INDONESIA

Development of Supporting Resources for Community Rehabilitation of the Disabled

Project findings and recommendations

Report prepared for the Government of Indonesia by the International Labour Organisation acting as Executing Agency for the United Nations Development Programme

International Labour Office Geneva
United Nations Development Programme
# TABLE OF CONTENTS

I. INTRODUCTION ................................................................. 1
   Project background ......................................................... 1
   Objectives of the project .................................................. 3
      Development objective .................................................. 3
      Immediate objectives ................................................... 3
   Acknowledgements ......................................................... 5

II. FINDINGS ................................................................. 6
   Project Implementation Unit .............................................. 6
   Project management and counterpart staff ............................ 6
   Construction of buildings for the staff training programme ....... 7
   Management of the staff training programme .......................... 7
   Training of key rehabilitation officers ................................. 9
   Upgrading of Prof. Dr. Soeharso Rehabilitation Centre ............ 12
   Upgrading of the Mobile Rehabilitation Unit (MRU) ............... 14
   Action-oriented research activity ..................................... 15
   Job adaptation .................................................................... 17
   Employment promotion ...................................................... 18
   Publicity ........................................................................... 19
      Direct communication .................................................... 20
      Photographic displays ................................................... 20
      Videotape presentations ................................................ 20
      Film ........................................................................... 21
      Press releases .............................................................. 21
      Posters ........................................................................ 21
   LBK activity ..................................................................... 21
   Development in legislation .................................................. 23

III. RECOMMENDATIONS .......................................................... 24

ANNEX I: International and counterpart project staff .................... 29
ANNEX II: Membership of the project implementation unit ............... 30
ANNEX III: Modules and elements prepared for the group training programme .................................................. 31
ANNEX IV: Fellowships ........................................................... 34
ANNEX V: Recommendations for the upgrading of the Prof. Dr. Soeharso Rehabilitation Centre .......................... 36
ANNEX VI: Major items of equipment provided by UNDP/ILO ............ 39
ANNEX VII: Report to the Department of Social Affairs on the activities of the Mobile Rehabilitation Unit (MRU) .................................................. 43
ANNEX VIII: Recommended inventory for an MRU vehicle ............... 48
ANNEX IX: Training course for PSKs .......................................... 50
ANNEX X: An appraisal of the action-oriented research activity into the cost-benefit of the community rehabilitation services .................................................. 55
ANNEX XI: Mutual agreement between the Department of Social Affairs and APINDO Co-ordinator Surakarta (Co-ordinator of the Association of Indonesian Enterprisers) .................................................. 61
ANNEX XII: Expert's report of project activity .............................. 63
I. INTRODUCTION

Project background

1. In accordance with the Preamble of the Indonesian Constitution of 1945 and article 27 (paragraph (2)), of that Constitution, as well as with article 1 of Law No. 6/1974, in the Principle Provisions on Social Welfare, every disabled person in Indonesia is entitled to the best degree of service in social welfare efforts available from both government and community resources.

2. Until the mid-1970s, all major social and vocational rehabilitation services for the disabled in Indonesia were concentrated in relatively few large institutions scattered over the main islands of the Indonesian archipelago and located in the relatively large communities on those islands. The capacity of these institutions has been estimated at about 5,000 disabled people each year. It has also been estimated that nearly 3.1 percent of the total population of Indonesia is suffering from some form of disability which restricts their ability to integrate with and work in their communities. Based on present population estimates, this means approximately 5 million people.

3. Thus, it was obvious that existing institutions could not handle this very large number of handicapped people. For economic and geographical reasons, it was not practical to consider opening more and larger institutions. The numbers were far too large and the institutional approach much too rigid; a radical new approach was needed.

4. In the early 1970s, the idea of community-based rehabilitation was conceived and, by the mid-1970s, a gradually expanding group of social and vocational guidance centres under the sponsorship of the Department of Social Affairs was set up in areas where the needs were greatest and services were few. From the outset it was evident that this new approach was going to reach and provide a service to (without the need for large, expensive, purpose-built institutions) a larger number of those in need than had so far been achieved. The question was how to offer a cost-effective service to the total disabled population of nearly 5 million.

5. At this point, the Government of Indonesia approached the United Nations Development Programme (UNDP) and the International Labour Organisation (ILO) for assistance in funding and international expertise, to develop its original idea into a workable arrangement which would involve the community in the rehabilitation programme initiated by the Department of Social Affairs. In September 1979, a technical co-operation project (INS/78/023) was started. The objectives of the project, completed in October 1982, were:

(a) to establish a pilot demonstration scheme of non-institutional, community-based services and facilities for the rehabilitation and social reintegration of disabled persons which would serve as a model for the expansion of similar services by the Department of Social Affairs;
(b) to establish, on an experimental basis, small self-supporting production workshops and marketing facilities for goods produced by the disabled, in urban and rural areas;

(c) to develop rehabilitation and training facilities of selected institutions for the disabled which would provide supporting services for community-oriented rehabilitation programmes (e.g. mobile rehabilitation services).

6. After three years, the project had successfully achieved the first of these objectives by designing, building, equipping and staffing four model base stations in Java, Sumatra, Sulawesi and Lombok. These base stations, now given the name Loka Bina Karya (LBK) were relatively small in size, accommodating an average of 20-25 clients at any one time and giving each client basic training which would be sufficient to start gainful employment in one or more elementary skills appropriate to the work opportunities in the surrounding communities. However, these model base stations were not to be regarded solely as vocational training institutions in miniature. They were intended to be out of a multi-purpose facility in their respective communities on which social and vocational rehabilitation services would focus. To this end, the project team produced a specimen programme of LBK activity and, with the help of United Nations Volunteers, introduced this programme in the four demonstration centres.

7. The second objective was achieved to a degree, although initially, and certainly during the life of the project, the working groups created were located in LBKs. The experiments achieved their effect however, and by mid-1986 there was a total of 2,274 disabled working groups (called Kelompok Usaha Produktif (KUP)), scattered widely throughout Indonesia. Each of these provided employment opportunities for at least four and, in some cases, up to ten disabled people.

8. The third objective was also achieved. Five institutions were selected for assistance in improving their activities and facilities. Three of the five centres offered services for the physically disabled, one for the mentally disabled and one for the blind. The improvements permitted each centre to act as a support facility in the continuing development of community-based service.

9. Although not specifically mentioned in any of the objectives, a further development was initiated at this time in the form of a mobile rehabilitation service. The purpose was to investigate the feasibility of taking rehabilitation services to remote areas where such services could not otherwise be provided. Because the need for rehabilitation was spread widely, this experimental service was necessarily inter-sectoral, involving co-ordination of efforts of the Departments of Health, Education, Social Welfare and Manpower and also efforts of social participation from within the community. Thus, in forming the team of experts, representatives of these differing disciplines were invited to take part. These included specialists in medicine, physiotherapy, psychology and social work, as well as specialists in orthotic and prosthetic appliances and vocational training.
10. In practice, the team of experts drawn from central government sources included only those who were not otherwise available within the relevant local community services. A large covered truck was obtained and converted for use as a mobile workshop, a back-up facility in remote areas, an equipment store and a temporary base. When dispensing their services, the team normally located itself in a convenient village hall. The programmes were arranged so that the team spent up to one week in an area covering several villages, thus giving each specialist the minimum amount of movement and the maximum amount of time to give consultations, diagnoses, treatment, etc. In terms of overall help to the disabled, this experiment was judged to have great potential.

11. This then was the situation when it was decided to implement the recommendation for a second phase of technical assistance to further develop the community-based rehabilitation service.

12. Accordingly, the Indonesian Government again requested the assistance of UNDP and ILO and, in September 1983, a project document was signed authorising a further phase of activity aimed at developing the supporting resources for community-based rehabilitation of disabled people. The total available budget was fixed at US$1,620,000, with UNDP providing US$1,270,000 and the Government of Indonesia providing 335,835,000 rupiahs. Subsequent project budget revisions, together with an extension of 12 months giving a total life of the project of 48 months, resulted in final expenditures on the part of the UNDP of US$1,566,016 and on the part of the Government of 385,154,000 rupiahs. For the execution of the project, the Director-General of the executing agency (the International Labour Organisation (ILO)), nominated Mr. Derek S. Spicer (United Kingdom), an expert in vocational rehabilitation, as Chief Technical Adviser to the Indonesian Department of Social Affairs and project team leader. He arrived in Indonesia on 15 October 1983 and completed his assignment on 8 October 1987.

Objectives of the project

Development objective

13. The development objective of the project is to achieve the self-reliance of the disabled population in Indonesia by providing facilities and opportunities for rehabilitation and reintegration of the disabled into the community as socially adjusted and economically self-sufficient individuals.

Immediate objectives

14. Within the framework of the development objective, the project's immediate objectives to be achieved by October 1986 are:

- to establish a permanent national staff training facility and programme at the Prof. Dr. Soeharso Rehabilitation Centre in Solo, with special emphasis on the training of trainers of community-based rehabilitation field-workers, managers of Loka Bina Karya, vocational instructors, rehabilitation administrators, rehabilitation technicians, etc.;
- to improve and upgrade the existing facilities and services of the Prof. Dr. Soeharso Rehabilitation Centre with a view to enabling it to serve as a national centre and focal point in providing professional and technical support and backstopping to the schemes of other rehabilitation institutions and non-institutions throughout the country;

- to conduct action-oriented research activities on the development of low-cost and high-output methodology and technology for the delivery of rehabilitation services for the disabled in urban and rural areas; and

- to develop a national programme of comprehensive rehabilitation facilities for the disabled by implementing the recommendations contained in the terminal report of the UNDP/ILO Phase I project (INS/82/011): Development of Support Resources for Community Rehabilitation of the Disabled.

15. By aggregating the recommendations arising from the experience gained during Phase I (INS/78/023), the conclusion was drawn that the immediate need was for the development of supporting resources to enable the community-based rehabilitation service to expand both in scope and coverage. The most pressing need was for well-qualified, properly trained rehabilitation workers in the appropriate fields of activity of social and vocational rehabilitation.

16. In 1979, there were some 50 community-based stations operating haphazardly. By October 1983, the number had grown to over 100. The rehabilitation resource facilities were called Loka Bina Karya (LBK); they were being built to a fairly standard pattern and a national programme of activity had been introduced. At that time, the expanding network of community bases was accelerating at a higher rate than the resources needed to keep them operating at anything near optimum capacity on a year-round basis.

17. Thus, the project activities were to be focused on improvement of those resources. The prime component was seen to be an increase in the number and competency of personnel. Personnel recruitment was the Government's responsibility. Training them was the project's responsibility and the decision was made to create a national staff training programme at the Prof. Dr. Soeharso Rehabilitation Centre at Solo in Central Java. The logic was simply that it would enable participants in the training courses to observe rehabilitation activities in both institutional and community-based programmes to support lectures and also to become involved in the practical delivery process of community-based services. Hence, the decision was made to base the project in Solo and to further upgrade the Prof. Dr. Soeharso Rehabilitation Centre.
Acknowledgements

18. In presenting this report, the Director-General of the ILO wishes to acknowledge with grateful thanks the full co-operation and assistance extended to the ILO Chief Technical Adviser and his team of international and national experts by the Government and national and local authorities who were in any way involved in project activity. Special appreciation is expressed to Mrs. Nani Soedarsono, the Minister of Social Affairs, for the support and the personal interest she took in the progress of the project, and also to Dr. Soetadi, the Director-General of Rehabilitation and Social Services and chairman of the Project Implementation Unit (PIU) for his deep commitment to and active support of the aims and objectives of the project. The co-operation extended by PIU members, the different government agencies, provincial and district authorities, as well as many non-governmental organisations, is also gratefully acknowledged.

19. A list of international and national staff assigned to the project is included in Annex I.
II. FINDINGS

Project Implementation Unit

20. At the beginning of project activities, a Project Implementation Unit (PIU) was established within the Department of Social Affairs, the Government's implementing agency for the project. The terms of reference of the PIU were:

- to formulate economically feasible and practical long-term, as well as short-term, plans and policies for the development of a national programme of vocational and social rehabilitation of the disabled;

- to monitor the progress of the project by receiving regular reports from project managers and by periodic involvement in surveys of project activity;

- to assist, when required, in achieving interdepartmental support and co-operation to ensure timely project delivery; and

- to endorse the project manager's proposals for additions to, or modifications of, any of the activities or outputs of the project.

The members of the PIU are listed in Annex II.

21. It had been agreed that the PIU would aim at meeting at two-monthly intervals. During its first year, the PIU managed to hold five meetings but this rate of regularity proved most difficult to maintain. Only two meetings were convened during the next 12 months, and the total number of meetings over the four-year period was ten.

22. As a forum for the review of project progress, the consideration and resolution of any difficulties arising and the apportioning of responsibility for action, the PIU achieved considerable success. Although at the outset the Director-General, in his capacity as chairman, made it clear that the PIU was just an advisory body and, as such, had no executive authority, in practice it proved a most influential lobby in achieving action where action was needed. The fact that the composition of the PIU included representatives from other relevant sectors of government activity for the disabled was a distinct advantage in the further development of co-ordination of those activities and the improvement of personal relationships between departments at the provincial and district level.

Project management and counterpart staff

23. The project manager and counterpart to the CTA was the Director of the Directorate of Rehabilitation based in Jakarta and, for the first three years, the CTA was based in Solo, a distance of over 600 kilometres from Jakarta. It was necessary, therefore, to arrange for a local counterpart to the CTA to be appointed for day-to-day activity in Solo with another counterpart in Jakarta who could be deputised during absences of the project manager.
24. At the beginning, there were indeed many communication problems. The system, however, settled into a pattern of local project management directed by the CTA with overall management exercised by the project manager, in conjunction with his deputy and with the assistance of the CTA. This was achieved by the CTA regularly visiting his counterparts in Jakarta with corresponding visits by counterparts to Solo in connection with particular activities. It was a compromise which worked well because of the quality and competence of the counterpart staff.

25. Initially, the counterparts to the two international experts could only devote a short period of time to the project because of their commitment to their normal work. The PIU was influential in rearranging their duties to resolve these difficulties.

Construction of buildings for the staff training programme

26. Buildings for the staff training programme included a 50-bed dormitory and a training resource centre with lecture room facilities and office accommodation for the training committee, management and the Solo-based project team. The dormitory was available for use when the project began. The training resource centre building programme was considerably delayed and was not available for use until half-way through the project. Temporary accommodation was provided by the Solo rehabilitation centre for both lecture facilities and administrative purposes. This compromise had no noticeable effect on project delivery in respect of the staff training programme.

27. When the training resource centre became available, the transition of project staff and equipment was smooth and rapid. Since coming on stream, the building has provided office accommodation for national and international experts, the training committee and also an officially constituted working group of representatives of the Department of Social Affairs and the primary National Association of Employers. It also offers lecture room facilities comprising two syndicate exercise rooms and a lecture hall which seats up to 50 participants.

Management of the staff training programme

28. To a large extent, the staff training programme had been determined prior to the start of project activity and fulfilled the conditions imposed by the joint involvement of the Government and UNDP/ILO. A Training Executive Committee was appointed by the Director-General to serve for the whole period of project activity but was subject to reselection at the end of each 12-month period. The Committee comprised six members, with the Director-General included as an adviser. The other five members included a director, deputy director, secretary, finance officer and one other person.

29. For each individual training course an administrative committee was convened which, in addition to the last four members mentioned above, included two more members from the Directorate of Rehabilitation. The purpose of this committee was to monitor each course of training as it progressed and to assist in administration.
30. A team of trainers was drawn from the Directorate of Rehabilitation for the training programmes themselves. The programmes used three or four trainers, depending on the particular course programme, and were usually headed by one of the chiefs of the Sub-Directorate. Each trainer was nominally responsible for particular aspects of the programme and was assisted by visiting lecturers and the ILO international experts.

31. The training programmes were based on curricula devised by project management and produced in modular form. In this respect, international expertise was used extensively for specialist vocational and social rehabilitation material. In line with national government policy, the first part of each training course was devoted to topics relevant to government service in general and did, to some extent, use up the available time for the rehabilitation subjects. The Training Executive Committee, after consultation and guidance from the ILO experts, was able to streamline the general topics, thus minimising the encroachment on the job-related topics.

32. The training programmes were directed at the following groups of rehabilitation workers, virtually all of whom were selected from current departmental staff:

- trainers of field social workers;
- managers of Loka Bina Karya;
- vocational instructors;
- production supervisors;
- administrative officers;
- directors of institutions;
- vocational assessment/guidance resettlement officers;
- orientation and mobility leaders;
- rehabilitation technicians;
- district social workers.

33. A total of 779 participants attended a total of 29 training courses which, in total, covered 986 days of the project. For the measure of success of this training, however, the project team was concerned primarily with quality. To this end, periodic field visits by both national and international project team members were arranged to assess the effectiveness of each training course in terms of improved service to the disabled people in the areas covered by ex-participants. The results were most encouraging and it was clear that each course programme accurately covered the training needs. Full reports of the findings were submitted and can be made available on request, but some examples of the improvements noted are as follows:

- Commitment. Virtually without exception, all ex-participants displayed enthusiasm for their jobs and were impatient to see the rapid development of their service. This prompted senior management to seek guidance on ways and means to develop the service more rapidly.
- Use of facilities. It was apparent that ex-participants were making better use of the facilities at their disposal. For example, LBK managers who had attended a course were using their LBKs for more than just the two months of each year allocated for vocational training. Some were carrying out production activities; some were using them as bases for community activity for the disabled.

- Community involvement. The greatest difficulty facing rehabilitation workers everywhere is in changing the general public's attitude towards the disabled. Before training, the workers show a marked reluctance to try, primarily because they have not yet even learned how to start. Again, in this respect, ex-participants were showing the value of their training and many instances were noted of the direct involvement of community leaders in the process of community-based rehabilitation programmes.

- Placement. This was perhaps the most encouraging trend of all, in that resettling disabled people in economically viable employment within the community is the ultimate objective of this community-based rehabilitation service. In an economic climate which hardly favours the employment prospects of disabled people, it was most gratifying to see not only the tenacity with which ex-participants pursued job opportunities for their clients, but also the measure of success that they were achieving.

It was also pleasing to note that the incidence of wasted training (staff transfers, resignations, etc.) was unusually low. A full list of the modules of training is included in Annex III.

Training of key rehabilitation officers

34. During the first year, three key officials were identified as suitable candidates for foreign fellowships. They were: Ms. Sri Kastilah, Chief of the Sub-Directorate for the Mentally Handicapped; Mr. Arief Suryani, Chief of the Social Services Section for the Rehabilitation of the Deaf; and Mr. Suwandi, Chief of the Rehabilitation Institution for the Mentally Retarded, West Sumatra.

35. A programme of study in two countries in the Asia-Pacific region was organised by project management and arrangements were made, through the ILO, Bangkok, to visit Japan and Hong Kong. The three fellows remained together as a group and arrived in Japan on 11 November 1984, leaving Japan on 8 December 1984. The programme of study included:

- an overview of services to the disabled with an appreciation of input from government sources;
- an examination of the organisational structure used by Japan to bring rehabilitation services to rural communities;
- an appreciation of the problems involved in placing disabled people in suitable employment, coupled with an in-depth study of the special problems encountered with the mentally handicapped and their applied solution (legislation-placing techniques, etc.);
- an in-depth study of methods and techniques employed in the social and vocational rehabilitation of the various categories of the mentally handicapped. This included institutional and community-based rehabilitation; and

- an in-depth study of placement methods and techniques for the mentally handicapped, with a review of a representative sample of placings over a five-year period. This included both successes and failures; the failures to be critically appraised and the cases used in final reporting to generate each fellow's ideas of the reasons for failure and suggestions for applied solutions.

36. The group travelled to Hong Kong, where they stayed between 9 and 23 December 1984. Their programme in Hong Kong was arranged to coincide with the Asian Conference for the Deaf, in which they participated. Prior to the opening of the Conference on 17 December 1984, they examined Hong Kong's organisational structure and methodology for bringing rehabilitation services to the various categories of disabled. On their return to Indonesia, each fellow submitted a report of their activities.

37. From a study of these reports, it is evident that the fellows covered much ground in Japan, visiting a wide range of both governmental and non-governmental institutions which provide services to the disabled. Of the five specific areas of study mapped out for them, it appeared that attention had been focused on the first and the last. There was little mention, however, of rural rehabilitation services, placing problems of the mentally handicapped or any particular emphasis on the different approaches adopted in dealing with the various categories of the mentally handicapped. These areas were considered by the project management to be particularly relevant to rehabilitation workers in Indonesia; it was felt, however, that the programme had concentrated too heavily on the end result of the rehabilitation process for the mentally disabled at the expense of the methods and techniques of handling the disability within the institutions.

38. Although the group's time for study of the organisation and methodology of Hong Kong was very restricted, their reports indicate that good use was made of the time with lecture sessions by key executives and well-planned visits to institutions and organisations giving services to disabled people. Their attendance at the Asian Conference for the Deaf was informative and provoked their increasing interest in total communication for the deaf.

39. During the second year of the project, five key rehabilitation officials were identified for foreign fellowships to be taken up in Europe. The five selected were: Mr. Soetadi, Director-General of Rehabilitation and Social Services; Mr. Soepangadi, Director, Directorate of Rehabilitation; Mr. Marjono, Director, Prof. Dr. Soeharso Rehabilitation Centre; Mr. Djamin, Provincial head, East Java province; and Mr. Markus, Chief, Sub-Directorate for the Physically Handicapped.

40. The programme arranged for Messrs. Soetadi and Soepangadi was scheduled for 10-24 November 1985 in England and for 25 November-11 December 1985 in Sweden. Their field of study was the vocational rehabilitation of the disabled in an integration
environment, with the accent firmly on the strategy adopted. Their activities included discussions with senior management personnel on policy issues; discussions with rehabilitation professionals on implementation of programmes and services; visits to selected institutions, bases, etc.

41. The programme arranged for Messrs. Marjono and Djamin was scheduled for 10 November-11 December 1985 in England. Their field of study was vocational assessment and training in production-oriented centres for the disabled. Their activities included a tour of selected institutions, centres, bases, etc. at which they:
- observed production activities as an assessment and therapeutic exercise;
- observed production techniques adapted for particular disabilities;
- discussed with local managers, rehabilitation professionals, supervisors, instructors, etc.; and
- examined problems of implementation, e.g. publicity, marketing, funding, etc.

42. Mr. Markus attended the ILO International Centre for Advanced Technical and Vocational Training in Turin, where he studied curriculum development.

43. Composite reports were received on the four fellowships in the United Kingdom and the two fellowships in Sweden. The Turin fellow submitted a comprehensive report, accompanied by two well-prepared case studies. The overall effect of the fellowships in terms of measurable improvement in individual performance was difficult to gauge in the short term. It was evident that all five fellows made full use of their opportunity and each followed a full programme of activity.

44. The most significant effect of these fellowships was the successful integration, within rehabilitation institutions, of the different categories of disability, a factor which is rapidly gaining favour with the senior decision-makers in the Department of Social Affairs. They were also impressed by the high quality of output achieved by disabled people undergoing rehabilitation courses, a factor they attributed to the high standard of premises, equipment, materials, and the quality of the supervision.

45. In the third year of the project, four additional fellowships were arranged. Three of these were in Hong Kong and the fourth in the Philippines. The three fellows nominated to study in Hong Kong were: Mr. Anis Dahan, B.A., Chief of the Administrative Section, Directorate of Rehabilitation of the Disabled; Mr. Abdurrahman, Chief of the Rehabilitation Institute for the Physically Handicapped, Ujung Pandang; and Mr. A. Hassan, Chief of the Social Office, Buleleng, Bali. Mrs. Chodiratun, Chief of the Rehabilitation Section in the Provincial Office of Central Java, studied in the Philippines.

46. The lengthy selection procedures practised by the Government caused a long delay in the start of these fellowships. Consequently, the project had entered its fourth year before the departure of the fellows for their respective destinations. The point is raised only because, without the extension of the project beyond its original termination date, it was probable that follow-up by the ILO international staff would not have been as effective.
47. The programme of study arranged in Hong Kong was as follows:

- to study the social rehabilitation service of Hong Kong to see how it compared with the service in Indonesia; and
- to attend the Asia-Pacific Regional Conference on Deafness.

The combined report received from the group indicates that good use was made of the limited time available for study. The fellows gleaned much useful information and one or two useful ideas for inclusion in their own service delivery programmes.

48. A full list of the fellowships awarded during the four years of the project is contained in Annex IV.

Upgrading of Prof. Dr. Soeharso Rehabilitation Centre

49. A complete review of the existing facilities was undertaken and a report submitted to the Department of Social Affairs, which assessed the current service and recommendations for improvements based on perceived needs. A list of these recommendations is contained in Annex V.

50. The Department’s response to the report and recommendations was encouraging. In principle, all recommendations were accepted but subject to further discussion prior to formal adoption. Those concerned with extra space requirements were dependent on extra space becoming available. This occurred when the Department of Health moved into its new premises. The resulting rearrangement of training sections within the enlarged set of premises proved most satisfactory.

51. The recommendations concerning the updating of equipment for training purposes were adopted in total and implementation was phased over a period of two years. The following difficulties were encountered, however:

- Ordering of equipment in the first year of project activity was delayed for many months, while waiting for the arrival of international experts, their subsequent reports and the adoption of their recommendations. Further delays occurred in attempting to obtain satisfactory quotations from suppliers for comparison with average world prices. The result was a seriously reduced time-frame in which to achieve the requisite project delivery.

- Further delays were experienced between placing orders with the procurement authority and final delivery of equipment at the project base. This was particularly so with internationally placed orders.

- In this regard a part of the problem centred around the UNDP government system of documentation for receiving goods into the country. The system itself is reasonably straightforward but, as with all paperwork, delays appear to be inevitable. In the early stages of equipment arrivals, the CTA himself contributed to the delay in passing paperwork because of inadequate briefing in the Indonesian system. This fault was later corrected by updating the briefing information given by the UNDP to newly
arriving CTAs and experts in charge. While the fault persisted, however, it caused a build-up of equipment which could not be delivered and resulted in an escalation of storage charges. This, in turn, caused embarrassment to the Department of Social Affairs whose budget for clearing equipment through customs was limited.

52. The recommendation concerning staffing requirements was adopted and has been implemented.

53. The recommendations concerning viable craft training skills, although adopted in principle, have taken effect only in part. It was recommended that both the administration training section and the machine knitting training section be phased out as no longer viable in terms of placing results. The administration training has now ceased but machine knitting continues because of its value to disabled women as a potential for home industry. The relatively new craft skill of screen-process printing has been introduced and a recommendation for the introduction of gem stone polishing was accepted but deferred to a later phase of technical co-operation when help with equipping the facility may become available.

54. According to the present government policy on training practice and procedure in institutions, items made by trainees as practical exercises in the course of their training are regarded as waste material and (although perhaps fit for sale) if sold, all moneys arising from the sale are passed directly to central government funds as defrayments of training costs. Thus, this potential source of revenue for institutional development is lost. In compensation, each institution is encouraged to foster amongst trainees the spirit to organise themselves into small co-operative groups where they put their training into practice while they are still in the institution in order to prepare for their daily living activity within their communities. From these groups, the profit accruing on any items made, and subsequently sold, is fed back into the institution's general fund where it is intended to be used to develop this group activity. In this way, trainees begin to apply the skill of small business management.

55. The recommendation concerning the introduction of small business management training for clients was adopted and implemented. At the termination of the project, it was too early to assess the effect this training had in terms of improved marketing, turnover, etc., but it was well received and has been built in as a module for inclusion in the training of rehabilitation field-workers.

56. With regard to the variety of disabilities, and because institutions in Indonesia are traditionally directed at just one category of disability, it was recommended that the Solo Rehabilitation Centre should admit other categories of disability in addition to the orthopaedically disabled. This remains a difficult concept for many rehabilitation workers to accept, but there is a gradual warming to the idea at senior policy-making level.

57. With regard to the recommendations concerning the follow-up of clients after training, the Department agreed that it was necessary to know, for validation purposes, how effective current training programmes were in terms of successful placings. Lack of sufficient staff resources, however, precluded any but the most cursory feedback, particularly in the more remote regions. This situation has improved as a direct result of
the staff training programme, but there remains a need for an adequate system which will ensure a continuous flow of information on the results of the craft training received by disabled clients.

58. All other recommendations have been implemented in so far as it was practical to do so. A full list of the equipment provided as part of the UNDP input is contained in Annex VI.

Upgrading of the Mobile Rehabilitation Unit (MRU)

59. At the beginning of the project, the original experimental MRU was still the only one operative. Based at the Prof. Dr. Soeharso Rehabilitation Centre in Solo, it was in use periodically as the availability of staff resources permitted. An international expert with experience in rural services in remote regions was allotted to the task of assessing the security of a viable service on demand, and accompanied the MRU team on service visits in the Central Java province. His observations and recommendations were submitted in a report to the Department of Social Affairs, a précis of which is contained in Annex VII.

60. The salient points arising from his report were:
- a planned annual programme of operational activity did not exist;
- there was an uncertain co-ordination of effort between relevant departments;
- there was a chronic shortage of professional rehabilitation personnel to staff the MRU during operation; and
- community rehabilitation workers gave insufficient support to MRU activities.

These points formed the basis of discussions, first within the PIU and then at the provincial level, primarily to secure an improvement in co-ordination of effort and liaison with community-based services. The international expert, together with his counterpart, continued to work with the MRU as an adviser and, in the process, developed a videotape publicity package designed to bring an awareness of MRU activity and the contribution expected of them to the communities.

61. During the life of the project, seven additional MRUs became operational. Five of these were located in Java and covered each of the three provinces, as well as the special territories of Jakarta and Jogyakarta. The other two were located in Sumatra and Lampung. With the expansion of the MRU service came a request from the Department for a design for a standard mobile workshop, and this was subsequently produced by the project team. A recommended inventory list for an MRU vehicle is given in Annex VIII.

62. The predominant need within the MRU team, however, was for an adequate representation of the professionals most commonly needed during MRU operations for consultations, diagnosis, treatment and on-the-spot remedial exercises. Thus, it was considered that for each MRU visit the team would expect to meet situations requiring inputs from: medical and psychiatric diagnoses; minor surgery; educational assessment; vocational assessment; vocational counselling; social guidance; physiotherapy; speech therapy; orientation and
mobility; vocational training; and job placement. Covering all the eventualities likely to arise within this large field of expertise would have meant an excessively large team of professionals if required on a full-time basis. Thus, the logical solution, adopted by the Government, was to enlist the services of those professionals already working within the locality being visited. This saved much time and expense.

63. A further identified need was for specialised training for the sub-district social workers (PSKs) of the Department of Social Affairs who would have a role in MRU activity, both during and after its visit. The Department of Social Affairs had announced its intention to recruit an extra 1,500 university trained social workers to complement those already employed as sub-district workers. Thus, the decision to give specialised training was important. A training course was developed by the project team and a pilot course conducted during the third year of the project. These proved to be so effective that, during the fourth year of the project, an additional seven courses were completed. Details of the curriculum of the PSK training course appear in Annex IX.

Action-oriented research activity

64. As an integral part of project activity, two research projects were planned. The first was concerned with an investigation of economically viable production activities suitable for disabled people living and working in rural communities. The objective was to publish a monograph of approximately 200 such activities indicating the process of each production, the raw material, basic equipment and tool requirements, the categories of disability most suited to specific jobs and the qualifications necessary. The second was concerned with a cost benefit analysis of the non-institutional approach to rehabilitation of the disabled.

65. The contract for this research was awarded to the Indonesian Institute for Social and Economic Research, Education and Information and started on 1 October 1984. In formulating the project document for this research, it was necessary to consider the basic thinking which gave rise to its need and the parameters within which the research team would operate. A number of suitable activities existed already within rural communities for certain categories of the disabled. Examples included tailoring and dressmaking; hairdressing; weaving; mat-making; broom and duster making and, particularly for blind people, massage.

66. These are traditional craft skills which, although they are likely to be in rural areas for some time to come, will eventually be overtaken by modern materials and methods of production. Thus, with a rapidly expanding vocational and social rehabilitation service operating at the community level, it was necessary to look for wider opportunities for employment within rural communities.

67. It was also necessary for the researchers, in considering potential job opportunities, to appreciate the limitations imposed by different disabilities. For this reason, the several main types were classified as follows:
- the visually handicapped, ranging from those with some residual vision to the totally blind;
- the hearing impaired, ranging from those with hearing difficulties to the profoundly deaf;
- those considered to be deaf mutes;
- the orthopaedically handicapped;
- the chronically sick, including those with leprosy;
- those who suffer nervous disorders;
- those who are mentally handicapped; and
- those classified as mentally retarded.

68. Traditionally, it had also been the practice to identify those productive activities which each individual could perform to completion. For research purposes, the team was asked to approach potential job opportunities as possible co-operative ventures where each complete job process might be subdivided to suit the abilities and talents of a wider range of disabled people.

69. The research team was based at Klaten, a small town close to Solo, and the activity covered a six-month period. A final report was submitted in the form of a monograph comprising three volumes. Volume 1 was a general description of the research activity contained in three main chapters, with appendices. Volume 2 contained the job requirements for 200 identifiable job opportunities considered suitable for disabled people. Volume 3 contained a step-by-step breakdown of each job process with the objective of its ultimate use as a training manual. The monograph was printed and published in English and Indonesian.

70. The contract for the second study was awarded to the Indonesia Sejahtera Foundation and began on 1 July 1986. The principle objective of this second study was to obtain detailed information on the cost-effectiveness of the community-based rehabilitation service delivered by the Department of Social Affairs. For comparative purposes, it was considered necessary to include details of cost benefits arising within an institutional system in the study. Accordingly, the research activity was again concentrated on the Central Java province with the research team based in Solo and working closely with the Solo project team.

71. Because of the relevance of the findings to future expansion plans for the community-based services, it was necessary for the project team to give the researchers a thorough briefing on what was expected of the research and the scope of the investigations. The research activity was to cover selected institutions, community bases (LBKs), mobile rehabilitation operations and disabled business groups (KUPs). The results obtained were required to be submitted in monograph form to the project managers for consideration and conversion to recommendations for adoption by the Department of Social Affairs, as thought advisable.
72. The research activity covered 16 weeks starting in August 1986. A report of the research team's findings was received in January 1987. An analysis of the report was carried out by the ILO experts and their assessments of the findings, conclusions and recommendations are given in Annex X.

Job adaptation

73. For this activity, an international expert with specialist knowledge in this field was recruited. The initial approach was to review existing craft skills practised by disabled people in rural communities with a view to recommending adaptations which would put those skills within reach of the more severely disabled who, hitherto, had been unable to cope. While the basic skills themselves were relatively uncomplicated, it was often found that, by introducing a specially designed fixture or fitting, or even by modifying hand-held tools, the mechanics of actually doing the job brought it within the competence of some types of disability not previously considered for such work.

74. Examples of such effective adaptations occurred with brush and mat-making. For the former, the traditional method of securing broom head to handle was with nails. Mentally disabled clients had tried this work but the wastage rate had proved unacceptably high due to the imprecise locating of nails. By substituting pop rivets for nails, accurately located with hand-held pop-riveting pliers, the improvement was threefold. Mentally disabled workers coped successfully at a faster pace without wastage. For mat-making, the traditional method for producing a tight weave was to tamp each individual strand with a single hand-held steel rod. An improvement was effected by attaching to the frame a multi-pronged steel fork, so designed as to fit accurately between strands across the whole width of the frame and operated by a handle through a simple sprung linkage. This enabled a blind operator to produce finished mats at a rate which increased production by 200 per cent.

75. The next step was to look at normal activities carried on in a cross-section of industry. For this purpose, the project team enlisted the help of the local branch of the Employers' Association (APINDO). Visits were made to a number of commercial establishments specialising in engineering, textiles, paper products, tobacco, batik printing and timber products in and around Solo. The most striking feature of these visits was that there was an almost total lack of disabled people in the workforce, even where work activities were eminently suitable for some disabled categories. An example of this was encountered at the textile factory where it was noted that the noise in the spinning machine shop was well above the safety level for the effective preservation of hearing. Although hearing protection was supplied it was seldom, if ever, used and not of a sufficient safety standard. The suggested solution here was to use the opportunity of providing work for those people already profoundly deaf and who cannot suffer further hearing damage.

76. Many further suggestions were made in all the workplaces visited which, if adopted, would bring a wide variety of work activities within the scope of disabled people, at little expense to the employers in the way of job adaptation. Just one example of this
was a task requiring good vision and the ability to put marks on a tick sheet. The provision of a foot-propelled sliding seat with a built-in notepad support would have enabled a wide variety of disabled people possessing average intelligence to accomplish this task.

77. The exercise was useful in several ways but perhaps the most significant result was the effect these visits had on the officers of APINDO who accompanied the project team. It was obvious that most of the suggestions made complete sense to them and captured their active interest in creating employment opportunities for disabled people. The outcome of this newly awakened interest is dealt with later.

78. Another development was the decision to create a number of pilot demonstration centres where mainly traditional crafts, suitably adapted, could offer training for a wider range of disabilities. It was also intended that these centres would demonstrate the practicality of people with differing disabilities training and working together. A maximum of five centres in the Central Java province was thought to be sufficient for demonstration purposes. However, only two reached a stage of readiness for the reception of new ideas. Both were within easy daily travel from Solo and thus ideally situated for inclusion in the field study exercises of the group training programme.

79. The first of these centres to become operational as a demonstration centre was at Sragen. Already operating as an LBK and as an institution for the mentally handicapped, it was an ideal situation in which to practice new ideas. It did not develop quite as planned, primarily because the international expert completed his assignment and returned to his home country before the centre was ready to widen its scope. There were subsequent benefits, however, under the guidance of the Chief Technical Adviser, in the introduction of new activities and updated equipment which offered wider opportunities for placement after training. One activity was car washing and polishing which was instituted as an integral but autonomous service offered to the general public.

80. The second centre was to be developed as an outreach training unit of the Solo Rehabilitation Centre. The premises were chosen but, although the necessary equipment had been received in Solo, the Government budget did not permit any activity until the project had reached its final stages. Thus, it was too late to do other than start traditional training without any attempt at adaptation. It is hoped that in a further phase of project activity, development of this concept can be included.

Employment promotion

81. At the end of the first year of project activity, a meeting was held between the project team and representatives of the Central Java branch of the principal Employers' Association (APINDO). The purpose of the meeting was to make employers aware of project objectives and to try to secure their help in increasing employment opportunities for disabled people. Their response was immediate and positive. Primarily at their expense a one-day seminar of employers' and workers' representatives was arranged at which representatives of the Department of Social Affairs officiated, together with the APINDO
branch chairman. The project team led the discussions which resulted in a series of recommendations for consideration at an early branch meeting of APINDO.

82. The recommendations themselves were finally embodied in a joint agreement made between the Central Java branch of APINDO and the Department of Social Affairs which committed both organisations to action in developing employment opportunities for disabled people residing in Central Java. The agreement was formally signed at a ceremony, held in Solo on 4 August 1985. A translation of this agreement is contained in Annex XI.

83. The immediate action required by this agreement was the formation of a working group, including representatives of APINDO and the Department of Social Affairs based in Solo, with an ILO expert co-opted as an adviser. The terms of reference of the working group were:

- to promote practical measures for the employment of disabled people;
- to provide effective liaison between all organisations and agencies involved in the employment of disabled people; and
- to meet regularly to plan activities and to report progress.

84. As a result of this co-operation, the placement rate of disabled people in Central Java has improved but after the initial show of enthusiasm by local employers to create employment opportunities, there has been a gradual waning of interest which probably has been exacerbated by the increasingly difficult economic climate in Indonesia. Even so, this co-operative effort is producing dividends. Besides identifying employment opportunities, the working group has persuaded some employers to provide training courses for the disabled prior to their seeking employment. It has also been instrumental in arranging reciprocal visits of vocational instructors from the Department of Social Affairs and workshop supervisors in local industry to study each other's methods and techniques.

85. The success of this pilot co-operation programme has provided sufficient incentive for the Minister of Social Affairs to require that this co-operation be extended to a national level. In pursuit of this aim, the project team again worked closely with the Central Java branch officers of APINDO to produce a publicity programme based on a videotape and slide-tape presentation with the intention of visiting each active branch of APINDO in Indonesia. Budgetary limitations, however, delayed implementation of the proposed programme which is now proposed for the 1987-88 financial year.

Publicity

86. Throughout the life of the project, the team gave high priority to the value of publicity of the project's aims and objectives. Several methods of approach were adopted.
Direct communication

87. The project activities were such that they enabled the international experts and the national consultant to make a huge number of personal contacts. By far the largest and most far-reaching of these were through the group training programme and by means of structured inputs aimed at developing public awareness through the medium of the participants of training when they returned to their own communities. In this way, it was possible to reach virtually every corner of the country. The project team also engaged in field study exercises which took them, individually, to all provinces in Java and Sumatra, Bali and Lombok, South and East Kalimantan and South Sulawesi. On these occasions, a great many village communities were visited when direct communication at the village level was possible. There were also many conferences, seminars, workshops, etc. in which the project team participated.

Photographic displays

88. One of the first items of equipment obtained was a 35 mm SLR camera. This enabled the project team to build up an extensive library of colour prints and slides on project activities and a general record of disabled people in training and employment. The result has been an ability to respond quickly to opportunities for visual presentations at exhibitions, conferences, national and local events, etc. It has also provided the means by which the Indonesian experience has received wider publicity in South-East Asia and elsewhere.

89. Slide-tape presentations have also been compiled, primarily for use in the country, both as training aids and as publicity packages at seminars, workshops, etc. One such package, entitled "Employment promotion" is in current use by members of the APINDO/Department of Social Affairs Working Group in their efforts to promote the suitability of disabled workers amongst employers.

Videotape presentations

90. A later acquisition of even greater impact on the publicity scene was a video camera recorder. This enabled the project team to secure, in a relatively inexpensive and instantly viewable form, live footage with on-the-spot commentary of any project activity or institutional and community-based services for disabled people. By the end of the project, three videotape presentations of commercial quality had been produced to publicise three aspects of the community-based service. These covered institutional services as a backstopping facility for community referrals; mobile rehabilitation unit operations and employment promotion. A great deal of extra footage is stored on film, ready for editing into other presentations as required. These videotape programmes have also proved immensely valuable as training aids, particularly during the relevant sessions in the group training programme.
Film
91. As part of the celebration of the 40th anniversary of the United Nations Organisation, together with the 40th anniversary of the Indonesian Declaration of Independence, a film of UNDP technical assistance activities was commissioned. A professional film-making company from the United States toured selected technical co-operation projects in Indonesia in 1985 which resulted in an award-winning film. The film includes footage of this project's activities shot in and around Solo.

Press releases
92. Information and photographs of the project, prepared by members of the project team, were provided to the publishers of various national papers, journals, reports, etc. Photographs were also sent.

Posters
93. At the project base in Solo, good use was made of the range of posters available from United Nations sources, including some recently designed ones relating specifically to disabled people.

LBK activity
94. As part of the current project's activities, one of the tasks was to follow up recommendations made in the terminal report of the previous project (INS/78/023). These recommendations were almost totally concerned with the development of the community-based rehabilitation service and were largely centred around the base stations (LBKs) system. Much rested therefore on LBKs evolving in the pattern recommended. As LBKs were considered a key factor in achieving community involvement, their functions are worth re-recording here, as specified in rehabilitation of the disabled (INS/78/023).

95. The LBK is a multi-purpose facility where the following functions may be undertaken according to the needs for the given community to:

- carry out community surveys and identify individual disabled persons and their basic needs;
- provide advice to parents, family members, community leaders on the care and rehabilitation of the disabled in the community;
- provide guidance and training services for the disabled for their income-generating productive skill developments;
- provide productive work opportunities for the disabled, either at an LBK or KIOS (satellite LBK/workshop) or at their individual home in the community;
- advise on production techniques and methods for independent workshops and ex-trainees working on their own, assist them in the marketing of their products, distribution of raw materials, loans for equipment, etc.;
- assist in the formation of a co-operative scheme for the disabled who have been
given guidance and training services;
- provide such other related services as literary programmes, adult education, activities
of daily living (ADL), provision of technical aids, orthotics and prosthetics, guidance
and counselling services, etc.;
- train voluntary community social workers (PSMs) and other community volunteers in
simple techniques of disability prevention, rehabilitation and social reintegration
services;
- disseminate general and educational information on disability prevention, disability
problems, and the value of the rehabilitation services of the disabled in the
community; and
- motivate disabled people, parents, community leaders, as well as the general public to
understand that the disabled, if properly motivated and provided with skills, can
achieve and enjoy productive and purposeful lives in the community.

96. During the course of the project team's field studies, many LBKs were visited.
No LBK was found to be fully integrated within its local community services and very few
were involved in more than one or two of the above functions. Some were offering ex-trainees
use of the premises for productive purposes between training programmes. Most were opened
for training programmes only, each programme lasting just two months each year. For the
remaining ten months of the year these LBKs were inactive. Thus, it was evident that the
LBKs were failing to realise their full potential and, in terms of capital investment, they
were a drain on the Department's resources. With regard to their primary function of giving
rehabilitation services to a greater number of people in need, they were only about 16 per
cent efficient.

97. The problems which the project team identified during their visits to LBKs
included:
- a severely restricted government budget for training activities which limited training
programmes in each LBK to a maximum of 20 people for a maximum of two months in each
12-month period;
- insufficient knowledge on the part of the management generally of the all-encompassing
purpose of LBKs;
- an almost total lack of appreciation on the part of the management of the role expected
of them in securing local community involvement; and
- as a consequence of this, very little involvement of the local communities.

98. As it was never intended that the LBKs would be the total responsibility of the
Government, it was reasonable to expect that its input would be restricted. As a new
service in its infancy, however, the project team considered that either the Government was
expecting too much for its restricted input or the rate of expansion of the LBK network was
outpacing the available resources. In either case there was an urgent need for a review of
the situation.
99. With an expansion of the LBK network planned for the end of the current five-year development plan in 1988-89, the project team considered that the Government should be reminded of the objectives of the LBK system and advised of its present shortcomings. The matter was discussed by the PIU and it was decided to prepare a project proposal for submission to the UNDP in Indonesia for further technical assistance in the development of LBKs within, and in conjunction with, the community. Accordingly, a recommendation was made to that effect.

Development in legislation

100. Much legislation concerned with the social welfare of disabled people has already reached the statutes. As a consequence, the Department of Social affairs did not see a need for further legislation at this point in the development of their community-based service.

101. At an early meeting of the PIU, however, the CTA presented a paper concerning the Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159), 1983, and the Vocational Rehabilitation and Employment (Disabled Persons) Recommendation (No. 168), 1983. The aim in presenting this paper was to influence the Government of Indonesia through the PIU to secure its ratification. The PIU recommended that copies of the Convention and Recommendation be passed to the Minister of Social Affairs for her consideration. Copies were made available to the Minister in the latter half of 1984, but at the time of preparation of this report no decision had yet been reached.
III. RECOMMENDATIONS

102. Viewing the project as a whole and its contribution towards achieving the development objective, it was judged to have been successful. All outputs had, to a large degree, been delivered; many had been delivered in their entirety. There had, however, been some serious delays in the progression of some activities and, with escalating costs in an inflationary economy, an inevitable shortfall in some outputs. Nevertheless, the overall results were satisfactory after four years of work.

103. During the course of project activity, however, a number of implementation problems arose, together with some administrative difficulties. Although most of these problems and difficulties were successfully resolved, they gave rise to suggestions for the following recommendations:

(a) Considering first the PIU and the difficulty experienced in achieving the planned frequency of meetings at two-month intervals, the imprecise nature of the terms of reference and the ad hoc nature of the reports of the meetings, it is recommended that, in any future technical co-operation project assisted by UNDP/ILO, the project document include a specified requirement for frequency of meetings, submission of formal reports of proceedings and specimen terms of reference.

(b) The staff training programme for groups of selected staff carrying out a variety of job functions directly connected with the social and vocational rehabilitation of disabled people had produced measured results which matched expectations. It was concluded, therefore, that both the quality and the content of training were satisfactory. The results of follow-up to training and feedback from ex-participants, however, gave rise to a number of ways in which the training programme might reap even greater benefit. It is recommended that:

- the group training programmes, as currently constituted for employees of the Department of Social Affairs, be widened in scope to include employees of non-governmental organisations and institutions with similar job functions;

- there be introduced into the training curriculum for field rehabilitation, workers' modules of training in small business management with the emphasis on assisting disabled people to set up and succeed in self-employment;

- because of increasing costs of travel and the distances that some participants need to cover to reach the training centre in Solo, the Department of Social Affairs consider creating regional facilities, similar to those in Solo, in three or four other provinces on the other major islands of Indonesia;

- the existing programmes be complemented by additional modules designed according to perceived needs, considering that there was a need for some programmes of greater specialisation according to the precise job function of some individuals;

- in support of the group training programme and the application of the skills and knowledge gained by the participants, a field manual be produced and made available in each community base where field rehabilitation workers operate.
(c) In view of the delays experienced in arranging foreign fellowship studies for key officials in the social rehabilitation programme of the Department of Social Affairs, it is recommended that the Department of Social Affairs seek ways to accelerate the candidate selection procedure.

(d) As regards the further development of the Mobile Rehabilitation Unit, it is recommended that:

- training programmes be devised for the various interdepartmental staff and community officials who make up MRU teams, the training programmes themselves to be conducted at district-office level and presented by trainers at provincial-office level;

- in support of the above training programmes, selected officials in each provincial office should themselves be trained to give training;

- in support of MRU activity, the pilot course of training for sub-district and social workers (PSKs) be formally adopted as a standard course of training for inclusion in the rehabilitation staff training programme of the Department of Social Affairs; and

- the further expansion of the MRU service should include river-boat based MRUs for remote areas, particularly in Kalimantan, which are otherwise inaccessible to motor transport.

(e) Regarding the activities concerned with job adaptation and the achievements attained through the project, it was felt that this remained a weak area and much remained to be done to generate understanding of the concept, principles and practice of job adaptation. It is recommended, therefore, that in any further phase of development using outside technical assistance, this be regarded as an immediate objective pursued with the assistance of international expertise fully experienced in job adaptation directed at disabled workers in both urban and rural working environments.

(f) As regards the project's evaluation of research into employment opportunities for disabled people it is recommended that:

- the agreement between the Department of Social Affairs and the Indonesian Employers' Association (APINDO), currently effective in the province of Central Java, be extended in the form of a national agreement to cover all the provinces of Indonesia;

- in further support of the co-operation between the Department of Social Affairs and APINDO, the active involvement of the Indonesian Workers' Federation (SPSI) in job placement and support of disabled workers in jobs should be formalised in a similar manner to that of the agreement with APINDO;

- disabled people be assisted in establishing themselves in self-employment, and that a low-interest bank loan scheme be negotiated through one or more of the national banks; and

- a national standardised marketing policy be formulated for the products made by self-employed disabled workers or by members of disabled co-operatives which will ensure better marketing of their output.
As a result of several field studies, during which a significant number of Loka Bina Karya (LBKs) were visited, it was concluded that the LBK service had fallen short of developing to its full potential and was still in need of expert guidance in order to be successfully integrated into the community. It is recommended, therefore, that the Department of Social Affairs include in any further technical co-operation project the further development of the LBK service in selected areas to provide patterns upon which all other LBKs in existence can develop themselves.

In support of the growing need to share experience in rehabilitation services within the countries of South-East Asia, it is recommended that:

- the Department of Social Affairs place the emphasis for foreign fellowships on study tours by field-workers to countries within the subregion;
- the opportunity to participate in TCDC training programmes in countries in the Asian and Pacific region be extended to field-workers at the lower levels of operation of the community-based rehabilitation service;
- consideration be given to launching, initially by Indonesia but with the intention of subregional co-operation, a regular news sheet, bulletin, journal or magazine containing items of interest on developments in rehabilitation services, activities, events, etc. happening within the subregion.

In considering the degree to which disabled people themselves were involved in the policy, planning and implementation of the services provided for social and vocational rehabilitation, it was concluded that this was a very weak link in the chain of communication and that there was an urgent need for an overhaul of the existing channels of communication by which the disabled themselves are able to contribute to the social welfare programme in Indonesia. It is recommended therefore that:

- the Department of Social Affairs, by means of publicity programmes, seminars, etc. seek to promote amongst disabled people an incentive to communicate amongst themselves and form representative associations giving them a voice in the forum which influences the services provided for their benefit;
- the co-ordinating bodies in the field of the rehabilitation of disabled people be revitalised, streamlined and, if necessary, completely reorganised to ensure that all disabled people have access to all disablement services, according to their requirements; and
- to assist the complete co-ordination of rehabilitation services, a standardised monitoring and referral system be developed with constant access to updated information on all aspects of the social and vocational rehabilitation programme and its potential beneficiaries.

As regards the need to follow through with support for disabled people upon completion of training, it is recommended that:

- the craft tool-kits which trainees receive to enable them to make a start at earning a living be given to them at the time they start employment; and
- 27 -

there be a formalised standard follow-up procedure covering an agreed initial period after training to give support and guidance and to help solve the problems of resettlement and reintegration in the community.

(k) The ratification of the Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159), 1983, and the adoption of the Vocational Rehabilitation and Employment (Disabled Persons) Recommendation (No. 168), 1983, by Indonesia have been under consideration within the Department of Social Affairs since the first year of the project but have so far produced no firm conclusions regarding the action to be taken. It is recommended, therefore, that attention be refocused on the Convention and Recommendation with the objective of achieving an early and favourable conclusion to ministerial deliberation.

(l) In view of the findings of action-oriented research activities, field studies and feedback from the group training activity, and the proposals of the Department of Social Affairs for further development of the community-based rehabilitation service, it is recommended that Indonesia seek further technical assistance, either through the UNDP or through multi- or bilateral co-operation. The aim of such assistance should be to co-ordinate resources and services for rehabilitation, both governmental and non-governmental, throughout Indonesia to develop LBK and MRU services to the limit of their potential, and to create an effective system of monitoring and referral which will ensure good and proper use of all available services for the disabled.
ANNEX I

INTERNATIONAL AND COUNTERPART PROJECT STAFF

A. International staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
<th>Date started</th>
<th>Date finished</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derek S. Spicer</td>
<td>Chief Technical Adviser</td>
<td>9.10.83</td>
<td>8.10.87</td>
</tr>
<tr>
<td>Michael P. Davies</td>
<td>Vocational rehabilitation expert</td>
<td>16.03.84</td>
<td>30.06.87</td>
</tr>
<tr>
<td>Antony Samy</td>
<td>Job adaptation expert</td>
<td>11.03.84</td>
<td>5.05.85</td>
</tr>
<tr>
<td>Soewardi Harsopranoto</td>
<td>Trainer</td>
<td>1.11.83</td>
<td>31.10.86</td>
</tr>
</tbody>
</table>

B. National staff

| Mr. Soetadi*             | Principal project counterpart     | 7.03.84      | Ongoing       |
| Mr. Soepangadi           | Counterpart to CTA and project director | 15.10.84   | Ongoing       |
| Mr. Markus               | Deputy counterpart to CTA and project manager | 15.10.84   | 31.03.87      |
| Mr. Anis Dahlan          | Deputy counterpart to CTA and project manager | 1.04.87    | Ongoing       |
| Mr. Marjono              | Project counterpart (Solo)         | 2.01.84      | Ongoing       |
| Mr. Siswoyo              | Counterpart to expert in vocational rehabilitation | 1.04.84    | Ongoing       |
| Mr. Sujoto               | Counterpart to expert in job adaptation | 1.04.84    | 5.05.85       |
| Mr. Adiatmo              | Second counterpart to international experts | 1.04.84    | 30.05.87      |

C. National expert

| Mr. Soewardi             | Consultant in staff training      | 1.11.83      | 31.10.86      |

* Mr. Juwono was Director-General and principal project counterpart until his retirement from the Department of Social Affairs in March 1984.
ANNEX II

MEMBERSHIP OF THE PROJECT IMPLEMENTATION UNIT

Chairman: Dr. Soetadi, Director-General of Rehabilitation and Social Services, Department of Social Affairs

Secretary: Dr. Soepangadi, Director of the Directorate of Rehabilitation of the Disabled, Department of Social Affairs

Vice-secretary: Dr. Soedibjo Markus, Chief of Sub-Directorate for the Physically Handicapped, Department of Social Affairs

Members: Dr. Bambang Subroto (until 1 April 1986) and Prof. Dr. Soegana Tjakrasoejatmo (from 1 April 1986), Director of Directorate for Hospitals in Indonesia, Department of Health

Dr. Sriyatmo, Director, Directorate of Skill Centre Training, Department of Manpower

Dr. M. Suhodo

Dr. Setiyoko, Head of Planning Bureau, Department of Social Affairs

Dr. Mangiri, Head of Personnel Bureau, Department of Social Affairs

Dr. Marjono, Director of the Prof. Dr. Soeharso Rehabilitation Centre, Department of Social Affairs

Dr. Sri Kastilah, Chief of Sub-Directorate for the Mentally Handicapped, Department of Social Affairs

Dr. Dasie Nyawati, Chief of Sub-Directorate for the Blind, Department of Social Affairs

Dr. Sam Salenusa, Chief of Sub-Directorate for Chronic Diseases, Department of Social Affairs

Mr. Anis Dahlan, B.A., Head of General Administration of Rehabilitation Directorate, Department of Social Affairs

Dr. Pieter Sihombing, Rehabilitation Planning Officer for the Directorate, Department of Social Affairs

Adviser: Mr. Derek S. Spicer, Chief Technical Adviser, International Labour Organisation
ANNEX III

MODULES AND ELEMENTS PREPARED FOR THE GROUP TRAINING PROGRAMME

<table>
<thead>
<tr>
<th>Module 1</th>
<th>Element No.</th>
<th>Subject (short title)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.1.1</td>
<td>The Pancasila (the five principles of RI)</td>
</tr>
<tr>
<td></td>
<td>1.1.2</td>
<td>The Constitution of 1945</td>
</tr>
<tr>
<td></td>
<td>1.1.3</td>
<td>Outline of state policies</td>
</tr>
<tr>
<td></td>
<td>1.2.1</td>
<td>Mental guidance of civil public servants</td>
</tr>
<tr>
<td></td>
<td>1.3.1</td>
<td>Basic pattern of development in social welfare</td>
</tr>
<tr>
<td></td>
<td>1.3.2</td>
<td>Handling of social problems of the disabled</td>
</tr>
<tr>
<td></td>
<td>1.3.3</td>
<td>Social problem with chronic diseases</td>
</tr>
<tr>
<td></td>
<td>1.4.1</td>
<td>Technical policies of Directorate-General</td>
</tr>
<tr>
<td></td>
<td>1.5.1</td>
<td>Social welfare activities for the disabled</td>
</tr>
<tr>
<td></td>
<td>1.6.1</td>
<td>Programme of Directorate-General</td>
</tr>
<tr>
<td></td>
<td>1.7.1</td>
<td>Introduction to social work</td>
</tr>
<tr>
<td></td>
<td>1.7.2</td>
<td>Practice of social work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Module 2</th>
<th>Subject (short title)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Problems of the disabled</td>
</tr>
<tr>
<td></td>
<td>Problems: Cause and impact</td>
</tr>
<tr>
<td></td>
<td>Overview of the total rehabilitation process</td>
</tr>
<tr>
<td></td>
<td>Introduction to vocational rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Principles of vocational guidance and assessment</td>
</tr>
<tr>
<td></td>
<td>Vocational training and retraining</td>
</tr>
<tr>
<td></td>
<td>Creating and production workshop</td>
</tr>
<tr>
<td></td>
<td>Marketing</td>
</tr>
<tr>
<td></td>
<td>Job adaptation</td>
</tr>
<tr>
<td></td>
<td>Identifying job opportunities</td>
</tr>
<tr>
<td></td>
<td>Job placement techniques</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation and placement in rural areas</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation and placement in urban areas</td>
</tr>
<tr>
<td></td>
<td>Production activities</td>
</tr>
<tr>
<td></td>
<td>Small business management</td>
</tr>
<tr>
<td></td>
<td>Introduction to ILO</td>
</tr>
<tr>
<td></td>
<td>International trends in rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Job analysis</td>
</tr>
<tr>
<td></td>
<td>Interviewing techniques</td>
</tr>
<tr>
<td></td>
<td>Management by objectives</td>
</tr>
<tr>
<td></td>
<td>Psycho-social problems of the visually handicapped</td>
</tr>
</tbody>
</table>
## Module 2 (cont.)

<table>
<thead>
<tr>
<th>Element No.</th>
<th>Subject (short title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.15.1</td>
<td>Community-based rehabilitation</td>
</tr>
<tr>
<td>2.16.1</td>
<td>Appropriate low-cost technology</td>
</tr>
<tr>
<td>2.17.1</td>
<td>Home-based training</td>
</tr>
<tr>
<td>3.1.1</td>
<td>Handling the disabled</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Disability prevention</td>
</tr>
<tr>
<td>3.1.3</td>
<td>Handicaps and their prevention</td>
</tr>
<tr>
<td>3.1.4</td>
<td>Principles to determine disability</td>
</tr>
<tr>
<td>3.1.5</td>
<td>Aids for the disabled</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Handling ex-patients of chronic diseases</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Medical rehabilitation</td>
</tr>
<tr>
<td>3.4.1</td>
<td>Occupational therapy</td>
</tr>
<tr>
<td>3.5.1</td>
<td>Psycho-social rehabilitation</td>
</tr>
<tr>
<td>3.5.2</td>
<td>A community-based approach</td>
</tr>
<tr>
<td>3.5.3</td>
<td>Planning the community-based programme</td>
</tr>
<tr>
<td>3.5.4</td>
<td>Social work skills</td>
</tr>
<tr>
<td>3.5.5</td>
<td>Case conference techniques</td>
</tr>
<tr>
<td>3.5.6</td>
<td>Case recording form</td>
</tr>
<tr>
<td>3.6.1</td>
<td>Determining types of work</td>
</tr>
<tr>
<td>3.6.2</td>
<td>Kinds of jobs for the disabled</td>
</tr>
<tr>
<td>3.6.3</td>
<td>Job selection counselling</td>
</tr>
<tr>
<td>3.7.1</td>
<td>Channelling and placing</td>
</tr>
<tr>
<td>3.8.1</td>
<td>Market study</td>
</tr>
<tr>
<td>3.9.1</td>
<td>Co-operative for the disabled</td>
</tr>
<tr>
<td>3.9.2</td>
<td>Social guidance to groups</td>
</tr>
<tr>
<td>3.10.1</td>
<td>Speech therapy</td>
</tr>
<tr>
<td>3.10.2</td>
<td>Total communication</td>
</tr>
<tr>
<td>3.11.1</td>
<td>Principles of O and M</td>
</tr>
<tr>
<td>4.1.1</td>
<td>Leadership (Part 1)</td>
</tr>
<tr>
<td>4.1.2</td>
<td>Leadership (Part 2)</td>
</tr>
<tr>
<td>4.2.1</td>
<td>Management</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Management of social institutions</td>
</tr>
<tr>
<td>4.3.1</td>
<td>The controlling system</td>
</tr>
<tr>
<td>4.3.2</td>
<td>The system of control</td>
</tr>
<tr>
<td>4.4.1</td>
<td>Supervision (Part 1)</td>
</tr>
<tr>
<td>4.4.2</td>
<td>Supervision (Part 2)</td>
</tr>
<tr>
<td>4.5.1</td>
<td>Social communication (Part 1)</td>
</tr>
<tr>
<td>4.5.2</td>
<td>Social communication (Part 2)</td>
</tr>
<tr>
<td>4.6.1</td>
<td>Problem-solving measures</td>
</tr>
<tr>
<td>4.6.2</td>
<td>Solving individual and family problems</td>
</tr>
<tr>
<td>4.6.3</td>
<td>Systematic approach for decision-making</td>
</tr>
<tr>
<td>4.6.4</td>
<td>Phases of social rehabilitation</td>
</tr>
<tr>
<td>Element No.</td>
<td>Subject (short title)</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>4.7.1</td>
<td>Resource: Exploration and utilisation</td>
</tr>
<tr>
<td>4.7.2</td>
<td>Resource (Part 2)</td>
</tr>
<tr>
<td>4.7.3</td>
<td>Resource (Part 3)</td>
</tr>
<tr>
<td>4.8.1</td>
<td>Training and development resources</td>
</tr>
<tr>
<td>4.8.2</td>
<td>Training and development</td>
</tr>
<tr>
<td>Name</td>
<td>Function</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mrs. Sri Kastilah</td>
<td>Chief, Sub-Directorate for the Mentally Handicapped</td>
</tr>
<tr>
<td>Mr. Arief Suryani</td>
<td>Chief of Social Services Section for Rehabilitation of the Deaf</td>
</tr>
<tr>
<td>Mr. Suwandi</td>
<td>Chief of Rehabilitation Institute for Mentally Retarded</td>
</tr>
<tr>
<td>Mr. Soetadi</td>
<td>Director-General, Department of Social Affairs</td>
</tr>
<tr>
<td>Mr. Soepangadi</td>
<td>Director, Directorate of Rehabilitation</td>
</tr>
<tr>
<td>Mr. Marjono</td>
<td>Director, Prof. Dr. Soeharso Rehabilitation Centre</td>
</tr>
<tr>
<td>Mr. Djamian</td>
<td>Provincial Head, East Java</td>
</tr>
<tr>
<td>Mr. Markus</td>
<td>Chief, Sub-Directorate for Physically Handicapped</td>
</tr>
<tr>
<td>Mr. Anis Dahlan, B.A.</td>
<td>Chief of Administrative Section, Directorate of Rehabilitation of the Disabled</td>
</tr>
<tr>
<td>Mrs. Chodiratun Murni</td>
<td>Chief, Rehabilitation Section, Provincial Office, Central Java</td>
</tr>
<tr>
<td>Name</td>
<td>Function</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Mr. Abdurrachman Said</td>
<td>Chief, Rehabilitation Institute for the Physically Handicapped, Sulawesi</td>
</tr>
<tr>
<td>Mr. Abdurraman Hassan</td>
<td>Chief of the Social Office, Buleleng, Bali</td>
</tr>
</tbody>
</table>
ANNEX V

RECOMMENDATIONS FOR THE UPGRADING OF THE
PROF. DR. SOEHARSO REHABILITATION CENTRE

A. Recommendations concerning staff development

1. Tailoring instructors should have short-term upgrading in the latest methods and fashions.
2. Radio-servicing instructors should receive upgrading of training in teaching skills.
3. Motor repair instructors should have training in use of new equipment.
4. All instructors should benefit from periodic visits, on a reciprocal basis, to local industries relevant to their training trade.

B. Recommendations concerning training course development

1. A general recommendation to phase out obsolete training, adapt existing courses and introduce new craft skills.
2. Radio-servicing trainees should be allocated individual tool kits for personal use during training.
3. The capacity of the radio-servicing section should be increased to admit up to 15 trainees per course.
4. The watch repair section should be supplied with new equipment and training media.
5. The metal machining section should receive a new centre lathe.
6. Motor repair training should be adapted to focus on running repairs and servicing and should introduce appropriate new equipment.
7. Becak (cycle taxi) repair skills should be introduced into the bicycle repair section.
8. Wood polishing should be introduced to the woodwork section and individual tool-kits and new wood machines should be provided.
9. The equipment in the shoemaking section and should be upgraded and production techniques should be improved.
10. Skills training in photography and camera repair should be upgraded and modern equipment and training media should be introduced.
11. Production techniques and practice for trainees in printing should be improved by upgrading equipment and increasing production.
12. Training in electric and gas welding should be included in the curriculum for motor repair trainees.
13. New machinery should be provided for the dressmaking section.
14. The capacity of the woodcarving section should be increased and a wider selection of carving tools should be made available.

15. Small business management training should be introduced into the curricula of all training courses.

C. Recommendations concerning premises adaptations

1. Prosthetic/orthotic appliance-making section should be relocated to minimise the noise factor for other sections.

2. Photography section should be relocated in a larger room with better dark-room facilities.

3. Aluminium casting and polishing section should be relocated to a larger, safer area.

4. Vocational assessment-section should be relocated and given its own separate identity.

D. Recommendations concerning vocational assessment

1. A comprehensive set of vocational assessment testing material should be introduced.

2. Work-sampling methodology should be introduced.

E. Recommendation concerning outdated training

1. Training in administration practice and machine knitting should be phased out.

F. Recommendations concerning training in new skills

1. A new course of training in lapidary (gem stone polishing) should be started.

2. Training in beauty care as outreach training in LBK should be introduced.

3. Trainees with disabilities other than orthopaedic should be included in the institution.

G. Recommendation concerning training materials

1. Profit from the sale of trainees’ products should be reinvested to help with purchase of training materials, media, etc:

H. Recommendations concerning wider experience of industrial practice

1. Prosthetic/orthotic appliance making trainees should accompany mobile rehabilitation units in the field.

2. Trainees in batik manufacture should be placed in factories to gain wider experience of methods and techniques.

3. Motor repair trainees should be encouraged to join roadside KUPs.
4. Printing trainees should be encouraged to join KUPs with departmentally supplied printing machines.

5. Aluminium casting and polishing trainees should be encouraged to join KUPs.

I. Recommendations concerning the follow-up of training

1. Accelerated issuance of personal tool-kits to trainees, on completion of their training.

2. A survey should be conducted of placing results for trainees in photography and camera repair.

3. A general follow-up procedure of ex-trainees should be instituted to judge the success of training.

4. A permanent review system of the content of training courses should be introduced and developed.
# ANNEX VI

**MAJOR ITEMS OF EQUIPMENT PROVIDED BY UNDP/ILO**

### A. For project base in Solo

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
</table>
| 10.1.1     | Toyota Corona De Lux 2000 Sedan, 1983  
            | Chassis No. RX60 806687     
            | Engine No. 21R 0346075      |
| 10.2.1     | Two typewriters, Sharp electronic  |
| 10.2.2     | Typewriter, Olivetti Lexicon 90 C   |
| 10.2.3     | Two typewriters, Olympia, manual   |
| 10.2.4     | Security cabinet                  |
| 10.2.5     | Drafting machine, comprising: magnetic surface drawing table; hydraulic stand; pantagraph arm; fluorescent lamp |
| 10.2.6     | Office desk (for CTA)             |
| 10.2.7     | Office desk (for bilingual secretary) |
| 10.2.8     | Photocopying machine, Gestetner    |
| 10.2.9     | Stencil machine, Gestetner         |
| 10.2.10    | Overhead projector, 3M             |
| 10.2.11    | Sound slide projector, Kodak Carousel |
| 10.2.12    | Auto-slide projector, Bell and Howell |
| 10.2.13    | Sony video camera/recorder         |
| 10.2.14    | Sony videotape cassette play-back machine |
| 10.2.15    | Polyton television receiver/monitor |
| 10.2.16    | Sound cassette tape recorder, Technics |
| 10.2.17    | Sound stereo amplifier             |
| 10.2.18    | 35 mm, SLR camera with lenses, Nikon |
| 10.2.19    | Personal cassette-recorder, Sony    |
| 10.2.20    | Two stereo speakers, Taman         |
B. For upgrading training workshop

1. Engineering Section

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.A.1</td>
<td>Welding transformer, ESAB, THF 400 Welding and cutting set, complete with nozzles and regulators for oxygen and acetylene</td>
</tr>
<tr>
<td>A.A.A</td>
<td>Guillotine, hand-operated (on stand)</td>
</tr>
<tr>
<td>85.2.1</td>
<td>Centre lathe, Maximat Super 11 on stand, with three- and four-jaw chucks, face-plate, Collet holder and set of 37 Collets, drill chuck and splash guards. Capacity 280 mm dia. by 650 mm between centres</td>
</tr>
<tr>
<td>85.2.5</td>
<td>Bench drilling machine, ENR - TB 13, complete with drill chuck, 15 mm capacity</td>
</tr>
<tr>
<td>85.2.6</td>
<td>Bench grinder, double-ended KEF. Wheel size: 200 mm x 25 mm x 20 mm</td>
</tr>
</tbody>
</table>

2. Woodworking Section

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>85.2.3</td>
<td>Saw bench, model GWT 210, complete with: two circular saws 600 mm dia., circular saw 500 mm dia.</td>
</tr>
<tr>
<td>85.2.2</td>
<td>Surface planer, model &quot;L&quot; Invincible 2000 FS</td>
</tr>
<tr>
<td>85.2.4</td>
<td>Lathe, wood-turning, Hapfo AHDK 125. Capacity 500 mm dia. by 1170 mm between centres, complete with face-plate, four-jaw chuck, disc chuck, driving centre and tool steady</td>
</tr>
<tr>
<td>85.1.4</td>
<td>Electric jigsaw, Bosch type 1581 for wood, fibre, aluminium, etc.</td>
</tr>
<tr>
<td>85.1.2</td>
<td>Two electric hand drills, Bosch type 1124. Maximum capacity 20 mm in wood</td>
</tr>
<tr>
<td>85.1.5</td>
<td>Orbital sander, AEG-VSS 260</td>
</tr>
<tr>
<td>85.1.6</td>
<td>Circular saw, AEG-HK 65A</td>
</tr>
</tbody>
</table>

3. Orthotic/Prosthetic Section

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>150.0AA</td>
<td>Universal machine tool, EMCO Unimat 3 with turning, milling, drilling, grinding, circular sawing, jigsawing and fretsawing, sanding and polishing attachments</td>
</tr>
</tbody>
</table>

4. Motor Repair Section

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.1.19</td>
<td>Four-stroke training engine</td>
</tr>
</tbody>
</table>
## 5. Motor Cycle Repair Section

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.1.2</td>
<td>Arbor press 8610</td>
</tr>
<tr>
<td>45.1.7</td>
<td>Four vulcaniser sets, P40 complete with support pillars and materials</td>
</tr>
<tr>
<td>45.1.20</td>
<td>Tyre changer</td>
</tr>
</tbody>
</table>

## 6. Radio Repair Section

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.1.1</td>
<td>Two digital multimeters, &quot;Soar&quot;</td>
</tr>
<tr>
<td>21.1.2</td>
<td>Eight service multimeters, &quot;Hioki&quot;</td>
</tr>
<tr>
<td>25.1.1A</td>
<td>Two high voltage probes, 80K-4Q</td>
</tr>
<tr>
<td>25.1.1B</td>
<td>Two high-frequency probes, 83 RF</td>
</tr>
</tbody>
</table>

## 7. Photographic Section

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.1.1</td>
<td>35 mm SLR camera, Canon A-1 complete with standard 55 mm lens and 85 mm telephoto lens, flash attachment and tripod</td>
</tr>
<tr>
<td>40.1.1A</td>
<td>35 mm compact camera, Fuji DL 2000</td>
</tr>
<tr>
<td>40.1.1B</td>
<td>35 mm compact camera, Fujica, M-1</td>
</tr>
<tr>
<td>40.1.1C</td>
<td>35 mm compact camera, Ricoh, F-3</td>
</tr>
<tr>
<td>40.1.1D</td>
<td>35 mm compact camera, Franka, AF-1000</td>
</tr>
<tr>
<td>40.1.1E</td>
<td>35 mm compact camera, Kodak VR 35</td>
</tr>
<tr>
<td>40.3.4</td>
<td>Dark-room outfit complete, Paterson</td>
</tr>
</tbody>
</table>

## 8. Shoemaking Section

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>55.1.1</td>
<td>Two sewing machines, heavy duty</td>
</tr>
<tr>
<td>55.1.2</td>
<td>Leather thinning machine</td>
</tr>
</tbody>
</table>

## 9. Printing Section

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.1.1</td>
<td>Offset print machine, RYOBI, 500 N. Print area 470 mm x 345 mm</td>
</tr>
<tr>
<td>30.1.2</td>
<td>Print machine, Adana, MO 120. Print area 203 mm x 127 mm</td>
</tr>
<tr>
<td>30.1.3</td>
<td>Offset print machine, RYOBI, 2566. Print area 257 mm x 364 mm</td>
</tr>
<tr>
<td>30.1.4</td>
<td>Paper cutting machine</td>
</tr>
</tbody>
</table>
10. **Screen Printing Section**

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.1.1</td>
<td>Exposer table with time switch. Exposing area 570 mm x 780 mm</td>
</tr>
<tr>
<td>100.1.2</td>
<td>Exposer table with time switch. Exposing area 540 mm x 640 mm</td>
</tr>
<tr>
<td>100.1.3</td>
<td>Exposing lamp, model MG - 75 with mercury lamp</td>
</tr>
</tbody>
</table>

11. **Mobile Rehabilitation Unit**

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>95.1.1</td>
<td>35 mm slide projector, Kinderman, portable, 12V, non-auto</td>
</tr>
<tr>
<td>95.1.2</td>
<td>Projection screen, portable, 125 mm x 125 mm</td>
</tr>
<tr>
<td>95.1.4</td>
<td>Loud-hailer, hand-held</td>
</tr>
<tr>
<td>95.1.5</td>
<td>Awning, lightweight, water resistant, approximate size: 4 m x 3 m x 2 m</td>
</tr>
<tr>
<td>95.2.1</td>
<td>Multi-purpose machine, Emco Unimat 3, with turning, milling, drilling, grinding, circular sawing, jigsawing and fretsawing, sanding and-polishing attachments</td>
</tr>
<tr>
<td>95.3.1</td>
<td>Portable electric generator, petrol-driven</td>
</tr>
<tr>
<td>95.3.4</td>
<td>Portable typewriter</td>
</tr>
<tr>
<td>95.3.7</td>
<td>Refrigerator, 0.75³ capacity, gas-operated</td>
</tr>
<tr>
<td>95.3.8</td>
<td>35 mm compact camera, Olympus</td>
</tr>
</tbody>
</table>

12. **Equipment for demonstration outreach centres**

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>80.16.1</td>
<td>Sewing machine, Obras, overlock</td>
</tr>
<tr>
<td>80.16.2</td>
<td>Air compressor, Arimitsu, CS-5 AGS</td>
</tr>
<tr>
<td>80.16.3</td>
<td>Air pump, Sanyo type, PC 255 D</td>
</tr>
<tr>
<td>80.16.4</td>
<td>Sewing machine, Singer, combination</td>
</tr>
<tr>
<td>80.15.1</td>
<td>Four jigs, mat-making</td>
</tr>
</tbody>
</table>

In addition, a large range of hand tools were supplied to complement the various sections' existing tool-kits and to provide basic tool-kits for individual trainees' use during training.
ANNEX VII

REPORT TO THE DEPARTMENT OF SOCIAL AFFAIRS ON THE ACTIVITIES OF THE MOBILE REHABILITATION UNIT (MRU)

Aim

To upgrade MRU services.

Background

The MRU provides community-based and directed rehabilitation services to rural disabled people. The emphasis is on taking services to the community and making use of existing community resources, rather than relying on institutional services.

MRU activities have so far been restricted to the province of Central Java, although plans exist for four more units to be introduced in the near future. Activities so far have been largely experimental and flexible, although great benefit has already been derived by many rural disabled people as a result. An ILO expert observed and participated in MRU activities during the first quarter of 1985.

Current activities

Composition

Under the leadership of provincial office staff, MRU staff are drawn from the Depsos and Depkes components of PRPCT, Solo, together with relevant staff from governmental and NGO centres and institutions in the area in which the MRU is operating. Under normal circumstances, the full team will consist of one or more of each of the following: psychologist, social worker, doctor, speech therapist, audiometrist, prosthetic technician, orientation and mobility trainer, vocational trainer, nurse, clerical worker, specialist worker for mentally handicapped, deaf and/or mute children, visually handicapped.

Procedure

Venues are chosen in advance, based on information of need areas received from district office staff. Advance publicity is arranged by Depsos and local government officials. The MRU sets up an operational and logistical base, often at a centre or community centre within the work area. This base provides accommodation for staff, and for disabled people who are receiving intensive vocational training, also at the centre. From the base, daily trips are made into the outlying areas, to pre-selected villages. On average, the MRU is active in one Kabupaten for four-five days before moving on.

Scope of activities

All types of disabled people are attended to. Disabled villagers are grouped according to the nature of their disability, and then documented before being examined by one of the five specialist groups within the Unit - orthopaedically handicapped, visually handicapped,
mentally handicapped, deaf and/or mute, and chronically sick. After diagnosis is made or confirmed, either treatment on the spot (advice, medication, orientation/mobility training, exercises) or referral (to Puskesmas, institution, intensive vocational training, Kandep, NGO) takes place. Those clients who are in a stable condition and can benefit from vocational training are referred to the base centre, where teams of vocational trainers provide intensive skills training for periods of up to five days in such activities as weaving, mat-making, embroidery, broom making, artificial flower making, basketry.

In an average day, approximately 100 disabled people will be seen. This is followed by a case conference in which staff and local officials discuss cases, exchange experiences and provide statistics on the clients dealt with. Those disabled people who cannot visit the MRU venue because of mobility problems are visited in their homes by small groups of consultants from the MRU. Wheelchairs, crutches and other appliances are measured and fitted on the spot.

The clientele

Full statistics on the clients treated by the MRU - their age, sex, types of disability, education and training, action taken - are kept by the Kanwil, Central Java, Semarang.

As Central Java is the most highly populated province of Indonesia, a correspondingly large number of disabled people have been treated so far. This dense population, served by good roads and communications, is comparatively accessible to the MRU, at cost-effective levels.

The majority of disabled people report willingly to the MRU, and have faith in the Unit's ability to help them. Some disabled people and their parents/family members are, however, apprehensive about coming to the MRU, while others are reluctant to be referred to centres away from their families and homes. Counselling on the spot usually solves these difficulties. In common with rural areas in any part of the world, people are often sceptical about the need or value of "outside" services, but this is not a major difficulty to effective activity.

Sporadic pockets of specific disabilities were encountered, due to mineral/dietary deficiencies or occupational hazards, but the general disability profile is as follows: visual and orthopaedically disabled people are in the majority, with a significant and constant level of mental retardation. The educational and work experience/training levels of disabled villagers is significantly lower than the general rural population. Surprisingly few young disabled people were encountered, in comparison with the normal population profile of rural areas (most people under the age of 25). This is thought to be a combination of three factors, which might not be applicable in other parts of the country:

- improved health and primary health services in recent years has reduced the levels of disability, based on childhood disease;
- some rural disabled people are possibly reluctant to come forward with their problems to the MRU;
- possibly some disabled children have already been identified and referred to institutional-based programmes.
Generally, disabled people in the villages of Central Java are more integrated into normal community life than is the case in other rural parts of the world. Part of this stems from population density, but part of it is undoubtedly attributable to gotong-royong - mutual co-operation and self-help, which is an underlying social principle in such rural areas. A significant number of disabled adults is actively involved in productive activities, either as part of a family effort or as producers of finished products. Many such producers are self-taught, and make modest livings from their crafts, but the range of products is limited and often stereotyped.

Conclusion

The MRU, as it operates at present, is able to provide effective community-based services to rural disabled people. It has a high rate of output, at comparatively low cost, and good use is made of existing community resources.

The main assessed problem area is lack of follow-up and continuity of treatment based on the work of the MRU. There is a very real danger that the good work of the MRU will be undermined by a lack of long-term follow-up and maintenance of treatment plans. This issue and related problems are discussed in more detail in the next section of this report.

Deficiency analysis.

There is no physiotherapist on the team. Either a physiotherapist from the PRPCT in Solo should be attached to the MRU as a permanent member, or a specialised course should be run at Solo for permanent MRU staff to give them a better practical working knowledge of physiotherapy and related subjects. This is a short-term solution.

Sometimes the full team is not available on each visit. Each MRU visit should be fully staffed or local professionals should be involved as a matter of routine. Data collection of MRU work is quantitative only. A head count of cases is useful, but in-depth qualitative data, such as interesting or difficult cases, would give life to the statistics.

The MRU equipment requires upgrading. The staff should produce lists of needed equipment for submission to the ILO.

There is still too much emphasis on referral to institutional-based resources which will soon result in an overload if referrals continue at the present rate. There must be more emphasis on home-based training programmes for disabled children and parents, and home-based vocational training of adults. There is not enough trained and committed manpower at village level to ensure that MRU recommendations and treatment plans are being followed. PSM must be trained to carry out this function. There are not enough resources to train all the PSMs for such work. Therefore, the training of PSMs should be the responsibility of PSKs, acting as co-ordinators, mobilisers of community training resources and supervisors of PSM activities.
As yet, there is no suitable training programme for PSKs to enable them to do such training. ILO/Deppos? Depkes should develop and run such a programme. Until such time as the MRU is judged to be running at optimum effectiveness and efficiency, Central Java should continue to serve as the pilot project. Finance must be made available for continuity of MRU activities. At present, MRU activity is limited only to periods during which funds are available.

Some areas have greater concentrations of specific types of disabilities than others, creating overload problems for such specialists, while the other specialists are underutilised. Where disability-specific areas are found, consideration should be given to MRU visits staffed mainly or entirely by the relevant specialists. This could take place during periods when the full team is unavailable, for one reason or another.

The final case conference (before the MRU moves away) needs to be more practical in nature, aimed at persuading local officials and dignitaries to ensure that MRU recommendations and treatment plans are followed up in the villages.

Recommendations

1. Attachment of a physiotherapist to the MRU, as a permanent member of the team, or training of selected MRU personnel in the basics of physiotherapy, to enable them to carry out advice and demonstrations to orthopaedically-handicapped villagers and/or their parents, particularly in the area of active/passive movement exercises.

2. Every effort should be made to ensure that each MRU outing has its full complement of essential specialist staff, or that local specialists (district health officials, for example) are attached to the MRU in each particular area.

3. A report should be produced and published every three months, giving full statistical information about the MRU activities, together with case histories of selected clients.

4. The MRU should become involved in specialised visits to areas where a concentration of a particular disability occurs.

5. The final case conference in the village, while having value as a ceremonial occasion, must also become more practical, with the aim of securing the permanent active co-operation of village officials and VIPs from the sub-district in the solution of specific problems encountered by the MRU, such as jobs, transport and education, could be dealt with at this level. The commitment of community members is essential to the viability of MRU work.

6. Indonesia is well ahead of its regional neighbours in work of this kind, and it would be most useful to have some cost/benefit analysis done, with the aim of demonstrating the relationship between high output and comparatively low costs that results from effective MRU work. An objective assessment of the cost and value of community-based work is long overdue in the international rehabilitation press. Such a report (to be completed at the end of the current financial year) would be extremely well received, as well as serving as an internal reinforcement for increased and continuous funding.
for MRU activities. Care should however be taken to make the report qualitative (results measurement), as well as quantitative.

7. The system of intensive vocational training at MRU bases needs to be re-examined. The range of skills training available should be increased, and should be adaptable, based on job-skill requirements identified at the village level before the arrival of the MRU. At the same time, it must be remembered that it calls for training skills of the very highest calibre to carry out effective vocational training of disabled people in a maximum of four working days. The intensive training section should emphasise the polishing of existing or latent skills already possessed by the client, in preference to trying to teach a new skill in a very short period. If the main recommendation in this report is accepted, the bulk of the vocational training would be carried out under the supervision of the PSM, by training resources already available in the community. The present MRU intensive training unit would act as a vocational diagnostic and training planning unit to a much greater extent.

Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRU</td>
<td>Mobile Rehabilitation Unit</td>
</tr>
<tr>
<td>DEPSOS</td>
<td>Department of Social Affairs</td>
</tr>
<tr>
<td>DEPKES</td>
<td>Department of Health</td>
</tr>
<tr>
<td>PRPCT</td>
<td>Pusat Rehabilitasi Penderita Cacat Tubuh</td>
</tr>
<tr>
<td></td>
<td>(Rehabilitation Centre for Physically Handicapped)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>KABUPATEN</td>
<td>District</td>
</tr>
<tr>
<td>KANDEP</td>
<td>Kantor Departemen Sosial Kabupaten (District Social Department Office)</td>
</tr>
<tr>
<td>PUSKESMAS</td>
<td>Pusat Kesehatan Masyarakat (Community Health Centre)</td>
</tr>
<tr>
<td>KANWIL</td>
<td>Kantor Wilayah Departemen Sosial Provinsi</td>
</tr>
<tr>
<td></td>
<td>(Provincial Social Department Office)</td>
</tr>
<tr>
<td>PSK</td>
<td>Petugas Sosial Kecamatan (sub-district social worker)</td>
</tr>
<tr>
<td>PSM</td>
<td>Pekerja Sosial Masyarakat (community social worker)</td>
</tr>
</tbody>
</table>
ANNEX VIII

RECOMMENDED INVENTORY FOR AN MRU VEHICLE

A. Medical
1. Standard general practice bag, without drugs
2. Oxygen cylinder, regulator and mask
3. Ten sets intravenous drips (saline/glucose), complete with feed tube, drip regulators and canula
4. One intravenous drip stand
5. Standard industrial first-aid kit
6. Plaster kit, complete (gypsum, petroleum jelly, talc, assorted gauze bandages, fabric metric tape measure, mixing and pouring utensils, plaster shears, scissors)

B. Diagnosis (non-medical)
1. Eye chart
2. Assorted educational toys
3. Coloured progressive matrices test (Raven)
4. Portable audiogram and accessories
5. Vocational assessment testing material

C. Audio-visual aids
1. Sony Betamax video
2. 24 inch TV (colour), antenna, coaxial
3. 35 mm slide projector
4. Portable screen, tripod
5. Whiteboard and easel
6. Charts and diagrams, as required
7. Loud-hailer (battery-powered)

D. Vocational training
1. Small multi-purpose lathe/milling/grinding/drilling unit (220 v)
2. 1.5 kilowatt electric generator + spares (portable)
3. 50 metres cable for above, on wheel
4. Nylon tent, approximately 5 x 4 x 2 metres, double roof insulation and groundsheet
5. Assorted basic carpentry tool-kits (x 2) (see list)
6. Assorted general hard tools (see list)
7. Portable hand-held power saw (see list)
8. Two Singer sewing machines

E. Support equipment
1. Water tank with faucet. Capacity 50 litres
2. Portable fluorescent lamp (DC)
3. Gas lamp
4. Portable typewriter
5. Four folding steel tables (± 100 x 70 cm)
6. Eight collapsible tubular aluminium chairs
7. Gas refrigerator (± 4 cv ft)
8. Two rotary fans (one AC, one DC)
9. Small 35 mm camera with built-in flash
10. Rubber-coated torch (water resistant)
ANNEX IX

TRAINING COURSE FOR PSKs

I. Basic consideration

(a) Rehabilitation of the disabled involves varying disciplines, each requiring co-ordination, one with the others, and with full community participation.

(b) For community participation in the rehabilitation of the disabled to be successfully invoked, there is a need for an appropriate number of well-trained, competent field and sub-district social workers.

(c) The training of sub-district social workers should follow a curriculum specially designed and focused on those activities which form their job description.

II. Objective and theme

A. General objective

To enhance the quality of knowledge, skill and attitude of social rehabilitation workers responsible for placing disabled people in employment.

B. Immediate objectives

1. The training course participants should begin developing their ability to deal competently and confidently with the social rehabilitation problems of disabled people at sub-district level.

2. The training course participants should be able to provide advice and guidance which will enable disabled people to develop their work potential and employability.

3. The course participants should be able to evolve workplans for their sub-district activities and report on the results of their operational development with the disabled.

C. Theme

The theme of the course is: "Development of community-based rehabilitation skills".

III. Participants

A. Number: 29

B. Requirements:

1. Criteria:

(a) newly appointed or serving sub-district social workers experiencing problems in handling the tasks involved in dealing with the disabled;

(b) a minimum academic standard of graduation from senior high school.
2. Health:

Free from disease or infection. In the event of such an occurrence, after allocation of a place on the course, the participant shall not be represented by any other.

3. Conform to the rules of training, viz:

(a) to be present at least 15 minutes prior to the commencement of lecture sessions;

(b) on the specified days of each month, and between the hours of 07.30 and 14.00, to appear in the government service uniform;

(c) to submit four passport photographs;

(d) to stay in the centre’s hostel accommodation for the length of the training;

(e) to wear a necktie;

(f) to arrive for training the day prior to commencement.

4. After the course and when again engaged in sub-district activity, a report in the form of a paper should be prepared and copies sent as follows:

(a) original: to the Director-General for the Development of Social Rehabilitation, c.q. the Director of the Directorate for the Rehabilitation of the Disabled;

(b) copy: to the Bureau of Personnel Affairs, Department of Social Affairs;

(c) copy: to the Chief Technical Adviser, UNDP/ILO, c/o the Prof. Dr. Soeharso Rehabilitation Centre, Jebres, Solo, Jawa Tengah.

IV. Implementation of training

A. Training executive:

Directorate of Rehabilitation of the Disabled, in co-operation with the Prof. Dr. Soeharso Rehabilitation Centre, Solo, and UNDP/ILO.

B. Period:

20 (twenty) days from 30 June to 19 July 1986.

C. Venue:

National Training Resource Centre, Prof. Dr. Soeharso Rehabilitation Centre at Solo with field-work exercises in the Klaten district.

D. Course complementing:

Participants will be selected on the instructions issued by the Director-General and invitations issued by the Head of the Personnel Bureau of the Department of Social Affairs.

E. Report:

A report of the activities of the training course shall be prepared by the Training Executive Committee not later than the 15th day following the termination of the course. The report shall be sent to the Director-General and copies to:

(1) the Personnel Bureau of the Department of Social Affairs;

(2) the Chief Technical Adviser ILO/UNDP.
V. Trainers and lecturers

(a) Trainers and lecturers from the central office are officials of the Directorate-General of the Development of Social Rehabilitation, Department of Social Affairs.

(b) Local trainers and lecturers will be invited to contribute where they have experience relevant to the training curriculum. They will be officials of the Department of Social Affairs' regional and district offices, Prof. Dr. Soeharso Rehabilitation Centre and other related government departments.

(c) The ILO experts involved in project INS/82/011 will also contribute.

VI. Training curriculum

A. Grouping and recapitulation of lecture sessions

1. Basic knowledge: 24 sessions
2. Disability problems: 8 "
3. Subject sections: 74 "
   (a) general 12 "
   (b) medical 18 "
   (c) psycho-social 16 "
   (d) educational 12 "
   (e) vocational 10 "
   (f) management 6 "
4. Field-work and miscellaneous 54 "

B. Breakdown of the training subjects

1. Basic knowledge:
   (a) Pancasila philosophy and its implementation; 1945 Constitution; outlines of state policy on social welfare 2
   (b) Mental development of civil servants 2
   (c) Basic patterns of social welfare development 4
   (d) Technical policies of the Directorate-General of the Development of Social Rehabilitation 3
   (e) Programme and activities of the Directorate of Rehabilitation of the Disabled 3
   (f) The system of social welfare actions for the disabled 4
   (g) The philosophy of rehabilitation 2
   (h) Introduction to rehabilitation of the disabled 4

<table>
<thead>
<tr>
<th>No. of lectures</th>
</tr>
</thead>
</table>
2. Problems of the disabled:
   (a) General problems of the disabled 2
   (b) Problems of the physically disabled, visually, mentally and hearing disabled and ex-chronic disease patients 4
   (c) Socio-psychology of the disabled 2

3. Subject sections:
   General
   (a) Principles of CBR (community-based rehabilitation) 4
   (b) The work of the MRU 4
   (c) Community resources/appropriate technology 2
   (d) Loka Bina Karya/Kelompok Usaha Produksi (KUP) 2

   Medical
   (a) Types and causes of disability 2
   (b) Prevention of disability 1
   (c) Basic anatomy and physiology 2
   (d) Disability assessment 2
   (e) Treatment methods 3
   (f) Basic physiotherapy 4
   (g) Prosthetics and orthotics 4

   Psycho-social
   (a) Principles of social work 2
   (b) Community organisation 2
   (c) Social communication 2
   (d) Changing attitudes 2
   (e) Interviewing and counselling 4
   (f) Introduction to psychopathology 2
   (g) Introduction to psychometrics 2

<table>
<thead>
<tr>
<th>Subject Section</th>
<th>No. of Lectures</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>12</td>
</tr>
<tr>
<td>Medical</td>
<td>18</td>
</tr>
<tr>
<td>Psycho-social</td>
<td>16</td>
</tr>
</tbody>
</table>
### Educational

(a) Assessment of educability 4
(b) Remedial teaching 2
(c) Special education 2
(d) Home-based family training 4

Total: 12

### Vocational

(a) Assessment 4
(b) Vocational guidance and counselling 2
(c) Identifying work opportunities 1
(d) Placement 2
(e) Marketing 1

Total: 10

### Management

(a) Planning, organising, leading and motivating and controlling 4
(b) The management of training 2

Total: 6

### 4. Field-work practice and miscellaneous:

(a) Opening and directing of training 3
(b) Introduction to training 2
(c) Directing the field-work 2
(d) Field-work practice 28
(e) Group discussions 7
(f) Seminar 6
(g) Evaluation 2
(h) Closing of training 4

Total: 54

Total: 160
1. Introduction

In the second half of 1986 a study was commissioned into the cost-benefit of the community rehabilitation services currently being funded from the Department of Social Affairs' regular budget. The services examined in the study included Mobile Rehabilitation Unit (MRU), Loka Bina Karya (LBK) and Kelompok Usaha Produktip (KUP). For readers unfamiliar with these titles a short description of each service follows:

(a) Mobile Rehabilitation Unit (MRU)

First introduced into service as a pilot scheme based on one unit operating in the Central Java province, the idea was to provide an outreach service to disabled people living in remote villages which, for all practical purposes, were beyond the reach of static rehabilitation services. The unit itself consists of a team of medical and paramedical practitioners and other specialists acting as consultants together with administrative personnel and supported by a travelling workshop and materials store based on a commercial vehicle chassis.

The team normally comprises doctors of various specialisms, therapists for a variety of conditions, a psychologist, a social worker, an orthotic/prosthetic technician, craft instructors and the necessary administration officers. The team can be, and most often is, drawn both from the Departments of Social Affairs and Health and from the local community resources. Their objective is to dispense services on the spot to whoever arrives on any given day; to interview, to diagnose, to prescribe and, if time and circumstance permit, to give limited treatment.

The modus operandi is for the NRU to visit, by pre-arrangement, a district within the province where, in the course of two weeks, it will service on a daily basis up to 12 localities giving access to as many villages as is practicable. An average day's attendance at the MRU will be 50 to 60 people of any and every disability indigenous in the area and all will receive some help. In the course of the two weeks an average of 30 disabled clients, selected on the basis of individual aptitude and local skills/products needs, will receive up to two weeks intensive craft training to enable them to begin to become productive with a view to becoming self-supporting.

Besides the more usual orthopaedic problems dealt with there will be sessions of speech therapy for the deaf-mute, orientation and mobility training for the blind, prosthetic and/or orthotic repair or replacement and counselling of clients, their family members and community members in a wide range of rehabilitation matters. In particularly deserving cases and within certain budgetary limits, disabled aids to daily living may also be freely dispensed.
An average MRU outing of two weeks costs the Department of Social Affairs around 4.33 millions of rupiahs (US$2,600). With an average client attendance of 565 this amounts to a per capita cost of 7.664 rupiahs (US$4.64).

(b) Loka Bina Karya (LBK)

First introduced as a rehabilitation service in the mid-1970s, this is a resource facility based on small purpose-designed buildings within the community. The intention is to provide, within each local community and fully integrated with existing resource services, a focal point for the provision of such rehabilitation services as will facilitate social reintegration of the disabled people within that community. With a multi-purpose role an LBK or "base-station" should include an advisory and counselling service for parents, community leaders, employers, etc. on the needs of the disabled; guidance and training services for disabled people; productive work opportunities following training; assistance to ex-clients in commencing self-employment and improving production and marketing techniques.

In practice in Indonesia until the time of the research LBKs have been used principally for training disabled people in craft skills for periods not exceeding two months in any period of 12 months. Thus the wider role foreseen for LBKs has not yet been fully realised. The craft training so far incorporated in LBKs has included tailoring, carpentry, radio repair, welding, motor cycle servicing and simple maintenance, massage, concrete block making, wood carving, handicrafts and simple commercial work. Each LBK will train an average of 30 disabled clients in any one or more of those crafts in each period of 12 months.

The current average annual cost to the Department of Social Affairs of operating an LBK is 6.86 million rupiahs (US$4,160). Thus, the per capita cost of training in an LBK is 228,666 rupiahs (US$138.6). This is not however the total potential per capita cost of the LBK service as designed. Its multi-service role when developed and operating at optimum capacity will push the per capita cost appreciably higher.

(c) Karya Usaha Produktip (KUP)

Essentially, a KUP is a co-operative of disabled workers, self-managed and involved primarily with the sale of its goods and/or services. It is usually, although not necessarily, staffed by ex-clients of other rehabilitation services within the community most of whom will have benefited from some form of craft training. The average size of a KUP is five persons though there are some far larger than this.

As the KUP service is essentially groups of disabled people co-operating in their work effort, it is not necessarily based on a collection of buildings. Some KUPs are as loose as each individual working in the home. The activities of KUPs cover a wide range of skills and products.

The average-sized KUP is supported by an annual government grant of 200,000 rupiahs (US$120). Thus the average per capita cost is 40,000 rupiahs (US$24). This may be seen as a subsidy for co-operative employment of disabled people within the community.
2. **Purpose**

To validate each branch of the community rehabilitation service in terms of their cost-benefit and to look at ways and means of improving the service so as to provide better value.

3. **Terms of reference**

The research team was expected, within a time frame of 16 weeks, to study representative samples of the relevant services from the point of view of both activities and the results obtained and to draw conclusions concerning:

(a) the socio-economic and psychological situation of clients after receiving rehabilitation services;
(b) the community responses to, and roles in, rehabilitation services;
(c) the pattern of rehabilitation service delivery; and
(d) the costs of services and the subsequent levels of earning of clients in employment.

4. **Research method**

Nine districts within the province of Central Java were selected for research activity and within each district a random sample of clients was selected, each of whom had, during the previous four years, passed through some part of the rehabilitation service. Each client was interviewed and, in addition, supporting data was obtained from family members, locally based officials and prominent community members living in the clients' community.

Some LBKs and KUPs were visited and staff and clients attending at the time of visits were interviewed. Some time was also spent with the MRU during one of its periods of field activity. A total of 207 clients were included in the sample. This figure represented 12 per cent of the total number of clients who received some rehabilitation services in Central Java within the same four-year period. In the case of the MRU sample, to make it relevant within the total concept of employment promotion for the disabled, it was restricted to a percentage of those who had received some craft training as a part of the MRU activity.

5. **Findings of the research**

(a) **Training as an aid to employment**

Since LBKs were, in the majority of cases, constricted to craft training activities, the research comparisons themselves were oriented that way. Thus, in considering training activities, it was noted that the range of craft skills was generally relevant both to the community and to the individual. It was further noted that, of all the skills taught, tailoring appeared to be the most economically viable and then, in descending order, cycle/motorcycle service and repair, joinery, welding and radio repair.

Of even greater significance perhaps was the discovery that home industries such as handicrafts were not really viable although this finding must be considered against
the very small size of the sample and its location in just one of 27 provinces. The supporting data for this finding was an average drop-out rate after training of 75 per cent which contrasts strongly with an average drop-out rate for tailoring of 14 per cent.

The period spent in training had a marked influence on the success rate after training. It was noted that, of the 74 clients who had received two weeks training with the MRU service, 14 had failed to find employment; a failure rate close to 20 per cent. Of the 87 who had received LBK training of two months duration, just five had failed to find employment; a failure rate of only 6 per cent. Thus it is reasonable to assume that greater benefit can be derived by increasing the current length of MRU training activities.

Although the training activities included in the general MRU service were filling a known need there were at least two gaps. It was felt that, besides making and fitting orthotic and prosthetic appliances, some training should also be given the wearer to their use and care. There was also a felt need to involve family members in their relatives' training.

(b) Employment generation and income improvement

The research team found that each of the three branches of the community rehabilitation service contributed in some measure to the enhanced employability of disabled people. From the results obtained it was concluded that the LBK service was the most effective, closely followed by KUP and MRU in that order. It must be noted that the KUP service is, in itself, employment albeit of a sheltered and subsidised form. It should also be noted that a large proportion of the KUP workers will have been recruited from LBKs. It might be assumed therefore that without the KUP network the proportion of LBK clients failing to secure employment would be higher.

It is of note however, that in the case of LBKs there was an improvement rate of 17 per cent and in MRUs an improvement rate of 13.5 per cent. These figures are calculated on the basis of a "before and after" measure of the sample groups and should be viewed with some caution as it was not possible, in the time available for the study, to arrange a control group.

Of perhaps greater significance however was the increases in earnings of those clients who had had work before entering the rehabilitation service and had found work on completion of their courses of rehabilitation. Drawing an average of the results it was found that MRU clients could expect to improve their income by 46 per cent and LBK clients by 81 per cent. KUPs, being an employing organisation, were not regarded as a service designed to improve earnings potential as a primary objective. Nevertheless, the findings indicated that clients could expect an improvement as high as 118 per cent.
6. Conclusions

With the exception of home industries and handicrafts, the crafts training offered within the community rehabilitation service was quite suitable in terms of potential viable employment. Of all the skills taught tailoring/dressmaking heads the list as an income generator. As is well known there is a definite relationship between length of training and skill acquired and this was evident when comparing the success rates between MRU and LBK clients. It was noted therefore that the MRU system reached more people in a given time but at the expense of reduced value in terms of employability. It was not suggested that the MRU crafts training should be lengthened to match LBK as that would defeat the prime purpose of MRU. What is needed is a closer link between MRU and LBK to ensure that those MRU clients who will benefit from longer courses of training are referred to LBK.

Employment levels amongst the clients of both MRU and LBK were improved although, perhaps understandably, the LBK clients fared better. Income levels also followed this pattern. It was noted however that except for a very few fortunate clients, that average increased incomes were still well short of the World Bank estimate of the average per capita income for Indonesia of 540,000 rupiahs (US$300).

In examining the social and economic effects of these community rehabilitation services it was evident that they had a positive impact on both the clients and their communities. Positive changes were noted in the areas of self-confidence, increased social and community involvement by clients and general enthusiasm for life and work. From the economic viewpoint increased income levels and improved attitudes to self and community result in changes which are of economic significance within the family and community. The majority of clients who have passed through the community rehabilitation system are making increased financial contribution to the daily living expenses of their families; more are self-supporting and a small but significant number are now able wholly to maintain their families.

The research was able to produce per capita rehabilitation costs for the three branches of the service by relating the total number of clients with known expenditure on each programme. As already mentioned each service had hidden costs in the form of community inputs for which no figures have been calculated. It was not thought that there were great variations in this respect between the three branches or that these hidden costs constituted a significant proportion of the total costs. Thus, bearing in mind that the costings used for research purposes were not fully representative, it was considered they were sufficiently valid for comparative purposes.

A key factor in the ultimate success of community level rehabilitation services is the involvement of the community itself. In this respect it was noted that this had not happened to the degree expected, although it was evident that serious efforts were being made in this direction by the staff of all three branches of the service. It was concluded that there existed a need for an intense public awareness campaign aimed at key figures in the community.
Recommendations

The recommendations made as a result of the findings of the research were largely specific to the separate branches summarised as follows:

1. The three branches LBK, MRU and KUP to be fully integrated with each other and with their respective communities.
2. A logical system of referral to be introduced to ensure the services are used to best advantage.
3. LBKs to be developed to their full potential.
4. Training programmes for field-workers to be designed and implemented according to needs.
5. A comprehensive follow-up system to be instituted.
6. Good marketing practices to be adopted to ensure product viability.
7. Skills training for clients to be regularly reviewed to ensure employability.
8. All disability to be equally served.
On the basis of:

A. Result of a one-day seminar held by APINDO, the former PUSPI Co-ordinator at Surakarta with the Department of Social Affairs and UNDP/ILO on Thursday, 18 October 1984, at Sahid Hotel, Solo, concerning the disabled workers.

B. Social responsibility and serving the nation and country in every field.

C. Efforts of APINDO to participate in caring for the "REDEMPTION" of disabled workers being a part of the manpower problem in Indonesia.

It is proclaimed

That with God’s blessings today dated has been signed a Mutual Agreement between APINDO Co-ordinator at Surakarta and the Department of Social Affairs concerning the employment of "disabled workers" in private factories/companies which are members of APINDO with the following basic points of implementation:

I. That the Department of Social Affairs via the training centre of the RC will prepare DISABLED WORKERS through education in terms of skills and mentally in accordance with the demand of the market of disabled workers so that the available workers which forms a "ready for use" disabled workers for some business sectors.

II. That APINDO Co-ordinator at Surakarta as a private enterprisers organisation which will act as "FOSTER FATHER" of these disabled workers will try, within the limits of its capability, to place disabled workers who are "ready for use" as "FOSTER CHILDREN" to member companies to be employed according to their skill and capability.

III. That to remove the feeling of being treated differently, as a part of the effort of rehabilitation, it is required from them to meet the current requirements.

IV. That during probation time of three months the monitoring of those disabled workers placed should be done by both sides, in this case the Department of Social Affairs and APINDO Surakarta.

V. That to complete the follow-up of the mutual agreement will be planned to establish a vocational centre in conformity with the kind of skills needed, as a pilot project.
Thus the Mutual Agreement is signed by both sides with full conscience and responsibility for its implementation.

Surakarta, ...............  
Department of Social Affairs R.I.  
APINDO formerly PUSPI  
Director General of Rehabilitation  
Co-ordinator at Surakarta.

Countersigned:  
The Minister of Social Affairs R.I.
ANNEX XII

EXPERT'S REPORT OF PROJECT ACTIVITY

Introduction

This report covers the activities, results, conclusions and recommendations arising out of the work of Mr. M.P. Davies, expert in vocational rehabilitation, Project INS/82/011 (Development of Supporting Resources for Community-based Rehabilitation of the Disabled), from March 1984 to June 1987. This report is a synopsis of a fuller report, scheduled for completion at the end of the project in October 1987.

Background and justification

An earlier ILO project had set the scene for the development of community-level vocational rehabilitation in Indonesia, and the Government subsequently embarked on a dynamic and rapid expansion of its community-level rehabilitation resources, in the form of Loka Bina Karya, Kelompok Usaha Produktip and the initiation, on an experimental basis, of mobile rehabilitation services. This was a practical acknowledgement of the validity of community-level rehabilitation, as an essential and mutually complimentary service delivery system, working on an integrated basis throughout the country. The very rapid expansion of services brought in its wake a vacuum of skills at a variety of levels within the staffing system responsible for supporting the programme, and, as a result, a project was devised to assist the Department of Social Affairs to gear its staff to support community rehabilitation action. In practical terms, this called for the creation of a permanent staff training facility and to provide a national focal point for backstopping the newly expanding rehabilitation services.

Operational framework

The expert in vocational rehabilitation was part of an international team (chief technical adviser, expert in vocational rehabilitation, and expert in job adaptation), working in close co-operation and liaison with departmental officials at various levels throughout the country, but more particularly at the project base at the Professor Doctor Soeharso Centre in Solo, Central Java. A counterpart was appointed (a psychologist responsible for vocational rehabilitation services at the Centre, and throughout the project, close co-operation and communication was developed and maintained. It must be stressed (a point also made by the Project Evaluation Mission), that the excellent working relationship between the expert and the counterpart contributed in no small way to the achievements detailed later in this report. Furthermore, the expert has deliberately trained and groomed the counterpart to assume ongoing responsibility for several aspects of community-level rehabilitation work (training, planning, supervision and evaluation, management and review of mobile rehabilitation services, general advisory services on the extension of community rehabilitation services). The expert also notes with gratitude the fact that he was largely free from administrative duties, and able to concentrate almost exclusively on line work. Within the overall operational framework, no significant obstacles were encountered which could have impeded progress towards the attainment of the targets set.
Objectives

The developmental objective saw "achievement of self-reliance of the disabled population by the provision of facilities and opportunities for their rehabilitation and reintegration into the community as socially adjusted and economically self-sufficient individuals".

Immediate objectives, in summary, consisted of:

1. The establishment of a permanent staff training facility, with emphasis to be placed on the training of trainers in community-level related activities.
2. The improvement of the Professor Doctor Soeharso Centre in its role as a focal point for supporting community-level rehabilitation.
3. The conducting of relevant research activity.
4. Implementation of recommendations of Phase I (Project INS/78/O23), relevant to the development of a national programme of comprehensive rehabilitation facilities.

Personal activities, set out after two months in the form of a work plan, were:

(a) improvement of vocational assessment, training, at the centre;
(b) development of vocational training systems;
(c) employment promotion;
(d) recommendations on legislation;
(e) upgrading of mobile rehabilitation unit services;
(f) community awareness training; and
(g) NGO liaison work.

These objectives were based on the original terms of reference (assist in developing national staff training facility, assist in development of the centre as focal point for community rehabilitation services, assist in carrying out research advice on comprehensive national programme), and an initial study of the situation as it stood in early 1984.

Allowing for slight deviations caused by unforeseen demands and developments, it was possible to adhere to the original work plan throughout the assignment period.

A feature of the group training was the ability to obtain from the participants their own perceptions of training needs, at the commencement of each course, and, by use of adapted modules of training, to meet the training-need area on the spot, as well as later to generally known training-need areas. An example of such training needs feedback is attached as an appendix to this report.

In addition to group training of Depsos staff, several other training sessions have been conducted. Each incoming TCDC course has received training in various elements of community-level rehabilitation, and workshops have been conducted on appropriate rehabilitation planning for developing countries. Individual briefing and training sessions, in the office and the field, have been held with all incoming ILO fellows from other countries. Several video films have been scripted, produced, filmed and edited, on such subjects as the Mobile Rehabilitation Unit, vertical rehabilitation case studies, employment promotion, and fieldwork training, primarily as training aids, but also for motivational purposes.
Depso staff have been trained in video-taping and playback operation.

Articles on various rehabilitation related subjects have been submitted and published in local and regional rehabilitation journals. A 600-slide indexed library has been compiled on all aspects of rehabilitation, and has and will be extensively used as a training resource. Over the three years of the assignment, a reference library of rehabilitation literature has been built up, and has been widely used by trainees and rehabilitation workers.

Upgrading of the rehabilitation centre

Intensive investigations into the structure and function of the Professor Doctor Soeharso Centre early in the assignment led to the production of a comprehensive report (annexed to the terminal report in which recommendations were made for the improvement of vocational assessment and training methods, for the acquisition of large amounts of equipment, and for the training of centre staff to fit them for involvement in integrated community-level rehabilitation programmes. Of particular significance is the fact that the majority of technical staff at the centre are regularly involved in MRU work, thus fulfilling the primary aim of the exercise. A full list of equipment purchased and installed is annexed to the terminal report.

Upgrading of the mobile rehabilitation unit (MRU).

An initial study of the community rehabilitation service delivery system, immediately after the start of the assignment, convinced the expert that the MRU was a vitally important component in the system, serving as a free-ranging diagnostic, training, educational and motivational agent within the community. A detailed investigation therefore took place, in order to refine and improve MRU services. A paper was produced and the majority of the recommendations were accepted, and have now become a standard part of MRU operations. Additional equipment has been acquired for use by the MRU, particularly in its diagnostic and publicity roles. A very considerable period of time was spent accompanying the MRU in its field visits, and giving on-the-spot advice to staff, local volunteers and community officials.

Employment promotion

In the context of the original terms of reference, contact was made with both employers and workers organisations' representatives at national and local level. After a thorough perspective had been obtained into employment promotional needs in the formal sector, a seminar was held to improve the knowledge of potential employers in Solo about the abilities and potential of disabled workers. This resulted in a formal agreement between Depso and the employers' confederation (APINDO) at the local level, to provide disabled people with equal work opportunities. The expert continued his involvement as an advisor to the working group set up to steer future action.

Research

The expert was not directly involved in the first research work (identifying productive work areas), although an evaluation was made of the first research findings. There was heavy
involvement in the second research - into cost-effectiveness of the various forms of community-level vocational rehabilitation services. The expert assisted the chief technical adviser in setting the objectives for the research and providing instruction and guidance to the research team into methodologies and data collection frameworks, guided the implementation of the research, and evaluated, corrected and interpreted the results. In the expert's opinion, the findings of this second research have major significance, and merit global publication in their own right.

General

(a) field trips to West, Central and East Java, South, East and Central Kalimantan, North, West and South Sumatra, for familiarisation and advisory purposes;
(b) production of publicity material (photographs, slides, video-tapes) and suggested speech points for Depsos officials and functions;
(c) addresses and chairmanships of various conferences and seminars on disability and rehabilitation in Indonesia;
(d) informal advisory services to various non-government organisations on accessibility, appropriate appliances and furniture for disabled people, policies of organisations of the disabled; and
(e) off-project activity - project evaluation in Ethiopia; fact-finding visits to Singapore, Malaysia, Thailand and Philippines.

Results

1. Improved system of rehabilitation services at the Professor Doctor Soeharso Centre, both for general rehabilitation, and for outreach services in conjunction with other components of community-level services (LBKs, MRUs).
2. The development of a standardised but adaptable staff training facility, with ongoing ability to train staff in support of community-level rehabilitation work.
3. The establishment of a broad, multidisciplinary pool of community-level trained manpower, capable of providing generic and back-up services within all components of the community rehabilitation system.
4. Over 700 field-workers and backstopping institutional staff trained in support roles in community-level rehabilitation.
5. Several video-tapes made and distributed on rehabilitation and employment promotion, as training material.
6. First draft of comprehensive practical guide for rehabilitation field-workers completed and circulated for improvements.
7. Central Java developed as a comprehensive pilot model for training and the development of community-level rehabilitation in other provinces.
8. Substantial improvements in the methods, personnel, service delivery, impact and effectiveness of the Mobile Rehabilitation Units and, in recognition of recommendations, a policy decision to expand MRU services throughout eight other provinces.
9. Greater degree of understanding by employers and workers of the rights, abilities and needs of disabled workers.

10. Establishment of a permanent agreement between Depsos and APINDO on employment, training, planning, and technical assistance to rehabilitation units, resulting in the employment in the formal sector of over 250 clients.

11. The prospect of the employment promotion agreement being adapted and extended to other provinces, with a view to a national programme of action.

12. As a result of greater liaison between employers and training units, an improvement in vocational rehabilitation planning because of better understood manpower skills requirements in the open labour market.

13. From research activities, vindication of Indonesia's system of community-level vocational rehabilitation as cost-effective.

Conclusions

The specific objectives of the expert, as set out in the project document, and specified in the description of duties and work plan, have been achieved.

Recommendations

The following recommendations are based on the expert's perception of logical consequential action, capitalising on the foundation already developed, without taking into account existing tentative plans for future technical co-operation:

(a) at strategic level, there must be a long-term plan for training programmes aimed at securing the total integration of all rehabilitation services in Indonesia;

(b) in view of the commitment to place one PSK in each subdistrict, large numbers of them will remain untrained. Those PSKs who have undergone group training already should act as trainers for their colleagues in adjacent subdistricts;

(c) the group training for PSKs generated an esprit de corps amongst PSKs, and forged a common identity. This should be fostered by means of monthly publications aimed at enabling PSKs to have a forum for discussion of problems and solutions, and to keep in touch with each other throughout the country;

(d) the Central Java MRU is the best established, and operates within an area where the community is better oriented towards involvement in community-level rehabilitation. Those staff members scheduled for management of MRUs in other provinces should spend a period of time with the Central Java unit, learning at a hands-on level to do and how to do it;

(e) the research findings on cost-effectiveness of Indonesia's community-level vocational rehabilitation systems is of major importance, both within Indonesia and further afield. It is considered essential to publish the results for world-wide consumption, more so as this is the first known research of its kind, and serves to vindicate the method of service delivery;
(f) consideration should be given to the planned extension of the APINDO/Depsos agreement on employment promotion. The first stage should be to improve the present activities in Solo, followed by an extension of the system to other parts of the province. To attempt to move straight into a national programme of action now would be premature. First solid foundations have to be laid at local level. Once all concerned are satisfied with the local situation, APINDO could perhaps host a national meeting of the Association, to use as a platform to motivate other provincial branches;

(g) there should be an acceleration of integration at all training facilities, institutional and non-institutional. There is still a disproportionate amount of involvement with the physically handicapped, and the trend should be towards phased integration of other types of disabled people into the training system;

(h) either as part of some future technical co-operation project, or within the department itself, consideration should be given to the training of selected officials of the Department of local Government, in order to facilitate the ongoing work of the MRUs and LBKs. Experience has shown that the Home Affairs Department is second in importance only to Depsos in the community-level rehabilitation system. Some kind of agreement on training should be worked out between the two departments;

(i) there is a need to plan and carry out training programmes for leaders and management of organisations of disabled people, with the aim of harnessing their constructive involvement in all aspects of the rehabilitation process. It is desirable to aim for training which will foster the development of an organisational structure of such organisations, down to village level, so they can work in a practical and co-operative way with the department, in the community-level rehabilitation sphere;

(j) the draft handbook for PSKs should be scheduled for translation as soon as all relevant feedback has been obtained. It should then be distributed to PSKs, heads of LBKs and heads of Dinas Sosial, for field testing and feedback, before the final edition is published. It is important that the handbook be kept to manageable size, and that all additional material should be in point, rather than narrative form. Otherwise, the handbook will be too large for effective use as a handy reference work;

(k) it would be pleasing if the Rehabilitation Institute would consider acceding to the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159). Indonesia is already putting into practice, almost without exception, the principles contained in the Convention, which has already attracted more accession than any other ILO Convention in the last 12 years;

(l) workers' organisations should be encouraged to participate in the employment promotion process, by means of agreements ensuring equality of treatment and membership within the factories for disabled workers. The objective here is not to seek special treatment for disabled workers, but, on the contrary, to accept them as equals, with equal responsibilities as well as rights;

(m) the somewhat grey area that exists between Depsos and the Manpower Department in relation to employment placement of clients in the formal sector, should be clarified to the mutual satisfaction of both parties. Depsos has taken the practical and dynamic initiative in this field and the fact should somehow be recognised and formalised.