



MAMPU DISABILITY INCLUSION STRATEGY 2019-2020

MAMPU Internal Strategy Document

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Acronyms

ASPDB	Social Assistance Program for Severely Disabled
AIPJ	Australia-Indonesia Partnership for Justice
APEKSI	Association of Indonesian Municipal Governments
APPR	Annual Program Performance Report (DFAT)
BAPPENAS	Indonesian Ministry for National Development Planning
BITRA	Foundation for Rural Capacity Building
BPJS	Social Insurance Administration Body
CIQAL	Center for Improving Quality of Life of People with Disabilities
CSO	Civil Society Organisations
DESBUMI	Village that Cares about Migrant Workers
DFAT	Department of Foreign Affairs and Trade
DFID	Department of International Development, UK
DPO	Disabled Peoples Organisations
GESI	Gender and Social Inclusion
GERKATIN	Movement of Solidarity for the Deaf
GOA	Government of Australia
GOI	Government of Indonesia
HWDI	Indonesian Women with Disabilities Association
INFID	International NGO Forum on Indonesian Development
JKN	National Insurance Scheme
KPI	Coalition of Indonesian Women
KSP	Presidential Staff Office
MANIS	MAMPU National Information System
MWPRI	Indonesian Homeworkers Association
PERTUNI	Association of the Blind
Puskesmas	Community Health Centre
PPDI	Indonesia Association of Disabled People
PwD	People with disabilities
RANHAM	Indonesia's National Action Plan on Human Rights
RPP	Draft law

RPJMN	National Medium Term Development Plan
RUU P-KS	Draft Law on Sexual Violence
SAPDA	Centre for Advocacy for Women and Children with Disabilities
SDG	Sustainable Development Goals
SIGAB	Institute for Inclusion and Advocacy of Persons with Disabilities
Susenas	National Socio Economic Survey
Sakernas	National Workforce Force Survey
Sensus	National Census
TURC	Trade Union Rights Centre
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VAW	Violence Against Women

MAMPU Disability Inclusion Strategy 2019-2020

1. Introduction

This Disability Inclusion Strategy is written by MAMPU for MAMPU. Its purpose is to guide strategic disability interventions in 2019-2020 to ensure all Partners are supported in their existing and future efforts to reach people with disabilities.¹ It is informed by an internal Disability Mapping Paper which maps selected activities, networks, and approaches of Partners across MAMPU's five thematic areas and SDGs collective action agenda, and covers both its targeted and mainstream disability inclusive activities.

This Strategy aims to build on the strengths and gains made by Partners to date, identify and address the challenges and gaps, and provide guidance on future interventions consistent with the MAMPU Theory of Change, and a rights based approach to including people with disabilities on MAMPU. This Strategy is not an action plan, but rather it provides broad principles and suggested activities to guide Partners interventions, ultimately to be determined by Partners own individual and collective missions and priorities.

This Strategy recognizes that the MAMPU design does not purposively target women with disabilities. However, MAMPU recognizes that people with disabilities are part of the community and require access to MAMPU programs on an equal basis to others. This is evident through the continued engagement of women with disabilities in MAMPU activities at the grassroots. Besides KPI and CIQAL – two MAMPU Partners who specifically advocate for people with disabilities – all 14 Partners are engaging with people with disabilities and their families, in the course of carrying out their empowerment activities with poor women at the grassroots. This highlights the important intersectionality between disability and gender across MAMPU.

However, the mapping highlighted that this “reach” remains a small proportion of MAMPU's total reach at the community level, reflecting that women with disabilities are a distinct group with distinct needs, they are difficult to reach due to their isolation, and that the capacity, approaches, and priorities vary widely among MAMPU Partners and subpartners to address this.

Recognizing the need to enhance inclusion of women with disabilities in Partners activities, MAMPU Partners have expressed their strong support for developing a workable disability inclusion strategy for the remainder of the program and have been consulted as part of the process. Complimentary mainstream and targeted activities will continue to be implemented. By expanding networks and coalitions between Partners and DPOs, MAMPU can contribute to laying the groundwork for greater sustainability and stronger collective advocacy for the rights of women with disabilities. By providing principles to guide interventions, this Strategy allows enough flexibility for Partners to develop activities suited to their own priorities, resources, and local conditions.

MAMPU recognizes that disability inclusion is a process as well as an outcome. Feedback was sought from DFAT Disability Advisor, AIPJ2 staff and National Disability Advisor (who identifies as having a disability), and CBM Australia on earlier drafts and have been incorporated where they fall within MAMPU's scope, are achievable within remaining timeframes, and contribute to end of program outcomes. MAMPU and Partners will consult with DPOs in the development of the detailed activities recommended in this Paper.

¹ As described by the UN Convention on the Rights of Persons with Disabilities (CRPD) people with disabilities/persons with disabilities include “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Article 1).”

It is also recommended that prior to MAMPU's completion in 2020, a final paper is developed documenting MAMPU's lessons, good practices and models that address the intersectionality between gender and disability. Partners and people with disabilities/DPOs will also be part of this process. The paper will be shared with Indonesian CSO and DPO networks, DFAT Indonesia Programs, and DFAT's Gender and Disability Working Group in Canberra.

This document starts by introducing the operating context – briefly sketching barriers to disability inclusion across MAMPU's five thematic areas and the challenges faced by Partners in reaching people with disabilities.² This is followed by a general pathway for change for people with disabilities that builds on MAMPU's existing Theory of Change and ways of working and Partners progress to date. These activities support capacity and readiness for collective action to influence policy and improve access to services for women with disabilities. Monitoring and Evaluation, Financing and Operationalizing the Strategy are covered in the final sections.

2. Operating Context

It is estimated that between 4% and 11% of the Indonesian population is affected by a disability. Disability also affects families. Around 13.3 per cent of total households in Indonesia include at least one person with a disability. It is widely acknowledged that these figures understate the prevalence. According to the data, the majority of disabilities are preventable, with 76% of disability caused by diseases and accidents, compared with 17% caused by congenital factors.³ Disability prevalence is exacerbated by chronic health conditions such as stunting and obesity, diabetes, low immunization rates, poor access to health care, lack of adequate pre and post-natal screening and care, increasing mental/psychosocial health disorders, and an aging population.

Men, women and children with disabilities in Indonesia face considerable barriers to education, employment, social protection, health care, social and community engagement, information, and other opportunities and services. Inequality of opportunity means that people with disabilities in Indonesia have lower educational attainment, worse health, fewer economic opportunities, and less access to public services than people without disabilities.

Households with a person with a disability are among the very poor. They have lower workforce participation and lower monthly expenditure per capita, with female heads of households (divorced, widowed, abandoned) being particularly vulnerable due to caring responsibilities, costs of care, and lower workforce participation. Barriers to accessing formal employment means most people with disabilities work in the informal sector in household businesses, as homeworkers, as well as agriculture, retail and personal services.⁴

The isolation and discrimination experienced by people with disabilities, particularly women and girls who are confined to their homes, or institutionalised, makes them particularly vulnerable to violence. In Jogjakarta alone, SIGAB has reported a 150% increase in cases of violence against girls with disabilities in 2017, with 37 reported cases, up from 15 in 2016.⁵ The evidence increasingly points to the need for effective coverage and payments of social

² Barriers to disability inclusion impacting on people and women with disabilities in Indonesia in the MAMPU context are outlined in the 2018 MAMPU Disability Mapping Paper, which draws on the 2017 Australia Indonesia Program for Economic Governance (AIPEG) report, Disability in Indonesia: What can we learn from the data? and WHO Disability Report 2011.

³ AIPEG (2017).

⁴ AIPEG (2017).

⁵ Muhammad Joni Yulianto, former executive director of The Institute for Inclusion and Advocacy of Disabled People (SIGAB) 2003-2017, 'Improving access to justice for persons with disabilities', Jakarta Post, 29 September 2018.

assistance programs to improve the wellbeing of these households.⁶ This requires vastly improved data and cultural change towards the treatment of persons with disabilities.

MAMPU's internal mapping paper has shown that Partners have built a solid foundation to address disability through both mainstream and targeted interventions across its five thematic areas: social protection, employment discrimination, migrant workers, health and nutrition and violence against women. However, consultations with Partners also highlighted a number of challenges in reaching and responding to the needs of women with disabilities. These are outlined below.

2.1 Partners Challenges in reaching people with disabilities

Consultations with Partners highlighted a number of challenges in reaching and responding to the needs of women with disabilities. All partners have perceptions of limited expertise, knowledge and experience in communicating with and working with people with disabilities and DPOs.

While some Partners have made progress advocating on behalf of people with disabilities through their linkages with local DPOs, in areas where local DPOs don't exist, or their capacity is weak – which is most MAMPU working areas – assisting people with disabilities is more challenging.

Partners have noted the considerable resource and capacity required for efforts to change entrenched community norms and attitudes, as well as responding to the unique needs of women with disabilities who are victims of sexual violence. **PERMAMPUs Consortium Partner WCC Sinsieritas PESADA**, a women's crisis centre, have noted the difficulty linking with competent local DPOs and institutions since women with disabilities remain invisible in the community.

TURC has noted the challenges of engaging with local DPOs in Sukabumi, due to weak capacity and challenges establishing direct contact. Currently all communication is channeled via the local Office for Social Services (Dinas Sosial) which has responsibility for DPOs. The impact of this was evident in the recent round of local consultations on SDGs in Sukabumi whereby only the Dinas Sosial attended and the Family Disability Forum did not attend.

Likewise, **KAPAL Perempuan** have noted the challenges of reaching women with disabilities when responding to disasters, such as following the recent earthquake in NTB. Outreach strategies, involving a women's leadership and caderisation program for women with disabilities is required in disaster prone and remote areas.

'**Aisyiyah** has noted the persistent view of people with disabilities as persons to be pitied and responded to with acts of charity and welfare. They see the need for a fundamental shift from stereotypical and piecemeal community and government responses, to a wider uptake of MAMPU's approach with activities that empower women with disabilities and remove barriers to participation in public life.

KOMNAS Perempuan noted that the issues for women with disability in the Draft Law on Sexual Violence (RUU PK-S) are not seen as a priority and the process of legislation is difficult, captured by religious arguments of morality. On the issue of forced contraception there are also different perspectives between people with disabilities and sub-partners working with victims of violence who encounter victims of sexual violence with intellectual disabilities.

⁶ AIPEG (2017); Development Pathways (2018) Child Disability Benefits: An investment worth making.

These challenges are exacerbated by the slow progress on implementation of the National Disability Law. In August 2018, two years after the National Disability Law was passed, the government had yet to pass the 11 Implementing Regulations – 1 Ministry of Social Affairs, 8 related government departmental regulations (RPP) and 2 Presidential Regulations. The National Disability Commission (KND) had still not been formally established and some ministries had yet to consult with CSO/DPOs within the specified 2 year period.

Currently 4 government regulations and 2 Presidential Regulations – including the one to establish the KND have been listed on the government's program *penyusunan* for official drafting but the timetable for completion is not known. Without these in place, Partners and DPOs face an uphill battle when advocating for local regulations and funding.

To strengthen advocacy and develop a strategy to accelerate ratification of the Implementing Regulations, in early October 2018, **KPI** met with DPOs and the **Working Group (POKJA) on the National Coalition for the Implementation of Law No. 8 Year 2016**. At the meeting the groups agreed:

1. The Disability Movement and the Women's Movement need to build synergy to support each other, to work together not in isolation, to strengthen advocacy for the law.
2. The Disability Movement requires increased capacity on Gender and Women's Rights
3. The Women's Movement requires increased capacity on disability inclusion, in order for their advocacy to strengthen and not weaken advocacy for persons with disabilities.
4. A forum is needed to bring together the Disability Movement and the Women's Movement.

The recognition of the need for collective action between key actors in the women's and disability movements is indicative of MAMPU Partners growing capacity and influence to advocate for women's rights at the national level.

KPI are regularly invited to attend consultations with Staff of the President's office (KSP). In July 2018, Dian Kartikasari, SH was part of a coalition invited to KSP to evaluate President Joko Widodo's 4 years in office and the challenges for the next 5 years.

At this meeting KPI recommended two national regulations. One to formalise Community-based Monitoring of the National Health Insurance (JKN) by Women's Groups at the grassroots, based on MAMPU's experience; and a second to guarantee People with Disabilities become automatic beneficiaries of government subsidised premiums for the National Health Insurance Scheme, known as JKN-PBI assistance. On 17 September 2018 this was realised through a **Presidential Regulation (PERPRES) PP 82/2018 on the JKN Article 11 on People with Disabilities**.

It is now timely for disability and womens movement to build coalitions at all levels. To support this, section 3 below sets out principles to guide MAMPU disability interventions in accordance with MAMPU's Theory of Change. This builds on MAMPU's existing ways of working and progress to date and addresses the challenges outlined above. Recommendations aim to strengthen MAMPU's existing 'twin track' approach through a more concerted focus on both targeted or discrete interventions by selected CSO Partners and networks and disability mainstreaming activities – by actively including men, women and children with disabilities as participants and beneficiaries in development efforts to ensure that broader systems, policies and services include and benefit people with disabilities. Furthermore it is recognized that

disability specific activities by all MAMPU Partners support and contribute to wider and more effective mainstreaming efforts.

3. Guiding principles for disability interventions

3.1 MAMPU Theory of Change

The next section sets out a general pathway for change for people with disabilities that builds on MAMPU's existing Theory of Change and ways of working (Figure 1). This strategy recommends a more deliberate capturing of disability issues at the grassroots by Partners and reflection of these in 'voice and influence' than is currently taking place.

Short-term outcome: Increased capacity and readiness for collective action

Women, men and children with disabilities are engaged at the grassroots level through organising. There they take part in various kinds of activities (depending on the partner) that increase their links with others in their villages (collective capacity) as well as their awareness, confidence, skills and knowledge. Sometimes these are accompanied by access to financial and resource assets (for example through savings and loans groups (*kelompok simpan pinjam*) or credit unions). We anticipate that this improves their capacity and readiness for influence.

By strengthening the individual and collective capacity of partner organisations like KPI, MAMPU expects that disability issues at the grassroots are carried through into influence activities at district and national levels.

Medium-Term outcome: Increased Voice and Influence

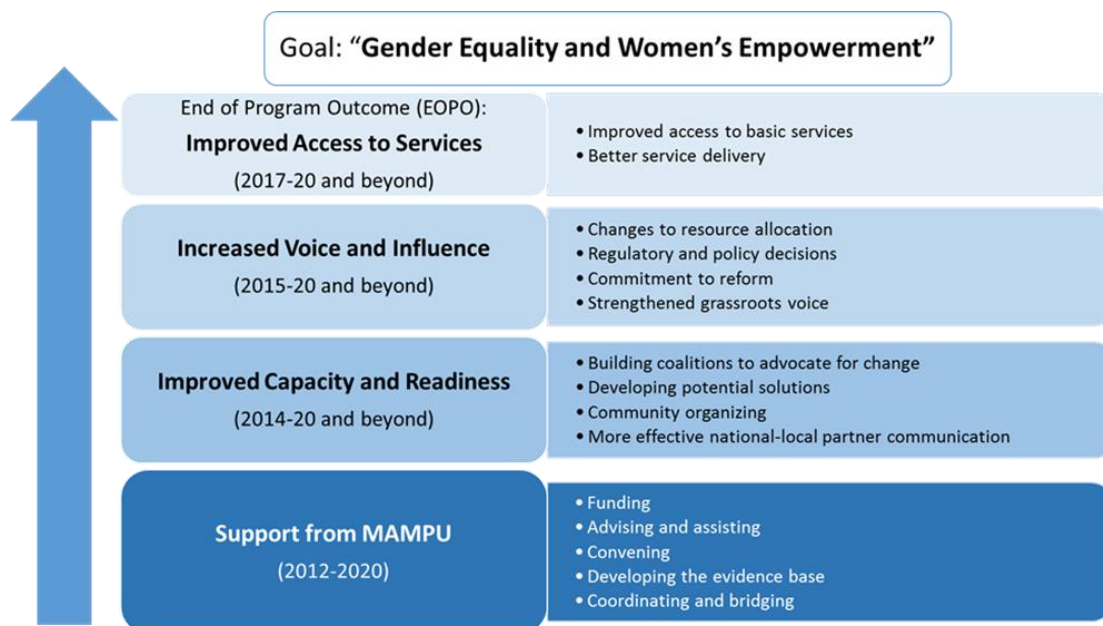
If the short-term changes in capacity and readiness occur as expected, we expect more engagement between partners and policy makers (parliament, local government), on disability issues. If the above happens, then policy-makers should make changes (legislation, regulations as well as implementation through budget allocation etc.) to the way services are delivered that reflect the priorities and expressed needs of women with disabilities

End-of-Program-Outcome: Improved access to essential government services and programs

If the above changes in voice and influence occur, then we expect service delivery is more responsive to the needs and priorities of women with disabilities.

Finally, by the end of program we expect that all of the above contribute to improved access to service for women with disabilities. Of course, successfully improving access to services through voice and influence feeds back again into improved capacity and so on and this process is certainly not linear.

Figure 1: Summary MAMPU Program Logic



3.2 MAMPU's existing and potential approaches to reaching People with Disabilities

MAMPU's Disability Mapping outlined Partners progress to date in reaching people with disabilities, and highlighted MAMPU's ways of working that facilitate the intersectionality of gender and disability in Indonesia. A summary of these that informed this Strategy are outlined below:

(i) MAMPU Partners reach poor and marginalised women including women with disabilities through their work across five broad areas

MAMPU supports Partners to improve women's access to government social protection programs; improve conditions of employment and remove workplace discrimination; improve conditions for women's overseas labour migration; improve women's health and nutritional status; and to reduce violence against women (VAW). All of these issues touch the lives of women with disabilities. MAMPU Partners predominantly work with women with disabilities who have experienced violence who have mental health conditions (psychosocial and intellectual disabilities) or have acquired these conditions as a result of violence or trauma.

- MAMPU will capture and share this experience and learning across MAMPU Partners, in particular the broader FPL and WCC network.

(ii) By advocating for gender and disability inclusive policies and programs, MAMPU Partners support their members and the community to access a variety of services

From the village to national level, MAMPU Partners are advocating with and for women with disabilities to improve access to services, by collecting data, holding public forums with their local MP, participating in government planning forums, partnering with local disability groups to advocate for funding for livelihoods programs and assistive devices, and advocating to national ministries and the presidential office.

Through forming women's groups and grassroots women's organising, Partners have assisted women with disabilities to access legal identity documents such as birth certificates and ID cards – a prerequisite for accessing national health insurance and other social protection programs. Partners help victims of violence, including migrant workers, to access social protection programs, reproductive health services through the JKN, counselling, and legal services. However, the extent of this support varies considerably across Partners.

- MAMPU will support Partners to develop outreach strategies to increase the participation of women with disabilities in all MAMPU groups and empowerment activities. To be effective, these outreach strategies will be developed and implemented hand in hand with relevant local DPOs and/or national / provincial level support.

(iii) MAMPU's wide geographical reach and scope provides the opportunity to strengthen cooperation between women's organisations and DPOs

MAMPU Partners' collective action on achieving gender responsive, inclusive and transformative SDGs has involved consultation with 10 DPOs in 26 districts/cities in 11 Provinces in 2018.

- MAMPU will further leverage these linkages across the Program, in particular through The Indonesian Women with Disabilities Association (HWDI) which works with a number of MAMPU Partners.

(iv) MAMPU's potential for bridging the disability and women's movements can help build the advocacy capacity of people with disabilities and DPOs

This is demonstrated through KAPAL Perempuan's partnership with a small newly formed local DPO in Kupang in North Nusa Tenggara. KAPAL's sub partner Pondok Pergerakan allocated 30% of their livelihoods funding from the local government to the fledgling DPO. This would not have been possible without the advocacy of their well established and respected Informal Women's School initiative (Sekolah Perempuan), to which a small number of women with disabilities had become members. Furthermore, Sekolah Perempuan is now being replicated by the government in surrounding villages, which provides the opportunity to include more women with disabilities.

- MAMPU's support for Partners' outreach strategies to increase their membership and involvement in MAMPU's grassroots groups and initiatives will help facilitate the development and sustainability of local DPOs.

(v) MAMPU's flexible, adaptive and bottom up approach to disability is driven by Partners

MAMPU's community level organising to national advocacy has taken shape, grown and evolved over the last six years under the leadership of its 14 Partners. Partners develop their own approaches, models and networks with technical and financial support and guidance from MAMPU to increase women's empowerment and collective capacity. These activities help shift the norms, attitudes and stereotypes towards women and strengthen advocacy to local and national governments and parliament. Partners' approach to disability has also evolved within this context.

- MAMPU will continue to support Partners' flexible and politically adaptive and iterative approach to provide Partners the space to develop their own activities and initiatives to increase engagement with people with disabilities.

(vi) Support from MAMPU facilitates existing ways of working and can further enhance engagement with people with disabilities and DPOs

In addition to Partner grants MAMPU also supports Partners to achieve end of program outcomes through building strategic coalitions for change. This support is provided through: capacity building and training; assisting and advising (technical assistance); coordinating and bridging; convening; and developing the evidence base. Examples include support for Partners to undertake extensive local level consultations on the SDGs, and advocacy during the presidential and legislative elections, to ensure government action plans and parliamentary agendas are gender and disability inclusive,

- MAMPU will continue to utilise these avenues to strengthen Partners disability inclusive work in particular by increasing all Partners involvement with existing disability networks, structures and processes.

This Strategy seeks to build on the gains MAMPU and Partners have made engaging women with disabilities, and address the challenges and gaps. Guidance on where concerted efforts across all levels of the program are needed to increase both targeted and mainstream interventions, are provided in suggestions for Partner-led and MAMPU-led disability inclusive initiatives below.

3.3 MAMPU-led disability inclusive support

MAMPU initiated funding will provide strategic cross program support to the MAMPU team and Partners to raise capacity and build networks and coalitions on disability. This support will be delivered and strengthened through MAMPU’s existing ways of working including: funding; assisting and advising (including through technical assistance); coordinating and bridging; convening and connecting; and developing the evidence base, and other approaches as necessary. These five areas of support from MAMPU are summarized in Figure 2 and Table 1 below.

Figure 2: MAMPU-led Disability Inclusive Support



Coordinating and Bridging

Leverage MAMPU's Collective Action on SDGs with DPOs

As a cross cutting issue, MAMPU funding for disability inclusion will leverage the momentum generated from MAMPU support for Partners Collective Action across six priority areas: Sustainable Development Goals (SDGs), ending child marriage, reducing violence against women, increasing access to social protection, promoting tolerance, and increasing the capacity of women electoral candidates and parliamentary members.

As indicated in the Mapping Paper and November 2018 Progress Report, MAMPU support for Collective Action on SDGs which commenced in December 2017, has been a key driver of increased intra-MAMPU collaboration and collaboration with CSOs outside the MAMPU network. This includes national and local DPOs in particular the **Indonesian Association for Women with Disabilities (HWDI)**.⁷

Besides KPI, HWDI has been involved in activities/advocacy and SDGs consultations with a number of MAMPU Partners including, KAPAL, BITRA, PERMAMPU, and BaKTI. MAMPU will build on the existing collaboration and broaden HWDI engagement with the Program to provide strategic advice, share lessons, develop strategies, and advise MAMPU and Partners across the Program to develop disability inclusive strategies and activities.

Link with DPOs representing people with psychosocial disabilities

Through its work on VAW, MAMPU recognizes that women with psychosocial and intellectual disabilities are at higher risk of marginalization and violence. Children of migrant workers also require psychological counselling and support. To broaden efforts to support the inclusion of diverse people with disabilities, MAMPU will explore options for closer collaboration with the **Indonesia Mental Health Association (Yeni Rosa Damayanti)** and international DPO **Transforming Communities for Inclusion (TCI) Asia-Pacific**.

Leverage existing disability efforts through DFAT Programs

MAMPU recognizes that working in partnership with DPOs enhances disability inclusive design, implementation and monitoring, builds mutual capacity and trust and supports stronger disability-rights advocacy. To do so, MAMPU will leverage existing disability efforts through strategic collaboration with other DFAT Programs, to utilize existing structures, processes, networks and partnerships already in place to ensure coordination and minimize risk of duplication of work.

SAPDA: SAPDA has experience working with Bupati's on Inclusive Cities, and can advise on inclusive budgeting and planning processes, and latest approaches. They can provide strategic cross program input on providing tools, convening Partners, providing training, and innovative partnership arrangements within the DPO network.

SAPDA works closely with MAMPU Partners KPI and CIQAL and is currently developing a tool to improve handling of cases of women and children with disabilities experiencing violence. Modules are being developed, followed by training and piloting in Jogjakarta with lawyers and advocates, doctors, and psychiatrists/psychologists to provide better joined up support and assistance. MAMPU Partners could scale up the use of the modules in MAMPU working areas outside of Jogjakarta.

⁷ Partners Quarterly Reports to MAMPU include data on organisations they have collaborated with both other MAMPU Partners and other organisations and CSOs (MAMPU National Information Systems (MANIS), July-September 2018).

MAMPU and SAPDA will continue collaboration on advocacy for the Draft Bill on the Elimination of Sexual Violence.

YASMIB: YASMIB (PEDULI) has a specific focus on changing social attitudes, and advocacy for planning and inclusive budgeting for people with disabilities. This experience could be shared with MAMPU.

MAHKOTA: MAHKOTA works with district governments on the technical aspects of implementation of the Integrated Service and Referral System (Sistem Layanan Rujukan Terpadu, SLRT) to improve access to GOI social protection programs.

MAMPU's work contributes to improving data, access, and implementation of social protection programs by focusing at the community level through participatory data collection and monitoring, increasing demand for services, and advocacy to improve local administration and governance. To date, MAMPU collaboration on SLRT has contributed to local regulations extending Social Protection for the elderly and people with disabilities in Bantaeng district and Pare Pare, South Sulawesi.

MAMPU Partners have commenced working with MAHKOTA to link P2TP2A VAW services with SLRT to assist survivors of violence in accessing social protection programs. This cooperation will enable disaggregated data on disability to be incorporated into the SLRT to improve access to social protection for victims of violence with a disability.

MAMPU is operating in 16 of the 50 SLRT districts. Ongoing collaboration on SLRT will help remove barriers for people with disabilities to access social protection programs.

Developing the Evidence Base

Review Partners mapping and data collection methodology

MAMPU will also support Partners across the Program to improve data on disabilities. The Mapping Report shows that a number of Partners are contributing to our understanding of the situation facing women with disabilities in their local areas through:

Community level mapping, collection of disability and gender disaggregated data, data on violence against women with disabilities, the prevalence of disabilities amongst homeworkers, constituents with a disability taking part in BaKTI and FPL's Participatory Recess; and data on access to social protection for people with disabilities.

Accurately capturing data and mapping the experience of women by subpartners at the grassroots is crucial in supporting Partners national level advocacy efforts. This is demonstrated through FPL, KOMNAS Perempuan and KPI's advocacy for the Anti Sexual Violence Bill and KPI's advocacy for the National Disability Law and its implementation, as well as advocacy on improving access for the elderly and disabled to social protection/national health insurance.

However significant gaps remain. **Social Protection** Programs targeting people with disabilities currently lack reliable data, because general social protection data does not capture information on disability, and households do not provide information on family members with disability due to stigma. MAMPU will support strengthened advocacy and

capacity at both the community level and data collection mechanisms. This will build on Partners success to date in Sukabumi and Bantaeng on disability inclusive SLRT.

MAMPU disability disaggregated data cannot be considered representative and therefore cannot be utilised for broader analysis and national policy making decisions. However, increased support could improve the consistency in data collection methodology across Partners to increase understanding of prevalence and types of disability and enable local level comparison and analysis to improve advocacy for mainstream and targeted regulatory and budget support in MAMPU working areas. In doing so, MAMPU (through DFAT), will support capacity building on the Washington Group Questions established by the Washington Group on Disability Statistics (WG).⁸

MAMPU will also increase its engagement with the relevant GOI ministries including the National Team for the Acceleration of Poverty Reduction (TNP2K) which has a special focus on disability data and analysis; and Ministry of Health through Thematic Area 4 to disseminate findings and analysis from the 2018 Riskesdas survey on health and disability to Partners.⁹

Funding - Capacity Building and Training

MAMPU and DFAT will consider recommendations by CBM Australia to develop specific strategies to meaningfully and sustainably involve DPOs through funding such as: fee-for-service GESDI training; funding co-researcher roles in situational analysis/mapping; technical assistance to advise MAMPU on disability inclusion.

Continue targeted efforts with KPI and CIQAL

In addition to mainstream and cross program efforts, MAMPU will **continue its targeted efforts with KPI and CIQAL**. By further strengthening their individual and collective capacity on disability, MAMPU expects that disability issues at the grassroots are carried through to further influence activities at district and national levels.

CIQAL is a small Jogja based organization which has a particular focus on assisting women with disabilities who are victims of violence. CIQAL provides community based education, services and rehabilitation for victims of violence, and access to social protection, national health insurance, reproductive health services and other government programs. Given their limited capacity to influence change at scale, MAMPU will ensure efforts are soundly understood and harnessed across the broader FPL network.

MAMPU will continue to support KPI's policy advocacy role at the national level on implementation of the National Disability law through regulations and MAMPU related interventions such as those on the Elderly and Disability as specified in the RPJMN and JKN. MAMPU will also support KPI in their efforts to develop strategic and sustainable coalitions with the disability movement as noted above. A summary of recommended areas for MAMPU support is provided in Table 1 below.

⁸ The WG Short Set only considers one aspect of disability (difficulty functioning in six areas: seeing, hearing, walking/climbing, remembering/concentrating, self-care, communicating/being understood) to identify those 'at risk of' restriction in participation. <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

⁹ Ministry of Health, Basic Health Survey (Riset Kesehatan Dasar, Riskesdas), 2018.

Table 1: Recommendations for MAMPU-led Disability Inclusive Support

<p>1. FUNDING TA</p> <p>(i) Capacity building through disability training for all Partners</p>	<ul style="list-style-type: none"> • TA/DPO deliver training for Partners on disability inclusion: <ul style="list-style-type: none"> - Gender Disability and Social Inclusion (GEDSI), National Disability Law, CRPD, survey instruments (WG), tools and frameworks. - How to interact properly with people with disabilities, correct terminology, how to handle cases of mental/intellectual and psychosocial disabilities, psychological trauma etc. - How to reach and engage with DPOs at all levels to improve advocacy - How to differentiate between charity work vs empowering people with disabilities and removing barriers to participation. - Developing materials for local branches/sub-partners to improve disability inclusive work and promoting awareness to reduce stigma. - Engaging the media. - Policy advocacy, planning and budgeting on gender and disability. - Capacity building on Washington Group Short-Set Questions including on Child Functioning to assist local level data collection and mapping.(including through online training courses for NGOs available for free via the WG website). - Equip Partners to provide on-training to local government, parliamentarians, religious leaders, and school leaders etc. - Training on safeguarding measures/do no harm for women and girls with disabilities in particular in relation to social protection and VAW.
<p>(ii) Develop safeguarding measures</p>	<ul style="list-style-type: none"> • Review Partners existing child protection policies, procedures and provide training to include 'do no harm/safeguarding' measures for children, women and girls.
<p>2. ADVISING & ASSISTING</p>	<ul style="list-style-type: none"> • Engage TA/DPOs to develop analytical tool for MAMPU/Partners to assess disability inclusion.
<p>3. COORDINATING & BRIDGING</p> <p>(i) Strengthen partnerships with national and international DPOs and Networks</p>	<ul style="list-style-type: none"> • Foster collective action and form innovative partnership arrangements between Partners and other development partners/DPOs at the local level (beyond district and province). • Explore Partnerships with HWDI, SAPDA, YASMIB, and closer collaboration with AIPJ2, KOMPAK and PEDULI. Join the DFAT Disability Network Group. • Expand MAMPU/Partners linkages with international forums on disability such as ASEAN Disability Forum which is developing the ASEAN Enabling Masterplan.

	<ul style="list-style-type: none"> • Link MAMPU/Partners to the Indonesia Mental Health Association (Yeni Rosa Damayanti) and Transforming Communities for Inclusion (TCI) Asia-Pacific. • Identify DPOs accessing government funds for co-operatives for economic livelihoods and link to Thematic 2 post MEDA review as appropriate.
(ii) Engagement with Bappenas	<ul style="list-style-type: none"> • MAMPU will utilize existing forums (POKJA, Partners annual conference, IDF) to engage with Bappenas on disability inclusion.
(iii) Media engagement	<ul style="list-style-type: none"> • MAMPU work with media and Partners to raise awareness of people with disabilities (similar to strategy on Homeworkers; consult with Peduli on their work with media)
4. CONVENING (i) Collective Action and Sharing Lessons	<ul style="list-style-type: none"> • Support sustainability by leveraging Partners existing DPO networks through the SDGs process to build stronger partnerships to foster sustainability. • Utilize existing MAMPU forums to share data, knowledge and learning on people with disabilities across all thematic areas (i.e Partners Annual Directors meeting; MAMPU annual conference; POKJA). • Collective action on VAW to include specific focus on women with disabilities. • Support CIQAL to develop the capacity and knowledge of the broader FPL network in handling cases of disability and working with DPOs and other community groups. • Share lessons through Communications products, website, MAMPU KITA, and progress reporting to DFAT.
1. DEVELOPING THE EVIDENCE BASE (i) Data collection and analysis	<ul style="list-style-type: none"> • Engage TA/DPO to review Partners methodology for disability determination and disaggregation in data collection and mapping to ensure a consistent approach across MAMPU (including alignment to 2016 Disability Law and Washington Group Questions). • Engage TA/DPO to provide training on disaggregated data collection and analysis for policy influence as required. • Fund DPO as co-researcher in situational analysis/mapping. • Analyse disability data collected by Homeworkers Theme 2. • BaKTI/CIQAL submit findings from local disability mapping to MAMPU to increase and share understanding and develop appropriate responses. • Utilise data and analysis from 2018 RISKESDAS/Susenas Survey on disability to inform Partner’s advocacy work. • MAMPU to develop a Disability Inclusion Checklist when reviewing all financial proposals (grants, research, workshop and other funding proposals (i.e KPI, KOMNAS, YKP, INFID, KAPAL).

	<ul style="list-style-type: none"> • Encourage Partners to submit Most Significant Change (MSC) stories from people with disabilities or engage TA to interview and develop a portfolio of evidence to inform the 2020 report on disability inclusion on MAMPU. • Thematic Coordinators ask all Partners to report on disability inclusion in Quarterly Reports.
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3.4 Partner-led disability inclusive initiatives

MAMPU Partners answered four questions to inform the Disability Inclusion Mapping Paper and Disability Inclusion Strategy and work planning for 2019:

- (1) What has been Partners experience involving DPOs ad women with disabilities during SDGs consultations?
- (2) What are Partners existing activities with or related to inclusion of women with disabilities?
- (3) What are the challenges facing your organisation that you need to overcome to be more inclusive of women with disabilities?
- (4) What disability inclusive activities do you propose to pursue in your 2019 workplans?

Based on these responses, MAMPU recommends that Partner-led initiatives are guided by 4 key principles underlying the MAMPU Theory of Change – Capacity and Readiness for Collective Action to strengthen disability inclusion in Partners existing ways of working, and contribute to Program outcomes.

These are: Disability Inclusive Community Organising; Disability Inclusive Models and Approaches; Disability Inclusive Partnerships and Coalitions; and Disability Inclusive Advocacy and Collective Action. These are summarised in **Figure 3 below**, and should not be viewed as an exhaustive or definitive list.

4. Financing

For financing from within MAMPU there will be 2 avenues.

The first is built into partner grants and work plans. This was discussed in the POKJA and partners meetings – budget has been allocated for disability within their work plans.

The second avenue is budget allocated for MAMPU program wide support as outlined in Table 1 above and required to Operationalise the Strategy.

MAMPU will continue to liaise with DFAT Post and CBM Australia to tap into available avenues for funding and technical assistance outside of MAMPU.

Figure 3: Recommendations for Partner-led Disability Inclusive Initiatives*



*Principles and Recommendations are guided by the MAMPU Theory of Change

5. Monitoring, Evaluation and Learning

MAMPU and Partner led activities guided by this Strategy will be reflected in the Annual Work Plan 2019. These commitments will be reported against in the 6 monthly progress report, as has been done previously. The evidence base to assess implementation and outcomes will be gathered from a range of sources used in progress reporting including BTORs (back to office reports), finance records, consultant's reports, Partners Quarterly Reports and other data recorded in MAMPU National Information System (MANIS). Using this evidence, the progress report provides answers to the following three questions:

1. What did we plan in relation to disability inclusion?

- As outlined in MAMPU annual workplan 2019.

2. To what extent did we carry out these planned activities?

- This is determined by Green/Yellow/Red assessment against each activity with narrative that distils the key points. Traffic Light System is captured in MAMPU Information System (MANIS).

3. What were the results?

- Assessment of any indication that it is working (e.g. partners are applying techniques learnt, improving disability reporting, etc).

In the past eighteen months MAMPU has provided considerable technical assistance to Theme 2 and Theme 5 Partners to develop online databases including to capture disability disaggregated data.

To strengthen MAMPU's reporting on disability inclusion, MAMPU will continue to support Partners to collect and to analyse disability data, extend support to other MAMPU Partners, provide training on Washington Group Questions, and further encourage and incentivize Partners to report on disability inclusion in their quarterly reports.

This will be guided by DFAT advice on any proposed changes to how disability inclusion is captured in the Aid Quality Checks (AQC's) and Annual Program Performance Reports (APPR) stemming from recommendations outlined in *Develop for All: Evaluation of Progress Made in Strengthening Disability Inclusion in Australian Aid*, released in November 2018.

6. Operationalizing the Strategy

MAMPU:

- Increased Engagement with DFAT Disability Unit/focal point: to leverage technical support from CBM and Washington Group on Disability Statistics.
- Disability Inclusion Focal Points: Primary responsibility to implement the Strategy lies with the Program Implementation Manager (PIM) and Team Leader. Focal Points will also be appointed in each MAMPU team - Thematic Coordinators (Tria Lakshmi), CKM, MER and Finance/Grants. A more detailed ToR will be developed as an Annex to the Strategy.

- MAMPU Operations procedures: Checklist on rights based approach to disability inclusion developed for assessing workplans, cross cutting funding, research proposals, assessing workshops and other proposals for support.
- Reporting: MAMPU M&E team and TCs will play a key role in encouraging Partners to report on disability inclusion in MANIS to better inform MAMPU's Progress Reporting.
- Training for MAMPU staff: on rights based approach to including people with disabilities in development; intersectionality of gender and disability; disability and women's movement (Builds on MAMPU Brown Bag Lunch (BBL) session on disability in 2018).
- Communications and Media: Language and images that are rights based are important to ensure people with disability are represented with dignity so that stigma is not reinforced; accessibility of Communications products will be explored i.e. audio and visual media on the MAMPU website; sign language at MAMPU/Partner events; Communication products/reporting will include information on MAMPU disability activities.
- MAMPU events: include people with disabilities/DPOs as speakers and participants and consider accessibility when selecting venues.
- MAMPU Regulatory environment: MAMPU HR will support recruitment and accessibility of people with disabilities.

Partners

- Awareness: Joint training with DPOs on gender and disability.
- Accessibility: MAMPU Partner events, activities and venues take accessibility into consideration.
- Leadership: Create a Disability lead/focal point under each of MAMPU's five Thematic areas to liaise with MAMPU (could be same Partner as SDGs lead).
- Participation: MAMPU and DFAT support Partner participation in national and international disability events and forums to raise their knowledge and awareness, and share lessons from MAMPU.

DFAT

- Ensure MAMPU kept across DFAT and GoA positions and policies on disability in particular those stemming from *Development for All: Evaluation of Progress Made in Strengthening Disability Inclusion in Australian Aid* released in November 2018 (such as available funding, training and technical assistance, and changes to assessment criteria).
- Add Disability as standing item on Team Leaders meeting to share lessons, foster strategic collaboration, build on DFAT Programs relative strengths and avoid duplication.
- DFAT hold a BBL on disability and invite MAMPU Partners (and other DFAT programs) to showcase their work on gender and disability inclusion.
- Senior DFAT officials continue messaging to Bappenas, relevant ministries, and KSP on disability inclusion.

Bappenas

- Disability is included in MAMPU-Bappenas POKJA, Technical Committee and Steering Committee meeting agendas; Bappenas keep MAMPU abreast of its progress in implementing the Road Map and Master Plans on disability mainstreaming in GOI ministries, and implementation of the National Disability Law 2016. .