Our impact in Indonesia

HOW CBM GLOBAL INDONESIA AND PARTNERS ARE DRIVING CHANGE

CBM'S WORK IN INDONESIA

CBM has been working in Indonesia since 1978, promoting the rights and well-being of people with disabilities and their families across the country.

With a population exceeding 277 million, Indonesia is the world's largest archipelagic state, the third most populous democracy, and the largest Muslim majority nation.

Despite a strong legal framework supporting the rights of people with disabilities, millions of people with disabilities – estimated at around 23.3 million in 2019, with women making up 56 percent – continue to face significant barriers to education, healthcare, employment and social inclusion.

With work spanning across several regions, including Aceh, the whole island of Java, and East Nusa Tenggara, CBM Global Indonesia adopts a comprehensive approach to tackle poverty and inequality, that includes Inclusive Eye Health (IEH), Community Mental Health (CMH), livelihoods and strengthening the capacity of Organisations of People with Disabilities (OPDs).

CBM also supports Disaster Risk Reduction (DRR), Climate Change Adaptation, and humanitarian needs – critical areas where people with disabilities are often disproportionately affected due to inaccessible infrastructure, stigma, and exclusion from emergency planning and response. These efforts are further strengthened through CBMs advocacy and advisory initiatives, and deep commitment to working alongside people with disabilities and their representative OPDs. Together, these efforts create a model for long lasting, systemic change grounded in inclusion and equity.

In 2024, CBM projects in Indonesia benefited 73,835 people, of which 2,616 were people with a disability.

This report provides six case studies that captures the experiences and insights of people involved in the projects.

Diagram 1: Map of Indonesia where CBM Global Indonesia operates.

Front: Jemas (left), a member of Bitobe's people with disability group and Marta (right), a member of a women's empowerment group in East Nusa Tenggara.

INCLUSIVE EYE HEALTH

Across Indonesia, more than 8 million people aged 50 and over experience vision loss – including over 1.6 million (3.0%) who are blind, and close to 6.4 million (11.5%) who have moderate to severe visual impairment.

For many, especially those living in remote or hard to reach areas, limited access to eye health services means many debilitating conditions, such as cataracts, go untreated. As a result, cataracts remain the leading cause of blindness nationwide.[1]

To improve eye health, prevent avoidable blindness, and support those with unavoidable visual impairment, CBM is working to build inclusive, accessible, and sustainable eye health systems, particularly for those experiencing poverty and marginalisation.

Individuals who accessed cataract surgery through the I-SEE project, pictured wearing sunglasses provided as part of their recovery care.

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

From 2018 to 2023, CBM implemented the Inclusive System for Effective Eye-Care (I-SEE) project, delivered in partnership with Paramitra Foundation, with support from the Australian Government through the Australian NGO Cooperation Program (ANCP). Operating in the East Java districts of Tuban and Probolinggo, the project worked with local health authorities and service providers to reduce visual impairment and blindness, particularly from cataracts and childhood refractive errors

1 Rif'Ati, Lutfah, Aldiana Halim, Yeni Dwi Lestari, Nila F Moeloek, and Hans Limburg. 2020. "Blindness and Visual Impairment Situation in Indonesia Based on Rapid Assessment of Avoidable Blindness Surveys in 15 Provinces." Ophthalmic Epidemiology 28 (5): 408–19. doi:10.1080/09286586.2020.1853178.

East Java recorded the highest prevalence of blindness among people aged 50 and above in Indonesia—at 4.4%—according to the 2013-2017 Rapid Assessment of Avoidable Blindness (RAAB) surveys. This equates to over 371,000 people, with untreated cataracts identified as the leading cause.[2]

Achievements:

The project enhanced public awareness of eye health, resulting in a marked increase in the number of people receiving eye checks at health centres.

- In **Tuban**, eye health visits increased from **1,582 in 2018** to **5,674 in 2022.**
- In **Probolinggo**, eye health visits rose from **992 in 2018** to **3,964 in 2022**.[3]

This progress was driven by awareness campaigns and active community engagement, with dedicated eye health cadres (community volunteers) playing a vital role – providing eye screenings, referrals, and education. Complimenting these efforts, eye care services at health facilities were strengthened through targeted disability inclusion training for health workers and disability-friendly facilities – ensuring the improved knowledge and accessibility translated into better care for people with disabilities. To ensure transport was not a barrier to accessing essential eye services, the project developed a model that provided transport assistance to people unable to afford or access it, including those living hours away.

Nine Eye Healthy Villages were established, supported by local regulations (Perdes) and dedicated budgets for eye health initiatives, including activities such as community outreach, home visits for eye screening, referrals and education. The emergence of Eye Healthy Villages was driven by the persistence efforts of eye health cadres, who actively engaged and encouraged village heads to formalise support through local regulations regarding Eye Healthy Villages.

The project worked closely with OPDs, strengthening their capacity to advise and consult health facilities on disability inclusion. OPDs conducted accessibility audits – assessing and monitoring not only the physical environment, but also communications and attitudes. With this information, OPDs gave recommendations on how health centres could be more inclusive for people with disabilities.

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2 Rif'Ati, Lutfah, Aldiana Halim, Yeni Dwi Lestari, Nila F Moeloek, and Hans Limburg. 2020. "Blindness and Visual Impairment Situation in Indonesia Based on Rapid Assessment of Avoidable Blindness Surveys in 15 Provinces." Ophthalmic Epidemiology 28 (5): 408–19. doi:10.1080/09286586.2020.1853178. https://pubmed.ncbi.nlm.nih.gov/33380229/

3 Findings from end of project evaluation, 2023.

Eye health system strengthening in Indonesia

Strengthening government eye health systems is a key component of CBM Global's Inclusive Eye Health Program in Indonesia. This approach is closely aligned with the Government of Indonesia's national strategy – a decree by the Minister of Health issued in 2023, and supports the implementation of the World Health Organization's (WHO) Integrated People-Centred Eye Care (IPEC) approach. IPEC promotes the integration of eye care into national health systems to ensure equitable and accessible services for all.

In October 2024, the Government of Indonesian released their Roadmap for Vision Health Efforts 2025-2030, which outlines key challenges and strategic objectives for the sector. The roadmap identifies several barriers, including:

- Lack of public awareness about the importance of early detection of eye disease
- Limited access to eye health services
- Inadequate funding and resources for eye health programs
- A need for capacity development of ophthalmology professionals.

Mama Fransina with her sunglasses she accessed through the I-SEE project.

To address these challenges, the roadmap sets out a vision for comprehensive eye health services that includes promotive, preventive, curative and rehabilitative eye health services that are equitable, accessible, high-quality, and oriented to the needs of all Indonesian people by 2030.

The I-SEE project tackled these barriers at the district level by driving progress toward roadmap targets and advocating for the enforcement of national eye health regulations within local health systems.

CURRENT I-SEE PROJECT

In 2024, CBM Global launched a second I-SEE project, implemented again by Paramitra Foundation and funded by CBM Australia with support from the Australian Government through the ANCP. Operating in the East Java districts of Magetan, Madiun, and Ngawi, the project builds on the successes and lessons of the 2018–2023 model, focusing on strengthening district-level eye health systems and improving community support for people with visual impairments.

The project aims to improve access to inclusive and comprehensive eye health services through the following strategic approaches:

- Community engagement and empowerment in the prevention of visual impairment
- Increased resources and infrastructure for eye health services
- Policy and regulation support to create an enabling environment for eye health
- Inclusive health services and strengthened referral mechanisms to rehabilitation services

Responding to emerging needs

While the prevalence of blindness caused by cataracts may be declining, the total number of cases continues to rise due to continued population growth and ageing demographics. The government Roadmap for Vision Health Efforts 2025-2030 highlights the need to improve early detection and treatment of cataracts, refractive errors, and diabetic retinopathy.

The I-SEE project implements activities to support district governments in achieving the Roadmap targets, which include:

- At least 80% of individuals with refractive disorders obtain appropriate visual aids or management and achieve good visual acuity results
- At least 80% of people with diabetes undergo eye screenings that include a retinal examination
- At least 60% of individuals with diabetic retinopathy receive appropriate management
- At least 80% of individuals with cataract-related visual impairment are screened and diagnosed early in primary care setting
- At least 60% of cataract patients with moderate to severe visual impairment undergo cataract surgery

Expanding services for people with low vision

The project is working to expand support for people with low vision by strengthening referral pathways to low vision services. This includes building a more supportive environment through engagement with teachers, parents, and caregivers. It also includes improving accessibility by bringing low vision services closer to people's homes. To do this, efforts are underway to influence hospitals in Madiun City to expand their eye clinics to include low vision services. Madiun City's central location makes it a strategic hub for serving the three project districts.

First year implementation activities

Based on the learnings from the previous project, the first year of implementation included:

- **The development of an advocacy strategy**, starting with comprehensive stakeholder mapping and analysis
- **The development of communication strategies** using an intersectional approach to ensure eye health issues are not only seen from a health perspective, but linked with other relevant issues
- **Strengthening the role of field staff as facilitators** to increase government participation and build a sense of ownership of the project

RESTORING DIGNITY OF PEOPLE WITH PSYCHOSOCIAL DISABILITIES IN INDONESIA

The following is an overview of our approach to supporting people with psychosocial disabilities in Indonesia.

Since 2016, CBM Global in Indonesia implemented community mental health initiatives across three districts in the Special Region of Yogyakarta Province. During the first six years, the program focused on community-based rehabilitation models to improve the quality of life of people with psychosocial disabilities.

Building on this foundation, in 2021 CBM Global launched a three-year pilot project, Open the Gate: Reclaiming Freedom and Dignity of People with Psychosocial Disabilities (OTG). Funded by CBM Australia with support from the Australian Government through the ANCP, the project aimed to transform traditional social rehabilitation centres from a 'closed centre' approach to an 'open centre' approach. The open centre model promotes greater community participation to improve the quality of life of people with psychosocial disabilities, and enables their full participation in society.

Following the success of the pilot project, CBM Global began a new phase of the initiative in 2025, which is expected to run until 2028.

Implementing partners and strategic roles

This project is implemented in partnership with two local organisations:

- **Pusat Rehabilitasi YAKKUM (PRY)** leads subnational implementation of community mental health system strengthening in Yogyakarta province. PRY works with government-run and private social rehabilitation centres to introduce the open-centre model, strengthen institutional capacity around protecting the rights of people with psychosocial disabilities, and support their reintegration into community living.
- **Perhimpunan Jiwa Sehat (PJS),** an organisation of people with lived experience of psychosocial disability, leads national level advocacy efforts for deinstitutionalisation. PJS established the P5HAM Working Group – a national cross-ministerial working group that developed a national roadmap for deinstitutionalisation and works to influence national legislations and policies to improve the quality of social care institutions.

Promoting inclusion and dignity through the OTG project

The OTG project has and continues to make significant contributions to greater awareness and consideration of the needs of people with psychosocial disabilities within institutional settings. One key achievement was the development of a Disaster Preparedness Guideline, created in collaboration with the Provincial Disaster Risk Reduction Forum. This was followed by disaster simulation activities organised by Bina Laras Rehabilitation Centre, with participation from people with psychosocial disabilities.

Eko, Project Manager at PRY, highlighted the strategic value of this initiative:

> **"Disaster preparedness proved to be effective as an entry point for engaging Bina Laras staff in discussions about creating a more open and inclusive centre. Through these discussions, staff began to see that people with psychosocial disabilities face heightened risks due to existing barriers in mobility, access, and communication."**
>
> - *Eko, Project Manager of OTG, PRY*

Agustina (left, wearing a pattern shirt), a resident of Bina Laras, served as a speaker at the Guidebook Launch and Talk show titled "The Importance of Inclusive Disaster Preparedness and Risk Reduction in Social Rehabilitation Centres." She was joined by the Head of the Provincial Social Office (right, in a white shirt), at the event held in April 2024.

Supporting reintegration through on-the-Job training

Another impactful component of the OTG project is the On-the-Job Training (OJT) program, which enables some residents to leave the institutions and participate in community-based job training and placements. Residents are placed in a three-month probation program with local entrepreneurs, with a small number offered permanent employment.

One participant shared how the program positively influenced his confidence and strengthened his relationship with his family and community:

> **"My family was happy and supportive of me joining the program. I became more confident because we were chosen and trusted with this responsibility. Before I became a person with mental health condition, I worked in a textile factory, and this experience reminded me of that joy. Without on the job training, I don't think I would have reintegrated this well. My family shared my progress with the community, and they recognised my abilities. The training was great because many people with psychosocial disabilities lack skills and need support. It also changed my mindset, encouraging me to improve myself."**
>
> - *Participant with psychosocial disability*

Strengthening rights-based mental health support through QualityRights training

To increase understanding of rights-based approaches and encourage both the workforce and broader system to shift toward community-based support and services, OTG has and continues to provide training on the WHO's QualityRights. This initiative aims to improve the quality of care and human rights for people with mental health conditions and psychosocial, intellectual, and cognitive disabilities. It does this by delivering training and guidance materials to help transform mental health services to be more person-centered and rights-based, working to eliminate coercive practices like seclusion and restraint.

As a result of this training, management and staff at the rehabilitation centre have gained valuable insights that have led to meaningful change. Notably, the isolation room has been repurposed into a special monitoring room. It is no longer locked, giving residents the autonomy to decide whether to stay inside or leave. Additionally, consent forms are now in place for Activities of Daily Living (ADL) services, helping ensure that all support is provided based on the voluntary and informed approval of people with psychosocial disabilities and there is no coercion.

"Before July, when I was working in Bina Laras, I collaborated with the mental [health] hospital. When some patients relapsed, the hospital staff held them down to stop them. But we see it violates their human rights, so we need to find other ways to calm someone who's relapsing. So now, with this workshop, we know more about what to do and how to be more careful, and how we need to treat and handle people."

- ***Daerah Istimewa Yogyakarta (DIY) (Special Region of Yogyakarta) Social* Office official**

Staff members from the Social Office and Bina Laras Rehabilitation Centre with OTG project team members and CBM representatives during the WHO's QualityRights training to promote human rights-based mental health services.

What is happening now?

In the second phase (2025-28), we remain committed to providing individual and group support for people with psychosocial disabilities – both within the centre and in the community. Our focus includes strengthening family involvement in recovery, ongoing community follow-up, continued QualityRights training, and more structured peer support initiatives.

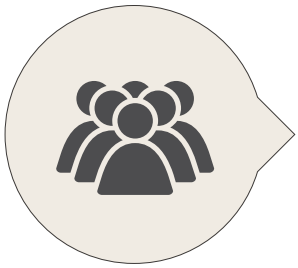
In alignment with Yogyakarta's regulations concerning Guidelines for the Prevention of Shackling and Suicide and the Implementation of Social Rehabilitation, we are exploring the development of community-based care services/daily service models. These models are based on non-residential social rehabilitation within a defined time frame. The goal is to restore individuals' social function by involving stakeholders and the community in daily services so that individuals with psychosocial disabilities can actively participate in society.

Furthermore, national advocacy efforts on deinstitutionalisation – carried out in collaboration with the P5HAM Working Group – continue to focus on the long-term goal of transitioning from closed institutional systems to open, inclusive environments where people with psychosocial disabilities can live independently and fully participate in society.

IMPACT FIGURES: OPEN THE GATE

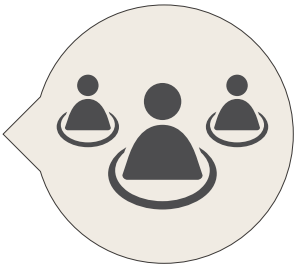
74 People with psychosocial disabilities in the Bina Laras Rehabilitation Centre received individual assistance.

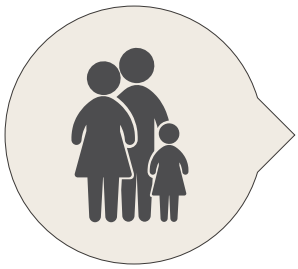
51 People with psychosocial disabilities in the two villages received project support



35 staff from rehabilitation service providers **followed QualityRights training.**

75 Community leaders, Community Mental Health volunteers/ cadres, and caregivers received **capacity building training.**





102 Families received capacity building through **strengthening Family Support Groups.**

38 People with psychosocial disabilities participated in **On-the-Job Training.**

7 Standing Operating Procedures at the Rehabilitation Centre have been revised and developed in line with the **CRPD** and the **WHO's Quality Rights**.

4 local regulations have been issued on mental health, shackling free, suicide prevention and social rehabilitation.

3 National documents have been produced on **deinstitutionalisation.**

2 Guidelines have been produced: *Prevention and Management of COVID-19 and Other Infectious Diseases*; and *Disaster Preparedness in Rehabilitation Centres*.

STRENGTHENING INCLUSION IN HUMANITARIAN ACTION THROUGH CLUSTER MECHANISM (SEHATI)

Mardianceh, the Disability Inclusion Disaster Risk Management Coordinator at CBM Global Indonesia, reflections on strengthening disability inclusion within the LDR subcluster through the SEHATI project.

Disaster management in Indonesia

Indonesia faces high disaster risk due to its exposure to various hazards and vulnerabilities linked to rapid population growth, urbanisation, economic disparity, climate change and environmental degradation, and its geographical characteristics as an archipelago. These risks affect millions of people, including women, children, the elderly, and people with disabilities.

In response, the Indonesian government enacted Law No. 24/2007 on Disaster Management, which promotes a collaborative governance approach for disaster coordination. The National Disaster Management Agency (BNPB) has introduced policies to protect high-risk groups, including regulations focused on people with disabilities.

The United Nations cluster approach, initially introduced globally in 2005 and adopted in Indonesia in 2006, helps manage disaster responses through coordination among various stakeholders. BNPB has issued guidelines to ensure its application in both emergency and non-emergency situations.

The BNPB has established a cluster framework with six national clusters. Under the Displacement and Protection Cluster, there are eight subclusters including the **Protection of Older People, Persons with Disabilities and Other High-Risk Groups (LDR) subcluster.**

The SEHATI project will strengthen inclusion in the LDR subcluster.

Why do we need the SEHATI project?

The SEHATI project was launched on the 1st of November 2024, in partnership with YAKKUM Emergency Unit (YEU) and the Indonesia Disaster Management Community (MPBI), and will run until March 2027. It aims to strengthen the role of OPDs in inclusive disaster management at both national level and within the LDR subcluster. It also works to ensure humanitarian actors mainstream disability inclusion within their respective subclusters and actively engage with the LDR subcluster.

The SEHATI project is essential to advancing disability and inclusion efforts within the cluster and subcluster coordination system. At the beginning of the project, inclusion efforts within the subcluster leadership and coordination, including technical support, was not yet optimal, particularly in terms of providing technical support for inclusive practices. This gap is especially evident in the LDR subcluster, which is tasked with addressing the needs of high-risk group.

Furthermore, the involvement of OPDs and organisations representing other high-risk groups in the Displacement and Protection Cluster, especially within the LDR subcluster, remains limited. Many OPDs and high-risk groups are unaware of the existence and function of the Displacement and Protection Cluster, which has led to ineffective coordination mechanisms between them and humanitarian and disaster actors within the National Cluster. As a result, they remain under-represented in disaster management due to both limited capacity and low prioritisation. This has led to minimal engagement from OPDs, women with and without disabilities, and other high-risk groups in disaster preparedness, response, and recovery efforts.

OPDs and other at-risk groups also face capacity challenges in disaster management, including limited knowledge of humanitarian frameworks and mechanisms. This lack of understanding contributes to their hesitation to participate in cluster coordination processes.

Lastly, addressing the needs of high-risk groups – such as older people, people with disabilities, people living with HIV/AIDS, and others – is often perceived as being confined to the LDR subcluster. However, inclusion should not be the sole responsibility of the LDR subcluster. Instead, it should be mainstreamed across all subclusters within the Displacement and Protection Cluster, even extending to other National Clusters. Achieving meaningful disability inclusion in disaster management requires a shared understanding and commitment among humanitarian actors, OPDs, and other high-risk groups.

Strengthening inclusion in the LDR subcluster and supporting OPDs

Strengthening inclusion within the LDR subcluster involves close coordination between OPDs, humanitarian actors, and the Ministry of Social Affairs, which serves as the coordinator of the Displacement and Protection Cluster.

Baseline data collected at the start of the project was used to analyse the situation identify gaps affecting people with disabilities, elderly people, and other high-risk groups in disaster management. It helped to understand the barriers, opportunities, and risks associated with disaster management in Indonesia, and served as a platform for coordination and planning.

Audience meeting with the Ministry of Social Affairs on the commitment of the government to support the implementation of the SEHATI project.

An audience meeting with the Director of Social Rehabilitation for Victims of Disasters and Emergencies (RSKBK) at the Ministry of Social Affairs served as an entry point to introduce the project and help secure engagement and commitment. The Director expressed support for promoting inclusive disaster risk reduction prior to the onset of disasters. He emphasised the importance of regular education and awareness campaigns, noting that disability inclusion is often overlooked – except by those individuals with disabilities that are directly affected by a disaster.

“There is a need to improve training programs for disaster response teams, especially in terms of how to support people with various types of disabilities and also regular meetings on the potential for improving disaster response systems, with a focus on better coordination between different directorates and more targeted strategies to include people with disabilities in disaster management”.

- Director RSKBK Ministry of Social Affairs

SEHATI Project will support and strengthen OPDs to become more resilient by:

- Developing an accessible training curriculum and materials based on the Sphere Handbook, tailored for individuals with various barriers
- Creating Standard Operating Procedures (SOPs) on inclusive emergency response for OPDs and organisations representing other high-risk groups
- Delivering a series of workshops and training session, including:
  - Strategies for developing regulations on disability-inclusive disaster management
  - Development of LDR subcluster SOPs
  - Inclusive disaster management training
  - SPHERE basic training and Training of Trainers
  - Table-Top exercise (TTX)
  - Cluster and subcluster coordination
  - Regular meetings with LDR subcluster members and focal points.

The SEHATI project will engage more OPDs in subcluster activities and coordination with the humanitarian actors and the Ministry of Social Affairs. By strengthening their capacity and leadership, OPDs will be empowered as leaders in the LDR subcluster, and eventually within the broader Displacement and Protection Cluster.

MAINSTREAMING DISABILITY INTO LARGER PROGRAMMES

Strengthening the disability inclusion knowledge and practice of partners and other organisations is one of CBM Indonesia's objectives in its Country Strategy Plan. In recent years, we have worked with many large programs and organisations – including UN Pulse Lab, PROSPERA, KONEKSI, Wahana Visi Indonesia (WVI), and PROAKTIF – to mainstream disability inclusion into their work.

Our partnerships span diverse areas such as disability data, disability inclusion in the workplace, inclusive research, and inclusive social protection for people with disabilities.

CBM's partnership with Wahana Visi Indonesia

In 2024, CBM Indonesia signed a two-year agreement with WVI to strengthen disability inclusion in sustainable development and humanitarian assistance. As a first step, CBM Indonesia supported WVI to review the design and implementation of its programs in the Lombok region through a disability inclusion lens.

The review highlighted that understanding disability is essential for meaningful inclusion. It found that stigma and discrimination experienced by children with disabilities is a major barrier that has a multidimensional impact on their lives.

Further insights from the document review, interviews, and group discussions showed that a charitable and medical understanding of disability continues to dominate in many contexts. In addition, people with disabilities are often excluded from local government data and systems, and face barriers to accessing basic services. These challenges are frequently driven by negative attitudes and stigma from families and caregivers, teachers, community leaders, service providers, and government agencies - posing critical obstacles to inclusive programming.

WVI champions disability inclusion

WVI has demonstrated strong commitment to advancing disability inclusion by actively responding to the findings and recommendations from review. Key actions include:

- **Internal capacity building:** WVI conducted training for its staff using the Travelling Together module to strengthen internal understanding and capacity on disability inclusion.
- **Organisational roadmap:** The organisation is developing a dedicated disability inclusion roadmap to guide its efforts.
- **Strategic integration:** With the timing aligning with the development of its new Country Strategy Plan, WVI has included disability inclusion into its 2026–2030 strategy.
- **Inclusive service pilots:** In Lombok, WVI will pilot an inclusive Posyandu – a community-based integrated service post that delivers essential health services for mothers and children in rural areas.
- **Budget Commitment:** One of WVI's most significant commitments is the allocation of approximately 10% of its sponsorship budget to disability inclusion initiatives.

> **"In 2024, CBM made a significant contribution in supporting WVI to strengthen staff capacity and develop programs that are increasingly inclusive of children with disabilities. This aligns with WVI's focus on the most vulnerable children, including children with disabilities who often face the highest levels of vulnerability within their families, communities, and villages. We envision that all WVI-assisted villages will become child-friendly villages, inclusive of children with disabilities."**
>
> *- Eben, Wahana Visi Indonesia Program Director*

What is next?

CBM Indonesia committed to further strengthening this approach in partnership with the disability movement. In 2025, we launched **PRIMA (PRomoting Inclusion, Making use of Advisory)**—a project that aims to empower disability leaders in Indonesia to become skilled inclusion advisors and facilitate connections between advisors and organisations seeking support for disability inclusion.

Two village leaders interviewed by the CBM Disability Inclusion Advisor.

VSLAS IN ACEH: ARE THEY WORKING?

Insights from a qualitative evaluation of a CBID project in Aceh, Indonesia.

Members of an VSLA Group in Aceh Besar are showing their share after profit sharing sessions. Most VSLA groups run end of year meetings every year and share business profits to members.

In September 2024, a team from CBM Global and CBM Indonesia set out to learn more about the Village Savings and Loans Associations (VSLAs) supported by CBM's Aceh Community-Based Inclusive Development (CBID) project over six years. While most of the 60 VSLAs were performing well, 14 were struggling to build group capital and maintain member engagement. We wanted to know why.

This learning informed the next phase of the project which is expected to run from 2025 to 2028.

How does a VSLA work?

VSLAs empower communities to become their own bankers - fostering financial literacy, self-reliance, and collective economic growth. Typically, VSLA's consist of 15-30 people, mostly women, who pool their savings into a secure cash box.

In Aceh, around 25% of VSLA members are people with disabilities. Group members meet monthly, with each member contributing a small, affordable amount. This pooled money forms a fund from which members can borrow at an interest rate set by the group. This system allows members to access credit for various needs - from business and agriculture investments to family emergencies. New members must commit to saving regularly for six months before they are eligible to borrow. Members who fail to save regularly or miss loan repayments risk losing their membership.

So why do some groups struggle while others thrive?

There are many reasons why groups fail - like the lack of financial literacy, poor leadership, lax enforcement of lending rules, or even theft.[4]

To explore the situation of VSLAs supported by the project in Aceh, the team met with four groups (two successful, two struggling). They facilitated two focus group discussions with women from different groups and conducted 14 individual interviews with people with disabilities.

Interestingly, none of the commonly cited issues were found. While some groups had failed in the past, the 60 currently active groups were functioning well. In fact, 95% of members reported satisfaction with their group's leadership in a previous evaluation. Members with disabilities, though rarely engaged in leadership roles, were well integrated, actively participated, and benefited from the relationships formed within groups and the wider community.

The power of group businesses

One difference we found was that the successful groups were operating group businesses. At some point, these groups had accumulated enough free capital – not tied up in loans – to invest in group businesses. These businesses accelerated capital growth and allowed income-poor members to save consistently overtime.

Interestingly, many of these groups reported that the initial money to start their businesses came from the village government. The success of securing village support depended on the relationship between the group leadership and the village leadership.

"Our group got a donation from the village fund to start a traditional emping crackers production business. We bought inputs – the Melinjo tree seeds – and distributed them among 10 participating members. Each member donated 50% of their profit back to the group. We agreed to use the other 50% to cover our monthly savings contributions."

- ***VSLA member***

In contrast, one struggling group – whose capital was largely tied up in loans for family emergencies – wanted to start a business but had not been able to secure the village fund support to do so. This left members feeling unsupported and unable to grow.

A woman with physical disability producing emping crackers.

4 Reasons why VSLA groups fail has been studied extensively. See Hamid 2022; Pienaah & Luginaah 2024.

Should we provide financial support to VSLAs?

There is a common belief in VSLA literature that non-governmental organisations (NGOs) should limit their role to capacity strengthening and avoid providing direct financial support to groups. The rationale is that loan funds should come entirely from members' savings to foster ownership.[5] However, findings from our evaluation in Aceh made us question this.

In a predecessor project in Yogyakarta, large unconditional capital infusions provided early was found to overwhelm new groups. In contrast, in Aceh, groups that received village fund donations later in their development – specifically for starting group businesses – showed clear benefits. While business capital is not a substitute for strong training and coaching, it is a good way to support groups – especially in rural areas where poverty and the impact of climate change continue to impact livelihoods.

Are the VSLAs inclusive of the poorest?

One striking difference between successful and struggling groups was the number of regular savers. Groups with a majority of more well-off members could afford to be more lenient with poorer members. In contrast, groups made up of members from mostly ultra-poor households found it much harder to grow savings and keep people motivated. This was especially true in rural areas where erratic weather had impacted crops and incomes.

> **"The heavy winds and rain two weeks ago destroyed most of our rice fields. Rains and dry spells have become more unpredictable. We know our members and we understand that they cannot come up with the savings."**
>
> ***- Head of a VSLA group***

When asked why most of the 155 households in one rural community (Desa) did not join the group, a community leader said that they were simply too poor to meet the eligibility requirement of saving regularly.

This reflects findings from research, which shows that groups with a higher proportion of ultra-poor members tend to accumulate fewer savings and disburse fewer loans compared to groups with a more economically diverse membership.[6]

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5 Mwansakilwa, C.; Tembo, G.; Mwamba Zulu, M. & Wamulume, M. (2017). Village savings and loan associations and household welfare: Evidence from Eastern and Western Zambia. AfJARE Vol 12 No 1.

6 Burlando, A. & Canidio, A. (2017). Does group inclusion hurt financial inclusion? Evidence from ultra-poor members of Ugandan savings groups. Journal of Development Economics, Volume 128, September 2017, Pages 24-48.

What can we do better?

Our findings highlight several opportunities to strengthen support for VSLAs in Aceh:

1. Reconsider financial support strategies

To support smoother group development, we should revisit our approach to financial support. Complimenting training and initial inputs with timely financial support can help groups grow more steadily. Rather than maintaining a strict hands-off approach, a flexible and responsive strategy – that provides the right support at key moments – will better these groups on their growth journey

2. Explore alternative group models

To improve inclusion, we should consider alternative group models that have lower entry barriers for ultra-poor and food-insecure households, that can be implemented alongside VSLAs. One such model is the Farmer Field School (FFS) approach, which engages participants in group activities while promoting climate resilience and local solutions. Over time, FFS groups can evolve into producer groups, strengthening collective bargaining power and market access. Eventually, they can grow into savings groups, once participants' income has increased.

3. Strengthening alignment between VSLAs and livelihood support

We found the VSLA and livelihood support components of the project were largely disconnected. Many VSLA members had not received livelihood support, and many people with disabilities who received livelihood support were not part of a VSLA. This limited the potential synergies between the two activities. Moving forward, we should align these components more closely by focusing on fewer villages and targeting a larger number of ultra-poor and marginalised households in each. This would foster stronger connections among participants, promote social cohesion, and catalyse economic development in these communities.

Moving forward

As we continue to support inclusive VSLAs, we must remain adaptable and hands-on, providing the right support over time to meet the evolving needs of each group. We should keep experimenting, refining our models of inclusive VSLAs, and sharing our learnings so we can continuously improve and create lasting impact for people with disabilities.

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MATAHATI: BUILDING RESILIENCE AND INCLUSION IN KUPANG DISTRICT

Jane Edge from CBM Australia (left) and refractionist Felisitas (right) assist student Epator (middle) in choosing his new glasses following an eye screening session at his school.

The MATAHATI initiative, led by CBM Indonesia, is a pioneering effort to foster resilience and inclusion in Kupang District, East Nusa Tenggara, Indonesia. Through a consortium of five local organisations, four NGOs, and one OPD, the project brings together communities, local government, and stakeholders to create an enabling environment where vulnerable groups, especially people with disabilities, can access essential services and realise their rights.

Operating across 12 rural villages, MATAHATI responds to the growing impact of climate change and extreme weather in Timor by using climate adaptation and disaster risk reduction as strategic entry points. These activities not only raise awareness but also help families strengthen their economic resilience. As the project evolved, it expanded to include healthcare access, ensuring rehabilitation support, assistive devices, and mental health services for people with disabilities. In schools, eye health screening became a catalyst for promoting safety, accessibility, and inclusion.

A meeting with village leaders to discuss the MATAHATI project.

Consortium - collaboration and roles

Each partner plays a distinct role:

- **Yayasan Tanpa Batas (YTB)** leads eye health screening in schools, using it to promote anti-bullying and disability inclusion.
- **Jaringan Peduli Masyarakat (JPM)** focuses on mental health, supporting access to basic services, reducing stigma, and empowering individuals with psychosocial disabilities. JPM also coordinates the consortium and government engagement.
- **PIKUL Foundation** drives climate adaptation and sustainable livelihoods in highland villages, while also leading monitoring, evaluation, and learning (MEL).
- **Bengkel APPEK Association** strengthens economic resilience in lowland villages and leads policy advocacy.
- **NTT GARAMIN OPD** serves as a technical advisor on disability inclusion and builds its own capacity through active participation.

Achievements and good practices: a story of collective impact

The journey of MATAHATI in Kupang District is a testament to what can be achieved when diverse organisations unite around a shared vision of inclusion and resilience. By September 2025, the program had reached **9,200 individuals**—an impressive **44%** of the total population across the 12 target villages. Among these, **895 people with disabilities** were identified and supported, reflecting the program's commitment to leaving no one behind.

This achievement was not just about numbers—it was about transformation. The consortium established **a shared Monitoring, Evaluation, Learning, and Feedback (MELF) platform,** complete with an online data system, enabling real-time tracking and collaborative decision-making. This digital infrastructure became the backbone of the program's transparency and accountability.

One of the most powerful outcomes was the shift in mindset among partners. **Collaboration moved beyond coordination—it became a culture.** Partners began referring to their work as "ours" rather than "mine," signalling a deep sense of collective ownership. This was further strengthened through **cross-learning activities,** where staff from different organisations exchanged insights and built new capacities

The program also made strides in **inclusive participation**. People with disabilities and individuals with mental health conditions were actively involved in food security initiatives and the preparation of organic livestock feed—activities that not only improved livelihoods but also fostered dignity and agency.

Village members with and without disabilities working together to prepare for their livestock.

To guide this growing collaboration, a **steering committee** was formed, comprising directors from all consortium partners. This body played a strategic role in shaping the program's direction and **ensuring that decisions reflected the diverse voices within the consortium.**

Together, these achievements illustrate how MATAHATI is not just a project – it's a movement toward inclusive, community-driven development in Kupang District.

Lessons learned: insights from the field

As the MATAHATI consortium journeyed through its integrated approach to resilience and inclusion, several valuable lessons emerged – shaped by collaboration, reflection, and lived experience in the field.

1. Shared systems build unity

Developing a shared data and monitoring system proved transformative. It enabled partners to track progress collectively, make informed decisions, fostered transparency and accountability, and shifted mindsets from individual ownership to a shared vision. The language of "we" replaced "I," signalling stronger unity and purpose.

2. Cross-organisational learning unlocks new perspectives

Joint activities and reflection sessions enriched understanding across organisations. For example, discussions among consortium members deepened their understanding of climate justice and how it intersects with mental health, disability, livelihoods, and poverty – connections rarely explored in traditional programming. These exchanges strengthened both individual knowledge and collective capacity.

3. Collaboration requires managing ego

Despite progress, organisational ego occasionally surfaced, creating friction and slowing down decision-making. Some partners struggled to balance their identity within the consortium, underscoring the need for clearer roles and mutual recognition.

4. Coordination at field level is complex

Activities spread across diverse geographies and sectors created communication gaps, affecting implementation efficiency. While strategic planning improved, operational alignment on the ground requires improvement.

5. Cross-learning needs structure

Informal cross-learning exchanges were valuable but lacked consistency. Without systematic formats or follow-up, lessons risked being lost. Intentional and systematic learning processes are essential to ensure insights translate into action.

6. Recognition must be balanced

Celebrating both individual contributions and collective achievements emerged as key. As the consortium matured, it became clear that success lies not in spotlighting one actor but in amplifying the impact of many working together.

These lessons are guiding the consortium's next steps, shaping a more inclusive, coordinated, and reflective approach to development in Kupang District.

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PO Box 196 Richmond VIC 3121 Australia • 1800 678 069 • **cbm.org.au**

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