



2021-2022  
**MOST  
SIGNIFICANT  
CHANGE STORIES**  
Pulih Bersama Program



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# PREFACE

In early 2020, the world began to recognize acute respiratory disease (SARS) caused by the Corona Virus (COVID-19). Discovered for the first time in 2019, Covid-19 spreads so quickly that it has spread to more than 120 countries, including Indonesia. Apart from spreading quickly, the Corona Virus carries a high risk of death, brings people into a frightening chaos situation covering the socio-economic, political, cultural and public health sectors.

In Indonesia, the first case of Covid-19 appeared in March 2020. And until November 2022, there were 6.53 million cases recorded with a death rate of 159 thousand people. The Corona-19 virus is forcing people around the world to change and adapt to new things such as the obligation to keep their distance, prohibit crowds, the obligation to wear masks, wash hands with soap, wear gloves, cough protocols and carry out a Covid-19 test (rapid or PCR) if experiencing symptoms of fever, flu, cough and headache.

During COVID-19, Indonesia experienced serious disruptions to all sectors of life, including the national health system. Patients are overflowing, hospitals are overwhelmed, medical personnel are exhausted, coupled with the high need for medicines, oxygen and independent isolation places. The health crisis also occurred in 23 IPPA Clinics in various regions. A number of IPPA medical staff, staff families and assisted communities, were infected with Covid-19. Several PKBI staff and volunteers died during the pandemic.



In a precarious and difficult situation, IPPA received the support of the Pulih Bersama as guardian intervention, a short 12-month project (October 2021 to October 2022). The helper is named DFAT alias Department of Foreign Affairs and Trade (DFAT) of the Australian government collaborating with IPPF as IPPA's chief organization. Pulih Bersama Program is designed to help the emergency needs of residents and PKBI clinic staff amid the Covid19 pandemic. Various needs ranging from N95 masks, hazmat suits, gloves, antigen test kits, thermometers, oxygen cylinders, medicines, and other medical equipment and medical devices.



Pulih Bersama Program focuses on 10 regions, namely DKI Jakarta, West Java, Central Java, East Java, DI Yogyakarta, East Nusa Tenggara, Riau, Central Kalimantan, South Kalimantan, East Kalimantan. All of these are areas with the largest population, including citizens with disabilities and marginalized people who find it difficult to get health services. Included in the Recover Together package are antigen test and vaccination services for residents who do not have identity cards (KTP), residents with special needs and indigenous peoples in several IPPA assisted areas. This is where IPPA learns how to develop a reliable and affordable citizen health system. How can IPPA clinics become shelters for marginalized groups, provide mental health services, and set priorities and allocate resources to places with the least amount of services.

Within 1 year, the IPPA Recover Together program supported by DFAT/IPPF succeeded in reaching nearly 100 thousand (90,187 to be exact) beneficiary residents in 10 intervention areas. As of November 2022, there were 2,209 clients who had received the Covid-19 vaccine through a referral process, static and mobile services. Several types of vaccines available at IPPA include Sinopharm, Hepatitis B, anemia prevention packages, Covid-19 testing and tracing, as well as STI treatment for SGBV survivors. The Indonesian Family Planning Association (IPPA) is currently trying to revive 23 Health Clinics in various provinces. The short Recovery Together Program can be an additional vitamin menu for IPPA clinic services.

A small note from the Recovery Together program is how assistance can reach vulnerable groups broadly and effectively. IPPA chose the Sinopharm vaccine which is more accessible to vulnerable groups who do not have an identity card (KTP), where ID cards are a requirement for Indonesian citizens to get the vaccine. The Sinopharm vaccine has become the primary vaccine for the disabled community, indigenous groups, sex workers and refugees who have difficulty getting primary or booster vaccines.

The following is a brief profile of Sinopharm vaccine recipients: poor citizens (913), youth (619), elderly (215), indigenous people (186), refugees (58), disabled (42), female sex workers (42), farmers (36 ), PLHIV (9), and street children (6). After the Recovery Together (PB) flash-mob program was over, IPPA thanked the Pulih Bersama Program Manager and all team members from the Center to the regions, including citizen volunteers who were involved in PKBI's work providing health services during the Covid-19 pandemic crisis.

IPPA is also grateful for the support of DFAT and IPPF so that we are able to provide optimal services, especially for marginalized citizens, and those who are not/have not been served by the state.

**EKO MARYADI**

IPPA EXECUTIVE DIRECTOR



# ABOUT THE PROGRAM AND THE MOST SIGNIFICANT CHANGE TECHNIQUE



# EXECUTIVE SUMMARY

Pulih Bersama has intervened for 12 months in 10 provinces (DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Riau, East Nusa Tenggara, to reach PMSEU (poor marginalized social excluded and underserved) through outreach processes, raising awareness and provision of Covid-19 services both statically, mobile and teleconsulting.

Pulih Bersama has 120 community cadres who are trained and work in the field to continue to help vulnerable people access assistance and obtain the information they need. These community cadres are spread across 10 provinces which are the reach of the Pulih Bersama program.

To date, within 1 year, the Pulih Bersama program in PKBI has reached 90,817 beneficiaries in the outreach process and awareness raising process. To date, there are 2,209 clients who have received the Covid-19 vaccine through a referral process, static and mobile services. There are 8,258 rapid antigen services that have been distributed within one year and 12,205 beneficiaries who have received reproductive health services through Pulih Bersama.

During the implementation of the Recover Together program, Indonesia faced a very significant increase in cases, namely in February 2022 (end of Q2) when the Omicron variant entered Indonesia. After the peak of the Omicron variant has subsided, the community already has quite good resilience in dealing with Covid-19.



## EXECUTIVE SUMMARY

The community already understands how to self-isolate when they have symptoms and how to access the medicines they need. The Indonesian government through the Ministry of Health also provides access to telemedicine and delivery of medicines for those who are conducting independent isolation. Many laboratories that provide Covid-19 test services have also started to close.

Various community social activities are permitted without regulatory restrictions. This of course made the approach taken by Pulih Bersama require a lot of adjustments. All of the planned capacity increases will be carried out online, we will replace them with an offline training mechanism conducted in each region to strengthen the capacity of IPPA staff to support future RESPOND project activities.

During the implementation of Recovering Together, PKBI collaborated a lot with the transgender and disabled community in the process of administering vaccines. In addition, PKBI also builds partnerships with Recover Together partner organizations such as CRS, CWS and UNHCR to provide access to vaccines for refugees. In addition, with the support of Recover Together. We have many new services at the IPPA clinic, such as Covid-19 services, Hepatitis B vaccine, and medical care for SGBV survivors.

The services provided through Pulih Bersama support are very beneficial for vulnerable groups, such as Sinopharm vitamins and vaccine assistance packages which are very accessible for vulnerable groups who do not have identity cards.

Finishing the Pulih Bersama Program, IPPA conducted a program evaluation through a qualitative approach to capture stories of changes that occurred during and after the program completion. Therefore, the development of the stories both from cadres and staff as implementers and from beneficiaries as program recipients employs the Most Significant Change Technique. The technique is the basis for assessing significant change stories using the Theory of Change to explore the criteria for significant change based on the activities, outputs, and program outcomes. In preparing the best stories to deliver, the technique determines the domain of change, method and time of interview, and the verification of stories. Through the Most Significant Change Stories Technique, the report expects to have captured, documented, and published the most significant intended and unintended changes from both the implementers and beneficiaries.

# PROGRAM INTRODUCTION



## Background

The Indonesian Family Planning Association (IPPA) has been directly affected by the pandemic since 2020. IPPA has coverage in 25 provinces and has 23 clinics in Indonesia, has recorded numerous cases of Covid-19 cases among volunteers, staff, administrators and family members. With various obstacles and restrictions on social activities, the Covid-19 pandemic has affected IPPA's capacity to provide sexual and reproductive health (SRH) services to vulnerable and at-risk communities.

In response to the ongoing Covid-19 crisis in Indonesia, IPPF – together with PKBI – intervened for 12 months under the DFAT-funded RESPOND program. The aim of the initiative, entitled Recovering Together, is to roll out complementary activities to reach more beneficiaries. The core objective of this initiative is to support vulnerable and marginalized people (including pregnant women, survivors of gender-based sexual violence, PLHIV, LGBTIQ, elderly people, people living with disabilities, and undocumented migrants) who are directly affected by Covid-19, by providing access to health services and SRH. Recovery Assistance and Support has been distributed to 10 provinces in Indonesia.



## Objective

- 01 Increasing public awareness of Covid-19 vaccination, as well as increasing attitudes to comply with health protocols and implementing public health practices.
- 02 Increasing access to health services related to Covid-19 for marginalized and vulnerable groups.
- 03 Providing Sexual and Reproductive Health services for marginalized and vulnerable groups affected by Covid-19, including support for pregnant women with pregnancy checks and prevention of anemia in young girls.



# MOST SIGNIFICANT CHANGE

## TECHNIQUE INTRODUCTION

In developing the stories of changes, there are two frameworks of thinking to understand. Approach through the Theory of Change and the steps carried out using the Most Significant Change (MSC) technique. The theory of change acts as the initial basis for determining the intended outcome. In addition to the expected achievement, the storytelling of changes also needs to capture the unintended impacts. These changes could be captured through early exploration with the internal staff running the program as the first step of the MSC technique by defining the domain of change, which was then explored further in the following steps.

### A. Theory of Change Approach

Program Theory is the configuration of stakeholders' descriptive and prescriptive assumptions that help explain how a program should be designed and implemented to address a social problem (Chen, 1990, 2005). Descriptive assumptions (i.e., change model) concern casual processes to tackle a social problem. Prescriptive assumptions (i.e., action model) of program theory inform a program's design decisions and address the operational aspects of the delivery of the program.

*Figure 1 Theory of Change for Developing MSC (Most Significant Change)*



## INTRODUCTION TO MOST SIGNIFICANT CHANGE TECHNIQUE

A theory-based approach will be applied in the evaluation by:

- 01 Emphasizing the importance of context in affecting Pulih Bersama program's result,
- 02 Searching out the explanations and reasons for results of activities,
- 03 Testing and validating the indicative program theory, and
- 04 Generating 'predictive statements' (e.g., Logical framework or theory of change) at final analysis level (synthesis).

It is subsequently can contribute to providing recommendations and conclusions for future programming concerning on the vulnerable groups.

### B. Most Significant Change (MSC) Technique

In the context of this evaluation study that aim to provide several most changing stories of the Recovery Together program, the step from the Most Significant Change (MSC) Technique will guide the study. The Most Significant Change (MSC) Technique is a form of participatory monitoring and evaluation (M&E) developed by Rick Davies.

*Figure 2. The Most Significant Change (MSC) Steps and Data Collection Methodology*



In the development of change stories, The Most Significant Change (MSC) steps from Intrac Organization to guide the study to detect and establish the domain, determine the right stakeholder to be targeted in the interview, select the most changing stories starting from defining the criteria until the review. It is a participatory technique that will rely on engaging many stakeholders in discussing, analysing, and recording the change.



## INTRODUCTION TO MOST SIGNIFICANT CHANGE TECHNIQUE

Table 1. The Step of Most Significant Change (MSC) and The Key Questions

No	The MSC Step	Study Context	Stakeholder/s
1	Define domains of change	Discussion with stakeholders establishing the domain of change that will be evaluated and as the key question to the interviewee. The domain of change consist list of potential changes occurs in the program implementation.	<ul style="list-style-type: none"> <li>• Program Manager</li> <li>• Meal Officer</li> <li>• Representative of IPPA and Cadres in the regional level (East Kalimantan and East Nusa Tenggara)</li> </ul>
2	Decide how and when to collect stories	Discussion about the data collection method in order to gather many stories from field by targeting the right interviewee. In this section, the discussion is including the stories' selection process. Our consultant team aim to focus the stories for the five provinces.	<ul style="list-style-type: none"> <li>• Program Manager</li> <li>• Meal Officer</li> <li>• Representative of IPPA and Cadres in the regional level (East Kalimantan and East Nusa Tenggara)</li> </ul>
3	Collect significant change stories	Interview stage with stakeholders that directly involved in the program and the beneficiaries of the program. The stories should have covered both sides. The interview initiation will involve the IPPA staff, cadres in the provincial level, and the beneficiaries. To verify the changes, it is suggested to interview beneficiaries of the program.	<ul style="list-style-type: none"> <li>• IPPA Staff and Cadres</li> <li>• Beneficiaries (vulnerable groups)</li> </ul>
4	Select the most significant change stories	Reading and discussion session with stakeholders in order to select the most significant change stories.	During the development of most significant stories for Pulih Bersama Program, IPPA and consultant agreed to write all the collected stories of changes and did not select the story recorded in the step 3.
5	Verify the stories	Verify the selected stories to another stakeholders through interview and observation to the field.	<ul style="list-style-type: none"> <li>• Program Manager</li> <li>• Meal Officer</li> </ul>



# PROGRAM ACHIEVEMENT

*Pulih Bersama has intervened for 12 months in 10 Provinces (DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Riau, East Nusa Tenggara, Central Kalimantan, South Kalimantan and East Kalimantan) for reaching PMSEU (poor marginalized social excluded and underserved) through outreach processes, improvement of awareness and delivery of Covid-19 services both statically, mobile, and teleconsulting.*

# PULIH BERSAMA 2021-2022












 CLINIC  NON-CLINIC

## OUTCOME

- 1 IMPROVEMENT OF AWARENESS**
- 2 COVID-19 SERVICE**
- 3 SEXUAL AND REPRODUCTIVE HEALTH**

## ACTIVITIES

- 1**  **Radio Broadcast About Covid-19**
- 2**  **Rapid Antigen Test in IPPA Clinic**
- 2**  **Covid-19 Vaccination in IPPA Clinic**
- 2**  **PCR Test Referral**
- 2**  **Rapid Antigen Test Referral**
- 2**  **Isolation Room Service (West and Central Java)**
- 2**  **Cadres' Outreach**
- 3**  **SRH Service in IPPA Clinic**
- 3**  **SRH Referral**

## BENEFICIARIES

- 
- Pregnant Woman**
- 
- PLHA**
- 
- LGBTIQ**
- 
- Elderly**
- 
- PWD**
- 
- Immigrants**
- 
- Delinquent Juvenile**
- 
- SGBV Survivor**
- 
- Indigenous People**
- 
- Sex Worker**
- 
- Street Children**
- 
- Injecting Drug User**
- 
- Staff and volunteer**
- 
- Others: Teenager**
- 
- Others: Vulnerable Groups Family and Middle Low Income Family**

# AWARENESS IMPROVEMENT

1

Covid-19 Topics



61.269  
People Accessed

Covid-19 and SRHR Topics



4.108  
People Accessed

39  
Content  
15.805  
Outreach  
2.535 Like  
261 Share  
69 Comment  
123 Save

Covid-19 Topics

9  
Content  
3.039  
Outreach  
468 Like  
27 Berbagi  
4 Comment  
8 Save

Supporting Topics

6  
Content  
3.447  
Outreach  
1.347 Like  
74 Berbagi  
7 Comment  
7 Save



Reproductive Health Rights topics:

24  
Content  
9.319  
Outreach  
1.098 Like  
160 Berbagi  
58 Comment  
108 Save



## COVID-19 SERVICE

1.097



Covid-19 Vaccines Referral - Non Clinic

2.209



Covid-19 Vaccination - Clinic

125



PCR Referral - Non Clinic

739



Rapid Antigen Referral - Non Clinic

7.519



Rapid Antigen Test - Clinic

### Isolation Room Service (West and Central Java):



3  
People  
LGBTIQ

2  
People  
Teenager

39  
People  
Staff and Volunteer

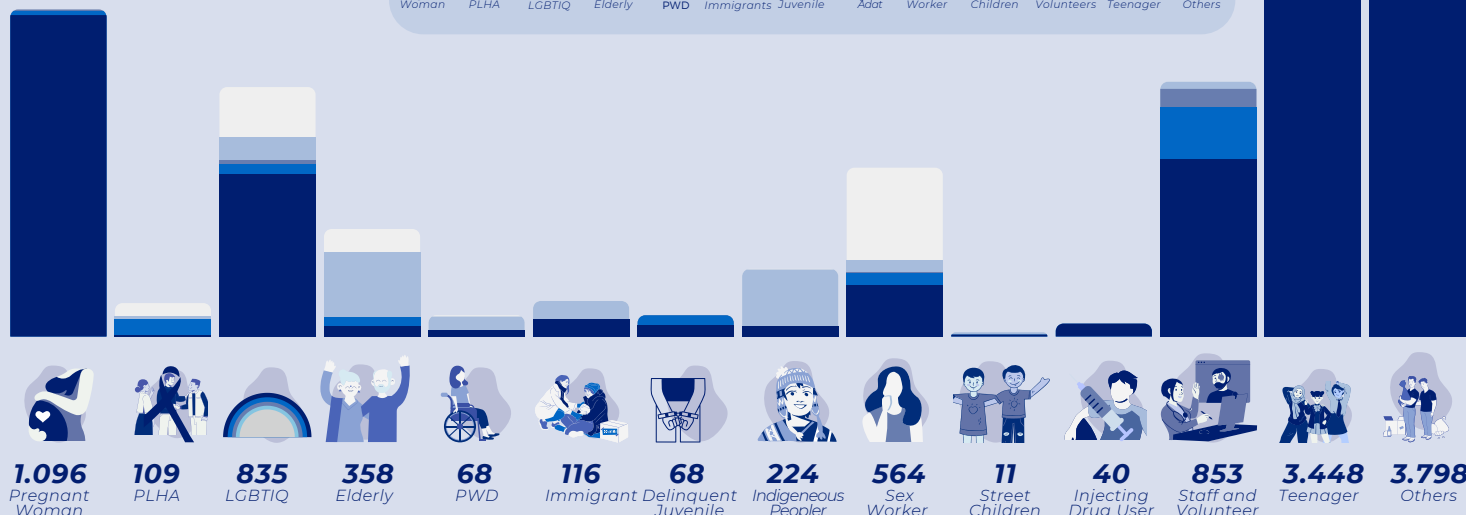
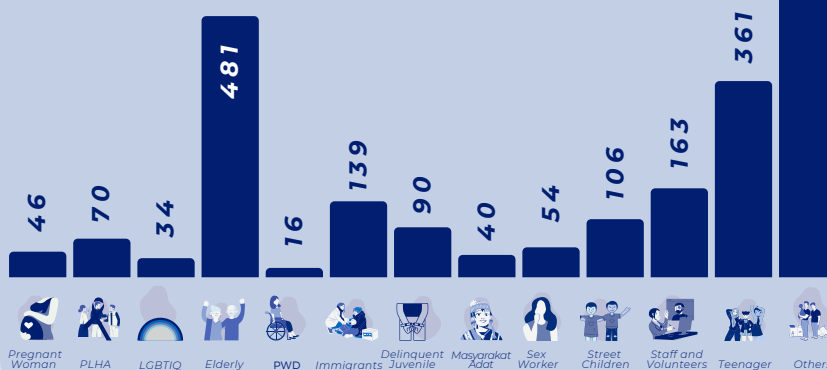
14  
People  
Others

### Supporting Aid:

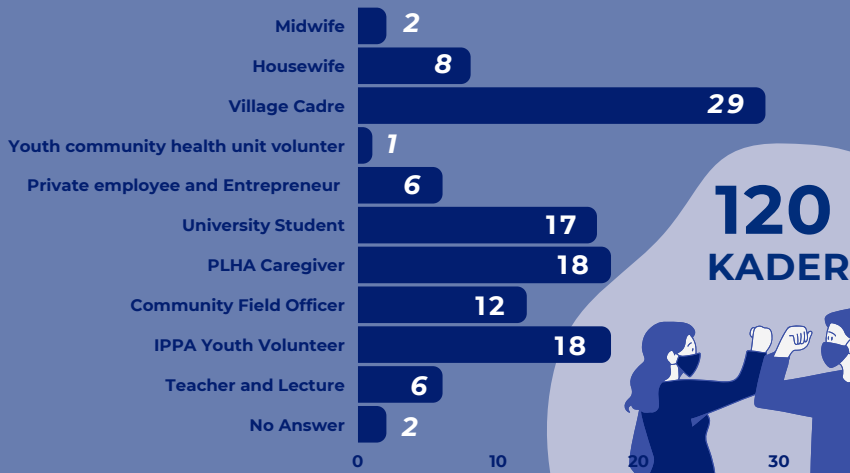
Vitamin and Generic Medicine  
Biscuit

Masker  
Hand Sanitizer

### Supporting Aid Receiver:

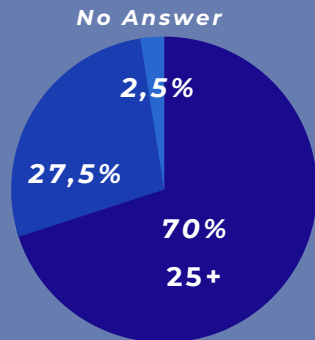


## CADRE BACKGROUND



## AGE

0-24



120  
KADER

8 Cadres are Single Parents

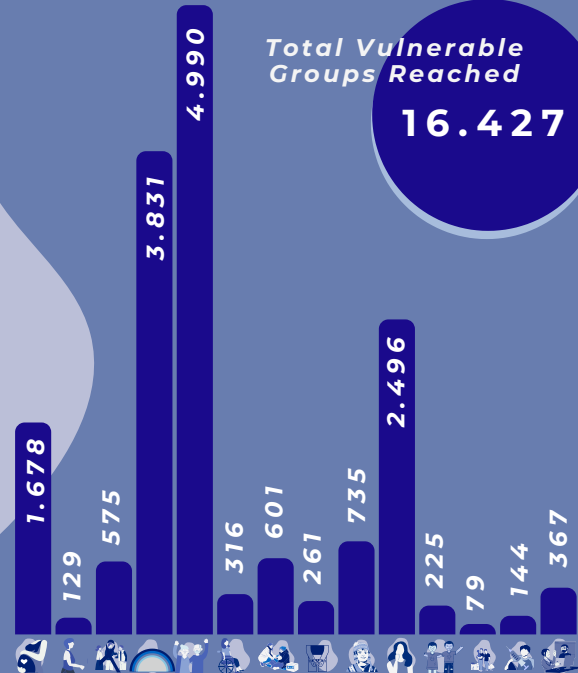
## PULIH BERSAMA CADRES' OUTREACH

2

90.087 PEOPLE REACHED THROUGH OUTREACH

Total Vulnerable Groups Reached

16.427



3

## SRH SERVICES

(Sexual and Reproductive Health)

### SRH REFERRAL SERVICE



Contraceptive Services



General Reproductive Counseling



Examination of Baby and Pregnant Woman



VCT Test



Anaemia Test



HIV AIDS



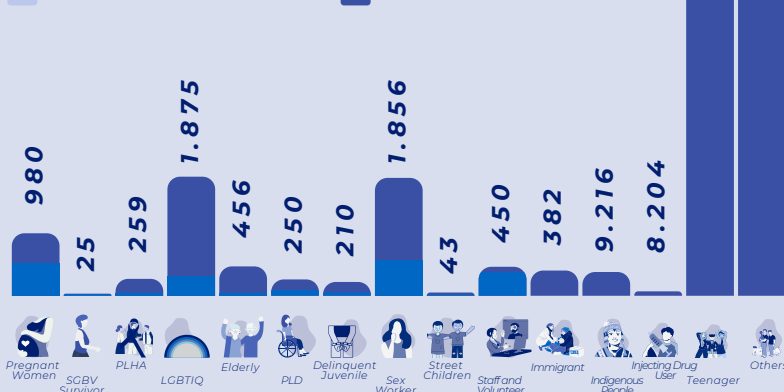
Menstrual Cycle Counseling



sexually transmitted infection

### SRH DELIVERY AND REFFERAL

Delivered - Clinic Referral - Non Clinic



### ANAEMIA AID DISTRIBUTION



565



1.846



2.769

### ANAEMIA TEST

JAKARTA



9-10/22

Anaemia Test 235

HB<12 167



all age

WEST JAVA



10/22

Anaemia Test 642

HB<12 39



0-24 y.o

SOUTH KALIMANTAN



9-10/22

Anaemia Test 75

HB<12 22



all age

Created by Ary Prasetyo from the Noun Project





# MOST SIGNIFICANT STORIES

# MOST SIGNIFICANT CHANGE STORIES

LIST OF SIGNIFICANT CHANGE STORIES BASED ON  
THE DOMAIN OF CHANGE:

01

TEACHER - THE BRIDGE  
THAT CONNECTS THE  
INDIGENOUS PEOPLE  
WITH THE WORLD

02

KNITTING, AN ELDERLY-  
FRIENDLY ACTIVITY TO  
DISPEL THE FEELING OF  
LONELINESS

03

SNOWBALL EFFECT:  
FROM COVID-19  
SERVICES TO MENTAL  
HEALTH AID

04

DOOR TO DOOR  
APPROACH BROUGHT  
MR. JELANI'S FAMILY TO  
PULIH BERSAMA  
PROGRAM

05

VACCINATION  
PROGRAM FOR  
REFUGEES:  
BECAUSE THEY ALSO  
HAVE THE RIGHTS

06

KISAH TRANSPUAN  
MENUJU KESETARAAN

07

LISTENING TO THE VOICE  
OF THE DEAF  
COMMUNITY

08

OPENING THE COVID-19  
VACCINE ACCESS FOR  
THE TRANSWOMEN  
COMMUNITY

09

FOR US, BEING ACTIVELY  
ENGAGED DOES NOT  
NEED A SPECIAL  
REASON

10

HOUSEWIVES, OFTEN  
THE UNDERESTIMATED  
FIGURE, BUT STILL HAVE  
A MASSIVE IMPACT

11

THE BEGINNING OF THE  
CONCERNS:  
I DO NOT WANT OTHERS  
TO EXPERIENCE WHAT I  
HAVE BEEN THROUGH

12

EXPANDING THE  
INSIGHTS AND  
PERSPECTIVES OF PKBI'S  
YOUTH VOLUNTEER

13

TRANS WOMAN CADRE:  
PROUD BECAUSE OF  
THEIR VALUE

14

THE SIGNIFICANT ROLE  
OF A FOSTER MOTHER  
FOR STREET CHILDREN  
FOR YEARS

15

SERVING THE  
UNDERSERVED



01

# TEACHER - THE BRIDGE THAT CONNECTS THE INDIGENOUS PEOPLE WITH THE WORLD

FROM:  
BENEFICIARY  
SYLVIA  
EAST KALIMANTAN

”

*I feel confident because  
I have been vaccinated,  
so I can carry out my  
activities as usual*

Mrs. Sylvia was feeling happy and at ease. As one of the frontliners in Covid-19 pandemic, Mrs. Sylvia who teaches in one of the state high schools in Samarinda, fully knows the importance of vaccination and health protocol in daily life. The arrival of the Indonesian Planned Parenthood Association (IPPA) is very helpful for her and fellow indigenous people in obtaining Covid-19 vaccines. Before that, Mrs. Sylvia and other indigenous people who were part of Bubuhan Forum of Bornean Community found it difficult to access the Covid-19 vaccination. The information circulating among the indigenous people at that time, for them to get vaccinated, they were required to pay some amount that was not cheap for them. However, IPPA through Pulih

Bersama Program offered free Covid-19 vaccination as part of their services, and Mrs. Sylvia immediately took advantage of that.

In the implementation, IPPA not only provided Covid-19 vaccination services, but they also provided information about Covid-19 prevention and how to implement good and effective health protocols. For Mrs. Sylvia, this information was just as important as administering the Covid-19 vaccine. Before IPPA arrived, there were many indigenous people who did not know and even tended to be indifferent about health protocols. Other than that, there had not been any program on socializing health issues to the indigenous people from any organization. This caused the lack of knowledge and understanding among the indigenous people about health issues during the pandemic. After the information was given, Mrs. Sylvia noticed there has been a real change in behaviour. The indigenous people are starting to understand that basically, taking care of their health must start from themselves. Slowly but surely they started to implement the health protocols in their daily life, like wearing masks and the awareness to wash their hands. “We, the indigenous people, are aware of the importance in maintaining health protocols, because it is to protect ourselves and the surrounding,” Mrs. Sylvia said.

The slow and easy, not frontal, and prioritizing the familial principle approach from IPPA made the services and information provided by them easier to be accepted by the community. The usage of local language made the indigenous people to feel closer and more in agreement with what was being socialized by the IPPA. Other than that, after knowing the importance of maintaining health in the pandemic era, the indigenous people had established a special division that deals with





*Counseling and educational activities on Covid-19 vaccination and reproductive health for indigenous people in the Pulih Bersama program.*

health issues, especially in the examination of the pregnant women, immunization, blood pressure, and other SRH services, and they invited IPPA to work together with them. Mrs. Sylvia, as one of the more influential members in the indigenous people forum, helped a lot in raising the awareness about the health issues. Her position as a teacher also made it easier for the message she carried to be accepted by the others.

Apart from her role in bridging the indigenous people with IPPA, Mrs. Sylvia was very grateful with the presence of IPPA and the Covid-19 vaccination that they provided. As a teacher, getting the Covid-19 vaccine was crucial because Mrs. Sylvia's daily activities required her to interact face-to-face with a lot of people. The Covid-19 vaccine was crucial for her to increase her confidence to be able to do her activities as normal. "I feel confident because I have been vaccinated, so I can carry out my activities as usual," Mrs. Sylvia said. In addition, she also promoted the implementation of health protocols for herself and people around her. Her role as

a teacher had certainly made Mrs. Sylvia the figure who is always looked up to by the others to set a good example, especially for her students.

In the future, she hopes that IPPA could continue providing services to the indigenous people, and the programs held are uninterrupted and sustainable. Not only that, Mrs. Sylvia also hopes that IPPA can extend their services further to all levels of society, be it about Covid-19 or other health issues. Because there are still some community groups who have not received the benefits of good and proper health services.



02

## KNITTING, AN ELDERLY-FRIENDLY ACTIVITY TO DISPEL THE FEELING OF LONELINESS

FROM:  
BENEFICIARY  
OMA SUSAN  
EAST NUSA TENGGARA



”

*Mentally we must be strong, resilient. In facing problems, we must be patient*

Oma Susan, 72 years old, often feels lonely. Since 2014, she has been living in Tresna Werdha Budi Agung Social Home in Kupang. Her child was already living by themselves and quite far from her. In between her free time in the social home, she tried to make herself busy with any activities that she could think of. Praying, exercising, counselling, even just sweeping the room, she did everything that she could to get rid of her loneliness and boredom.

When IPPA came to the social home with Pulih Bersama Program to provide counselling on the health issue with mental health for elderly as the topic, Oma Susan did not hesitate to join and participate in the activities. For her, any activities are important and useful, not only to increase her knowledge, but also to get rid of her loneliness. Previously, she already got a similar counselling from the Social Services, but the material provided was only the basic one. The counselling from IPPA was about the awareness about the mental health itself and how to maintain their mental health in a good level (such as stress management).

From those activities, Oma Susan understood the importance of having a healthy mind. It is not only the body that needs to be healthy, but the mind also needs to be strong as well. “Mentally we must be strong, resilient. In facing problems, we must be patient,” said Oma Susan. From there, Oma Susan found an enlightenment. In one of the sessions, someone mentioned that one of the solutions so that one does not feel lonely and depressed easily is to keep themselves busy with activities that they like. Oma Susan followed that advice and found something that suits her, knitting.

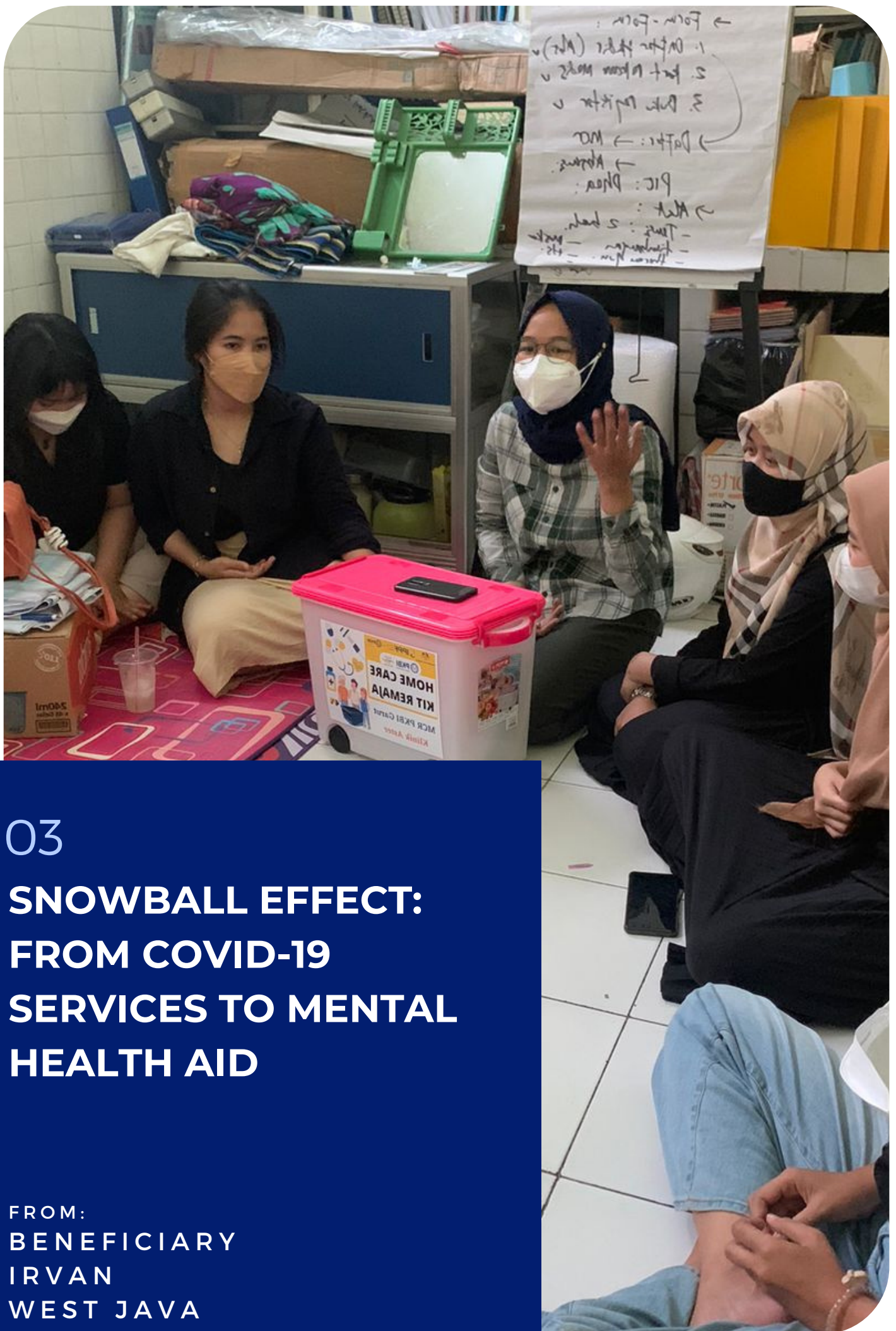




*Mental health counseling activities at Tresna Werdha Budi Agung Social Home.*

In the beginning, she only knitted to keep herself busy, but over time, she began to try selling her knitwear to the guests who came to the social house. Unexpectedly, there are some of the products that can be sold. The money she got from the sale might not be that much, but Oma Susan did not really care about the money. It was enough that her work is loved by others. Oma Susan also showed one of her works, a long yellow scarf. The scarf looked good and seemed to be neatly knitted, it was no wonder that someone would be interested in buying them.

In the future, Oma Susan hopes there will be more activities held by IPPA in the social house. Any activities are fine, as long as Oma Susan could move her body and not just sit idly in her room, even though it is only to sit in the hall to listen to the counselling or explanations. Even if in the end, there is no further activity from IPPA, at least now Oma Susan can pick up her thread and needle to start knitting the next scarf. Who knows, the next guest that is coming to the social house and sees Oma Susan's work, will be interested and end up buying the scarf.



03

## SNOWBALL EFFECT: FROM COVID-19 SERVICES TO MENTAL HEALTH AID

FROM:  
BENEFICIARY  
IRVAN  
WEST JAVA



”

*The routines were better  
than at home, more  
organized, more  
scheduled*

Irvan, 25 years old, a student in one of the private universities in Bandung, felt grateful and helped by IPPA. Because, thanks to the organization, it can be said that Irvan was able to save the life of one of his friends. It would not be an exaggeration to say that Irvan's introduction and relationship with PKBI was one of the experiences that changed his life and others.

It can be said that the introduction of Irvan to IPPA was not a matter of if but when. His mother and uncle were quite active in IPPA and other related organizations. His mother was a volunteer in Mitra Citra Remaja, a youth center organization that has been around in IPPA since the 2000s, while his uncle is currently volunteering for IPPA in West Java. It was his uncle who suggested to Irvan

to use the IPPA's isolation house service which was one of the services offered by Pulih Bersama Program when he tested positive for Covid-19 earlier this year. "Oh, just go to IPPA for your treatment, self-isolation, there is an isolation house," said Irvan, imitating his uncle's words at that time.

Irvan used the IPPA's isolation house for approximately fourteen days. During those days, the treatment at the isolation house went well and relatively smoothly. The services provided by IPPA were very adequate. Since there was no distraction, Irvan felt that his routines during his fourteen days stay there were better than when he was in his own house. "The routines were better than at home, more organized, more scheduled," Irvan said, appreciating the condition at the isolation house. During the isolation, Irvan was provided with food and drink regularly, including fruits for him to consume. There was also an internet connection that he used to keep up with his online lectures. Irvan also felt safe during his stay at the isolation house due to the presence of doctors who were always on-duty at the location and the availability of necessary health equipment such as the oxygen cylinders. After leaving the isolation house, IPPA's medical volunteers kept reminding Irvan to finish his prescribed medicine and to notify them in case he is feeling unwell or something similar to that.

Apart from using the health services, Irvan was also quite active in the IPPA's youth center organization, Mitra Citra Remaja, the same organization where his mother used to be a volunteer. Even though he is not a volunteer there, only participating in the activities and discussions as a participant, Irvan gains a lot of information regarding youth issues that are happening nowadays or widely discussed, such as gender issue



*One of the beneficiaries in West Java who used self-isolation services at the IPPA West Java's isolation house.*

and youth mental health. It was this discussion about youth mental health that ended up helping him to save the life of one of his friends.

According to Irvan, there were some of his friends that can be considered to have fairly acute mental disorder. One of them had schizophrenia, while the other had suicidal thoughts. Both were already in a phase where they can endanger themselves and others. Irvan understood well that both were in need of immediate help. Prior to receiving knowledge and information from IPPA regarding mental health, Irvan was at a loss as to what to do to help his friends. The answer that Irvan found was that he could be a place for his friends to share their stories. Because Irvan felt, what they needed basically was someone who is willing to listen to them. "They felt they were not being heard, they got confused where to vent, so I just positioned myself as a friend they can vent to," Irvan explained. From listening to them, Irvan managed to make them slowly open up about the problems that they faced. In the end, one of

them successfully changed themselves and found a new activity that made them gradually abandoned their suicidal thoughts. "They found a new hobby, so they have a new purpose in their life now," Irvan said. Then, what about the other one? Unfortunately, according to Irvan, as far as he knew, there had not been any significant change in his friend.

In the future, Irvan hopes that IPPA can continue their activities to raise awareness in universities. Irvan felt that study orientation and campus introduction (known as Ospek in Indonesia) were activities that were still filled with various types of unhealthy relationships/friendships. This is considered to be one of the factors causing the increase of mental health issues among students. It is hoped that the awareness of lecturers and education officials in the institutions will increase to better understand the existing mental health issues.



04

**DOOR TO DOOR  
APPROACH BROUGHT  
MR. JAEANI'S FAMILY  
TO PULIH BERSAMA  
PROGRAM**

FROM:  
BENEFICIARY  
MR. JAEANI  
SOUTH KALIMANTAN

”

*Now I feel like having a caring daughter. Thank you, IPPA for offering me and my family vaccination program and now we can feel at ease. I was also given a package of medicines and vitamins to maintain my health*

Living in a flood-prone area raises the higher risk of potential diseases for Mr. Jaelani's family. This was exacerbated by the pandemic situation, which made him extra vigilant. However, Mr. Jaelani and his family felt calmer and safer when Mrs. Raudah knocked on their door. Pulih Bersama Program not only provided assistance for the Covid-19 vaccines and medicine packages during the pandemic but also a sense of fulfillment for him, knowing that there are people out there who still cared about him wholeheartedly. His health risks may remain the same, but thanks to the help of Pulih Bersama Program he now has more freedom to do his daily activities.

Mr. Jaelani lives with his wife and son in a tenement. He took the higher risk of being prone to diseases for the sake

of cheaper rent. When the flood came, Mr. Jaelani and his family usually slept in the nearest mosque without getting any help from the village officials. Mr. Jaelani's hearing has greatly decreased and his eyes are farsighted. Although the household needs are fulfilled by his son, his hardworking attitude does not make Mr. Jaelani stand idly by. Sometimes, Mr. Jaelani works at a fruit stall near his house, doing whatever he could.

Mr. Jaelani has an indifferent attitude, for example when the aid for elderly Posyandu (Integrated Health Center) in his neighborhood did not reach Mr. Jaelani and his family. Even when some neighbors who were richer received aid from the government, he could only remain silent, not knowing where to protest and who to ask. Therefore, Mr. Jaelani never expected to get a hand from IPPA.

With the data from the local village association (Rukun Tetangga), Mrs. Raudah tried to reach Mr. Jaelani. Mrs. Raudah initially intended to provide socialization related to Covid-19 and how to maintain health during the pandemic in the scope of Pulih Bersama Program. However, when she visited Mr. Jaelani at his house, Mrs. Raudah felt even more touched. She actively and diligently provided assistance, starting from giving socialization about the risk of disease when a flood comes and its prevention, guiding, and facilitating the Covid-19 vaccination for Mr. Jaelani's family till the booster vaccine at the nearest healthcare clinic, providing medicine and vitamin packages, to maintaining daily communication so that Mr. Jaelani and his family feel cared for. Mrs. Raudah tried to explain Covid-19 and the vaccination program in Indonesia as detailed as possible, especially why it became mandatory and why the elderly were prioritized, considering





*Mr. Jelani received the aid from IPPA South Kalimantan, which consists of medicines and vitamins to keep him healthy during the pandemic.*

the negative stigma of the Covid-19 vaccine circulating in society, particularly among the elderly as the vulnerable group. For instance, they were afraid they could suffer from stroke and die after getting vaccinated. In particular, Mr. Jelani thanked IPPA for approaching the vulnerable groups and taking a personal approach without any coercion at all, so that recipients felt cared for. “Now I feel like having a caring daughter. Thank you, IPPA for

offering me and my family vaccination program and now we can feel at ease. I was also given a package of medicines and vitamins to maintain my health,” he said, appreciating the aid he received. In the future, Mr. Jelani hopes that IPPA would continue Pulih Bersama Program. If it were not for the Pulih Bersama Program, Mr. Jelani was not sure he could receive this kind of assistance.

Until now, Mr. Jelani felt there were no obstacles to his participation in Pulih Bersama Program. Mrs. Raudah herself felt so happy to help Mr. Jelani and his family because of his very open attitude towards the information provided, making it easier to disseminate the information from the cadre to the recipient. “Because Mr. Jelani and his family were very welcoming and did not complicate the process. I was welcomed and he was also not fussy at all even though he was already old,” asserted Mrs. Raudah.

The door-to-door approach can be said to be an effective approach in reaching vulnerable groups of the elderly who do not have access to technology. Despite having a son, Mr. Jelani did not have a smartphone, so he still relied heavily on traditional communication or face-to-face meetings. Both Mr. Jelani and Mrs. Raudah maintained two-way communication, not only during the program implementation but also on any occasion possible. Mr. Jelani believes that IPPA and Pulih Bersama Program have an important role in taking care of the marginalized people who are not reached by any assistance. Therefore, he hopes that this program will be sustainable in terms of implementation and the reach of the beneficiaries and services will be expanded.

05

## VACCINATION PROGRAM FOR REFUGEES: BECAUSE THEY ALSO HAVE THE RIGHTS

FROM:  
BENEFICIARY  
MOHAMED JAMA  
DKI JAKARTA



”

*When we wanted to go to the mall, we could not, we cannot even buy anything, it was very difficult, because we had not been vaccinated*

For Mohamed Jama, his life for the past few years has been full of struggles. As a refugee, he had to leave his homeland because of the conflicts. Mohamed who came from the minority tribe in Somalia experienced many discriminations from all sides. Ultimately, he decided to leave Somalia for a safer and better life somewhere. He finally arrived in Indonesia in 2016, after going through a very long journey from Somalia. At first, he set his foot in Medan, before moving to Jakarta and settling down there.

After arriving in Jakarta, Mohamed realized that his life was already full of challenges. He lived in a foreign place, he did not know anyone, and he could not communicate with the locals due to language barrier. He took the

initiative to contact the United Nations High Commissioner for Refugees (UNHCR) asking for their help. But his effort did not produce immediate result, in 2018 he even had to live on the streets of Kalideres along with the other refugees who did not know where to ask for help. Not wanting to give up, he tried to contact UNHCR again, and finally got a job as an unofficial translator.

In 2020, when Covid-19 pandemic began, Mohamed who just became the official translator in UNHCR and Catholic Relief Services (CRS), faced another big challenge in his life. Even though he was lucky to still get the benefits from UNHCR, his life was about to get more complicated during the pandemic. Unexpectedly, another challenge appeared, in his difficulty in accessing Covid-19 vaccine due to his status as a refugee.

The Indonesian Government began a massive Covid-19 vaccination program in 2021 with the purpose of achieving the herd community as the long-term goal. Mohamed and the other refugees knew about the importance of Covid-19 vaccine, but as a refugee who does not have the official identity card in Indonesia, he did not have access to get the Covid-19 vaccine as easily as Indonesian citizens. His mobility and activities were automatically hampered because he had not received the vaccine at that time. “When we wanted to go to the mall, we could not, we cannot even buy anything, it was very difficult, because we had not been vaccinated,” Mohamed said. Fortunately, UNHCR provided help in vaccination that targeted the refugee groups in Indonesia. Mohamed managed to get his first Covid-19 vaccine in October 2021. With the vaccine certificate, Mohamed was now more free to move around and interact for his daily activities.



*One of the refugees who received the Covid-19 vaccination as part of the Pulih Bersama program.*

When it was the time for the third Covid-19 vaccine (or also known as the booster), UNHCR helped to connect Mohamed with IPPA. The Covid-19 vaccine of Sinopharm type for booster is quite difficult to obtain, due to its limited number. Fortunately, IPPA were in possession of that type of Covid-19 vaccine through their Pulih Bersama Program that can be given to the vulnerable groups, one of them is the refugees who do not have an official identity card in Indonesia. Mohamed got his vaccine quote in the East Jakarta area. According to him, the vaccination activities held by the IPPA were very organized and neat. The medical staff were friendly and served him well, so Mohamed was happy even though he had to travel long distances to the vaccination place. Not only that, but Mohamed also felt there was no side effect that he experienced after getting his booster vaccination. This allowed Mohamed to continue to carry out his daily activities as usual and without notable interruption. After that, Mohamed directly got his vaccination certificate in a very short time of about

5 minutes. Previously, for the first and second Covid-19 vaccines, Mohamed needed to wait for around 2 months before getting his vaccination certificate.

Because there are still many refugees who have not received the Covid-19 vaccine service, Mohamed, who now lives with his wife and children, hopes that PKBI can reach even more refugees. Mainly, he hopes that vaccination activities will be held closer to refugee community areas considering that many of them do not have the money to pay for transportation costs (such as online taxi services). In this case, they cannot use public transportation because they do not yet have a Covid-19 vaccine certificate which is the main requirement for domestic travel.





06

## THE STORY OF TRANS WOMAN TOWARDS EQUALITY

FROM:  
CADRE  
FEBY DAMAYANTI  
EAST JAVA

”

*I was really happy with the Pulih Bersama Program at IPPA, which also covered the Hepatitis B vaccine.*

Being a trans woman is still viewed as a minority group in society that creates its own struggles. The conditions which were far from equality in the eyes of the public made Feby Damayanti take the initiative to be actively involved in organizations that focus on supporting marginal society. Feby joined Surabaya City Waria Association (Perwakos) in 2016. She also joined East Java IPPA Global Fund Program, in an effort to tackle the HIV/Aids issues in the gay/trans woman community in Surabaya. Within six years, she has contributed to decreasing the number of HIV/Aids in Surabaya.

Feby is one of the trans women activists and opinion leaders in Surabaya. She was quite loud in

voicing the rights of a trans woman and had acquired a massive contribution to social programs to support equality, for instance in Global Fund and Pulih Bersama Program. Thus, it was not surprising that Feby has been trusted by the related organizations as well as the communities. Being an activist, Feby asserted that she found her happiness in helping people, particularly since she was aware that marginal communities possess a higher risk of certain health issues. Although sometimes she experienced challenges in terms of cadre regeneration in the organization, she kept herself going to help the communities.

The implementation of Pulih Bersama Program went quite smoothly and there were no significant obstacles. During the implementation, Feby carried out the program socialization to the grassroots of the trans woman communities at various locations, formally and informally, especially on the Covid-19 issue. Subsequently, she also assisted in facilitating the group members for the Covid-19 vaccine and swab test at IPPA clinic. Considered to give great benefits to his community, Feby hopes that Pulih Bersama Program can be continued and some improvements are made based on the program evaluation result.

Specifically for the hepatitis B issue, Feby admitted that it has not been optimally executed. Sometimes, field officers only entrusted the socialization to Feby. In fact, she was actually very open if field officers were eager to actively join her during the outreach to trans women groups. Basically, Feby had the desire to inform this issue more massively because she was well aware that her trans woman groups did not yet have sufficient knowledge, even though they were classified as high-risk people. However, Feby cannot do everything by herself.



*Implementation of hepatitis B vaccination program for trans women in East Java.*

“I was really happy with the Pulih Bersama Program at IPPA, which also covered the Hepatitis B vaccine. However, in my opinion, it was not optimal yet, to aim at the community members, especially trans women themselves. The field officers had not targeted the specific community support groups or the key population at the grassroots,” Feby said straightforwardly. Furthermore, Feby explained that Prisil, the team leader of the East Java IPPA Pulih Bersama Program, had given a presentation about hepatitis B and vaccines offered by IPPA in a Global Fund Program field officer meeting. Prisil also encouraged other cadres to disseminate the information to the grassroots communities. This means that education on the hepatitis B issue, which is a new health service

from IPPA, can be carried out simultaneously with education on HIV/Aids or other SRH.

Realizing that IPPA is a safe and comfortable shelter for her communities, Feby also provides some input to them. First, for the next programs, especially for the hepatitis B issue, could be accessed through mobile services, or IPPA could go directly to the spots closer to the community, as implemented by the HIV/Aids Program. According to her, this approach will be more effective seeing that there are many trans women who lack knowledge about hepatitis B and these trans-woman groups are scattered all over Surabaya and Sidoarjo. Second, related to the field officers, Feby hopes that they can be more proactive on the field. Third, Feby suggests that IPPA could organize an advocacy program on hormonal issues for trans women. This suggestion is put forward based on field observations, that many trans women consumed excessive hormonal drugs without having any valid knowledge since they did not understand its long-term effects. Fourth, the issue of mental health also becomes the highlighted issue by Feby. Should it be possible, she hopes that IPPA will be able to provide mental health counseling for the trans woman communities.





07

## **LISTENING TO THE VOICE OF THE DEAF COMMUNITY**

FROM:  
BENEFICIARY  
PRANINGSIH  
CENTRAL JAVA





”

*‘Opening Up’.*

*The words that she conveyed when she revealed what was the biggest benefit that she got from participating in various health services provided by IPPA Tegal*

Priningsih smiled as she moved her hands to speak in Indonesian Sign Language (Bisindo) which she was fluent in. She signaled for something with her hand movements that were clenched at first to become loose after, while saying something. ‘Opening up’. The words that she conveyed when she revealed what was the biggest benefit that she got from participating in various health services provided by IPPA Tegal.

Mrs. Cicih was what people are calling her. Someone that was extremely passionate about participating in various activities including the Indonesian Deaf Welfare Movement (Gerkatin) from 2017. It was this organization that introduced her to

IPPA, and they began working together, both to disseminate Bisindo and to distribute information related to services provided and knowledge gained from IPPA.

Due to limitations in getting access to information, she and her fellow deaf friends relied on searching the information through the internet so far. Not all of them attend school. For those who do, the knowledge that they get mostly focused on school lessons so that when they eventually grow up, there are things that they do not understand and have like the general public does, such as access to information and health services. Moreover, not all doctors and health workers who handle them can understand or speak sign language. When Covid-19 began to appear in Indonesia in 2020, Mrs. Cicih admitted that she was afraid because she did not understand about Covid-19 and how to prevent it and what actions to take if she was exposed to it. In addition, not all news that circulated around can be confirmed due to the limited number of doctors and health workers who can understand them.

After the Pulih Bersama Program was launched, Mrs. Cicih received various information from the IPPA Tegal cadres and volunteers. IPPA Tegal divided the class into three repeated sessions since not all deaf beneficiaries can use sign language to communicate. The distribution was based on those who can use sign language, those who cannot, and those who still use the Indonesian Sign Language System (SIBI) with one hand. To improve the level of understanding, the explanation was helped using a projector to illustrate the topic that was being explained. During Covid-19, this learning method was also split into two places. The deaf beneficiaries got the

explanations in a room with limited access to it and the general can listen to the explanations outside the IPPA Tegal building.

Mrs. Cicih herself did not feel any difficulties with this learning method. On the other hand, Dewi, one of the volunteers of IPPA Tegal, revealed that the method needs explanations to be added in each picture such as explanatory texts, because not all participants fully understood the sign language. Mrs. Cicih also did not experience any problem when she had to visit the office of IPPA Tegal because the method was carried out centrally. Mrs. Cicih explained that they had no difficulties when they had to mobilize from her house to the socialization and vaccination sites at the IPPA office. On the other hand, gathering with friends from other sub-

districts made her feel closer to other deaf friends, both in community and personally.

In addition to receiving education related to Covid-19 and vaccination and test services, deaf beneficiaries also received education related to women's reproductive health. Before getting to know IPPA, Mrs. Cicih and other deaf people did not know to whom they should ask the questions that they had. They tended to be more introverted and embarrassed because topics related to women's reproductive health were still considered taboo in society. At IPPA Tegal, the class was attended exclusively by women to make the deaf people more comfortable and willing to ask questions. This activity ended up raising awareness not only to maintain, but also to follow it up when reproductive health problems occur, as was the case with one of Mrs. Cicih's friends. From the lesson, Mrs. Cicih's friend realized she was experiencing abnormal

*Covid-19  
vaccination  
activities for  
groups with  
disabilities by  
PKBI Central  
Java.*





*A person with a disability gets a Covid-19 vaccine service*

symptom, so she went and got it checked and found out that she had a problem in her womb. Without this education, Mrs. Cicih's friend will still be holding back the stomachache and problem that she felt.

If one looks deeper, the changes are not only felt by the deaf community. Through the involvement of the deaf community, changes are also felt by the cadres and volunteers of IPPA Tegal. They understand more about how to interact and communicate with people with special needs. Not only doctors and medical workers that can use Bisindo, IPPA cadres and volunteers are also moved to learn and practice Bisindo. Apart from the deaf community, IPPA Tegal also reached out to children with hearing loss, cerebral palsy, and nerve paralysis, as well as blind people and people with down syndrome.

Mrs. Cicih felt that with the education and health services from IPPA Tegal, she and her friends feel more open. First, the openness related to access. In terms of that, they got answers from

various things that they had only been hiding, because now the health workers, cadres, and volunteers can understand and are willing to learn more about sign language. They also received confirmation on various information that they previously only got in bits or in exaggerated manner from sources on the internet whose credibility was not guaranteed, both for Covid-19 and reproductive health. Through Pulih Bersama Program, she also got to experience the health services that she previously had difficulty in accessing because not all medical workers could speak sign language. Second, openness regarding the deaf person and community. As an unintended change, Mrs. Cicih feels that she and her friends now have a place to discuss and be heard without them feeling embarrassed or breaking taboo again for talking about sensitive topics such as reproductive health. In addition, Mrs. Cicih also feels that her community is now more open and closer with each other. She also thinks that she is more productive than before she joined the community and received IPPA services. Mrs. Cicih hopes that in the future there will be health programs or facilities that can continue to reach her and her community and also society in general.





08

## **OPENING THE COVID-19 VACCINE ACCESS FOR THE TRANSWOMEN COMMUNITY**

FROM:  
BENEFICIARY  
SHINTA RATRI  
D.I. YOGYAKARTA



*Shinta Ratri is not exactly a new name that just became the representative of the transwoman community in D.I. Yogyakarta. Her contribution as chairperson of the Al-Fatah Waria Islamic Boarding School is just one of the many contributions for the transwoman community.*

1982 was the very first time Shinta knew about IPPA through Ikatan Waria Yogyakarta (Yogyakarta Transgender Association). Shinta explained that the acceptance of transwomen was different back then compared to how it is today. In the following year, 1983, she and the organization began to collaborate with IPPA regarding the social help and health services to check for sexually transmitted infections (STI). It was from that year, began a long journey of collaboration between Shinta as a representative of the transgender community and organization and IPPA.

At the beginning of Covid-19 pandemic, the government intensified

the lockdown effort. The transwoman gathered for several days at Shinta's house until some decided to go back to their respective homes because they had work to do. From fundraising through social media, Shinta has rented a place for the Waria Crisis Center Shelter to date. Ever since the vaccination policy by the government, Shinta had been looking for ways to help her friends who did not have an identity card (KTP) to get vaccinated. This was where Yakkum (Yayasan Kristen untuk Kesehatan Umum - Christian Foundation for Public Health ) and IPPA came in to help advocate for the Health Office. From the advocacy, the schedules for the first and second vaccination were finally announced. Prior to the involvement of Yakkum and IPPA, access to health services was only valid for focal points such as community managers, then elderly people who were active, so it was not evenly distributed.

As one of the beneficiaries, Shinta also contributed by helping to distribute the access to vaccination for transwomen. She understands very well that there are still many transwomen who do not have an identity like a national identification card (KTP). Many of them ran away from their families or lost their ID cards so they could not access the new KTP. Meanwhile, this ID card is needed to gain access to the vaccination services. Shinta was grateful to IPPA, Yakkum, and Health Office for continuing to provide their assistance, even though some of the beneficiaries did not yet have KTP. However, the vaccination they carried out did not have any connection with the Peduli Lindungi application.

Other than vaccines, Shinta was also helped with the basic food assistance, toiletries, and towels as well as necessities for women



*One of the beneficiaries received a Covid-19 vaccination service as part of the Pulih Bersama Program.*

during the Covid-19 period from the IPPA network that distributed all those assistance to IPPA for them to assist until they reached the Health Office. In terms of knowledge, Shinta received one counseling session related to Covid-19. Counseling was limited to the community management and from there the community representatives will distribute the information that they got to their respective communities.

For now, Shinta considers Covid-19 pandemic to be over. Nevertheless, Shinta will continue to work together with IPPA on broader topics including emergency responses to disasters. Shinta hopes that there will be some trainings facilitated by the Indonesian Red Cross (PMI) utilizing the facilities owned by IPPA. As a lesson for disaster emergency response, Shinta assessed that the handling and response to Covid-19 can be used as a reflection. It is to be studied together, so that the rapid and quick response to disasters can be carried out swiftly together, not only for trans women, but for other vulnerable groups.





09

**FOR US, BEING  
ACTIVELY ENGAGED  
DOES NOT NEED A  
SPECIAL REASON**

FROM:  
CADRE  
ARNETTY AND ERMA YULI  
RIAU

”

*it feels like we are the  
frontiers, we feel valued,  
we are welcomed, it  
feels like having a  
different inner peace.  
When we see people  
happy, we are also  
happy*

Being involved in various community organizations, Arnetty and Erma Yuli are active as cadres of Riau IPPA Pulih Bersama Program in two different sub-districts. Before being a cadre of Pulih Bersama Program, Arnetty became a BNPB cadre for Covid-19 by distributing masks and counseling on a large scale, for example by going to traditional markets to reach the general public. Both of them were also involved in government programs through the Population Control and Family Planning Agency as the Covid-19 task force in Team 75 and Team 300 with a target of hundreds to thousands of beneficiaries per cadre.

In Arnetty and Erma Yuli's opinion, the activities conducted were quite different from the government's

Covid-19 program they previously had. First, the free distribution of vitamins and medicines was quite rare for them. Second, Arnetty saw the Pulih Bersama Program targeted more specific beneficiaries since it administered the recipients 'by name and by address', as she called it. During Pulih Bersama Program implementation, she did a door to door approach to provide counseling. Erma Yuli added, Pulih Bersama Program targeted more specific beneficiaries, for instance, the elderly, vulnerable communities, such as children, pregnant and lactating women, teenagers, transgender people, and others, making it easier to map out the targets and how to reach them. Third, Arnetty and Erma Yuli admitted that previously the debriefing was only disseminating knowledge. While in Pulih Bersama Program, they were also supplied with vitamins, masks, and support needs for counseling. To increase their knowledge as cadres and as individuals, Arnetty and Erma Yuli explained, in addition to participating in online capacity building by IPPA, they also actively learned from the internet and other organizations with valid sources, for example from local sub-districts.

In Riau IPPA, the program covered fifteen sub-districts and each sub-district was represented by one cadre. Arnetty was responsible for reaching out to vulnerable groups in seven sub-districts in Sukajadi District. Through her wide network, Arnetty filled in the counseling to community activities such as PKK, Dasawisma, and community recitations, subsequently she worked closely with the local sub-districts to get a regular schedule along with their community activities. Meanwhile, Erma Yuli was appointed to reach out to the vulnerable groups in Marpoyan Damai District. Slightly different from Arnetty, Erma Yuli prefers to use informal channels such as social gatherings or women's associations





*Covid-19 referral activity for the elderly*

and provides more counseling to schools. In addition to counseling, Arnetty also explained that she was also assigned to provide referrals for those who experienced symptoms of Covid-19 to the Puskesmas for antigen swab and PCR Test. Further, together with PKBI, they provided medicines, vitamins, and oxygen-measuring devices for the patients. Regarding the daily schedule, both said, there was no specific schedule since they focused on reaching two to three sub-districts a day.

Carrying out their duties as field officers was not always easy for Arnetty and Erma Yuli. For Arnetty, approaching the elderly was a challenge because many of them thought they did not need drugs and vitamins. Some of the elderly she met told her that they did not go anywhere and were afraid to take the vitamins or medications given. "You (indeed) are not going anywhere, but your child goes in and out of the house, you also risk getting affected by Covid-19. Sometimes we do not know where your grandson, your daughter-in-law,

and your child are going to and coming from," Arnetty explained her approach to the elderly. Unlike Arnetty, Erma Yuli did not possess any difficulty approaching the elderly because, in her sub-district, most of the elderly already had personal awareness, which was why they only needed an explanation regarding vaccines. Arnetty and Erma Yuli agreed that with the decreasing number of Covid-19 cases, they had received more rejections when they wanted to provide counseling through community events because it was considered no longer necessary. To maintain public awareness about the importance of using masks, Erma Yuli explained that the function of masks is not only for Covid-19 but also to protect against dust and other disease transmissions. Although some people still politely refuse the counseling she gives. Also, there are people who bring up the remuneration obtained by cadres. However, for Arnetty, she did not want to dwell on comments that complicate her duties, so if people did not want to listen to what she said she did not mind that. She emphasized that the most important thing is having good intentions.



*Erma Yuli provides counseling about Covid-19 and reproductive health to mothers of productive age at a gathering of mothers.*

For Arnetty, cadres are the frontiers. As part of their dedication, Arnetty allowed her house to be utilized as Covid-19 vaccination point for the elderly from the healthcare clinic. As an IPPA cadre that did not have a clinic, Arnetty became a liaison between the healthcare clinic which had access to the Covid-19 vaccine and IPPA which helped to refer vulnerable groups. This activity was the result of collaboration with the village head, Langsat Health Center, and Bhabinkamtibmas Kampung Tengah Village. According to her, this was part of a strategy to approach the beneficiaries in the Covid-19 vaccination activity. This included providing direct examples of the application of health protocols and Covid-19 vaccination. She admitted that she had given examples of giving vaccines to groups from sub-districts, urban villages, and Babinkamtibmas for the first, second, and booster Covid-19 vaccines. "So it is easier if we are already vaccinated, whatever we said it is for the community to accept. For example, I am still healthy (after)

getting vaccinated," she explained. She wanted to dispel the public's fears, especially the elderly, regarding the Covid-19 vaccination. According to her, this was the right action. Through her examples, she can share her experiences and encourage the public to get the Covid-19 vaccination. Arnetty also felt that she was trusted more as she got vaccinated before educating the public.

Arnetty and Erma Yuli fully understood that in order to target a particular group, they must understand where they usually gather around and what kind of language is used in the community. Arnetty and Erma Yuli did not use Indonesian frequently, depending on where they provided the counseling to make it more acceptable and comfortable for the beneficiaries.

For Erma Yuli, providing counseling to students in high school and junior high school regarding anemia and giving blood-boosting vitamins was a memorable experience. She revealed that the students had already received vitamins from the healthcare clinic for

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*We saw their enthusiasm and excitement, and our hearts felt proud. I think we can make others happy*

their needs once a week, but Pulih Bersama Program distributed tablets for their daily needs including vitamins C and E in addition to blood boosters medicine. Erma Yuli was satisfied with the counseling she did for the students since they welcomed her warmly and were open to receive counseling. "We saw their enthusiasm and excitement, and our hearts felt proud. I think we can make others happy," she said. She understood that teenagers were more open, cheerful, and preferred to joke around besides wanting to be heard so she adjusted her approach to a more relaxed and nurturing one.

Similar to Erma Yuli, Arnetty also talked about her impression of teenagers when she distributed vitamins at the Aisyiyah Orphanage to forty beneficiaries. Although she only brought vitamins which were limited to twelve to fifteen people, she tried to distribute them equally, which was why the beneficiaries were grateful because such vitamin distribution was rarely held. Sometimes, she also personally gave extra vitamins to fulfill their needs. "For Netty, it feels like we are the frontiers, we feel valued, we are welcomed, it feels like having a different inner peace. When we see people happy, we are also happy," added Arnetty. As a single mother for almost 22 years, Arnetty felt the importance of being an independent and empowered woman. She hopes Pulih Bersama Program can be continued and the relationship between the regional and central IPPA will be stronger.





10

**HOUSEWIVES, OFTEN  
THE UNDERESTIMATED  
FIGURE, BUT STILL  
HAVE A MASSIVE  
IMPACT**

FROM:  
BENEFICIARY  
MRS. JUMIATI  
CENTRAL KALIMANTAN

*Family is the smallest form of the community group, where in it, there is a mother who becomes the most dominant decision-making figure in the care of family members.*

Family is the smallest form of the community group, where in it, there is a mother who becomes the most dominant decision-making figure in the care of family members. Many parties focus on advocating for a group of people in society, using the number of participants as the main success indicator of the program. Sometimes, we forget that targeting a group of housewives in a small neighborhood, such as a local *dasa wisma* (groups consisting of 10-20 household heads in one *Rukun Tetangga*) or *Rukun Tetangga* (an institution formed to assist the village level government in social administration services), turned out to be as important as the group's collective participation in a numerical series.

Like any housewife in general, Mrs. Jumiati takes care of all household needs and socializes with neighbors. She had been infected with the Covid-19 twice, namely in 2020 during the Delta variant outbreak and in 2021 when the Omicron transmissions were high. When Mrs. Jumiati got infected by Covid-19, she only did self-isolation at home by taking the medicine and vitamins available at the nearest stall. Mrs. Jumiati used common sense and the guidelines on the packaging to know how many vitamins and medicines she should take. Although she was also uncertain about the dosage she was taking, she did not dare to visit the healthcare clinic or hospital for an accurate check-up, fearing that it would make her worse and her symptoms became more serious.

Thanks to those experiences, she immediately welcomed the IPPA cadres who came to her house, announcing their intention to do some socializations in Mrs. Jumiati's neighborhood related to Covid-19 issues and how to maintain the health during the pandemic. Without any hesitation, Mrs. Jumiati invited her neighbors to join, especially the housewives. Socialization and the distribution of drugs and vitamins were carried out smoothly in the middle of 2022.

The socialization by IPPA seemed to create a significant impact on the alteration of vitamin consumption behavior and how to keep the body healthy for Mrs. Jumiati and the neighborhood. Now, Mrs. Jumiati has adequate knowledge of how to take medicine and vitamins, also to maintain health after being infected with Covid-19 twice. She also becomes more confident in taking care of his family.





Mrs. Jumiati and housewives in her neighbourhood received counseling about Covid-19 and how to maintain health during the pandemic.

Having felt the benefits sufficiently, Mrs. Jumiati hopes that Pulih Bersama Program can be continued in 2023 and to expand the health services, for instance, mental health counseling services. While usually, people are quite indifferent towards the solutions to certain issues circulating in the community, Mrs. Jumiati seems to show high sensitivity and social concern, considering her initiative to speak up about mental health issues. This issue received special attention in Mrs. Jumiati's neighborhood since there were several incidents that occurred, such as domestic violence, violence against children, and early child marriage. The village officials have helped them to reconcile the perpetrator and the victim, but who knows what will happen in the future, specifically regarding the psychological state of the victim.

Mrs. Jumiati believes that mental health counseling can help victims to recover and feel supported. In addition, should there be further socialization from IPPA, Mrs. Jumiati admitted that she is ready to help disseminate information about other health services to the wider community.





11

**THE BEGINNING OF THE  
CONCERNS:  
I DO NOT WANT OTHERS  
TO EXPERIENCE WHAT I  
HAVE BEEN THROUGH**

FROM:  
CADRE  
MALA  
EAST KALIMANTAN



”

*I think by doing this, it would be easier and more convenient to approach them because they are my friends*

Being quite close to the community in prostitution, Mala aspires to protect her female friends from risky and bad things. This was also one of the reasons why Mala joined IPPA East Kalimantan as a cadre regarding the topic of HIV/Aids in 2013. "I think by doing this, it would be easier and more convenient to approach them because they are my friends," said Mala. Being concerned about their understanding of health in the prostitution area, Mala provided education and reference, also assisted those with symptoms. However, it was not an easy road to provide education related to HIV/Aids since some also refuse to do the test. The loss of her ex-husband and nephew due to HIV/Aids made Mala even more committed to the importance of

education and health services for vulnerable groups. It took her some time to realize that her nephew was infected with HIV/Aids because the shame in the family ran higher, which was why there was a reluctance to do the treatment. She felt very sorry for not insisting on bringing her family to get better treatment.

Before joining Pulih Bersama Program, Mala did not believe in the existence of Covid-19 until one day at the peak of the second wave of the pandemic, Mala kept hearing the sirens and sad news around her. Mala also began to experience Covid-19 symptoms. She also knew that most of her neighbors had experienced the same things, but they were afraid to see the doctor or hospital because of the fear of isolation. For Mala, Covid-19 is a frightening disease. Since then, she and her family reminded each other to follow health protocols. After becoming a cadre of Pulih Bersama Program, Mala and the IPPA East Kalimantan volunteers were increasingly strict in implementing the health protocol.

Mala saw the similarities between programs related to HIV/Aids and Pulih Bersama Program in increasing awareness, attitudes, and behaviors for prevention and recovery efforts. Both were aiming to increase the knowledge and access to services for vulnerable and marginalized groups. As it was with HIV/Aids patients, people with Covid-19 symptoms were reluctant to check on themselves and choose to self-isolate immediately because of various cases of exclusion if they tested positive for Covid-19.

Contrary to programs related to HIV/Aids, Mala admitted that in Pulih Bersama Program, she was required to get out of her comfort zone by reaching out to all groups and communities. Previously, she simply



*Mala provides outreach related to Covid-19 and reproductive health to sex workers in her area.*


used the local and colloquial language which suited her personality since her community knew her well. However, she confessed that reaching the elderly required more patience to raise their personal awareness regarding the issues. To communicate with the elderly, Mala also preferred to use polite language, be more careful in choosing words, and have a softer intonation. Apart from the beneficiaries, Mala considered that Pulih Bersama Program had a more diverse range of activities and outputs, therefore it offered more knowledge.

In different prostitution areas, there were always some challenges in socializing Covid-19 issues and health services to female sex workers. Once, she was being accused as a competitor in prostitution until she started asking if they had gotten the Covid-19 vaccine. Through her personal approach and 9 years of experience as a field officer, Mala had earned the trust to provide education and referrals for health services.

Most of the community members were lower to middle-class people from other regions. Due to the demands of their job, they had personal awareness to get the Covid-19 vaccine. Mala suggested that those who wanted to get the Covid-19 vaccine could gather in the morning considering the nature of their work. They only have free time in the morning since they work at night until dawn. Mala realized that she could not force everyone to gather, attend, and get the Covid-19 vaccine at the same time. Knowing this, IPPA East Kalimantan provided them with the option to get Covid-19 vaccinations at a designated place or they can also choose for the IPPA volunteers to come to them during special events or activities. To ensure the interest of beneficiaries and attendance for the Covid-19 vaccination, IPPA East Kalimantan disseminated information through WhatsApp Messenger and social media. As an entry point for information, Mala usually approached each community leader and then passed the information on to the community members.



Mala felt extraordinary satisfaction when she conveyed the information, shared her knowledge, and made beneficiaries understand and be more aware of how to maintain their health through health protocols. From caring and concern, Mala also felt a change from ignorance to understanding and from disbelief to belief. Mala hopes that the contract between cadres and the program could be extended to maintain the frequency of information exposure, because in the communities at the prostitution place, changes in community members can happen quickly.



*From caring and concern, Mala also felt a change from ignorance to understanding and from disbelief to belief*

12

## EXPANDING THE INSIGHTS AND PERSPECTIVES OF PKBI'S YOUTH VOLUNTEER

FROM:  
CADRE  
MERLINDA  
EAST NUSA TENGGARA



”

*Because our  
communication is not  
one-way  
communication, but  
dyadic*

For Merlinda Ximenes, joining IPPA was a very precious experience, even one that significantly changed her life. The student who was in the 5th semester, at the beginning had no idea that she would join IPPA. Starting from her curiosity with the LGBT issues, something that is still a taboo in Indonesia, Merry, as she was usually called, found something that finally broadened her horizon and point of view.

In 2020, when the Covid-19 pandemic began, there was not much that Merry could do at home. She tried to make use of her spare time by learning English through her phone which connected her to people from the other side of the world. She tried to talk to one person and another. Until one day, Merry found a discussion partner who revealed they were part of the LGBT community. Merry had heard about LGBT before, but she did

not know much about it. Her curiosity piqued so she tried to find out more about it. However, there was not much that she could find. Not feeling satisfied, Merry continued to look around until she stumbled upon an organization that opened a discussion about the topic. That organization was IPPA. Merry finally came to one of the meetings initiated by IPPA to learn more about the issue.

From the meetings that she attended, Merry finally made up her mind to join IPPA. Due to her active participation, Merry was appointed as the head of IPPA youth forum not long after she joined the organization. Her first task was to compile any topics or discussions that were important for the youth people to know. Some of the topics compiled were about reproductive health, mental health, and sexual violence. In everyday life, these topics were considered to be taboo to talk about, let alone to be discussed intensively. Merry was no exception. Prior to joining IPPA, she did not really understand these issues. “Even catcalling is considered as something common in society,” Merry said.

Apart from dealing with topics that were still taboo in the society, Merry also interacted a lot with vulnerable groups, such as children living on the street who have dropped out of school. After joining IPPA, Merry realized that they, including those who have to deal with the law, have the right to get what they want and need – such as the right to go to school. Armed with the knowledge that she learned, Merry often went to schools or churches to provide knowledge and information to them. “Do not let them not get the proper information like I used to and end up having a high curiosity, which may have a negative impact on them,” she explained.





*Merry enthusiastically took part in the cadre training held by IPPA East Nusa Tenggara.*

When asked about her involvement in Pulih Bersama Program, Merry said that the youth forum was being involved from the planning phase to the evaluation phase. The youth forum, Merry said, was actively involved in reaching out to communities outside Kupang and the surrounding districts. In addition to providing education about Covid-19, Merry also helped a lot in the distribution of health services provided by IPPA, such as the antigen swab test for people who want to travel but did not have the valid identity card (KTP). Other than that, there was also the distribution of anemia packages for young women and health packages for the elderly.

One of the things in her involvement in the Pulih Bersama Program that left quite an impression on her was her experience when visiting Semau Island, which was about 30 minutes from Kupang by boat. On that island, she met young people who had never received any information and socialization about reproductive

health and mental health. From there, Merry realized that many young people who live in rural or remote places really need those kinds of information. Merry saw the need to further expand the distribution of health information, so that it can reach more people in various places and regions.

After becoming a member of IPPA, Merry felt that she had experienced many changes inside her. In terms of knowledge, she now understands more about Covid-19 and youth issues that IPPA was concerned about (such as mental health issues). Due to many discussions that they participated in, Merry and other youth colleagues at IPPA began to have a more open mind. Merry also received training on peer counsellors, so if a friend of hers wants to share their problems, Merry was ready to listen and provided counselling to her friend. Indirectly, Merry also felt that the changes happening to her were not only in terms of knowledge, but also in behaviour. Merry was considered as the youth representative in IPPA, and able to position herself well among her friends



*Merry and other IPPA cadres with children in Kupang Regency.*

and was trusted when they had problems that they experienced. “No matter what the stories are, they already trust us from the youth forum and peer counselors,” Merry explained.

In terms of communication, Merry also felt there was another big change happening in her. Previously, she was relatively outspoken when talking to others. However, she realized the importance of understanding and respecting the feelings of the other person. As mentioned earlier, she also learned how to communicate to people from various ages, such as to adults and elderly. “Because our communication is not one-way communication, but dyadic,” Merry said.

In addition, Merry also received training for capacity building in terms of organizational strategies. The training she got was about the outreach to the community to disseminate information and the activities from IPPA. The dissemination of information was one

of the challenges that Merry faces, because of the difference in approach that must be taken between teenagers, adults, and elderly. Knowing the right strategy and approach was very crucial to Merry, considering the importance of the information that she presented, such as Covid-19. Initially, they received many questions from the public regarding the Covid-19 vaccination which was considered as a conspiracy. Merry and her fellow youth colleagues already had sufficient capacity, both in knowledge and approach strategy, to provide the public with better understanding of vaccination to eliminate any doubts.

In the future, Merry hopes that more young people will join IPPA. The lack of commitment is one of the reasons why not many young people were active in IPPA. Merry hopes that IPPA can provide better capacity building for cadres who have just joined so they will be more enthusiastic to participate in IPPA's activities. Afterall, it is important to have a common point of view regarding the vision and mission so that everyone who joins the organization has the same values and goals.



13

## TRANSWOMAN CADRE: PROUD BECAUSE OF THEIR VALUE

FROM:  
CADRE  
LING LING  
SOUTH KALIMANTAN



”

*Transgenders were nobody. In fact, they were ignored by society. With the Pulih Bersama Program, it feels like we are being valued.*

“Transgenders were nobody. In fact, they were ignored by society. With the Pulih Bersama Program, it feels like we are being valued. Honestly, it lifts us economically, and the views of other people. They feel like all these transgenders are actually useful, they are doing a good job,” said a woman wearing a polo shirt while wiping some tears from her eyes. Previously, she felt that people were looking down on trans women. However, after joining IPPA and Pulih Bersama Program, many people started to ask questions not for her feminine way of speaking. Many of them were curious about her ability to explain about health-related stuff, the distributed vitamins, and assistance to various communities and circles.

People know her as Ling Ling. Someone who is active in the trans women community. Even though she stopped dressing up since 2017, she still defined herself as a transwoman. In that same year, Ling Ling became a cadre for Banjarmasin IPPA until 2018, working as a field officer related to HIV AIDS for the trans women community. Based on her performance in the previous program, Ling Ling received an offer to join and become a cadre for Pulih Bersama Program in 2021. She gave information about healthy lifestyle to deal with Covid-19, vaccination services, PCR test, vitamins distribution, and other health services. As someone with a non-medical background, Ling Ling was always open to suggestions and asking IPPA volunteers about the materials, the use of vitamins and medicines, as well as various related information to understand which information and services were suitable for different groups or circles.

Different communities require different methods of communication for Ling Ling to use to educate and invite everyone to use the vaccination services. Every community has its own territory, language, and needs. Some were easier to meet in beauty salons, some were easier to meet at restaurants, while some were easier to meet where their communities usually gather. Each group also had their own language preference and needs for information and health services, so adjustments were needed for each recipient.

Armed with her experiences and closeness to the trans women community, she gained their trust and was able to help them to get vaccinated. She provided them with information using everyday language including the slang that the trans women community usually used. Before this, the



*Stakeholder coordination for the implementation of the Joint Recovery Program in South Kalimantan.*

trans women community was afraid to use the public facilities because they felt there was a negative view from the public towards them. To make them comfortable and lessen their worries, Ling Ling accompanied those from the trans women community who had the Covid-19 symptoms to get themselves checked. She did not forget to keep her distance and obey the health protocol as a cadre of Pulih Bersama Program.

Different from the trans women community, the approach to elderly community that she did was cooperating with her relative who was also part of the community. To approach the beneficiaries with low education, Ling Ling had to use the local dialect and language that was for them to understand. She realized if she used medical terms for her explanation, it would cause confusion and hinder them from processing the information they got.

Not all invitations were easily accepted. Some asked for compensation, some did not believe in Covid-19, some refused to have consultation regarding the vaccines due to concern about their congenital disease, some were suspicious their data will be used for online loans, and some refused because of their religious beliefs about vaccines. Ling Ling tried to be patient when her approach and invitation were not well received, but if there was anything that she could clarify, she would try to provide some explanations. "There is already a fatwa for that, it is actually, if it is for health," she explained, even though it was still not well received. For Ling Ling, she had no right to force other people to get vaccinated, what was important was that she already provided the knowledge and understanding about Covid-19 vaccination. She and other IPPA cadres also put their contact numbers on the pamphlet they distributed in case there was someone who wanted to ask and be directed to the nearest health facility. From the rejections and repeated attempts to explain the information, Ling



*Cadres Ling Ling in Psychological First Aid training activities*

Ling realized that she was also learning how to control her emotions and understand others better.

Not everything that beneficiaries wanted can run smoothly. Some caused Ling Ling to put an extra effort into them. She faced a problem when one of the beneficiaries did not yet have an identity card (KTP). KTP was the identification they needed to register and get their vaccine. In order for everything to run smoothly, Ling Ling and other IPPA volunteers tried to ensure that those who had come still got vaccinated, even though eventually the vaccine certificate they got was without a national identity number (NIK). At that time, the check

on vaccinated people in Banjarmasin was quite tight considering Covid-19 was at its peak. Ling Ling was worried that during the checking, the beneficiaries could not prove that they had been vaccinated, so Ling Ling provided her personal contact on the certificates issued without NIK for them to contact her if they came into issue or trouble. She contacted the civil registrar who also served at the Puskesmas (Pusat Kesehatan Masyarakat - health service facilities that organize community health efforts and individual health efforts at the first level - village or sub district level) during the mass Covid-19 vaccination. "Alhamdulillah, it turned out there was no issue (with the checking). Back then, the community who did not have KTP and family card we helped them with the process, and alhamdulillah the KTPs were issued so that in the second mass Covid-19 vaccination at IPPA, the certificates issued now had NIK and their names on them," Ling Ling proudly explained.

One of her most memorable experiences was when she helped an illiterate elderly person who did not have a KTP. At first, the beneficiary refused the help because they were afraid. However, Ling Ling tried to convince them that she would pick them up and accompany them. The elderly person revealed their doubts due to their limitations in writing. Ling Ling proceeded to help them to register. Furthermore, Ling Ling attempted to get closer to the family of the elderly person so that they would be more open and willing to get help.

From helping others, Ling Ling received a lot of thanks from transwomen comm-





*Assistance for Transwomen in making identity cards*

unity, elderly, online ojek, security guards, men who have sex with men (MSM), female sex workers, housewives, young women, and gentlemen. However, she also felt that the success of the provided services was the result of good relations that were fostered with health workers at Puskesmas, making it easier for the beneficiaries to receive services. Other than that, Ling Ling also realized that the support and direction provided by Banjarmasin IPPA had a great impact on her performance and self-development. She felt that in the past she only had knowledge related to HIV/AIDS, but after becoming a cadre for Pulih Bersama Program she also gained knowledge about Covid-19 that she previously only got from television and social media. She understood that information must be delivered as clear, easy to understand, and relevant, as possible depending on the language, daily life, and needs of the beneficiaries. From Pulih Bersama Program, it was instilled to

Ling Ling that doing what is good is not limited to the program achievements. Apart from receiving thanks, she is very grateful to the Banjarmasin IPPA volunteers who helped her not only in terms of knowledge (such as Covid-19), but also regarding reporting, outreach methods, administrative tasks, and a sense of pride that she might not have if she did not join as a cadre of Pulih Bersama Program.



14

## THE SIGNIFICANT ROLE OF A FOSTER MOTHER FOR STREET CHILDREN FOR YEARS

FROM:  
CADRE  
MRS. ANI  
CENTRAL JAVA



”

*I just imagine if they are my own children. Of course, I do not want my child to end up on the streets and experience that*

In her 12th year serving as a foster mother for street children, Mrs. Ani had the opportunity to be involved in Pulih Bersama Program under IPPA Central Java. As a result, Mrs. Ani's contributions were able to serve various marginalized community groups in several areas in Semarang, from early childhood to adults and mothers who needed access to health services. Mrs. Ani did not only actively socialize the health issues, but also provided assistance to the lives of marginalized people to obtain their rights as citizens. “I just imagine if they are my own children. Of course, I do not want my child to end up on the streets and experience that,” confessed Mrs. Ani on why she continued to work with IPPA.

Rumpin Bangjo (Abang Ijo's Smart House) which was under the supervi-

sion of Central Java IPPA was the beginning of Mrs. Ani's journey as a foster mother for street children. Since then, Mrs. Ani met many people from various backgrounds, affirming her the importance of working together to make changes. At first, Mrs. Ani only focused on assisting street children in terms of education and the fulfillment of basic rights as citizens, for example, helping them to make ID cards (KTP) and family cards (KK) for vulnerable people. However, as time flew by, Mrs. Ani felt the need to expand her knowledge as a foster mother. Thus, Mrs. Ani did not waste the facility provided by IPPA. She read the books available at the IPPA office and actively participated in the training provided.

Mrs. Ani officially became an IPPA cadre in 2017, which opened more access to IPPA services, such as reproductive health education, HIV/Aids, Posyandu (Integrated Healthcare Center), and IPPA mobile services. Mrs. Ani also felt that there was a significant difference in terms of community responses, in which they were more engaged and open to PKBI services. Before officially becoming a cadre, Mrs. Ani had to go through various bureaucracies that were quite exhausting to reach people at the grassroots level. However, after being a cadre, Mrs. Ani was warmly greeted and welcomed by the village head and local community leaders, so the residents participated in utilizing the health services in big numbers.

One time, Siti (pseudonym), one of the beneficiaries of Mrs. Ani, experienced heavy bleeding. It turned out that she was pregnant and her boyfriend trampled on her stomach. Siti was dumped at the Ngaliyan Market where her pants were covered in dried blood. Siti did not want to speak for three days, allegedly due to trauma. On the 4th day, after being able to tell the story, Siti





Mrs. Ani is providing counseling on reproductive health to teenagers and women of reproductive age in Semarang.

was taken to the healthcare clinic and had to be curetted because it was actually a miscarriage. This incident is one of many stories in Mrs. Ani's journey that fueled her determination to keep contributing forward. She wants to help the other Siti out there who have no power to become an equal human being.

The geographical factor of Semarang, which is hot and floods frequently, is a challenge for Mrs. Ani, especially because the distance between her house and Johar Market and Pondok Goro is quite far. However, that did not decrease Mrs. Ani's spirit. For the sake of marginalized groups' equality and obtaining their rights, Mrs. Ani broke through the geographical challenges. Her family's support made Mrs. Ani's path wider and easier.

From a personal perspective, IPPA and Pulih Bersama Program have been considered as the new family of Mrs. Ani. She feels lucky to meet people with a shared vision and mission,

making her even more encouraged to expand goodness and social assistance in Semarang. Therefore, Mrs. Ani wants to maintain the relationship with all cadres. Through this program, Mrs. Ani also considered that she has equipped an accelerated knowledge related to health issues. The concrete actions were, together with the IPPA program, Mrs. Ani provided reproductive health education for street children and mothers of productive age once a month, which was then followed by the IPPA mobile service for the IVA test; providing free health check-ups at Posyandu; giving vitamins and medicines once a month; also facilitating the Covid-19 and hepatitis vaccination program for marginal groups in Semarang.

Mrs. Ani hopes that the Pulih Bersama program can be continued in order to reach the wider marginalized communities due to its enormous effect in changing the behavior of marginalized communities in Semarang. For instance, for those who did not know about reproductive health and Covid-19, to become well-informed about the issues. Further, there was a massive

*This incident is one of many stories in Mrs. Ani's journey that fueled her determination to keep contributing forward. She wants to help the other Siti out there who have no power to become an equal human being.*

negative stigma or hoax about the effects of Covid-19 vaccines causing strokes, even death, circulating in the society. Through regular and consistent counseling from Mrs. Ani and other Pulih Bersama cadres, the people's fears or worries began to disappear gradually and they were compelled to receive the full dose of Covid-19 vaccines.

In addition, PKBI regeneration should be able to recruit more aggressive people into the team in order to progressively increase the reach of beneficiaries. Mrs. Ani believes that there are still many people from marginalized groups who experience similar stories, but do not know where to ask for help, while the community still refuses their existence.





15

## SERVING THE UNDERSERVED

FROM:  
HEALTH PROVIDER -  
MEDICAL PRACTITIONER  
DR. TEZA  
DKI JAKARTA



”

*Serving the marginalized communities also requires me to listen more since the basic service is to listen to the patients*

In the doctor's oath, each individual pledges to serve humanity by treating patients indiscriminately. Likewise with the dr. Teza's dedication since she started working at a hospital in Surabaya. Subsequently, in 2014, she joined East Java IPPA, an organization she had never known in detail before. Who would have thought this decision extended a lot of positive things that she had never experienced before as a doctor. She could serve underserved societies which do not have adequate access to health services, also she could have a better understanding of marginalized groups and health services. Also, dr. Teza feels that she is able to become a better human being and a doctor that serves others better.

Currently, dr. Teza works as the person in charge of the program and the implementing doctor at DKI Jakarta

IPPA clinic. Therefore, dr. Teza is directly involved with all health services provided by IPPA, starting from preventive to curative actions, also rehabilitative and assistance. There are various health issues, including HIV/Aids, reproductive health, Covid-19, hepatitis, and anemia. According to dr. Teza, the biggest concern nowadays is the youth group because they are at the age where they have a huge level of curiosity, but lack adequate knowledge. To reach the larger community, especially for raising health issues awareness, dr. Teza also actively participates in offline and online advocacy programs.

Joining IPPA opened up a broader perspective and knowledge for dr. Teza. Like the general public did, dr. Teza did not possess the comprehensive knowledge about the risk factors of vulnerable groups and the truth about the stigma of vulnerable groups circulating in the community at first. After joining PKBI, dr. Teza now has a better and sufficient understanding regarding those things, but more critically, how she could help underserved societies to access health services. Further, dr. Teza actively participates in various advocacy and training programs in order to leverage her knowledge and be able to provide precise treatment, starting from socialization, medical treatment, and counseling, to assisting vulnerable groups.

“Back when I was in medical school, there were limited opportunities to install contraception and most people went to the midwife or public health clinic to install it. At IPPA, doctors are also taught how to install the contraception through training. Furthermore, there is also training related to gender-based sexual violence; such as how we screen patients who experienced gender-based violence. As a result, we can address what kind of violence they have



*dr.Teza was giving socialization and Covid-19 vaccination to the refugee as a part of Pulih Bersama Program activation.*

been through and how to deal with gender-based violence. Serving the marginalized communities also requires me to listen more since the basic service is to listen to the patients,” asserted dr. Teza.

The IPPA clinic was closed for almost two years due to moving to a new place and the pandemic situation became a challenge at that time, especially because there were patients who needed regular treatment at the clinic. Thus, a telemedicine program was applied to reach the patients. Meanwhile, the health issues socializations were shifted entirely to online sessions on social media and webinars. Since it was actually quite effective in communicating to wider communities, telemedicine and education services through social media as well as webinars.

Regarding Pulih Bersama Program, according to dr. Teza, the program had been well-executed in terms of outreach, material, and personnel. The results were also as expected.

Therefore, it will be great to continue the Pulih Bersama Program, particularly to expand the number of audiences affected and sustain the program. Doctor Teza believed Pulih Bersama Program had been optimally implemented in each region as well, although there is still room for improvements, for instance, related to synergy and coordination with IPPA in Jakarta since she believed that there are different needs and focus among those regions. Therefore, dr. Teza hopes that IPPA and other central stakeholder institutions (such as the National Covid Task Force) will create the necessary SOPs and policies regarding program guidelines so that implementation in each region can be adjusted according to their needs, but still refers to those SOPs and policies as the key regulations.

Support system became crucial as dr. Teza decided to take part in serving the underserved communities with IPPA. At first, her family doubted her decision considering the negative stigmas of vulnerable groups that have been rooted in society. However, proving her determination and knowledge as a health worker, dr. Teza explained why

*proving her  
determination and  
knowledge as a health  
worker, dr. Teza  
explained why she had  
to help these  
communities and  
correct the negative  
stigmas of vulnerable  
groups*

she had to help these communities and correct the negative stigmas of vulnerable groups in her family. Unexpectedly, her family now fully supports dr.Teza's activities at IPPA.





# ANNEX

SELECTED DOMAIN

CADRE STORIES

DOCUMENTATION

# SELECTED DOMAIN

## APPROACH: STEP 1 AND 2

### SELECTION OF INTENDED AND UNINTENDED CHANGES – INTENDED BENEFICIARIES

INTENDED CHANGES		UNINTENDED CHANGES	INTENDED BENEFICIARIES
Public's C-A-C on Covid-19 Vaccination and Health Protocols	Access to Covid-19 Services for Marginalized and Vulnerable Groups	Provision of SRH Services for Marginalized and Vulnerable Groups	marginalized groups, particularly those who are undocumented and without identity cards
<ol style="list-style-type: none"> <li>1. Produce IEC materials</li> <li>2. Develop and Share Content in PKBI's Social Media (Covid-19 and SRHR issues)</li> <li>3. Radio Broadcast</li> <li>4. Hold a sensitization event for Covid-19 &amp; vaccination</li> </ol>	<ol style="list-style-type: none"> <li>1. Capacity Building</li> <li>2. Services</li> <li>3. Self Isolation</li> <li>4. Transit House</li> <li>5. Outreach</li> </ol>	<ol style="list-style-type: none"> <li>• Involvement of unexpected beneficiaries</li> <li>• Values (trust, sense of belonging, feeling appreciated or others)</li> <li>• Development of inclusive community (for instance, group support)</li> <li>• Values (content, grateful, sense of belonging, feeling appreciated or others)</li> </ol>	<div>Pregnant women</div> <div>Survivors of SGBV</div> <div>PLHIV</div> <div>LGBTIQ</div> <div>Elderly People</div> <div>People Living with Disabilities</div> <div>Undocumented Migrants and Individuals</div> <div>Injecting Drug Users</div> <div>Indigenous People</div> <div>Sex workers</div>
Which Activities Have The Most Changes? (CAC, access and participation, and quality of life)			
CONFIRMATION OF PROVINCES			
<ol style="list-style-type: none"> <li>1. DKI Jakarta</li> <li>2. West Java</li> <li>3. Central Java</li> <li>4. East Java</li> <li>5. DI Yogyakarta</li> <li>6. Riau</li> <li>7. Central Kalimantan</li> <li>8. East Kalimantan</li> <li>9. South Kalimantan</li> <li>10. East Nusa Tenggara</li> </ol>			<div>What Kind of Challenges Faced by Each Province?</div> <div>Which Provinces Have Participated Actively?</div> <div>How? Why?</div>

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## SUMMARY OF DISCUSSION

### SELECTED DOMAIN AND RESPONDENT TO INTERVIEW:

#### SELECTION OF INTENDED AND UNINTENDED CHANGES:

	INTENDED (OUTCOME)	UNINTENDED (EXPLORATION)
BENEFICIARIES (INDIVIDUAL)	<ul style="list-style-type: none"> <li>• Psychological service (NTT)</li> <li>• Access to Covid-19 Services to indigenous people</li> <li>• Access to Covid-19 Services to transgender</li> <li>• Sex education to community</li> <li>• Health education to community (anaemia)</li> <li>• Radio broadcast, Podcast, and collaboration with influencer</li> <li>• Telemedicine service for covid-19</li> </ul>	Guidance: Values (trust, sense of belonging, feeling appreciated or others) <ul style="list-style-type: none"> <li>• Increase sense of belonging</li> <li>• Feeling appreciated</li> <li>• Resiliency</li> </ul>
CADRE (INDIVIDUAL)	<ul style="list-style-type: none"> <li>• Networking and collaboration to increase the refugees quality of life with UNHCR and IoM</li> <li>• Capacity building (internal webinar)</li> </ul>	Guidance: Values (content, grateful, sense of belonging, feeling appreciated or others) <ul style="list-style-type: none"> <li>• Self Growth</li> <li>• Public Speaking</li> <li>• Feeling Worthy</li> <li>• Empowered – based on the capacity building (feeling involved)</li> </ul>

#### SELECTION OF TARGETED RESPONDENTS:

	INTENDED (OUTCOME)
BENEFICIARIES	<ul style="list-style-type: none"> <li>• Indigenous People (v)</li> <li>• Pregnant Women and teenage girls (v)</li> <li>• Survivors of SGBV</li> <li>• PLHIV</li> <li>• LGBTIQ (v)</li> <li>• Elderly People</li> </ul>
CADRE	<ul style="list-style-type: none"> <li>• Health Workers</li> <li>• Sex Workers</li> <li>• Youth People</li> </ul>

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# CADRE STORY

RAUDAH -

SOUTH KALIMANTAN (1/3)

Assalammu'alaikum Wr Wb.

Perkenalkan nama saya " Raudah " umur 48 tahun

Disini saya sebagai kader "Program Pulih Bersama" ingin menceritakan salah satu pengalaman dalam menjalankan tugas sebagai kader.

Salah satu program dari "Program Pulih Bersama" adalah memberikan paket obat obatan untuk lansia yang berguna sebagai daya tahan / imun tubuh.

Salah satu klien lansia yang kunjungi dan berikan paket obat obatan merupakan warga yang kurang mampu. umur beliau 64 tahun dan tinggal di rumah kontrakan dengan ukuran  $\pm 2 \times 4,5$  m bersama istri dan 1 orang anak laki laki.

Rumah yang beliau kontrakan dan tinggal ini tergenang setiap air sungai pasang sehingga /bahkan sampai kaki istri beliau keet karena lantai rumah yang tergenang air setiap hari



# CADRE STORY

RAUDAH -

SOUTH KALIMANTAN (2/3)

Karena faktor usia pendengaran dan penglihatan beliau sudah berkurang fungsinya sehingga tidak bisa lagi bekerja, jadi untuk makan dan keperluan sehari hari ditopang oleh anaknya.

Ketika berkunjung dan bertemu beliau, saya memberikan penjelasan singkat terkait masalah kesehatan dan tentang "Program Pulih Bersama" serta tidak lupa memberikan bantuan berupa obat-obatan.

Beliau merasa gembira sekali karena selama ini tidak pernah ada yang memberikan bantuan obat-obatan kepada beliau.

Berkali-kali beliau mengucapkan terima kasih atas pemberian paket obat-obatan dari "Program Pulih Bersama" dan mendorong orang-orang yang terlibat di "Program Pulih Bersama" selalu diberikan kesehatan.

Setelah beberapa waktu saya bertemu beliau dan menanyakan apakah obat-obatan yang diberikan sudah beliau minum. Beliau menjawab sudah diminum bahkan sekarang beliau merasa badan lebih bugar sehingga tidak mudah terjangkit penyakit yang banyak terdapat di sekitar lingkungan rumah beliau yaitu demam, badan

# CADRE STORY

RAUDAH -

SOUTH KALIMANTAN (3/3)

tidak pertenaga dan batuk batuk.

Bahkan beliau menceritakan paketan obat-obatan itu juga diminum oleh istri dan anak beliau.

Inilah salah satu cerita dari sekian banyak kisah saya di lapangan sebagai leader  
"Program Pulih Bersama"

"POSITIVE THINKING & POSITIVE FEELING"

# CADRE STORY

## ARNETTY - RIAU

Saya mengucapkan terimakasih sudah menjadi bagian dari Kader Pulih Bersama yang diadakan PKBI Prov. Riau. Karena saya memang suka dengan kegiatan ini, dimana memberikan penyuluhan dan sosialisasi tentang Covid-19 dan penyuluhan yang berhubungan dengan kesehatan di tengah masyarakat. Prinsip saya dan panggilan jiwa saya bisa membantu orang lain adalah sebuah kebahagiaan yang tidak terkira. Dimana dengan kita turun dilapangan tantangan kita banyak dilapangan, dimana masih banyak masyarakat yang belum tahu tentang pentingnya menjaga kesehatan. Mereka selalu lalai

dengan pemakaian masker, tetapi saya sebagai kader pulih bersama tidak pernah bosan mengingatkan agar selalu tetap menjaga kesehatan dan mengingatkan mereka tentang vaksin. Selain itu saya juga merujuk jika ada salah seorang warga yang mengalami gejala covid-19 ke puskesmas untuk melaksanakan Test Swab Antigen dan Test PCR. Dan juga saya bekerjasama dengan PKBI terkait pasien yang terkena covid dan PKBI memberikan pasien tersebut obat-obatan, vitamin, dan alat pengukur kadar oksigen. Bahkan rumah saya dijadikan tempat vaksin untuk lansia dan bekerjasama dengan Lurah, Puskesmas Langsung, dan Bhabinkantibmas kelurahan Kampung Tengah untuk menjemput bola dalam kegiatan vaksin. Saya memberi pemahaman kepada lansia dan akhirnya mereka mau untuk vaksin. Semoga hal ini dapat menjadi manfaat untuk masyarakat dan apa yang dilakukan menjadi keberkahan.

Pekanbaru, 17 Oktober 2022



(ARNETTY)



# CADRE STORY

## ERMA YULI - RIAU

= ERMAYULI =

\* Inilah kisahku sebagai kader pulih Bersama PKBI Riau \*

= Program pulih Bersama =

Pada saat saya turun untuk sosialisasi ini, saya pernah menemukan satu keluarga yang sangat memprihatinkan, yang mungkin untuk memasak saja dia harus menggunakan kayu bakar, karena tidak sanggup untuk membeli bahan bakar minyak apalagi untuk membeli gas. Dan terkadang untuk makan sehari-haripun dia harus menunggu dulu apabila ada orang yang menggunakan jasa urut nya.

Dengan adanya "program pulih bersama" ini klien merasa sangat gembira karena mendapatkan bantuan berupa obat-obatan dan vitamin yang berguna untuk kesehatan beliau.

Sambil menahan tangisnya beliau mengucapkan banyak terima kasih karena baru pertama kali mendapatkan bantuan berupa obat-obatan dan vitamin seperti ini. dan beliau sempat mengatakan saya dan seluruh yang bergabung di PKBI Riau agar selalu diberikan kesehatan dan keselamatan dunia dan Akhirat.

Saya selaku kader "program pulih Bersama" yang mengerjakan bantuan ini memberikan sedikit penjelasan singkat terkait masalah kesehatan ibu dan anak. dan juga mengenai kesehatan reproduksi yang harus selalu diperhatikan oleh ibu tersebut, karena ibu ini memiliki 4 orang anak yang masih kecil-kecil. dan menyarankan ibu tersebut untuk menggunakan alat kontrasepsi (ber KB).

Harapan saya selain klien bisa mendapatkan ilmu dan wawasan yang baru melalui penjelasan saya tentang pentingnya untuk ber KB, program pemerintah selanjutnya dapat memperhatikan masyarakat seperti klien saya saat ini.

Inilah kisah dari sekian banyak kisah saya di lapangan sebagai kader "program pulih Bersama"

" BUKAN BERUSAHA MENJADI SEMPURNA

TETAPI BERUSAHALAH MENJADI BERGUNA "

## SOUTH KALIMANTAN (1/3)

♡ Ling-ling. ♡.

Bergabung di PKBI. Buisd adalah suatu keberuntungan dan kehidupan yang telah saya alami dan jalani banyak cerita dan banyak kisah yang saya alami bersama kawan? sesama relawan PKBI buisd, terutama kawan? sesama komunitas yg pernah mampir dan menorehkan benangan? yg sampai saat ini saya masih ingat dan piiribau badang? . ada tawa, canda, duka, emosi dan ribuan perasaan yg mewarnai pengalaman saya di tempat saya mulai bisa bersosialisasi dan berinteraksi dgn sesama, PKBI mengajarkan banyak kpd saya, dari saya yg tidak tau apa? menjadi mulai mengerti dunia berga berlawanan itu spt apa dan berharga cerita & kisah di dalamnya. Banyak hal? menarik yg ingin saya catatkan namun apa bila di catatkan tak pernah habis bertas untuk menuliskan satu? kisah saya ini.

Pertama kali saya bergabung di PEBI tlm 2015 Pd awal Program LBB-Supa yg membahas mslh rkn HIV bpd komunitas? Beresbo, saya memang bingung awalnya dan agak takut Bro Rn HIV AIDS tlm sangat? Sensitif dan bingung mulai dari mana ya, tetapi Bro Brongon teman? dan sesama rekan PEBI kalss saya mulai rasa dan tergan langsung belapangan bpd komunitas saya sendiri yaitu komunitas trans puan.

Seperinggal Program LBB Saya Saya berniat di perca-  
gaban menjadi Pelajar Lapangan Program GP yg masih  
membahas Rn HIV tetapi mengasar PSP. saya coba untuk  
belajar sebaib mungkin masbi bnyk yg saya tntak fan  
tetapi saya berusaha lbn dan mau belajar, sampai  
akhirnya saya berakhir masa kontrabnya dan lama  
waktu di rumah menjaga usaha saya yaitu salun.

Pada saat pandemi covid-19 mengingat saya anal  
2022 ini saya diminta lg mengaji sebagai kader Pukih  
bersama yg lebih membahas isu covid dan vaksin lg.  
masyarakat rentan dan komunitas 3 yg memang magister  
nah saya bergabung menjadi kader bisnis komunitas  
transparan, yg memang pesic saya selamaini.

Brybe Cerita yg Saya alami dan rasakan menjadi  
baterai Ruli bersama, ada beberapa yg Saya inget sampai



# CADRE STORY

LING LING -

SOUTH KALIMANTAN (2/3)

(2)

Date

Saat ini, salah satunya adlh betiba saya mengabdikan komunitas Traspua untuk bertahan, ada cerita yg lain dan agak mengesalkan sh dimana mereka menanggapi apakah ada uang nya di berikan apabila mereka mau melaburkan valensi, saya bingung bn di Pulih Bersama tidak ada budget nya untuk memberi bn bpd orang yg bisa agak bertahan ini, bn menurut saya yg untung adlh mereka sendiri dan yg mereka bisa dgn cpt akus valensi bn pusbomas ? yg sblh akrab dgn saya sebelumnya di program HIV ARS yg menangani laborasi. ada yg beberapa komunitas Traspua yg tidak memiliki GTP tetapi sangat ingin valensi, akhirnya saya konsultasi bpd pimpinan bn dan pengelola program Pulih Bersama, dan akhirnya bn terlambatan dan mendapatkan ARS valensi meskipun tidak adanya data berpenduduban, di situ saya merasa sangat ? Senang bn bisa membantu mereka yg memberbuka dan antusias terhadap bezelhatu sh mereka sendiri, meskipun tidak di pungkiri ada beberapa bn dari komunitas Traspua yg terang ? an menolak dan bahkan marah bn saya mencoba menggoale mereka melaburkan valensi, bn mereka blm pernah sama - seblai tiratun mesbl bnma data berpenduduban yg lengkap, di situ lah saya berusaha bisa seblar dan tetap sopan, mesbl jujur saya orangnya mudah marah dan terangsang, tetapi bn saya adlh relawan dan PKBI bdsel yg bergerak dan tergerak untuk membantu sesama jadi saya bisa dan bersah. Seblar dlm bersikap, berbata dan beretiba sopan menghadapi msh ? spt ini

Saya senang bisa bergabung di Program Pulih bersama, meskipun hanya 8 bulan tetapi banyak pengalaman ? dan bisa ? yg akan saya ingat dan menambah ilmu dan perkedaharaan bisa dlm hidup saya, dimana saya yg dulunya bukan Sopan ? Bahkan di pandang rendah orang sbdr lingkungan saya, dan sbarang saya mengast. sosok yg lebih



# CADRE STORY

LING LING -

SOUTH KALIMANTAN (3/3)

3

Date

Baiklah teman yang lebih baik dari saya yg dulu  
Saya menjadi orang yg bisa berguna membantu  
sesama khususnya bwn di komunitas kami Traspuan  
Bjrn. Saya ucapkan terimakasih bhwnya PBB1  
kalisa atas kepercayaan dan bwn yg ada di  
Pulih Bersama, Serta tidak lupa yg bpd lembaga  
donor yg sdh sangat membantu komunitas kami  
Traspuan BJRN dan semua orang yg sdh membantu  
manfaatnya Program Pulih Bersama Tni. Senang bisa  
mengenal orang yg buat para relawan PBB1 kalisa.  
Semoga masih ada lg saatnya kita berkumpul lagi di  
program 3 / kepratan PBB1 kalisa. Saya cinta  
dan sayang balian Sema, balian terbaik.  
Love you all. God Bless you. Terimakasih.

ling

# CADRE STORY

## TRI UTAMI - EAST KALIMANTAN (1/3)

*Assalamualaikum Wr.Wb*

*Perkenalkan nama Saya Tri Utami tapi biasa dipanggil Vivin, Saya mulai bergabung di PKBI Kaltim sejak tahun 2013 - 2015 di Global Fund Program Penanggulangan HIV AIDS Komunitas High Risk Man (Lelaki beresiko tinggi) atau biasa kita kenal dengan sebutan Pelanggan Seksual. Sebelum bergabung di PKBI saya sempat bergabung di salah satu Lembaga bernama LARAS (Lembaga Advokasi dan Rehabilitasi Sosial). Di tahun 2015 s/d sekarang saya pun kembali bergabung di PKBI Kaltim tetapi dengan komunitas yang berbeda yaitu PSP (Pekerja Seks Perempuan). Selain itu beriringan juga dengan Program Pulih Bersama sejak awal tahun 2022.*

*Sejak pertama kali bergabung dengan Program Pulih Bersama ini, tentunya saya merasa sangat senang pertama karena dapat bertemu kembali dengan orang-orang hebat, mereka terlahir dari relawan sejati PKBI, seperti Kak Rasya, Kak Acen, yang sudah punya jam terbang tinggi khususnya di dunia kesehatan. Tidak hanya itu ada juga teman-teman yang datang dari latar belakang background yang berbeda seperti Komunitas PSP, Pemerintahan, Mahasiswa, dsb.*

*Kami sebagai kader sangatlah tergerak dengan Program ini karena menyentuh langsung dengan kelompok rentan salah satunya komunitas PSP, mereka yg notabene langsung berkecimpung dengan dunia malam, rentan akan penyakit (seksual) sangatlah PAS untuk disasar. Salah satu edukasi yang kita berikan ialah Kesehatan Reproduksi khususnya. Dan tidak hanya itu selain materi seputar edukasi, kami juga menyampaikan informasi seputar bahaya Covid-19, manfaat vaksinasi, Layanan Swab antigen, dan salah satu nilai + di Program ini bagi saya adalah kita dapat langsung berkonsultasi seputar masalah intern langsung oleh Psikolog yang sudah tidak diragukan*

# CADRE STORY

## TRI UTAMI - EAST KALIMANTAN (2/3)

*lagi kemampuannya. Mereka yang awalnya takut untuk disuntik karena vaksin, takut dicolok hidungnya karena swab antigen sangat menyadari bahwa mereka tidak ingin menularkan dan ditularkan oleh resiko pekerjaan mereka sendiri, karena bagi mereka jika mereka sakit karena tidak divaksin, tidak diswab mereka tidak dapat bekerja dan mencari uang apalagi mereka pendatang dan kebetulan dari mereka sebagian besar adalah pendatang dari pulau jawa yang hidup keluarganya pas-pasnya dan harus mengirim uang tiap bulannya.*

*Bagi saya pribadi kita dapat sharing tentang pengalaman yang sudah kita lalui selama isolasi mandiri, semangat yakin untk sembuh, menjaga pola makan, olahraga dan makan-makanan yang bergizi dan tentunya dukungan keluarga dari orang sekitar maupun keluarga, karena itu cuma itu yang terpenting.*

*Kenapa saya bisa berbicara seperti ini, karena saya langsung mengalami sendiri betapa ganasnya CORONA VIRUS ini. Suami saya adalah orang pertama dirumah yang langsung terpapar virus. Sepulangnya dari bermain badminton di tempat ia mengajar yaitu SMA Negeri 1 Samarinda, suami saya merasa menggigil padahal saat itu cuaca sangat panas terik, mencium bau asap di dalam rumah padahal tidak ada yang merokok, rasa sesak didada, perasaan gelisah dan tidak nyaman, sampai akhirnya kondisi tersebut berlangsung seminggu lamanya. Dan akhirnya saya memutuskan untk membawa suami saya ke klinik, dan disarankan untk swab antigen, dan ia ternyata hasilnya **positif covid-19 tanggal 14 februari 2021**. Setelah terbit surat dari Dinkes Kota Samarinda suami saya langsung bergegas menuju rumah Karantina BPSDM untk melakukan isolasi mandiri. Lebih kurang 14 hari dan dinyatakan negatif Covid-19 barulah boleh kembali pulang.*



# CADRE STORY

## TRI UTAMI - EAST KALIMANTAN (3/3)

*Berselang 3 bulan, ayah sayapun mulai merasa lemas, tidak nafsu makan, sesak nafas, demam dan pernah pada saat itu saturasi beliau di angka 25% jauh dari angka normal, injeksi tidak bisa dilakukan dikarenakan cairan dapat masuk ke paru-paru, kamipun pergi kerumah sakit dan ia ternyata hasil PCR nya adalah positif, rasa campur aduk jadi satu karena harus rela beliau diisolasi demi mendapatkan pertolongan oksigen di RS, banyak yang meyakinkan bahwa beliau akan sembuh dikarenakan banyak pasie yang sudah pernah isolasi di RS tersebut sehat sediakala, ikhtiar terus dilakukan sambil berdo'a dan berserah semoga ini terbaik bagi kita semua, dan takdirpun merubah segalanya, ayah saya telah berplang kepangkuanNYA. **Dan mereka masih dibilang kalau COVID-19 itu tidak ada?***

*Dikarenakan peristiwa-peristiwa itulah yang mendorong saya untuk lebih giat mengingatkan, mengedukasi betapa bahayanya virus ini, hanya vitamin, selalu berfikir positif, tidak panik, dukungan keluarga, dan semangat untuk sembuh itulah ,modal utama untuk melawan COVID-19 ini.*

*Sekian pengalaman dan kesan dari saya, kurang lebihnya saya mohon maaf, salam sehat, tetap semangat untuk kita semua.*

*Wassalamualaikum Wr.Wb*

# CADRE STORY

## SRI INDARWATI - CENTRAL JAVA

Selamat pagi Salam Sehat Selalu.

Perkenalkan Nama Saya Sri Indarwati, biasa di panggil bu Indar umur 52 tahun Salah satu Relawan kader Pulih Bersama dari Semarang Jawa tengah. Saya Sangat Senang sekali bisa di beri kesempatan u/ bisa bergabung menjadi kader pulih di PKBI Jateng, Pengalaman yang Sangat luar biasa sekali dimana Saya bisa berbuat banyak, melayani banyak orang, ~~yang~~ yang diantara orang yang saya layani banyak kaum Wanita Rentan dari golongan orang yang tidak mampu secara ekonomi dan keterbatasan secara fisik, karena di situ terdiri dari, wanita single perent yg berusaha keras menjadi tulang punggung keluarga, Lansia renta yg hanya tinggal dengan anak, atau cucunya yang juga orang tidak mampu, kaum Difabel atau disabilitas yang penuh dengan keterbatasan fisik, hidupnya tergantung dengan bantuan orang tua atau keluarga yg di rumahnya yg secara ekonomi juga terbatas. kaum buruh pabrik yg kerja bagai kuda atau kerja rodi, wanita hamil, dan bahkan anak2 yg kurang gizi.

Saya sangat bersyukur melalui Pulih bersama saya bisa berbagi ilmu tentang Kespero, Vaksin, macam2 pengetahuan tentang penyakit Amnesia bahkan bisa mendorong para wanita u/ bisa ikut menentukan pilihan ketika mereka ingin pakai alat kontrasepsi, apalagi ketika saya datang membawa bingkisan atau paket dari pulih bersama. Mereka sangat senang dengan apa yang saya berikan, baik itu sosialisasi, Edukasi atau bahkan bingkisan yg saya bawa, itu sangat berarti bagi mereka apalagi bantuan itu lahir pada saat pandemi dan saat terahir pendampingan.

~~mendengar~~ mengunjungi dan bisa mendengar sedikit dari Cerita mereka Saya Sangat terharu dan ~~katih~~ sekali, dengan apa yg saya lihat ketika mereka melakukan kegiatan sehari2 dengan keterbatasannya.

Melalui banyak kejadian2 yang saya lihat di lapangan saya jadi sangat Bersyukur, ketika kita di beri tubuh dan badan yg Sehat, dan kita bisa melayani mereka dan bisa bermanfaat untuk mereka. program pulih bersama sangat bermanfaat sekali, trimakasih pulih TB makasih PKBI.

# CADRE STORY

## MERRY - EAST NUSA TENGGARA

*Halo Semua, Saya Merry merupakan kader PULIH BERSAMA PKBI NTT. Pada kesempatan ini saya ingin bercerita hal menarik yang saya rasakan ketika melakukan penjangkauan dan ingin saya bagikan, cerita ini saya dapatkan waktu menjangkau salah-satu daerah yang ada di Kabupaten Kupang yakni Pulau Semau, pulau tersendiri yang menyimpan banyak kekayaan wisata salah-satu nya pantai Liman. Perjalanan ditempuh sekitar 30 menit menggunakan perahu, sesampainya disana kami mengunjungi gereja tempat kami akan bercerita dan berdiskusi dengan adik-adik disana mengenai Kesehatan Mental.*

*Sesampainya disana kami sangat senang bisa bertemu dengan orang-orang yang sangat semangat untuk mendapatkan materi, Keakraban dan kekeluargaan sangat kental dengan anak-anak yang ada disana. Mereka dengan atusias memanggil kawan-kawan yang lain untuk turut mengikuti sesi diskusi, hal menarik yang membuat saya tidak akan pernah lupa adalah cerita mereka soal isu Kespro dan Isu Kesmen sangat tabu bahkan ketika bicara pun hanya kepada teman sebaya tidak dengan orang tua, pelibatan mereka terhadap keputusan untuk sekolah dll diatur oleh orang tua mereka, ketika diskusi pun berlangsung mereka dengan sigap bertanya banyak hal seputar kesehatan mental dan kesehatan reproduksi, ketika waktu selesai mereka mengantarkan kami dan berpesan kalau ada waktu jangan lupa untuk kembali karena kami akan sangat menunggu kedatangan kakak-kakak ke pulau Semau.*

*Merujuk dari cerita di atas, saya selalu percaya satu hal yang kita bagikan walaupun kecil itu sangat berarti bagi orang-orang yang sangat membutuhkan, pesan saya tetap menjadi seorang relawan yang rendah hati serta mau mendengarkan suara tiap orang karena itu berasal dari lubuk hati mereka yang paling dalam.*





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PERTUNI TRAINING  
EAST JAVA



SWAB ANTIGEN ACTIVITY





MOBILE CLINIC SERVICE  
IPPA CENTRAL JAVA



IMS SERVICE TRAINING



CADRE DELIVERING  
INFORMATION



MEDICINE AID  
DISTRIBUTION





STAKEHOLDER MEETING



RADIO BROADCAST



CADRE INFORMATION DELIVERY



MASS VACCINATION  
PUSKESMAS LENDAH



