



NORAD COLLECTED REVIEWS

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Mental Health Project (YNLM Indonesia)

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Mid Term Review
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Norad





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Mental Health Project (YNLM Indonesia)


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*“I want to get healthy. Can do many things, not with
emotion or anger. I want to get well.”*

RD, Client PWMD

SUBMIT TO YNLM INDONESIA
SUBMITTED BY RYAN SUGIARTO

Mental Health Project

MIDTERM EVALUATION REPORT

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C. EXECUTIVE SUMMERY

YNLM implemented Mental Health Project (MHP) in Helvetia Tengah Village since 2019. Helvetia Tengah is known as the second highest population density in Medan City, with a population of 37,243 people, the majority work as laborers, with education level mostly at Junior High School (SMP).

At the beginning, MHP was developed as a pilot project, then expanded as a long-term project started from 2020 until 2024. MHP project has 3 objectives: 1). Reduce stigma of people with mental disabilities (PWMD); 2. Access to quality health services; 3. Community of Helvetia Tengah is mobilized to address the situation of PWMD.

During the 2 years (2020 – 2022) of implementing MHP, YNLM was faced with various restrictions due to the outbreak of the Covid-19 Pandemic. However, from the project monitoring, it appears that YNLM was manage to carry out several activities that were able to achieve expected and unexpected results. There are at least 3 activities that have a significant impact: first, training and seminars on handling PWMD for caregivers, cadres and health workers; second, advocacy, campaign and networking; third, development of economic activities as a therapeutic tool for PWMD.

Training and seminars for handling PWMD enable caregivers, cadres and health workers to provide proper care and treatment for PWMD. Advocacy, campaigns and networking have succeeded in increasing stakeholder awareness (government and private) of their duties and responsibilities towards PWMD. This awareness is then translated into attitudes and actions that accept PWMD in joint activities. The development of economic activities further emphasizes the ability of PWMD to produce goods and services that are useful to society.

Finally, the community's stigma towards PWMD is slowly decreasing – although it is still limited to the Helvetia Tengah community. Access to quality health services – it is recognized – began to increase. And unexpectedly, started December 1, 2022 Medan City Government implemented the principles of Universal Health Coverage (UHC).

But in the future, mental health service still needs more intensive and extensive action, especially in campaigning and advocating for the rights of PWMD; improve the ability of caregivers, cadres and health workers to taking care and treat PWMD; issuing a strong legal basis for mental health program from the Kelurahan (Peraturan Desa/Kelurahan) level up to the City Government (Peraturan Walikota); as well as optimizing the daycare scheme so that the process of integration of PLWD patients into society is effective.

D. MIDTERM EVALUATION REPORT ON MENTAL HEALTH PROJECT

D.1. INTRODUCTION

D.1.1. YNLM MANDATE

Yayasan Nurani Luhur Masyarakat (YNLM) is a humanitarian organization engaged in community development, where YNLM acts as an institution that conducts assessments of areas in targeted communities and conducts community development programs. YNLM always focuses on community empowerment where the development program/activity will be sustainable when YNLM will leave the areas it serves.

YNLM through the Mental Health Project (MHP) has carried out a community-based mental health rehabilitation development program in Helvetia Tengah sub-district, Medan City. In 2019, MHP conducted a pilot project to determine the initial state of the community related to mental health issues, Then, YNLM conduct long-term project from 2020 to 2024 for a mental health issue ,2022 is the third year of project implementation and a mid-term evaluation needs to be done. The project is funded by NLM (Norwegian Lutheran Mission) and Norad (Norwegian Agency for Development Cooperation). This year, MHP has been implemented for 2 year, therefore there is a need to conduct Mid-term Evaluation.

D.1.2. Mental Health Project (MHP)

MHP was carried out in two locations, including Kelurahan Helvetia Tengah and the Mental Hospital (RSJ) of North Sumatra Province, Prof. Dr. M. Ildrem in Medan City. Helvetia Tengah is located about 6 km from city center of Medan, on the northernmost border of Medan and Deli Serdang District. The area of Helvetia Tengah reaches $\pm 1,156.147$ ha with a population in 2008 was around 37,243 people consisting of 18,500 men and 18,743 women. Helvetia Tengah is the second largest population density in Medan. Education level of most population (12,852 people) is Junior High School (SMP); while 10,3406 are high school students (SMA). And there are still 219 people who are illiterate.

The main source of income of the people is employees of private companies (2,031 people); traders (1,133 people); civil servants (431 people), the rest are construction workers and other daily workers.¹

In Kelurahan Helvetia Tengah, MHP is implemented through a series of activities such as education for stakeholders and people with mental disability, to increase knowledge and awareness about mental health so that the stigma against people with mental disability (PWMD) decreases. This project also provides various therapy and medication activities for PWMD to improve their health status. In addition, MHP also recruited and educated 10 health cadres from the community to accompany PWMD and their families (caregivers). At the moment there are 75 PWMD who are direct beneficiaries of this Project. In this Project, the term used to refer to these 75 people is clients.

Meanwhile, at the RSJ Prof.Dr.M. Ildrem, MHP is more focused on developing and implementing daycare activities through a rehabilitation program. This activity aims to develop patient independence in carrying out daily activities through occupational therapy, such as sports, skills training, making crafts, and spiritual activities.

D.1.3. Project Methodology

The methods used in this project are Appreciative Inquiry, Participatory Rural Appraisal, Community Based Rehabilitation and Human Rights-Based Approach. These methods are used in the planning process of the project but will also be used during the whole project periode.

Appreciative Inquiry (AI): is an approach that focuses more on exploring potential and strength of a community to make a change. The potential is explored through sharing ideas, story and dreams. MHP uses AI approach starting from the assessment by gathering information about individual potential, groups and organizations through interviews, Focus Group Discussion (FGD) and workshops to support project objectives. And AI approach will be used throughout the project cycle including implementation, monitoring and evaluation.

¹ Karmila: "Peran Keluarga dan Petugas Puskesmas Terhadap Penanggulangan Penyakit Demam Berdarah Dengue (DBD) di Perumnas Helvetia Medan," Tesis Pasca Sarjana, Universitas Sumatera Utara, 2009.

Participatory Rural Appraisal (PRA):

PRA consists of 3 main approach: first, participatory: the community is involved in the whole process- a bottom-up approach which requires good attitude and communication skills from the project staff. Second: rural, this technique can be used in various situations, whether rural or urban. Regardless of whether they can read and write or not. Third, appraisal: find information or problems, needs and potential that exist in the community.



PRA aims to help strengthen the capacity of communities to plan, decide and take action to improve their own situations. The role of project staff is only as facilitator. All ideas, aspirations and decisions are carried out together with the community. The assumption is that the higher the level of participation,

the higher the potential for project ownership and sustainability. All activities will be carried out together with various levels of society. The PRA approach will continue to be the approach for the entire project period.

Community Based Rehabilitation (CBR) is a method that aims to improve the quality of life of people with disabilities and their families; meet their basic needs; and ensure their inclusion and participation. CBR principles are based on the UN Convention on the Rights of People with Disabilities and the principles of empowerment including advocacy and sustainability.

Thus, in this project, MHP will involve all stakeholders, especially people with mental disorders as the main stakeholders and their family members. The AI and PRA methods will be used in community-based rehabilitation efforts, where participation is a red string that will help find positive resources that people at all levels have in the community and in RSJ.

Framework used in the implementation of CBR: CBR management cycle includes 4 stages, namely: 1) Situation analysis 2) Planning and Design; 3) Implementation and monitoring; and 4) Evaluation. This stage will guide the project through the process of mobilizing community to development project design. The CBR matrix in MHP consists of 4 components: health, livelihoods, social and empowerment. These four matrices are expected to meet community needs.



Project staff will be divided into four sections and will focus on their own section. Each section will have different actors and responsibilities. For example, will those with responsibility for health work with health care providers to ensure that the needs of people with disabilities and their families are met in all areas of health including promotion, prevention, curative and rehabilitation. Project staff will also need to work with individuals and their families to facilitate access to health facility and work with other sectors such as the health department to ensure that all aspects of health are addressed.

Project staff must also ensure that all planned activities are carried out according to schedule with results that are in accordance with the targets. MHP's main activities are focused on training staff, cadres and clients and their families, including but not least is campaign. During the implementation phase, project activities will be simultaneously monitored.

Human Rights-Based Approach is a framework for promoting and protecting human rights, based on international human rights standards. MHP uses this approach to empower people with mental disability and their families/caregivers through their participation in decision-making processes. The project is also using this framework as a tool to ask responsibility of other stakeholders and partners, such as Health Local Government Office of Health (Dinas Kesehatan), Social Affairs and other related local government offices.

The Goal of MHP is Dignity for people with mental disabilities in Medan

While the objectives are:

1. Reduced stigma of people with mental disabilities in Medan
2. Access to quality health services in Medan for people with mental disabilities
3. The community of Helvetia Tengah is mobilized to address the situation of people with mental.

D.2. Purpose and specific objectives

This Mid-term evaluation aims to look at the progress of project in achieving the expected results, objectives and goals. The findings and results of the evaluation will become a lesson learned for the future.

The main objective of the evaluation is to measure the extent to which the project has succeeded in achieving the target, and to find out the positive and negative factors in the strategy, design, management and implementation of the project that guide the achievement of the target. And the specific objectives of this evaluation are:

1. To assess whether the project interventions are addressing the needs in in the community
2. To measure the project achievement against the indicators shown in logframe.
3. To determines intended and unintended, positive and negative factors that affected the project achievement.
4. To determine alternative factors contributing to the results alongside interventions.
5. To assess the major challenges affecting project interventions.
6. To evaluate the activities whether they are effective, relevant, purposive and accurate to contribute in project achievement in expected result, objective and goals level

D.3. Evaluation Method

D.3.1. Method

To achieve the evaluation objectives, this evaluation applied 3 method, namely:

1. Empowerment Assessment tool - EAT

Digni defines empowerment as “the expansion in people’s ability to make strategic life choices where this ability was previously denied them. Changes in the ability to exercise choice in order “to live the life one values” involve three inter-dependent dimensions”:

1. Resources - the conditions under which choices are made (being)
2. Agency - the process /power by which choices are made (doing)
3. Achievements - the outcomes of choices, i.e. the outcome of a person’s resources and agency

In this evaluation, several dimensions are considered: first, evaluation is an activity that empowers community and the organization being evaluated. Beneficiaries become part of the enumerators who collect quantitative data directly from clients. Second, the evaluation applies principle of the participation of beneficiaries, project staff and partner organizations. Third, the evaluation process becomes a learning process for beneficiaries, project staff and partners, and help them to know and own the results, adapt the way they work to make a change. Presentation of key findings is carried out to provide an overview to the beneficiaries. This presentation took place on December 2, 2022 at the Helvetia sub-district office.

To measure changes in the level of empowerment, this study uses three dimensions of empowerment: RESOURCES, AGENCY and ACHIEVEMENTS. The empowerment scale uses the definitions or characteristics of each level from the DIGNI Assessment Table.

2. A cost-efficiency analysis

Cost efficiency analysis refers to a program or activity cost per output analysis, which allows staff to compare the cost per output for programs that produce the same output. This analysis is useful when choosing a different model of implementing activities within the same program with a better value for money. The value of money is seen in several aspects: economy, efficiency, effectiveness, and equity.

Cost efficiency analysis in this evaluation was carried out by examining financial documents and programs. These documents helped understand the costs incurred by finances and programs. Thus it

showed how project financing has so far had an efficiency or still has an inefficient gap.

3. Development Assistance Committee

Progress and Effectiveness of the Project	This criterion shows the positive and negative factors that affect the achievement of the objectives and goals of the MHP project related to 3 main issues, namely stigma, access to good health services, and community support/mobilization.
Efficiency	The efficiency of this project relates to the use of all project resources to achieve targets through the implementation of all planned activities. These resources include funds and people (staff and/or partners).
Sustainability	This criterion presents how the community and stakeholders feel about this project. Is it possible for the project to be continued by stakeholders after the project period ends?
Gender Equality	This criterion explains whether this project provides equal opportunities and participation and benefits to women and men, including in policy formulation? Are there obstacles to achieving equal participation?
Empowerment	This criterion shows whether this project is successful in empowering clients, caregivers? At what level does this empowerment occur: individual, community or society? Also look at the level of empowerment of civil society in the framework of gender equality, client's health status.

D.3.2. Data Gathering

Data and information gathering were conducted through quantitative and qualitative methods. These methods were done with several approach, such as:

1. Participatory

This study involved cadres as enumerators for collecting quantitative data using survey form to clients with Google form. The cadres read out the questions one by one to the client. In addition, cadres also become companions for researchers when interviewing clients, as well as advisers to find a suitable and represent the characteristic respondents for in-depth interviews.

2. Desk review

Desk review was conducted by studying program documents, including log frame, Tour of Reference (ToR), monitoring and progress reports.

3. Focus Group Discussion (FGD)

FGD was conducted for caregiver, health cadres, the Management and staff of Mental Health Hospital RSJ Prof.Dr. M. Ildrem, of MHP. Table below explains detail information about the FGD's participants and schedule:

No	Day/Date	Place	Participants	Total
1.	Sunday,27/11/2022	Previous Village Government office	Caregiver	8 participants
2.	Sunday, 27/11/2022	Base YNLM	Cadre MHP (1)	4 participants
3	Monday,28/11/2022	Base YNLM	Cadre MHP (2)	5 participants
4.	Monday,28/11/2022	Meeting room of RSJ	Management and staff of RSJ Prof. Dr. M. Ildrem	10 participants
5.	Saturday,26/11/2022	YNLM Office	Staf MHP	6 participants
6	Tuesday,29/11/2022	The Old Kelurahan Office	FGD Kube (client)	6 participants

Total FGD	6 FGD, 39 participants
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4. In-depth interview

To obtain comprehensive information, in-depth interviews were conducted. In-depth interviews were conducted with a total of 26 respondents representing: the government (head of neighborhood, village head), health workers (Puskesmas), community and religious leaders, Program Manager and YNLM Manager. Details regarding the interview participants can be seen in Annexes.

5. Online Survey by Local Enumerators.

This survey was conducted in two approaches with different respondents. First, the survey was conducted to obtain an overview of the community's stigma to PWMD. The respondents of this survey is general public, including beneficiaries of MHP. The sites of the survey were conducted in two villages (Kelurahan): 1) Helvetia Tengah with a total of 65 respondents. Helvetia Tengah is the beneficiary of MHP intervention. 1). Kelurahan Sei Sikambing C11 with a total of 50 respondents. Sei Sikambing C11 did not receive the program. Data collection in this kelurahan is intended as a control group to see comparisons whether there are differences in community stigma towards PWMD.

The method to determine respondents was carried out by purposive sampling technique. Total respondents were 65 people. The survey was carried out using Google form. The types of questions consisted of 3, namely closed questions, open questions, and the Likert scale model taken from *Internalized stigma of mental illness (ISMI)*, with 15 statement items. Enumerators -- consisting of 4 local community -- read the questions one by one to the respondents and filled in the answers. The four enumerators have received training related to the issues being researched and data collection technique.

Second, survey for PWMD client. Survey for PWMD client was done to 30 respondents using the same method as the survey for the community. The enumerators who collect data are cadres who assist PWMD on a daily basis in MHP activities. The cadres have also received training on issues and data collection techniques. This survey wanted to see whether there is still an internal stigma on PWMD after getting healing process and the following activity from MHP. Table below is the detail number of respondents.

No	Total Population	Total Sample	Notes
1	PWMD clients	30	Direct beneficiaries
2	Control group	50	Kelurahan Sei Sikambing
3	Helvetia Tengah community	50	MHP project site
4	Caregivers	15	Direct beneficiaries
5	Cadre	10	
	Total Respondents	150	

Source of Information. The data collected during 7 (seven) days of field research started 25 November to 1 December 2022 involved a number of respondents, most of whom were part of the MHP Project, except for the control group which was used as a comparison. YNLM and the MHP Team also provided a number of project documents including Logframes, project progress reports and monitoring results.

D.3.3. Data Analysis Technique

Data collected through quantitative and qualitative methods as well as documents studies -- progress reports, log frames, survey results, statistics, discussion notes, and in-depth interviews -- were

then categorized, validated and compared (triangulated) to ensure data reliability. The data and information obtained from this process were analyzed to obtain findings based on the specified evaluation criteria, in order to obtain relevant and accurate data and information. With valid and accurate data and information, this evaluation team formulates valid conclusions and appropriate recommendations.

D.4. Findings

The findings of this study are focused on answering research objectives which include 3 project objectives, namely: 1). Reduced stigma of people with mental disabilities in Medan; 2. Access to quality health services in Medan for people with mental disabilities; and 3. The community of Helvetia Tengah is mobilized to address the situation of people with mental. In addition, it is also answer specific objectives regarding: 1). Relevance of program interventions with community needs 2). Project achievement based on indicators in the log frame 3). Positive-negative factors that influence project outcomes 4). Factors that contribute to the achievement of results and 5). The main challenges that affect program interventions. The above points were presented using the OECD-DAC Criteria approach.

D.4.1. Coherence

The Mental Health Project has two coherences: Internal policy coherence and External policy coherence. Internal policy coherence can be observed from the alignment between programs that have been designed by YNLM, and alignment with the Mayor of Medan's vision in the health sector, which includes mental health. The MHP program is well formulated and detailed. Referring to the target program logframe, the program's target involvement has shown coherence. First, direct involvement of beneficiaries (clients and caregivers). Second, community involvement, in this case mental health cadres. Third, the involvement of the health sector in this case is the health workers at the Puskesmas and RSJ Prof. Dr. M. Ildrem. Fourth, the involvement of the government both from the head of neighborhood (Kepala Lingkungan), Village (Lurah), and Subdistrict (Camat). Fifth, the involvement of the general public, community leaders, and religious leaders. Sixth, involvement of the security sector (Bhabinkamtibmas).

The second is external policy coherence. MHP is aligned with the SDGs, the Convention on the Rights of People with Disabilities (CRPD), and Law No. 8/2016 concerning People with Mental Disabilities.

D.4.2. Relevance

Project design and focus are in line with needs of direct and indirect beneficiaries as well as stakeholders in the community and local government. According to experience, before developing a proposal and implementing it, a baseline survey was carried out to capture the needs of the community and stakeholders in a participatory manner by directly involving various components of the community as a first step in developing project intervention strategy, as well as preparing the community, so that the project is accepted and integrated in the community as well as sub-district government.



Looking at the MHP Relevance aspect, there are at least four potential elements that can be analyzed. *First*, it is relevant to the needs of beneficiaries and stakeholders. In general, it can be seen from the results of the baseline data, the level of community stigma against PWMD is in a moderate position, while the number of PWMD recorded was 98 people in Helvetia Tengah - the highest figure among other villages in Helvetia Sub-District. Before the program there was a strong opinion that having a child with PWMD was a disgrace. Therefore, the PWMD has to be hidden. PWMD activities are limited around the house, or even in the room. Even though Medan has been shackle-free since 2014, not many parents have awareness regarding the rights of PWMD.

There are families that are still closed themselves and refuse to bring their family member to this program. There are some of my neighbors where the conditions of their family members are even worse off than my son, but yeah.. I see. Want to make a fuss, shouting. The parents are ashamed to tell the condition. (R, Woman, Caregiver, Helvetia Tengah)

Observing the results of the baseline carried out in 2018, there is an interesting picture to establish the relevance of the project. The baseline results show that based on existing data it can be seen that the majority of PWMD do not get bad treatment from the community. However, the worst treatment that PWMD ever have is verbal harassment. The bad treatment given by the community is due to the stigma that is still attached to the community regarding the status of PWMD. The bad treatment given by the community will strongly affect the healing process of the PWMD. S/he will begin to isolate themselves and take a distance from their surroundings, so that the process of returning PWMD's to their family and community will be hampered.

I used to be harassed in words. (S, Man, Client, Helvetia Tengah)

Other findings from the baseline also show that there are 39.4% of Helvetia Tengah residents who agree that PWMD are dangerous and violent. In addition, there were 41.3% of the people who said they were afraid to communicate with PWMD. People's fear to PWMD is due to the behavior of PWMD that is different from other people, especially when PWMD is already at a severe stage such as Schizophrenia with delusional behavior, hallucinations, chaotic speech and others, especially if PWMD going around without clothes or looks dirty because they haven't cleaned themselves for a long time. In addition, the community stigma discussed earlier regarding PWMD is dangerous and violent will also strongly influence people's attitudes to be able to communicate with PWMD.² In regard to occupation, the baseline shows that 71.4% do not accept PWMD to work at their company/business. This is reinforced by the reason that PWMD cannot make the right decisions for themselves. This was stated by 64.9% of respondents.³

The lack of education and training about PWMD, make community has many misunderstandings. The community does not fully understand how to help PWMD. In a statement, 99% of the public stated that people with mental disorders must receive proper treatment. However, the community does not understand that PWMD also requires social treatment or rehabilitation as mentioned in Law Number 11 of 2009 Article 7, namely social rehabilitation is a form of social intervention to organize social welfare in addition to social security, social empowerment and social protection. With rehabilitation, social work is expected to restore social functioning and increase the self-confidence of PWMD so that they can return to society like "normal" people.

On the other hand, Indonesia has ratified the Convention on the Right of People with Disabilities (CRPD) which was enacted in Law Number 19 of 2011 concerning Ratification of the Convention on the Rights of People With Disabilities (Convention Regarding the Rights of People with Disabilities).

Second, context relevance. In Indonesia, based on the 2018 Riskesdas data, the prevalence of depression of people above 15 years old has reached 6.1%, or the equivalent to 16 million people. In addition, the fact that only 9% of people with depression are undergoing medical treatment deserves special attention. During and after the Covid-19 pandemic, mental health has become an important part of health issues. Statistical data shows that during the Covid-19 Pandemic it led to an increase in depression in society. Based on self-examination data of 2,364 respondents conducted by the Indonesian Psychiatric Association, 69% of people experienced psychological problems during the Covid-19 Pandemic with 67% having symptoms of depression.

Third, relevance to the design and the quality of the program. The MHP is designed to reestablish the dignity of people with mental disability. The three objectives set at the beginning are directing each activity. Fourth, the relevance of time. The MHP program has long-term relevance. As long as it is related to humans, mental health issues will continue to be relevant. This is important to respond to unexpected

² Baseline Program, 2018.

³ Baseline Program, 2018

changes caused by climate change, food security and so on. Observing the problems mentioned above, this project has high relevance to be implemented as an effort to raise the dignity of PWMD.

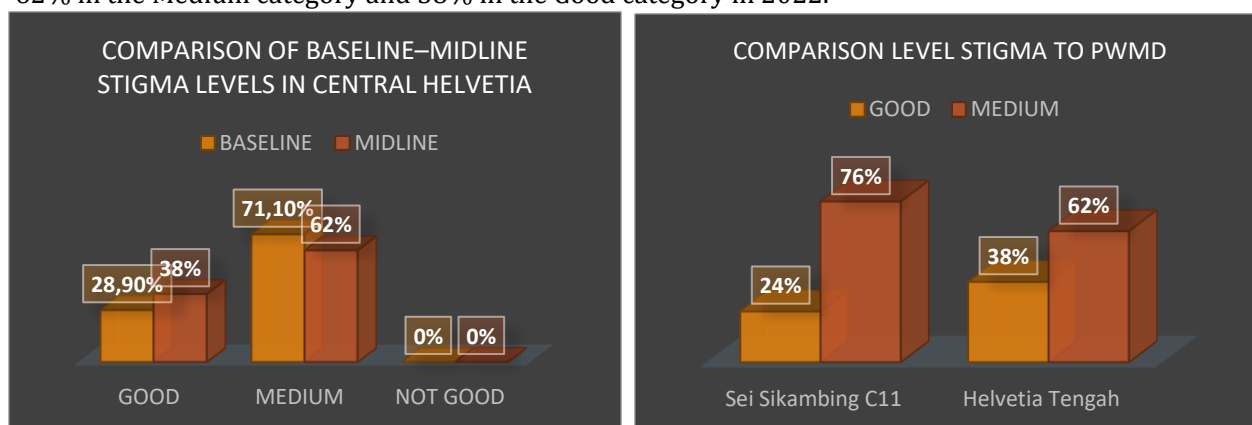
D.4.3. Project Progress and Effectiveness

This section elaborates three main objectives of the project: 1). Reduced stigma of people with mental disabilities in Medan; 2. Access to quality health services in Medan for people with mental disabilities; and 3. The community of Helvetia Tengah is mobilized to address the situation of people with mental disability. Besides that, it also identifies the positive-negative factors that influence the project.

D. 4.3.1. Stigma to PWMD

Based on the findings and data analysis, a comprehensive reality was obtained that there were positive changes related to the community's stigma towards PWMD. The reality of the decreasing stigma was obtained by comparing the level of community stigma towards PWMD from the baseline and the level of community stigma towards PWMD from the midline survey. Here is the overview:

There has been a significant change in the Helvetia Tengah in the decreasing stigma to PWMD. The is a 10% decreasing in stigma when compared to the baseline (2018), where the stigma given by Helvetia Tengah community is in the moderate category of 71.1% and the Good category is 28.9%, become 62% in the Medium category and 38% in the Good category in 2022.



This figure shows that there is a better change. The decreasing in the level of society stigma is showing the results. The 10% increase in moderate position is good category, indicating that the activities that have been carried out have had a positive impact on decreasing the community's stigma to PWMD.

In addition, when compared to other urban villages that did not receive project intervention, in the same year, the midline level of stigma in Helvetia Tengah is better than another village. In this case is Sei Sikambang C11 Village. The results of the survey conducted during the midterm evaluation showed a significant level of difference between Helvetia Tengah and Sei Sikambang C11.

The results of midline evaluation survey showed that the level of stigma to PWMD in the Helvetia Tengah is better than the level in Sei Sikambang C11. There is a 14% difference between the two villages.

In the MEDIUM category, Sei Sikambang is 14% larger than the Helvetia Tengah. Meanwhile, in the GOOD category, Helvetia Tengah is 14% larger than Sei Sikambang C11.

This means that empirically MHP has a positive impact on changing the community's stigma towards PWMD in Helvetia Tengah. From the table it can be seen that the community's stigma to PWMD in the Sei Sikambang C11 in the medium category is still high at 76%, while in the good category it is only at 24%. Whereas in Helvetia Tengah, after receiving intervention from MHP, the MODERATE category was at 62%. This means that there are 62% of people who still put stigma on PWMD. But in the same year, 2022, the GOOD category is at 38%. This means that there is a positive view of the community towards PWMD in Helvetia Tengah.

From the survey of 30 ODGJ respondents, it was obtained an interesting picture, that 9 respondents or 30% had no stigma within themselves, 16 respondents or 53% were in low internalization

category, and there were 5 respondents (17%) who were still at moderate internalization category. There were no respondents at all who were internalized by the stigma of Heavy. The quantitative results related to objective 1 above are supported by qualitative data through FGDs and in-depth interviews. The explanation on quantitative result is supported by the following qualitative data that was explored via FGD and *Indepth interview*. A change and the decreasing stigma occurred at several level.

First, change in the behavior of the PWMD Client. MHP helped PWMD open a space for a better life. Self-awareness and discipline to take medicine - as part of their rights - is carried out properly. By consistently taking medication, the physiology of PWMD back to function. PWMD can be run activity more easily. This experience was expressed by RD, one of the PWMD who involved in MHP.

"I experience a change, I can, usually at home when I'm sick I can't do anything. It used to be difficult for me to walk, most sitting, shaking. Have been taken to the hospital 3 times, then returned home from there my condition is still the same. If I can follow, I always tried to follow as best I can. More insight, more friends. I want to get well. And can do something, without getting emotional or angry, I want to get well. I am increasingly able to move smoothly, I am free to walk and walk. Today has been active and get together with friends again." (RD, Man, Client, Helvetia Tengah)

Some PWMD are look confident in interacting and doing activities with the community and society. Activity-based therapy which is the choice of MHP is able to encourage PWMD to get together with others. Of the 75 targets that the HMP intervened, 23 PWMD facilitated by the cadres and MHP team established a Self Help Group (KUBE).

Knows MHP in 2020, YNLM visited me together with Kepling, get to know, and parent told me. I follow all MHP activities. For me the benefits are, thinking creatively, developing ideas, including chicken rearing business, giving chicken vitamins so the meat is soft. (AF, Man, Client, Helvetia Tengah)

Another finding is that PWMD feel that they have been accepted by their families with their current conditions. They also feel that they have been accepted by the community. This makes them feel more free to interact in community activities.

Second, Parents (Caregiver) get knowledge and skills on to treat PWMD. Parents, in this case, act as important caregivers and support system for the family member who suffer with mental disability. Before MHP was implemented, there were a big confusion in dealing with children with mental disability. But after receiving trainings, caregivers feel they have the knowledge on how to taking care PWMD. One of the parents who participated in the FGD said that with the training from YNLM, she knows how to treat her children.

"Not only for the client but also for us, the parents. We got a lot of advice, suggestion and patience. That's very helpful. The foundation gives full support" (R, Woman, Caregiver, Helvetia Tengah)

"The mother's hope here is very high, that Foundation can give more knowledge and skills to taking care of our children." (K, Woman, Caregiver, Helvetia Tengah)

The knowledge and ways of caring that are obtained by caregivers through training and outreach improve caregiver's ability to deal with children with mental disability. Several informants admitted that their patience to taking care of PWMD members is increase. Discipline in giving medication is also improved. In addition, that is no less important, is the communication forum among caregivers to give strength and encourage each other.

Third, Decreasing Stigma to PWMD. From the analysis of the data it was obtained a basic picture related to the use of terms. People no longer used "Crazy People" (orang gila) to PWMD, but are very familiar with People with Mental Disability (in Indonesia they called: ODGJ). This change is very important that shows public awareness and knowledge in decreasing stigma to PWMD. Not only in society, even

among health workers the term "crazy person" has not been used anymore. This shows the shift of understanding and paradigm to PWMD. This change then has an impact on the treatment methods provided by health workers to PWMD.

"At the beginning community didn't care about PWMD, but now they are starting to take care because the community sees that there is a team that handles PWMD. However, the effect is that the community depends on the cadres, if there is someone who has a bit of a problem, they are called." (H, Man, Cader, Helvetia Tengah)

"In the past, before there were trainings from YNLM, even our health workers often called "crazy people... crazy people." Now the term is never used again, but ODGJ." (A, Woman, Health Worker, Helvetia)

To reduce stigma, YNLM carried out plenty of promotions, campaigns, by giving pins on mental health issue, distributing brochures to all visitors at Puskesmas. This campaign was carried out intensively by YNLM, including competition event in high school. There were theater (drama) competitions, poetry readings, drawing. This theater was very memorable for the students, because they did it very seriously, they didn't care about the prizes.

I was one of the judges. The student only think on how to get rid of the stigma." (A, Woman, Health worker, Helvetia)

Fourth, the rise of awareness among stakeholders (State Actor). MHP succeed in engaging stakeholders, from the lowest structure, the Kepala Lingkungan (Kepling), Village Head (Lurah), to Sub-district Head (Camat). This success was able to build collaboration with stakeholders and make the implementation of program effective. Several Kepling also act as Mental Health Cadres (Keswa).

For the Sub-district Government, this program is following up on the previous YNLM agreement with the the previous Camat. However, the mental health (Keswa) is also one of priority of the Mayor of Medan. Activities, such as trainings, outreach and campaigns as well as coordination between stakeholders (TKPJM, Community Mental Health Implementation Work Team) are very useful and have a very positive impact.

"For the Sub-district Government, this program simultaneously implements the vision of the Mayor of Medan which prioritizes the health sector. And this keswa is a sub-section. We (Sub-district Government) has to run this vision. There are at least 3 areas that we can simultaneously achieve through this program. "Through this program, I always use the term once rowed 3 islands passed," (PR, Man, Camat Medan Helvetia)

Three areas that can be generated from the Keswa program are the first, the health program, especially mental health. Second, the development of Small Scale and Medium Business (MSMEs) through the procurement of goods to be used as rewards for outstanding employees of the Sub-district Government. These rewards are given every Friday. In the past, the Sub-district Government provided umbrellas or selfie sticks. But in the last few months, the items that have been given are product made by SHG of the PWMD. It is cheaper and at the same time helps marketing of SHG products from the MHP Program. Third, carry out the principle of rewards and punishment for employees who excel and those who do not.

D.4.3.2. Access to a Quality Health Service for PWMD

For PWMD access to health services is no longer a problem. The Puskesmas in Helvetia gives priority treatment for PWMD to access medicines and other health services needed. Data survey of 30 PWMD respondents showed that 60% of PWMD respondents admit that they received good quality health services from health workers. There are 36% of respondents who also said that they received good attention from health workers. However, there are 4% of respondents who said they sometimes felt they

were not being served seriously. This can be interpreted that 96% of PWMD respondents admitted to receive good and quality services from health workers.

At the Puskesmas, MHP carried out several activities including, training on How to Evacuate Relapse Patients, Seminars on PWMD, and Integrated development post for non-communicable disease (Posbindu). These trainings encourage an increase in the capacity of Puskesmas health workers in treating PWMD. According to the informant, it is very seldom for health workers at the Puskesmas to receive training related to mental health.



“If we expect from the Government, we will never get knowledge. And from training and seminar given by YNLM, we then get more updated.” (A, Woman, Health worker, Helvetia)

Posbindu is very helpful for Puskesmas. Before YNLM come, Posbindu was carried out by visiting PWMD clients door to door. However, after the intervention from MHP, Posbindu is conducted in one place in Helvetia Tengah. It is interesting, because PWMDs from several other villages came to access Posbindu service. Informant A, a health worker from Puskesmas said that after collaborating with MHP the treatment for PWMD is much more organize. During Posbindu takes place, YNLM also organized gym on mental health (Senam Sehat Jiwa). This is a regular activity conducted every Thursday on 2nd week. This activity give opportunity and space for clients, their families and health workers from Puskesmas to interact and share.

People who came to check themselves at Puskesmas will also get medicine. Or for those who need more treatment, they will be immediately given a referral to the hospital. The Local Health Department Office provides medicine for patients with mental disability to the Puskesmas. So that all patients will receive services, including patients who do not have health insurance (such as KIS or BPJS). The provision of medicine from the Health Office is one of the results of an agreement on TPKJM Meeting which has been held once every 3 months since 2020 at the initiative of YNLM.

D.4.3.3. Progress of Integration of Mental Health Cadres In The Existing Structure of Public Health Services.

The research findings show that mental health cadres have not been integrated into the structure of the Puskesmas. However, coordination between mental health cadres and Puskesmas staff has been established. Cadres receive transportation fee when visit PWMD.

“It has to be structured. We will not catch up if there is no help from cadres. We at Helvetia have a good cadre for the TB, we first included budget for them, and this can be an example, even though I did nothing, I just made a decree, I can't do it myself, we have a lot of patients, 2type of media. Can we submit. We held a meeting, invited the head of the Puskesmas.” (R, Woman, Heath Worker, Puskesmas, Helvetia).

Cadres obtain Letter of assignment (SK) from Puskesmas to carry out their duties to accompany PWMD, including in the process of outreach and assistance to PWMD, but cadres are not part of the Puskesmas structure yet. This will have an impact to the status of the cadres and the performance. Health workers stated that having mental health cadres really helped the Puskesmas in dealing with PWMD.

“We can't do anything to the client if there are no cadres. We are unified by NGOs, Medan city and all Puskesmas, we are defending them, this the reason for the local health office to say that there is still funds for cadres, we may increase incentive by 50 thousand to 100. (R, Woman, Heath Worker, Puskesmas, Helvetia).

D.4.3.4. The Progress and Effectiveness Of Self-Help Groups And Business Groups

Self Help Group (SHG) is starting to show progress, although has not been significant enough yet. In the PWMD group, KUBE is formed as part of the SHG. Among PWMD, they remind each other to be disciplined in taking medicine, and invite others to be active in KUBE.

"It can be creative, it can be income, it doesn't bother parents, and it can get together with friends. Eliminating boredom, there is an increase in insight, there is also something like playing." **(AL, Male, PWMD, Helvetia Tengah)**

Some PWMD are getting confident in interacting and doing activities with the community and society. Activity based therapy as an approach for treatment choose by MHP is able to encourage PWMD to open up to others. Of the 75 targets that the HMP program intervened, 23 PWMD facilitated by cadres and the MHP team established a business group (KUBE).

"I know MHP in 2020, YNLM visited me with head of neighborhood (Kepala Lingkungan), get to know, and talked to my parent. Then I follow all MHP programs. For me the benefits are, thinking creatively, developing ideas, including set up a chicken rearing group, know how to give vitamin to chicken to make the meat soft." **(AF, Man, PWMD Client, Helvetia Tengah)**

The design of MHP project places Self Help Groups (SHG) or *Kube* as therapeutic tools for clients. This therapy is done through skills training that allows clients to develop economic activities that have the potential to become their source of income.

This activity is important because according to the 2018 baseline, 71.4% of respondents did not accept PLHIV to work at their place of business because PLWHA could not make the right decisions for themselves. This was stated by 64.9% of respondents.⁴ This activity is very important because according to the baseline conducted in 2018, 71.4% of respondents did not accept PWMD to work at their company because PWMD could not make the right decisions for themselves. This was stated by 64.9% of respondents.

After clients (PWMD) have received a series of training and assistance from the MHP project, it is proven that this activity can help PWMD to have more chance for a better life. This begins with discipline in taking medication, so that the physiology of PWMD returns to function. PWMD are starting to be able to do activities, the stigma against PWMD is decreasing. In addition, PWMD also feel confident to interact in community activities. This means that the community has also begun to accept the presence of PWMD in joint activities in the community.

There are around 23 clients have already attended training and practicing the skills in making liquid soap, food processing (such as cakes, banana and sweet potato chips), mowing grass, washing motorbikes, and chicken rearing. The MHP project then provides equipment in the form of machines and materials. The government of the Helvetia Tengah village lent the SHG a working space. The Village, Sub-district government, Puskesmas and YNLM become the buyers of SHG products, including the community in Helvetia Tengah.

"We were given training for 1 to 2 weeks on how to hatch eggs with a machine. When we were able, we continued to practice the skills right away. Then YNLM gave us 50 eggs to hatch and raise. Now there are 4 people rearing chickens." **(A, Male, Client, Helvetia Tengah)**

In interviews with the evaluator team with sub-district heads, village heads and doctors at the health center, all acknowledged that periodically, ODGJ clients came to market their products. In fact, the Head of Helvetia sub-district explicitly said:

"Initially we bought umbrellas and selfie sticks as gifts for employees with achievements."

⁴ In the Logframe, this was mentioned in Expected Results 2.3 under Objective 2.

But now we replace it with products from SHG. This is also a way to realize the MSME development program, in addition to helping ODGJ." (PR, Male, Camat, Helvetia)

The Lurah and health workers at the Puskesmas were also said that PWMD regularly came to the Kelurahan and Puskesmas to sell their products. The products sold to the District Office, Kelurahan and Puskesmas are liquid soap and food. For chicken farms, breeders sell to the Helvetia Market. Some sell eggs, other sells the meat.

Every client who helps sell SHG products, is entitled to an incentive/commission. The amount of this incentive depends on the cleverness and creativity of clients. If clients can sell at higher prices and in large quantities, the incentives they receive will be greater. SHG gives a base price for liquid soap Rp. 8,000/bottle. Some clients sell Rp. 10,000 - some can sell Rp. 12,000 / bottle.

This incentive is distributed by SHG (according to cooperative principles) to each client at a member meeting (RAT) every year in the form of dividend (SHU). RAT is held every December 15th. During FGD with clients, some clients said in 2021, they managed to get dividend Rp. 80,000 - but there were also those who said they get Rp. 120,000 - When the evaluator asked why anyone could get more, the other clients simultaneously replied: *"she sold it to Puskesmas."*

Even though the terms of income of clients from the SHG business is still relatively small, the productive activities in this SHG have proven to be successful in increasing the motivation and self-confidence of the clients. In fact, they want to increase the intensity and amount of their production. Looking at the enthusiasm and market potential that SHG has, the evaluators see that there are potentials and opportunities for SHG to be developed from a therapy base into a home industry.

On the other hand, SHG, which was originally part of activity therapy, has been initiated into a business for PWMD. Only the entire planning, procurement, is still held by staff and cadres. PWMD has not been fully given the freedom to process SHG operational needs.

"We don't have the courage yet, we're afraid we'll lose the money" (RD, Man, Client, Helvetia Tengah)

D.4.3.5. Support From Local Government For The Sustainability Of Mental Health Programs In The Community

The MHP program has succeeded in develop engagement with stakeholders, starting from the lowest structure, the Head Neighborhood (*Kepling*), *Lurah* (Village Head), to the *Camat* (Sub-district Head). This success was able to build collaboration with stakeholders and streamline the implementation of the program. Some of Kepling also act as Mental Health Cadres (Keswa).

For the Sub-district government, this program is following up on the previous YNLM agreement with the Camat. And mental health program (Keswa) is also one of the priorities of the Mayor of Medan. Activities, such as trainings, outreach and campaigns as well as coordination between stakeholders (TKPJM, Community Mental Health Implementation Work Team) are very useful and have a very positive impact.

"For the Sub-district Government, this program simultaneously implements the vision of the Mayor of Medan which prioritizes the health sector. And this keswa is a sub-section. We (Sub-district Government) has to run this vision. There are at least 3 areas that we can simultaneously achieve through this program.

"Through this program, I always use the term once rowed 3 islands passed," (PR, Man, Camat Medan Helvetia)

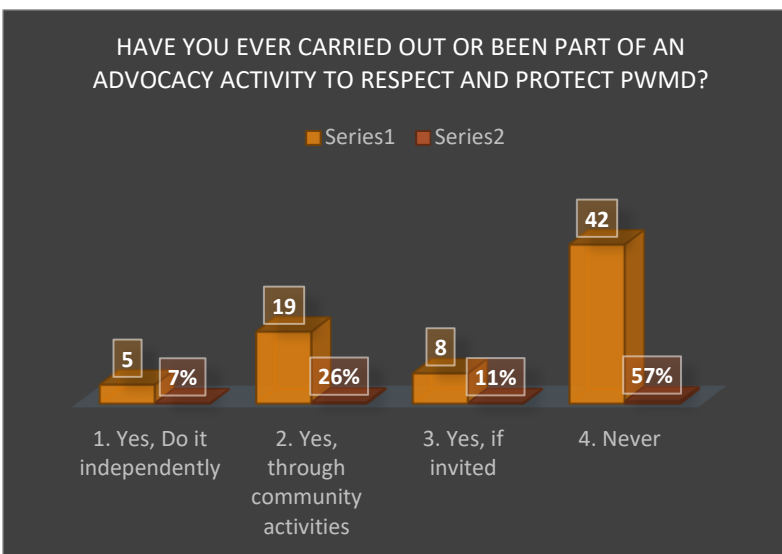
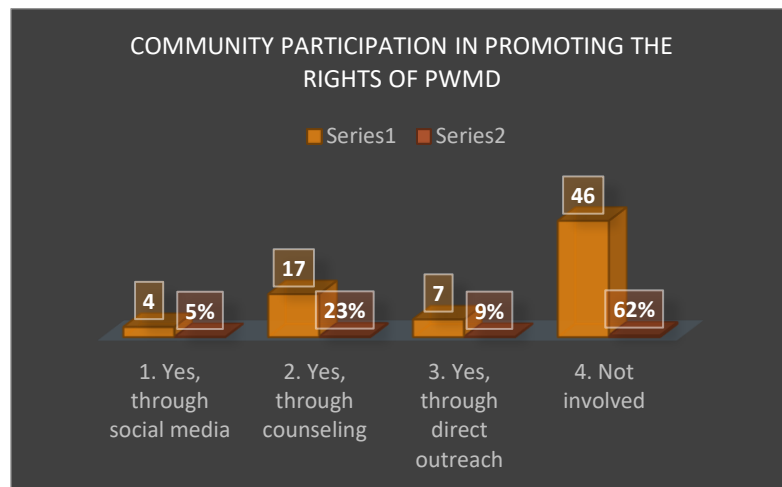
Three areas that can be generated from the Keswa program are the first, the health program, especially mental health. Second, the development of Small Scale and Medium Business (MSMEs) through the procurement of goods to be used as rewards for outstanding employees of the Sub-district Government. These rewards are given every Friday. In the past, the Sub-district Government provided umbrellas or selfie sticks. But in the last few months, the items that have been given are product made by SHG of the PWMD. It is cheaper and at the same time helps marketing of SHG products from the MHP Program. Third, carry out the principle of rewards and punishment for employees who excel and those who do not. There was a raising awareness of stakeholders (State Actors).

D.4.3.6. Progress of Daycare Program For Outpatients At The Mental Health Hospital In Medan And The Integration Of The Program Into The Rehabilitation Services Of The Hospital.

Daycare has not been able to optimally bridged the integration of PWMD with the community. There are obstacles related to the implementation of Daycare. PWMD and families have not made this service a "necessity" to strengthen mental health. Some of the obstacles encountered are: first, the mindset of the community is still "the important thing is that the patient is silent, even without activity it's not a problem". Second, people ask Hospital expecting transport cost from the hospital if they want to take part in Daycare. Third, day care is still constrained in terms of approval from the mental hospital management.

"The mindset of our society is that it's important for patients to be quiet, even without activity it's not a problem, in Java they are more pro-active for activities. That's why I asked for day care, there were still problems with management's approval. In North Sumatra, they ask us for a fee if we want to take part in day care, the Hospital has not been able to pay for it" (Dr. R, Medan Hospital Doctor)

In addition, according to the Hospital, the ability of human resources to initiate and implement day care is still inadequate. Submissions for capacity building are still awaiting accreditation for the Hospital.



D.4.3.3. People Mobilization

In the third objective, related to the efforts to mobilize community in handling PWMD situation, it has not fully shown results. The community has not participated in promoting the rights of PWMD. Survey shows that 62% of respondents said that they were not involved in promoting the rights of PWMD. However, there were 38% of respondents participated in promoting the rights of PWMD either through Social Media (5%), Counseling (23%), or by direct socialization (9%).

The same phenomena also occur in the community's involvement in advocating the rights of PWMD. From the analysis of survey, 57% community in Helvetia Tengah, said they had never carried out or been part of an advocacy activity. But there are 43% of respondents said that they have been involved in advocating for the rights of PWMD in various ways, including advocating independently (7%), together with the community (26%), or being involved in advocacy because they were invited (11%). On the other side, TPKJM has not been able to

encourage other stakeholders to get involve in promoting and advocate the right of PWMD.

“Steering Committee (SC) is still in the initial process, has not been able to do a significant role.” (PR, Man, Camat Medan Helvetia)

But TPKJM has successfully ensure the availability of stock and supply of medicines for PWMD. The provision of medicine from the Health Office is one of the results TPKJM Meeting which has been held once every 3 months since 2020 at the initiative of YNLM. The Local Department of Health Office provides medicine for PWMD to Puskesmas, so that all patients will receive services, including patients who do not have health insurance (such as KIS or BPJS). In general, so far, the program has shown progress in achieving the objectives. Although it must be admitted not significantly.

D.4.4. Project Efficiency

D.4.4.1. Utilization of Human Resources and Project Finance

YNML's Financial Regulations clearly regulate the procedure (SOP) for submitting and using project budgets. Each plan for the use of the budget must be submitted together with the Terms of Reference (ToR) of the Activity in a predetermined budget format. The TOR must have been submitted to the Finance Manager 2 weeks before the implementation of the activity.⁵

In stages, the ToR and Budget Plan will be analyzed by the Finance Manager, YNML Manager and NLM Indonesia Representative (RRI). Each officer (Project Manager; YNML and RRI Manager) has a different amount of discretionary. And every expenditure of funds of more than IDR 2,500,000 must go through a bidding process from at least 3 suppliers/vendors. Generally, detailed budget plans and project activities are analyzed by the Finance Manager, completed with suggestions/advice if things are found that are inappropriate, out of sync or there are errors in the calculations. Communication between the Finance Department and the Program is carried out in writing, so that all matters relating to the use of budgets and activities are fully documented. This documentation is not limited to the budget but the relation to activities and to outputs and outcomes.

In this evaluation, the evaluator conducted document study and in-depth interview with Finance Manager and Program Staff. The document consists of Budget Plan and the TOR of Activity which related to Network Development to Mobilize Helvetia Tengah Communities to Overcome the Condition of People with Mental Disability. This activity is one of the most important activities that leads to the following targets:

- Objective 3: The community of Helvetia Tengah is mobilized to address the situation of people with mental
- Indicator 3.3: # of activity on advocacy by mobilizing community.
- Expected Result 3.2: Network meetings are arranged in the community
- Indicator 3.2.1: # of meetings related to mental health
- Indicator 3.2.2 # of participants from several groups.

This activity was attended by 62 participants representing 32 institutions, consisting of the District and Kelurahan Governments; Medan City Government Offices; Hospitals and Puskesmas; Community Leaders; Religious institutions; Security Agencies and Community Groups. This meeting succeeded in forming a new network called the Community Mental Health Implementation Team (TPKJM). The TPKJM network was formed and ratified through a Medan Mayor Decree (SK) in 2020.

The budget for coordination in November 2022, reached IDR 20,410,000. Of this amount, around 60% was used for logistics, only around 15% for transportation costs for 62 participants and honorarium (fees) for 3 resource persons/speakers. However, the results of this meeting were very significant, such as the formation of a common view of various institutions regarding mental health and the development of communication channels and the implementation of sectoral functions and roles in the management of

⁵ YNLM: “Finance Regulation of Yayasan Nurani Luhur Mandiri,” 2020.

public mental health by 32 institutions. The TPKJM coordination meeting is then held periodically every 3 months attended by key participants.

The time needed by YLNM in organizing big meeting such as the TPKJM Coordination Meeting in November 2022 is 5 to 6 weeks. This includes 4 weeks for preparation, started with preparation of Term of Reference (TOR) and budget approval from the Financial Manager, YLMN Manager and RRI. Ten (10) days after approval, activities must be carried out immediately. Then after that, invitations must be distributed to all participants. It is often difficult to determine when to carry out these activities, due to the busyness of each speaker and main participant. YNLM staff spend a lot of time and effort to ensure attendance.

During the meeting, YNLM staff also focused on preparing stationary, equipment and note taker. After that, YNLM staff needed at least 1 week to prepare a report on the implementation and use of the budget. All of these activities are carried out by 4 to 5 YNLM staff with a clear division of tasks under the coordination of the Program Manager.

D Looking at the results achieved from this advocacy activities through the development of inter-agency networks and the establishment of TPKJM that have succeeded in mobilizing community to change the mental health condition of the community, it can be said that the use of project's budget was quite efficient.

Only the main problem is the high turn over of project staff. In 2022 almost all project staff will be new staff recruited in 2022. This problem is an obstacle to program efficiency. However, the ability of new staff to "merge" in various stakeholders has shown its effectiveness, both in building closeness with state actors, health services, and program beneficiary communities.

D.4.4.2. Program capability builds community participation and resources.

In this activity, MHP also succeeded in encouraging the Village Government to contribute in providing places in the form of buildings and fields to be used as places to carry out production activities, Pusbindu and mental health gymnastics. The Helvetia Tengah Village Government lent the old Village Office Building to be used by Kube to produce goods such as liquid soap and food. While the Posbindu and Mental Health Gymnastics activities were carried out in the field of the old village office.

It is planned that the Helvetia Tengah Village will also provide a special place in the new Village Office Building – which was still under renovation at the time of this evaluation – for Keswa services. It is hoped that the housing services in the new village building will involve cadres.

Meanwhile, the direct beneficiaries - clients (PWMD) and their families (caregivers) - contribute in the form of time, energy and attention that is so sincere. Both PWMD and Caregivers, directly or indirectly, help disseminate information and concrete evidence about the benefits and goodness of the MHP program implemented by YNLM, as well as the testimonials conveyed by both clients and caregivers in the quotations presented in the previous section of this report.

Government stakeholders from the sub-district, sub-district, municipal and provincial levels contributed in the form of actions in the form of support for the implementation of MHP activities, especially in gathering support for advocacy for the integration of the mental health program into government policies. In the future, both the sub-district and sub-district governments will put pressure on integrating the MHP program into Medan city government policies. The sub District party explicitly even always uses the term "banging" in illustrating this effort.

At the provincial level, which in this program is represented by the involvement of Prof. RSJ. M. Ildrem, showed a concrete political will for the MHP program in particular, and housing services in general. In the FGD with RJS Management, Deputy Director of RSJ., expressed a lot of hopes for YNLM and MHP. During the presentation of the evaluation findings, the RSJ Management had quite an intense dialogue with the person in charge of the Helvetia Health Center about the types and facilities of services provided by the public health service.

And in handling ODGJ, after the MHP program by YNLM, many new things were provided by the public health service, such as early detection of mental disorders (initially manually, but since the existence of the MHP program, the Ministry of Health has provided an automatic detection tool to the public health service); collaboration between Health Center health workers and mental health cadres in

Helvetia Tengah Village who are getting better at Pusbindu activities and home visits; guarantee the availability of free drugs for clients at the health center.

D.4.4.3. Factors that Effecting the Intervention

Factors that influencing MHP until the midterm period, can be described into two main factors:

First, Internal Factors.

- 1) The ability of the program staff to build good engagement of various stakeholders in health service sectors (such as Puskesmas, and RSJ), community, and government (starting from the Ketua Lingkungan, Lurah, and Camat) to make program well accepted. (positive factor).
- 2) The high burden of project staff is a factor that hinders achievement. Almost all staff were just recruited in 2022. (negative factor).
- 3) NLM's policy for not allowing programs to run during the pandemic is an influential factor in program achievement.
- 4) The YNLM policy to only give a short duration contract of staff, do not guarantee a certainty for staff or program management (negative factor).
- 5) Compliance to implement the log frame is very useful to measure the level of success of the program, at least until the middle of the program period (positive factor).
- 6) The financial aspect drives collaboration and program implementation.
- 7) Placing Field Offices and Field Officers in the target community, and hire Field Facilitator from local community is a good strategy to build proximity with beneficiaries. (positive factor)

Second, External factors.

- 1) The Covid-19 pandemic. During the Covid-19 Pandemic, the program practically stagnated. This affected program performance, because the physical and social distancing policies issued by the central government did not allow program staff to reach beneficiaries. (Negative Factor)
- 2) Fast replacement of government officials and other stakeholder either Kepala Lingkungan, Lurah, Camat or even the Head of Puskesmas this situation effected the continuation of program. And this political decisions at this broader level cannot be intervened and are beyond the capacity of program that cannot be controlled. (Negative Factor)
- 3) The relevance MHP to the vision and mission of the Mayor of Medan, especially in health sector, and more specifically in the mental health, also leverages collaboration with stakeholders (positive factor)
- 4) The population of Helvetia Tengah which reaches more than 34 thousand people is not a small number, especially for reducing community stigma and their involvement.

D.4.5. Sustainability

D.4.5.1. Local ownership of community/beneficiaries and the local government.

The issues and ideas for empowering PWMD supported by MHP have proven to be very relevant to the problems faced by people in Helvetia Tengah. And the impact of this program is already being experienced.

"The impact of this program is very positive for our responsibility as Sub-district Government Activities such as training, outreach and campaigns as well as coordination between stakeholders are very useful and the impact is very positive." (PR, Man, Camat Helvetia).

A client (direct beneficiary of MHP) explicitly admits that: *"I'm very happy with the Foundation. If they call me, I will come right away. What's up sis? What can I help you with. Glad I did."* (**M – Laki-laki, Client, Helvetia Tengah**).

His statement was even proven when he was invited by the evaluator to take part in the FGD. The FGD invitation was supposed to be at 14.00 a 'clock, but he was already arrived at the YNLM field office at 10.00 a 'clock. According to his confession, he is happy not because of financial matters but a sense of

kinship with the people in the Foundation. From the Sub-district and village administrations, Puskesmas to provincial level of mental hospitals, all thought the MHP program was very beneficial.

"From what YNML has done, I feel that the results have been extraordinary," (N – Woman, Village Head, Helvetia Tengah).

There are 4 main activities of the YNLM which are very relevant to answer the needs of all stakeholders. First, training on how to handle PWMD; Second, access to medical services; Third, synergy and cooperation between stakeholders; Fourth: economic activity as a therapeutic instrument.

During the 2 years of implementing this Project, it has been proven that the stigma against PWMD has decreased, so that PWMD are more confident. Even if there are several groups of people who do verbal bullying, the PWMD are more patient and can give a positive response. People who were afraid of dealing with PWMD are now starting to open up to communicate because the community believes that PWMD has been handled properly. *"Aunty ... aunty, do you want to buy some soaps, please? Yes, bring it here ... bring it here."* That's the story of a client (PWMD) sells Kube's products to neighbors and the people of Helvetia Tengah.

And almost all agencies that are concern with handling PWMD are starting to realize their respective responsibilities so that cooperation and synergy are starting to be built. Even the City Government of Medan has made the issue of Mental Health (Keswa) a priority program. On November 28, 2022, the Mayor of Medan announced that all residents of Medan City can get health services in all health facilities (Hospitals, Puskesmas) by simply showing an Identity Card (KTP), no need to show a Health Insurance Card (such as KIS or BPJS). Access to free health services – one of the objectives of the MHP – is a very strategic issue in treating PWMD because they generally need treatment and medication for the rest of their lives. Especially in the Helvetia region, people with mental disability generally come from poor families. Stakeholders who are members of TPKJM are seriously trying to ensure that this mental health service program have a strong legal base through a Mayor Regulations and Village Regulations.

"The Kecamatan Government continues to try to 'knock on' the City Government so that this program is reinforced. What we are concretely doing to knock on the City Government is building agreements among stakeholders at the bottom level, for example sub-districts, Puskesmas." (PR - Man, Camat Helvetia)

A Cadre who is also the Kepala Lingkungan in Helvetia Tengah feels confident that an institution like TPKJM can be developed and designed to become a Keswa management agency if the MHP project stops in 2024. (H – Male, Health Cadre, Helvetia Tengah). This is the reason why all stakeholders, but especially clients and caregivers, really hope that the MHP project will be continued, even expanded to other Kelurahan.

"This is only in Helvetia Tengah, we want to add one more Village. If there are cadres, we are really get helps, for example, if a patient relapse, there are friends to share. Or persuade the patient to take the medicine. To cover 6 villages, there is only Mrs. Magda." (A – Woman, Health worker at Puskesmas, Helvetia).

"Yes, that's what I'm really worried about if this program stops in 2 years. We actually hope that this program will be extended to the sub-districts level. We will even provide a special desk at the Kelurahan Office for Kewa services. Maybe there are cadres on standby to provide services." (N – Woman, Kelurahan Helvetia Tengah).⁶

In this MHP project, YNLM not only hires field officers (Field Officers) at the project site (both in Helvetia Tengah Village and at the Prof. M. Ildrem Mental Hospital), but also hires a Field Facilitator (FL).

⁶ Since 2020, Helvetia Tengah Village Government has given permission for Kube and Posbindu to use the old village government office building to conduct their such as making soap, snacks, cakes and even mental health gym.

The purpose of hiring a Field Facilitator is to follow up on project activities, after 2024. It is hoped that the Kelurahan Government will be able to integrate the FL personnel into the Kelurahan structure.⁷ However, as the Kelurahan Government admits: “... *this project can be conducted it is because there are funds. If YNLM no longer continues this program, we must discuss how we can do it.*”

From an empowerment perspective, a project or program can be sustainable if it is supported by at least 3 elements: first, there are skilled human resources (HR) who can run the program; Second, there are institutions (organizations and rules) that become a reference of conduct and behavior; Third, there are sources of funding to finance program operations. The existence of Cadres, Field Facilitators, Caregivers with the support of the Government, Hospitals and Puskesmas, is a potential that can continue mental health services. There is an optimism that the existence of a Community Mental Health Management Team (TPKJM) can be designed and developed to manage this mental health program. It is hoped that the Village Regulations or Mayor Regulations (Perwali) can become a strong legal basis that will guarantee the implementation of this program.

The MHP program has at least 2 main elements that meet sustainability criteria. Another element that still needs to be added for the implementation of this mental health program in the future (after 2024), from 2 years of experience in implementing this project, is a source of funding. All stakeholders still need efforts to discuss this issue.

D.4.5.2. Prospects Of Sustainable Positive Effects On People With Disabilities' Healthcare And Health Services After The Project Ends.

There are several descriptions of program results in the health sector, particularly in relation to positive changes in health services and personnel. There are several descriptions of program results in the health sector, especially related to access: **first, health workers have increased their knowledge regarding the treatment of mental health of PWMD.** The training organized by MHP were very useful, especially the training on the evacuation of relapse PWMD. While the opportunity to attend training like this is very difficult. Since YNLM's run MHP, the management has been much more organized. Moreover, during Posbindu, a gym is also held. This activity provides a wider space for clients, their families, and the Puskesmas.

Second, early detection of mental disorders. Referring to the "Guidelines for Organizing Mental Health in First Level Health Facilities" (*"Pedoman Penyelenggaraan Kesehatan Jiwa di Fasilitas Kesehatan Tingkat Pertama"*), since the population of Helvetia Tengah is very high, Puskesmas then need to verify data of PWMD in Helvetia to be able to record at least 1.000 PWMD.

"This is what we still have to explore. We do this tracing, for example, by going through this detection (there is a method called SRQ)."

At the provincial level, which in this program is represented by the involvement of Prof. RSJ. M. Ildrem, representing a concrete political will for MHP program in particular, and mental health services in general. During FGD with RJS Management, Deputy Director of RSJ., expressed a lot of hopes for YNLM and MHP in future. During the presentation of the evaluation findings, the Management of the JRS had quite an intense dialogue with the person in charge on mental health care at Puskesmas Helvetia about the types and facilities of services provided by the Puskesmas to people with mental disability.

And in handling PWMD, since MHP implemented by YNLM, many new aspects were provided by the Puskesmas, such as early detection of mental health (in the beginning this was done manually by interview to complete a questionnaire, but since the implementation of MHP program, the Ministry of Health has provided an automatic detection tool to the Puskesmas); collaboration between health workers in Puskesmas and mental health cadres in Helvetia Tengah has been getting better in conducting Pusbindu activities and home visits; guarantee the availability of free medicine for clients at Puskesmas.

⁷ In-depth interview with YNLM Manager YNLM, 28 November 2022.

All of these results indicated the effectiveness of MHP in handling PWMD and mental health in general.)

D.4.5.3. External factors support or obstruct the sustainable positive effects of mental health project

From the findings of the assessment, an overview of external factors is obtained that may support and hinder the continued positive impact of this Mental Health Project (MHP). Factors supporting include: **First**, the growing awareness of state actors, starting from the head of the environment, Head of Village, Head of sub District, to the Mayor of Medan City. Changes in stigma and awareness of state responsibility for marginalized groups, in this case PWMD, have been seen. The Village government has facilitated clients to get health insurance and the documents needed. The village government also helps overcome obstacles if they have anything to do with the hospital. In addition, there are four heads of neighborhoods who simultaneously act as Mental Health cadres. The village government currently has provided a special table for mental health services which will be managed by cadres or professionals in handling PWMD. This means that the mental health program has become part of the priority program.

Second, the health center, psychiatric hospital, and the Medan City health office as the last room for health care providers have adequate capacity to handle PWMD, provide adequate medicine.

"As of December 1, 2022 Medan City has Universal Health Coverage (UHC). Thus all residents of Medan City, with Medan City identification numbers, "can already access health services" simply by showing their ID card or family card at a hospital that cooperates with BPJS" (Medan City Health Service Broadcast)

The possible obstacles faced in realizing the sustainability of this mental health program are: First, a change of position in the state actor as well as the head of the health center and hospital. Substitutes who do not have a mental health perspective will be an obstacle in ensuring the continuation of the program's positive impact.

The head of the old puskesmas, if there is free time, gets together and announces it, if there is a client, it is prioritized to be delivered because the client cannot wait (MG, Women, Helvetia health center).

Second, changes in people's behavior that have not been fully mobilized to deal with PWMD cases. Changes in perception have occurred, but in the form of behavior it still takes time.

D.4.5.4. Good Practices Are Likely to Continue After Support

Several good practices that will continue from the results of the assessment are: **first**, changes in parenting patterns with family members of the PWMD who receive program intervention. So far the parents or caregivers have had the skills and abilities to care for family members with ODGJ. **Second**, changes in the behavior of PWMD who have been active in KUBE, activity therapy which has transformed into a business unit for PWMD will continue. This is because KUBE also receives attention from the government at the Village and sub-district levels. Support from state actors in KUBE PWMD provides an interesting sign that the Village has succeeded in building PWMD empowerment through an economic approach.

Third, Medan City health services that have achieved Universal Health Coverage (UHC) will continue and have an impact on the handling of PWMD, this is because it has entered the health development priority system in Medan City.

D.4.5.5. Is It Realistic to Achieve the Expected Results and Impacts Defined In The Project Document By The End Of The Project Period?

Comparing the project documents, the achievement targets in the midterm project and the remaining time during the 2 year program, the evaluators believe that the target can be achieved with a large percentage of achievements. Why? Because all the infrastructure that is possible in the project has been built, that is, good collaboration has been established between stakeholders, with program interventions there have been changes in perceptions and attitudes towards PWMD. What needs to be

done then is that program management encourages *state actors* to ensure that programs become part of development priorities on all fronts, especially in the health sector. Second, socialization and training that has been carried out intensely, and in the middle of the second period of the program, will be carried out again, which will accelerate program achievements. *Third*, adequate funding support will help program effectiveness to achieve the expected targets as stated in the planning documents.

D.4.5.6. Prospects outside the Program Location,

Central Helvetia is the household with the highest number of PWMD in Helvetia Sub-District. With the complexity of the problems faced by the Central Helvetia Village, the MHP Program has succeeded in building good collaboration in handling PWMD. Head of Sub District who have a good perspective in handling PWMD have space to replicate the program in other sub-districts within their administrative scope. From the information obtained through the public health services, the sub-districts which are close to Helvetia Tengah really want a similar program to be carried out in their village. This is a good marker to be able to encourage program expansion, not only in Helvetia Tengah but also other village in Medan City.

Practical and Strategic Empowerment factors: <ul style="list-style-type: none"> • + 2 Considerable positive impact • + 1 some impact • 0 no impact • -1 negative impact • NI no information 	Gender Impact (+2, +1, 0, -1, NI)	
	Women	Men
1. Does the intervention enhance wo/ men's access to basic infrastructure (water, roads, housing)?	0	0
2. Does the intervention enhance wo/ men's access to resources and technology?	+1	+1
3. Does the intervention better wo/ men's health?	+1	+1
4. Does the intervention enhance wo/ men's opportunities for education or training?	+2	+2
5. Does the intervention improve wo/ men's income opportunities?	+0	+0
6. Does the project identify barriers to wo/ men's participation in the project?	+1	+1
7. Does the intervention involve wo/ men as active partners in the development project?	+1	+1
8. Does the intervention enhance wo/ men's opportunity to organise?	+1	+1
9. Does the intervention enhance wo/ men's control over resources and/ or technology?	+1	+1
10. Does the intervention enhance wo/ men's democratic rights?	+0	+1
Total Empowerment score:	8	9

D.4.6. Gender Equality

D.4.6.1. Equality in participation between men and women

To assess gender equality, this midterm evaluation uses the gender and Empowerment Impact Assessment (GEA) approach model developed by NORAD. This assessment is useful for raise awareness on gender and empowerment which is expected to contribute to a more efficient sustainable development program, reinforced equal rights and opportunities between women and men, and proceed the interests of women as equal partners in development. GEA is a simple tool for assessing, comparing and discussing project plans, outcomes and impacts. This approach can be used in all stages of the project cycle. The results of this gender equality assessment are presented in the form of **MHP GEA Profile with a focus on the PWMD and Caregiver Assessments**.

Each of the three EVALUATORS doing their own assessments, then discussed. And counting the average score of the three evaluator assessments. The results showed in the table. In total, the score of empowerment and gender equality for women is 8 and for men is 9. This assessment shows the extent to which MHP has an impact on gender equality. The first five question categories (1-5) describe the impact on daily life. In this category, each score is 4

(both for women and men) out of a maximum 10. Meanwhile, in the second category (questions 6-10) it shows the ability of gender to negotiate in improving the quality of life. In the second category women are at number 4 and men are at number 5 out of a maximum 10.

D.4.6.2. Equality in decision making

Quantitatively, the composition of the beneficiaries, especially the PWMD, is balanced. However, almost all of the caregivers (parents) beneficiary are women (mothers). On the one hand, this encourages women's participation in making decisions in taking care of family members with PWMD. Women (mothers) are the closest actors in the daily handling and care of family members who are PWMD. This can be seen in the PWMD Caregivers, all of whom were mothers (women), none of the men (fathers) were involved in the FGD.

D.4.6.3. Barriers to equality in participation between women and men

Almost all caregivers involved in the program are women or mothers. On the one hand, this shows that the role of women's participation is greater in the project, but on the other hand, it can be read as

adding a double "burden" to women. Intervention on caregivers has not involved men (fathers) to jointly take care of children with PWMD. Therefore, it is important that the program involves both parents (father and mother) or brothers to have the same perspective, the same roles, and the same responsibilities in caring for and handling PWMD within the family.

The patrilineal perspective on culture in the city of Medan has become a separate barrier. Where domestic matters are the responsibility of women, including in childcare. Awareness of gender equality in the household has not been fully formed in family relations. This is what causes almost all caregivers to care for children with PWMD to be borne by women (mothers).

D.4.7. Empowerment

Measuring the degree of empowerment, using the Digni-Empowerment Assessment tool. The results of the analysis by the evaluator team showed in the following table:

Thematic Areas of Results	Degree and Level of Empowerment									
	Level 1 (Output)		Level 2 (Penguasaan Output)		Level 3 (Outcome)		Level 4 (Outcome)		Level 5 (Dampak)	
	Individual	Community	Individual	Community	Individual	Community	Community	Society	Community	Society/Structural
Strengthening Civil Society	-	-	-	X	-	-	-	-	-	-
Gender Equality	-	X	-	-	-	-	-	-	-	-
Economic Empowerment	X	-	-	-	-	-	-	-	-	-
Good Quality of Education	-	-	X	-	-	-	-	-	-	-
Good Health condition	-	-	-	-	X	-	-	-	-	-

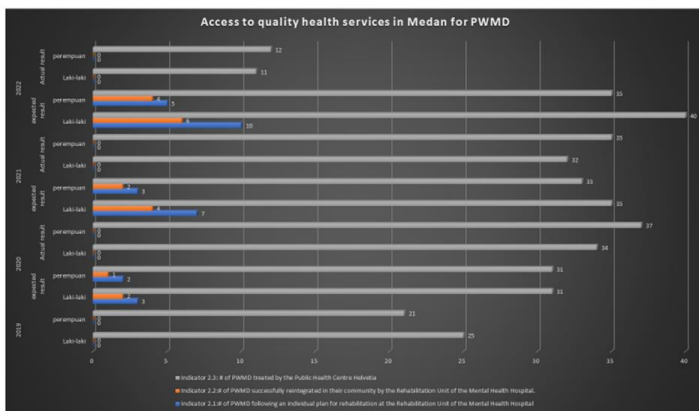
Civil Society Empowerment: PWMD clients have shown a change, not only in themselves but also mutually supporting through KUBE. Fellow caregivers have also communicated and get supports even though they have not yet formed a solid association. There are quite a number of stakeholders that give supports such as the government as well as health service providers. Unfortunately, this has not been formalized in policy yet. **Gender Equality:** The composition of PWMD clients is balanced between men and women, so as the cadres. However, what is interesting is that the majority of caregivers are women. It's look like that parenting is only mothers/women responsibility. This pattern needs to be re-examined, so as not to place a double burden on women in the family.

Economic Empowerment: So far, economy empowerment has not been the main target of the program, rather as therapeutic instrument for PWMD. But, in fact it brings economic impact. PWMD earn "income" from KUBE activities. Puskesmas, Village as well as Sub-districts Government staff have decided to become "customers" for KUBE products. **Quality Education:** Cadres have become actors of socialization and mental health education for clients, caregivers and the public, although this has not been conducted in a systematic and structured ways. Daycare which is expected to become a learning space for PWMD has not been occurred. **Good Health:** Physically the client's health is quite good. The Puskesmas has organized gymnastic activities and is part of the Puskesmas program.

During 2 years the implementation of MHP project (starting from early 2020 to the end of 2021), Indonesia was being hit by the Covid-19 Pandemic. The government stipulates a number of restrictions on physical mobility and various prohibitions and restrictions on activities that involve the masses. However, from the results of monitoring activities, YNLM appears to be quite effective in carrying out activities. The chart below shows that only activities in objective No.2: **access to health services** did not achieve the expected results. Beneficiaries and stakeholders generally acknowledge the positive results

and impacts of the activities carried out by YNLM in this MHP project. As presented in the previous section, the survey results prove that from the activities carried out by YNLM, the community's stigma towards clients (PWMD) has decreased. Clients and caregivers as well as health cadres assess that access to quality health services has increased. And unexpectedly, started December 1, 2022, all residents of Medan City can get free health services at all health institutions, both hospitals and Puskesmas, including patients with mental disorders.

The positive impact was also recognized by the government (from the village to sub-district levels), Mental Hospital of North Sumatra Province and the Puskesmas Health. The impact that they feel, especially is the contribution of the MHP project in treating patients with mental disability which actually is their duty and responsibility. Prior to the MHP project, many patients with mental disability were left to live without treatment, branded as a societal disease because it brought disgrace to their families and was a "threat" to society. But after the MHP project is implemented, caregivers can provide the care



needed; cadres and health workers provide maximum support when patients experience relapse; society began to involve them in social, economic and religious activities.

YNLM initially designed economic activities for clients through Self-Help Groups (**Kube**) as therapy. This Kube produces various products such as liquid soap, processed food, animal husbandry, also provides motorbike washing services and garden maintenance. This business can be run after the clients are

given training in production techniques, provide equipment, and work space. The client then learns independently on how to sell/market the product. They actively market their products because they get incentives.

The purpose of the therapy then improved and has an impact on the availability of income for clients, although it is still very small. This income is given at the end of each year in the form of dividend (Sisa Hasil Usaha - SHU). There are even some of the clients who work as cleaning service in local school; and trader. In the FGD with the clients, they expressed their desire and dream to expand and increase their business production capacity. Now there is no more harsh treatment for PWMD. And PWMD are more confident, able to be patient and give a positive response if there are people in the society who are still bullying.

“In the past, before there were trainings from YNLM, even our health workers often called “crazy people... crazy people.” Now the term is never used anymore. In fact, whenever PWMD patients make products such as soap, snacks, they come here first to sell. And our health workers are used to communicating with them.” (A – Women, Health Worker, Helvetia)

Recognition and awareness of the positive impact of this mental health, there are at least 32 institutions – both government and private – that intersect with mental health services showing a commitment to give contribution according to their respective capacities, duties and responsibilities. This was conveyed in various meetings of the **Community Mental Health Handling Team (TPKJM)**. And TPKJM is trying to encourage the City Mayor to issue a Regulation as the legal basis for mental health service activities, and incorporating budget for the implementation of health services in the City Government budget, just like budget for Posbindu activity. This is very realistic because health services, including mental health, have become one of the priority programs of the Medan City Government.

“There are at least 3 areas that we can simultaneously achieve through this program. I always use the term, once rowing 3 islands is passed, namely the health sector, especially mental health; SME

development through the procurement of goods from Kube; carry out the principle of rewards and punishment recommended by the Mayor.” (PR – Man, Camat Helvetia)

If empowerment is defined as *“the expansion in people’s ability to make strategic life choices where this ability was previously denied them. Changes in the ability to exercise choice in order ‘to live the life one values’ involve three inter-dependent dimension resources, agency and achievement,”* then the client as the direct beneficiary of MHP project has been shown their ability to make strategic choices in their life and even have a strong desire to improve their abilities and capacity and strives to invite other people with mental disorders to recover by following the ways they lived with the MHP project.

Likewise, other stakeholders, such as caregivers, health cadres, health workers and local governments have experienced a change in their awareness of their responsibilities in building a dignified life for people with mental disability. This awareness is then translated into action by providing good health services, accepting and involving them in social and religious activities, paying attention to and appreciating the work of people with mental disability. This action, directly and indirectly, gives space for them to be more confident, and to be able to respond more positively to public reactions.

But it must be admitted, the number of people with mental disability who are involve in MHP program is still very small when compared to the total number of people with mental disability in Helvetia Sub-district.

D.5. Analysis and Discussion

Based on the evaluation analysis of the 6 OECD DAC Criteria including relevance, coherence, effectiveness, efficiency, impact, sustainability, almost all have been met through the MHP program, although some of the criteria still require improvement. From the coherence criteria, MHP has internal and external coherence. Internal coherence is confirmed by the suitability of the Medan Mayor's Vision and Mission, especially in the field of mental health. In addition, the establishment of multi-stakeholder collaboration shows strong internal coherence. From an external coherence point of view, it is shown by the alignment with the CRPD, Law Number 19 of 2011 concerning Ratification of the Convention on The Rights of Persons With Disabilities (Convention Regarding the Rights of Persons with Disabilities). Reference to “international norms and standards” prompts an analysis of the consistency of interventions with actors' own commitments under international law or agreements, such as law on disability or human rights conventions. This applies to the agreements that have been included into the entity, and therefore are covered in coherence (OECD, 2019).

Regarding the relevance criteria, the MHP Log frame was prepared based on the Baseline and need assessment of Helvetia Tengah community. The four indicators of relevance: relevance to the needs of beneficiaries and stakeholders, context, program design and quality, and overtime, have been met (EOCD, 2021). Evaluation to the relevance, provides a basis to understand whether the fulfillment of needs will affect the effectiveness and impact. Relevance as a criterion is a prerequisite for achieving program effectiveness. Identification of needs and objectives must be clearly articulated to enable effectiveness to be achieved (OECD, 2021). Relevant interventions have a tendency to receive greater support from stakeholders, can affect the timeliness of programs and use of resources, as well as the degree of ownership of the desired results. Thus, sustainability is possible to be realized.

On the criteria of effectiveness, the MHP program is quite effective. Objective 1: Reducing the community's stigma against PWMD was achieved, although with a change of 10% when compared to the results of the level of community stigma in 2018 baseline. When compared to other village (kelurahan) that did not receive intervention, there was a 14% difference in all categories (Medium stigma, and Good). Even so, there is still 62% stigma founded in society against PWMD. This can be influenced by the lack of public understanding/knowledge about mental disability and how to deal with them. A literature review conducted by Sujana (2020) regarding community stigma towards PWMD globally, found out that society does not always show a negative stigma to people with mental disability, there is also a positive stigma. Stigmatizing is driven by a low education and lack of knowledge about mental disability and how to adapt to individuals who are sick. Most PWMD feel accepted in the family and get adequate attention in carrying

out their daily lives. This can be caused by the knowledge and skills of PWMD family members in taking care PWMD.

Some clients have also shown acceptance of stigma expressed by other people and do not see it as a serious problem, but as a common attitude. Even so, this stigma remains a burden and has a negative impact to PWMD. Therefore, the PWMD is also aware that s/he has internalized a negative attitude towards the PWMD group itself, often even lead to self-stigmatism. Self-stigma is usually associated with a low quality of life. This stigma can also decrease self-esteem and rob social opportunities of PWMD, including being denied to get a job opportunity or accommodation because of their illness.⁸

In objective 2: access to quality health services for PWMD has also improved. Health services are more organized, the availability of medicine as a right of PWMD is available, health workers have a strong perspective on mental health, and PWMD feel they get good quality services. In Objective 3: Community mobilization in handling PWMD issues has not shown good improvement. Even though TPKJM already exists, the community has not yet had a real impact. Overall, the three objectives have changed, although has not been at the maximum level. This is caused by several internal and external factors that have a positive or negative effect on the project. Evaluating the effectiveness includes checking the results of the intervention. Outcome is defined by the OECD DAC as the output, outcome or impact of an intervention (desired or undesired, positive and/or negative) (OECD, 2002).

In terms of efficiency criteria, when looking at the achievement of MHP in advocacy activities through the setting up the inter-agency networks and the establishment of the TPKJM which were quite successful in mobilizing several community stakeholders to change the mental health condition, it can be said that the use of project funds was quite efficient. The program succeeded in building collaboration, in a quite short period, especially because of the Covid-19. Comparing costs, time and achievements (EOCD, 2019) in the middle of this period, MHP was quite effective. We explicitly refer to operational efficiency, because implementation processes and management issues are of great interest to evaluation. This is useful, for example, in examining whether coordination mechanisms have increased coherence while increasing transaction costs. Because efficiency involves assessing the extent to which the resources used are converted into results, and outcomes (EOCD, 2019).

Sustainability criteria: MHP program is proven to be very relevant to the problems faced by people in Helvetia Tengah. And the impact of this program is already being recognized. Two of the three critical elements of sustainability are available: Human resources and implementing organizations. The government at the Kelurahan and Sub-district levels has made this a development program priority. This can be pushed as an exit strategy, ensuring that the local government adopts the program including the budget. This case can be used as an example on how development institutions can contribute to follow up interventions that include: capacity building (at the individual, community, or institutional level); increased ownership or political will; increased financial commitments from national or local government budgets; changes in policy or strategy; legislative reform; institutional reforms; government reform; increased accountability for public spending; or improving the process of public consultation in development planning (OECD, 2019).

Gender Equality Aspect: In this aspect, in terms of the quantity of beneficiaries, MHP designed equality between women and men, both at the level of implementing program (MHP staff), cadres, PWMD clients, and participants in various activities. The GEA profile (Skjonsberg, 2001) shows that in the first section, daily activities for both men and women are at point 4. Meanwhile, for negotiating skills in improving the quality of life, women are at point 4 and for men 5. In general, GEA Profile is female number 8, male number 9. Almost all caregivers are women. The non-involvement of the men's role in parenting and caregiver, indicates an increasing burden on women (mothers). From a quantitative perspective in each phase of the program, MHP has equality in gender, but the ability to negotiate for a better life is not yet visible. Even though Lurah Helvetia Tengah is a woman, she has not encouraged gender equality in this mental health program.

⁸ Mahmoud & Zaki, 2015, *Internalized Stigma of Mental Illness among Schizophrenic Patients and Their Families* (Comparative Study), Journal of Education and Practice e-ISSN 2222-288X, Vol.6, No.12.

Empowerment: Using the Digni Empowerment Assessment tool, an overview of the empowerment process is obtained which shows that it is still far from the criteria for the highest level of EAT. The theme of strengthening civil society is at level 2 community. This means that the resources provided by the program are increased for individuals and/or communities and/or other target groups (resources). The target group has gained "self-power", increased self-esteem, and or has experienced a change in perspective. There hasn't been much change in behavior but there are signs of growing capacity (Agency) and there have been some documented changes in the target group (Achievements). On the theme of gender equality, it is still at level 2 of the community. The resources provided by the program are increased for individuals and/or communities and/or other target groups (Resources). The target group has gained "self-power", increased self-esteem, and or has experienced a change in perspective. Not much change in behavior but there are signs of growing ability (Agency). There have been some documented changes to the target group (Achievements).

In economic empowerment, it is still at level 1 individual. Resources: The resources provided by the program are increased for individuals and/or communities and/or other target groups. Agency: the target group does not show any changes in behavior or does not use resources to act (change). Achievements: No documented change in target group. On the theme of quality education, it is still at level 2 Individual. The resources provided by the program are increased for individuals and/or communities and/or other target groups (resources). The target group has gained "self-power", increased self-esteem, and or has experienced a change in perspective. Not much change in behavior but there are signs of growing ability (Agency). There have been some documented changes to the target group (Achievements).

On the health theme, it is at level 3 Individual. The program has increased resources for individuals and/or communities and/or other target groups. There may be some local resource contributions to the project (resources). Target groups show that they gain not only individual power, but also some collective agency, "power with". There are documented actions (Actions), and there are documented changes in the situation of the target group (Achievements).

D.6. Conclusion and Recommendations

D.6.1. Conclusion

1. Communities, especially program beneficiaries, have experienced a change in stigma. Even so, it is necessary to optimize the reduction of community stigma against PWMD on a wider scale. This is evidenced by the involvement of PWMD in various community activities, even though it is still limited to certain activities.
2. Although has not been optimal, PWMD feel accepted in the family and receive adequate care in carrying out their daily lives. Meanwhile, from the perspective of parents (family) or caregivers, they already have the knowledge and skills to taking care for family members with PWMD.
3. The government has shown awareness and responsibility towards people with mental disability. This has been proved by the assignment of mental health cadres and the establishment of the TPKJM (Mental Health Implementation Team).
4. The government and Puskesmas have shown the importance of community mental health through an early detection program for mental health disability conducted with a large number of people.
5. Health workers at the Puskesmas have knowledge and skills to treat people with mental disability.
6. Puskesmas and health services have shown that no one is left behind in terms of accessing health services, including people with mental disability. This is proved by the guarantee of obtaining health services for those who do not have health insurance. Clients only need to show their ID Card (KTP) to obtain health services.
7. Not optimal implementation of daycare as a support system for integrating PWMD into the community or society. The process of integration of PWMD into the community is not yet optimal, due to difficulties in monitoring the condition of PWMD after leaving the hospital. However, specifically for the Helvetia Tengah, the process of integrating PWMD into the community has been carried out.
8. Although has not been optimal, the program has succeeded in establishing multisectoral collaboration to empower community in dealing with PWMD problems in Helvetia Tengah. Some of the stakeholders involved are TPKJM, Steering Committee, City Government, Helvetia Tengah Village,

Helvetia Sub-district, Provincial Government Hospital Prof. Ildrem, Bandung Hospital, Adventist Hospital, HKBP Nommensen University, and the media.

9. Even though it is still at the activity therapy stage, the community has succeeded in providing a shared space to improve the quality of life for people with mental disability both from a socio-economic aspect, through Self-Help Groups, psychological quality of life (by increasing self-confidence, communication skills and patience) and quality of life physically (able to manage time to eat, sleep, bathe and take medicine independently).
10. Policy advocacy has not been optimal, both at the Kelurahan, Sub-district, and City levels in ensuring the raising of the dignity of PWMD in Medan.

D.6.2. Recommendations

1. The government - Village, Sub-district, Puskesmas - and YNLM need to intensively run activities to decrease stigma more significantly, through outreach/counseling to the community on mental health. Some of the topics that can be provided include how to detect early mental health disability, psychological first aid for PWMD, and etc.
2. Implementing institutions need to increase caregiver capacity in terms of parenting for family members who suffer from mental disability.
3. There need to optimize space for caregivers to share experiences on parenting for children with mental disability.
4. YNLM, Cadres and the Government need to facilitate PWMD to have Identity Card (KTP) so they can access health services for free and easy.
5. There need to increase participation of PWMD in Shelf-Help Group.
6. It is necessary to increase the function of the SHG from occupation to home-industry.
7. YNLM needs to encourage the integration of health cadres to the mental health program.
8. City Government/Puskesmas needs to provide psychologists to provide counseling services (one psychologist for one Puskesmas)
9. There is a need to increase a safe and comfortable space for PWMD to interact in the society.
10. The TPKJM team needs to make more intensive efforts so that this mental health program has a strong legal basis, starting from Village Regulations to the City Mayor Regulations.
11. The program needs to document good practices into modules, pocket books, evacuation technique modules for handling relapsed mental patients, occupancy modules as therapy for PWMD. This can also be used as a media campaign.
12. Encouraging the Sub-district Government to make Helvetia Tengah as a mental health learning center for 6 other villages in Helvetia.
13. In the middle of the program year, YNLM needs to strengthen policy advocacy, both at the Kelurahan, Sub-district and City levels to ensure the achievement of raising the dignity of PWMD in Medan City.

E. ANNEXES

1. Data survey on People's Stigma to PWMD and Data Analysis
2. Data survey on Internal PWMD's Stigma and Data Analysis
3. Data of In-depth Interview
4. Data of FGD
5. List of Resource Person on FGD and In-depth Interview
6. Analysis on Achievement Based on Program Logframe
7. Questionnaire of Survey
8. List of Guide Question for FGD and In-depth Interview