Indonesia Country Report

The 7th ASEAN & Japan High Level Official Meeting on Caring Societies
"Towards an Inclusive Society-Strengthening the Collaboration between Social Welfare, Health and Medical Systems for Children with Disabilities"
Tokyo, 31 August – 3 September 2009

Ministry of Social Affairs
and
Ministry of Health

Republic of Indonesia

Mr. Chairman,

First of all, on behalf of the Indonesian delegation, I would like to address our highest appreciation to the Ministry of Health, Labour and Welfare (MHLW) of Japan with the purpose of developing and strengthening human resources and promoting the relationship between ASEAN Country and Japan, by inviting the high level officials of ASEAN countries who engage in policy making within the social welfare and health sectors. My delegation welcomes the reports relevant to the meeting.

1. Follow-Up of 6th High Level Officials Meeting in Indonesia

Distinguished delegates, there are many efforts must be done to protect our children. Efforts and services develop by MOSA to Follow-Up of 6th High Level Officials Meeting in Our Country, that is : increasing family responsibility in children with disabilities. Ministry of Social Affairs (MOSA) were established Family's Forum for CWDs at 23 provinces. On 12-15 August 2009, MOSA conducted the National Family's Forum for CWDs. The focus issues of meeting is: How to improve accessibilities children with disabilities to health and welfare services in the community and district level (education, basic health services, children centre, etc.)? How to make National Action Plan for improvement? We are now planning to make national budgeting and programming for children protection.

2. Current situation CWDs in Indonesia

Based on the data of the Central Statistic Agency, the number of people live under the poverty line (using the World Bank criterion) was 34.3 millions or 16.4 % of total population in 2006. The figure was decreased by 2.9 % or 1.1 million people compared to the figure in year 2002.

Population of PWDs in Indonesia around 3,063,559 persons. Around 43.17 % CWDs not/never attended school and 7.45 % has graduated the high school. There were 1.34 % CWDs has vocational training. Around 13.66 % CWDs with age 5-18 years old help parent to get income. There are 52.4 % CWDs with age over 10 years old jobless, not/never attended to school.

Based on data from Central Data and Information of Social Welfare, MOSA, 2007, there are 295,763 children with disability. In relation to education, data from Directorate for Development of special Schools, Ministry of National Education, 2008, around 66,425 children with disabilities have access to education (from special kindergarten until secondary schools). There are 10,341 children with disabilities have access to inclusive education. Number of special schools for children with disabilities (from kindergarten – secondary schools) 2628 units.

3. National Policy

Indonesia focuses high attention on poverty eradication. We have committed to produce a comprehensive equitable growth and Poverty Reduction Strategy Paper or PRSP. The strategy formulation based on participatory approach involving all stakeholders, mainly the poor, have opportunity to contribute. Indonesian Government is developing a comprehensive social security system and the necessary legal frameworks for the purpose. The social security network covers health insurance, work accident insurance, unemployment insurance, public pension, and life insurance. Health insurance has been covered for the poor people namely “Jaminan Kesehatan Masyarakat (Jamkesmas)” including for CWDs who are registered in the poor family.

Following recommendation of The World Program of Action Concerning Disabled Person, Indonesia has focused its attention on spearheaded effort to equal right and opportunities, accessibilities, and training and placement. At national level the Government of Indonesia has sought to infuse Act No. 4/1997 on Disabled Persons and Government Regulation No. 43/1998 on Efforts to Enhance Social Welfare of the Disabled Persons into the programming and activities of government institutions and the private sector. The action is taken by full participation of Persons With Disabilities (PWDs). Indonesia has also created Indonesia National Action Plan (NPA) for PWDs for the year 2004-2013. The NPA’s aims are: (1) obtaining more political support from stakeholder, (2) protection and social security, (3) increasing capacity building of social organization that provide social services for PWDs, and (4) increasing the role of PWDs. Indonesia also fully supports the Decade of Disabled Persons in the Asia and Pacific Area (1993-2002) and the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Right-based Society for Persons with Disabilities in Asia and the Pacific.

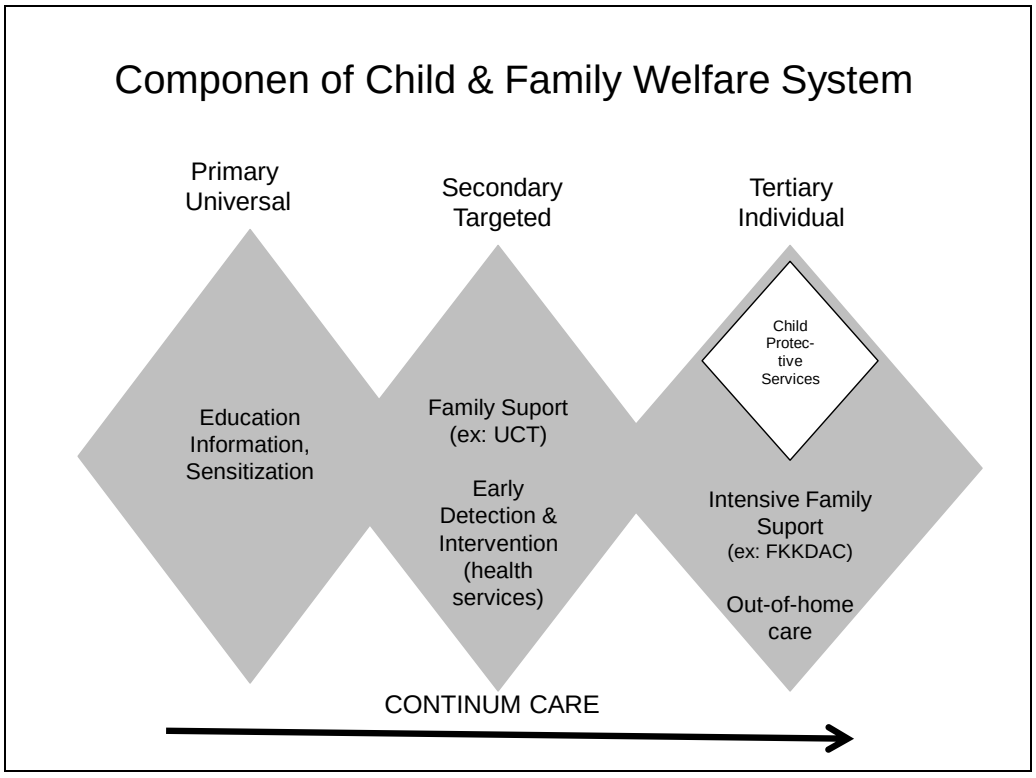
The Law No 23/2002 had been stated that the Government has responsibility to provide health facilities comprehensively in other to be accessed by all the

children without any discrimination. Therefore the MOH of Indonesia has been developed the strategy to fulfill the needs of CWDs by strengthening health facilities as well as health provider at the “Health Center” (Puskesmas) and the at the referral system in the Hospital.

On the March 30, 2007 the Indonesia government took a significant step in strengthening Indonesia’s commitment to promote the human rights of people with disabilities by signing the UN Convention in the rights of the persons with disabilities. This is the first human rights instrument that comprehensively addresses the needs and specific concerns of people with all types of disabilities and their allies from around the world strongly, influences the convention drafting process, providing unprecedented levels of substantive input. It is due to this participatory process that the convention obligations reflect the priorities of people with disabilities from both developed and developing countries.

4. Conceptual framework

In handling children with disabilities, we use the component of child and family welfare system as the conceptual framework as follows :



The continuum care shows the first stage is the prevention stage with universal as primary target. The programs and activities would be more about community education, information and sensitization (awarness raising). The second stage is the early intervention with family as the secondary target. The programs and activities would be more about family support (example: unconditional cash tranfer for family with children disabilities) and early detection and intervention (health services). The third stage is out home care, while individually as the tertiary targets. Through this stage, we provides families with more intensive supports (by Family's Forum for CWDs), so that could prepare to have better child protection effort from home.

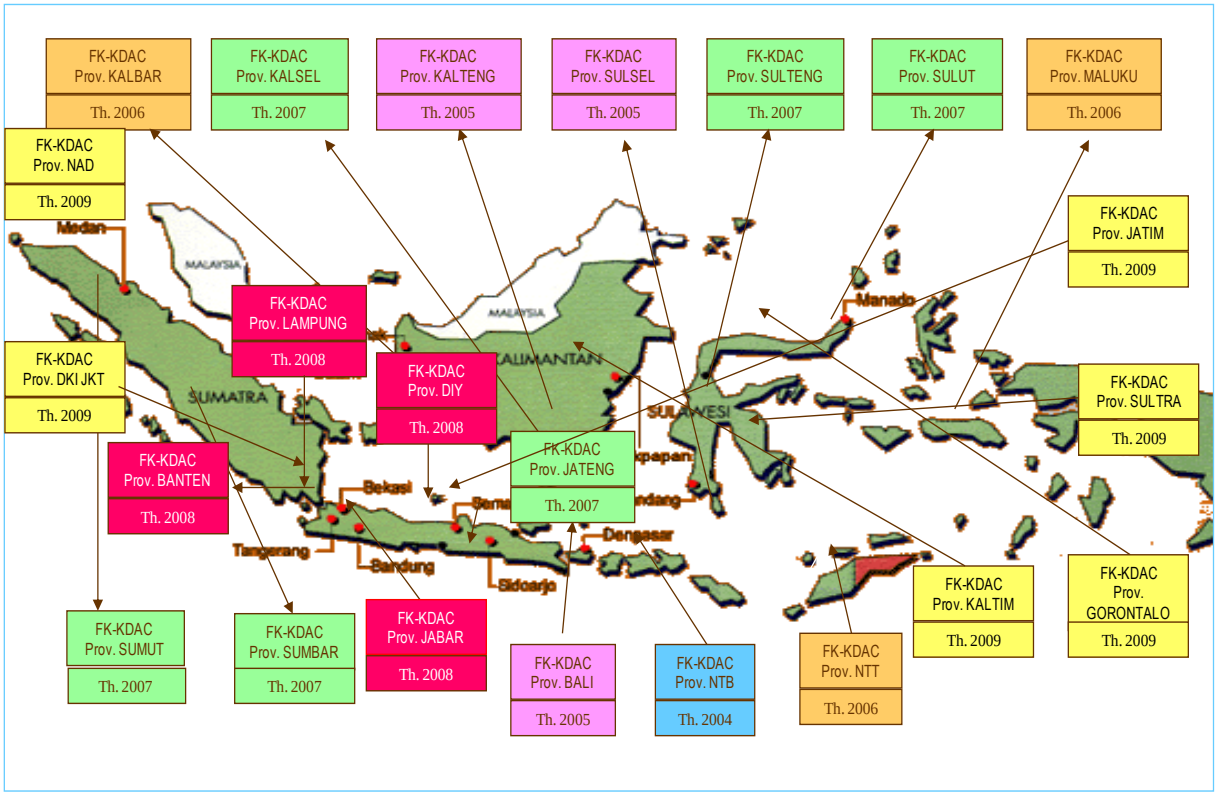
5. Good Practices for the children with disabilities

On the issue of children with disabilities, Indonesia remains committed to implementing the Biwako Millennium Framework for Action Towards an Inclusive, particularly the 1st action for *Selfhelp Organization.* MOSA Indonesia has launched a new development model to promote of non residential care and more community and family based care options in handling problem of CWDs through strengthening the role and responsibility of family with CWDs. Since in 2004, MOSA Indonesia was facilitating on establishment of Communication Forum on Family with CWDs (Forum Komunikasi Keluarga dengan Anak Cacat/ FKKDAC) and we were providing operational assistance to Communication Forum on Family with CWDs. Until now, we were established 61 forums in 23 provinces.

Vision of Communication Forum on Family with CWDs is *"Realization of responsibility of the parent, family and society in the fulfillment of children's with disabilities rights".* Meanwhile Mission of Communication Forum on Family with CWDs are :

a. Enhance accessibility of the children with disabilities to basic social service universally.
b. Develop the responsibility and care of the parent/family, society and Government to the need of promotion, fulfillment and protection of children's rights.
c. Enhance the service outreach, service quality professionally, cohesively and sustainably.

MAP OF COMMUNICATION FORUM ON FAMILY WITH CWDs In 2004 - 2009



The Communication Forum on Family with CWDs's objective are:

a. To expand the children social service outreach
b. To develop the social responsibility of the parent and family in childrearing and protection
c. To increase the number of community social service institution that provide social service for children with disabilities
d. To increase the number of skillful social workers for children with disabilities
e. To pass law on children protection as needed.

The targets indicators of Communication Forum on Family with CWDs :

a. The increase of the percentage of the children with disabilities who have access to social service with the amount of 5 % per year.
b. The increase of the percentage of parent/family that fulfill the social responsibility in childrearing and protection for 5% per year.

c. The increased percentage of community social service institution in providing social service for children with disabilities the average of 5% per year.
d. The increased number of social service institutions that have implemented operational standard procedures with the least number of 2 Districts/Cities per year in every province.
e. The increased percentage of skilled social workers for children with disabilities for 15% per year.
f. The increase of Law as it is needed .

The strategy used on implementation of Communication Forum on Family with CWDs, consist of :

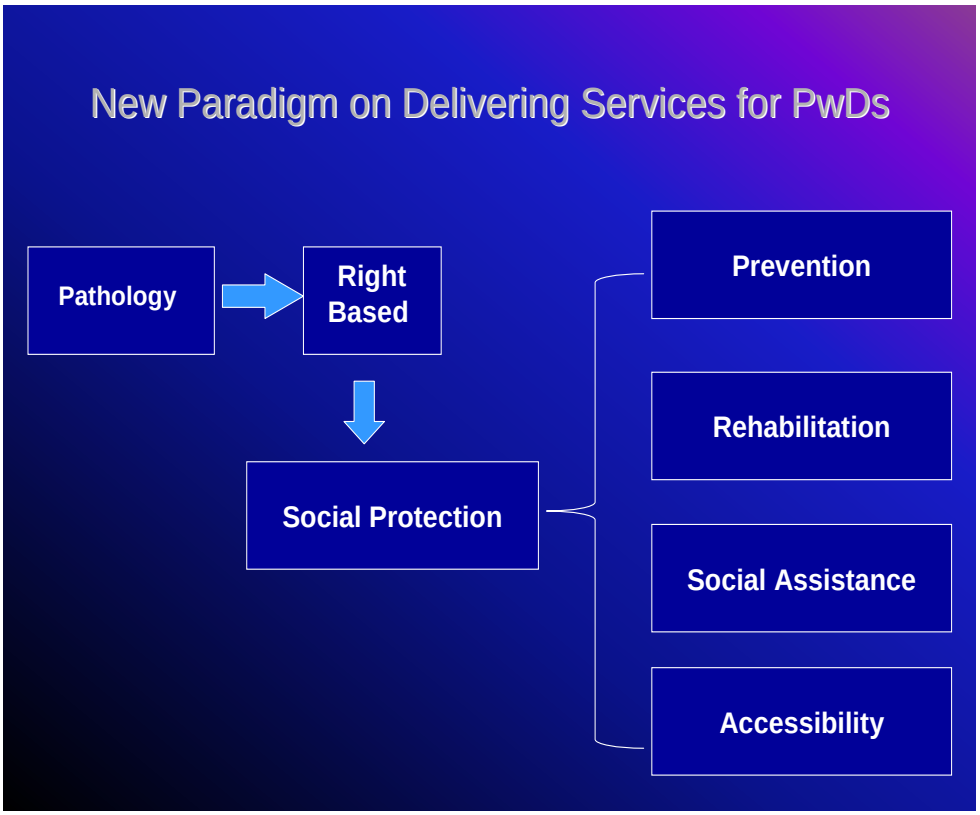
a. Socialization and promotion of
b. Family resilience and society empowerment
c. Facilitation and institutional capacity development
d. Strengthening and developing the cooperation and strategic partnership
e. Developing service model based on science and technology
f. Management quality development and information system of children social service

The best practice from Community Based Rehabiltation (CBR) which is piloted in South of Sulawesi province results a good collaboration among the Puskesmas, Hospital and Community Participation by Cadre. The program has been created traditionaly equipment for rehabilitation treatment (they made from Bamboo) to the children with Cerebral Palcy (CP). It was conducted by "cadre"/family under supervision of the professional team that consist of Medical Rehabiltation Specialist, Doctor and Nurse.

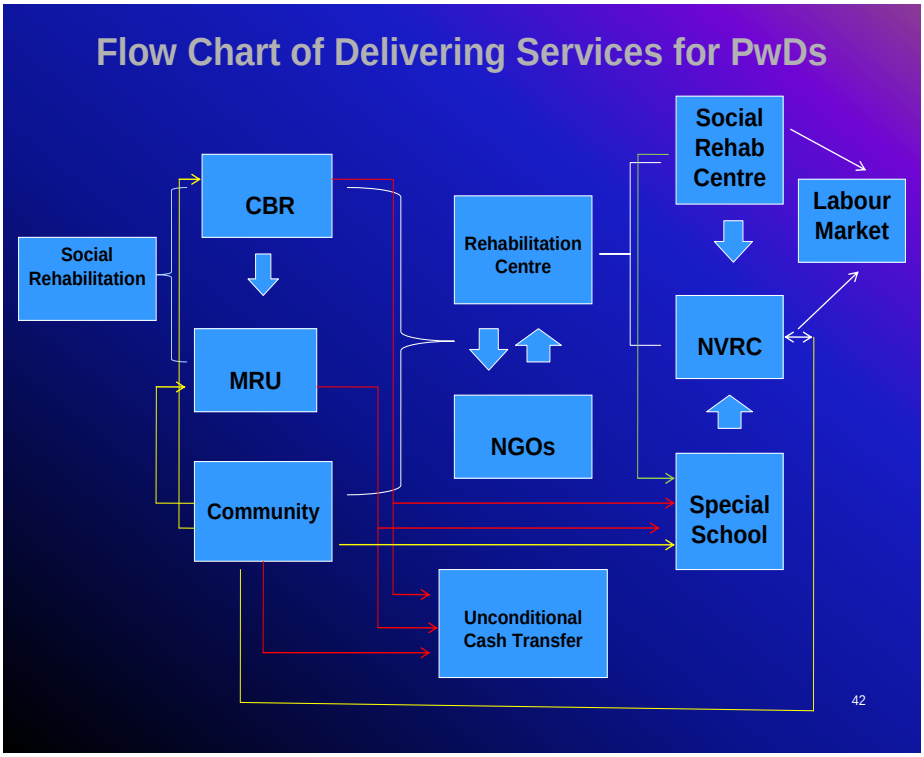
6. Implementation of the the Health and Social Welfare Services for Children and Persons With Disabilities

Estimate number of Persons with Severe Disabilities is about 163,232 persons (±40% children with severe disabilities). Estimate number of Persons with Severe Disabilities is about 163,232 persons (±40% children with severe disabilities). By the end of this year it will be increased up to 17,000 persons and covers 25 provinces (±25% children with disabilities).

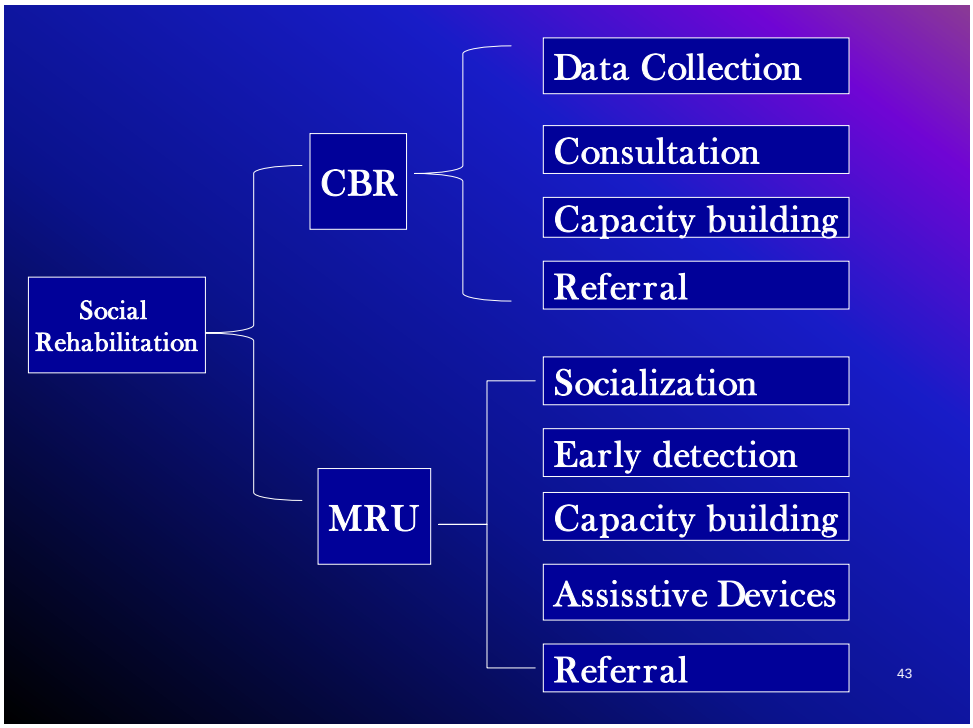
The implementation of the Social Welfare Services for Children and Persons With Disabilities is based on the new paradigm on delivering services, such as follows :



In delivering services for PwDs, we use the process as as the flow chart below :



For the social rehabilitation program, we have Community Based Rehabilitation and Mobile Rehabilitation Unit, that have function as shown in the chart below :

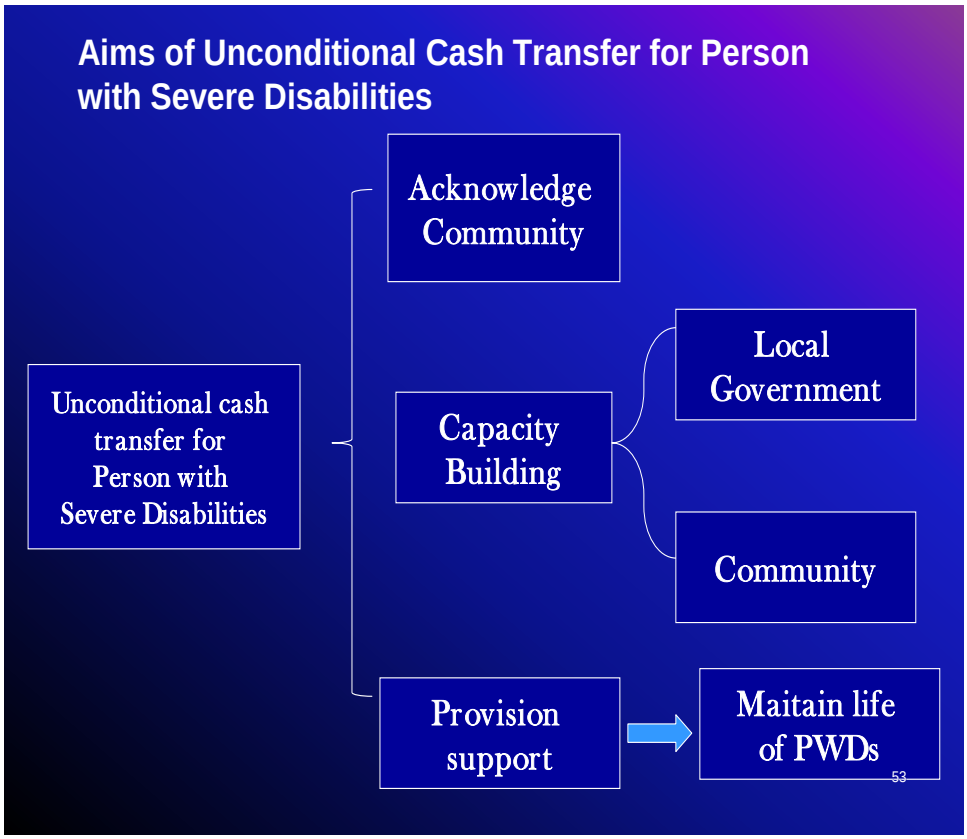


We have National Vocational Rehabilitation Center for PWDs (NVRC-Cibinong) that is the only institution that prepare the PWDs with skill and knowledge to get into work force, that from 1998 – 2007 there have been 1000 PWDs have been trained in NVRC. 837 PWDs of those have been on the job training (apprenticeship), while 587 PWDs of the above numbers now working in companies (60 % from the Total alumni).

In Accessing to Social Security for Persons with Severe Disabilities through unconditional cash transfer, the criteria are as follows :

- ❑ Persons with condition of his/ her disability is not able to be rehabilitated
- ❑ Fully dependent on other people on doing ADL (Activity Daily Living) all day
- ❑ Unable to work for living (PWDs)

The aim of unconditional cash transfer, as shown as the chart below :



Concerning to health status of CWDs, MOH of Indonesia had formated **Directorate of Child Health** in 2006 and **Center of Maintenance, Improvement and Revitalization of the Health of Intellegence** in 2008, which is each of them contributed health program to be more focus on child health in order to increase quality of life of the child including CWDs.

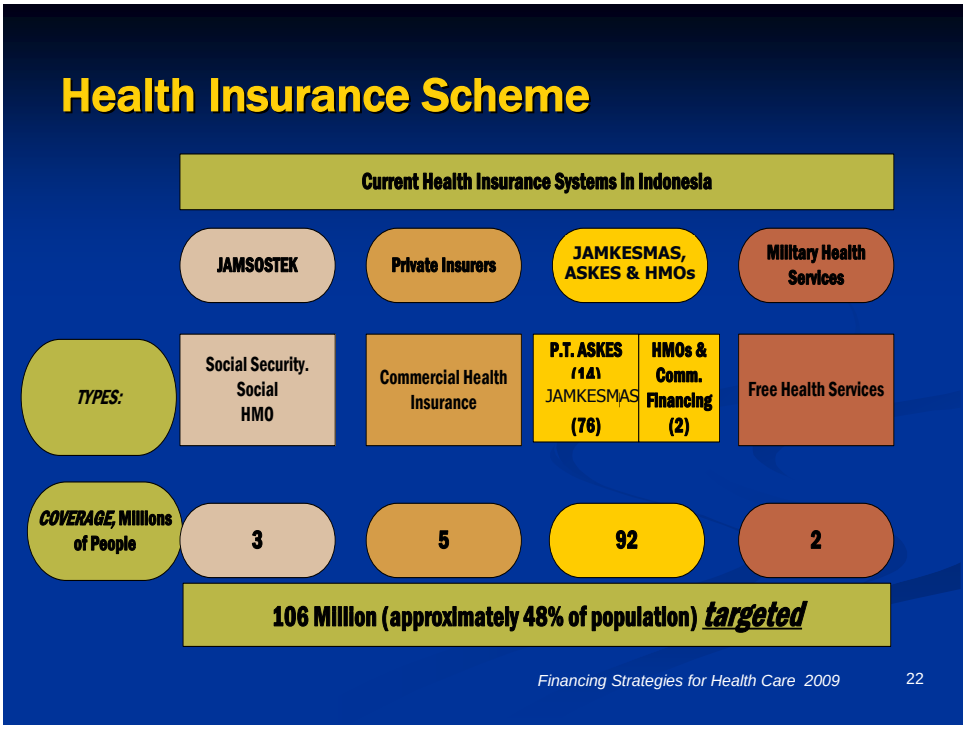
Health program activities for CWDs has been developing by formulated guide lines books, modules and IEC materials for health provider. Program implementation comprehensively is developing through the “catchment area” in school and out of school such as RBM and “Integrated Service Post” (Posyandu) and *Pos PAUD.*

Early detection to all of the children by using an instrument has been conducted from the new born baby namely Congenital Hypothyroid Screening, Under-five Children, School-Aged Health and Adolescent. The instruments are “Early Detection,Stimulation and Intervention of Growth and Development for Under-Five Children”, MCH book, IQ screening tools and others health screening instruments for school-aged-health and adolescent.

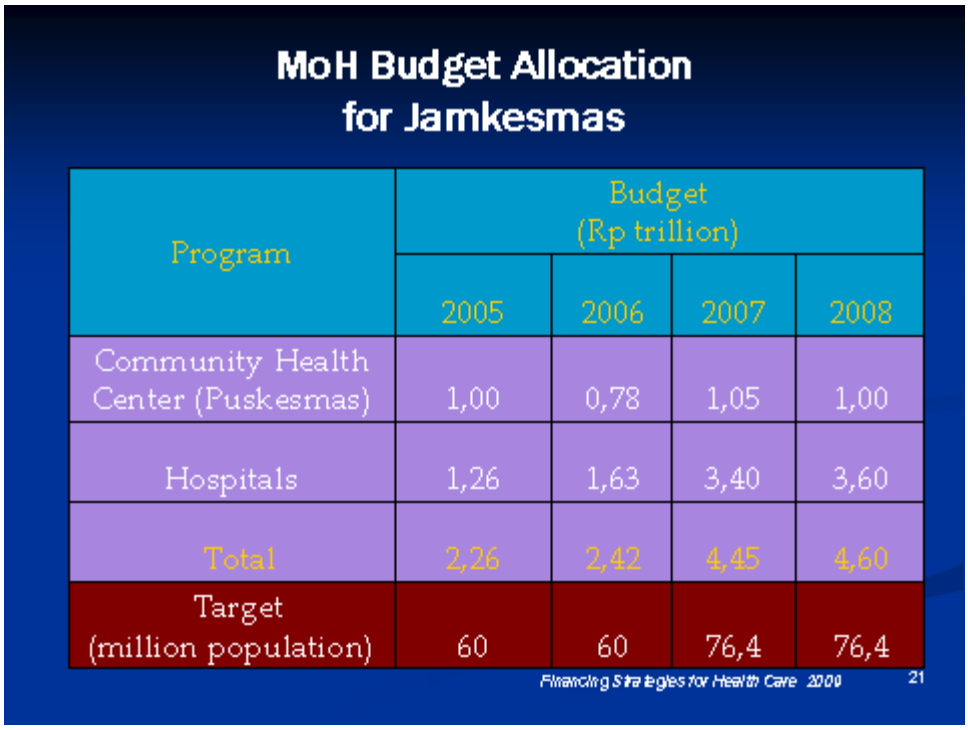
The program delivere by health provider in Puskesmas, as well as field visit, and home care. Furthermore, referral is needed for medical specialist intervention in the hospital. These program is now on going process to be

implemented nationally, but it is still uncovered yet to all districts due to the finance problems. Follow up of this program especially for CWDs is conducted initially in the certain provinces. In addition, CBR is going to be developed at seven provinces.

The health insurance scheme, as shown as the chart below :



The MoH budget allocation for Jamkesmas, as shown as the table below :



7. *Challenges and actions for future collaboration between health and welfare*

The challenges faced on the implementation on strengthening the role and responsibility of family with CWDs. Its need a family support schemes such as cash subsidies, livelihood projects, scholarships continue to be ad hoc and short term. Greater refocusing of social services resources and capacities towards supporting family and communities based approach. Another challenges and action for the future is related to :

a. National action plan
- Unified budget
- Performance based budgeting
- Planning based mid-term expenditure
- Affirmative action : Public Expenditure Review (World Bank).

b. Need for the supports of international donor organizations and ASEAN countries, such as :
- JICWELL
- UNICEF
- Save the children

- ILO IPEC.

It is our hope that The 7th ASEAN & Japan High level Official Meeting on Caring Societies “Towards an Inclusive Society-Strengthening the Collaboration between Social Welfare, Health and Medical Systems for Children with Disabilities” will be established integrated and responsible effort in the future. Thank you.