KEMENTERIAN SOSIAL
REPUBLIK INDONESIA

Reflections from Indonesia

HOW CBM INDONESIA AND PARTNERS ARE MAKING A DIFFERENCE

INDONESIA'S PROGRAM

CBM Indonesia works across the country to support people with disabilities and their families. With projects implemented in Aceh, Jakarta, Java, Yogyakart, Central Sulawesi and East Nusa Tenggara, CBM has a strong focus on Inclusive Eye Health to prevent and control avoidable blindness, Community Mental Health, Community Based Inclusive Development, Disaster Risk Reduction, Climate Change Adaptation and Humanitarian Need. They also work to strengthen the capacity of Organisations of People with Disabilities (OPDs) and partners.

This report documents the stories and reflections from those working on the projects.

OUR ADVISORY APPROACH IN INDONESIA

Marisa, from CBM Indonesia, looks at CBM Global Advisory work.

In Indonesia, disability has increasingly become recognised as a human right and social issue, and not a welfare or medical issue. As this understanding has grown, so too has the demand from the development and humanitarian sector for practical support to implement disability inclusive policy and practice, and to strengthen links with the disability movement.

Who have we advised and on what?

During 2023, CBM Indonesia, in partnership with Saraswati, supported the United Nations Pulse Lab Jakarta on the project 'Leaving No One Behind Data Use Case Development - Data on and for Persons with Disabilities'. The project, which sought to address issues in Indonesia's data ecosystem that impact the effectiveness and responsiveness of policies and programmes for people with disabilities, included support services to build collaboration, particularly with the disability community in Indonesia and relevant government stakeholders.

We also supported 50 staff members from Propera - a grant-funded partnership between Australia's Department of Foreign Affairs and Trade (DFAT), and Indonesia's Coordinating Ministry for the Economy - and other DFAT programs managed by DT Global with an internal workshop on Disability Inclusion in the Workplace. The workshop aimed to raise awareness and foster disability inclusion in the workplace and covered themes such as awareness of disabilities, respectful communication, understanding diverse perspectives, and inclusive workplace practices.

At the end of the year, we began supporting the KONEKSI Disability Hub. The DFAT-funded Knowledge Partnership Programme (KONEKSI) is Australia's flagship programme in the knowledge and innovation sector in Indonesia. The KONEKSI Disability Hub aims to progress disability rights by removing barriers for people with disability to participate and lead research and promote best practice in mainstreaming disability inclusion in the research. We will support a lead OPD as they build research capacity in other OPDs. We will also work with KONEKSI to ensure their other research grantees are including a disability perspective in their work.

Front page: People with disabilities going door to door collect data on disability as part of the People-Centred Inclusive Humanitarian Action (PCIHA) project.

What is our approach?

We utilise a unique team approach which draws on global advisors, country-based advisors and OPDs. This allows us to deliver localised advice which is informed by context knowledge and lived experience of persons with disabilities and is backed up by global evidence and learning. We also draw on the lessons and evidence from our advocacy and field programs to inform our advice.

We are committed to progressively shift the way we deliver our advisory services, away from a CBM Global led approach and towards a more People with Disability led approach. Currently, through the Advisory Capacity Development and Exchange (ACE) project, we are supporting three individuals with disabilities, to develop their advisory skills through a one-year fellowship programme.

Participants of the ACE fellowship programme gather together at a workshop on a rights-based approach to providing inclusion advice.

4 things we have learnt about advising on disability inclusion

1. Through our advisory work, more and more organisations are recognising CBM Global as an organisation with extensive experience and leadership in disability inclusion.

2. People with disabilities and organisations of people with disabilities in Indonesia have a strong interest in developing their advisory skills. This was made evident during the ACE recruitment process where we received 23 applications.

3. The Gender Equality, Disability and Social Inclusion (GEDSI) approach is strongly promoted and CBM Global is challenged to promote intersectionality in disability inclusion.

4. Many organisations assume that working with OPDs as implementing partners is a strong indicator of disability inclusion. However, organisation must be mindful that when engaging with OPDs as implementing partners, it does not lead to them being over worked and distract them from their own main objectives. To avoid this, we work with OPDs when the programme fits their vision and mission.

THE IMPACT OF THE ACEH CBID PROJECT

Asnawi, from FBA, reflects on this community based approach.

The Aceh Community Based Inclusive Development (ACBID) project is a CBM Global supported project, implemented in Aceh, Indonesia. Starting in 2017 and continuing until at least 2024, the project aims to help build an enabling environment for people with disabilities, particularly for livelihood and social participation. The project is implemented by CBM partner, Forum Bangun Aceh (FBA), in collaboration with another local organisation, PASKA Aceh.

Through this project, FBA supports the establishment and sustainability of inclusive Self-Help Groups (SHGs), advocates for inclusive villages, and strengthens livelihoods, particularly for people with disabilities. The project also has a strong advocacy component that targets government and private organisations, at the district and village levels.

What approach does FBA and PASKA take in the CBID project?

- Empower people with disabilities through livelihood assistance.
- Enhance the understanding of disability rights for people with disabilities and support them to be able to exercise their rights.
- Facilitate the establishment of sustainable SHGs that are inclusive of men and women, both with and without disabilities. Support SHGs to connect members for social support and implement activities to improve their economic well-being.
- Build the capacity of and work closely with OPDs, particularly in advocacy work at all levels.
- Invest in disability rights and inclusion awareness raising for government staff, village leaders, and other key organisations like police.

What is the project reach?

- 24 sub-districts in two districts, covering about 240 of the 863 villages. Some of these villages are specifically targeted to be “disability inclusive villages”.
- 400 people with disability receiving livelihood support, and other support based on specific needs.
- 65 inclusive SHGs established, 45 of which have been running since 2017/2018. These SHGs have more than 1,200 members altogether, with about 30 percent of members having a disability.
- 61 villages have become disability inclusive through inclusive planning, budgeting and programming, supporting the fulfilment of rights of people with disabilities.
- Six OPDs have been included in the project both as recipients of the project support, and as partners in project implementation. One OPD was newly established with strong support from the project.

"We were too self-focussed, and have overlooked the rights of people with disabilities until you [OPDs] came here and opened our eyes about people with disabilities."

- Head of village, Aceh Besar

5 things we have learnt about running a CBID Project

1. It is important that OPDs have a direct and significant role in advocacy, and the project team ensures that OPD representatives have the capacity to get as involved as possible in advocacy.

2. It is important to support people with disabilities who have received livelihoods support to understand their own rights and be able to advocate for their rights in their respective communities.

3. Working closely with a range of groups who work in the community will boost sustainability, particularly in the chain of advocacy outside of the project period.

4. In addition to providing social support, SHGs can also function as advocacy groups for disability rights at a village level, including beyond the project. It is important to invest in their capacity building and help the leaders to exercise their lobbying skills.

5. All works related to empowerment of people with disabilities, including those with psychosocial disabilities, should be backed up with the support of their carers and families.

"Thank you for your support. I have more courage now. I am now involved in activities which I used to think impossible due to my disability."

-Woman with a disability.

A cracking success

Nurjannah is an independent 52-year-old woman with a disability who runs her own business producing and selling 'peyek' - crackers made of flour mixed with water, peanuts, and seasoning – to cafes and coffee shops. Living alone, Nurjannah relies on the success of her business to support herself.

However, her business has not always been successful. Prior to getting involved in the CBID project, Nurjannah's business barely earnt enough money to pay for her basic needs. The low business income was not about the quality of her product, but rather about the limited production capacity – she simply did not have the tools or financial capital to buy cooking equipment and ingredients in increase production.

This all changed when project staff met Nurjannah during the data collection of people with disabilities. Nurjannah showed the staff her small kitchen, bedroom, and basic cooking utensils. She said she felt hopeless about her business and would sometimes cry when the crackers did not sell well. When there was no money left in her pocket, she found it hard to make the next round of crackers.

The project team decided to help her upscale her business and suggested she join a Self-Help Group (SHG). To help her upscale, the project team provided Nurjannah with new cooking tools and ingredients. They also visit her at least once a month for monitoring and business mentoring.

With improved tools and more ingredients, Nurjannah can now produce up to 250 small packages daily. By having more crackers available to sell, Nurjannah has been able to increase her daily income by four. She has regained her confidence and become an active member of the SHG. With more money in her pocket, Nurjannah plans to repair her house, particularly her bedroom, the roof, the wooden walls, and the floors. She is happy and can now live even more independently with her business.

Nurjannah producing crackers in her small kitchen. With support from the project, Nurjannah has been able to increase production to make about 250 packages per day.

MENTAL HEALTH A HIGH PRIORITY FOR SIDOLUHUR VILLAGE

Adrian, the Program Manager at CBM Indonesia, reflects on the achievements made around Community Mental Health in Sidoluhur village.

Sidoluhur village has done a great job in supporting mental health! In the last five years, more than 150 million rupiah ($14,600 AUD) has been allocated to support mental health. In recognition of their efforts, the village government was awarded the 4th national champion award from the Social Innovation in Health Initiative (SIHI) for their social innovation in health. Congratulations to them!!

CBM has been supporting a mental health project in Sidoluhur village since 2016. Working through a local partner, Pusat Rehabilitasi Yakkum, the project is strengthening health and social support for people with mental health issues by conducting community awareness raising on mental health, supporting SHGs, training community volunteers, and advocating, lobbying and supporting the village government to develop a village policy and budget to support mental health rehabilitation for people with mental health issues.

However, Sidoluhur village has not always been a model for strong mental health support. When the project first began, there was little awareness of mental health among the village government and community. This was despite the fact that there was 56 known community members with mental health issues – most of whom were not receiving the support they needed.

As the project progressed however, awareness of mental health also improved. The project team facilitated intensive meetings with the village government, provided training to village volunteers, government staff, and health workers at the puskesmas (Community Health Centres), and educated the public about mental health issues.

As a result, more community members are aware of the project and getting involved. Now, with support from the project team, people with mental health issues are joining self-help groups, accessing medicines and other health support, participating in village activities, and receiving support from other people in the community. This is helping them better manage their own mental health (as evident by the low number of relapses, averaging one to two cases per year), and reducing community stigma, contributing to a more inclusive society.

We believe that having a strong network of friends and allies who care about mental health is the best way to find solutions to the challenges faced by people with mental health issue and support them to have a better life!

Village receiving one of the national champion awards on The Innovation of Community-based Mental Health Rehabilitation held by the Social Innovation in Health Initiative (SIHI).

INCLUSIVE SYSTEM FOR EFFECTIVE EYE-CARE (I-SEE) PROJECT

Vivian from CBM Global, gives an overview our eye health approach.

The Inclusive System for Effective Eye-Care (I-SEE) project aims to strengthen district government eye health systems and improve access to inclusive and comprehensive eye health services. Since 2017, the project has been implemented across three provinces, learning from and building on each phase.

Project location and duration:

- West Java Province: Bandung District – 2017 to 2019
- East Java Province: Tuban and Probolinggo Districts – 2018 to 2023
- East Nusa Tenggara (NTT) province: Kupang, Timor Tengah Selatan Districts and City of Kupang – 2020 to 2025

The project has a strong focus on cataracts given its high prevalence in the project areas.

> Cataract surgeries performed at districts level hospitals have increased by 20 to 30 percent since the project started, as a result of project interventions.

I-SEE Approach

Engaging and empowering communities in prevention of visual impairment efforts

Increasing resources and infrastructure for eye health services

Creating an enabling environment, specifically through regulations on eye health

Inclusive health services and a **referral mechanism** to rehabilitation services

Inclusive eye health initiatives are effective in reducing the main causes of avoidable blindness

We make sure...

When we support an eye health project, we will make sure that the district governments are well informed that:

1. We will work on system strengthening that promotes better eye health services and better delivery mechanisms.
2. The project is consistent with government policies and in fact, strengthens the implementation of national policies on eye health at district level.
3. Working alongside local OPDs is important to better address barriers to inclusion in eye health services.

Our achievements in the I-SEE Project of East Java: 2018-2023

People are increasingly concerned about eye health:

Before the project was implemented, eye health services in the community relied heavily on the role of Primary Health Centre (PHC) health workers through services provision at health posts to engage community members in eye health. However, this was not enough to empower community members to be actively involved in blindness prevention efforts.

With the support of the I-SEE project, health workers were empowered through training and mentoring to play a greater role in carrying out early eye detection and providing eye health education. As a result, the number of people receiving screening for visual impairment increased sharply:

> From 20,633 screenings in 2019 to 96,859 screenings in 2023.

Most patients said they benefited from the health services they received, such as cataract surgery, and some became messengers about eye health. In addition, with increasing public awareness of eye health, the number of people visiting primary health centres to receive eye examinations also increased.

Improved eye health services:

Before the project began, none of the PHCs within the project area had nurses who were focused on managing eye health programs. Many people were also reluctant to seek help for cataracts because they were fearful of the surgery or concerned about the cost.

Now however, thanks to the support of the project, all PHCs have nurses trained as Community Eye Nurses. And, with their guidance, health workers and cadres are supported to raise community awareness on eye health, educating people on the causes, symptoms, and treatment for eye diseases, as well as assisting them to apply for government insurance. As a result, the number of eye cases treated at PHCs, and the number of people being referred to hospitals for further treatment has increased.

Increased eye health financing:

This project contributed to an increased number of people being part of government insurance schemes. Nine villages become "Eye Healthy Villages" that now have Village Regulations which enable people living in poor communities to receive funding for transportation to health facilities. In addition, Regional Eye Committees have been active in supporting the process of making policies and raising funds that enable people living in poor communities to receive cataract surgery treatment through social service activities.

Models of inclusive health services

Two hospitals and ten primary health centres were developed into a model of inclusive health services. Their existence has inspired several other primary health centres to provide independent disability-inclusive training for their staff.

Findings from the I-SEE East Java evaluation in 2023

Community organising strategy:

Many health cadres are now operating effectively and have exceeded project expectations. The success of health cadres is driven by empathy over the problems community members face when trying to access health services. The implementing partner, Paramitra Foundation, mobilised community members using a variety of methods which they adapted to suit their diverse target audiences. It is recommended that the strategies used be well documented, such as how to map , how to reach out and how to organise, so that they can be built on.

The importance of data and when to start advocacy work:

District program holders need to better understand that collecting eye health data is important as a basis for planning and making eye health policies. While eye health data is currently collected, as required by central government, it is being limited to the number of screenings only. The I-SEE project collects data to monitor screened people, including who was referred to treatment, and who received the needed services. This data is useful for, among other things, knowing the capacity of service facilities, knowing what services are needed, and for identifying and addressing barriers that someone might face in accessing these services.

The existence of a legal umbrella, such as a regent's regulation, to improve eye health activities and their sustainability is important. An advocacy strategy should therefore be developed early, so the legal umbrella can emerge as soon as possible. Efforts to have regulations at lower levels, such as in sub-districts or villages, can be carried out in parallel.

Build a synergy with mass media:

It often happens that policy makers will only respond to a problem or event if it has been spread in the mass media. It is recommended that the journalist training that has been provided by I-SEE Project be supplemented with other activities. This could include facilitating workshops on eye health issues and disability inclusion and connecting these to the economic and educational sectors. It could also include making media visits to press office about eye health or holding public discussions and inviting local and national journalists and media. The implementing partner is also advised to increase their use of social media to publish articles, infographics, short videos, and testimonials that educate and inspire the public about eye health. The effectiveness of using digital media really depends on the campaign strategy that project team is advised to develop beforehand.

Supportive environment for optimal rehabilitation:

Many people with low vision have benefited from referral pathways developed by project. However, individual support networks, including family members, carers, and teacher, could be strengthened so that they can better support people with low vision.

For example, members of local OPDs have been actively reaching out to people with visual impairments who are afraid to leave their house or whose family make it difficult for them to travel frequently. They have been working with family members to encourage them to support the person with a visual impairment. They have also been working to build the confidence of the person with a visual impairment by teaching them how to use assistive devices, such as a white cane, and introducing them to assistive technology, such as features on a smart phone.

Visiting a person with a visual impairment to show them how to use the white cane.

PEOPLE-CENTRED INCLUSIVE HUMANITARIAN ACTION (PCIHA)

Anton, the Humanitarian Coordinator at CBM Global Indonesia, gives an overview of our approach that places community members at the centre of disaster management.

Background

International reports indicate that approximately 16% of the world's population has a disability (World Health Organization, 2023). According to Humanity & Inclusion (2021), people with disabilities are disproportionately affected by disasters, face higher risks and are most likely to be excluded from humanitarian assistance. This is due to a number of barriers, including both environmental and attitudinal, which place persons with disabilities at greater risk of exclusion and marginalisation. While efforts have been made to affirm the rights of persons with disabilities within a global framework, including the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), they continue to be left on the sidelines during emergency responses, both as recipients of aid and as actors in humanitarian response.

What is PCIHA?

People-Centred Inclusive Humanitarian Action (PCIHA) is a practical application of the IASC Guideline on the Participation of Persons with Disabilities in Humanitarian Action. There are four principles that must be followed if you want to build inclusive community-based disaster preparedness. These include:

1. Meaningful participation of persons with disabilities
2. Removing barriers
3. Capacity building of persons with disabilities and their organizations
4. **Availability of disaggregated data.**

Community members gather to discuss potential disasters and identify the most at risk groups in the village.

About PCIHA

During May 2021 to December 2022, CBM supported the implementation of the PCIHA project - a project designed to embody the concept of localisation in humanitarian action. Working in collaboration with the Indonesian government, humanitarian actors, OPDs and the local community, the project team sought to develop a model for people-centred inclusive humanitarian action to strengthen effective and timely inclusive humanitarian action in Indonesia. Using an action research approach that allowed the project to make iterative model improvements, the model was trailed in two locations, in Cianjur Regency – West Java and Sigi Regency – Central Sulawesi.

The PCIHA project embodies the concept of localisation in humanitarian action. As the name implies, this approach places the community members as the main actors in disaster management, especially those who are most at risk of being affected when a disaster occurs as the true owner of the risk.

Method

PCIHA used Principle 4, availability of disaggregated data, as an entry point for identifying and responding to the needs and rights of people with disabilities during a humanitarian response. It started with data collection on the most at-risk groups in assisted areas, carried out by organisations of people with disabilities.

Data was collected from 154 people with disabilities in Pamoyanan village, Cianjur and 57 people in Sibalaya Utara village, Sigi using the Washington Group Questions (WGQ).

In the process of collecting data, barriers experienced by people with disabilities during pre-disaster, emergency response, and post-disaster were identified. The exercise also assessed their vulnerability to the main risks affecting their lives and their ability to cope with and recover from a disaster.

Seven local OPDs were actively involved in all phases of the projects, including stakeholder mapping and analysis, development and piloting of the assessment tool, training, data collection, and meetings with the district and sub-districts governments.

OPD involvement during earthquake Cianjur

When the 5.6 magnitude earthquake struck Cianjur on 21 November 2022, OPDs in Cianjur proactively supported the government with data on persons with disabilities, participated in a rapid needs assessment, and worked with CBM Global and other humanitarian actors to support the delivery of humanitarian assistance.

Lessons learnt

1. Principle four, availability of disaggregated data, is an effective entry point for addressing the other three pillars: (1) Meaningful participation of persons with disabilities, (2) removing barriers, (3) capacity building of persons with disabilities and their organisations. During the project, it became clear that the Indonesian government did not have accurate data on people with disabilities.
2. The capacity of people with disabilities and their organisations in both Disaster Risk Management (DRM) and disability inclusion is critical at all levels of society.
3. To have a quality DRM programme, it is important for government and humanitarian actors to actively involve the most at-risk groups, including OPDs, so that their programme is inclusive and responsive to needs.

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