

Program in Tsunami affected country:

INDONESIA

ACTION PLAN 2006 - 2009

1 RATIONAL - PROBLEMS TO BE ADDRESSED

The Republic of Indonesia, the world's largest archipelago, consists of more than 17,500 islands with a total population of more than 220 000 000 citizens. The percentage of Indonesia's population that lives below the poverty line has been consistently dropping over the years: in 2002 17.9% of the population lives below the poverty line as compared to 27% in 1998 and 65% in 1969.

The Tsunami stroke Aceh Province on the 26th of December 2004 (an earthquake of magnitude 9.0) devastated some 800 kilometres of Aceh's coastline, leaving 200,000 persons dead and about 400,000 homeless.

The Sumatra Northern Province was under martial law since 2003, due to the long conflict between Gerakan Aceh Merdeka (Free Aceh Movement, GAM) and the Indonesian government that has ravaged Aceh since 1976, killing 9000 and injuring many more. The region was then closed to international community for years, leading to some delay for the government to authorize access to Aceh province during the first days soon after the tsunami. According to a study conducted by the UNDP and the National Planning Board, Human Development Indicators showed that in 2004 Aceh Province ranked amongst the 5 lowest of Indonesia's 30 provinces.

On August 15th 2005, the Indonesian Government and the GAM signed a Memorandum of Understanding in Helsinki. This event creates a new framework for humanitarian assistance, reconstruction and development of the province with interlink between tsunami-affected areas and populations in conflict affected ones.

Acehnese people's resources have been wrecked by the protracted conflict and the tsunami with a particular impact on people with disabilities: social safety nets and coping strategies were severely affected by the cumulative effects of the conflict and the Tsunami. PWDs in remote hamlets proved especially vulnerable. Likewise, those living in communities whose access to services had been closed off by the conflict were less prepared to cope with additional hardship brought about by the tsunami.

Handicap International arrived in Indonesia in January 2005 to contribute to the urgent medical response for people injured by the Tsunami.

The main characteristic of HI programme is that development activities started very early, during the emergency and post emergency phases. Three main reasons can justify this strategy of intervention:

- Disability is a long term issue. Even if addressed in emergency contexts, sustainable solutions and services, in particular in the rehabilitation field, must be available or secured. HI decision to provide technical assistance to Solo orthoprosthesis school for upgrading of Indonesian OP technicians was seen as a precondition to further development of orthoprosthesis services in Banda Aceh
- Beyond specific situation of tsunami victims, a second challenge has been to address demands and needs of PWDs deprived from adequate services as result of the conflict that affected the province during long years. Very rapidly, within the emergency and transition phases, HI decided to orientate its support to development of local capacities for PWDs' rehabilitation, through partnerships with local but also national organisations and institutions.
- Local DPO's did not escape to destruction or "non development" of local community networks and movements, due to conflict and more recently to tsunami. The poor local network of DPO's, crucial instrument for disability rights approach and participation of PWD into further community efforts for reconstruction and development, engaged HI into collaboration with a national umbrella organisation, as support for development and capacity building of local DPO's.

2 DESCRIPTION OF THE ACTION

The overall objective of the programme is to contribute to building an inclusive society that is based on the rights of people with disabilities. The interventions aim to address both national and regional level mainly Sumatra, Java, and Sulawesi islands for the next 3 years.

Each project developed aims to participate to reach this objective through its specific objective.

2.1 Inclusion of People With Disabilities in Post-Tsunami Rehabilitation, Aceh Province

Specific objective: People with disabilities (PWDs) and their families are included in and benefit from the post tsunami reconstruction, rehabilitation and development of Aceh Province.

In order to do so, a comprehensive set of intervention are developed towards PWDs:

- Livelihood support through access to mainstream livelihood activities (vocational training, business skills training, access to micro funding scheme, access to employment)
- Accessibility by lobbying and advocacy to decision makers in reconstruction, rehabilitation and development organisations (local and international) and government departments regarding the importance of accessibility and ensure universal design¹ features.
- Support to DPOs: enhancement of abilities of PWDs to come together, exchange experiences and skills, demand for their rights, monitor inclusion initiatives developed during the process of reconstruction, rehabilitation and development, and advocate for change.
- Referral to health and rehabilitation services whenever it's needed.

The approach used combines (1) Training and support to mainstream actors, (2) Direct support to specific initiatives to empower individuals, their families and the organisations that represent them, (3) Influence on the environment in which all the actors work. An awareness programme which targets community members up to provincial leaders aims to increase understanding about disability issues generally and accessibility specifically.

The project directly benefits to (1) people with disabilities in 100 villages in 6 sub-districts of Aceh Besar, each of these 6 sub-districts currently hosts between 1270 and 20,178 tsunami displaced people², (2) 240 professionals of the reconstruction (architects, engineers.), 2000 community leaders and workers, (3) communication campaign through theatre, radio will cover directly 7,600 persons in villages and an estimated 100 000 through radio broadcasts.

HI's partners are (1) BRR: INGOS reconstruction projects coordination, (2) PERKIM: implementing agency of governmental construction projects, and universities, (3) PPCI (Indonesian Disabled People's Association) with whom we support their partners PPCI Aceh and PERTUNI Aceh.

2.2 Rehabilitation

Specific objective: The post-Tsunami and post-conflict reconstruction process in 3 Aceh province districts allows people to receive appropriate rehabilitation services³ at village and primary health care centres level, while local capacities are strengthened to meet these specific needs.

The action focuses to improve the service delivery system starting from sub-district to province level by supporting an efficient and effective system which, while offering a whole range of services, makes it clear that rehabilitation is a mean to promote full participation of PWDs in the society. Main action will be the capacity building of Government departments as well as PWDs and disable people organizations (DPOs), NGOs, service providers and civil society as a whole, to set up a rehabilitation system which maximizes effectiveness and efficiency through coordinated sharing of resources.

Aiming at sustainability and reproducibility the action is based on three main pillars:

- Strengthening of government organization (Health and Social Affaires departments)
- Strengthening of community based organizations (DPOs, NGOs, local committees, self-help groups, etc)

¹ Universal Design is an architectural design which allows access for all people including people with disabilities in built environment.

² From *IDPs Population by settlement area*, CARDI/NRC, September 26, 2005

³ Rehabilitation services will include physiotherapy(PT), occupational therapy(OT), technical aids, home environment adaptations and psychosocial support activities

- Developing a strong network and coordination mechanisms.
- Training and capacity building of the P&O services of Banda Aceh general hospital

The health centres at sub-district level (puskesmas), will work as focal points for each sub-district, from where the whole action will be expanded up to province level.

Direct beneficiaries of the project are: (1) PWDs in three districts (Aceh Besar, Aceh Tengah and Bener Meriah) around 17,759, (2) Physiotherapists of the Health centres and Social workers, (3) Community based organisations and DPOs, (4) P&O staff of the general hospital.

HI's partners are: (1) The District Health Offices (DHO) and the District Social Offices (DSO), (2) The Indonesia Organization of Persons with Disabilities (PPCI), (3) The Indonesian Association for Disabled Women (HWPCI), (4) Banda Aceh general hospital, P&O services.

2.3 Technical assistance to Solo orthoprosthesis school

Specific objective: People with disability will have a better access to high-quality orthopaedic materials and services that are adapted to the context.

Assessment during the emergency phase oriented our reconstruction activities towards the capacity building of Indonesian actors. The Health Polytechnic School of Solo requested support to HI to upgrade the level of their trainers and of OP technicians.

The project aims at strengthening the orthoprosthesis skills by supporting the only orthoprosthesis training centre of the country (Solo school) and 3 orthopaedic centres receiving the trainees. The 4 main axes of intervention are: (1) equipment of the national orthoprosthesis training centre and of the 3 partners centres, (2) training of trainers of supervisors and existing experts and for supervisors of the internship of the students, (3) development of local technologies adapted to the national and regional technical means and to the financial constraints of the country, (4) feasibility study and accompaniment of the school upgrading to reach orthoprosthesis international standards.

The actual project is a first phase of a long term project aiming at the accreditation of the school for ISPO category II.

Direct beneficiaries are the Health Polytechnic School of Solo and mainly the 14 trainers and orthopaedic technicians, (2) the students: 40 trained in the first year, 40 the second year and 30 the third year. Few students will be selected for a three years course abroad.

Indirect ones will be the patients in need of assistive devices: about 400 patients during the first 2 years of the project and then between 1000 to 2000 persons per year as students will be able to work in the orthopaedic centres of the country.

Local partners are: (1) the Health Polytechnic Prosthetic and Orthotic training School in Solo (2) Ruma Sakit Ortopedi Professor Doctor Soeharso (RSOS), in Solo (3) Dr Kariadi General Hospital in Semarang (4) Balai Besar Rehabilitasi Sosial Bina Daksa (social rehabilitation centre) in Solo.

2.4 Protection and Promotion of the rights of Indonesian People with Disabilities

Specific objective: Indonesian People with Disabilities participate in and influence the design of policies for the protection and promotion of their rights.

This project seeks to empower grassroots Disabled Peoples' Organisations (DPOs) with the knowledge, attitudes and practices to advocate for their economic, social and political rights at a local and national level. Geographically it will aim for a broad reach, involving organisations across 15 provinces in Indonesia with at least 3 in each province. Its messaging will engage a wide audience from government officials, international agencies and semi-governmental entities, to civil society organisations that are not disability focused.

HI will be working through a partnership with a DPO federation, PPCI, who will facilitate HI access to community based DPOs through its provincial and district based networks. At a governmental level HI will provide technical assistance to the Ministries of Health and Social Services. At a more targeted level the project will support 20 community-based DPOs financially, technically and through accompaniment to implement small initiatives/innovative projects. It will facilitate the creation of processes and mechanisms of dialogue (such as the Forum for Action on Disability Rights) where DPOs can participate in decision-making on an equal basis with government and semi-governmental representatives, human rights and other civil society organisations and international agencies.

Direct beneficiaries are: (1) 100 DPOs from across Indonesia receive an "Advo-Kit", (2) DPOs from 15 provinces receiving training and support on organising public education campaigns and other human rights advocacy techniques, (3) 20 DPOs implementing community-based "Innovative Projects" that protect and promote the rights of PWDs with financial and ongoing technical assistance and advice from HI. Final Beneficiaries will be all Indonesian PwDs who will potentially benefit from an active DPO movement, enhanced protection of rights and access to legal entitlements.

Project Partners are: (1) PPCI, the national section of Disabled People International whose branches operate from Sulawesi to Aceh and represent the shared interests of 12 national and more than 200 local organizations of people with all types of disability including mental disabilities.

2.4 Java earthquake post emergency responses

Following the responses to the emergency in Java (May 2006), in 2007 Handicap international and its partners pursue a project focusing specifically on care provision to 70 spinal cord injured people and 36 people with amputations to ensure that they gain functional independence and can lead their lives with dignity.

2.6 Overall budget

In order to implement the whole programme, the estimated total budgets are: 2006 : 1.662.000 Euros, 2007: 2 148 000 Euros, 2008: 1 870 000 Euros, 2009: 1 700 000 Euros.

3. MONITORING AND EVALUATION

Monitoring will be insured by the HI project team and will be an on going process through indicators and regular reports from the different activities implemented by the projects.

Regular meetings with stakeholders will result in the on going review and evaluation of the activities.

Field program receives also regular internal monitoring visits from the headquarter technical advisors according to their respective field of expertises. Several visits are planned according to the projects needs but at least once a year per project.

Projects evaluation will be either internal or external but will at least be conducted once per project. Most of them will be conducted either in 2008 or in 2009.

4. SUSTAINABILITY, RISKS AND CONDITIONS

Capacity building of stakeholders is a key feature of the projects positively influencing their sustainability. This includes building capacity of (1) PWDs and DPOs to demand their rights and (2) Government departments, NGOs, service providers, DPOs and civil society to include persons with disabilities in all reconstruction, rehabilitation and development activities.

Social and cultural sustainability: The community sensitisation programmes, long-term work of the DPOs and their involvement with the community will influence attitudes towards inclusive development and the roles of persons with disabilities. Interaction and perspective building sessions with community decision-makers, local government officials and grassroots DPOs will lead to an increased understanding of the benefits of empowering people with disabilities and including them in community decision-making. The greater visibility of people with disabilities as economic, social and cultural actors in the community life will reinforce attitudinal change.

DPOs who will receive **financial** support from HI, as Innovative Projects grants for example, will also have had access to trainings and informational tools on fundraising, management and advocacy techniques and so will have the ability to use the financial support for long term institutional advancement once the goals of their specific projects have been met.

General conditions and risks to consider:

The first one is the **natural disasters:** Indonesia is regularly stroked by natural disasters such as earthquakes, tsunami, volcano eruptions, flooding, which could divert human resources and priorities. The impact will be directly proportional to the level of advancement of the project and the severity of the disaster.

The country is also subject to avian flu and regular dengue fever epidemic, which could really be a main constraint, especially in case of large avian flu transmission to human being.

Others external issues to consider is (1) the Government stakeholders understand the value of participatory democracy and the consultation of people with disabilities in laws and policies, which affect them, (2) difficulties to recruit people with skills and experience in the field of disability, especially in Aceh because of the past conflict situations and the now real “competition” between agencies in hiring skills staff, (3) the stability of the political and security situation.