

# Perhimpunan Mandiri Kusta Indonesia (PerMaTa Indonesia)

Responsible Person: Binti Khofifah

# 1 Leprosy Issues in Indonesia (PerMaTa Members Perspective)

Methodology Cross-sectional study with purposive sampling and data collecting method Method 1 - questionnaire: targeted willing individuals to interview with informed written consent and diagnosed 2020 - 2025. Facilitated by PerMaTa member and 5 enumerator PerMaTa members. Enumerators used a-form to send the data.

Method 2 - In-depth Interview: conducted with respondent from survey. The tools used question structured. Online Focus Group Discussion: four online FGDs conducted at province and one online FGDs at district level, organized by area, gender, and age.



# 2 Result – Physical and Mental Health Rights Findings)

#### Health Care Access: Still Out of Reach for Many Persons Affected

- Health Care Access: Still Out of Heach for Many Persons Affect 8% had sigma and discrimination from health worker 93.3% didn't receive timely intensive medical attention treatment when reaction 9.3% reaction mortality, according FDG total of mortality 17 persons (the highest numbers in Sulawesi Selatan) 8 Some peoples un-reaction because they have strategies: Mitigation of reaction trigger (example avoid of stress, anxiety and depression) Keep health lifestyle Using vitamin boosters Regularly checking to health care 675% neerfe intensive care for reaction cases
- 67% needs intensive care for reaction cases
- Barriers Remind High

# 81.3% face obstacles in accessing essential medicines like MDT due chain management system failure, due to cost

Тур	e of M	ental Health Disorder – Tim	ne Happe	en – Cour	selling Sen	/ices
Counselling			Mental Health Disorder			Total
			Stress	Anxiety	Depression	Iotai
Yes	Time	1-6months MDT treatment	7	21	1	29
		7-12 months MDT treatment	4	4	0	8
		When leprosy reaction	9	7	2	18
	Total		20	32	3	55
No	Time	1-6months MDT treatment	2	7	2	11
		7-12 months MDT treatment	2	0	0	2
		When leprosy reaction	5	1	0	6
	Total		9	8	2	20
Total	Time	1-6months MDT treatment	9	29	3	41
		7-12 months MDT treatment	6	4	0	10
		When leprosy reaction	14	8	2	24
	Total		29	40	5	74



#### Mental Health 98.7% had mental health disorder

- 54.1% reported anxiety because isolated, stigma and discrimination from health worker and their community
- 55% time of mental health disorder happened in early treatment (1 6 months MDT treatment)
- 27% received counselling or mental health support, both PHC and or peer counselling (PerMaTa)

Nealected The Livelihood & Empowerment

Nearly quarter (27.5%) respondent un-employment
30.4% loss the jobs, due medicine treatment, long treatment 61.3% reported un-received social assistance from government government 58.7% reported un-received social assistance from organization

84% had no access to training skill, both from government and or organization

Family-Social-Election Participation Inclusion ■ 88% just normal life (no felt must moving from home because leprosy)

93.3% reported no access to participation in the community 72% respondents didn't involve to decision making in the community

No afficiat to access or election participation
 Majority the family and leprosy organization given support, like spirit, money, attention, motivation and other
 "My family have been supporting motivation, and assisting to remind me take a medicine" (ASH)
 "Just spirit support, other support is meal from PerMaTa", (AA)
 "Field visited given motivation, and therapy to prevention of permanent disability", (ASH)

The Residence & Environment and

No difficult to access of election participation

78.7% had habitable of residence

Result reported that peer counselling more trusted than other counselling (according FGD)

### 3 Violations of Rights – Key Findings on Human Rights & Discrimination

## Lack of Educational and Skills

- Lack of Educational and Skills = 8% student had Hansen's disease got stigma and discrimination on educational institution from their friend "My friend always made distance with me, sometimes 1 never haven't been invited to playing together, I never haven't been invited to group study", (F, 2025) They hence't accistone when they load target and
- They haven't assistance when they had stigma and discrimination

# **Challenged on Stigma Remains**

- 21.3% had social exclusion
- 10.7% faced stigma in community, institutions (government and other), and environment 84% respondents know how to report a violations
- Almost 100% make a report to health worker



# 4 Lessons and Problem Solving

# Lessons for Stakeholder in All The World - Persistent Gaps

- No integrated on leprosy services with other services and over-reliance on NGOs
   Misdiagnosis and poor caring continue due to lack of trained and skilled health worke
- Limitation of meaningful participation of persons affected by Hansen's disease (partial participation)
- Stigma and discrimination persist in the community, health facilities, and schools
- Legal protections implementation just symbolic and in-effective
- Less mental health care and the capacity of persons affected by Hansen's disease to give counselling, where peer counselling more trusted
- Poor awareness among affected individuals on the rights, leprosy and the importance of participation Increasing of education, skills, empowerment, and livelihood unevenly
- **Priorities Action**

- Fully integrated leprosy services into public services at all level: reliable essential medicine and MDT supply, ulcer and reaction intensive care, social assistance, accessibility
- Empower Health Workforce: any detection and diagnose ability, care (MDT and reaction treatment), referral, ability to partnership with persons affected Free Stigma Mental Health Response: developing professional peer counselling team, awareness raising in the village level, open dialogue to develop inclusive society
- Participatory and Rights-Base Approach: ensure meaningful participation at all level, call center for violations, train officials in the rights laws
- Inclusive Social Economic Rehabilitation: business loan, additional of vocational training, inclusive and equal job access especially for youth and women Empower Leadership Among Persons Affected by Hansen's Disease: develop self-organization, abilities to mobilize of community, peer advocacy



### **5** Organization Needs Assessment

# Methods

SWOT analysis approach and online FGD with management of PerMaTa from 5 provinces to collecting data

#### Participant: 14 persons

- 1 trustee of PerMaTa Indonesia
- 1 persons PerMaTa of Jawa Barat
- 2 persons PerMaTa of Jawa Timur
- 2 persons PerMaTa of Maluku
- 4 peoples PerMaTa of NTT
- 3 peoples PerMaTa of Sulawesi Selatan
- 1 person of facilitator



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#### 6 Gaps & Opportunities for Development and Sustainable Growth

#### Key Gaps

Policy Changes; budget efficiency and elimination process effected leprosy program in the future

Un-Sustainable Financial Support; project base, limited of donor

Minimum on Partnership, for collaboration or and to build networks

No Full-Time Staff, to management support

Poor Visibility, due no periodically coordination No Independent Office, base on donor support

#### Strategic Opportunities

Strong ownership members base: over 750 members, potential to build local management and leadership, potential to mobilize peer advocacy Trusted donor and partner: strong base to grow up

Organization involved on many issu opportunity to get lesson learnt

National and Global Policy: inclusive program, grassroots credibility to contribute in national and global efforts for achieve zero leprosy, SDGs

Global Stage: opportunity to share lessons, build partnership, awareness raising in the global level, meaningful participation

**Community Development Role:** can grow role model in the community to development leader

Organization Legality: increasing trusted

# 7 Capacity Building Programs Recommendation

#### PerMata Capacity Building Priorities

- Build Human Resources; develop a full-time professional team defined roles, enabler peer learning, activate membership through structured outreach, open new branch to reach added human resources with good capacity. 2.Strengthen Leadership and Governance;
- train members in PerMaTa management on Project Cycle Management (PCM), train in digital skills, effective communication, train members in community mobilize, organization strategic policy 3.To Enhance Financial Management; create fund-rising team and sustainability fund planning, increasing donor partnerships, financial incentive for PerMaTa management, financial support for legality of PerMaTa
- Foster External Linkages; build inter-organizational collaboration, study banding, inter-organization gathering
- 5.MEAL System; develop MEAL team, capacity building to learn MEAL system so impact and outcome measurable where a long-term base
- 6.Promote Formal Education; support formal educational scholarship
- MEAL system so impact and outcome measurable where a long-term(both national and international scholarship) and vocational training especially for organizational technically base
- 7.Improve Capacity and Visibility: to enhance skills social media communication, journalistic skill, video documentation skills, content and book writer training, story telling

# 8 Wishlist Before Next ILC

- Remembering about to fulfil a recommendation of GF 1 and GF 2
- Theme next ILC and GF:
- "Women and Child Affected by Hansen's Disease Friendly Health Serv based on GEDSI (Gender, Equality, Disability and Social Inclusion)"
- "Persons Affected by Hansen's Disease Involved on Climate Changes and Food Security World Program"

"Leprosy Organizations become grant-ready and financially sustainable

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# No MEAL System, un-know long-term outcome so difficult to ensure exactly strategic

Human Resources; lack of professional human resources to develop of organization. Lack of Key Management; in planning, implementing, reporting, evaluating digital tools (Information Technology) and financial skills. Educational Gaps; limit members technical capacity