

Our work in Indonesia

Approaches and achievements



CBM's work in Indonesia:

Addressing disability inclusion across a number of fronts, CBM works to ensure:

- Inclusive eye health initiatives are effective in reducing the main causes of avoidable blindness.
- People with disabilities and communities at risk have improved access to inclusive healthcare (including mental health), education and livelihood services, supported by local governments.
- People with mental health issues are supported to be active citizens in their community.
- When disasters strikes, communities are prepared, and organisations providing humanitarian support include people with disabilities in their responses.
- Other organisations, including government, multi-laterals, and programs funded through international development assistance have approaches that are disability inclusive.

This document provides thematic summaries of our ways of working.

4 sectors:

Community based inclusive development - see page 4

Eye health- see page 6

Community mental health- see page 8

Humanitarian response and disaster preparedness- see page 10

Working with and supporting the Disability Movement underpins all our work.

Geographically, CBM's program work is in Java, Aceh and East Nusa Tenggara.

CBM Australia provides significant funding to programs in all these sectors in Indonesia, through support from the Australian public and from the Australian Government through the Australian NGO (non-government organisation) Cooperation Program (ANCP).

CBM Indonesia works with partners to deliver these programs and combines this with advocacy at provincial and national levels.

In addition, CBM provides advice to government and other organisations working in Indonesia about how their programs can better address disability inclusion, through the CBM Global's Inclusion Advisory Group (IAG) – see page 12.

Disability in Indonesia

Indonesia's population is 270 million. Around **11%** have a disability.



Vision and mobility
disabilities are the most common.

Rates of disability are **highest in rural areas.**

Three percent of people have a **severe disability** and report that they have significant difficulties in participating in family and community life.

People whose onset of disability occurred before age 15 are over

five times less likely to complete primary school
than children without a disability.

For adults who had a mild disability as a child,

24% didn't finish primary school:
this breaks down to 32% who are women and 19% who are men.

A tested approach: Community Based Inclusive Development

CBM's work supporting Community Based Inclusive Development (CBID) projects in Indonesia, assists people living with disability to have better access to all aspects of their communities.

The CBID approach links people with disabilities with other local services, such as health or therapy centres, or access to assistive devices. It also strengthens these services.

Self-help groups are the central focus of the CBID approach in Indonesia - helping people improve their economic situation. Self-help groups involve people with and without disabilities. The benefits? They give people with disabilities a way to link to others in their community, and they help the community understand the potential of people with disabilities. Groups can then be pivotal in influencing local government policies in health, education and social services. This then leads to improved systems, accessibility, budgets and ways of working.

Removing barriers to create an environment where all people can be active in their community and in economic life is the focus of CBID in Indonesia.

CBID project teams also work with Organisations of People with Disabilities (OPDs), helping to improve their systems and capacity, so they can better engage with other organisations, and be stronger representatives for people with disabilities.

Emphasising rights and improving accessibility in their locality is often an initial advocacy focus for groups, with local government being targetted.

Over the years, CBM in Indonesia has refined the CBID approach. "Previously the focus was specifically on people with disabilities, and on individuals. Now the focus is on inclusion, and on getting a community to recognise and change the things that can stop anyone from being active in their community – whether that is transport, footpaths, attitudes, ways of communicating, access to buildings, or access to assistive devices."

CBM supports CBID projects in Aceh, with support by the Australian Government through the Australian NGO Cooperation Program (ANCP).

An evaluation of a CBID project in Aceh concluded that "self help groups were amongst the most effective means of advocating at local levels on issues relating to poverty and people with disabilities. Incorporating disability issues into village and district level regulations ensures that people with disabilities are incorporated into community level decision making and the distribution of funds."

CBM supports intensive capacity building for an Organisation of People with Disabilities in Bandung, with a view to this OPD running CBID projects in Java.



HOW WE USED TO THINK ABOUT CBID



HOW WE THINK ABOUT CBID NOW



The CBID approach taken by CBM and partners raises awareness on disability issues and connects people together. A key focus of the CBM approach is to improve access to local services so that everyone can get the support they need. Women with disabilities are often isolated and self-help groups help establish social connections and ways to make a living.

Ensuring that everyone has access to eye health support

From charity to systems change

CBM has been supporting eye health programs in Indonesia for many years.

“But no matter how many eye clinic charity drives we supported, it didn’t change the system”, reflected team leader, Vivian.

CBM is now focusing on wider impact and is working with government district hospitals to improve eye health services, help raise awareness about eye services in rural communities, and bring government services closer to rural - and poorer - people.

“As a result of our influence, there has been a 25% to 40% increase in the number of cataract surgeries performed at district level hospitals. And this momentum will be maintained.”

Assessing eye hospitals – are they accessible?

CBM in Indonesia also works alongside local Organisations of People with Disabilities (OPDs), to help government hospitals better address barriers to inclusion through the whole hospital system. OPDs have carried out “accessibility audits” that have forced hospitals to improve areas like signage, reception areas, building and toilet access, and training for staff. Hospitals also work with OPDs as a referral avenue for people whose vision impairment cannot be rectified by surgery.

National influence

CBM has also been active at the national level; supporting the National Eye Committee to be active, helping with the development of a National Roadmap for the Prevention of Blindness, and advocating for government adoption. CBM in Indonesia has developed a comprehensive eye care approach by partnering with district hospitals, and can bring learnings to inform national policy.

CBM Australia has funded inclusive eye health projects in Bandung, East Java and East Nusa Tenggara, with support by the Australian Government through the Australian NGO Cooperation Program (ANCP).



People often avoid seeking help for cataracts because they are scared of the surgery or worried about the cost. Improving government eye health services so that they are affordable and accessible to the elderly and people with disabilities is a key focus of our approach.

A better way to address mental health

Medical support is not enough

After 10 years of working with government on mental health programs in Aceh, it became clear that linking people with mental illness to medical services was helpful, but not enough. A lack of community support often saw people relapse after initially coming off medication, and the cycle of referrals for health support was repeated. CBM recognised the need for more focus on post-recovery support.

A community-centred approach

In recent projects in Aceh and Yogyakarta, CBM and partners have worked with local governments to tackle mental illness more holistically. CBM emphasises that mental illness is more than a health issue. CBM's *Community Mental Health Approach* in Indonesia emphasises stigma reduction, linking people to the needed services, and supporting people post-recovery.

The approach focuses on village-level cadres, paid by local government and trained by CBM, who are the link between people with mental illness and community support services.



Connecting people to vocational training and getting jobs has been successful as post-recovery therapy, helping people to gain confidence, new skills, and earn income. In Aceh, around 200 people have been linked to jobs or home-based businesses. Support Groups, which are not common in Indonesia, are set up and these sometimes develop into income generating and advocacy groups. Families are engaged and involved in support.

Bringing government and community together

CBM's model is unusual for Indonesia in that it emphasises the value of government and NGO support equally. It is a tested approach, and evaluated to be very successful at a village and district level. Successes of the approach have been shared with the Indonesia's Ministry of Health. CBM's approach is different to other government and NGO programs that focus on minimising the *causes* of mental trauma—such as bullying, domestic violence or drug abuse.

CBM's next step is to push for further government buy-in, demonstrating the value of Ministry of Health collaboration with other ministries on mental health, and in linking with national mental health advocacy groups.

CBM Australia has funded community mental health programs with support by the Australian Government through the Australian NGO Cooperation Program (ANCP).

< In order for people with mental illness to flourish, a combination of medical, interpersonal, community and government policy interventions are needed. CBM's program connects people with mental health issues with employers and helps people develop home-based small businesses. Reducing stigma and fear of people with mental illness is also a focus in our programs.

HOW WE USED TO ADDRESS MENTAL ILLNESS



HOW WE ADDRESS MENTAL ILLNESS NOW



Who misses out when disaster hits?

Ensuring that humanitarian responses are inclusive

Indonesia has its fair share of natural disasters, and often it is people with disabilities who miss out on the rescue and recovery services that are rolled out after an earthquake or tsunami hits.

CBM has been working in Indonesia with local disability partners to influence the humanitarian sector in Indonesia to better incorporate inclusive responses. After the earthquake in Sulawesi in 2018, CBM worked to ensure that a local Organisation of People with Disabilities (OPD) was involved in the emergency response coordination process with other NGOs and government. Together they raised issues about the barriers to inclusion to services for people with disabilities and older people, pushing responders to make adaptations. CBM is continuing to train up OPDs in disaster-prone areas so that they are ready to play this role when the next disaster strikes.

Inclusive COVID-19 responses

CBM in Indonesia has refined their approach to inclusive humanitarian responses during the COVID-19 crisis. In 2020 work was done with OPDs to collect data from over 2000 households on who was missing out on government support. This information was used to advocate to government about the needs of vulnerable groups of people with disabilities. CBM has promoted inclusive health care – including home-care, physiotherapy and psychological counselling, and has linked people to government cash assistance packages.

Influencing government and NGOs

CBM in Indonesia continues to test inclusive humanitarian approaches, working with OPDs and partners. CBM has developed the Humanitarian Hands On Tool, which in Indonesia is being used by both government and non-government organisations to ensure their disaster responses are inclusive of people with disabilities. CBM Australia's work in the Australian Humanitarian Partnership brings in good learnings on the ways to influence other NGOs to ensure their emergency responses don't forget people with disability.

CBM Australia is part of the Australian Humanitarian Partnership, a five year partnership between the Australian Government, six lead Australian NGOs and their partners. Our role is to ensure that disability issues are addressed as organisations plan and respond to emergencies.



In 2018, Alif and his family ran for their lives as a tsunami hit the Sulawesi coast. The boy, who has mobility issues, was carried on his mother's back as they fled their home. CBM's approach is to influence the organisations who are first on the ground when disaster strikes, so that the needs of people with disabilities are not overlooked in disaster preparation and response. As well as shelter, food and clothing, Alif was provided with new crutches.

Advising government and multilateral programs on disability inclusion

A catalytic approach through disability advice

CBM Global's Inclusion Advisory Group is an international network of advisors, representatives and associates, working together in decentralised, local teams. They offer localised advice and relationships backed by global evidence and learning, networks, and sector understanding. The advice draws on and complements CBM Global's advocacy and programmatic work, giving us a well-rounded perspective.

Recent advisory work in Indonesia has included:

Accessible and inclusive water and sanitation – across rural Indonesia

CBM provided advice to a World Bank program involved in the Indonesian government's roll out of the Community Based Water Supply and Sanitation Program (known as PAMSIMAS) - so it ensures accessibility for people with disabilities. Following a small pilot in 59 villages, 6060 people with disabilities were identified and better supported by the program's teams in addressing their water and sanitation needs. Following this, CBM provided further direction about how the disability inclusive approach could be integrated across the whole program.

Disability inclusion is now an integral part of the PAMSIMAS community water supply program, a program that targets 15,000 new villages.

Influencing laws under development

CBM, through the Inclusion Advisory Group, provided advice to Indonesian government legislators on how to ensure that new social protection measures are in line with international human rights obligations. Along with the Centre for Inclusive Policy and key Organisations of People with Disabilities, CBM provided direction and training to government legislators as they developed regulations around social protection and rehabilitation relating to people with disabilities.

CBM advisors also provided initial support to the consideration of disability issues within World Bank funded programs that work with government on urban development and disaster planning.

Working with the disability movement

Through an Australian government funded women's empowerment program, CBM has connected activists with a disability with those working in the women's movement, for better coordination on gender issues.



CBM's Inclusion Advisory Group has been working in Indonesia alongside the disability movement to influence organisations, institutions and systems to better address disability issues within their work. CBM's particular focus is on programs funded through international development assistance. Training government civil servants to understand disability rights can lead to disability being better considered in government policy and programs.



www.cbm.org.au

1800 678 069

PO Box 348

Box Hill Victoria Australia 3128

ABN: 23 005 326 849

Published 2021



ACFID
MEMBER

Our work with Australian government programs is part of the DFAT and CBM Australia Partnership for Provision of Disability Technical Advice and Services 2018-2021, and previous contracts.