

Social Protection for Persons with Disabilities during the COVID-19 Pandemic

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Abstract

To deal with the impact of the COVID-19 pandemic, the Indonesian government, including the Ministry of Social Affairs, has issued various social protection policies, including for persons with disabilities. People with disabilities still experience problems in accessing the program. This study aims to analyze these policies and the difficulties faced by persons with disabilities. This qualitative descriptive study found that people with disabilities had difficulty surviving during the pandemic. They lose their jobs because most of their work requires direct contact with other people. On the other hand, only a part of people with disabilities received social assistance because they were not recorded as the recipients of social assistance. The low ability to communicate risks to persons with disabilities is one of the reasons for the weak data collection of persons with disabilities. This study recommends more intense socialization and advocacy as well as equalizing perceptions about the concept of persons with disabilities and their needs.

Keywords: social protection program; persons with disabilities; risk communication; advocacy and outreach

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1. Introduction

The COVID-19 pandemic has had a major impact on the people of Indonesia, both in the health, social and economic fields. As of June 21, 2021, as many as 1.99 million cases were found with the number of patients dying reaching 54,662 people. Indonesia is placed as the country with the highest number of positive COVID-19 confirmations in Southeast Asia (Pikiran Rakyat, 2021). As a follow-up, the Large-Scale Social Restriction (PSBB) policy was launched to regulate and limit community activities outside the home. Almost all activities and public facilities were closed and not allowed to operate, only a few vital sectors were allowed to operate, for example, the health sector and meeting basic needs. On the other hand, the PSBB policy has an impact on the socio-economic life of the community, including persons with disabilities who are categorized as vulnerable groups.

These social restrictions affect the vulnerability of more than 34 million people with disabilities (Viva.co.id, 2021). The difficulty of people with disabilities in accessing

information about COVID-19 is the main reason that determines the vulnerability of people with disabilities. The government does not even have sufficient information regarding the impact of COVID-19 on persons with disabilities (Viva.co.id, 2021). The COVID-19 pandemic has had a significant impact on the socio-economic and health aspects of 80.9 per cent of people with disabilities, besides that, disabled workers have also experienced a decline in income. As many as 86 percent of respondents stated that their income had decreased by 50 to 80 percent which was dominated by workers with disabilities in the informal sector and also suffered by people with multiple disabilities and people with mental disabilities (DPO Network for Covid-19 Inclusive response, 2020). The vulnerability of persons with disabilities was also exacerbated by the fact that only 51 percent of the very vulnerable group of persons with disabilities received the government's social protection program (Satriana, 2020).

The government's task is to protect all citizens, especially in times of crisis, including persons with disabilities. However, it is unfortunate that as a nation-state and a member of the world community, Indonesia does not yet have a clear commitment and platform for social protection, especially for persons with disabilities. The affirmation that the State is obliged to provide guarantees for the rights, freedoms and obligations of persons with disabilities as a form of respect for the dignity of persons with disabilities is stated in UURI Number 19 of 2011 as a result of the ratification of the Convention on the Rights of Persons with Disabilities (CRPD). The rights to health, education, employment and employment opportunities, accessibility and rights of persons with disabilities in risky situations and humanitarian emergencies are rights that must be fulfilled in line with the CRPD (Harahap & Bustanuddin, 2015). In practice, the state "disables" people with disabilities, so that automatically, they are synonymous with compassion, disability, and abnormality (Charlton, 1998).

The article starts from the argument that the government has issued various policies and protection programs for the entire community (including groups of people with disabilities) to overcome the difficulties they face. Persons with disabilities as a vulnerable group have the same rights over these policies and programs. With the conditions and obstacles that people with disabilities have and the fact that people with disabilities tend to be neglected, the government should have thought of policies and programs that can solve problems and accommodate the interests and needs of people with disabilities. Therefore, this article was prepared as a response to government programs and policies during the COVID-19 pandemic. The government is obliged to issue policies to ease the burden on society in all fields. The policies provided must be comprehensive, fair, and take into account the dignity of the community, including persons with disabilities. This study aims to examine government protection programs and policies, especially for persons with disabilities during the COVID-19 outbreak. The paper focuses on the protection policies issued by the government as well as on the conditions and problems faced by persons with disabilities during the COVID-19 outbreak

2. Theoretical Framework

2.1 Social Policy

In various literature, it is stated that the more developed a country is, the greater the attention to social policy. In terms, public policies are often related to government or state activities which are presented in the form of regulations (Winarno, 2017). In its development, the public policy then manifests in social policy. According to Bessant, Watts, Dalton and Smith, social policy is defined as what the government does to improve the quality of human life through the provision of various income benefits, community services and other social benefit programs (Bessant, Watts, Dalton, & Smith, 2006). Social policy has the functions of prevention, healing, and development as a form of the state's obligation to fulfil the social rights of its citizens (Suharto, 2005). The functions of prevention, healing and development implemented by social policies are aimed at overcoming social issues and problems to improve the quality of life of the community and ensure that they can carry out their social functions properly and properly. Social functioning can be seen from various indicators such as social activity status, social relations and social support (Probosiwi, 2018). Social functioning can also be measured through the level of a person's ability to meet basic needs, carry out their social roles in society and face shocks or pressures (Suharto, 2005).

The World Bank suggests that there are at least three main agendas in social policy, namely social welfare, social protection and community development (Dewi, 2012). Social welfare policies are policies related to the provision of education, health, nutrition, population and social security services including pension funds. Social protection policies are policies aimed at ensuring public welfare, for example through labour regulations, and providing basic human needs, especially for marginalized communities through social safety net programs and social insurance. Meanwhile, community development policies include programs or activities to encourage community-driven projects, overcoming social conflicts, and social participation.

In Indonesia, social policy is defined as the policy of implementing social welfare. By the mandate of the Constitution of the Republic of Indonesia, the State exists for social welfare "to protect the entire Indonesian nation and the entire homeland of Indonesia, promote public welfare, educate the nation's life, and participate in carrying out world order based on independence, eternal peace, and social justice". In Law Number 11 of 2009 concerning social welfare, the implementation of social welfare is defined as a directed, integrated and sustainable effort in the form of social services aimed at meeting basic needs including rehabilitation, social security, empowerment and social protection. The implementation is not only carried out by the central government but also together with local governments and the community itself, including the business world. This

is by Hall and Midgley (2004) stated that social solutions must be holistic by involving elements of statistics, interpreters and populist paradigms which have the impact that the State through social policies formulated, especially regulations and facilities, needs to play a role in encouraging contributions from the community and the business world, even encouraging synergies between actors (Soetomo, 2011). According to article 14 paragraph 1 of Law Number 11 of 2009, social protection efforts include preventing and dealing with social risks from all social shocks and vulnerabilities in the context of fulfilling basic living needs.

On that basis, the social protection measures used in this paper are all actions, actions, programs, and regulations issued by the government to protect, handle and prevent social risks or the worsening of social risks experienced by vulnerable communities in conditions of shocks and pressures that may occur.

2.2 People with Disabilities

Disability is part of the human condition. Sooner or later, every human being will experience physical powerlessness, for example, due to ageing. The term persons with disabilities by the Ministry of Social Affairs of the Republic of Indonesia are defined as people who have physical, intellectual, mental, and/or sensory limitations for a long period in interacting with the environment. This then results in obstacles and difficulties participating fully and effectively with others based on equal rights. This definition refers to the Law of the Republic of Indonesia Number 8 of 2016 concerning Persons with Disabilities. In its development, the term disability is often pronounced differently by several groups, namely people with disabilities and people with disabilities. The term disability is used in consideration of a more neutral terminology and minimal potential for discrimination and stigmatization, however, the other two terms are still frequently encountered and used. The World Health Organization (WHO) defines disability as an umbrella term for disorders, activity limitations and participation restrictions (Sudarwati, 2016).

WHO divides disability into three categories, namely impairment, abnormal condition or loss of psychological or anatomical structure or function; disability, namely the inability or limitation as a result of an impairment to carry out activities in a way that is considered normal for humans; and handicap, which is a condition that harms a person due to impairment and disability which ultimately prevents him from obtaining the fulfilment of roles in general (Sugiono, Ilhamuddin, & Rahmawan, 2014). By Law Number 8 of 2016, disability includes physical disability, intellectual disability, mental disability, and/or sensory disability. Persons with disabilities can experience single or multiple or multiple disabilities for a long period.

In implementing and fulfilling their daily needs, persons with disabilities have the right to life, free from stigma, privacy, justice and legal protection, education, employment, health, politics, social welfare, accessibility, protection from disasters,

habilitation and rehabilitation, expression, communicate and obtain information, free from discrimination, neglect, torture and exploitation. This freedom of rights is regulated in Law Number 8 of 2016 and therefore the government is obliged to guarantee the fulfilment of these rights, especially in the context of implementing social welfare, especially social protection. However, it should be understood that despite all the obstacles and limitations, persons with disabilities are also creatures who are empowered, independent and dignified so persons with disabilities should have the same opportunity to try and escape the stigma of compassion that has been attached to them and also to government programs.

2.3 Evidence-based Policy in Social Protection Policy for Persons with Disabilities

Policies to protect persons with disabilities in the context of handling the COVID-19 pandemic must be formulated based on an evidence-based policy. The urgency of the need for evidence-based policy in responding to the Covid-19 pandemic is that policies must be built based on valid and accountable data, facts, and empirical research results to have policy accuracy and budget allocation efficiency (Xiao & Torok, 2020 Sayer, 2020; Mehra, Ruschitzka, & Patel, 2020). In addition, the rationality of evidence-based public policy formulation is also influenced by the potential for bureaucratic pathologies/diseases, subjectivity of interests, and the politicization of interests between actors in the agenda setting process (Bachtiar, 2011). The accuracy of public policy formulation is strongly influenced by several factors, namely: (1) Accuracy in formulating policy problems based on valid data, facts, and research results; (2) Alternative policy options are generated based on basic substantial parameters and the carrying capacity of the policy environment and policy actors; (3) Use of evidence-based policy methods and advice (Jann & Wegrich, 2014).

The use of evidence-based policy in social protection policies for persons with disabilities must emphasize that public policies act as maximum social gain, by rationalism theory in policy formulation. This means that the government through its policies must be able to provide benefits and solve problems in society. In addition, it is stated that formulating policies, must be based on considerations that have been systematically and appropriately studied in a ratio, for example, cost-benefit analysis and the ratio of impacts and outcomes (Kadji, 2015). This consideration is very relevant to the demand for quality social protection policies based on evidence-based policies that must represent the following characteristics: (1) availability of valid data, (2) policy accuracy, (3) objectivity of policy objectives and target groups, (4) credibility and accountability, (5) representing generalizable public issues, and (6) relevance (Court, Mendizabal, Osborne, & Young, 2006). The contextualization of this evidence-based policy is expected to be able to advocate for public values and the interests of persons with disabilities, especially in the post-Covid-19 period to reduce problems and obstacles in implementing policies

3. Methodology

This research is a descriptive qualitative based on a literature review. Through this research, the authors examine and describe naturally occurring phenomena related to the difficulties of persons with disabilities and programs issued by the government to protect them. Secondary data in this paper includes news texts, technical activity reports, research reports, laws and regulations and all types of communication that can be analyzed. Data analysis was carried out through three main stages, namely information description, data reduction and focusing, and information selected based on a predetermined focus. Issues of persons with disabilities and their problems are collected, captured, and thoroughly described. Furthermore, the data and information obtained were then simplified and sorted according to the research theme, namely regarding social protection policies for persons with disabilities, problems with data collection for persons with disabilities, risk communication problems as well as issues of access to public services and fulfilment of needs. Some incompatible and incompatible data are then reduced and discarded. The data that has been sorted is then displayed and examined for later focusing on what is to be conveyed in the research. The results of the research are then discussed according to the theory used. And in the end, the conclusion is made on the purpose of the research.

4. Covid-19 Pandemic Social Protection Policy

Coronavirus, which was later known as Covid-19, is a disease that spreads quickly when humans talk, cough and sneeze due to droplet transfer. Covid-19 is said to be more contagious than the SARS or MERS virus (Liputan6.com, 2020). Due to its high infectiousness and the increasing number of positive confirmed cases, COVID-19 has been declared a global pandemic. This then underlies the government to issue policies to tackle the increase in cases and cut off the spread of COVID-19, namely the Indonesian Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating the Handling of Corona Virus Disease 2019 (COVID-19) on March 31, 2020.

The PP was followed up with the Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2020 concerning Guidelines for Large-Scale Social Restrictions in the Context of Accelerating Handling of Corona Virus Disease 2019 (COVID-19). It was explained that Large-Scale Social Restrictions (PSBB) are restrictions on certain activities of residents in an area suspected of being infected with COVID-19 in such a way as to prevent the possible spread of COVID-19. The determination of the PSBB is carried out with the consideration of a significant increase in the number of cases; the rapid spread of cases in other areas; proven local transmission; and the availability of necessities, security, public facilities, and social protection programs. The implementation of PSBB includes cessation of face-to-face

learning activities and workplaces; religious activity; public facilities; social and cultural activities; modes of transportation; and restrictions on other activities in the field of defence and security.

Presidential Decree Number 12 of 2020 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (Covid-19) as a National Disaster on April 13, 2020, was stipulated as a manifestation of the government's concern for the impact of the spread of COVID-19. Determination of the status and level of non-natural disasters for COVID-19 is carried out by taking into account aspects of the number of disaster victims, material losses, damage to aged facilities, the size of the affected area, and the socio-economic impacts that follow. The spread of the COVID-19 pandemic in Indonesia was also seen in the condition of the Indonesian economy. This is indicated by an increase in poverty, even as Indonesia entered a recession after the economy contracted -5.32% in Q2 and -3.49 percent in Q3 2020. Besides that, unemployment also increased by 7.07 percent as well as the informal sector increased from 55.88 percent. to 60.47 per cent (Yulaswati, 2020). To overcome the economic crisis and reduce the burden on society, the government issued the Social Safety Net (JPS) program as a social protection measure for the community. The JPS program during the COVID-19 pandemic as a complement to the PSBB policy is as follows.

- a. Exemption of the basic tariff for 450 VA electricity and reduced tariffs for 900 VA power for three months;
- b. Pre-Employment Card of six hundred thousand rupiahs per four months with a target group of 5.6 million recipients;
- c. A basic food card of two hundred thousand rupiahs per KPM per month throughout the year to 20 million KPM;
- d. An increase in the number of KPM for the Family Hope Program (PKH) from 9.2 million KPM to 10 million KPM and an increase in the aid index by 25 percent;
- e. The increase in the number of KPM for the Basic Food Card Program from 15.2 million KPM to 20 million KPM with the value of assistance increasing to two hundred thousand rupiahs per month for 12 months;
- f. Presidential special assignment assistance in the form of basic food assistance for residents of DKI Jakarta with a target of 1.3 million affected families and the Bogor, Depok, Tangerang, and Bekasi (Jabodetabek) areas with a target of 600,000 KPM with an aid value of six hundred thousand rupiahs per month for three months; cash assistance for residents outside Jabodetabek with a target of 9 million affected families who are non-KPM PKH and basic food cards.

The JPS program in the form of COVID-19 social assistance applies to all affected poor communities, including persons with disabilities. In PKH, there are criteria for persons with disabilities as beneficiaries. The Ministry of Social Affairs of the Republic of Indonesia has accelerated the provision of social assistance for PKH Disability

Inclusion and Social Assistance for Persons with Disabilities (ASPD) whose recipient data is obtained and processed through data synchronization of the Ministry of Social's data and information centre and population data of the Ministry of Home Affairs and BPS (Kontan, 2020) which has been adapted to the type disability of program recipients.

A total of 140,161 persons with disabilities have received social assistance provided through the Ministry of Social Affairs, namely the Family Hope Program or PKH Disability Inclusion and ASPD. In addition, as many as 8,000 other people with disabilities will be included in the target of refocusing on social assistance funds which are also provided by rehabilitation centres, social services, and Social Welfare Institutions (Lembaga Kesejahteraan Sosial/LKS) formed by the community. This is in line with the increase in the target number of people with disabilities who received social assistance from the category of welfare level below 40 percent to the category of welfare level of 40 to 60 percent (Tempo, 2020). This is done with the consideration that the effects of the COVID-19 pandemic are not only felt by people with welfare levels below 40% but also by groups above it. The Ministry of Social Affairs has also since 2020 synchronized data on persons with disabilities to increase the validity of data on persons with disabilities receiving social assistance.

Another policy issued by the government is a vaccination for persons with disabilities as an effort to increase the resilience of persons with disabilities against the corona virus by the Instructions in the Circular Letter of the Minister of Health Number HK. Persons with Disabilities, as well as Educators and Education Personnel. In the implementation of vaccination for persons with disabilities, the government at least carries out three main strategies, namely ease of access, acceleration, and collaboration of all parties. To provide easy access for people with disabilities, the government gives priority, to facilitation, for people with disabilities to get COVID vaccination services through health service facilities and other COVID-19 vaccine centres wherever they are (Kompas, 2021). Efforts to accelerate vaccination are carried out with collaboration and cooperation from various parties in the community and the business world to assist and support the mobilization of persons with disabilities to COVID-19 vaccine services.

Health facilities and vaccine centres must be able to pay attention to and meet the needs of persons with disabilities according to the type of disability they have, for example, for persons with physical disabilities who need accessible facilities, adequate ramps or inclines can be provided; for persons with mental and intellectual disabilities, trained assistants can be provided; and for persons with sensory disabilities such as the visually impaired, audio facilities and clear signalling can be provided, while for the deaf (deaf) sign language interpreters can be provided

(Yudistia, 2021). This is of course to provide convenience and attract people with disabilities to want to carry out the Covid-19 vaccine.

Vaccination in Indonesia is carried out in two stages, namely wave 1 from January to June 2021 and wave two from June to December 2021. Phase 1 vaccination is intended for health workers in 34 provinces throughout Indonesia and the elderly group of 21.5 million people and public officers as many as 16.9 million people. Meanwhile, the second batch of vaccinations was given to vulnerable communities in areas with a high risk of Covid-19 transmission, namely 63.9 million people and other groups with 77.7 million vaccines available. Based on these stages, people with disabilities can only get vaccinations in batch 2, starting from June to December 2021.

Pre-employment programs are given to people with disabilities to improve their ability to deal with the impact of COVID-19. The pre-employment program is a program that is friendly to persons with disabilities because it is carried out online and can be accessed in various types of media such as video and audio. By the end of 2020, 5,509,055 people had received pre-employment programs in batches one to eleven, including five percent of people with disabilities (Kompas, 2021).

In general, people with disabilities get the government's attention through various social protection programs during the COVID-19 pandemic, although in practice these programs face various obstacles. Barriers to the implementation of social protection programs are due to the nature and specificity of persons with disabilities who require special services. Public services and social protection programs during the COVID-19 pandemic must be able to be enjoyed by persons with disabilities as well as the general public. However, in practice, the implementation of protection and public services for persons with disabilities has encountered many obstacles, as follows.

4.1 Data Collection of Persons with Disabilities for Social Assistance

Indonesia Corruption Watch (ICW) through a survey they conducted in 2021 stated that as many as 65% of respondents with disabilities had never been recorded to be able to obtain social assistance before the COVID-19 pandemic occurred. When the pandemic occurred, there was an increase, namely, only 32% of respondents with disabilities stated that they had never been recorded to receive social assistance (Anggraeni & Sjafrina, 2020). The low data collection of persons with disabilities causes the distribution of social assistance to be unequal. Research conducted by the Plan Indonesia Foundation stated that less than 13 percent of respondents were registered as recipients of social assistance and less than 20 percent of respondents stated that they received the social assistance (Viva.co.id, 2021).

Unfortunately, Indonesia has not been able to collect data on the number of persons with disabilities with certainty and comprehensively. The Indonesian Ministry

of Social Affairs does not yet have definitive and rigid data on persons with disabilities. Weak data collection causes the accuracy of targeting the distribution of social assistance during the pandemic, especially for persons with disabilities, to be low. ICW, still in its survey, stated that there were around 46% of respondents with disabilities knew that there were other persons with disabilities who should have received social assistance but did not receive it. On the other hand, there are 13% of respondents know that there are persons with disabilities who do not deserve social assistance.

Obstacles in registering persons with disabilities have led to the determination of persons with disabilities who receive social assistance using BPS data. In the BPS data, there is indeed data on the need for social welfare services (PPKS) which includes persons with disabilities, but the data presented is still in the form of cumulative data and not detailed. Data validation of persons with disabilities from BPS needs to be carried out every year in collaboration with the social services office. Not centralized data on persons with disabilities is also a problem because the data held by each agency is different, for example between the Ministry of Social Affairs, the Ministry of Health, BPS and also the WHO. These discrepancies and inaccuracies in the data lead to inaccuracy in the targeting of social assistance.

4.2 Risk Communication to Persons with Disabilities

In disaster risk management, risk communication is an important element in minimizing the impact of disasters, especially for vulnerable groups such as persons with disabilities. Risk communication includes a lot of information about the risk itself and other information and expresses focus, opinion, and reaction on risk messages or legal and institutional arrangements (Probosiwi, 2012). In conveying disaster messages for persons with disabilities, the following communication principles need to be considered. First, the information provider must understand the condition of other people, in this case, persons with disabilities. Persons with disabilities have special conditions, both physical and psychological conditions. In providing information, the information provider must understand the conditions and types of disabilities that are carried by each person with a disability. This is important for improving interpersonal relationships and avoiding and overcoming personal conflicts. This will also reduce the uncertainty of the knowledge and experience of persons with disabilities. Empathy is needed to understand and communicate with people with disabilities, the messenger must also be able to put themselves in the situations experienced by people with disabilities. This will generate respect and make it easier for people with disabilities to receive our message. The elements of audible and clarity are also important because this will determine that the information conveyed can be understood properly and clearly and does not cause multiple interpretations (Sakaril, 2021).

In providing information for persons with disabilities, there are at least four obstacles, namely sociological, anthropological, psychological barriers; semantic barriers; mechanical resistance; and ecological barriers. In establishing communication, persons with disabilities must face various inhibiting factors according to their type of disability. Various literature state that the physical condition of disability is not the only obstacle or barrier to communication, but there are many other factors. John C. Maxwell (1995) mentions that persons with disabilities are those who have disturbances in carrying out daily activities properly due to abnormalities in physical or psychological conditions.

Several persons with disabilities have expressed their difficulties regarding information and socialization about the COVID-19 disaster. The communication and information on the COVID-19 disaster that the government provides to the public are not very friendly for people with disabilities, especially people with disabilities who are blind and deaf. Very little or no information dissemination on COVID-19 provides sign language interpreters and voiceovers (The Conversation, 2020). Research states that only 60.55% of people with disabilities can access information properly regarding the ongoing pandemic and how to protect themselves (Inclusive Covid-19 Response DPO Network, 2020)

Information regarding COVID-19 and its handling are not consistently accessible to persons with disabilities because the media is not able to meet the information accessibility needs of persons with disabilities, for example, there are still many television stations that do not provide sign language interpreters in each broadcast. In addition, the government's policy to maintain health protocols through the use of masks is also a problem for people with hearing disabilities to read lips in communication. Many people with disabilities, especially people with hearing disabilities, turn to text formats on digital technologies such as mobile phones or watch Youtube videos with captions displayed. This is limited to persons with disabilities who have access to and the ability to use technology and the internet (Batagol, et al., 2021).

4.3 Limited Access to Public Services and Meeting Needs

The coronavirus outbreak and the social restrictions issued by the government have significantly hampered the movement and mobility of people in general, especially people with disabilities. Many public facilities designated for persons with disabilities have not met universal design standards, and some public spaces have not provided accessibility for persons with disabilities, such as traditional markets and places of worship. One of the public services that are adapting during this pandemic is the field of teaching or education. The teaching and learning process is required to be conducted online and limits face-to-face activities. This change on the one hand provides a sense of security from the risk of contracting the corona virus, but on the

other hand, it creates problems, especially for people with disabilities. The 2018 Susenas data states that nearly 140 thousand people with school-age disabilities cannot attend school and experience barriers to accessing online learning due to limited internet access, mastery of technology, and learning materials (UNICEF, 2020).

Even to access health services, people with disabilities experience obstacles. For example, the queuing system for health services is not yet friendly to persons with disabilities, many therapeutic services are closed for reasons of reducing crowds, the availability of companions for persons with disabilities, and the availability of assistive devices only for certain types of disabilities (Elita, 2020). The various obstacles experienced by people with disabilities during the COVID-19 pandemic should receive government attention. The government must immediately draw up strategic steps to realize inclusive services during the pandemic as a form of fulfilling the government's obligations in providing social protection.

5. Discussion

Social policies in the form of regulations and social protection programs for persons with disabilities issued by the government are a tangible manifestation of the state's presence in providing services and protection for all people, especially persons with disabilities. The social protection carried out by the government in many subsidy and social assistance programs are aimed at reducing the risks and burdens of persons with disabilities facing the limitations of the coronavirus pandemic. The shocks and pressures due to the spread of the coronavirus outbreak have directly and indirectly affected all aspects of the lives of persons with disabilities, especially their economic and health conditions. However, it should be noted that the social protection programs provided by the government are mostly charity programs that provide “fish” to persons with disabilities. There are very few social policies given to persons with disabilities in the form of community development, and capacity building.

People with disabilities still have to experience the stigma of helplessness that has been attached to them for a long time. The government's inability to view and change the perspective of the community, even the government itself on persons with disabilities, exacerbates this condition. It is also unfortunate that the government does not equip its officers with sufficient knowledge and understanding of the empowerment of persons with disabilities. The lack of attention and maturity in the services of persons with disabilities causes an ego-sectoral appearance in their services, such as the absence of integrated data on persons with disabilities in Indonesia. The rights of persons with disabilities as stated in the Law on Persons with Disabilities are also unable to be fulfilled. The most obvious examples in this paper are the right to information and accessibility. Limitations and barriers to information and

communication of the risk of persons with disabilities due to pandemic conditions, handling, and social assistance are very limited due to the inability of the government to provide effective and appropriate information channels for persons with disabilities. The limitations caused by the pandemic have worsened their ability to access public services and fulfil their needs.

To overcome this, an evidence-based social protection policy for persons with disabilities is needed which is carried out holistically and adopts inclusive public values to protect the rights of persons with disabilities. Inclusive social protection policies must be based on empirical evidence obtained through scientific research activities so that they have a proper and structured basis. The evidence-based policy requires research or research as an initial step but in practice, it still faces many challenges, namely that research has not become an important issue in the RANPD or RINPD. In addition, it is exacerbated by the current national research budgeting or funding system that does not have a disability perspective. The Smeru Institute stated the challenges in realizing an evidence-based social protection policy for persons with disabilities in Indonesia as follows. First, the limited quality of research results and policy studies as a source of information for the policy-making process, both in terms of methodology, theorization, and data quality. Second, bureaucratic problems in research institutions, both central and regional, cause research results to be less accurate and incomplete so that the recommendations produced are less relevant or less precise to empirical problems in the field. Third, the limited accessibility of resources for the policy-making process. The carrying capacity of these resources includes the quality of human resources of policy actors, researchers, and relevant stakeholders in playing their roles, policy infrastructure, budget allocations, and affordability of research locations. Fourth, a valid, quality and sustainable policy database source. The problems that arise in this regard are the integration of cross-sectoral data and the availability of one valid data for Indonesia as a reference source for public policy making (Smeru Institute, 2011).

The current social protection system for persons with disabilities in Indonesia needs to be improved, especially in terms of coverage and level of benefits. People with disabilities who are poor or vulnerable to poverty require additional costs or an increase in the economy in meeting their daily needs (Larasati, Huda, Cote, Rahayu, & Siyaranamual, 2018). Therefore, the social protection provided must provide complete access to the economic improvement of persons with disabilities. The tiered social protection system for persons with disabilities is TNP2K's recommendation in providing an inclusive social protection system for persons with disabilities, including level 1 for families receiving the Family Hope Program (Program Keluarga Harapan/PKH), level 2 for those who do not have employment insurance and PKH, level 3 for those who do not have employment insurance, and level 4 for all levels. At

all levels, income tax credits for persons with disabilities can be provided as well as employee incentives and useful concessions, namely education, health, free transportation, housing, and others (Larasati, Huda, Cote, Rahayu, & Siyaranamual, 2018). The tiered social protection system for persons with disabilities is expected to be able to meet the needs of persons with disabilities according to their abilities. Giving useful concessions will also reduce the burden of living costs for people with disabilities significantly so it will reduce poverty for people with disabilities.

6. Conclusion

Government policies in overcoming and responding to the COVID-19 pandemic situation, on the other hand, have harmed persons with disabilities, both socially and economically. The policy of social restrictions and reduced mobility directly makes people in general, including persons with disabilities, lose their jobs and find it difficult to meet their basic economic needs. The COVID-19 pandemic has also worsened the accessibility of persons with disabilities in several public services. The government provides various social protection assistance to persons with disabilities to reduce their burden during the COVID-19 pandemic. The expansion and addition of social assistance have more or less helped the lives of people with disabilities. The problem that occurs in the provision of social assistance is that it turns out that assistance does not reach all people with disabilities who are vulnerable to poverty as program targets, even though only some of them are registered and aware of the existence of social assistance. The low ability to communicate risks to persons with disabilities also worsens the condition of persons with disabilities. Limited information is a major problem for people with disabilities in accessing public services and social assistance during the COVID-19 pandemic.

Social protection policies for persons with disabilities must be prepared based on data and field evidence as well as possible side effects in society. It is necessary to understand and implement evidence-based policy in the formulation of the policy. Various challenges that arise in the implementation of evidence-based policy are mainly due to the lack of synergy between policy makers and data and evidence providers (researchers). Therefore, it is necessary to form an MoU of cooperation between ministries/institutions with academics or other research institutions in the context of drafting an academic text on social protection policies for persons with disabilities. The active involvement of persons with disabilities in the policy formulation process also needs to be increased too slowly but surely to eliminate the stigma of the inability of persons with disabilities toward inclusive development of Indonesia.

Weaknesses in data collection for persons with disabilities can be overcome by building a more systematic and comprehensive data collection system for persons

with disabilities through a census at the village level. The census at the village level allows the government to thoroughly capture the conditions and potentials of persons with disabilities. Data collection on persons with disabilities can also be carried out by building synergies with institutions or organizations of persons with disabilities for a more inclusive data collection. It is also recommended to integrate data on persons with disabilities in the population administration system to facilitate the provision of public services for persons with disabilities. More intense socialization and advocacy activities are needed as well as equalization of perceptions about the concept of persons with disabilities and their needs among stakeholders. Regarding barriers to risk communication, it is recommended to develop a technical guidance module and includes it in the education and training curriculum materials related to risk communication to persons with disabilities in various conditions. It is important to mainstream persons with disabilities in development to achieve the inclusive development that has been aspired by the government.

The state is obliged to guarantee the fulfilment of the rights of persons with disabilities in social life, by the constitutional mandate. This needs to be realized in the form of government consistency in creating and opening wide accessibility for persons with disabilities in fulfilling their rights by UURI Number 8 of 2016 concerning Persons with Disabilities, ranging from the right to life to be free from all acts of discrimination, neglect, torture and exploitation. . This can be realized by starting to build a disability-friendly public service system, both in terms of facilitation and human resources for service providers. Multisectoral cooperation must be carried out to achieve this, for example, the Ministry of Public Works through the provision of physical facilities and infrastructure; the Ministry of Education and Culture improve the knowledge, skills and education of persons with disabilities and the disability-related environment; Ministry of Social Affairs through social protection, rehabilitation and social empowerment activities; Ministry of Health through its health services; Ministry of Home Affairs through improving public services, and so on. Disability issues must be viewed as a multisectoral issues and addressed in a collaborative, sustainable and inclusive manner.

Contributorship Statement

We state that the paper entitled “Social Protection Policy for Persons with Disabilities during the Covid-19 Pandemic” is the result of a joint article and has never been published in any media. Ratih Probosiwi as the first author of this paper is the main contributor, while Kurnia Nur Fitriana is a member contributor.

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