

**Country Profile on  
Disability**

**REPUBLIC OF INDONESIA**

**March 2002  
Japan International Cooperation Agency  
Planning and Evaluation Department**

# Country Profile on Disability Republic of Indonesia

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## Abbreviations

BCG	Bacille Calmette-Guerin
BKSN	Badan Kesejahteraan Sosial Nasional
BPS	Badan Pusat Statistik
CBR	Community-Based Rehabilitation
DEPNAKER	Ministry of Manpower of Indonesia
DEPSOS	Positioning of the Social Development
DPT	Depheteria Pertussis Tetanus
ECOSOC	Economic and Social Council
ESCAP	Economic and Social Commission for Asia and the Pacific
GDP	Gross Domestic Product
GNP	Gross National Product
HWPCI	Indonesian Association for Disabled Women
ILO	International Labor Organization
INIS	National Teacher Training, Education and Science Institute
JBIC	Japan Bank for International Cooperation
JICA	Japan International Cooperation Agency
KUBE	Kelompok Usaha Bersama
NGO	Non-Governmental Organization
OECD	Overseas Economic Cooperation Fund
PERTUNI	Persatuan Tunanetra Indonesia
PWDs	Persons with Disabilities
RNN	Radikal Nitronil Nitroksida
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

## 1. Basic Profile

### 1-1. Basic Indicators

#### Public Sector Expenditure<sup>1</sup>

Health (% of GDP)	0.6%	1990-98
Education (% of GNP)	1.4%	1997
Social welfare (% of total expenditure)	26.2%	1998
Defense (% of GNP)	2.3%	1997

#### Population<sup>2</sup>

Population (total)	207 million	1999
% of women	50.1%	1999
% of urban population	39.8%	1999
Life Expectancy (total)	65.7	1999
Male	63.9	1999
Female	67.6	1999

#### Medical Care

Medical care personnel		
Population/Doctor <sup>3</sup>	6,250	1990-99
Population/Nurse & midwife <sup>4</sup>	1,493	1992-95

<sup>1</sup> World Bank. World Development Report 2000-2001

<sup>2</sup> World Bank. World Development Indicators 2001

<sup>3</sup> UNDP. Human Development Report 2001

<sup>4</sup> UNDP. Human Development Report 2000

**Education<sup>5</sup>**

Education system		
Primary education	6 year	
Compulsory education	9 year	
Adult literacy rate <sup>2</sup>		
Male	91.5%	1999
Female	81.3%	1999
Enrollment ratio		
Primary education (Net enrollment ratio)		
Total	95%	1996
Male	96%	1996
Female	93%	1996
Primary education (Gross enrollment ratio)		
Total	113%	1996
Male	115%	1996
Female	110%	1996
Secondary education (Net enrollment ratio)		
Total	42%	1996
Male	45%	1996
Female	39%	1996
Higher education (Gross enrollment ratio)		
Total	11.3%	1996
Male	14.6%	1996
Female	8.0%	1996

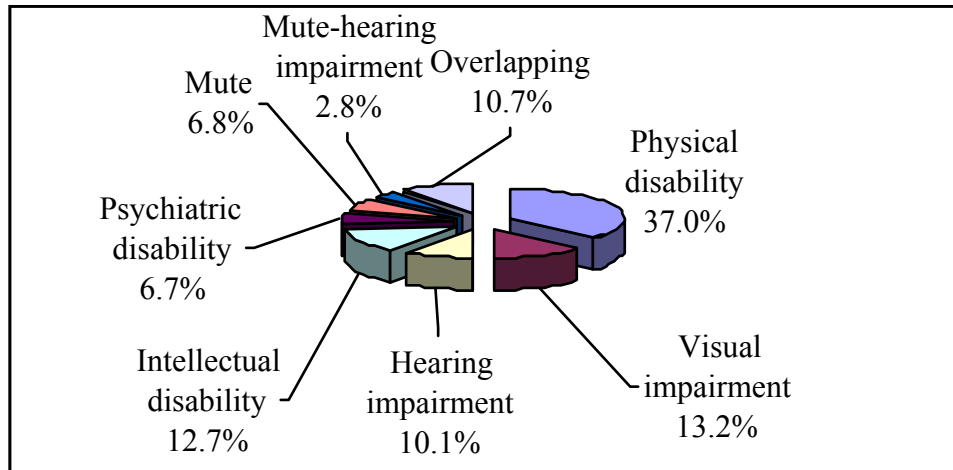
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<sup>5</sup> UNESCO. Statistical Yearbook 1999

1-2. Indicators on Disability

**Disability-specific Data**

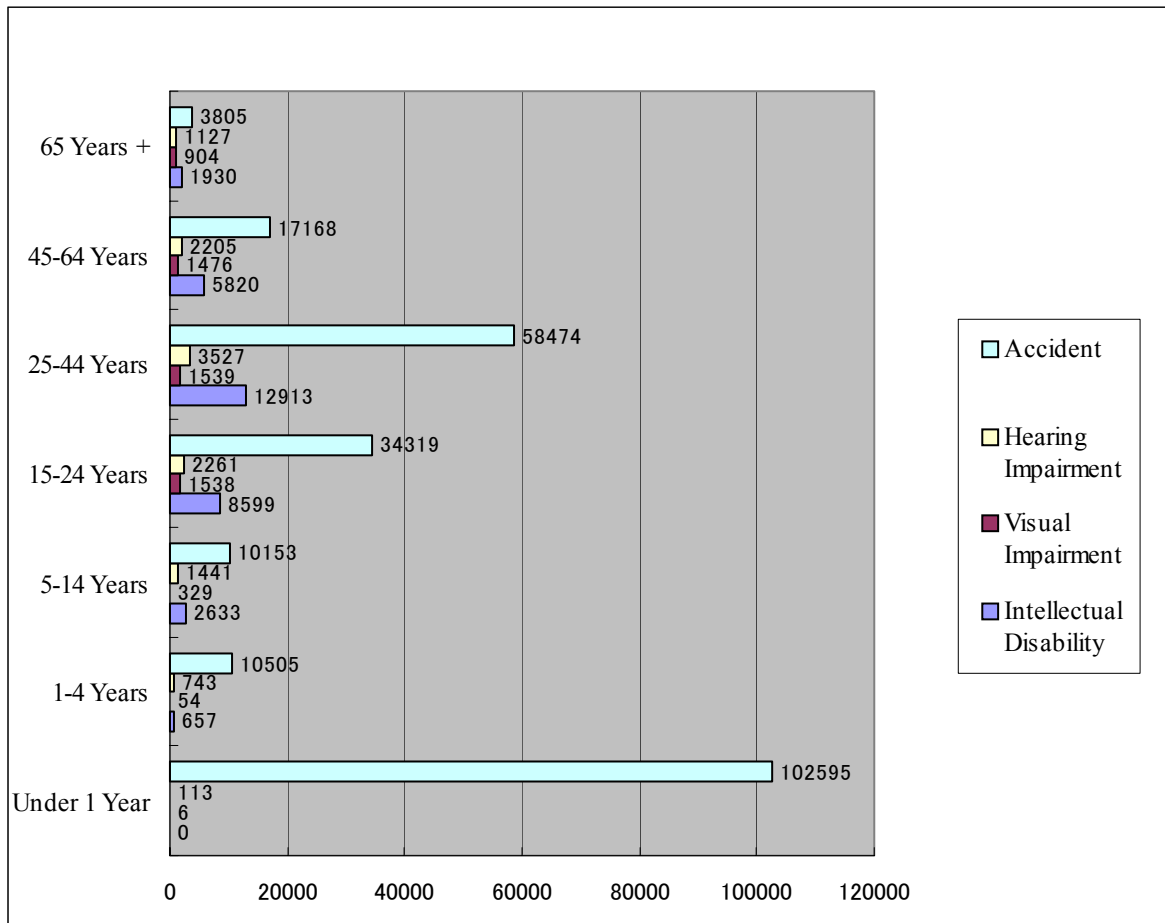
**Figure 1: Disability-specific Data, 2000**



Source: Statistic Centre Bureau 2001. Jakarta

**Age-specific Data**

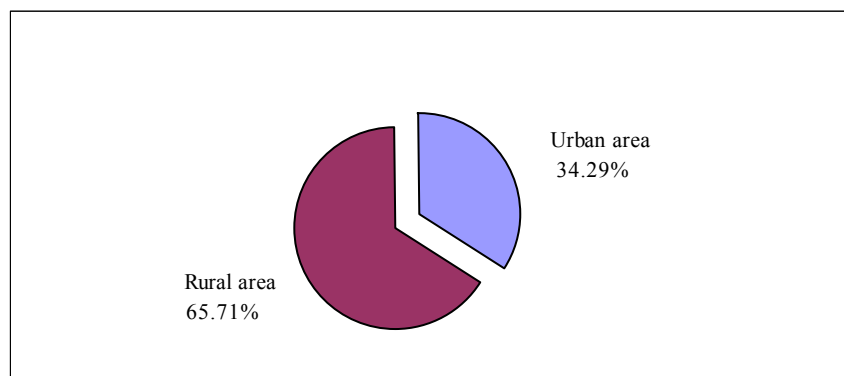
**Figure 2: Number of New Cases with Ongoing Medical Care by Age Category 1998**



Source: Yayasan Bina Swadaya (2001), The Country Profile on Persons with Disabilities

**Area-specific Data**

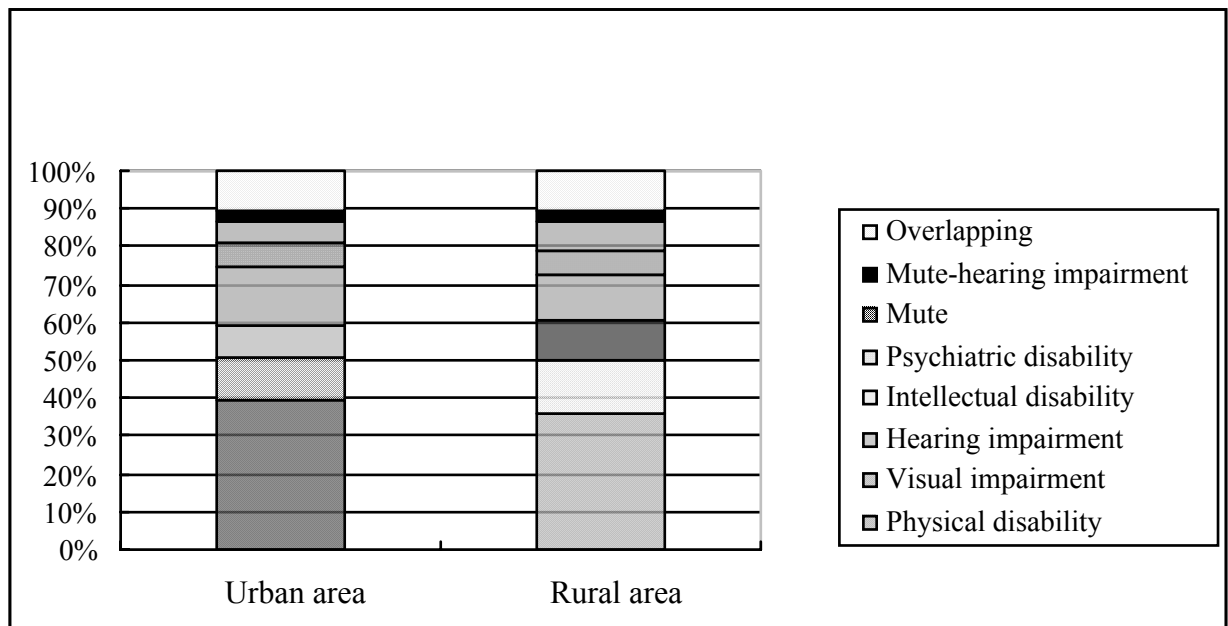
**Figure 3: Number of Persons with Disabilities in Urban and Rural Areas, 2000**



Source: Statistic Centre Bureau 2001. Jakarta



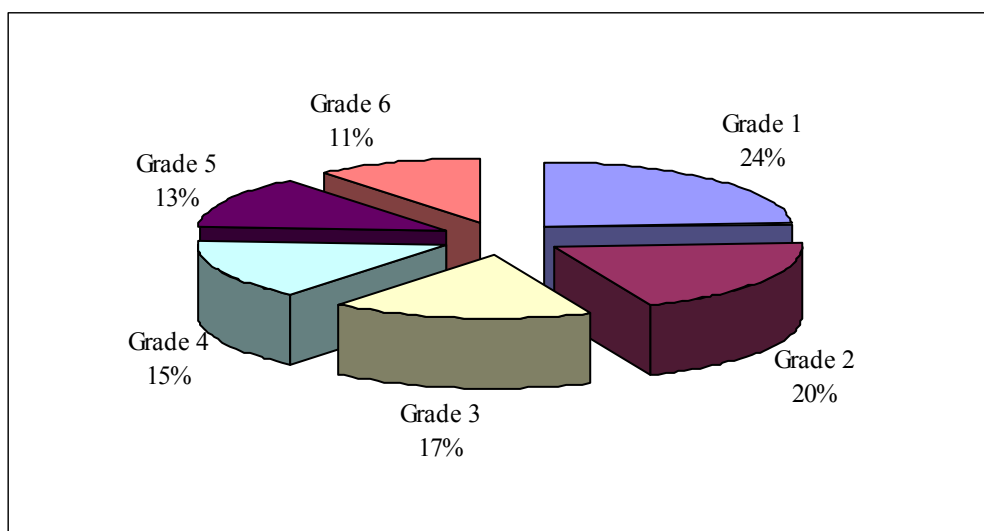
**Figure 4: Type of Disability-specific Data in Urban and Rural Areas, 2000**



Source: Statistic Centre Bureau 2001. Jakarta

**Disability-level-specific Data**

**Figure 5: Enrolled Children with Disabilities by Disability-level (1998/1999)**



Definition of the grades\*: By definition, disability level is measured according to the ability of someone in undertaking daily activity which can be classified in the following levels:

Disability Level 1: able to perform daily activity and maintain behavior with difficulty if no aid device

Disability Level 2: able to perform daily activity and maintain behavior by using aid device

Disability Level 3: able to perform daily activity by partly assistance from others with or without aid device

Disability Level 4: able to perform daily activity by full assistance from others

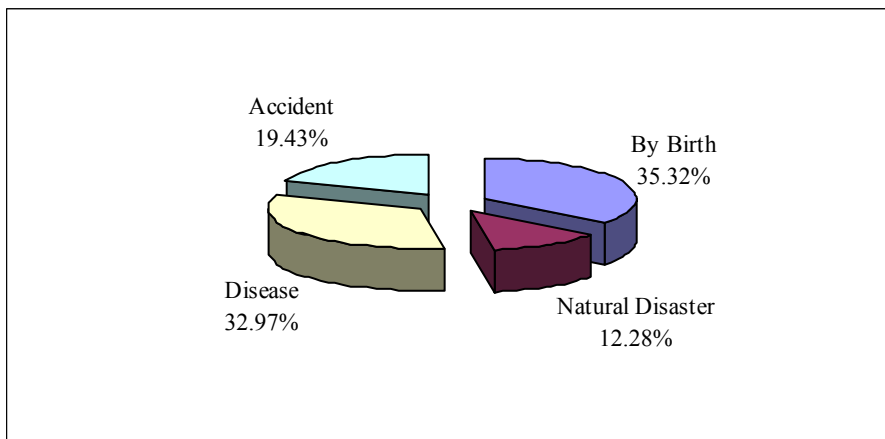
Disability Level 5: not able to perform daily activity and fully depend on others and the existence of particular environment

Disability Level 6: not able to perform daily activity, though being fully assisted by others

Source: Yayasan Bina Swadaya(2001), The Country Profile on Persons with Disabilities

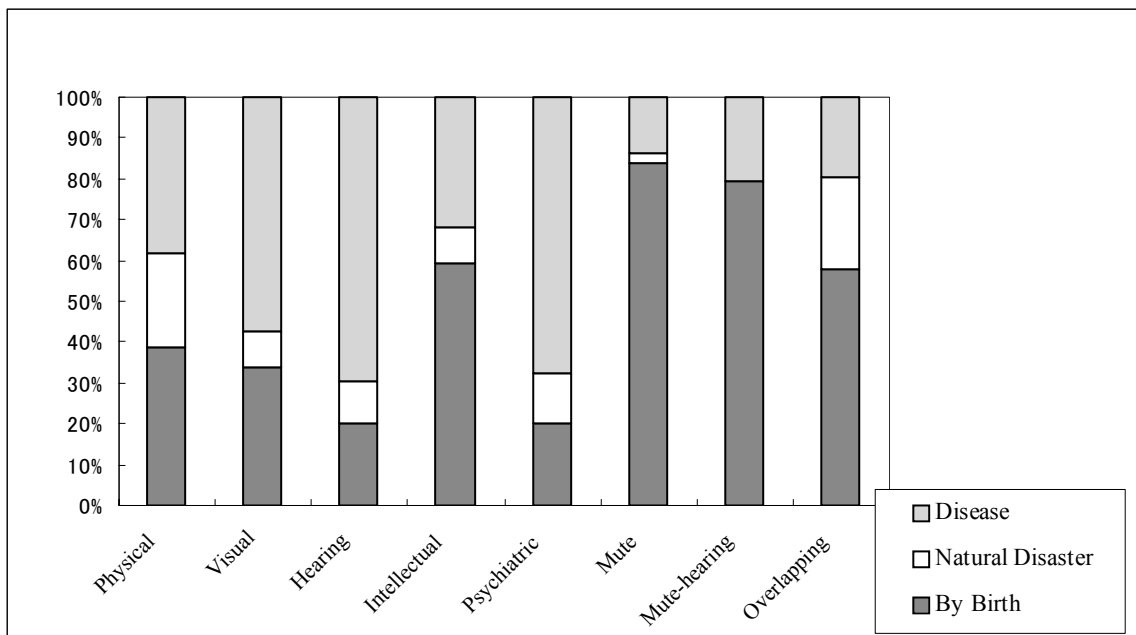
**Cause-specific Data**

**Figure 6: Cause-specific Data in 2000**

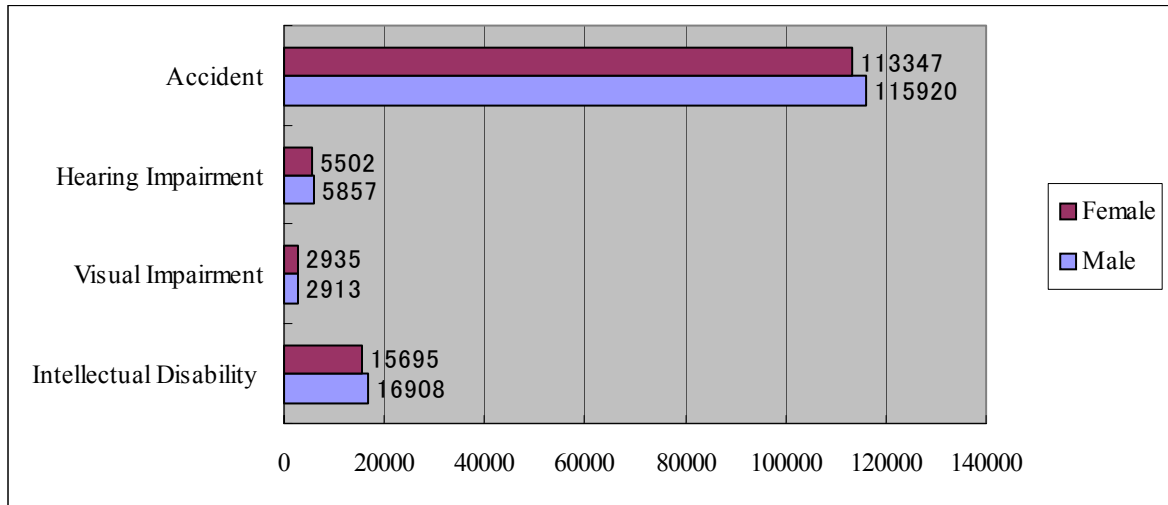


Source: Statistic Centre Bureau 2001. Jakarta

**Figure 7: Cause-specific Data on Type of Disability in 2000**



Source: Statistic Centre Bureau 2001. Jakarta

**Gender-specific Data****Figure 8: Number of New Cases with Ongoing Medical Care in Hospitals in 1998**

Source: Yayasan Bina Swadaya (2001), The Country Profile on Persons with Disabilities

## 2. Issues on Disability

### 2-1. Definition of Disability in Indonesia

There are currently two sets of definitions defining disabilities in Indonesia: medical and legal.

#### 1. Medical definitions<sup>6</sup>

- ◆ Physically disabled:  
People who are stated to suffer from motor impairment of the body parts consisting of bone, muscle, and joints in terms of structure and or function, so that he/she is not able to perform normal activities.
- ◆ Visually disabled:  
People who cannot visually count objects within a distance of 1 meter. According to the WHO (World Health Organization), a visually disabled person is defined as a person who even after maximum correction, cannot count fingers 3 meters away.
- ◆ Hearing impaired:  
People who are stated to have defective or disturbed hearing and speaking functions so that he/she can not properly communicate.
- ◆ Intellectually disabled:  
People who are suffering from deviation/defects in mental growth and development which occurs in the womb or during childhood, and whose intellectual disability is caused by biological, organic, or functional factors.
- ◆ Psychiatrically disabled:  
People who are suffering from psychiatric defects due to biological, organic or functional factors that cause change to mind frame, mood, or actions.
- ◆ Overlapping:  
People who suffer from serious physical defects, mental disabilities, or emotional deviation, to the extent that he/she requires intensive care and comprehensive treatment.

#### 2. Legal definitions<sup>7</sup>

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<sup>6</sup> 'Guidance for Checkups and Functional Ability of People with Disabilities' (Pedoman Pemeriksaan dan Kemampuan Fungsional Penyandang Cacat), D.G. of Medical Service of Health Department of RoI

Any person who has a physical or intellectual disability that can disrupt their livelihoods and/or constraint him/her from performing normal activities, including the:

- a. physically disabled
- b. intellectually disabled
- c. physically and intellectually disabled

The physically disabled are those who are impaired in terms of body movement, visual ability, hearing, or speaking.

The “blind” or visually impaired are divided into two categories: total blindness or low vision. Total blindness is when one can not see at all, whereas low vision is defined as the two eyes are not able to count moving fingers within 1 meter despite vision correction using eyeglasses.

The “deaf” or hearing impaired are those whose both ears can not hear or clearly understand any word conveyed within 1 meter without using a hearing aid device.

The “mute” or speech impaired are those who cannot speak at all or his/her speaking can not be understood, creating difficulties in communication.

The intellectually disabled according to the explanation in Law No. 4 – 1997 are those who are intellectually impaired and whose behavior is impaired by nature and or from the effects of disease.

The law also explains that an intellectually disabled person is one whose predicament is caused by intrinsic or extrinsic factors that prevent normal and proper growth. This in turn causes intellectual inability, a lack of willingness, sense, or social adjustment, and other difficulties.

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<sup>7</sup> Law Number 4 – 1997, point 1

## 2-2. Current Situation

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The Government of Indonesia and non-governmental organizations (NGOs) provide health, education and other social services for persons with disabilities. However, many projects and facilities are concentrated in the larger cities.

### 1. Health services

Preventive, curative, and rehabilitative services are promoted and provided in Indonesia. Rehabilitation services reach 1.2 million people, equivalent to approximately 75% of the total number of persons with disabilities<sup>8</sup>.

Early detection of disability, parental or community education, and raising awareness of disabilities remain an issue and if action is taken, would perhaps lower the rate of disabilities caused by disease.

### 2. Education facilities

Education facilities for persons with disabilities provide rehabilitation and compulsory education. In the rehabilitation centers, training is provided for social home care.

There are also special schools for persons with disabilities but those who live in remote areas have limited access to these educational facilities. At the same time, there has been a trend towards including and integrating children with disabilities into the 9-year compulsory education curriculum.

### 3. Employment

Persons with disabilities frequently face obstacles when seeking job opportunities. These obstacles may be categorized into policy-related obstacles, employer-related obstacles, and self-imposed constraints.

In Indonesia, the lack of a qualification and certification system for job skills of persons with disabilities, lack of a job bank or database of jobs available for disabled job seekers as well as

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<sup>8</sup> This implies that there are approximately 160,000 PWDs, JICA has calculated that 3.1% (or roughly 6 million people) of the total population of Indonesia have some form of disability for its project-type technical cooperation

lack of legislation and a governmental regulatory institution have been identified as policy and system level obstacles. Employers on the other hand may be concerned with the lack of skills or attitude on the part of persons with disabilities, as well as the indirect costs that must be borne to cover accommodation, transportation and even in some cases, special equipment tailored for persons with disabilities.<sup>9</sup>

Ministry of Manpower of Indonesia (DEPNAKER) has taken the initiative to implement measures to promote the placement of persons with disabilities in the work force<sup>10</sup>. Some of the problems related to matching the skills of persons with disabilities with jobs and needs of the market are as follows:

- Policies and regulations such as the facilitation of services are not yet fully supported by the agencies concerned
- Lack of information on job opportunities among facilitators on disability-related issues from the central level to the regional authority
- Lack of a concrete understanding of the function and role of vocational training guidance from the central to regional levels
- Lack of support from regional governments
- No opportunity to enhance the horizon for implementing and developing programs to guide the distribution of potential jobs to persons with disabilities at companies, and also formation of KUBEs (Kelompok Usaha Bersama :Collective Enterprise Groups) through seminars or training within the country and overseas)

#### 4. Accessibility and communication

Accessibility of persons with disabilities is still restrained in most parts of the country. The fact that the International Access Symbol (a wheelchair logo) has just been installed at the Gambir Train Station is proof that this is a new concept in Indonesia.

#### 5. Rehabilitation

Over the last 32 years of the New Order Regime, characteristics of the Indonesian

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<sup>9</sup> Source: Pardede, Erwin. *Fungsi dan peran APINDO dalam penyaluran tenaga kerja penyandang cacat*, Jakarta, 2001

<sup>10</sup> Dra. Hj. Ariani Abdul Mun'im, 'Participation and Function of Organizations of/for Persons with Disabilities in Developing Employers for Persons with Disabilities' (Peran dan fungsi organisasi penyandang cacat dalam pemberdayaan Tenaga Kerja Penyandang cacat), Seminar paper

rehabilitation system are as follows<sup>11</sup>

- a. Emphasis on development of physical infrastructure (making facilities and means of rehabilitation available), with lower emphasis on human resources development for persons with disabilities
- b. Positioning of the Social Department (DEPSOS) as the one and only leading agency preventing cooperation with other departments for rehabilitation.
- c. Three government regulations on disability give the impression that rehabilitation is a “morale obligation” which may be preventing socialization and realization of these regulations
- d. A portion of the budget is allocated for disability-related rehabilitation and related issues perhaps stemming from the fact that the precise number of persons with disabilities or scope of the issue has not been grasped
- e. Overlapping of institutions involved in rehabilitation, in particular vocational rehabilitation by the Social Department and the Ministry of Manpower. This situation is mentioned under Law (UU) No. 4/1997 and Government Regulation (PP) Number 43/1998
- f. Inability of the NGO ORSOSCA to exercise social control and auditing of policies due to its self-positioning as a “partner of government”

#### 6. Perception of disability

Sensitivity to the use of disability-related terminology remains an issue as seen in the use of terminology such as “handicap” and “mentally handicapped”. At the same time, there remains the perception that a disability is a human defect, as seen by the frequent use of the terminology in the original local consultant report.

There also remains the generalization that the affairs of persons with disabilities are merely social affairs, creating the perception that disabled persons are not treated equally as members of society, citizens, and members of the nation.

Finally but not least of all, unfair and discriminatory treatment toward minority groups, including persons with disabilities persists.<sup>12</sup>

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<sup>11</sup> ‘Rehabilitation System for Persons with Disabilities in Indonesia, Previous, Now, and Next’ (Sistem Rehabilitasi bagi Penyandang Cacat di Indonesia: Dulu, Kini dan Mendatang), Proposal for a congress of persons with disabilities in Indonesia 2001.

<sup>12</sup> Source: Sistem Rehabilitasi Bagi Penca Di Indonesia: Dulu, Kini Dan Mendatang. Proposal Kongres Penca Indonesia 2001.



### 2-3. Documentation and Survey on Disability

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**National Census**

<b>【Title】</b>	The National Census Survey (Susenas) By BKSNI and BPS (Central Statistic Bureau)
<b>【Frequency】</b>	2000
<b>【Items regarding disability】</b>	No items specific to disability are available. However data on disadvantaged persons with social welfare problems was collected and combined with other data.

### 3. Administration and Policy on Disability

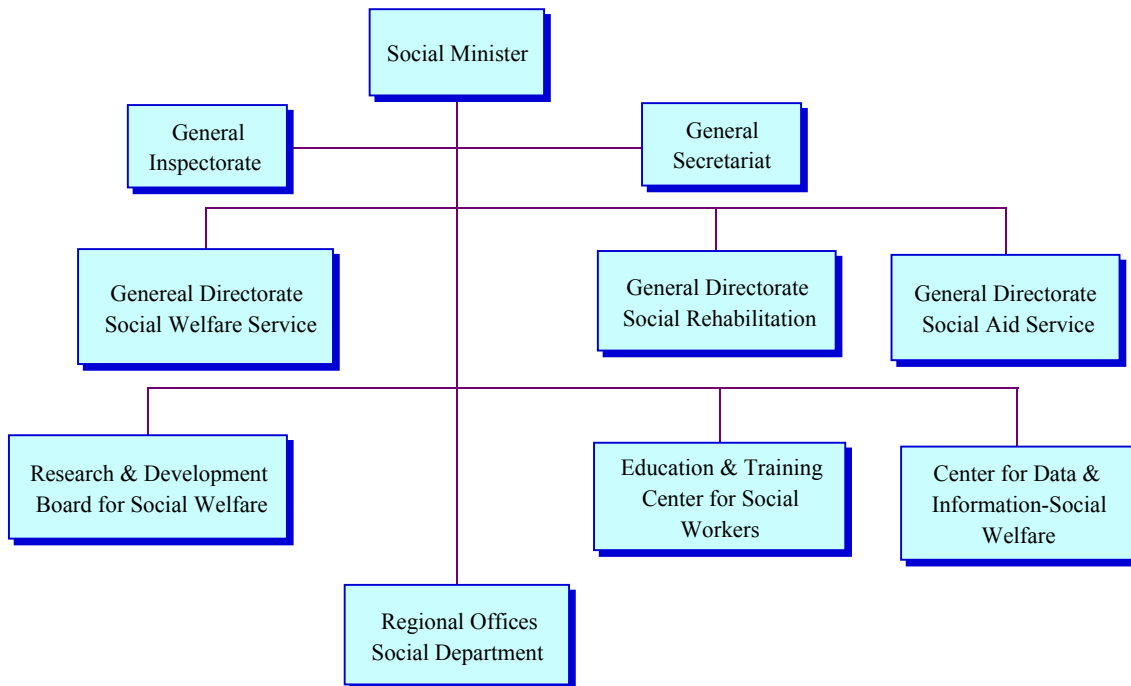
#### 3-1. Administration on Disability

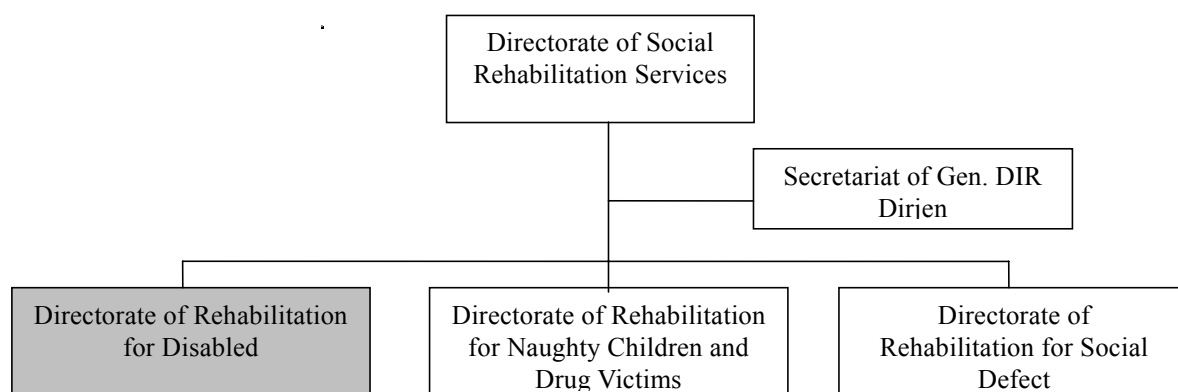
\* See Annex 1. for the list of governmental organizations

##### Central Government

【Organizational chart】

Figure 9: Organizational chart of Ministry of Health and Social Welfare



**Figure 10: Organizational chart of Directorate of Social Rehabilitation Service****【Disability-related Governmental Organizations】**

<b>【Name】</b>	Ministry of Social Affairs
<b>【Description】</b>	In order to achieve social justice which is one of the five pillars of national principles (Panchasila), social aid for the socially disadvantaged, social rehabilitation and social donation are to be implemented.

<b>【Availability of national coordination committee】</b>	Yes
<b>【Committee name】</b>	National Coordinating Body on the Promotion of Welfare of Persons with Disabilities
<b>【Activities and implemented plans】</b>	Strengthened and restructured on 23 August 1997. Consists of 12 working groups, focusing on 12 areas listed Agenda for Action for the Asian and Pacific Decade of Disabled .

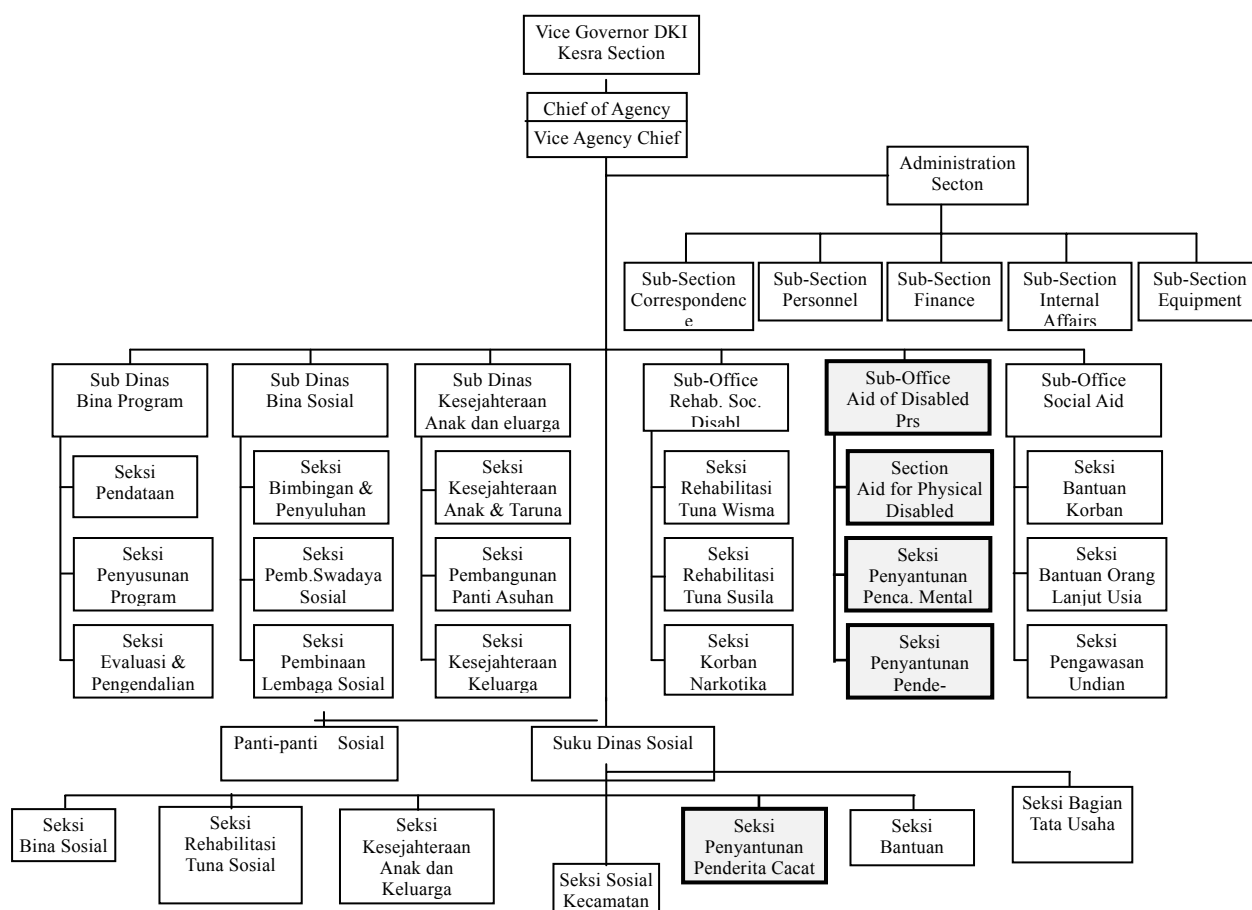
The UN report “Country Perspectives” refers to a coordinating body with 12 working groups coordinated through an Agenda for Action.

**Local Government****【Disability-related Organizations in Local Government】**

<b>【Name】</b>	Sub-office Aid for Disabled People/Sub-office for Rehabilitation of the Socially Disabled
<b>【Description】</b>	N/A

【Organizational chart】

**Figure 11: Organizational Structure of Social Agency Special Capital City Jakarta  
(Perda Number 9 – Year 1983)**



### 3-2. Laws and Regulations on Disability

【Title】	Law Number 4 on Persons with Disabilities
【Year Legislated】	28 February 1997
【Purpose】	Legal foundation for social welfare of the disabled covering all aspects of life

【Title】	Government Regulation Number 43 on Generating Social Welfare for Disabled People
【Year Legislated】	1998
【Purpose】	To realize equality in status, right, duty, and role for disabled persons

<b>【Title】</b>	Presidential Decree Number 83 on Agency for Coordination and Control in Generating Social Welfare for Disabled People
<b>【Year Legislated】</b>	1999
<b>【Purpose】</b>	To support the enforcement of Government Regulation Number 43/1998 on efforts to improve social welfare for persons with disabilities

### 3-3. Policies on Disability

The following statements are quoted from Law of the Republic of Indonesia Number 25 – 2000 on National Development Programs 2000 – 2004

#### National Development Plan

<b>【Title】</b>	Law of the Republic of Indonesian Republic Number 25 – 2000 on National Development Programs 2000 – 2004
<b>【Year Legislated】</b>	
<b>【Items regarding Disability】</b>	<ol style="list-style-type: none"> <li>1. Point 4 of Five National Development Programs 2000–2004 declaring “Building Peoples’ Welfare, Improving the Quality of Religious Life, and Cultural Resistance”. The following is an excerpt of this point: <i>“The outline direction of health and social welfare of GBHN (State Guideline Policy) 1999 – 2004 includes improving human resources and the environment by adopting a new health paradigm, increasing the quality of institutional and health services, promoting a social insurance system for workers, developing social resilience, raising appreciation of senior and retired/veteran citizens, raising concern for socially disadvantaged people, improving the quality of people, combating trade and drug abuse, and increasing physical and non-physical accessibility for disabled people.</i></li> <li>2. Point 2 on program objectives of basic education including pre-school guidance and for high schools states, “Improve educational opportunities for disabled children and disadvantaged groups, including those who live in remote areas, urban shantis, areas of conflict, and poor communities”. (Section VII Page 4)</li> <li>3. Point 2 (4) on the direction of social and culture development concerning health and social welfare states, “Raise concern for neglected children, the disabled, the poor and needy, and social marginal groups through creating as many job opportunities as possible to increase community welfare”.</li> <li>4. Point 2 (6) states “Provide physical and non-physical accessibility for disabled people to allow them a voice in the overall decision making process”.</li> </ol>

5. Point 1 (2) on Youth and Sport states “Talent scouting/cadre and guidance in sports achievement should be improved systematically and comprehensively through educational organizations and central guidance under the coordination of respective sport organizations, including sport organizations for disabled people, working together with society to pursue achievements at an international level. (Section VIII, page 3 & 5).

These points are further elaborated under the program for health development and social welfare:

1. Point 1.2. concerns health efforts to (1) reduce illness (morbidity), mortality, and infectious diseases that cause disabilities, including mouth hygiene; and (2) promote rehabilitation services for groups with special needs.

One of the main targets of this program is to promote rehabilitation services for the disabled and health services for the elderly.

2. Point 1.7 concerns the development of social welfare and aims to raise awareness, capability, responsibility, the active role of the community in coping with social problems, and the quality of life and welfare of people with social welfare problems.

The main targets of this program are to (1) provide social services and easier access to public facilities for senior citizens, veterans, and persons with disabilities; (2) improve the capability of disabled persons to perform social functions properly and become productive human resources; and (3) protect the rights of persons with dual disabilities.

Primary activities to be undertaken are (1) establishing legal regulations and providing easier access to social services and public facilities for senior citizens, veterans, and persons with disabilities; and (2) undertaking rehabilitation and social protection for persons with disabilities.

### **3-4. Measures on Disability**

#### **Prevention, Identification and Early Intervention**

【Current Situation】

The major approach Indonesia takes to prevent disabilities is through strengthening the health system and services including immunization, nutrition programs (iodine and vitamin A), and the referral system, as well as through efforts to improve the work environment and job safety. These efforts are also supported by large public awareness campaigns using both print and electronic media as well as through marriage and family planning counseling services.

Large-scale immunization programs were implemented in 1977, 1982, 1985, 1991, 1997 focusing on BCG, DPT (Diphtheria Pertussis Tetanus), OPV/Polio, measles, smallpox and tetanus with national immunization weeks held in 1995, 1996 and 1997. A schoolchild immunization month focusing on the elimination of tetanus was held in 1998, and in 1999, a month was set aside to immunize school children from polio.

### **Medical Services and Rehabilitation**

#### **【Current situation】**

According to the UN report, the provision of rehabilitation services within Indonesia began in 1950 and has strengthened ever since due in part to the National Development Plan, as well as regional and international movements on rehabilitation services.<sup>13</sup>

The National Development Plan is a guideline for rehabilitation services that are implemented by NGOs and various government agencies including the Ministries of Social Affairs, Education and Culture, and Health and Manpower.

There are two approaches to social rehabilitation: institutional and non-institutional. The Prof. Dr. R. Soeharso Orthopedic Hospital is an example of the 38 public institutions for persons with disabilities in Indonesia. It was established in 1994 and is the only national reference hospital for orthopedic cases, providing medical rehabilitation including operations, training, assistive devices, post-medical care, and social rehabilitation.

The government provides medical rehabilitation through its specialized hospitals (orthopedic hospitals) and general hospitals. There are medical rehabilitation centers in the major cities of Medan, Jakarta, Surakarta, Yogyakarta, and Ujung Pandang. However, rehabilitation facilities for persons with visual and hearing impairment, intellectual disability and leprosy patients are limited.

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<sup>13</sup> UN-ESCAP. *Asian and Pacific Decade of Disabled Persons: mid-point country perspectives*. 1999.

**Education****【Current situation】**

Education facilities for persons with disabilities provide rehabilitation and compulsory education. In the rehabilitation centers, training is provided for social home care. Every student or occupant learns how to care for him or herself, promoting self-confidence and improving skills. Persons with disabilities usually reside in social home care for four years. However some social home care or special education facilities have had problems related to over capacity, or in some cases, many persons with disabilities have not been able to continue to receive training due to a lack of funding.

At the elementary to senior high school level, there is Special Education Group A for the visually disabled, a Group B for the hearing disabled, and a Group C for the physically disabled.

Most educational facilities are situated in or around Jakarta, the capital. Children with disabilities who live in remote areas have little access to educational facilities. However in 1985/1986, this problem was slightly mitigated through the establishment of a special school for the disabled by the government. The UN reports that there are about 24 public special schools for children with disabilities, the intellectually disabled, physically disabled, hearing impaired, and the multiply disabled.<sup>14</sup>(Refer to the attached list for details on educational facilities.) It is also said that there are over 700 special schools managed by NGOs. However, since the early 80s, the Indonesian Government has shifted its stance to include and integrate children with disabilities into its 9-year compulsory education system.

In 1996, the Social, Home Affairs, Education and Culture, as well as the Religion Ministries decided to provide financial aid to children with disabilities and transportation to schools for children living in remote areas or so that they could attend boarding schools.

**Social Services****【Current situation】**

Social welfare services were only coordinated from 1983, when the Presidential Decision Number 39 was issued on the Coordination of Social Welfare for Disabled People.

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<sup>14</sup> UN-ESCAP. *Asian and Pacific Decade of Disabled Persons: mid-point country perspectives*. 1999.



Since then, according to the UN report, efforts have been undertaken in Indonesia to improve the standard of accessibility and to remove physical and communication barriers faced by persons with disabilities. In 1998, the Government established technical requirements for public buildings to improve accessibility, especially for persons with disabilities. In 1999, the Transportation Ministry introduced mandatory regulations for transport operators to improve access for persons with disabilities and illness. In 2000, the Government made efforts to provide more facilities and means for persons with disabilities to utilize public transportation under a national movement for public accessibility.

Social services are mostly provided and coordinated by the Social Ministry, but social and disability-related consideration are found in many of the policies of the line ministries.

The Center for Social Rehabilitation Bina Grahita “Kartini”, established in 1983, is the only national rehabilitation center that takes care and builds the capacity of persons with intellectual disability for their participation in society and self capacity.

Non-institutional care systems include sheltered workshops, mobile rehabilitation units (realized from 1983), outreach programs including community based rehabilitation (CBR), small scheme vocational learning, and re-socialisation and resettlement for former leprosy patients.

### **Vocational Training and Employment Promotion Services**

#### **【Current situation】**

The Ministries of Social Affairs, Manpower, and Defense are involved in promoting employment for persons with disabilities by way of job placements and the provision of job training. In Government Regulation Number 43 on Generating Social Welfare for Disabled People, a quota was laid down for companies to employ 1 disabled person per 100 employees. The UN reports that the Ministry of Social Affairs itself employs 200 persons with disabilities.

Vocational rehabilitation facilities have been established by the government and NGOs. Main facilities include the Prof. Suharto Rehabilitation Center in Solo. There are also smaller rehabilitation centers in Palembang and Ujung Pandang managed by the Ministry of Social Affairs and a rehabilitation center in Jakarta which operates under the Ministry of Defense. Recently the Center for Vocational Rehabilitation Bina Daksa was established in 1997. Goals

of such institutions are to teach persons with disabilities skills so that they can compete in the job market and become socio-economically self-reliant.

Disability-related vocational training is provided through institutional care, sheltered and community workshops, and vocational training centers. Job placement is done through job bazaars, the last held in 2000, which help to link the products produced by enterprise groups of persons with disabilities with consumers, and groups of persons with disabilities to potential employers. Information guidebooks have also been put together to identify job vacancies for workers with disabilities, while international NGOs have trained persons with disabilities in business skills and have encouraged them to start their own businesses.

The Ministry of Social Affairs has started as a part of its own program, activities under the Embryonic Action Program. The objectives of this program are as follows<sup>15</sup>.

- a. To facilitate individual or a group of persons with disabilities to start up businesses. At the same time, leaving open the possibility of working with normal workers
- b. To communicate technical skills to other persons with disabilities

Measures taken by DEPNAKER regarding its policy to place disabled persons in the work force<sup>16</sup>:

- ◆ To synchronize Law Number 4 – 1997 on disabled people and Government Regulation Number 43/1998 about endeavors to improve the social welfare of disabled people
- ◆ To impose the Decision of the Ministry of Manpower on Job Training and Placement for the Disabled, Decision 205/MEN/1999
- ◆ To increase and enhance job opportunities for the disabled in formal and informal sectors through inter-governmental cooperation and private companies
- ◆ To facilitate placement of job seekers with disabilities in the formal sector through the job bazaar model
- ◆ To conduct guidance for enterprise groups at national and regional levels to promote self-employment of disabled persons
- ◆ To improve the vocational rehabilitation system through cooperation with the

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<sup>15</sup> Japanese Society for Rehabilitation of Persons with Disabilities *Asia no rehabilitation (Rehabilitation in Asia)* 1998

<sup>16</sup> Dr. Hj. Ariani Abdul Mun'im, 'Participation and Function of Organization of/for Persons with Disabilities in Developing Employers for Persons with Disabilities' (Peran Dan Fungsi Organisasi Penyandang Cacat Dalam Pemberdayaan Tenaga Kerja Penyandang Cacat), Seminar paper

International Labor Organization (ILO)

- ◆ To reinforce implementation of Law Number 4 Year 1997 on manpower supervisors in accordance with existing regulations
- ◆ To reward companies that employ disabled persons
- ◆ To encourage private agencies to improve job matching services for placement of job seekers with disabilities

<b>【Policy title】</b>	Job Training and Job Placement for the Disabled (Decision of the Ministry of Manpower Number 205/MEN/1999)
<b>【Year Legislated】</b>	1999
<b>【Description】</b>	To provide job training and job placement for disabled persons (chapters 3,4,5)

### **Community-based Rehabilitation (CBR)**

#### **【Current situation】**

Indonesia hopes to continue to strengthen the quality and quantity of social, medical, educational and vocational rehabilitation services, as well as strengthen community participation in its social rehabilitation systems and further promote CBR.

In the first half of the Asian and Pacific Decade of Disabled Persons, both the Government and NGOs promoted and improved human resources, equipment, techniques, and managerial skills involved in rehabilitation services through innovative methods.

### **Communication Tools**

#### **【Current Situation】**

For the visually and hearing impaired, the Braille system as well as talking books, assistive devices, and sign language are being promoted to remove barriers to information and communication. Indonesia also aims to complete development of a national sign language system and create a national network of Braille publishing houses and libraries.

## **3-5. Experts and Workers in the Field of Disability**

The job title, training and qualification system for personnel in the field of disability are as follows.

<b>【Job title】</b>	<b>【Training and qualification system】</b>
Pre-vocational staff	9-day training course held in 2000.

Disability-related rehabilitation social workers	15 day training course for social workers held in 2000
Prosthesis staff	Training at the Prof. Suharso Rehabilitation Center in Solo
Physiotherapist	Training at the Prof. Suharso Rehabilitation Center in Solo
Occupational therapist	Training at Kariyadi Hospital (Semarang)
Orthopedists	Training at Fatmawati Hospital (Jakarta)
Special education teacher	There is a special education teacher training school within the National Teacher Training, Education and Science Institute (INIS) and 6 special education teacher training schools in Jakarta, Bandung, Yogyakarta, Ujung Pandang and Manado.

## 4. Disability-related Organizations and Activities

### 4-1. Activities by Disability-related Organizations

\*See Annex 1. for the list of organizations

#### **Current State of Organizations**

There are a myriad of governmental institutions and NGOs involved in a wide range of activities concerning disabilities from public awareness, education, training, employment and rehabilitation services, to the provision of assistive devices. NGOs are also active in regional cooperation with national NGOs for and consisting of members of persons with disabilities in regional and international organizations such as Rehabilitation International, Disabled Peoples' International, World Blind Union, and the Regional NGO Network for the Promotion of the Asian and Pacific Decade of Disabled Persons (RNN).

The United Nations reports “(In Indonesia) there has been a definite trend towards excellent cooperation and better understanding between the government and NGOs”<sup>17</sup>.

The list of organizations in the appendix shows 13 major public disability-related organizations that focus on social care and social rehabilitation and 15 major private organizations that mostly focus on the provision of special education for persons with disabilities.

13 disability-related parties including the PPCI or the Indonesia Organization of Persons with Disabilities, HWPCI or the Indonesian Association for Disabled Women, PERTUNI or the Indonesian Blind Union, National Federation for Welfare of the Mentally Disabled, National Federation for Welfare of Indonesian Deaf, Indonesian Board for Disabled Sports, are also listed. The Indonesian National Council on Social Welfare coordinates these organizations and establishes cooperative relations with overseas organizations.

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<sup>17</sup> United Nations ECOSOC (1999) Asian and Pacific Decade of Disabled Persons: mid-point – country perspectives, New York

#### **4-2. Cooperation Projects on Disability Organized by International and Other Donors**

\* See Annex-3 for the list of projects

##### **Assistance by Multilateral/Bilateral Organizations and International NGOs**

The Dutch NGO, STIGHA, has provided funds for renovations of school buildings, while the New Zealand Embassy has focused its efforts on building the capacity of parent-teacher associations.

JICA is a major donor to Indonesia in this field, providing training and managing the Center for Vocational Rehabilitation. JBIC, formerly OECF (Overseas Economic Cooperation Fund), supported the construction of physical facilities in 1996/1997 and 1998/1999.

##### **Cooperation Projects by Japan**

JICA is main donor in this field providing assistance through training and management of a vocational rehabilitation center, dispatch of experts on vocational rehabilitation policies and an occupational therapy volunteer. JBIC (former OECF) financed construction of the center in FY 1996 and 1998.

##### **The Project for the National Vocational Rehabilitation Center for Disabled People**

Project-type technical cooperation (December 1997 - December 2002)

The National Vocational Rehabilitation Center for Disabled People, which is a project supported by JICA, is currently engaged in a number of activities that aim to develop a comprehensive vocational rehabilitation system for people with disabilities that covers all aspects of fields ranging from vocational guidance and evaluation, to vocational training (metalworking, electronics, printing, computers, and garment manufacture). As a means of pursuing this goal, JICA is 1) dispatching from Japan experts in areas such as vocational guidance and evaluation, staff training, and vocational training, 2) accepting staff members of the center for training in Japan, and 3) training personnel in the fields of system development and management.

Source: JICA's English Homepage

<http://www.jica.go.jp/english/global/dis/cases.html>

## 5. References

**This report is edited based on a report written by a local consultant.**

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