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Jurnal Perempuan
untuk pencerahan dan kesetaraan
Vol. 28 No. 2, August 2023, 137—147
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DDC: 305

Agency and Inclusive Citizenship for Women with Disabilities: A Case Study of the Role of HWDI in Handling Covid-19 in Jakarta

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Manuscript Chronology: received on 21 July 2023, revised on 15 August 2023, accepted on 16 August 2023

Abstract

Persons with disabilities experience vulnerability in fulfilling their right to protection in a pandemic situation This study aims to examine the participation process of groups of persons with disabilities, namely the Indonesian Association of Women with Disabilities (*Himpunan Wanita Disabilitas Indonesia — HWDI*) through the struggle for disability protection during the Covid-19 period in DKI Jakarta. This study uses the perspective of inclusive citizenship to see efforts to involve active participation of citizens in encouraging the fulfillment of rights by the government. This study uses a descriptive qualitative method with narrative analysis techniques. The results of the study show that although HWDI has been able to influence the DKI Jakarta provincial government in several policies, there are rights that still need to be fulfilled in the dimension of inclusive citizenship. These rights include social, civil, and political rights which have not been fulfilled by the government, which has implications for persons with disabilities not being further involved in handling the Covid-19 pandemic.

Keywords: persons with disabilities, inclusive citizenship, disability protection rights from disasters

Introduction

Women with disabilities during the Covid-19 pandemic were more vulnerable than women in general. This vulnerability was a result of the double situation of being a woman and a person with a disability. Gender stigma has become a barrier for women, and women with disabilities face double discrimination and subordination, and are vulnerable to becoming victims of violence and marginalised from various disaster management efforts (Probosiwi 2013). Women with disabilities are particularly left behind in disaster management, including when the Covid-19 pandemic hit the world and Indonesia (Dzulfikar 2020). Cobley (2022) highlights the disproportionate impact of Covid-19 on persons with disabilities in thirteen countries, including disparities in health services and poverty. In the Indonesian context, Covid-19 has a significant impact on the lives and well-being of people with disabilities. This is consistent with many studies that generally focus on how groups of people with disabilities were left behind or marginalised in Covid-19 disaster management (Rahmat et al. 2020; Aziz 2020; Suryawati 2020; Laia 2021; Limbong & Rosdianti 2021).

This article discusses how the mitigation of the Covid-19 pandemic was pursued through the participation of the Indonesian Association of Women with Disabilities (*Himpunan Wanita Disabilitas Indonesia, HWDI)*, an organization of women with disabilities in order to ensure an inclusive citizenship and a fulfilment of the rights of women with disabilities during the Covid-19 pandemic in 2020-2022 in the Special Capital Region (DKI) of Jakarta Province. The DKI Jakarta Provincial Government issued several regulations related to the management of the Covid-19 pandemic in its region. One of them was DKI Jakarta Governor Regulation No. 33 of 2020 on the Implementation of Large-Scale Social Restrictions (*Pelaksanaan Pembatasan Sosial Berskala Besar, PSBB*) in Covid-19 Maagement in DKI Jakarta. The DKI Jakarta Governor Regulation (*Peraturan Gubernur, Pergub*) regulates the technical implementation of PSBB in more detail, including the implementation of PSBB, which regulates several things from the rights and obligations of citizens during PSBB, the scope of PSBB implementation, exceptions to the implementation of PSBB in various sectors, to personal health safety standards. This regulation had a major impact on persons with disabilities, especially women with disabilities. Such restrictions made it difficult for persons with disabilities to access protective services and to be involved in various policy-making and implementation processes.

Persons with disabilities in this research refer to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) on the rights of persons with disabilities, namely those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UNCRPD 2006). With reference to Law No. 8 of 2016, persons with disabilities mean any person with long-term physical, intellectual, mental, and/or sensory limitations who may, in interacting with the environment, experience any barriers and difficulties to fully and effectively participate with other citizens on the basis of equal rights (Law No. 8 of 2016 on Persons with Disabilities).

Indonesia currently has a special law that regulates the fulfilment of the rights of persons with disabilities, namely Law No. 8 of 2016, Part Sixteen on the right to protection of persons with disabilities from disasters. Article 20 of the Law states that the rights to Protection from Disasters for Persons with Disabilities include the rights to: 1) get easily accessible information about a disaster that is important for health and safety; 2) gain knowledge on the reduction of disaster risks, including information on the needs of persons with physical, speech, hearing, or visual impairments; 3) know about potential disasters and how to protect themselves, including understanding the risks that exist, so as to be able to take steps to reduce these risks; and 4) be prioritised and receive facilities during disasters - persons with disabilities receive assistance so that they can continue to carry out their activities as before. However, these rights are not included in Pergub No. 33 of 2020 on PSBB or other Covid-19 pandemic response policies.

According to the Central Bureau of Statistics (*Badan Pusat Statistik, BPS*), the number of persons with disabilities in Indonesia in 2020 was 22.5 million. This data was the estimated number of persons with disabilities affected by Covid-19 in 2020. DKI Jakarta had 14,123 persons with disabilities (Jakarta Open Data 2019). The number of persons with disabilities was broken down by types of disability. There are 2,781 people with physical disabilities, 2,697 people with visual disabilities, 1,799 people with hearing disabilities, 1,974 people with speech disabilities, 3,896 people with multiple disabilities, and 976 people with mental disabilities (Jakarta Open Data 2019). DKI Jakarta was the province that ranked first in the spread of Covid-19, with more than 1,300 cases per day (BBC News 2020). The results of the Indonesia Corruption Watch's (ICW) survey found that from an economic perspective, persons with disabilities in DKI Jakarta experienced a decline in livelihood and income during the Covid-19 period. In addition, information about social assistance and Covid-19 was not equally accessible, friendly, complete, and easy to understand for persons with disabilities (Anggraeni 2020).

Persons with disabilities generally did not have access to information on Covid-19 disaster risks and access to health facilities (Laia 2021). Even when they did, access to information on Covid-19 was provided in a format that was not accessible to persons with disabilities. For example, written information that could not be read by the visually impaired, or oral messages that could not be understood by the deaf. This was not in line with the indicators of the World Health Organisation's Covid-19 mitigation guidelines (WHO 2020) on information that includes sign language and images that is easily accessible to persons with disabilities, and cooperation with disabled people's organisations.

Persons with disabilities also faced difficulties in accessing Covid-19 social assistance because the data collection of the disability population was not inclusive; to receive Covid-19 social assistance, persons with disabilities had to confirm their data with the village government (*kelurahan*) (Limbong & Rosdianti 2022). The top down PSBB policy of DKI Jakarta Province did not favour persons with disabilities. The issuance of the PSBB policy was not in line with the operational implementation of good regulations. The DKI Jakarta Provincial Government should have made careful plans, organised all elements of society in the development of regulations, trained regional working units, and applied PSBB procedurally. Effective education and socialisation should have also been provided to the wider community, both offline and online.

Due to the lack of good management of the issuance of regulations, Pergub PSBB had a derivative impact on groups of persons with disabilities (Laia 2021). The implementation of the PSBB was further extended from 13 March 2020 to 2 August 2021, which increasingly restricted the mobility of persons with disabilities to access basic needs (LBH Jakarta 2022). Mobility restrictions have resulted in multiple vulnerabilities for persons with disabilities, such as difficult access to various facility services such as health, information, economic, and social assistance.

Even before the Covid-19 pandemic, women with disabilities have experienced difficulties in accessing their rights. This was due to barriers in terms of accessibility, availability, acceptability, and quality. Persons with disabilities continued to rely on the support and assistance of others, especially during emergencies such as the Covid-19 pandemic (Devandas-Aguilar 2020). The vulnerability of women with disabilities during the pandemic was inextricably linked to the lack of involvement and participation of disability groups in the pandemic response process, resulting in many disability needs not being addressed. In fact, the Regulation of the Head of the National Disaster Management Agency (Perka BNPB) No. 14 of 2014 on the Handling, Protection and Participation of Persons with Disabilities in Disaster Management, Article 109, mandates the involvement and participation of persons with disabilities in the implementation, monitoring, and evaluation phases of disaster risk reduction. Involving people with disabilities in disaster management planning is important because persons with disabilities are more aware of their own needs due to their different disabilities, whether physical, speech, hearing, or visual (Probosiwi 2013).

Women with disabilities in particular experience multiple and gendered forms of marginalisation. Historically, gender stereotypes that characterise women as weak, naive, passive, and dependent have been increasingly applied to women with disabilities (Fine & Asch 1988; Belser 2015), rendering them socially invisible or subordinate (Barranti & Yuen 2008; Foster & Sandel 2010). These incapacitating stigmas are often reinforced in post-disaster narratives that naturalise cultural narratives of "helpless victims" due to biophysical limitations (Belser 2015). "Tragically disabled people", who are objectified and constantly suffering, pitied, and stripped of their human rights and dignity (Fjord 2007; Belser 2015). For Belser (2015, p. 52), this narrative "masks the existence of social injustices and structural inequalities and intensifies the actual risks borne by women with disabilities in the Covid-19 pandemic situation". During Covid-19 pandemic, women with disabilities continued to be narrated as a priority for social assistance, but no space was given to their own aspirations, for example in relation to their needs for economic training and employment after Covid-19. The root of social injustices for women with disabilities is the lack of skills and opportunities to improve their economic level.

Social injustices against women are worsening, with the phenomenon of "shadow pandemics" identified by the United Nations Population Fund during Covid-19 (UNFPA 2021). One of these showed that women with disabilities around the world faced increased risk factors for gender-based violence (GBV) - including greater barriers to accessing violence support services, such as police and judicial mechanisms. *LBH Asosiasi Perempuan Indonesia untuk Keadilan (APIK)* noted that 313 cases of violence against women were reported to LBH APIK from March to June 2020. When women with disabilities were confined to their homes with their families (in situations where they were vulnerable to violence), it was more difficult for them to access safe house support systems, legal assistance, psychologists, and health services. This could even lead to physical, sexual, emotional, and psychological violence against them. Family and friends who were responsible for caregiving, or who did not get a break from such responsibilities, sometimes withheld needed support or used disability to demean or belittle women and girls with disabilities.

At the same time, access to GBV support services became increasingly difficult due to quarantine, such as PSBB in Jakarta. The role of the police was also shifted from investigating GBV to enforcing Covid-19 restrictions. Judicial mechanisms have also slowed down, leading to impunity for perpetrators. In addition, women and girls with disabilities - often because of their disability status - are cut off from needed health services, lose access to employment and education, lose access to disability-related support services, and face significant barriers in obtaining and accessing food, clean water, housing, sanitation, and other basic needs (UNFPA 2021).

These various vulnerabilities have led to the desire of civil society groups to participate in efforts to achieve disability rights, especially for women. The Indonesian Association of Women with Disabilities (HWDI) was one of the groups that actively advocated for the implementation of disability rights during Covid-19. HWDI, which is led by several women with disabilities and includes members from civil society and disabled people, carried out a number of initiatives to ensure inclusive citizenship during the pandemic. This movement was not limited to Jakarta, but also extended to many other places in Indonesia. In civic politics, the forms of participation undertaken by HWDI demonstrate the agency of marginalised groups in promoting inclusivity and democracy. Specifically, we start from these questions: 1) How did HDWI agency and participation bring about inclusive citizenship; 2) Did the conditions of the Covid-19 pandemic provide space for sustainability for marginalised groups such as persons with disabilities? This paper builds on the argument that the form of participation presented by HWDI Jakarta has not been sustainable because the short-term goal has been to reduce the vulnerability of persons with disabilities during the Covid-19 pandemic and has yet to focus on efforts to bring about justice and change more broadly. This research finds that the actualisation of the role and participation of HWDI still focuses on two dimensions of rights, namely civil and social rights, but does not include political rights. The realisation of political rights is a strategic step to ensure the protection and fulfilment of the rights of persons with disabilities.

Research Methodology

This research is conducted using a qualitative approach. The authors use in-depth interview methods to explore and understand the meaning of individuals or groups of people on social or humanitarian issues. This research process involves efforts such as asking questions and procedures, collecting specific data from participants, analysing data inductively from specific themes to general themes, and interpreting the meaning of the data (Creswell 2016, p. 24). The analysis is inductive, starting from the facts, realities, indicators, and problems obtained through observations and interviews. Inductive analysis means that the data is not intended to prove a hypothesis, but is an abstraction from the parts that have been collected.

Data collection is carried out using the data/source triangulation method, which combines different data analysis techniques and existing data sources, namely observation, document study and in-depth interviews with HWDI members and administrators. The analysis technique used is a narrative description of HWDI's organisational experience in promoting the fulfilment of women's disability rights in the context of the Covid-19 pandemic.

Inclusive Citizenship and Participation of Women with Disabilities

In discussing the participation of HWDI in this paper, citizenship is used as a starting point. The citizenship approach sees persons with disabilities as citizens who deserve the responsibility of the state to participate in the realisation of their rights. Citizens are members of a political community defined by a set of rights and responsibilities. Heywood (2013) explains that citizenship is a relationship between individuals and the state, both of which are bound by reciprocal rights and responsibilities. Citizenship is both a legal status and an identity, so there is an objective dimension of citizenship, which includes the special rights and responsibilities that the state confers on its citizens, and a subjective dimension of a sense of loyalty and belonging. However, objective citizenship does not in itself guarantee the existence of subjective citizenship as members of groups who feel alienated from their country, whether due to social disadvantage or racial discrimination, cannot be considered "full citizens", although they may enjoy a range of formal rights (Heywood 2013).

Citizenship has four dimensions: legal status, rights, participation, and membership. The legal status dimension is inclusion in the law or formal rules. The rights and participation dimensions are the rights that come with citizenship status and the responsibilities that come with inclusion (Hiariej & Törnquist 2017). This research focuses on aspects of rights and forms of participation of persons with disabilities, particularly women, and the participation of HWDI, especially in dealing with the Covid-19 pandemic. Participation is an active activity to fight for common interests. Participation is also defined as taking part, being involved, or taking part in a common activity. Citizenship as participation is defined as a set of obligations that arise when citizens experience exclusion or are in a situation where their rights are not fulfilled. The context of citizen participation is to be active and contribute to public affairs (Hiariej & Törnquist 2017).

Although the citizenship approach has been popular in political science in recent decades, some critics argue that citizenship should be able to understand the relationship between the state and its citizens beyond formal and informal normative aspects. Similarly, feminists argue that it is not enough to limit citizenship to formal rules and their implementation. It is more important to ensure that those who are excluded are able to exercise their rights as citizens. Young (2000) emphasises that inclusive citizenship is about creating space for marginalised groups to receive the same services and rights, not about the formal and informal process of fulfilling them (Young 2000). The starting point is to show how to move away from claims to universalism. According to Young (2000), existing concepts of citizenship are built on patterns of male subject experience. This implies that the exclusion of women (and the uneven nature of their inclusion) is integral to citizenship theory and practice. Women's experiences are seen as private and therefore irrelevant to be included, let alone considered, in public life. The critique of the public/private dichotomy therefore frames feminists' reinterpretation of citizenship, particularly in relation to the status given to unpaid "care work" and to the rights and responsibilities of citizenship and the division of domestic labour.

Inclusive citizenship can only be achieved if a number of core values are met. Kabeer (2005, pp. 3-4) in Lister (2008, p. 5) identifies four values of inclusive citizenship. First, justice, which is when a person feels that they are treated fairly in the same way as other people. Second, recognition, which is the intrinsic value of citizens having their rights and needs recognised and fulfilled by the state. Third, self-determination, which is when citizens already have the capacity to manage and control themselves individually. Fourth, solidarity, which is the emphasis on ensuring opportunities for citizens as a group to act together to achieve justice, recognising and respecting each other on the basis of social or cultural similarities, as well as with other communities.

Furthermore, feminists emphasise the importance of political agency to avoid vulnerabilities that position them as excluded groups, passive victims of structural forces, and the agency of others. This suggests a link between the concept of citizenship as an active participatory practice and as a set of rights that are objects of struggle (Lister 2008; Siim 2000). This agency is also the focus of our discussion, which looks at the role and involvement of HWDI in general and specifically its involvement in the Covid-19 pandemic in DKI Jakarta to ensure the protection and fulfilment of the civil rights of persons with disabilities.

Marshall in Heywood (2013) divides civic rights into three aspects, namely social rights, civil rights, and political rights. Civil rights relate to individual security, justice, freedom of thought, freedom of speech, and property rights. Political rights are closely related to participation in the public sphere and involvement in the political process, whether elected or not. Social rights relate to welfare, such as access to social security, health, pensions, income, education, and the right to compensation for low income and certain disabilities, such as persons with disabilities.

HWDI's participation and organising is the focus of this paper because it is an actualisation of citizens' civil rights. HWDI's participation promoted and fought for a range of social rights that persons with disabilities needed during the pandemic, including access to health, income, disaster-related information, and safety from forms of violence. However, political rights were not specifically fought for by HWDI. The authors interpret politics as a means for persons with disabilities to be able to fully represent themselves in public affairs through political rights, both to be elected and to vote, and through the freedom to express ideas, and this is noted in the final section of this paper.

The Handling of the Covid-19 Pandemic Disaster in Jakarta and the Participation of *Himpunan Wanita Disabilitas Indonesia*

"Nothing about us, without us". This statement on the HWDI's website refers to the need for persons with disabilities to be involved in various matters concerning their lives. As part of civil society, HWDI is one of the non-governmental organisations active in empowering persons with disabilities and educating the general public about persons with disabilities.

HWDI was established in 1997 as the first organization of persons with disabilities (OPD) with a mission to advocate for the needs and interests of persons with disabilities, particularly women. HWDI was born out of global calls for the protection and empowerment of women with disabilities who experience multiple discrimination. Initially established under the name *Himpunan Wanita Penyandang Cacat Indonesia* (HWPCI), it then changed its name to HWDI in 2006. They focus on providing means of empowerment, independence, and access to community resources for persons with disabilities (Lockley et al. 2020). HWDI has 33 branches across Indonesia. HWDI is present in all cities to empower persons with disabilities and solve problems faced by persons with disabilities. For disability organizations such as HWDI, the structure, mandate, and strategy of provincial organizations can focus on participation according to the issues and opportunities in their respective regions, as long as they are in line with the vision and mission of the organization. Each regional disability organization also seeks to raise its own funds as national support is only for soft skills and organisational capacity building.

HWDI's vision is to "gather, unite, and empower persons with disabilities throughout Indonesia to fight together for the rights and protection of persons with disabilities". To achieve this vision, HWDI has a mission: 1) To promote the solidarity of disabled people in defending the dignity of women with disabilities and in seeking the realisation of the social welfare of persons with disabilities; 2) To socialise and strive for the implementation of laws and regulations related to persons with disabilities, especially Law No. 8 of 2016 on Persons with Disabilities and Law No. 19 of 2011 on the Ratification of the Convention on the Rights of Persons with Disabilities (CRPD) and the National Action Plan on Human Rights (RANHAM); and To promote the ASEAN's Persons with Disabilities agenda, the Asia-Pacific (Incheon) Strategy, and the ASEAN Enabling Masterplan 2025 on mainstreaming the rights of persons with disabilities to serve as the policy rationale for programme implementation at the national and regional levels (HWDI News 2018).

HWDI Jakarta is one of the active components of HWDI. The organisational structure of HWDI DKI Jakarta for the period 2020-2025 consists of a Chairperson, Deputy Chairperson, Advisory Board, Board of Trustees, Secretary, and Treasurer. The organisation has 6 departments, namely 1) Organisation and Development Department; 2) Youth Disability Development Department; 3) Advocacy and Awareness Department; 4) Education Department; 5) Support Department; and 6) Disaster Department (Berita HWDI 2018). The current management of HWDI Jakarta is quite active and highly committed to the organisation. This is reflected in the regular meetings that the administrators attend at the HWDI Jakarta secretariat and the involvement of each administrator in the project being managed and in every activity that HWDI Jakarta is invited to.

The implementation of PSBB in Jakarta by the provincial government has raised a number of criticisms from HWDI Jakarta. According to them, the implementation of PSBB policy in relation to the handling of Covid-19 by the DKI Jakarta Provincial Government has been carried out in a top-down manner without the involvement of persons with disabilities. They also believe that the socialisation of PSBB was lacking, not only for persons with disabilities, but also for all elements of society without exception (Berita HWDI 2020). Pergub on PSBB in Jakarta shows that there is a lack of regulations on what obligations the government has to fulfil in order to deliver the basic rights of its citizens, such as the right to health services, the right to basic needs, the protection of the rights of vulnerable groups, etc. (LBH Jakarta 2022) – hence, the affirmation and fulfilment of the rights of persons with disabilities does not appear at all in policy or implementation.

At the implementation level, various studies show that this policy also faces a number of problems, including the marginalisation of persons with disabilities. This issue relates to access to disaster information, access to health facilities, and access to social assistance and social security (Pair Australian Indonesia 2021). This has also been identified by HWDI for PSBB in Jakarta.

In terms of access to information, in general, persons with disabilities did not receive information and were not the main target of information dissemination both in relation to Covid-19 and government policies. At the national level, access to information related to Covid-19 was through the Covid-19 hotline and the official government websites. However, there was no form of dissemination that complied with the Covid-19 mitigation guidelines published by the World Health Organization (WHO 2020), such as information that includes sign language and images that is easily accessible to persons with disabilities, and cooperation with disabled people's organisations.

Access to disaster information about Covid-19 was difficult for persons with disabilities. In general, persons with disabilities did not receive information directly. They received information from other parties, such as their relatives. BR, one of the interviewees in this study, did not even receive information until he tested positive for Covid-19.

> As a person with a disability, when I was diagnosed with Covid-19, it was very difficult for me to access information. It was difficult to get information, I relied on my closest relatives to get the latest information about Covid-19 (BR 2023, interview 13 February).

In line with BR, RS, an interviewee from the Regional Disaster Management Agency (*Badan Penanggulangan Bencana Daerah, BPBD*) confirmed this information limitation. Although the agency continued to provide information, especially on social media such as Instagram and Facebook, as RS herself acknowledged, this dissemination was not sufficient as there were still many people with disabilities who did not have social media accounts.

> BPBD recognised information limitation for persons with disabilities, so we were involved in providing socialisation around Covid-19 on Instagram and Facebook; how to prevent Covid-19, including encouraging social distancing, wearing masks, and vaccination. However, there were still few people with disabilities who have social media accounts (RS 2023, interview 13 February).

Not only in terms of information, but also in terms of access to health services and social assistance, people with disabilities were often marginalised. All were still inadequate in terms of access and health services, facilities, and supporting technical regulations. Special protection for groups with disabilities, such as the provision of temporary housing or quarantine facilities for people with disabilities like the Kemayoran Athlete's Village health facility were lacking and did not accommodate positive Covid-19 infected patients with a history of multiple disabilities. In addition, mobility restrictions prevented persons with disabilities from travelling to the nearest health facilities, forcing them to stay at home. Even today, health insurance is still relatively limited, and existing assistive devices are still not adapted to the conditions of persons with disabilities. Limited access to health increases the risk of deterioration in the health of persons with disabilities.

The availability of services for persons with specific disabilities, such as intellectual disabilities, was also very limited. This was because people with intellectual disabilities need companionship when health facilities were full of Covid-19 patients. This special need means that persons with disabilities were often not taken to hospitals or other health facilities but remained in their own homes. MAR, an interviewee from HWDI, explained how this increased the vulnerability of persons with disabilities in care facilities. Disabled people who tested positive for Covid-19 were not treated quickly enough, and so the virus was transmitted to other residents in the care facilities.

> If one person had Covid-19, it did not take long for a room of 5-8 people to be infected. Persons with disabilities that we referred to the Athlete's Village were often rejected on the grounds that health nurses found it difficult to treat Covid-19 patients with disabilities, especially those with mental disabilities, because they needed more attention (MAR 2023, interview 23 February).

For women with disabilities, in addition to the issues mentioned above, there were specific impacts that they experienced as a result of their multiple identities. The increase in domestic violence against women and children during Covid-19 received considerable attention in the literature on Covid-19, such as the *Komnas Perempuan's* Annual Report (CATAHU 2020). This condition became a global phenomenon, as according to Huber (2020) in the World Vision's report, the increase in domestic violence occurred in almost all parts of the world (Huber 2020). In Indonesia, *Komnas Perempuan* reported 77 cases of domestic violence during the first months of the 2020 pandemic. A survey conducted by the Indonesian Women's Coalition (*Koalisi Perempuan Indonesia, KPI*) and HWDI found that 80 per cent of respondents who were women with disabilities had experienced sexual violence during the Covid-19 pandemic. The lack of community support for the condition of women with disabilities also made it difficult to eliminate various existing discriminatory policies (Hidayah & Nurhadi 2022).

PSBB and other mobility restriction mechanisms, as well as the economic impact on families through loss or reduction of income, have been shown in several studies to increase the risk of violence for women with disabilities who are already vulnerable to violence (Kourti et al 2023; Mas'udah et al 2021; McCrary & Sanga 2020; Peraud et al 2021). Forms of violence included violence by husbands or partners. Reports from Australia, America, Europe, and Asia in the above studies show that women with disabilities who experienced domestic violence during Covid-19 found it difficult to seek help due to the lack of social services during the pandemic (UN Women 2020).

> The Provincial Government has not done much to address this situation. An interviewee from DKI Jakarta Social Services acknowledged the limitations in fulfilling and protecting persons with disabilities because different types of disabilities required different health care facilities (HW 2023, interview 27 February).

With regard to social assistance, the distribution of basic necessities was not equitable and did not target groups of persons with disabilities. 41 complaints received by HWDI and the findings from its monitors were related to allegations of reduction or withholding of social assistance, extortion, double assistance, and failure to provide social assistance to persons with disabilities in DKI Jakarta (MAR 2023, interview 2 July). The main problem was data collection. Persons with disabilities found it difficult to register for government assistance programmes and were often rejected by the village on the grounds that the registration had been closed - even though they had previously been registered at the *Rukun Warga* (RW) level as poor persons who were eligible for assistance. Similar complaints were made by persons with disabilities because they were not included in the Jakarta Provincial Government's food aid programme (LBH Jakarta 2022). This was confirmed by an interviewee, BR:

> The last data collection of residents in my area was carried out four years ago. Even after Covid-19, the data submitted to the DKI Jakarta Provincial Government was still based on disability data collected two years before Covid-19. In fact, the number of people with physical disabilities has increased as a result of accidents. This data should have been recorded, but it was not (BR 2023, interview 13 February).

The Jakarta Provincial Social Service identified persons with disabilities based on the Integrated Social Welfare Data (*Data Terpadu Kesejahteraan Sosial, DTKS*), which includes the number of confirmed disabilities. However, the Provincial Government admitted that there was still a lot of data that was not included in the DTKS. Therefore, the Provincial Government also coordinated and provided opportunities for *Rukun Tetangga* (RT) and *Rukun Warga* (RW) to verify and confirm existing data (HW Jakarta Social Service 2023, interview 27 February). It was difficult to determine the number and proportion of women with disabilities because even this limited data was not disaggregated.

In practice, persons with disabilities also experienced difficulties and limitations in confirming or registering with local authorities, especially in the context of PSBB. At the national level, the data collection of persons with disabilities was carried out by the Ministry of Social Affairs through the creation of a data collection system for the identification of persons with disabilities in the form of a special card. With this system, it was expected that persons with disabilities will not only be registered but also easily identified (Republika 2020). However, just like the DTKS data collection or *the RT/RW* one, this method did not make it easier or more accessible for persons with disabilities to register themselves.

This lack of clarity in the data and the inability of persons with disabilities to register themselves had also led to a mismatch in the target recipients of social assistance provided by the Provincial Government. The main indicator used for the distribution of social assistance was generally income below the regional minimum wage (*Upah Minimum Regional, UMR*) and did not take disability into account. BR explained that persons with disabilities who received social assistance were only those with low incomes. The assistance received also varies, ranging from rice and cash to discounted electricity payments. There was no clear information or transparency regarding the inconsistency of assistance (BR 2023, interview 23 February).

Inclusive Citizenship and the Realisation of the Political Rights of Women with Disabilities in the Context of the Pandemic

HWDI's active participation in various initiatives and collaborations shows that the agency of women with disabilities was capable of being an agency and dealing with adverse conditions, including the pandemic. However, Young (2000) argues that citizenship goes beyond formal and procedural. Citizenship must provide space and agency for excluded groups. In the context of DKI Jakarta during the pandemic, the aspirations and contributions of disability groups, in this case that of HWDI, were a good start. There were spaces for HWDI to influence and empower its members. To what extent did HWDI bring an inclusive approach to its activism? There are four values of inclusivity, as outlined by Kabeer (2005).

First, in terms of recognition. Some of HWDI's initiatives were aimed at formal recognition by the state of the existence and protection of persons with disabilities. HWDI participated in public processes to draft the Regional Regulation (Perda) No. 4 of 2022 on the Implementation of, Respect for, Protection of, and Fulfilment of the Rights of Persons with Disabilities. This regulation was derived from several related laws, in particular Law No. 8 of 2016 on Persons with Disabilities and Law No. 19 of 2011 on the Ratification of the Convention on the Rights of Persons with Disabilities. It provides a definition and recognition of the rights of persons with disabilities and details the obligations of the Provincial Government in ensuring the respect for, protection of, and fulfilment of the rights of persons with disabilities. A number of articles also provide detailed explanations on women and children with disabilities and their rights. Although this regulation is quite detailed in regulating various governmental obligations and processes, in terms of data collection and distribution of disaster assistance, it shows that persons with disabilities, especially women with disabilities, are still not registered.

Recognition through policy is the basis for politics of redistribution to ensure justice and the fulfilment of disability rights as citizens. The existence of HWDI in the recognition effort requires redistribution. Recognition through policy is the basis for politics of redistribution to ensure justice and the fulfilment of the rights of persons with disabilities as citizens. The existence of HWDI in the quest for recognition requires redistribution. Redistribution was achieved by using HWDI as a representative of persons with disabilities to pressure the government to fulfil disability rights in the Covid-19 pandemic so that persons with disabilities obtain their rights such as social security, subsidies, and Covid-19 assistance. Representation of disability identity is important because politically it is the basis for policy making. Including representation from disabled people's organisation was the best way to ensure that policies during the pandemic were as equitable as possible (Fraser 2010). The issue of disability as a public issue leads to the fulfilment of justice by providing different opportunities or special treatment to people with disabilities. Special treatment can be provided by the DKI Jakarta Provincial Government by paying attention to the vulnerability of all types of persons with disabilities (Stokke 2017).

Second, justice. Justice is understood as articulating 'when it is fair for people to be treated equally and when they should be treated differently' (Lister 2007, p. 3). HWDI has done much to ensure that persons with disabilities have the same access and benefits as other groups in society. Issues with data collection and registration with local authorities mean that persons with disabilities could not access support from the Provincial Government, or that the provision of support was not transparent. This adds to the long list of injustices experienced by persons with disabilities. HWDI did not have the capacity to address this as it can only be controlled or exercised by the Provincial Government.

There is also no justice for women with disabilities who are victims of violence, both GBV and domestic violence. There is no report that mentions the development of cases of violence experienced by women with disabilities in Jakarta. This shows a lack of commitment on the part of the local governments to respond to and resolve these cases in a fair and legal manner.

Third, self-determination, or 'the ability of a person to exercise control over his or her life' (Kabeer 2005). This value also features strongly in disability theorists' interpretation of citizenship, which describes the very specific barriers to self-determination and participation faced by disabled people (Lister 2007). Persons with disabilities in DKI Jakarta during the Covid-19 pandemic did not have the ability to determine their own destiny. During the PSBB period, persons with disabilities were very dependent on others to access to information, health services, and social support. Dependence on others often makes women with disabilities vulnerable as objects who are seen as useless in the family or community.

Fourth, the last value of inclusive citizenship is solidarity. Solidarity is understood as a process in which individuals and people engage in open dialogue try to understand the social resources of their powerlessness and see the possibility of acting together to change their environment (Young 2000). Based on this definition, the importance of joint efforts to achieve goals is emphasised. The HWDI's collaboration in building collective solidarity during the pandemic was very limited to civil society coalitions, including the HWDI.

HWDI Participation Challenge

There were a number of issues or conditions that hindered the effective participation of HWDI. Our findings suggest that there were both internal and external aspects of HWDI's participation that contributed significantly to this. Externally, HWDI's participation often was often challenged by government's lack of preparedness to identify and reach out to persons with disabilities. Although the protection and fulfilment of the rights of persons with disabilities and their recognition have been formally provided for in various legal products for several years, the state's commitment has not been fully present in their implementation. This is evidenced from the lack of budgeting and priority programmes for the government to ensure the fulfilment and protection of the rights of persons with disabilities. This situation is exacerbated by weak coordination and communication between agencies at the local government level, and also between local government and central government. The lack of understanding and awareness among most policy makers that disability issues are a shared priority is a major problem. Disability issues are seen as the sole responsibility of the social affairs department or ministry, rather than a cross-agency issue. One of the impacts most felt by HWDI and civil society groups was the unsystematic disability planning and disaster information that was always abruptly provided by local and national governments.

Internally, HWDI's participation continued to focus on the fulfilment of civil and social rights. The pandemic had opened up more space for the fulfilment of civil rights in the form of active participation in public spaces, albeit constrained by mobility restrictions. However, the scope of this participation was more focused on the fulfilment of social rights of persons with disabilities, such as the rights to information, health, employment, and income, as well as safety and gender-based violence. These were indeed issues that were critical during the pandemic. In addition to these, political rights should be a strategic agenda for the participation of HWDI and other civil society groups. These political rights include the rights to vote and be elected in the formal political system in Indonesia.

In every election in Indonesia, the participation of groups of persons with disabilities has always been low; persons with disabilities are only a target number in political elections in Indonesia. As a result of the low participation of persons with disabilities in politics, the interests of persons with disabilities are not reflected in the political representation they elect. The issue of persons with disabilities is still marginalised in Indonesia. In order to achieve inclusive citizenship, it is important for HWDI to be more strategic in strengthening the implementation of the political rights of persons with disabilities in the electoral system. This will be prioritised to build a long-term agenda to raise the disability discourse to the level of public discourse - including bringing the aspirations and needs of persons with disabilities to life. This will have implications for the prioritisation of persons with disabilities in the fulfilment of rights during pandemics and similar disasters, so that disability is no longer undermined.

Conclusion

HWDI's participation in the struggle for the fulfilment of the rights of persons with disabilities from a civil society perspective is an important part of ensuring an inclusive and fair democracy for minority groups. Research shows that the pandemic is not effective enough to be a catalyst for inclusiveness, but instead becomes a Pandora's box that opens the reality of the structural marginalisation of groups of persons with disabilities in Jakarta and in Indonesia in general. In this context, the participation of HWDI was not enough to bring inclusivity because of internal and external aspects. The external aspect was the unpreparedness of the government and the lack of awareness of the state apparatus to prioritise the fulfilment and protection of the rights of persons with disabilities. While the internal aspect was more about the choice of participation strategies of HWDI and other groups of persons with disabilities who needed to be more strategic in realising the political rights of women with disabilities through the official political system in Indonesia, both to exercise the right to vote and the right to be elected as a way to ensure the fulfilment of inclusive citizenship rights in Indonesia.

The political rights of women with disabilities, if properly actualised, can encourage the long-term discourse of women with disabilities on their needs and aspirations to be well articulated by government and state policies.

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