
Orientation	Protection and rehabilitation of a handicapped person	Respect, security, and fulfillment of the rights of persons with disabilities
Approach	Charity approach	Human rights approach

Based on Table 9.1, there has been a paradigm shift regarding the definition and the implementation of the law related to persons with disabilities in Indonesia. The paradigm shift was mainly because of the Ratification of the CPRD by the Government of Indonesia in 2011. Although still relatively new, CPRD has brought about a significant paradigm shift in how disability policy is implemented: from an understanding of disabled persons as charity subjects to a new understanding of disabled persons as human rights subjects. Thus, it can be concluded that before 2016, the Indonesian government's paradigm was the medical model, and post-2016, the Indonesian government adopted the human rights model. In the human rights model, disability is no longer synonymous with health and physical impairment. Instead, disability results from unequal power relations in society that prevents people with disability from attaining their human rights. Article 1 of the CRPD states that the treaty's purpose is "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity."

However, the extent to which this paradigm shift is implemented is another critical issue. During the commemoration of the International Day of Persons with Disabilities 2021 (IDPD), the Minister of Social Affairs, Tri Risma Harini, stated that not only was IDPD a celebration, but it was also a momentum to eliminate discrimination and encourage increased accessibility of persons with disabilities. However, as an institution with a significant role toward persons with disabilities, Kemensos still follows the "medical model approach," despite the government's commitment to the "human rights approach," as mandated in the RANPD document. There are at least two reasons for this:

First, the inclusion strategies of Kemensos do not specifically address disability-inclusive development strategies, particularly when defining the concept of ‘inequality.’ Kemensos associates the idea of ‘inequality’ more with the extent to which technology can help persons with disabilities, and technological innovation is one of the leading solutions for reducing inequalities for persons with disabilities. For example, she described how people with cerebral palsy receive biotechnical wheelchairs, and those with sensory impairments receive adaptive crutches (Kemensos, 2021). In 2021, Kemensos distributed more than 7.900 assistive devices. Out of these, 315 are electric wheelchairs and three-wheeled motorcycles, which are expected to be used by persons with disabilities to start their businesses (Dewi, 2021). Again, Kemensos seems to reduce the meaning of ‘inequality’ to a problem of technology and a matter of distribution of assistive devices. In fact, what’s needed is a shift in the understanding of disability from traditional approaches, which centered around physical and technological assistance, to empower persons with disabilities and assist them in gaining control over access and resources.

Second, one of the essential concepts of disability-inclusive development is the concept of empowerment. Besides the tendency to highlight technology as the leading solution for inequities among disabled people, Kemensos also lacks comprehensive empowerment strategies for persons with disabilities. It is still common for their public statements to imply a top-down approach; for example: “(Kemensos) continues to encourage and strengthen the space for leadership and development of the young generation of persons with disabilities” (Kemensos, 2021), which fails to address the structural barriers and how active participation of persons with disabilities is essential for creating that space. This situation indicates that they seem more concerned with empowerment’s external and technical aspects, which revolves around ‘improvement’ rather than ‘power-sharing.’ Therefore, ‘power sharing’ is missing from the concept of empowerment itself, which is fundamental and critical (Nasdian, 2014).

The situation is becoming more complex under the COVID-19, with social assistance programs (in the form of providing money or necessities) being prioritized over empowerment programs and serving as a symbol of the government's commitment to fulfilling the rights of people with disabilities (Nurcahyadi, 2021). Thus, it is not impossible that in the post-COVID-19 era, the meaning of empowerment will be reduced or even lose its significance as in many other cases (Weidenstedt, 2016). Moreover, empowerment and equality are fundamental concepts in the COVID-19 situation, not only as long-term objectives but also as strategies that ensure the active participation of persons with disabilities in development so that we do not become bound by shallow definitions of the "human rights approach."

3. Ambiguity in coordination and policy design

Disability is a multi-sector and multi-institutional issue. Law No. 8/2016 and RANPD clearly state that each institution and ministry has a responsibility to accommodate the needs of persons with disability. At the national level, apart from the RANPD, there is also the National Action Plan for Human Rights (*Rencana Aksi Nasional Hak Asasi Manusia/RANHAM*), which also includes strategies to accommodate the needs of persons with disabilities.

In the last three years, there have been at least nine Government Regulations (*Peraturan Pemerintah/PP*), and two Presidential Regulations (*Peraturan Presiden/PERPRES*) issued to accommodate the needs of persons with disabilities (Table 9.2). However, this situation is 'new' for Indonesia because before 2016, very few policy changes at the government or presidential level were issued related to persons with disabilities.

Table 9.2 List of New National Regulations Concerning Persons with Disabilities

No.	Subject	Year
1	PP No. 27/2019 on Facilitate Access in Reading and Using Braille Letters, Audio Books, and Other	2019
2	PP No. 52/2019 on the Implementation of Social Welfare for Person with Disabilities	2019
3	PP No. 70/2019 on Planning, Implementation, and Evaluation of Respecting, Protecting, and Fulfilling the Rights of Persons with Disabilities	2019
4	PP No. 13/2020 on Adequate Accommodation for Students with Disabilities	2020
5	PP No. 39/2020 on Adequate Accommodation for Persons with Disabilities in the Judicial Process.	2020
6	PP No. 42/2020 on Accessibility to Settlements, Public Services, and Protection from Disasters for Persons with Disabilities	2020
7	PP No. 60/2020 on the Disability Service Unit in the Employment Sector	2020
8	PP No. 75/2020 on Habilitation and Rehabilitation Services for Person with Disabilities	2020
9	PP No. 67/2020 on Procedures for Giving Awards and Fulfillment of Rights of Persons with Disabilities	2020
10	PERPRES No. 68/2020 on the National Commission for Disabilities	2020
11	PERPRES No. 1/2020 on Ratification of Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled	2020

Since 2019, the government has issued eleven new regulations for persons with disabilities. However, in December 2020, President Jokowi stated that “the regulatory umbrella of persons with disabilities is sufficient, (but) if it is needed, I am ready to issue more regulations” (Setneg, 2020). Despite the impressive number of regulations issued, the implementation and synergy of these policies are still unclear and full of ambiguity. This ambiguity occurs due to at least two factors.

First is the internal coordination aspect. Aside from the eleven new regulations, the government also has two other sets of National

Action Plan: the RANPD and RANHAM. Both unsurprisingly specify other responsibilities for different ministries and agencies in Indonesia. Due to the number of regulations, this situation resulted in a ‘policy boom.’ A condition where the ministries and agencies in Indonesia must develop and adapt to new (and sometimes overlapping) policies and procedures. This complexity of regulations also adds to the confusion regarding the institutional responsibilities and division of roles between national law, government regulation, presidential regulation, and national action plan.

Although each law and regulation have stated the roles of the various ministries and agencies, the lack of coordination among multiple stakeholders resulted in an institutional void. According to Hajer (2003), an institutional void is a condition where policies are developed but with high ambiguity and the absence of clear definitions of institutional roles and responsibilities. At least three factors also drive this situation:

- a. There are few regulations issued at the ministerial level to respond to Indonesia’s ‘policy boom’ on persons with disabilities. For instance, the Ministry of Health did not have a specific regulation on disability. Moreover, Regional Action Plan for People with Disabilities is still not available for most regions in Indonesia. This condition eventually led to a void within the policy process.
- b. Kemensos is still perceived as the ministry in charge of the disability issues. For instance, Law 8/2016 states that Kemensos is primarily responsible for data collection and implicitly for ‘coordination’ regarding disability issues. This condition produces another void, where the government somehow still relies on a specific ministry even though there has been a division of roles between ministries and agencies. However, according to a report by The SMERU Research Institute (Hastuti et al., 2020), “the Ministry of Social Affairs is not strong enough to guarantee the functioning of cross-sectoral coordination that guarantees the fulfillment of the rights of persons with disabilities.”

- c. There are still several overlapping roles with the newly established National Commission of Disabilities (*Komisi Nasional Disabilitas/KND*). However, although the roles and responsibilities of KND have been stated in Law No. 18/2016 and PR No. 68/2020, KND already has some constraints and controversies. First, due to its attachment with the Kemensos, KND is not solely independent as mandated by Law No. 8/2016. RANPD has stressed that the issues of persons with disabilities are no longer handled by Kemensos but by all levels of government. Therefore, there is a potential conflict of interest and dualism in the KND's leadership. Second, the roles of KND have been mentioned since 2016 in Law No. 6/2016 and PR No. 68/2020. Nevertheless, the role of the KND is not included and mentioned in both five-year plans of RANPD and RANHAM (2021–2025), released in 2021. It is unfortunate because the role of KND is vital, as it carries out various responsibilities, such as monitoring, evaluating, and advocating for the rights of people with disabilities.

Second, the external coordination aspects. Law No. 8/2016 states that participating persons with disabilities in all activities and programs is an obligation. However, the participation of persons with disabilities and Disabled Peoples' Organizations (DPOs) is minimal. As stated by the Chairperson of the Indonesian Women with Disabilities Association, drafting regulations and policies in Indonesia still tends to be one-way. Consequently, some rules and guidelines are not communicated to the DPOs and do not match the needs of persons with disabilities.

One of the most critical issues that need to be addressed is the lack of sufficient human resources to reach and facilitate persons with disabilities effectively. According to RANPD, Kemensos has a significant role in strengthening the capacity of facilitators (such as social workers, village community empowerment cadres, village facilitators, and youth organizations) and encourages the involvement of persons with disabilities in various agendas. However, Kemensos only has 38 rehabilitation centers that provide direct services to persons (Integrasi

Layanan Rehabilitasi Sosial Kementerian Sosial, 2018). In fact, on the IDPD 2021, the Minister of Social Affairs also stated that one of the obstacles at the field level was 'limited resources.' In addition, the lack of coordination between the various government agencies and ministries has ultimately contributed to the institutional void.

D. Conclusion: Overcoming Barriers

Persons with disabilities have been the most negatively affected since the beginning of the COVID-19 pandemic. Economically, persons with disabilities are affected by increasing inequalities in their livelihood because of limited access to the labor market. Persons with disabilities also experience a double stigma that makes them even more marginalized and difficult to find jobs during the pandemic. In addition, due to the pandemic, many health facilities and services for persons with disabilities were temporarily closed. It could cause persons with disabilities to experience worsening conditions. Moreover, disabled-friendly websites to provide health information to persons with disabilities still tend to be limited.

In the education aspect, since the pandemic started, the data revealed that the dropout rate for students with disabilities was higher than that without disabilities. In addition, mobility and access to education are also significant issues for students with disabilities. In this vein, remote learning cannot be a practical solution because there are still challenges from access to technology and technical issues for students with disabilities. This condition is getting worse because it turns out that the government's policy response has not been able to incorporate COVID-19 data and make it the basis for protecting and fulfilling the rights of persons with disabilities.

In general, there are three main barriers: (1) lack of disability-disaggregated data; (2) shallow definition of the human rights approach; (3) ambiguity in coordination and policy design. To overcome those barriers, this chapter proposes three strategies. However, these three strategies can only be implemented if the three main preconditions have been met. First is the availability of comprehensive, accurate, and

up-to-date disaggregated data and information on Indonesian persons with disabilities. At this level, local DPOs play a significant role in providing quantitative and qualitative data to be later assessed by the Government of Indonesia. It is critical because, without accurate data on the population, categories, and characteristics of persons with disabilities, the interventions and approaches taken can be biased and misleading. Data must also not overlap between institutions and should be integrated with national COVID-19 data.

The government must also increase the human resources for rehabilitation and disability centers to enable persons with disabilities to be accommodated at all levels. The government should also support and promote community-based rehabilitation (CBR) programs to provide the necessary services and accommodations for persons with disabilities. Third, the government of Indonesia and other stakeholders must work together with a sense of crisis and within the framework of intersectionality. If the three main preconditions have been met, then the three strategies for inclusion can be implemented. The three strategies are as follows.

The first is creating an inclusive environment. This chapter problematizes Kemensos strategies for ‘strengthening’ an inclusive environment; instead, it recommends the government of Indonesia and other stakeholders ‘create’ a more inclusive environment in multiple sectors: education, infrastructure, health to economic sectors. There is also a need for all stakeholders to understand that the fulfillment of rights for persons with disabilities is not centralized in Kemensos but distributed, and every stakeholder has a role to play. There are three critical steps to achieve a disability-inclusive environment: identifying the roles of the government of Indonesia and other stakeholders, eliminating the structural and cultural constraints, and repositioning the DPOs and persons with disabilities as the main subject of development. The government of Indonesia must also conduct a holistic evaluation to truly shift the charity approach to the human rights approach to disability and ensure that everything is in-line with the principle of disability-inclusive development.

The second is improving healthcare and social protection coverage. Indonesian healthcare and social protection programs must be expanded to cover a broader range of persons with disabilities. Based on accurate and up-to-date data on persons with disabilities, the government can target the un-registered persons who are yet to enroll in social and health assistance programs. The government also must realize that persons with disabilities are not monolithic. For instance, persons with mental or intellectual disabilities are probably the most excluded and ‘untouchable’ disabilities (Goodrich & Ramsey, 2013). Therefore, all staff must be fully trained to understand the concept of disability and its complexities. They also need to understand the concept of respect, protection, and fulfillment of the rights of persons with disabilities. Healthcare and social protection should not only be provided in times of crisis. They should be sustainable sustainably and can ensure that the rights of persons with disabilities are fulfilled.

The third is developing a cross-sectoral and multi-stakeholder network. The government of Indonesia needs to collaborate with a wide range of stakeholders to build a cross-sectoral and multi-stakeholder network for monitoring, evaluating, and improving the living conditions of persons with disabilities. This cross-sectoral collaboration should involve persons with disability and DPOs as the central decision-makers. The network is not a government entity. Instead, it is designed to be an independent and separate entity that encourages DPOs to participate more actively in the policy process. The network must also be developed in a participatory, inclusive, and collaborative framework.

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