ALMA-CKS

EVALUATION REPORT

COMMUNITY BASED REHABILITATION PROJECT 2012 -2014

ANGGA YANUAR
ALBERT DEBY

Preface

This evaluation is product of information, ideas, and recommendation derived from direct and indirect stakeholders of Caritas of Sibolga Archdiocese (CKS / Caritas Keuskupan Sibolga) and ALMA. Those who participated shaped evaluation results. Capability, methods, and tools are instruments to identify and gather the results of evaluation.

We give our deep appreciation to CKS management who gave us this opportunity to evaluate Community Based Rehabilitation project and invited us to participate on the organization effort on empowering community and social change.

Our gratitude goes to assisted communities in Gunungsitoli, Amandraya, Teluk Dalam, Gido, and Tuhemberua for they actively participated on the evaluation process in their busy time. Evaluation team could gather useful and significant information from them. Also, we extend our thanks to all CKS and ALMA Sister staff who supported us in the whole process.

Evaluator

Angga Yanuar

ACKNOWLEDGEMENT

Abbreviation

abbreviation	
ADL	Activity Daily Life
IGP	Income Generating Personal → Mandiri Secara Ekonomi
CP	Celebral Palsy
PTBR	Operasi Bibir Sumbing dan Celah Langit
DPO	Diphable People Organization
JADUP	Jatah Hidup
SKPD	Satuan Kerja Perangkat Dinas
Pendidikan Inklusi	Inclusive Education
IBR	Institution Based Rehabilitation
OUTREACH	Regular visit to beneficiaries in remote area(s)
CBR	Rehabiltasi Berbasis Masyarakat
CBR	Community Based Rehabilitation
Difable	Differently Able People
CKS	Caritas Keuskupan Sibolga
MK	Mitra Koalisi
CC	Caritas Center (CKS)
RC	Resource Center (CKS)
Perda	Peraturan Daerah / Local Regulation
IDPD	International Day of Persons with Disabilities
CIQAL (DPO)	Center for Improvement Quality of Life of Persons With Disabilities
PERSANI NTT (DPO)	Persatuan Tuna Daksa Kristiani Nusa Tenggara Timur (Christian Physical Disability Organization in Nusa Tenggara Timur)
PPDI	Persatuan Penyandang Disabilitas Indonesia (Indonesian People with Disablity Organization)
HWDI	Himpunan Wanita Penyandang Disabilitas Indonesia (Indonesian Women with Disability Organization)
PERTUNI	Persatuan Tunanetra Indonesia (Indonesian Blind Union)

Table of Chart

Table of Contents

EXECUTIVE SUMMARY

Community Based Rehabilitation Project of CKS and ALMA implemented in 21 subdistrict-assisted areas (located in 4 districts, 1 towncity). This project was implemented in 2012 – 2014. Project evaluation became an effort to identify project answers to identified problems, expected results, delivered process, and significant impact.

The CBR Project goal is to support PWDs in order to actively participates in their respected community. The specific objective are providing qualified capacity building for the staff in order to deliver better assistance, reducing PWDs family hazard in economic and food sector, strengthening PWDs capacity, and building a sound network on disabilities issue.

Evaluation process found that the overall objective of the project has already achieved, namely the availability of PWDs participation on social life. This achievement was proven by the achievement of specific objectives.

Selected local facilitators were provided with capacity building in order to deliver the program effectively. Designed intervention (medical therapy, microbusiness assistance, regular visits) has been implemented.

This project empowered PWDs families on food security sector and increased family income generating. The effort to introduce PWDs families with alternative food sources (breadfruit, food, and tubers) was implemented in the field level. Furthermore, establishment of agriculture families group became a strategy that supports families' livelihood. On the side of increased revenue, microbusiness and fishery could be the starting point of each family empowerment or self-help groups. Although the results have not been significant in the family economy, small businesses and family groups can be continued and extended. Supporting funds and agreement (MoU) has been implemented at the field level.

The formation of support groups is the first step to form an independent group in which PWDs are able to share and gain support from various sectors. Regardless the insignificant economic benefits, this initial effort will need to be continued so that there will be self-help groups of PWDs.

Medical sector (health care and disability aids) is a significant part of the project. Medical intervention is considered to be helpful for beneficiaries. The plan to increase house accessibility was implemented. Apparently, there was a need to strengthen local cadres and to expand the coverage of household accessibility in the next program planning.

As a program running for two years, the efforts to build networks with stakeholders are quite good. Moreover, there has begun a campaign of disability through several existing social activities. Evaluation shows that the steps toward public policy advocacy related to disabilities issue will require a long time and greater effort.

Recommendations for this project complement the results of the evaluation. Some of which that can be a concern for this project in the future are as follows:

1. Recommendation on Project Development
   For the sake of completed CBR methods, it is necessary to have a sound design of social inclusion and empowerment sectors.
2. Recommendation on Capacity
   It still needs to improve the ability of local facilitators in some special fields. Furthermore, several other stakeholders should also have increased capacity on project development. Caritas Center can be an important part in this, especially on capacity building for government and CBR cadres.
3. Recommendations on Activity
   Activities that have been implemented in this project needs to be developed in the context of advocacy activities, self-supporting PWDs, and sustainability aspect after the project is closed.
4. Recommendations on Organizational Capacity
   The efforts to increase public awareness of disability would be more pronounced in the organization if there were ideas and implementation of disability mainstreaming in any programs, activities, and organization agendas. This idea can grow and give special character to Caritas Keuskupan Sibolga.

Based on the results of the whole evaluation, this project would be better if it is done in a narrower region with a high-intensity intervention. The level of success will be easily perceived. If it had successful in one area, development or replication in other areas would be be easier to do.

1. PROJECT BACKGROUND

CBR is a strategy to achieve community improvement through rehabilitation, equality, oppurtunity, and social integrate for difable (WHO)

This program started for the victims of tsunami disaster. Over the time, it is eventually found that in other places in Sirombu many people is living as difable. According to this condition, Head of Bhakti Luhur ALMA instructed to stay in Sirombu and keep on doing CBR program in Sirombu. Afterward, CBR program was carried out in Gido, Sirombu, and Gunungsitoli alone. The difable existence was not based on searching by Sister ALMA, moreover the difables were found by participation of family, community, lecture, and parish/ sub parish pastor. Throughout CBR activity, also found that several parents still hide and isolate difable, and brought about difficulty to implement accompaniment.

In the beginning, accompanied-difables were 7 kids. And by now, there are 150 difables who is being treated by ALMA's CBR Program (106 difables live in the field/sub district level, and the rest live in ALMA's Home of Gunungsitoli.

Currently, there are many places are not being reached. Although ALMA has been working in Tuhemberua, Gusit, Gido, Binaka, Idanogawo, Bawolato, Moi, and Bawalia, yet requests rise in numbers and expect ALMA could implement CBR in other places such as Gomo and Togizita.

CBR implementation does not work on therapy service only, instead works for empowering family. Teens difable up to 25 years old difable are taught reading and writing, however they are prepared to approach self-sufficient economy.

Basically, ALMA would not release the CBR 'client' before they are not independent. As the result, Bhakti Luhur through ALMA lend some fund for CBR client to start business (mini-shop and pig farming). When the business is improved, family will refund the loan. Up today, Bhakti Luhur has lent for the 25 participants. Some is succeed, some are not because of mis-managing and break in failure and thievery.

CBR of ALMA is conducted by 5 field officer. ALMA has not employed local staff, based on consideration they do not have major capability and skill to handle difable. Based on this condition, the local capacity improvement was increased through local volunteer. As detailed is the region where the CBR program been accomplised:

- Lahewa and Sirombu → Visit once in a month
- Tuhemberua, Kota Kota Gunungsitoli, Gido, Idanogawao, Bawalia & Moi → Visit once in a week

Visit have had the following activity:

- Physiotherapy
- Speech therapy
- Currency Identifying
- Reading, writing, and counting (Ortho-therapy)
- Self hygiene and environment hygiene
- Other activity adjusted to difable tipical

The phases used to be carry out as follow:

1. Legitimation
   - Obtaining data from parish (include cathecist, pastor)
   - Informing Village Leader, and afterward Bhakti Luhur will issue letter concerning to village's acceptance
2. Introduction
   In particular for difable and family
3. Inventory
   Listing each difable condition and producing difable database
4. Early Detection
   Efforts to prevent the larger disability
5. Referral
   The CBR client is referred (in case necessary) to other party/organization (Yakkum, Harapan Jaya Hospital - Siantar, dan Advent Hospital - Medan). In this situation, ALMA also applies Jaminan Kesehatan Masyarakat (JAMKESMAS)/ Health Insurance to the government to have a free-charge to hospital where the surgery

would take place
6. Treatment
Regular visit to difables and the appropriate treatment adjusted to difable
7. Volunteer/Work Team
8. Promotion
For parent/family, village officer, and community
9. Community Organization Development
Group establishment to hold social lottery, home garden
10. Puremas Swadaya (PUSWA)
Fundraising to support CBR activity

2. PROJECT RATIONALE

Problem Identification

Based on familiarity of ALMA and consultation result with CKS and Karina KAS, here are the issues found:

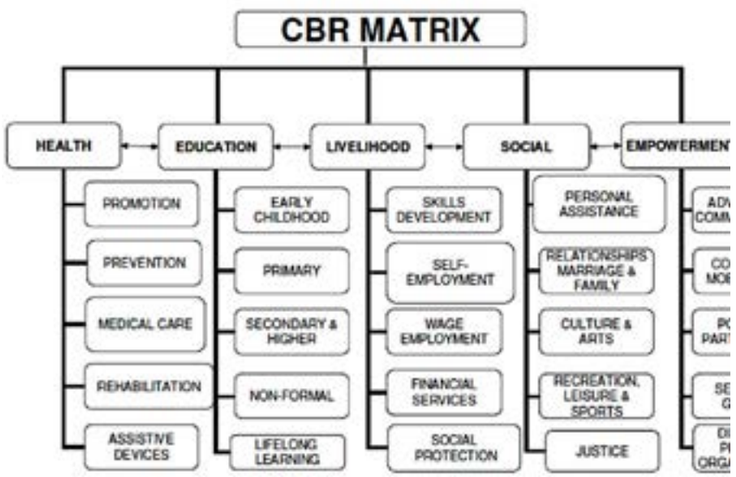
1 In general, difable is not accepted by his/her family
2 In general, difable is found in poor family
3 Difabel is caused by the insufficient health service and insufficient nutrition in pregnancy time and either in baby-age
4 Government does not concern to difable issues
5 Difable who attends public school is low in number
6 The low accessibility for disable
7 There is no local regulation in the subject of difable
8 There is no difable organization in Nias

To answer these issues, and adjusted to experience and organization capacity, furthermore CBR program interferes (please see project logical frame work)

1. Accompaniment quality and quantity improvement for 116 CBR difables (Staff Capacity Building)
2. Disable's Family vulnerability reduction on Livelihood and Food Sustainability
3. Difable's Capability Improvement
4. Existed networking who involves and supports CBR activity

In order to project intervention, the CBR program shall be work on: participation-inclusive-sustainability-advocacy. And to implement the program, the logical frame is following the standard of WHO as follow:

Fig 1. CBR Matrix



Planing

The assessment to 106 difable is completed and database revision is accomplished as requred by information and condition of difable (please see List of 116 difables)

Target Group

Direct Beneficiary

The targeted group are 116 difables, as detailed below:

- 106 difables who lives in region which is covered by Sister ALMA
- 10 difables who lives in region which is disserviced that is Lahewa and Alasa
- 10 difables who is in need for medical hearing check up
- 6 difables who is in need medical low vision check up
- 7 difables who need adaptive wheel chair

Indirect Beneficiary

- 116 families which is adding up to 1000 people
- Public people who live in Gunungsitoli and involve in CBR promotion activities
- Caritas Centre's student
- CKS' staff from divisions

Beneficiary Perticipation

The family accept and nvolve through CBR activity which is conducted by Sister ALMA. Several family's participation is together with Sister ALMA accompanying difable as rehabilitation program is executed, and providing local food for additional food supply program.

3. FINAL PROJECT EVALUATION

General Objectives

The general objective of the final project evaluation is to examine whether the project is in track to reach its intended objectives, finding out gaps if any, draw lessons, suggest recommendation for better implementation of the project from the period of January 2012 – July 2014.

Specific objectives

The Specific objectives of the evaluation are follows:

- To examine the implementation standard in terms of quantity, quality, target and achievement.
- To evaluate the relevance of project intervention in term of community needs and local culture
- To examine the effectiveness of strategy applied in terms of applicability and generation of intended effects.
- To see the efficiency in relation to input provided and output created; in term of project management and partnership with parishes.
- To see the impact that the project has created so far
- To examine sustainability potential.

Deliverables

By the end of activity evaluator will deliver following concrete outcome to CKS

a. Evaluation framework including data instruments
b. A draft report
c. A power point presentation of main findings, set of improvement and recomendation (including SWOT analysis of CKS)
d. An electronic copy of final report
e. Hard copy of final report (the acknowledgement is signed by evaluator)

4. METHODOLOGY

The Evaluation will be conducted with a participatory methodology, fully involving the major stakeholders in the Program at the organization, partners and the community members level so that they own the results of the review and initiate necessary follow up action based on the learning derived from the review. The following techniques of data collection shall be used during the Evaluation:

- Focused group discussion (FGD)
- Semi structured interview
- For collection of quantitative data rating method may be used during the FGD.
- Document review

The specific methods and tools to assess the areas of enquiry, which can be discussed with CKS management team during the preparation, may include the following:

Potential participants/ Informants	**Method**
Community members	1. Semi structured interviews using interview schedules and interview guides 2. Focus group discussions with women and men 3. Observation
Community leader(s)	Semi structured interview
CKS partners	FGD/semi structured interview
Local Government personnel and other stakeholders	Semi structured Interview
CKS	1. Desk Review of Program documents 2. Semi-structured interview/FGD

Sampling Criterion

As part of the review, the outcomes and impact of the project will be reviewed at the level of the intended community via village level stakeholders. Since the projects worked in several villages, it would not be possible to cover all partners and community members. Hence a sample of communities and partners will be selected for data collection. The sample communities will be selected randomly taking into account the following:

- Number of days available for field visit and number of evaluator deployed
- Type of intervention managed by the organization (attempt will be made to include the reasonable representatives of all interventions. However this is also depending on the size of projects)
- Villages and community that the organization worked in.

The sample of other stakeholders, included project staff, parish priests, and the government will be selected purposively. Evaluator experiences suggest some aspects when counting the duration of the evaluation, which are:

- Different data collection methods require different duration.
- Focus group discussion duration is maximum 120 minutes.
- Individual interview duration is around 60 minutes.
- Group interview duration is around 90 minutes
- Observation duration is around 30 minutes.
- The number of sample respondents should be 30% of the total number of the targeted respondents.

Evaluation Questions

Tools for guiding and structuring the information gaining process will be developed with the basis of the key questions. Basically the key questions below are generated from the objective and scope work of the evaluation:

Field	**Evaluation questions**
Achievements	1. Does the Project attain fully all it's objectives?
Relevance	Area of Capacity Building 1. Was the project design appropriate for PWDs needs? 2. Were the tools and methods used in the training relevance to build of DPOs 3. Was the approaches (participative, based on DPOs capacity, follow up and monitoring) relevance to achieve the objective of the project? 4. Were supports from CKS adequate to PWDs? 5. Were the tools and methodology adapted to PWDs? 6. Was the link between training and small grant relevance? Area of advocacy and/or awareness raising of PWDs 1. Were the tools, methodology relevance with the objective of the project? (two methods to be selected) 2. Were the tools and methodology used appropriate to local context?
Efectiveness	Area of Capacity Building 1. Were the trainings effective in providing information to PWDs on their capability improvement? 2. Did the project answer to the needs expressed by DPOs? 3. How effective project management and tools to support project implementation and the partners. Area of Advocacy and/or awareness raising of PWDs 1. Was the project effective in engaging PWDs in awareness raising campaigns to promote these rights at a community level. 2. Was the project effective in providing members of Parliament and key government officials are presented with a set of recommendations for legal reform to make Indonesian laws relating to PWD rights-based, enforceable and compliant with international law and regional guidelines. 3. Was the mechanism and tools defined to support advocacy or awareness rising led by DPOs effective?
Efficiency	Area of Capacity Building 1. Were the small grants efficient? 2. Were the trainings sessions efficient?
Sustainability	Area of Capacity building 1. How much is the knowledge developed in training process sustainable? 2. Do the trainings (livelihood) likely to be maintained after the ends of the project support? 3. Are the attained results permanent, long-term gains? 4. May the project be replicated? Extended? How and where? 5. The Phasing out strategy is it clear and feasible? Area of Advocacy and/or awareness raising of rights of person with disability 1. Did the PWDs had a linkage/network with other organizations/institution? 2. Is the project responsible of positive changes at policy level? 3. Did the perceptions of the family/community regarding the rights and situation of PWDs have changed? 4. Are the advocacy or awareness raising activities likely to be maintained after the end of the project support?

Impact	1. How much did the PWDs are able to participate in society? 2. What are the main changes in the target group living conditions? 3. Is the impact of the programme recognised among the different stakeholders?

Evaluation Stages. The Evaluation process will be divided into the following stages:

Stage 1: Preparatory stage
Evaluator will begin with reviewing the project documents such as Logical frame work, mission objectives, proposal, program reports etc. Based on these documentsEvaluator shall prepare evaluation tools and share it to HI for clarifying and input.

Stage 2: Field Data Collection
Prior to the collection of data, Evaluator facilitate a half day workshop with the project staff and management to get input of project and its development and develop data collection schedule and contact person that assist the evaluator team during the evaluation process.
Data collection process
The evaluator team will commence the evaluation and undertake field visit to the project areas and partners and hold discussions with all relevant stakeholders and actors in each of the interventions. The tools formulated for data collection will be employed during these interactions so as to assess the achievement of the projects on the community as well as identify gap areas.
During the evaluation, the team shall regularly coordinate internally and with CKS to ensure that the Evaluation is moving as planned.

Stage 3: Data Compilation and analysis
At the end of the data collection process, the evaluation team will meet together to compile the finding and prepare the presentation.

Stage 4: Preliminary finding presentation
A half-day meeting will be organized by CKS in which evaluator team will present the major finding and learning derived from the evaluation to CKS staff and management. The meeting is aiming at clarifying and triangulating the finding as well learning.

Stage 5: Writing & Submission of Draft Report
Evaluator team will then prepare a synthesis report consolidating the findings, of the evaluation as well as the inputs received during the workshop, in form of a draft report and submit to CKS for comments and suggestions.

Stage 6: Final Report Submission
The draft Synthesis Report shall be finalized based on the comments and suggestions received and shall be submitted in form of a Final Report.

5. REVIEW OF IMPLEMENTATION

The data collection process lasted for 5 days by using multiple respondents spread across the island. Respondents were successfully encountered consisted of direct beneficiaries (17), Business Group (2), a Member of Parliament (2), Social Services (1), Head of Puskesmas (1), the village midwife (1), Village Chief (1), the partner network (1), CBR staff (11), and CKS divisions (4). Technically, the data collection process worked as planned. Evaluation method was developed based on local context and could be applied to collect information. Despite the language barrier, can be overcome because there was facilitator who helped as translator. Other problem encountered in the data collection process is the residence of beneficiaries spread across the island, the limited time available, and the number of evaluators who can only do “one trip” every day. The number of direct beneficiaries that can be visited only 17 of the 30 people that were planned. Nevertheless, that number has been able to represent the amount of each intervention project, because some beneficiaries received more than one sector of project interventions.

Some key stakeholders and project partners met during data collection are less able to provide the required information. For instance: (1) DPRD member that live in Amandraya area was a new member that will be instated in August. He was concerned less able to explain the perception of empowerment of PWDs through Parliament. (2) The village midwife that lived in Gido area did not know about the implementation of CBR strategy. It is because the village in which the midwife did not get any intervention from CBR projects. (3) SHG in Gido area could not be found. They had returned to their homes because it was already too late due to the landslides in the region of Gunungsitoli.

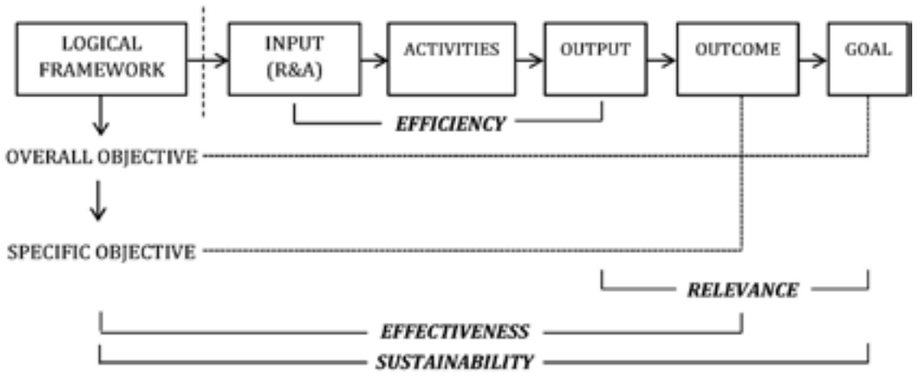
During data collection, CBR staff accompanied the evaluator. It helps evaluators in conducting an explanation of the purpose of the visit. CBR staffs are quite capable of giving independence to the evaluators to perform data collection; CBR staffs do not give excessive intervention in the process.

Some of the documents required before the evaluation process, such as: project proposals, quarterly reports, the results of the baseline study, project budget, and the development of the project, has not been accepted by all evaluators before the process of data collection in the field. In the preparation phase, evaluators used project proposal document. The evaluators received some other supporting documents at the end of the data collection time, so it could not be used as a tool to crosscheck.

6. FINDING AND ANALYSIS

The findings and analysis will be divided into five aspects, namely: (1) Relevance, (2) Effectiveness, (3) Efficiency, (4) Sustainability, and (5) Impact. Referring to the hierarchy of the logical framework, the following is chart of evaluation aspects.

Fig 3. Chart Of Evaluation Aspects



The findings and analysis of every aspect of the evaluation will be explained based on the documents presented and the data in the field

6.1 PROJECT RELEVANCE

Problems and needs that successfully addressed through this project will be the basis of evaluation on the project relevance.

The planning process has successfully identified several needs, including:
Increased awareness and advocacy: In general, the presence of PWDs in Nias has not been fully accepted by the family and society. Communities’ members still think that disability is family’s humiliation. They associate disability with curse or sin in the past.
In addition, government of Nias Island also has not had a concern to. They have no legal or policy therefore efforts to empower PWDs cannot be made optimally.

PWDs are generally derived from pre-prosperous families: Most of the beneficiaries from pre-prosperous family. Poverty and disability have a very strong relationship; two things affect each other and may lead to poor conditions, namely helplessness.
PWDs requiring special needs throughout his life. And, sometimes require high cost. Special needs are

generally related to health and education sectors.

Disability is not common issues yet: To minimize the lack of resources in CBR strategy implementation, there should be network development. Disability mainstreaming issues will be important in the context of network development in order to implement a more comprehensive and holistic empowerment. PWDs, as agents of change also do not have a container in voicing their interests.

Problems that have been identified in the pre-project phase gradually addressed along with CBR strategy. In general, the design of the project focused on the empowerment of PWDs, families and communities in order to do the rehabilitation by involving stakeholders. All project interventions are relevant for initial effort of realizing the independence of PWDs, as well as of advocacy and increasing public awareness of PWDs rights.

Efforts to improve the quality of assistance by empowering facilitator became very relevant in answering the needs of PWDs in the current context and situation. While families and communities were not ready to do rehabilitation, empowered facilitators with technical skill could do medical intervention. Facilitators live in the same areas with beneficiaries so that they could do intervention easily. In addition, the absence of disability regulation gives big negative impact to PWDs empowerment because the government will not able to use its resource to participate in CBR strategy.

The involvement of PWDs and families as agent of change on the economic empowerment through microbusiness activities and grant application is relevant and suitable to build their experience to manage project funds. The participatory approach taken by ALMA is considered relevant. It contributed to the reduction of PWDs and their families' vulnerability in livelihoods and food security issues.

Better accessible facilities are necessary condition for PWDs in social mobility. Project interventions in this sector have high exposure to the identified needs. Through these activities ALMA also emphasized the contribution of PWDs families. They needed to participate on the process of accessible facilities construction.

Partnerships with community-based organizations, government agencies and other institutions are keys to CBR effectiveness. This project has been working on the development of sound networks with various stakeholders to strengthen CBR strategy and advocacy. Advocacy tools or methods that were developed would become the first step to raise public awareness in line with local context.

As a conclusion, the findings indicate that the overall project is relevant to PWDs needs. Training, workshops and mentoring as a method of increasing the capacity are relevant to the achievement of the project general objectives. The problems that were identified has been fully answered by the efforts of rehabilitation and capacity building.

6.2 IMPLEMENTATION

Empowerment of PWDs project developed by CKS and ALMA uses a community-based rehabilitation strategies / community. This strategy aims to develop a community in order to do rehabilitation, seeking equal opportunity and integration of PWDs in society. (WHO, ILO, UNESCO, 2009). The CBR strategy also emphasizes on change on paradigm, from institution based to community based and from medical model to social model based on human rights.

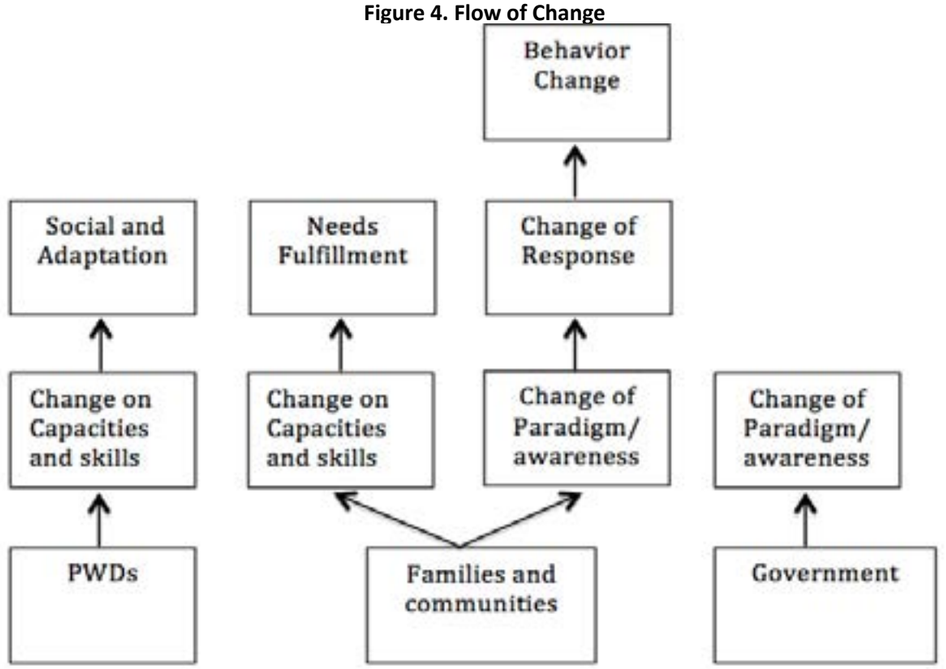
At first, CKS and ALMA use CBR strategy to help 2006 tsunami survivors. Considering the data collection assisted by the community and the parishioners, it is known that lots of PWDs need assistance. The project was then developed in several places. CBR strategy implementation is not inflexible, because it should consider the context of the overarching strategies and approaches, consider the right thing to do and the institution's capacity to deliver the project.

6.3 RESULT AND EFFECTIVITY

Project effectiveness was evaluated through the identification of changes of direct and indirect beneficiaries and stakeholders including changes in knowledge, understanding, skills, attitudes and behavior. These changes may not be directly related to the primary purpose of the project, but can be considered as indicators of project achievements.

The findings and analysis of the effectiveness of the project is done by comparing the condition of the community prior to the project and their condition after the project; while at the same time connecting them with the logical framework of the overall project. Project results indicators will be presented quantitatively (see attachment), the findings and analysis have also been drawn through comparison with the planned project and presented in the flow of changes as follows:

Figure 4. Flow of Change



Through extensive measurements of the activity, project interventions have directly changed PWDs and their families. These changes have also contributed to broader changes in society related to disabilities issues in some assisted areas. It is found that PWDs and their families demonstrated changes in knowledge, attitudes and practices to accept and do the community rehabilitation, as described in the specific objectives.

Specific Objective 1: Increase the quality and quantity of assistance to 116 PWD (capacity development staff)

1.1 ***The availability of intensive visits by 7 qualified facilitators***

Project assisted areas (5 district / city and 21 districts) require qualified facilitators to perform PWDs assistance. In addition, this project considered that 5 of ALMA field officers who had been mentoring were unable to assist 223 beneficiaries spread across the island. This stage begins with recruitment process conducted by ALMA. Selected facilitators live in the same locations with assisted areas in order to deliver the project efficiently.

PWDs in the remote areas, far from public facilities, have a greater potential vulnerability. Families and communities are lack of PWDs right understanding. These factors lead to the rejection to PWDs existence. We could see that by the way the family concealed their PWD.

Outreach Rehabilitation was effective and successful method to be implemented since most of the PWDs families and communities are lack of disability paradigm. Facilitator skills were strengthened through trainings that can be applied directly in the field level. Capacity building activities were able to provide significant results. The facilitator could directly apply their enhanced capacity to deliver the designed activities. Capacity building also has been able to achieve its objectives. Up to the end of the project, there are 7 skilled facilitators strengthened by 11 types of trainings. Regular visit to beneficiaries conducted

two times a week for each beneficiary. Facilitators will take approximately 2-3 hours to perform various activities while they visited beneficiaries. They provided rehabilitation therapy through a series physical therapy, medical consultation, and delivered educational aspect for the family. Regular home visit gave an effective result.

The intensity of visits was sufficient adequate and facilitator skills capable of providing enough power to big for beneficiaries. Family changing attitudes, behaviors, and skills related to rehabilitation efforts. The average intensity of the visit was 5-8 visits per month. It is in accordance with the plan of the achievements of these activities.

Specific Objective 2: Reduced PWDs families' vulnerability in livelihoods and food security

2.1 **The family farm as an alternative food source**

The availability of family farms as an alternative food source is expected to reduce the vulnerability of families to food security. This project encouraged the planting of alternative food sources because agricultural potential could be developed in the assisted areas. Breadfruit, bananas and tubers were planted according to the soil conditions and the benefits of these plants.

PWDs families have limited information of agriculture technic, such as multicultural plantation. Hence, designed activities provided considerable benefits. PWDs families acquired education on alternative food source. Obtained result in the end of projects was availability of 15 families benefitted from their farmland. As presented by members of farmer groups in Gido are, they admitted that they started to develop alternative crops such as creeping-water plant, breadfruit, cassava. They admit that before the project, they never had ideas of alternative food source. Through farmer groups, project management also teaches how to process and cook their crop. Until evaluators performed data collection, some families already gained knowledge to cultivate and process the creeping water plant, cassava and breadfruit.

	Family gardens that be used for planting cassava as an alternative food source in Tuhemberua area.
	Family gardens that be used for planting papaya, creeping water plant, and chili, as an alternative food source in Gido area

2.2 **Group Joint Venture**

The establishment of business groups (agriculture and aquaculture catfish) nurtured the spirit of mutual cooperation and inclusiveness. These activities can be the starting point in the formation of a SHG (self help group).

Established business groups are more as a laboratory groups. Profits generated from these activities were not sufficient to be perceived by all members of the group. In some places, group members are no longer participating in these activities. At the time of data collection in the field, because of fraud committed by the group members, most of the PWDs' families preferred private business. But, in Gido area, business groups could run well. The members are quite active conducting activities and managed to restore the borrowed capital. Changes obtained from these activities were increased skills in agriculture sector.

2.3 **Development of family business with micro-credit system**

In order to reduce the vulnerability of PWDs' families in livelihood sectors, there were activities to increase the family income. These activities began with business proposal writing and it was submitted to CBR Project. Assisted families could learn to identify and analyze their business plan. CBR Project implementer selected submitted proposal based on feasibility, profit potential and families' capability.

PWDs will continue to have special needs throughout his life. In some cases, these needs become family burden, for instance, the need tool-aid for PWDs. Capital aids (poultry and grocery shop) supported by this project were effective and significant because the assisted beneficiaries could raise their income. In the end of the project, there were 21 families that are supported by capital soft-loan. 14 of them had been able to repay the loan and were showing signs of accomplishment.

Business development management was using the system revolving funds. It means regained funds from the previous beneficiaries would be used by the next beneficiaries. This system provided great benefits if properly managed, each loaner will be have a great sense of responsibility in return.

Recovered funds would be integrated to Credit Union system (CU). It is a sound strategy of livelihood intervention. Financial support was given after capacity building and microbusiness empowerment. Financial support was expected to be instrument of capital generating and household financial sustainability.

Good financial management means managed by accountable institution. To integrate the program delivery with Credit Union is a good plan. Up to know, financial management is taken care by ALMA since CU does not accept any new member until next year.

The specific objective 3: Increased accessibility of PWDs

3.1 **Accessible building**

The effort to make accessible building is one of project expected result. Accessibility is series of effort to support PWDs so that they could become self-reliance individual. This project provided bathroom construction and bumpy road improvement.

	Accessible outdoor bathroom.
	Bumpy road to the outdoor bathroom needs to be improved due to the steep way.

Project intervention in this sector provided significant result for the PWDs families, but not for the PWDs. Supporting accessible facilities needs to be improved in line with the standard accessibility for PWDs and equipped with supported materials, such as handrail on the slippery areas and ramp to accommodate steep floor. In the end, the project supported five families.

3.2 Assistive device

Distribution of assistive device such as, glasses, crutch, walker, afo, protese, hearing aid, adaptive wheel chair, and Canadian stick made PWDs able to do daily activities (school and work). This activity gave advantage to PWDs to support their self-reliance effort and gave impact to the real change of social inclusion.

	Adaptive wheelchair for beneficiary in Tuhemberua area.
	Hearing aid for beneficiary in Amandraya area.

Beneficiaries on this specific objective are 24 people. The result is beyond expectation since it was planned only 22 beneficiaries.

3.3 Posyandu activities

Posyandu is the most basic health service, closer to the community. Posyandu could become starting point of community involvement in CBR strategy. Posyandu was strengthening activities facilitated by the health division of CKS.

Community health centers (Puskesmas) is quite far from PWDs houses. It made Posyandu had considerable benefits for PWDs. PWDs and their families could obtain health services along with other communi-

ties members. This project was strengthening Posyandu through activities, such as conducting Posyandu work plans, procurement of equipment, examination of pregnant women as a preventive / disability prevention, immunization, health promotion and birth control promotion. In some occasions, Puskesmas' (health center in subdistrict level) were always involved in these activities. It was a adequate support for the sustainability of this project. In the end of the project, there are 24 families benefited with these activities.

3.4 Improved nutrition, scholarships and healthcare expenses support

Some of the the above activities conducted in Wisma Bhakti Luhur. Wisma Bhakti Luhur a rehabilitation institution for children with disabilities. 34 children received assistance in Wisma Bhakti Luhur.

Assistance on improved nutrition, scholarships, and aid health care costs made this project has great effectiveness. At the time of data collection, evaluators look at it as a basis for rehabilitation efforts, particularly in areas where economic level, education, and the government priority is low.

In the end of the project, this activity has achieved its goal. 43 children obtained nutrition improvement, 31 children obtained scholarships, and 32 children received medical expenses support.

The specific objective 4: The availability of sound networks that involve in and support CBR activities

1.1 Engagement of key stakeholders

To engage stakeholders on this project, several activities were conducted, such as promotion to the villages and sub-districts officers, inviting government officers in the field level activities.

Participation of the governmental stakeholders (Social Office, Health Office, and Puskesmas) in the field activities gave the best results, for instance, they participated regular visits to the beneficiaries in Lahewa and Hiliduho subdistrict. Social Office of District also visited Gido and Bawalato areas.

1.2 Network

Developing a sound network among stakeholders is a crucial point that needs to be improved in the project. CBR strategy emphasizes the important of developing network to gain greater benefits. This project developed networking with 8 organizations (CKS, ALMA, OBI, CHARITAS FODO, YAKKUM, PKPA, KIND, and TABITA) in a forum called Mitra Koalisi. Coordination meeting was held once in every three months. Activities that have already done were:

a. Free medical treatment in Gido area.
b. A visit to a nursing home
c. Inclusive National Children's Day celebration
d. Conducted rabies vaccine injection
e. Inclusive Christmas celebration
f. Delivering initial advocacy of local regulation with FMKI (2 meetings with FMKI, but due to limited resource, the effort was not going to be continue)

The obtained results that can be noted were cooperation with Charitas FODO on assistive device assessment and children's right campaign with PKPA.

1.3 Public awareness campaign

Public awareness campaign activities on this project aimed the government and families. Inclusiveness principle was inherent in the activities. PWDs, communities, and government were prepared so that they were able to naturally interact in the social life.

Delivered activities are inclusive Christmas celebration, National Children Day Carnival, producing visual communication tool, such as web, poster, calendar, and movies. Christmas celebration and Children Day Carnival are effective to induce a feeling of inclusiveness to the communities (public).

6.4 EFFICIENCY

This evaluation does not measure the efficiency from the financial aspect, but rather look at the efforts made to create efficiency. The evaluators found several points related to project efficiency. Input and project resources have been efficiently used to deliver project activities that give results / outputs according to the plan:

6.4.1 Public awareness campaign

A number of activities of public awareness campaigns have been conducted in order to increase the concern of

the government and the public on the issue of disability. Christmas celebrations and the celebration of National Children's Day have demonstrated a good efficiency.

Such activities were carried by coalition partners. Those did not need huge expenditure but gave high achievements. Those activities were attended by the public and the government.

6.4.2 The media Advocacy

The utilization of advocacy tool that have developed based on the nature of the disability organizations could be maintained, for example, delivering news using website, and printed media for wider audience.

6.4.3 Business development proposals

Even though provision of funding for business capital is limited and must be returned within a certain period of time, most of the beneficiaries have been able to manage the funds efficiently. They were able to return the business capital and still have profit that could be used as capital.

In terms of providing business capital, the evaluation findings have indicated that the provision of business capital have managed efficiently as indicated below:

First, business capital provided by ALMA is used correspond with the implementation plan and agreement as mentioned in the proposal. In general, the project have implemented as planned, the business capital has also been used correspond with the budget plan. Project planning and budgeting through small grants have been formulated in details, which made it easier to implement and minimize fraud.

Second, after it is approved by ALMA, the business capital can be in the form of goods. Monitoring activities have been carried out by the facilitator according to the agreed schedule.

Third, efficiency has also been achieved by working closely with internal financial services projects for business capital returns process.

6.5 IMPACT

The general concept of evaluation is to measure the impact of project intervention on the beneficiaries level. Changes at this level are occurred due to several factors, which includes project interventions. Therefore, the project merely is seen as one of contributor to the changes in the level of impact. The impact can be observed within communities around beneficiaries, the public, and at the policy level (local and national).

6.5.1 Change of paradigm of PWDs

Families and communities at the beginning of project still have a magical paradigm[1] in viewing people with disabilities. Behavior that appears from communities and families people with disabilities is a rejection, because it is considered as a curse and a disgrace to the family. Rehabilitation efforts in this paradigm defined with captivity, deprivation, and magical treatment (taken to the shaman).

After receiving intervention from the CBR strategy, the paradigm began to shift gradually to the medical paradigm, in which people with disabilities can be empowered. People assume that people with disabilities are "sick" and need to receive help. Rehabilitation efforts that appear in this paradigm are more medical. Doctors and medical teams are determinant of the fate of people with disabilities, through a series of therapies and provision of aids.

6.5.2 Change in policy on the local level

Another impact, ie changes in of policy in the promotion and protection of persons with disabilities, are shown in the following example:

- Although it is still a personal initiative staff, Social Office of Teluk Dalam District involved in project activities several times. Hopefully, there will be a participation, scheduled by the Social Office.
- Amandraya's village head was involved in the project by providing support for CBR activities by giving permit to use village facilities, such as: the use of the village hall.

In short, evaluation findings on the impact of CBR project have indicated that there were some changes because of project interventions. Even though significant changes in the district level has not been seen, the initiative in advocacy effort by Mitra Koalisi has improved the understanding of the key stakeholders at the local level.

1 Early paradigm about the people with disabilities

6.6 SUSTAINABILITY

Process evaluation found that the project strategy have put working basis of community organizing and advocacy by involving people with disabilities as the agents of change.

Some things as potential powerful opportunities have been successfully formulated and will be strengthening the sustainability indicators of project, such as:

- Accompaniment and strengthening given to health cadres / Posyandu have a considerable potential of sustainability. Health cadres are local residents who will live in the community.
- Mitra Koalisi can be a strong network for the promotion and protection of the rights of people with disabilities. Mitra Koalisi consists of some strong and well-known organizations.
- Parishes, which have been involved in the early project, have the potential to become a partner. With volunteers, funds, and its vision-mission, local parishes can replicate CBR-CKS project.
- Selected facilitators that lived in assisted areas were advantage strategy. Social closeness and local culture knowledge plus increased capacity became spearhead the CBR strategy. Facilitators that could spread the spirit and capacity related to empowerment of people with disabilities to the people surrounding, will support the sustainability this project.
- Credit Union (CU) or KSP located in the middle of the communities give sustainability impact. Linking financial services to PWDs is a partnership concept of CBR and part of CBR matrix in the effort to improve welfare through financial assistance.

7. RECOMMENDATION

1.1 PROJECT DEVELOPMENT

Recommendation (1) Social Inclusion and Empowerment:

CBR projects have social inclusion and empowerment sector, which emphasizes the aspects of advocacy on the community level and local government policy. CBR ALMA project should begin to initiate and conduct activities that in line with those sectors.

Several activities can be delivered, such as:

- DPO Establishment.
- Regular meeting of PWDs in Self Help Group.
- International Day of PWDs celebration.
- Encourage PWDS to involve in village organizations (i.e. inclusive study groups, youth clubs, Catholic youth group, community meetings, meetings of Musrenbangdes)
- Advocacy on legal aspect of PWDs rights protection.

Recommendation (2) Accurate and Replication

Increased number of beneficiaries while project was implemented indicated that CBR efforts attracted attention and participation. On the other hand, it also means that there was lack of data base accuracy on program preparation phase. Comprehensive baseline data in the program preparation phase (beneficiary analysis, stakeholder analysis, organizational capacity analysis, etc.) is an essential part to develop program. Evaluators recommend that the sectors selection and areas of intervention needs to be emphasized for the sake of effectiveness and efficiency. It is better to give intensive assistance to small areas then, replicate it in others areas.

1.2 CAPACITY BUILDINGS

Recommendation (3) Facilitators:

Increasing local facilitators capacity is considered sufficient. To improve project achievement and management, facilitators need to be equipped with training of community organizing and advocacy.

Based on the report and data submitted to the evaluators, facilitator's capacity to develop regular report needs to be enhanced. Some reports indicated lack of deep understanding of CBR project.

Recommendation (4) Posyandu cadres:

Posyandu cadres and sub-district field officers are significant partner for this project. Therefore, increased capacity building is essential to be conducted. Local facilitators will be greatly helped and service coverage could more widely.

Recommendation (5) Caritas Center

Caritas Center as part of Caritas Sibolga is Caritas Center is expected to develop CBR training module. In the future, Caritas Center shall be a reference for the communities, other organizations, parishes, or individuals who wants to be participated on the PWDs empowerment.

Recommendation (6) Government:

Government will be the key of successful project. Increased awareness of disability needs to be ensured by government policy. Government will able to make good policy if they have understanding and concern. Therefore, it will be an advantage to build government (officers) capacity on disability, for instance: disability paradigm training, participatory policy making training.

1.3 ACTIVITIES

Recommendation (7) Microbusiness Group

It will be better to enhance the microbusiness group into self-help group. It means group's capacities and activities are not limited to livelihood sector, but also to improvement of medical reference, networking, advocacy, etc.

Recommendation (8) Home Visits

To reduce beneficiary dependence on facilitators, the involvement of cadres of Posyandu and self-help groups in home visits is important. There should be attempt to delegate routine activities to cadres and self help groups.

Furthermore, the activities can be delivered in accordance with Posyandu activities. This strategy would be a good start for the program sustainability.

Recommendation (9) Establishment of Disability Organizations

There is no DPOs in the assisted areas. Established and empowered DPOs would be an instrument to encourage self-advocacy and a forum to share PWDs experience. DPOs require active participation of persons with disabilities. Therefore, they should have the awareness of equal rights and opportunities. They should take an active role to determine their future. DPOs will facilitate PWDs in all the things that will affect their lives. DPO is based on the collective values of advocacy.

Establishing DPOs will be a challenge for ALMA, because the beneficiaries of CBR projects cover the majority of the children. The most likely thing to do is contact the umbrella organizations such as PPDI, HWDI, PERTUNI at the provincial level to get feedback or help in the formation of the DPO.

Recommendation (10) Organizing Coalition Partners

PWDs empowerment has not been a major issue of organizations in Mitra Koalisi. Increasing intensive meeting and new way of will determine project achievement. This step can be started by mapping the problem or object of empowerment. Then, formulate joint activities, funded by both parties, because cooperation is "mutual advantage" in a positive context. If the coalition partners can bring up and accommodate the interests of each institution, the cooperation surely will work well.

Recommendation (11) Mainstreaming Disability

Disability is an issue that must be addressed together. CBR project is part of the Diocesan Caritas of Sibolga. Mainstreaming disability could be the next organizational phase. Cooperation between programs / projects in the institution, increasing staff understanding of disability are way to make CKS become an institution that opt the small, the weak, the poor, the marginalized, and persons with disabilities (PWDs). Evaluators recommend several activities, such as:

a. Disability perspective and CBR strategy training to all CKS' staff to build understanding on mainstreaming disability issues.
b. Disaster Risk Reduction (DRR) project always emphasizes participatory approach. Mainstreaming disability can begin to involve the families of persons with disabilities so that their interests can be accommodated. Persons with disabilities are part of a vulnerable group. Communities also need to know how to save of persons with disabilities in disaster circumstances. For example: how to lift the wheelchair, how to install alarms that can be understood by the deaf, etc. Persons with disabilities also need to survive in a disaster situation
c. CKS health programs can also take big role CBR strategy. It should be underlined that the first point of CBR Matrix is health. Promotions activities sometimes mean health services. Simple activities that can be suggested are health promotion to prevent disability, or strengthening capacity of Puskesmas and its staff in order to address disability cases.

Recommendation (12) Reference
Comparative study to other institutions that are doing similar programs will be advantage to enhance the knowledge of CBR strategy. Active participation in CBR alliance forums will enrich understanding and ideas related to the project planning and. Indonesian Caritas network is an instrument to strengthen CKS.

No	Significant Activities	Plan		Reality		%	Value	% project
		Result	Indicators	Result	Indicators			
Specific Objective 1: Increased empowerment quality and quantity for 116 PWDs								
	Output 1:	Availability of new facilitators in December 2012.	7 facilitators strengthened with 11 kind of training in order to deliver the field activities.	Availability of new facilitators in February 2013.	In the end of project, there are 7 facilitators strengthened with 11 kind of training (6 field staff and 1 admin staff).	100%	5,8	5,8%
	Output 2:	Regular home visit to 116 PWDs.	6 times per month	Regular home visit to 223 PWDs.	The frequency of home visits varies between 3-8 times per month	100%	5,8	5,8%
Specific Objective 2: Disable's Family vulnerability reduction on Livelihood and Food Sustainability.								
	Output 2.1:	In the end of project, PWDs' families have planted 3 breadfruit tree.	80% Beneficiaries	PWDs families planted 3-breadfruit tree.	15 PWDs families planted three-breadfruit tree.	13%	5,8	0,764%
	Output 2.2:	1 group has a regular meeting. Availability of comparative study results Availability of farm group activities. On the early January 2013, assisted groups start to return the lended capital to ALMA. Assisted group gain income from the group activities and for the group financial	Once in a month. End of March 2012 May 2012, 6 group farm. Early January 2013, 20 families	Regular group meeting Comparative study results Availability of farm group activities. Assisted groups start to return the lended capital Assisted group gain income from the group activities and for the group financial	Once in a month. End of March 2012 Availability of 15 farm group (6 in early May, 9 after May) 12 assisted groups start to return the lended capital on January 2012 1 group in Gido area.	100% 100% 100% 100%	5,8	5,8%
	Output 2.3:	Regular meeting of two assisted groups.	Once in a month.	Two assisted groups have regular meeting	Once in a month.	100%	5,8	5,8%

	Output 2.4:	PWDs family submit microbusiness proposal and sign MoU	20 families in the end of November.	Availablility of submitted proposal and signed MoU.	21 families in the end of November. r	100%	5,8	5,8%
	Output 2.5:	In the end of Project, PWDs, families save money in CU. In the end of Project, PWDs families return capital loan. In the end of Project, PWDs families gain added income from their microbusiness.	10 families 5 families 16 families	Families have saving ing CU. Adanya cicilan pengembalian modal PWDs families gain added income from their microbusiness.	12 families 12 families 14 families	100% 100% 87,5%	1,93 1,93 1,93	1,93% 1,93% 1,7%
Sasaran 3:								
	Output 3.1:	Availability of assisted house(s).	5 houses	Accessible houses.	5 Accesible houses.	100%	5,8	5,8%
	Output 3.2:	In the end of Project, PWDS are supported with assistive device based on their needs.	80% of 28 PWDs	Assistive device for beneficiaries.	34 PWDs.	100%	5,8	5,8%

	Output 3.3:	PWDs families are able to get Posyandu medical service benefit.		PWDs families accessed Posyandu medical services.	3 times in Balodano village and Amandraya village, participated by 24 families.	100%	5,8	5,8%
	Output 3.4:	Children of Bhakti Luhur get at formal education.	19 anak	Children of Bhakti Luhur get at formal education.	31 kids and get benefit of scholarships.	100%	5,8	5,8%
	Output 3.5:	Children of Bhakti Luhur gain better nutrition status.	80% of 34 kids.	Children of Bhakti Luhur gain better healthy food.	43 kids.	100%	5,8	5,8%
	Output 3.6:	In the end of Project, children of Bhakti Luhur accept medical services.	20 kids	Children of Bhakti Luhur accept medical service.	32 kids.	100%	5,8	5,8%
Sasaran 4								
	Output 4.1:	Government participate on the field visit.	3 times in 2 years	Staff of Government Office participated on field visit.	4 times in 2 years	100%	5,8	5,8%
	Output 4.2	Availability of Mitra Koalisi coordination meeting. Availability of annual activity plan.	6 times. End of March 2012.	Regular meeting of Mitra Koalisi Annual plan and its implementation.	4 times 10 activities per year.		2,9 2,9	

	Output 4.3	Field visit participated by Caritas Center trainee.	At least 16 times.	Field visit participated by Caritas Center trainee.		100%	5,8	5,8%
	Output 4.4	Availability of promotion disability awareness activities, participated by PWDs.	6 times, participated by 50% of 116 beneficiaries.	Promotion disability awareness activities	6 times, participated by more than 50% of 116 beneficiaries.	90%	5,8	5,29%
TOTAL IMPLEMENTED ACTIVITIES							100	92.1%

1.2 **LOGICAL FRAME WORK**

	Logical Framework	Objective Verifiable Indicator	Means of Verification	Risk
Overall Objective:	**Children and adults with disabilities are able to participate in community independently**			
Specific Objective 1	Accompaniment quality and quantity improvement for 116 CBR difables (Staff Capacity Building)	At the end of project 70% of 116 difables have experienced social improvement (child/family)	• Social situation form • Compilation of social situation	Low attention of parent
Result and Activity	**1.1. Existed 7 Qualified Additional Facilitators**	At December 2012, there are 7 qualified new staffs	• Training Attendance List • Working Contract • Staff Evaluation • Training Module	• Low interest of the society to be CBR staff • Low commitment of staff to engage in CBR program
	1.1.1. Selection and recruitment for 7 additional facilitators (First field visit)			
	1.1.2. Orientation in relation to works of CKS, ALMA, and CBR project (region and system)			
	1.1.3. Module preparation (3 Basic modules of CBR, Facilitator, and Administration Report)			
	1.1.4. Training of CBR Basic Concept (Difable Issues, Advocacy, Assessment, Case Monitoring and Evaluation)			
	1.1.5. Facilitator Training (Value, Principle, Approaching, Field Practice/Micro Teaching)			
	1.1.6. Training of Reporting, Administration, and Basic Financial)			
	1.1.7. Module preparation (Ortho, Physiotherapy)			
	1.1.8. Physiotherapy Training			

	1.1. 9. Orthotherapy Training (Daily Life Activity)			
	1.1.10. Speech Therapy (Trainer from Malang)			
	1.1.11. Module Preparation (Autism, Occupational)			
	1.1.12. Autism Treatment Training			
	1.1.13. Occupational Therapy Training			
	1.1.14. Health and Nutrition Training for difable (External Trainer)			
	1.1.15. Workshop in the subject of Participative Proposal Writing Accompaniment, Log Frame for Small Project, and Small Project Reporting			
	1.2. Intensive Visit toward Difable	Each difable will be visited every month and at least there are 6 visits	• Visit Report	
	1.2.1. Assessment form revision			
	1.2.2. Assessment			
	1.2.3. Updating difable data			
	1.2.4. Introduction (facilitator, parish, family, local government [Village Leader, Sub village Leader], sub district government [Sub district leader, sub district social officer, Public Health Centre, Family Prosperity Program)			
	1.2.5. Determination of rehabilitation program per difable			
	1.2.6. Regular Visit (Rehabilitation, Home Hygiene, Cooking Practice)			
Specific	**Disable's Family vulnerability reduction on Livelihood**	1. At the end of project, 80% 116	• Final project report	

				fulfill the basic necessary
Result and Activity	**2.1. Existed home garden which is concerning to alternative food sources (sukun, banana, roots)**	At the end of project, 80% 116 difable's family has planted 3 threes of sukun per family	• Photo • Report • Seed distribution list	• Low interest to plant sukun • The plantation is dead
	2.1.1. Promoting alternative food source in one time with accompaniment			
	2.1.2. Seed supplies (Resource Centre of CKS)			
	2.1.3. Seed distribution			
	2.1.4. Accompaniment for planting			
	2.2. Existed 1 business group of family of difabel (garden in Bawalia) consists of 10 families (5 families in charge for small business and 5 families in charge for farming)	• 1 group holds the regular meeting once in a month • At the end of March 2012 there is result of feasibility study which has been developed • At the end of April 2012, family business group has submitted the business development • At the end of April 2012, there is agreement between group and ALMA • At early of May 2012, has implemented group gardening • At early of January 2013, at least the group starts for refunding the loan to ALMA • At the end of project, the group	• Attendance List • Proposal • MoU • Group's Cash Book	Group does not have commitment

		earn income for group cash through the running business		
	2.1.1. Group regular meeting which held once per month			
	2.1.2. Basic Bookkeeping Training			
	2.1.3. Group bookkeeping			
	2.1.4. Business feasibility study			
	2.1.5. Proposal writing			
	2.1.6. Formulating agreement in order MoU content			
	2.1.7. Formulating MoU draft			
	2.1.8. Signing MoU			
	2.1.9. Fund instalment from ALMA			
	2.1.10. Business implementation			
	2.1.11. Technical accompaniment for each business			
	2.1.12. Monitoring (Regular visit)			
	2.1.13. Refunding			
	2.1.14. Annual Evaluation			
	2.3. Existed 2 new groups who perform regular meeting (Gido and Sirombu)	2 groups hold regular meeting once in a month	• Attendance List	The group does not have commitment
	2.3.1. Group regular meeting which held once per month			
	2.3.2. Basic Bookkeeping Training			
	2.3.3. Group bookkeeping			
	2.4. Business Development Proposal of family of difable (20 families) - 5 families in Bawalia (including group's business), 5 families in Gido, 3 families in Tuhemberua, 3 families in Lahewa, and 4 families in Sirombu	At the end of November 2012, 20 difable's family has submitted the business development	Proposal	Dishonesty within proposal

	2.4.1. Identifying necessity and potency			
	2.4.2. Formulating the possible business			
	2.4.3. Feasibility study to each business			
	2.4.4. Proposal writing			
	2.5. MoU between 20 families and ALMA	At January 2013, there is agreement between 20 difable's families and ALMA in the subject of business development	MoU	• Reluctance to sign MoU • Disobedience to the agreement written in MoU
	2.5.1. Formulating agreement in order MoU content			
	2.5.2. Formulating MoU draft			
	2.5.3. Signing MoU			
	2.6. Existed 20 business of difable's family	1. At the end of project, 10 famies has the savings in Credit Union (New) 2. At the end of project at keast 5 familes has been starting to refund/install the loan 3. At the end of project, 16 families earn the additional income through the running business	• Family's cash book • Account book of Credit Union (New) • ALMA Cash Book • Annual Evaluation Result	• Bankrupt
	2.6.1. Fund instalment from ALMA			
	2.6.2. Business implementation			
	2.6.3. Technical accompaniment for each business			
	2.6.4. Monitoring (Regular visit)			
	2.6.5. Refunding			
	2.6.6. Annual Evaluation			
	2.6.7. Linking family with Credit Union			

Specific Objective 3	**3. Difable's Capability Improvement**	At the end of project, at least 80% of difables and 1 sub village has a better access	• Photo • Report	
Result and Activity	**3.1. Existed accessible building in 6 houses**	At the end of project, 5 houses accessible by difable	Activity Photo	Insufficient maintenance toward accessible building
	3.1.1. Book provision (KARINA KAS)			
	3.1.2. Socialization (Book, module) relating to building and accessible neighbourhood			
	3.1.3. Assessment toward 6 houses			
	3.1.4. Requirement plan			
	3.1.5. Implementation			
	3.2. Aid tools for difable (6 low vision-children, 10 hearing aids, 7 adaptive wheel chairs, 5 crutches)	At the end of project, 80% of 28 difables has a better mobility	Receiving material of the aid tool	Insufficient maintenance to the aid tool
	3.2.1. Low vision physical check-up			
	3.2.2. Hearing physical check-up			
	3.2.3. Checking up the proper adaptive wheel chair			
	3.2.4. Aid tool supply of low vision and hearing			
	3.2.5. Adaptive wheel chair supply			
	3.2.6. Distribution and usage training of the hearing aid and low vision aid			
	3.2.7. Distribution and usage training of the adaptive wheel chair			
	3.3. Intregrated Service Post (ISP/Posyandu) facilitating by Health Division of CKS (Balo Idano - Mandrehe Utara sub district)	In the period of the project, difable's family has the access to Posyandu	• Attendance List • Photo • Report	Society is not interested
	3.3.1. ISP's program socialization			
	3.3.2. Management establishment			
	3.3.3. Creating work plan			
	3.3.3.1. Additional food supplies (Processing for alternative food sources [sukun, banana, roots]			
	3.3.3.2. Immunization (In coordination with Public Health Centre)			
	3.3.3.3. Promotion of health and natural family planning			
	3.3.3.4. Medical check-up for pregnant mother			
	3.3.3.5. ISP tools supplies (ISP set: weight scale, height scale, health card)			
	3.3.3.6. Implementation and accompaniment for ISP			
	3.3.3.7. Accompaniment for home garden and protein source garden			
	3.4. 4 difables and 15 bad nutrition children in ALMA's Home have access to formal education	In the period of project, 19 children has been experiencing formal education	Student Report Card	• School does not accept difable • Laziness and inferior feeling to attend school
	3.4.1. Scholarship for 19 beneficiaries			
	3.5. 34 difable-children in ALMA's Home of Gunungsitoli in excellent nutrition status (19 difables and 15 bad nutrition)	At the end of project 80% of 34 children in ALMA's Home is good nutrition status	Health Card	Lack of child's appetide
	3.5.1. Supporting nourished food provision in ALMA's Home			
	3.6. 20 difable-children have access to health services	At the end of project, 20 difables have an access to health service	Report	
	3.6.1 Support for medical treatment cost			

Specific Objective 4	**4. Existed networking who involves and supports CBR activity**	At least 5 organizations actively participate networking's activity	• Attendance List • Official minutes of meeting • Report	• Network's activity report is in the same time with organization's private • Low interest of organization to involve in CBR program
Result and Activity	**4.1. Government's involvement through project's regular activity in community**	At least there are 3 times of visit which involve the government officer until the endo project	• Visit Report • Visit Photo	Government is not interested to engage through program
	4.1.1. Socialization to sub districts, Public Health Centre, Field Promoter			
	4.1.2. Inviting government to participate in field activity			
	4.1.1. United Visit			
	4.2. Forum for sharing CBR activity	• Throughout the project, at least there are 6 Mitra Koalisi meetings • At March 2012, Mitra Koalisi has annual work plan	• Official minutes of meeting • Attendance List • Annual work plan	Other organization is not interested to involve
	4.2.1. Mitra Koalisi (MK) revitalization			
	4.2.2. Formulating MK's annual activity			
	4.2.3. MK quarterly meeting			
	4.2.4. Annual event with MK			
	4.2.5. United with Social Division arrange local regulation draft through MK's activity			
	4.3. Involvement of Caritas Centre's student in project's routine activity	At least there are 16 visits which is participated by CC's student within 1 period of course	• Attendance List • Photo • Report	The CC's students are not interested to visit
	4.3.1. Performing CBR Socialization to CC's student			
	4.3.2. In coordination with ALMA Sisters			
	4.3.3. Activity planning and organizing schedule			
	4.3.4. Field Visit			
	4.4. Difable Awareness Promotion which is involving 116 difables	In period of the project, 6 activities in related to difable awareness promotion have been implemented and involve 50% of 116 difables	• Report • Photo	Government does not have agenda in the subject of CBR activity
	4.4.1. Annual christmas celebration in sub district			
	4.4.2. Involving Christmas parade of Gunungsitoli (involvement of difable from community)			
	4.4.3. Involving in National Children's Day			
	4.4.4. In coordination with Communication Division of CKS for promoting CBR program through poster, leaflet, banner, dicumenter film			

8.3 DOCUMENT REVIEWED

- CBR Project Proposal
- Quarter report 2012 – 2014
- Staff report 2014
- Table of children development in Wisma Bhakti Luhur.
- Social status evaluation.

8.4 ToR OF EVALUATION

ToR of Final Evaluation
Community Based Rehabilitation (CBR)
A Collaborative Project between Kesusteran ALMA and Caritas Keuskupan Sibolga (CKS)

1. PROJECT BACKGROUND

Community Based Rehabilitation (CBR) is a collaborative project between ALMA Congregation and Caritas Keuskupan Sibolga (CKS). The project had target to achieve community improvement through rehabilitation, equality, opportunity, and social integration for disable population.

Based on assessment process, it was found that:

1. Mostly, disable people in Nias are not accepted by their family
2. In general, many disable people in Nias are found in poor family
3. Disability is caused by the insufficient health service and insufficient nutrition during pregnancy time and during baby-age
4. Government does not concern to disable issues
5. Very few disable people who attend public school
6. Low accessibility for disable
7. There is no local regulation in the subject of difable
8. There is no difable organization in Nias

Given the above situation, Kesusteran ALMA and CKS attempted to address the above problem by developing the project of CBR. The goal of the project is children and adults with disabilities are able to participate in community independently. The specific objectives of the project are as followed:

· Specific Objective 1 : Accompaniment quality and quantity improvement for 116 CBR disables (Staff Capacity Building)
· Specific Objective 2: Disables family vulnerability reduction on livelihood and foodsustainability
· Specific Objective 3: Disables capability improvement
· Specific Objective 4: Existed networking who involves and supports CBR activity

This collaborative project started from January 2012 until July 2014. The project targeted 116 difable persons which spread out in the villages on Nias Island.

2. PURPOSE AND OBJECTIVE OF FINAL PROJECT EVALUATION

The main purpose of the final project evaluation is to examine whether the project is in track to reach its intended objectives, finding out gaps if any, draw lessons, suggest recommendation for better implementation. The specific objectives are:

· To evaluate the relevance of project intervention in term of community needs and local culture.
· To examine the implementation standard in terms of quantity, quality, target and achievement.
· To examine the effectiveness of strategy applied in terms of applicability and generation of intended effects.
· To see the efficiency in relation to input provided and output created; in term of project management and partnership with parishes.
· To see the impact that the project has created so far
· To examine sustainability potential.

3. METHODOLOGY

Simultaneity of review and learning: The fundamental approach of final evaluation of the project should be participatory in nature by which staff of the project team and other programs of CKS have continuous learning. However, the neutrality and objectivity of the final-study will be controlled by the external evaluator.

Development of design: Grounded on the objectives, the evaluation should proceed based on clearly defined framework, tools and data gathering/ generation tools.

Sampling: For the selection of sample, both purposive and random method can be applied. At the level of community, among 116 families of targeted disable population covered by the project,30% should be included as representative samples that can be selected random basis. Considering the availability, communication feasibility and time limit, purposive selection methodology may be applied to select other stakeholders included project staff, and parish priests

Data generation and gathering: In data generation and gathering, the evaluator will conduct an extensive review of documents. Data gathering/ generation tools should be developed and decided by the evaluator which may include:

· Key Informant Interview
· Informal discussions and dialogue with community members
· Focused Group Discussion (FGD)
· PRA sessions with existing group
· And direct observation of work samples and outcome

Data consolidation, analysis & findings development: The evaluator will consolidate data and develop finding base on evaluation objectives stated earlier.

Feedback generation, validation and articulation: An intermediary presentation of primary findings should be done in which the project team and senior management staff will participate.

Preparation and Submission of Evaluation Report

The evaluation will submit a draft report to the CKS management before finalization of the report. The report should include both quantitative and qualitative information include following structure.

1. Cover page (1 page)
2. Abbreviation (1 page)
3. Acknowledgement (1 page)
4. Executive summary (1-2 pages)
5. List of content (1 page)
6. List of figures (1 page)
7. Introduction: (1-2 pages)
8. Project setting (1-2 pages)
9. Evaluation objective (1 page)
10. Evaluation methodology (1 page)
11. Evaluation findings (max 20 pages)

a. Relevance
b. Implementation standard
c. Effectiveness of input delivered
d. Efficiency
e. Impacts
f. Sustainability

12. Recommendation (1-2 pages)
13. Evaluator's biography

Annexes

4. DELIVERABLES

The evaluator will deliver following concrete outcome to CKS

1. Evaluation framework including data instruments
2. A draft report
3. A power point presentation of main findings
4. An electronic copy of final report
5. Hard copy of final report (the acknowledgement is signed by evaluator)

5. TIME SCHEDULE

The evaluator is expected to maintain following time schedule:

1. The selected evaluator should submit the evaluation framework and data tools by 18 June 2014
2. Project document consolidation and study on 19-28 June 2014
3. Conduct data generation field activities on 30 June – 4 July 2014
4. Sharing of mayor finding with project team and CKS management on 5 July 2014
5. Submission of draft report on 14 July , 2014
6. CKS team provide input on the draft report on 15-16 July 2014
7. The evaluator submit the final report by 17 July, 2014

6. PROFILE AND QUALIFICATIONS

- Highly required: Experience and understanding on Community Based Rehabilitation (CBR)project
- Highly required: Good understanding on disability issue
- Highly required: Understanding on working within a Catholic Church context
- Highly required: Experience at grass root community empowerment and development
- Highly required: Experience of evaluation with quantitative and participatory methods.
- Highly required: Willingness to work in an isolated environment with very basic living conditions, field visits will include travelling by motorbike and hiking in Nias villages

7. PROPOSAL SUBMISSION

For both independent and organizations who are interested please submit:

1. The external evaluation proposal

2. Organization/ independent profile

8.5 QUESTIONER GUIDELINES

EVALUATION GUIDELINES

TYPE : GROUP INTERVIEW KODE :
RESPONDEN : CBR STAFF, ALMA
TIME :
PLACE :
DURATION : 90 MINUTES

ASPECT	QUESTION	REMARK
PRA PROJECT	How did the baseline study has been conducted? Who is involved?	
	How did the project proposal has been written? Who is involved?	
PROJECT	Who is taking out this project?	
	Management strategy (staffing, etc)	
	Challenges and obstacle faced?	
	Solution taking out?	
ACHIEVE-MENT	How successful the quality of mentoring has been increased?	
	Tell me about the vulnerability of PWDs in terms of livelihood and food resilience nowadays?	
	What kind of accessibility obstacle that faced by PWDs?	
	How did CBR-CKS mapping the network? Who are they and what they role?	
PASCA	Which part is still needs to be increase in order to general objectives?	

TYPE : GROUP INTERVIEW KODE :
RESPONDEN : CBR STAFF (FACILITATORS)
TIME :
PLACE :
DURATION : 90 MINUTES

ASPECT	QUESTION	REMARK
RELEVANT	Correlation between the training topic and your jobdesc?	
	How is the training, what is your opinion?	
	Are there any treining topics tha you needed?	
EFECTIFENESS	What is the most impressive in following the training. And what can you remember?(see listen, learn)	
	What training is applied in order to encourage difabel to participate?	
	What are you doing whe visiting the PWDs?	
EFFICIENT	Are you understand the training method?	
	Do you have any input on the training topic?	
SUSTAINABILITY	What is your preparedness when this project is over?	
	It is possible if you continued your work without the financial support?	
	How you prepare it?	
	What is the hope and the greatest obstacle faced?	
	What it still needs to attain or planned for a long-term program?	
IMPACT	The things that should be plane in order to achieve general objectives?	
	The project is aimed to increase the participation of disabled persons in their community, what do you think now? (their conditions)	

TYPE : GROUP INTERVIEW KODE :
RESPONDEN : COALISION PARTNERS
TIME :
PLACE :
DURATION : 60 MINUTES

ASPECT	QUESTION	REMARK
RELEVANT	Who is CP?	
	Being, Doing, Relating?	
EFEKTIVITAS	Meeting method?	
	Information distribution?	
EFISIENSI	Meeting frequent?	
	Meeting agenda?	
	Follow up plan mechanism?	
KELESTARIAN	Meeting support (who is the donor)?	
DAMPAK	In your opinion, how is the condition of PWDs after the influence of CBR project?	
	In your opinion, how long di CBR will meet their general objective?	

TYPE : GROUP INTERVIEW KODE :
RESPONDEN : CARITAS CENTER
TIME :
PLACE :
DURATION : 90 MINUTES

ASPECT	QUESTION	REMARK
RELEVANSI	Being, Doing, Relating?	
EFFECTIVENESS		
EFFICIENT	Meeting frequent?	
	Meeting agenda?	
	Follow up plan mechanism?	
SUSTAINABILITY	Meeting support (who is the donor)?	
IMPACT	In your opinion, how is the condition of PWDs after the influence of CBR project?	
	In your opinion, how long di CBR will meet their general objective?	

TYPE : INDIVIDUAL INTERVIEW KODE :
RESPONDEN : PWDs (Home Visit)
TIME :
PLACE :
DURATION : 60 MINUTES

ASPECT	QUESTION	REMARK
RELEVANT	How do you think on this home visit activities?	
	What is actually you need on that activities?	
EFFECTIVENESS	What is your felling accompanied by cbr project?	
	The most significant changes?	
EFFICIENT	Hoe often the project visiting your home? What did they do?	
	How many time in each visit?	
SUSTAINABILITY	Did you ever calling the facilitator out of the office work?	
	How often?	
	What is your preparedness when this project is over?	

TYPE : INDIVIDUAL INTERVIEW KODE :
RESPONDEN : PWDs (Livelihood)
TIME :
PLACE :
DURATION : 60 MINUTES

ASPECT	QUESTION	REMARK
RELEVANT	How did the economic activities helps your family?	
	What is your economic activities before the project?	
EFFECTIVENESS	What kind of activity gived? Are your financial increased after the project intervention?	
	Are the vocational training helps you to understand your new economic activities?	
EFFISIENT	Is there any another support beside the treining? Is there any revolving fund?	
	Did the economic group has impact to your livelihood activities?	
SUSTAINABILITY	Whre did you sell the vegetables?	
	The role of economic group?	
	What is your preparedness when this project is over?	

TYPE : INDIVIDUAL INTERVIEW KODE :
RESPONDEN : PWDs (Assistive devices and accessibility)
TIME :
PLACE :
DURATION : 60 MINUTES

ASPECT	QUESTION	REMARK
RELEVANT	Why you need the device? (Observation)	
	Who did recommend you to get the device?	
EFFECTIVENESS	What you can do more after get the device?	
EFFICIENT	In your opinion, did the device are fit with your condition?	
	How often you wearing/ used the device?	
SUSTAINABILITY	Where do you fix it, when it broken?	

TYPE : INDIVIDUAL INTERVIEW KODE :
RESPONDEN : PARISH AND GOVERNMENT INSTITUTION
TIME :
PLACE :
DURATION : 60 MINUTES

ASPECT	QUESTION	REMARK
RELEVANT	How does the situation of PWDs in your area?	
	Are the CBR project answer the needs of PWDs?	
EFFECTIVE-NESS	Are the project have contribution in PWDs self-support? If "yes" Whould you explain your opinion?	
EFFICIENCY	How effective the project manage-ment?	
	Please explain your opinion?	
SUSTAINABIL-ITY	Are the project involved your institu-tion in their activities? How often?	
	Are there any new policy in your in-stitution or your area related to PWDs empowering? How did it work?	
	Are there any community that help the PWDs voluntary?	
	Is there any updated PWDs database?	
IMPACT	In your opinion, how is the condition of PWDs after the influence of CBR proj-ect?	
	The things that should be plane in or-der to achieve general objectives?	
	In your opinion, how long di CBR will meet their general objective?	

TYPE : FGD KODE :

RESPONDEN : CBR STAFF, ALMA, FASILITATOR, CKS DIVISION
TIME :
PLACE :
DURATION : 90 Menit

No	Significant Activities	PLAN		REAL		% (target – result)	Lesson Learnt	Planned activities
		hasil	ukuran	hasil	ukuran			

- What is your activities suggestion to another team or division?

8.6 EVALUATOR BIOGRAPHY

CURRICULUM VITAE

Name : Angga Yanuar
Place/Date of Birth : Semarang, 30 January 1982
Address : Sengkan RT.06/59, Condongcatur, Depok, Sleman, DIY
Phone : 085640031997; 087808785282
Email : anggagn_done@yahoo.com

FUNCTIONAL SKILL

Trainer/Facilitator, Supervisor, Manager during 7 years-working experiences in local/ international NGOs and in a programmatic areas ranging from children, youth, disabilities, education, livelihood, and popular media advocacy.

EDUCATIONAL BACKGROUND

2011 - current **Master Degree Program (M.Sc)**. Faculty of Psychology, Majoring in industry and organizational psychology, Mercu Buana University. Yogyakarta.
1999-2004 **Bachelor Degree**. Faculty of Psychology, Soegijapranata Catholic University. Semarang.

EMPLOYMENT BAKGROUND

Nov 2013–May 2014 **Deputy Project Manager** on DPOs Strengthening Project, HANDICAP INTERNATIONAL

- Supervise, implement and monitor a project focused on organizational capacities development and promote access to legal and justice system

for Persons with Disabilities for 4 DPOs (Disabled Persons Organizations). The project value of IDR 420.000.000 for 6 months in NTB and NTT.
- Supervise 1 staff for implementing the project
- Strengthen network of DPOs-NGOs-CSOs and policy makers within the targeted areas.
- Coordinate all partners in implementing the project activities.
- Conduct participative project monitoring and evaluation

Aug 2007-Dec 2012 **Site Manager** on Community Based Rehabilitation (CBR) Project, KARITAS INDONESIA
- Supervise, manage and monitor a project value of Euro 210,000 for 5 years in Bantul, Yogyakarta.
- Building to Persons with disabilities and/or DPOs (Disabled Person Organizations) in Economic, Health, Education and Advocacy to communities, government and stakeholders. The project covers 9 sub-districts in Bantul, Yogyakarta.
- Support DPOs in building partnership and network with local NGOs, government and other civil society organizations.
- Supervise and mentor 12 staffs in Yogyakarta office.
- Build strong relationship with policy makers in targeted areas.

PART-TIME/FREELANCE

July 2014 **External Evaluator.** Caritas Keuskupan Sibolga
2005-Current **Trainer**. FireUp Training Provider. Yogyakarta **(Please visit: www.fireupyourteam.com)**
2013-Current **Teacher of character building**. Jogja Flight Aviation Academy. Yogyakarta
Aug 2012 **Research Assistant.** Center of tourism studies Gadjah Mada University, The study of Liveable City, Yogyakarta
June-Aug 2013 **Surveyor**. Handicap International, AusAID, The Asia Fondation DPOs Assessment Project, East Nusa Tenggara, West Nusa Tenggara, and South Sulawesi
Dec 11-Feb 12 **Research Assistant**. Disaster Recovery Institute Japan, The Study of Persons with Disabilities in Indonesia, Yogyakarta
2005-2006 **Research Assistant**. Public Health Doctoral Program University of Nijmegen, The Study of Safe Motherhood, Semarang, Ungaran, Pemalang

TRAINING/WORKSHOP FACILITATED

2013 **Strategic planning -** Disabled Motorcyclists Community. Yogyakarta
2012 **Business Motivation Training** - Bantul's Disabled Forum. Yogyakarta
2011 **Preparation of Village Regulation on Disabilities Workshop**, Bantul, Yogyakarta
2010 **Strategic planning** - Bantul's Disabled Forum. Yogyakarta
2010 **Bantul Local Regulation on Disabilities Drafting Workshop**. Yogyakarta
2009 **Project Cycle Management Training** of KARITAS INDONESIA, Yogyakarta
2009 **Community Based Rehabilitation Workshop** - Social Affair Department of Bantul. Yogyakarta
2008 **Achievement Motivation Training** of Bantul's Disabled Forum. Yogyakarta
2008 Field visit session on **International Asian CBR Workshop: *Common needs in Different Countries and Cultures***. CARITAS GERMANY. Yogyakarta

TRAINING/WORKSHOP PARTICIPATED

2014 **Drafting Workshop on law of persons with disabilities.** SIGAB, SAPDA, Ohana, KarinaKAS. Yogyakarta
2014 **Legal Literacy Training**. Handicap International and PUSHAM UII. Mataram
2013 **Local Planning and Budgeting**. Handicap International and IDEA. Yogyakarta

2012 **Legal Drafting Workshop**. UCP-RUK. Yogyakarta
2011 **Training of Trainer**. USC Satunama. Yogyakarta
2010 **Drafting Workshop of *Peraturan Kepala BNPB* on inclusive disaster preparedness.** Yogyakarta
2010 **Micro Finance (credit union) Training**. KOPDITBK3D. Yogyakarta
2009 **Strategic Planning Workshop**. KARINA KWI. Jakarta
2009 **Organizational Development**. KARITAS INDONESIA. Yogyakarta
2009 **Project Cycle Management Training**. KARINA KWI. Palembang
2008 **Water Rescue Training; River rescue**. KARITAS INDONESIA. Magelang
2007 **Community Development Workshop.** Suara Bhakti. Yogyakarta
2007 **Community Based Rehabilitation Workshop.** Christian Blind Mission and YAKKUM. Bali

INTEREST

Reading, Writing, Traveling, Automotive

REFERENCES

1. **Belly Lesmana** (Project Manager of Advocating for Changes, Handicap International Indonesia) Email: drpm@handicap-international-id.org Mobile: 0811935244
2. **Risnawati Utami** (Chairwoman of National Konsurtium of Persons With Disabilities) Email: risnautami@gmail.com Mobile: 081227289686
3. **Haris Munandar** (Project Manager of Community Based Rehabilitation, Karitas Indonesia) Email: munandar98@gmail.com Mobile: 081802695133

, TA

Name : Albertus Deby Setianto
Place & date of birth : Klaten, May 26th 1980
Address : Sengkan Raya, Jl Kaliurang KM7, Yogyakarta
Email : nietzcheiers@gmail.com

FORMAL EDUCATION

2006 Graduate from Faculty of Theology, Sanata Dharma University, Yogyakarta.

NON FORMAL EDUCATION

2014 Participatory Approach for Safe Shelter Awareness – Training for Facilitator
2011 Business Plan Training
2010 Remuneration Training
2009 Fund Raising Training
Disaster Risk Management Workshop
2008 Project Cycle Management Training
2008 SPHERE – Humanitarian Charter and Minimum Standard in Disaster Response Training
2007 Supervisory Training
2006 Building Work Commitment Training

WORK EXPERIENCE

2013 – July 2014
Organizational Development Manager of Caritas Indonesia Archdiocese of Semarang (KARINAKAS)

Key Responsibilities

-
- To establish and maintain good communication and coordination among the staffs based on the spirit of organization through regular meeting, events, motivational training.
- To develop communication and fund raising documents including: proposals to individuals, foundations, and corporations; fund-raising publications; communications materials, such as press releases, solicitation and acknowledgment letters.
- To manage any kind of information related to the institution and the programs (Disaster Risk Reduction, Disability Rehabilitation, and Community Economic Development) and provide recommendation to the line manager based on the information

2009- 2013
Communication and Fund Raising Manager of Caritas Indonesia Archdiocese of Semarang (KARINAKAS)
Located in Yogyakarta, KARINAKAS is faith-based organization that assists communities in three major issues, i.e disaster (Emergency Response and Disaster Risk Reduction program), disability (Community Based Rehabilitation program), and education – income generating (Development Program). The organization works in Archdiocese of Semarang area (half of Central Java and Special Region of Yogyakarta. Eventhough it is a Catholic organization, KARINAKAS serve its beneficiaries regardless their religion, ethnic, race, or political interest.

Key Responsibilities

- To establish and maintain good communication and coordination among the staffs based on the spirit of organization through regular meeting, events, motivational training.
- To identify, conduct, motivate, develop, and execute ideas and communication methods to make a sound network with the communities, NGOs, and parishes within the Archdioses of Semarang (Yogyakarta and Central Java Province) and other stakeholders.
- To conduct a communication system among the stakeholders and institution.
- To develop and execute fund raising strategy.
- To develop communication and fund raising documents including: proposals to individuals, foundations, and corporations; fund-raising publications; communications materials, such as press releases, solicitation and acknowledgment letters.
- To coordinate and manage the development and production of materials for the publication (bulletin, website [karinakas.org], social networking), fund raising activities (leaflet, flyer, merchandise), and advocating activities (banner, poster, materials).
- To provide review for every document that sent to other institution (letter, MoU, report, publication).
- To manage any kind of information related to the institution and the programs (Disaster Risk Reduction, Disability Rehabilitation, and Community Economic Development) and provide recommendation to the line manager based on the information.

2008 – 2009
Communication Officer of Caritas Indonesia Archdioses of Semarang (KARINAKAS)
Located in Yogyakarta, KARINAKAS is faith-based organization that assists communities in three major issues, i.e disaster (Emergency Response and Disaster Risk Reduction program), disability (Community Based Rehabilitation program), and education – income generating (Development Program). The organization works in Archdiocese of Semarang area (half of Central Java and Special Region of Yogyakarta. Eventhough it is a Catholic organization, KARINAKAS serve its beneficiaries regardless their religion, ethnic, race, or political interest.

Key Responsibilities

- To make plans, to execute, to monitor, and to control the Strategic Public Relation Program
- To provide an executive summary regarding the institution activities to the line manager and institution partner.
- To conduct and develop methods and promotion, campaign, and advocating tools efficiently.

- To prepare press release material on every important event
- To conduct effective strategy and communication tool in emergency response.
- To disseminate regular information related to the organization activities through printed and online media.

-

2006 - 2008
Public Relations Officer at Veloxxe Consulting, Jakarta
A company that serves public relation consulting to organizations, companies, or government office. Its work mainly in finding, planning, and providing advantage issues for the client in order to get mass media attention.

Job Responsibilities:

- To make better relation with the clients and the third parties
- To make plans, to execute, to monitor, and to control the Strategic Public Relation Programs
- To monitor daily, weekly, monthly mass media reporting related to the clients programs from more than 30 mass media (printing, audio, video audio)
- To draw conclusions from media reporting related to the clients cases
- To provide a report to the manager and also the clients
- To prepare and manage press conference, including media invitation and media gathering
- To prepare and manage press release related to the cases and the point of view
- To manage media visitations to all mass media, printed and electronics
- To manage the third parties related to the programs
- To provide official and non official properties supporting event
- To keep a record related to the event occurred

-

2006
Account Administrator at PT Seruni Sahabat Serumpun Trading Division, Jakarta
A small company that distributed consumer goods. In cooperation with the principal distributor, this company was working with group of salesmen in Tangerang areas.

Job Responsibilities:

- To keep a record every in and out sales
- To be in charge of weekly, and monthly in and out sales accounting
- To provide report to superior daily and monthly in and out sales accounting
- To lead and develop subordinates.
- To prepare supporting sales budget.
- To build profitable business in partnership with salesmen

-