

AT2030
Case Study

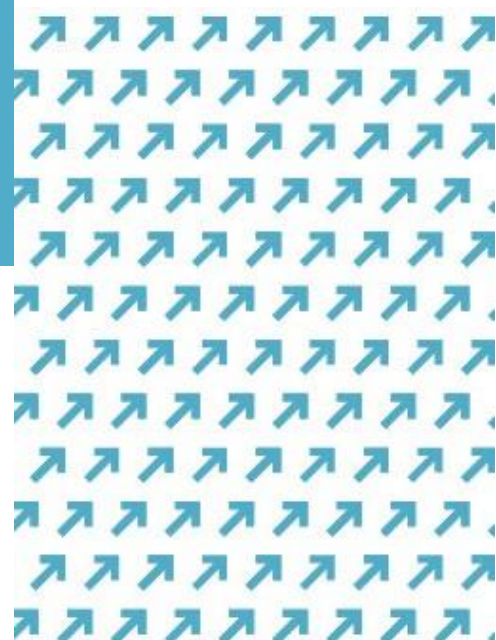
Catalysing AT access: A unified approach to fund and provide AT services in Indonesia

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Clinton Health Access
Initiative (CHAI)

**Cluster 3 Country
Implementation**
Country Capacity

Country
Indonesia

Date
October 2020



Funded by



Led by



In partnership with





About AT2030

The AT2030 programme tests ‘what works’ to improve access to Assistive Technology (AT) and will invest £20 million over five years to support solutions with a focus on innovative products, new service models, and global capacity support. The programme will reach nine million directly and six million more people indirectly to enable a lifetime of potential through life-changing AT. The programme is funded by UK aid and led by the Global Disability Innovation Hub.

Under Cluster 3: Country Implementation of the AT2030 programme, CHAI is partnering with country governments to identify opportunities to drive availability and affordability of AT. Below is a case study of one such piece of work.

Context

Indonesia has AT policies in place, but a lack of government coordination means people often cannot access the products they need

Approximately 21.5 million people over the age of ten, about 8 percent of the Indonesian population, were living with a disability in 2015.¹ Natural disasters – more than 300 in the past 30 years – have contributed to a disproportionate amount of people with disabilities in Indonesia. Other factors that have led to disability in the country include increasing rates of urbanization and an aging population.

Policies exist for disability rights that include the right to access AT. In 2019, the government signed Regulation No. 70/2019 concerning *The National Disability Inclusive Development Plan and The Implementation of Social Welfare for People with Disabilities*. This regulation covers seven strategic programs including empowerment, independence, AT access, and equal access to health services nationally and locally. Implementation frameworks have defined the roles and responsibilities of different ministries; however, these ministries often work in silo, which results in a lack of direction for fulfilling the rights to access AT, as well as gaps in capacity to deliver AT, overlap in work, and fragmentation of resources.

Different funding schemes exist for AT provision, but are not fully utilized due to complex procedures

Financing for AT is available in Indonesia from different sources, including the National Health Insurance (JKN) and Occupational Injury Benefit (JKK), the Ministry of Social

¹ Intercensal Population Survey 2015; Central Statistical Agency

Affairs' budget for AT, local government budgets; and village budgets such as Village Funds for people with disabilities. However, the funds are not used effectively due to complex and bureaucratic processes. Data is largely not shared between government agencies so each group uses different procurement and provision procedures, leading to inconsistent care for people across the country as well as higher costs for service providers.

The Challenge

The government has allocated additional funding for AT but coordination is needed to implement this new scheme for effective provision

A new AT funding scheme—DAK Fisik for AT—will be rolled out in 2021. DAK Fisik is a form of intergovernmental transfer where funds are allocated to local governments to pay for infrastructure, facilities, and the purchase of goods in line with national priorities. US\$ 3 million has been allocated for the first year to activate the AT program across local governments. Effective implementation of this scheme requires shared responsibility between central government for financing and local government for procurement and provision. Without proper coordination and planning across the various ministries, the weaknesses and challenges of other funding schemes will be repeated. A coordination mechanism is urgently needed.

Approach

CHAI supported the Coordinating Ministry for Human Development and Cultural Affairs (Kemenko PMK), and the ministries for National Development Planning (Bappenas), Health, and Social Affairs to assess Indonesia's AT sector utilizing the World Health Organization's Assistive Technology Assessment – Capacity (ATA-C) tool.² The assessment yielded insights on the existing capacity for financing, procurement, and provision of AT. Gaps and opportunities to increase access to AT were identified and documented in an AT scoping report.

In response to the assessment, a cross-ministerial technical working group (TWG) was established under the leadership of Bappenas and Kemenko PMK. Representatives

² See <https://at2030.org/country-capacity/> for more on the ATA-C and Country Capacity Assessments that were completed with support from the AT2030 programme.

from eight key ministries³ and from disabled persons organizations (DPOs) sit on the TWG. Meeting budgets were provided by the Kemenko PMK.

The TWG serves as a national AT coordination mechanism that aims to streamline communication across ministries, between central and local government, and with other key stakeholders. The DPOs representative ensures active participation of people with disabilities and that AT fulfillment is grounded in a rights-based approach.⁴

Impact: what works

The TWG has catalyzed access to AT in Indonesia:

The TWG led the development of a plan for a coordinated implementation of decentralized budgets for AT

Bappenas credits the country capacity assessment for bringing together AT stakeholders, which provided the ministry a platform to announce the DAK Fisik for AT scheme. Using insights from the assessment, the TWG identified several factors that may inhibit a successful rollout of this scheme. These included: 1) limited awareness of and capacity for AT at the provincial and district/city level; 2) lack of guidance on procurement and service delivery for local governments; and 3) inability to forecast AT budget accurately due to low quantity and quality of routine data collection on AT. The TWG provided Bappenas and Kemenko PMK leadership with recommendations to implement the decentralized budget scheme.

Several ministries accelerated efforts to increase AT access, including the development of a handbook for social workers, updating registries of AT providers in districts, and accelerating data collection to understand AT needs

With a renewed understanding of the individual needs for AT, the Ministry of Social Affairs allocated additional budget and developed a national handbook for social workers on different functional limitations and their associated AT needs. The Information System for People with Disabilities (SIM-PD) was set up by the ministry to ensure targeted program planning and resource allocation for people with disabilities. The ministry has started recruiting additional social workers to accelerate the outreach and data input for SIM-PD, which will inform AT needs. The Ministry of Villages incorporated AT as a priority in their budget policy guideline. Additionally, the Ministry

³ TWG members: Bappenas; Kemenko PMK; Coordinating Ministry for Economic Affairs; Ministry of Social Affairs; Ministry of Health; Ministry of Home Affairs; Ministry of Finance; Ministry of Education and Culture; Representative from DPOs

⁴ For more on a rights-based approach, see https://www.unicef.org/disabilities/index_70434.html



has allocated additional budget for social welfare organizations in four regions (Siantar, Karo (North Sumatra), Manggarai, West Manggarai) with around 300 million rupiah (~GBP 16,000).

National DPO and NGO networks contribute to mainstreaming and addressing the fulfilment of AT as a national priority

AT has been included in the action plan of various organizations. Access to AT is a key indicator for Indonesia's Human Rights National Action Plan 2020-2024, which is overseen by Bappenas and the Ministry of Law and Human Rights. The national DPO network for Inclusive Indonesia 2030 highlighted AT as part of their national *disability inclusion development program*. UCLG ASPAC has encouraged local governments to match available resources from local donors to accelerate the fulfillment of AT and fill identified gaps. The Association of Indonesia Local Health Offices committed to strengthen coordination, services and budget allocation for AT provision especially locally.

Next Steps

With support from the TWG, Bappenas and Kemenko PMK will coordinate the development of tools and guidelines for local governments on AT procurement and provision, strengthen data, and create a strategy for appropriate AT procurement. These tools will support technical implementation of available budget schemes from central to local government in 2021. Bappenas has requested technical support from CHAI for this work.

Based on recommendations from the AT scoping report completed under the AT2030 programme and Regulation No. 6/2016 concerning local health devices, the TWG plans to accelerate the availability locally made priority products, strengthen AT standards as supported by the National Standardization Body (BSN), and develop a systematic cooperation with DPOs to support AT provision at the local level.