NATIONAL DEPLOYMENT PLAN
WHO rATA SURVEY - INDONESIA

Balitbangkes Ministry of Health - ADINKES Indonesia – Institut Inklusif Indonesia (I3)
Country Profile & Situation of AT Provision

- Indonesia conducted a national census 2020
- A large population consist of 34 Provinces, 514 Districts/ Municipalities, 7,246 Sub-Districts 83,931 villages.
- Roughly 30.4 million or 12% people age ten or above of the population, live with disability and require Assistive Technology (SUSENAS 2018) / around 3% prevalence (BPS - Statistics Indonesia)
- AT enables PWD to fully participate in many areas of life but no available valid data for AT Provision in Indonesia.
- High commitment from Government of Indonesia to achieve UHC related with SDGs and UN-CRPD → National Law 8/2016 of PWDs clearly stated about AT provision; President Regulation about SDGs, Nation Action Plan for Human Rights, One National Data; and Government Regulation about Disability Inclusive Development Master Plan
- AT Provision is a cross-ministerial issues, implementing a decentralized policy
- CHAI Indonesia with 8 key ministries already conducted WHO Assistive Technology Assessment – Country 2020 (ATA/C) → Final report was already disseminated with recommendations include strengthening availability and AT data management
- National Health Insurance → BPJS Health & BPJS Workforce) → cover some of AT Products
- MoH already published “Roadmap of Inclusive Health Development”

Objectives of rATA Survey

1. Obtain data on access to AT in a country’s population;
2. Support the design, planning or prioritizing of a national AT program or interventions;
3. Advocate and raise awareness among governments and civil society about the importance of AT.
Stakeholders & NDC - Indonesia

Reference Groups
- MoHA
- Social Rehabilitation MoSA
- Poverty & Social BAPPENAS
- DPOs - AT Providers

Expert Team
- BPS Statistics Indonesia, WHO CO, School of Statistic Indonesia (STIS)

Project Team
- National Data Center (MoH)
  - BALITBANGKES (Lead)
  - HTA MoH & NCD MoH
  - MoSA, Kemenko PMK
- Survey Coordinator
  - ADINKES
- Enumerator Coordinator
  - I3
  - Provincial Enumerator Supervisor
    - Enumerator
    - Enumerator
    - Enumerator
- Provincial Enumerator Supervisor
  - Enumerator
  - Enumerator
  - Enumerator
- Provincial Enumerator Supervisor
  - Enumerator
  - Enumerator
  - Enumerator

Steering Committee
- MoH, MoSA, Kemenko PMK, BAPPENAS

Secretariat
- ADINKES, MoH
- I3, CHAI Indonesia

Supporting Team
- Administrative
- Finance

• KEMENKO PMK: Coordinating Ministry of People & Culture Development
• BAPPENAS: National Board on Development Planning
Global Deployment Plan - Indonesia

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<thead>
<tr>
<th>TASK</th>
<th>FEB</th>
<th>MAR</th>
<th>APRIL</th>
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<tbody>
<tr>
<td>NDC appointed and complete master training</td>
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<td>Engage with key actors</td>
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<td>Hosting by MoH</td>
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<td>Establish work procedures</td>
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<td>Recruit or subcontract the research group or agency</td>
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<td>Develop national deployment plan</td>
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<td>Translate rATA questionnaire</td>
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<td>Organize stakeholder meetings</td>
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<td>Prepare and complete the sample design</td>
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<td>Define referral procedures</td>
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<td>Finalize the national deployment plan</td>
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<td>Recruit enumerators and supervisors</td>
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<tr>
<td>Provide training to enumerators and supervisors</td>
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<td>Test survey tool, process in the field, and data inflow</td>
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<td>Final adaptation of data collection tool</td>
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<tr>
<td>Collect data in the field</td>
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<td>Data handling and analyses</td>
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<td>Report results I</td>
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<td>Report results II</td>
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- BALITBANGKES MoH will be as focal point of NDC (focal persons already available) with roles and experience on research and development of health sector in Indonesia
- Ethical clearance → Balitbangkes MoH & ADINKES ADINKES as lead organization with formal partnership of MoHA Indonesia
- Letter of support for rATA Survey from MoH already issued in collaboration with ADINKES (LB.02.02/III/823/2021)
- Health Technology Assessment Committee (HTA) and Directorate of NCD will support as member of NDC
- Key actors meeting → Key Ministries, ADINKES, DPOs, Local Government, WHO CO, CHAI Indonesia.
- Indonesia Inclusive Institute (I3) → representative of DPOs → ensuring disability perspective and participation during this survey ADINKES as lead organization → formal partnership and work with MoH
- Translate rATA questionnaire into Bahasa → on process
- Sampling strategy and sample size → on process to finalize
- Workplan and time frame from February until May 2021
Sampling Strategy – Sample Size

- Supported by BPS Statistics Indonesia → National Human Development Index (IPM) 2020 was selected as main indicator to accommodate social-economic disparity in Indonesia → Age and health, Years of Study, Expenses per year
- IPM is a strategic indicator used by The Government of Indonesia to ensure achievement of national development and main indicator of national budget policies to local government.
- First stage → A systematic random sampling was used to select 3 provinces as target of population based on IPM 2020 from BPS → 3 cluster of provinces (Lowest, Middle, Highest) will represent nationally.
- Second stage → A systematic random sampling was used to select 3 districts/municipalities for each selected province based on IPM 2020 from BPS
- From selected district/municipality → a simple random sampling will be used to select 3 subdistricts
- Each selected Sub-District → # village will be listed based on code of village and number of RW and simple random sample will be used to select 3 RW (block/cluster)
- For each selected RW → will be listed (based on registration data) and simple random sample will be used to select 60 HH → # total target 4,860 HH → # total 17,982 Respondent

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<thead>
<tr>
<th>Province</th>
<th>Population</th>
<th>IPM 2020</th>
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<tbody>
<tr>
<td>West Kalimantan</td>
<td>5,472,310</td>
<td>67,66</td>
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<tr>
<td>Jambi</td>
<td>3,540,000</td>
<td>71,29</td>
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<tr>
<td>Banten</td>
<td>12,960,000</td>
<td>72,45</td>
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<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>IPM 2020</th>
<th># Target (HH)</th>
<th># Target (Person)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMBI</td>
<td>Muaro Jambi</td>
<td>69,01</td>
<td>540</td>
<td>1,998</td>
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<tr>
<td></td>
<td>Sarolangun</td>
<td>69,72</td>
<td>540</td>
<td>1,998</td>
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<tr>
<td></td>
<td>Kota Sungai Penuh</td>
<td>73,36</td>
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<td>1,998</td>
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<tr>
<td>BANTEN</td>
<td>Tangerang</td>
<td>71,93</td>
<td>540</td>
<td>1,998</td>
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<tr>
<td></td>
<td>Kota Cilegon</td>
<td>73,01</td>
<td>540</td>
<td>1,998</td>
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<tr>
<td></td>
<td>Kota Tangerang Selatan</td>
<td>81,48</td>
<td>540</td>
<td>1,998</td>
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<tr>
<td>WEST</td>
<td>Sekadau</td>
<td>64,34</td>
<td>540</td>
<td>1,998</td>
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<tr>
<td>KALIMANTAN</td>
<td>Sanggau</td>
<td>65,67</td>
<td>540</td>
<td>1,998</td>
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<tr>
<td></td>
<td>Ketapang</td>
<td>67,16</td>
<td>540</td>
<td>1,998</td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td>4,860</td>
<td>17,982</td>
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## Data Collection & Enumerator

### Recruit Enumerator

- NDC with ADINKES will supervise I3 on recruitment process of enumerator
- Requirement for enumerator → based on experience, skill of communication, and knowledge of AT
- Process of recruitment → local person as priority
- Strongly encouraged PWDs
- 50 enumerator will be recruited

### Enumerator Training

- 3 days training will be conducted for enumerator
- Topics will refer to rATA Training WHO
- BPS/STIS, MoH, I3, CHAI → resources person

### Field Test & Feedback

- Field test will be conducted for each enumerator team in every district → 3 interviews / enumerator
- Use apps rATA Survey WHO in Bahasa
- Last day of Training
- Feedback → discuss with all team & review with experts

- Data collection process will be set up by MoH and NDC
- Expert team → BPS Statistics Indonesia, STIS will supervise, and support needs identified for pre/during/post data collection
- Total data collecting → 540 HH/district with Total cluster (RW) = 27 clusters / district → 6-7 enumerators / district
- For 5 weeks, 1 enumerator will cover total 90 HH
- Estimation → Each enumerator needs 20 minutes for interview, working hours will be around 5-6 hours per day
Referral Procedures & Coordination

- a simple procedure for referring individuals with unmet needs for assessment and follow-up

- in contexts and situations where referrals are not possible, e.g., because services do not exist or are too far away, alternative information and advice should be given;

- include in the data collection teams individuals with the necessary competence to make initial assessments that could be followed-up after the data collection is finalized.

- involve a small team of trained health workers, for instance from a local nongovernmental organization or disabled people’s organization who can follow-up individuals in need of an assessment.

1. Develop a coordination system with local government (Dept of Population and village government) to check the validity of respondent (e.g., national health insurance, social protection, disability registration) and report to key ministries/department

2. Provide an additional database for individuals who need to be assessed by home visit or AT provision must be delivered to their location and share to key stakeholder (e.g., health services, AT Providers)

3. Set up a local help desk for each district involving focal person from Dept of Health, Dept of Social Affair, and DPO to work with enumerator team in case follow-up individual is needed and access to AT should be provided.

4. Develop a database/map of referral related to AT service provision with contact person and distribute to respondents
### Challenges

- Statistic survey in Indonesia usually use around 12,000 HH to representative nationally → need more explanation when number of HH is around 4,000 (with population of Indonesia is around 270 million people).
- With apps using digital devices for data collecting → supporting standard device for enumerator to use apps is crucial (is it mandatory that enumerator recruited should have a device on their own?)
- Covid-19 pandemic in the raising mode, several field study of MoH R&D Department do not get their ethical clearance.

### Questions

- How to process data collection concerning situation of COVID-19 which has been raising highly across selected districts in Indonesia? Is there possibility to conduct survey over WA call to HH? → TeleRATA (mixed)
- How to cover cost of data collection in case limit of access and communication (rural area sampled area)? → TeleRATA
- Within pandemic situation, ethical clearance for approving a research/survey is quite complex (difficult to have from MoH) → are there any suggestions? → TeleRATA and PPE compliance
- Budget to cover cost of health protection (swab test, hand sanitizer, masker) for enumerator in case of HH should be interviewed directly on spot → PPE compliance
- Can we have some advice on other countries figure on budget to perform their rATA Survey (concerning geographic challenge on data collecting to rural area)
Thank You