

## **CBR PILOT PROGRAMME SOUTH SULAWESI INDONESIA CHALLENGES FOR NEW APPROACHES**

### **Background**

Around 1990 the Government of Indonesia decided to start a big pilot programme of Community Based Rehabilitation (CBR), conscious of the limitations of the traditional form of rehabilitation provided from the institutional and out-reach referral systems. If such a pilot programme covering a large area and a significant population, run within the government framework, were successful, it would be possible to extend to other areas of the Country, in a phased manner.

On the invitation of the Ministry of Health, a field visit was made in 1992 to South Sulawesi by representatives of the Rehabilitation Unit of WHO and AIFO (Italian Association "Amici di Raoul Follereau"). The Ministry of Health then developed a Plan of Action and AIFO decided to offer financial support.

In December 1993 two members of the National Level were chosen by the Ministry of Health to undertake a training in CBR at the University of Uppsala, Sweden.

In 1994 two people, one from Health Dept. of South Sulawesi and one from Social Dept. from Jakarta, attended a CBR management-training course in Sri Lanka.

In February 1995 two national level people from the Ministry of Health (MoH) attended a workshop on CBR held in Rome.

With this groundwork for the launching of a pilot project completed, a second feasibility mission was conducted by AIFO in March 1995 to further refine the project. During this visit the pilot areas were decided and a detailed plan of operation with specific activities to be carried out were defined. Following these visits and consultations an Agreement was signed in March 1995 between the Ministry of Health and AIFO to develop CBR services in South Sulawesi.

The Luxembourg Association, Luxembourgeoise Follereau, accepted to collaborate with AIFO for the management of this programme that was presented to the European Commission for co-financing as a consortite programme. Formally the programme started on 15<sup>th</sup> September 1996.

### **Implementation**

The main challenge of CBR Pilot Programme in South Sulawesi, Indonesia was to cover a large area with a significant population within the government framework.

The choice to collaborate with the Indonesian Government and to implement CBR Programme through the Government framework was focused on three issues:

- ❑ Sustainability
- ❑ Coverage
- ❑ Pilot programme

*Sustainability.* One of the biggest issue of discussion around the programmes related to community development and social change, including Community Based Rehabilitation programmes, is the sustainability. *When the donor, with or without expatriate personnel, has left, it is hard to continue the programme activities.* The problem could occur both with collaboration between NGOs and with collaboration between International NGO and Public Infrastructures.

Maybe, we have to focus our consideration on some fundamental questions: "Why is it so difficult to continue the activities? What can we do to avoid this situation? Where did we make something wrong? in the beginning of the programme, during the planning phase, during the implementation phase. Did we involved the wrong people? Did we leave in reality the decision making to the local

people? Did we give full responsibility to local people? Did we respect the local time of comprehension and decision? ”

Well, my contribution cannot answer to all these questions. Many books have been written on these issues. I have to write on a particular project, not in general, but I have to keep in mind and make some considerations on these issues.

I generally think that the main point is to consider carefully all the issues above; during the planning phase, during the implementation and at the end of the programme. Being critic about our decisions and way of working and teach to local people to be critic toward themselves and toward the people who are officially responsible for the implementation of the programme is the main thing we have to keep in mind when we are working. In this perspective, it's not important what kind of collaboration the programme is following, 2 NGOs or NGO and Government.

The CBR pilot programme of South Sulawesi is funded with the collaboration between an International NGO and the Indonesian Government, in specific the Ministry of Health. Ministry of Health nominated one Project Manager and one treasurer to implement the Programme.

The positive things and statements of this choice related to sustainability are:

- the support from an official infrastructure, quite well organised and capillary distributed in the field;
- no new and parallel infrastructures have been created;
- the government should have the possibility to take over the programme with its human and material resources in long term.

I personally think that in the Countries that have efficient public infrastructures and are enough strong financially and regarding human resources, the approach has more possibilities to succeed.

The potentially negative things related to this collaboration are:

- Bureaucratic governmental services:
  - *Hard to change;*
  - *Hard to discuss openly;*
  - *Hard to involve and mobilise;*
  - *Hard to find a common resolution between the departments;*

I liked to start with “Hard to...”, because it doesn't mean “it's impossible”. What happened in the CBR programme of South Sulawesi explains how big was the effort in changing at different levels and at which extend this effort resulted in positive activities and involving.

The hardest thing to reach was the collaboration between the Governmental Department at National and Provincial levels. The public administration of Indonesia is a pyramid system. The decisions are from the National level in Jakarta and the Provincial level has usually to follow. Being the official agreement of the CBR Programme with the Ministry of Health, it was hard to involve the other Departments in the programme activities. On the paper there was a CBR Provincial Committee who had to guide the decision of the implementers, mainly the Project manager and the treasure, formed by all the Public Departments and private organisations who work on disabilities issues.

This Committee was not functioning well for two main reasons, as:

- Lack of guidance and clear orders from the National level;
- Disabilities issue was not considered as priority.

The CBR programme continued its activities implementation through informal agreements and meetings. Many people at high level understood at the end the big potentiality of this kind of approach for the empowerment of the communities at village level, for the mobilisation of the people at Sub-district level and for the possibility to face better the problems with an inter-sectoral approach.

This understanding was not always positive, because some people at high position started to see CBR activities as a menace.

For example, some of the Self-Help Groups (SHG) and community committees promoted by the project, decide to nominate local people in their boards, not respecting the government administration levels; some people from lower level were covering position at higher level, with power on people of higher level in the government administration; some Local Supervisors, feeling themselves strong by their job on CBR and community awareness, started to refuse the usual way of unmoving and orders from higher level.

On one hand this could be seen as a success of community mobilisation process initiated by the project. At the same time, this could have the potential to create hostility from the Government officials at high level towards the Programme and somebody started to put problems regarding the development of the activities.

A possible solution to improve the responsibility and lower or control the hostilities of the CBR provincial Committee for the next phase of the Programme is following the recent decentralisation approach of the Indonesian administration and financial power. On this perspective and following the Indonesian administration, the new agreement could be directly between the International NGO and the Local Government at Provincial level. In this case the decisions and policy making will be directly in the hands of the local Government through a guiding team without waiting orders from the National level.

*Coverage.* The area covered by the CBR programme was including three Districts and one sub-district inside Ujung Pandang municipality with a total population of about 1.100.000 people.

To cover efficiently this amount of population at the same time, a good infrastructure and a good referral system are needed. The Indonesian health services and referral system are good enough and capillary distributed in the areas.

1. *Data on the number of health centre and health centre doctors in the project sites:*

<b>District</b>	<b>No. Of health centre</b>	<b>Number of dentists / general doctors</b>
Sidenreng Rappang	11	25
Gowa	17	31
Polewali mamasa	21	31
Ujung tanah	2	4

One of the big discussion on this issue is to consider *if it is better planning and implementing programmes with small coverage of area and population and very well followed at different levels or programmes with large coverage of area and population, but inevitably less cured.*

It's very common to find small programmes between international and local NGOs with well organised structures, well trained human resources and usually paid personnel. The results of this kind of projects could be good during the implementation, but at the end it will be always difficult to support the financial impact on the communities without external donors. Of course we can assume that donors that give money as charity will be always available around the world.

The big risk of this kind of project is to give a lot of energy (human and material resources) to a small amount of population and usually don't create any linkage with the Government infrastructures and resources.

*The other big part of population? Who will follow them? Will be the process cost-effective?*

*Pilot Programme.* The CBR Pilot Programme of South Sulawesi had the technical support from the Rehabilitation Unit of WHO and WHO has to perform this kind of approach between an International NGO based in Italy (AIFO) and the Ministry of Health of Indonesia.

The main purpose of the pilot programme was to implement CBR activities in large scale through the public infrastructures and put in practice new strategies.

Using the health centres (HC) at sub-district level as CBR activities centres, one doctor each HC has been trained on CBR management.

**The tasks of health centre head as manager are:**

- To develop plan of actions for CBR activities in his/her area of responsibility;
- To analyse the problems and find solutions;
- To guide and give directions to the local supervisor;
- To improve inter-sector and inter-programme co-operation.

Following, a team of so-called Local Supervisors had been formed and trained.

The local supervisors are people who live and operate in the health centre area of responsibility and they are selected from different departments, i.e.: Nurse from the health sector, social worker from the social sector, teachers from education sector and a woman from the Indonesian women organisation (PKK). Other sectors have been involved in some cases.

*2. Number of local supervisors from the different involved sectors:*

No.	Local supervisor	Sidrap	Gowa	Polmas	Ujung tanah	Total
1.	Nurses	13	21	23	3	60
2.	Teachers	13	19	23	2	57
3.	PKK	11	14	16	2	43
4.	Soc. worker	11	10	5	1	27
5.	Family Plan.	5	8	9	2	24
6.	Information	0	1	0	0	1
7.	Religion	0	0	1	0	1
	<b>Total</b>	<b>53</b>	<b>73</b>	<b>77</b>	<b>10</b>	<b>213</b>

At first we asked to all the Local Supervisors the same responsibilities. After we realise that it was unrealistic to pretend this, we planned to focus more on the tasks of their specific jobs; so that a nurse will study and learn more about physiotherapy and technical aids, the teachers will learn more about different ways of communication, etc. In this way the Local Supervisors feel not overburden by a big amount of different jobs in different fields.

The development of CBR workers is made through various training which ranges from managerial to technical training attended in-country and overseas.

A part the orientation training courses on the concept of CBR methodology for all the levels and on CBR management for the implementers of all levels, we focused on some technical TC for local supervisors.

- ✓ Difficulty in moving for nurses local supervisors with the collaboration of the Academy of physiotherapy of Ujung Pandang; the course was held in Ujung Pandang for 6 days (theory and practice) and for three days on the field.
- ✓ Speaking and hearing problems for teachers local supervisors with the collaboration of the teachers of some special schools of Ujung Pandang; the course was held in Ujung Pandang for 6 days (theory and practice).
- ✓ Self-help groups (SHG) management and saving schemes and loan for social workers local supervisors with the collaboration of a local NGO expert on micro-credit; the course was held in the different Districts for three days and monitored regularly.
- ✓ Early detection and stimulation and making educational toys for women local supervisors (PKK) at district and sub-district level (train of trainers) with the collaboration of some local experts on special needs children and an occupational therapist volunteer; the course was held twice in the different Districts for 6 days. Afterwards the trainers have trained all the women (PKK) at village level covering around 150 women.

**The tasks of local supervisor are:**

- To assist the community in the programme planning and implementation;
- To train volunteers (field workers);
- To motivate, guide and direct volunteers;
- To provide technical guidance for medical, social, education and work needs;
- To refer people with disabilities to the involved sectors;
- To prepare reports.

The CBR team at sub-district level has its strength in the multi-sectoral approach. One of the evidence that I could observe during my permanence in Indonesia is that many projects from the different Departments cannot be followed for lack of information about the real situation of the communities, lack of motivation between the personnel, lack of managerial skills and power to connect the Sectors together. Many times it happens to find double the same project in different Departments.

Each Local Supervisor coming from different Sectors knows very well all the different projects inside its Department and through the CBR Team he/she can connect the communities to the referral system and the projects of the different sectors together.

For example, if a person with disability need a vocational training, the Local Supervisor from the Social Welfare Department will refer him to the local training centre for people with disabilities; if a child with disability can attend the public school the Local Supervisor teacher will do his/her best to convince the Director of the school to accept the child; etc.

The responsibility of each Local Supervisors includes also the training, follow up and support of 2/3 volunteers at village levels.

*3. Number of volunteers:*

	<b>Sidrap</b>	<b>Gowa</b>	<b>Polmas</b>	<b>Ujung tanah</b>	<b>Total</b>
<b>Volunteers</b>	262	238	168	11	679

The different training and simple responsibilities of the volunteers is an achievement of many years of work and reflections between the counterparts. The main difficulty of the volunteers was that they generally don't have a high level of education, and with the usual way of training they get bored and not stimulated. So, it was fundamental to find a different way to train them

The different kind of educational activity are:

- ◆ Theory training, where Local Supervisors and Doctors of the Health Centre teach some general and simple information about disability, CBR programme activities and simple reports filling.
- ◆ On job training on the different disabilities, where Local Supervisors and volunteers go together in the field to visit people with disabilities, discuss with them and their families, prioritise the problems and find slowly solutions for the different problems.
- ◆ Monthly meeting, where all the people involved in the programme (field workers, local supervisors, doctors and head of the health centre) come to discuss the different problems faced.

**The tasks of the volunteers:**

- To identify people with disabilities through house to house visits;
- To train the families of people with disabilities;
- To help producing simple aids;
- To make simple reports.

A recent research has been implemented by the Project Manager for the identification of supporting and inhibiting factors related to the CBR programme activities focusing on CBR volunteers; the technique used was Focus Group Discussion (FGD). The specific objectives of the research are related to the identification of the volunteers’:

- ◆ Motivation,
- ◆ Expectations,
- ◆ Problems,
- ◆ Capacity.

The strength of the most part of the CBR volunteers involved in the research is to be highly motivated with the desire:

- ❖ To help people with disabilities and their families who are part of the community, improving their quality of life;
- ❖ To be recognised by their society for having knowledge and skills about rehabilitation;
- ❖ To improve their self-respect and self-esteem.

The problems that they point out are focused on:

- Finance; until now they don’t receive any transportation budget to cover the distance between their house and the houses of people with disabilities.
- Lack of visual aids for training; the volunteers usually ask for more and specific training with different and more direct techniques, as visual aids.
- Lack of guidance from the Local Supervisor and support from the Health Centre CBR Manager; it could happen that for the high amount of jobs to follow up for their own Departments the Local Supervisors and CBR Mangers have lack of time to dedicate to the volunteers.

Another problem faced about the volunteers is the drop-out percentage.

*4. Percentage of dropped-out volunteers:*

<b>Sidrap</b>	38.39%
<b>Gowa</b>	22.98%
<b>Polmas</b>	23,64 %
<b>Ujung tanah</b>	15.38%

The reason of this behaviour is mainly because the volunteers enter in marriage life and they have no more time to dedicate to CBR activities.

## Conclusion

After three years of implementation, CBR Programme has shown a real impact :

- On the quality of life of people with disabilities by changing the attitude of the communities towards disabilities.
- On people with disabilities' capabilities to develop self-reliance through the support of the referral system.
- On analysing capacity and find solutions for the problems using local human and material resources from the different Sectors.
- On the strong feeling of union of the people involved in the Programme at all levels.

### 5. Number and percentage of people with disabilities:

No .	Types of disabilities	Sidrap	Gowa	Polmas	Ujung tanah	Total	%
1.	Sight	584	665	328	27	1604	22
2.	Hearing & speaking	438	730	465	54	1687	23
3.	Movement	752	1025	907	96	2780	38
4.	Feeling	73	196	42	12	323	4
5.	Behaviour	150	201	214	12	577	8
6.	Speaking	108	95	35	24	262	4
7.	Stiffness	45	53	11	1	110	1
	<b>Total</b>	<b>2150</b>	<b>2965</b>	<b>2002</b>	<b>226</b>	<b>7343</b>	<b>100</b>

### 6. Percentage of people with disabilities receiving guidance:

Sidrap	66.6 %
Gowa	21.7 %
Polmas	52.3 %
Ujung tanah	30.0 %

### 7. Percentage of people with disabilities who have improved their capabilities:

Sidrap	44.2%
Gowa	57.4%
Polmas	47.2%
Ujung tanah	52%

I personally think that the first phase of CBR Programme in South Sulawesi has been a success. It is true that three years for this kind of programmes regarding the changing of communities' attitude and involving so many activities at different levels and Sectors are very short time to make a complete analysis. Everybody knows that CBR is a process and what we can analyse at this stage are only some buds, but precious buds that if followed and supported can grow.

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