COVID-19 Micro Grants Program

FINAL REPORT

May 2021
Transforming Communities for Inclusion (TCI) is a global membership-based organization and an Organization of Persons with Psychosocial Disabilities (OPPD). Over the years, TCI has worked worldwide to raise the issue of disability identity and bring organizations and people together within the contemporary inclusion worldview. It is a post-CRPD movement of persons with psychosocial disabilities, working from the core of the cross disability discourse and focusing on the monitoring and implementation of all human rights, especially the right to Inclusion (Article 19). TCI is the only OPD building strong grassroots and national organizations led by persons with psychosocial disabilities. It has built several reliable instruments for movement building—Fellowships, Country Missions, DPO grants, and Micro grants, among others. It also builds cultures of effective organizational leadership at different levels, based on values of unification, consolidation and partnership, with strong projects management principles as well.

The International Disability Alliance (IDA) is an alliance of networks, bringing together over 1,100 organizations of persons with disabilities and their families from across eight global and six regional networks. IDA promotes the effective implementation of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), and due to its identity and position, it is considered by the United Nations System as the most authoritative representation of persons with disabilities on the global level.

The Bapu Trust for Research on Mind and Discourse is an initiative that journeys through the grey areas between madness and creativity, insanity and spirituality, aspiring to be a “haven” for those excluded and living in the margins of society. Guided by the UN CRPD, it creates, pilots and monitors holistic community inclusion programs that enable the autonomy and independence of persons living with mental health issues and psychosocial disabilities.

COVID-19 MICRO GRANTS PROGRAM: FINAL REPORT

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“States have the responsibility under international law to respect and ensure the human rights of people with psychosocial disabilities on an equal basis with others. This responsibility is heightened during a national and global emergency, such as the COVID-19 pandemic. The vulnerabilities highlighted during the pandemic as a result of structural discrimination, discriminatory legislation, and practices of exclusion and violence both in communities and in medical and social care settings, must be taken into account and remedied both during the emergency and afterwards.”

- Joint statement on COVID-19 and persons with psychosocial disabilities
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1. INTRODUCTION

More than a year after the World Health Organization (WHO) declared COVID-19 as a pandemic, the target to eliminate the virus remains uncertain, as viral mutations and variants emerge and circulate all over the world amidst the slow roll-out of vaccination and continued lack of solid response from governments. In recent months, especially in Asia, countries have also seen a new surge of cases which further weakened the capacity of medical and health professionals to respond. Globally, the recorded cases have already gone beyond 160 million, with more than 3 million deaths, and as of April 2021, around 270 million people worldwide have been fully vaccinated, accounting for only 3.5% of the global population.

In Asia and the Pacific, many countries have experienced the longest lockdown and quarantine periods which continue to negatively impact individuals, families, groups, and communities, especially those in vulnerable situations. This is why in the past 8 months, TCI and its partners have been working to call for improved responses and interventions to one of the most glaring impacts of the pandemic to people across the globe, which is on mental health. The different aspects of the crisis have triggered extreme and prolonged distress, anxiety, depression, and other mental health issues that have become more increasingly difficult to cope with. This problem is more pronounced with people with psychosocial disability who have already been experiencing such struggles even before the pandemic hit.

Beyond the challenges on mental health, people with psychosocial disability have been working tirelessly to also address systemic problems and be included in the governments’
different responses to the crisis. This includes advocating for inclusion in relief operations and stimulus funds, increasing access to information about the pandemic and health protocols, increasing access to community support systems, social protection and a range of social and health care services, creating employment opportunities and increasing income, strengthening peer support systems and improving mobility of vulnerable individuals.

These efforts were done in hopes of contributing to tackle systemic and structural barriers that need to be addressed not only immediately, but also in a sustained manner to ensure that people with psychosocial disability are included not only in the governments’ response to COVID-19 now but also in future crises, and even without one. TCI, together with the International Disability Alliance and member organizations, are proud to share in this report the successes and learning points in advocating and influencing governments to fulfill their obligations under the UN CRPD, as echoed in the Bali Declaration.

2. THE COVID RESPONSE MICRO GRANTS PROGRAM

TCI (previously TCI Asia Pacific) launched its "COVID Response Micro Grants" program mid-2020, in light of the pandemic, to support national-level COVID-19 response work, focusing on the immediate needs of persons with psychosocial disabilities and their short- and long-term advocacy goals. These micro grants were awarded to member organizations in Fiji, Indonesia, Malaysia, Nepal, Pakistan and Thailand, and were jointly managed by TCI, the International Disability Alliance, and Bapu Trust.

The program focused on national advocacy, peer support, and the inclusion of persons with psychosocial disabilities in the governments’ various responses to the pandemic and beyond. Specifically, TCI supported projects that:

- Strengthened the movement of persons with psychosocial disabilities, users and survivors of psychiatry, and those with allied identities by building the capacity of national emerging leaders and/or OPDs in advocating for the inclusion of persons with psychosocial disabilities in COVID-19 response;
- Ensured that the COVID-19 relief plans included measures that incorporate advocacy with multiple stakeholders, the use of the Bali Declaration, dissemination of IEC and advocacy materials, and translations of advocacy materials including UN reports; and
- Strengthened the organizational capacity of OPDs and their governance, peer support activities including trainings on peer support, and other work that specifically include the participation of persons with psychosocial disabilities.
Each micro grant awarded to the partner organizations amounted to USD 5,000, on average, and ran through an implementation period of 6-8 months. The International Disability Alliance was the fiscal sponsor to TCI for this program, which is supported by the Open Society Foundation, Wellspring Advisors, and the Department of Foreign Affairs and Trade (DFAT), Australia.

3. IMPLEMENTING PARTNERS AND PROJECTS

The implementation and accomplishments of this program were made possible by the following partners and projects in six countries in Asia and the Pacific, supported by TCI:

3.1. Psychiatric Survivors Association of Fiji (PSA)

The Psychiatric Survivors Association of Fiji (PSA) is the oldest user survivor organization in the Pacific Islands. It is a national organization of people with psychosocial disabilities that aims to provide individual support to its members and promote human rights through friendship, peer support, advocacy, mental health promotion, community education, campaigning and policy work. Since its establishment in 2004 it is run by a small group of people who had spent time in Fiji’s only inpatient facility (St. Giles Hospital). PSA has now grown with around 350 members throughout the Fiji Islands.

With focus on psychosocial first aid and care, PSA’s project created a backyard farming project that augmented the large scale unemployment problem and disturbance to coping mechanisms of its members. Through this, PSA hoped to show evidence of the therapeutic benefits of gardening and its long term sustainability, improved food security for the members and decreased level of stress, anxiety and panic. The main components of the response included the distribution of farming equipment and seeds to the members, home visits, sustaining the peer support system (i.e. through one-on-one sessions and group support via listening circles), awareness raising and advocacy. PSA also worked with the homeless to provide relief measures and a safe space, as their numbers were rising and particularly vulnerable at this point in time.

Project Timeframe: August 2020 to June 2021
Project Areas: Central Division, Western Division, Vanuabalavu
Target: 25 members/persons with psychosocial disability
Individuals/Group:
3.2. Indonesian Mental Health Association (IMHA)

The Indonesian Mental Health Association (IMHA) or Perhimpunan Jiwa Sehat in Bahasa, is the only national organization of persons with psychosocial disabilities in Indonesia. Its vision is to shift community and government attitudes away from the medical or institution-based models towards human rights based, community models in alignment with the UN CRPD. IMHA plays a groundbreaking and critical role in promoting the rights of this group. Their scope of advocacy is for inclusion in a wide range of development arenas, including housing, social protection, political participation, education, and employment.

IMHA’s project titled “Indonesians with Psychosocial Disabilities Living in Social Care Institutions amidst Covid-19 Pandemic” had intensified the advocacy work to call on the government to act immediately, and to promote the recognition of persons with psychosocial disabilities and their needs both by the government and civil society movement itself. The key activities included data collection on the situation of social care institutions, writing a position paper on Disaster Risk Reduction for Indonesians with psychosocial disabilities in social care institutions, production of one advocacy video, and several advocacy activities such as holding cross-ministerial meetings with the government, lobbying with local governments and local parliament members, social media campaign and national- and regional-level webinars. These were done in collaboration with other OPDs and civil society organizations for stronger and more powerful advocacy.
3.3. Mental Illness Awareness and Support Association (MIASA)

The Mental Illness Awareness and Support Association (MIASA) is a Malaysia-based peer group that provides support for peers and caregivers through programs and initiatives, while also promoting awareness on mental health and mental health issues. It provides holistic solutions and champions the recovery model and the human rights based approach, with a core belief that empowerment and social inclusion enable peers to find meaning and purpose and ultimately recover and continue to lead fulfilling lives.

In 2019, history was made as mental health finally became part of the national health agenda of Malaysia through the commitment of the former Minister of Health and Deputy Prime Minister. Hence, as part of its advocacy, MIASA remains committed to extend support and commitment to help its peers with mental health issues by establishing a crisis team operating at its clubhouse. “Trauma-Informed Care and Crisis Management Training: The Orchid Club House” is MIASA’s project which supported the training of volunteers and the launching of its clubhouse. The clubhouse operates on two tracks; one is focused on the operation of the crisis team and the other is on community education and outreach through medium of art, social media, infographic, booth and the like. As a complementary effort, social enrichment activities and livelihood enhancement were also planned to be undertaken.

3.4. KOSHISH National Mental Health Self-Help Organization

KOSHISH is a non-governmental, non-profit national self-help organization working in the field of mental health and psychosocial disability at the grassroots community level in Nepal. It was founded in 2008 by the initiation of the persons having lived experience of mental health issues. The word ‘KOSHISH’ means ‘making an effort’ and it had a combined team of both passionate and professional people. KOSHISH provides and advocates for independent living, inclusion and meaningful participation of persons with lived
experiences of mental health conditions and psychosocial disability through strategic advocacy and service delivery in line with Article-19 of UNCRPD, 2006 at its core. Contributing towards the reduction of stresses caused by the pandemic, KOSHISH’s project titled “COVID-19 response through peer support for persons with psychosocial disability” created a space for its members to provide social and emotional support to each other and help them understand and deal with their situation better. Beyond this, the project also contributed to increasing the knowledge and attitude of government officials around psychosocial disability, addressed the gap in the relief operations (i.e. not reaching the disability groups), and made inroads in meaningful incorporation of components of psychosocial wellbeing by the Protection Cluster in COVID-19 response and future disasters. The key activities included the facilitation of peer support meetings (i.e. both for individuals and groups), distribution of IEC materials containing information on disability inclusive COVID-19 response, distribution of relief goods, and advocacy work.

Project Timeframe: August 2020 to January 2021
Target Individuals/Group: 720 individual members, 30 households, and Protection Cluster members

3.5. Special Talent Exchange Program (STEP)

Special Talent Exchange Program (STEP) is a cross disability organization that promotes the empowerment of all persons with disabilities in Pakistan. It is committed to mainstreaming disability in development through empowering individuals and organizations as well as sensitizing society about rights-based approach. Since its establishment, STEP has already accomplished various initiatives including lobbying and advocacy, awareness raising, counselling, development of accessible environment, promoting accessible information, capacity development, consultancy services, strengthening referral systems, and outreach. STEP also supports a newly emerging OPD, the Psychosocial Disability Rights Network (PDRN).

STEP’s project, “Response to Covid-19 Pandemic: Distribution of Relief Packages to Persons with Psychosocial Disabilities”, focused on the immediate and medium-term needs of people with psychosocial disabilities, with an emphasis on the need to access personal support assistance and the required reasonable accommodation in their homes. The project also supported persons with psychosocial disabilities to upkep hygiene measures during the pandemic, and advocated for an inclusive response from the government following commitments enshrined in the UN CRPD. The key activities in the response included the distribution of relief packs, development and dissemination of IEC material on health and safety measures during the pandemic, consultation on the needs of persons with psychosocial disability, drafting of recommendations and advocacy letters to the government, a series of advocacy meetings, and website development to improve the online visibility of PDRN.
3.6. Living Association

Living Association is a Thailand-based organization of persons with psychosocial disabilities and their caregivers and supporters, offering support in recovery, development of skills, promotion of opportunity to work, and inclusion of persons with psychosocial disability in the community. The organization values the importance of wellbeing and being alive as prerequisites of happiness and a better quality of life. Its flagship program, the Living Recovery Center, is a modified clubhouse with peer-run services focusing on holistic wellness, which includes the physical, emotional, intellectual, social, financial, environmental, occupational, and spiritual wellness.

In an attempt to respond to the loss of livelihood of persons with psychosocial disability during the pandemic, Living Association implemented its project “Trainings on organic vegetable gardens in urban spaces: the prototype for food security as a COVID-19 response” to set up two training centers for organic vegetable farming in urban small spaces. Through these centers, the project hoped to increase the food security and income of the members, with an accompanying curriculum for vegetable gardening.
training. The training focused on growing clean food supply and setting up organic vegetable gardens that are adapted and suitable to each person’s living environment. Aside from this, Living Association also advocated for the promotion of job training and employment of persons with psychosocial disability in the government, with reference to the Person with Disability Empowerment Act B.E. 2556, giving mandate to the government to allocate 8,000 jobs for the sector.

Timeframe:    July to December 2020  
Project Areas: Bangkok and satellite cities  
Target:       10 training participants and 30 persons with psychosocial disability  

4. KEY RESULTS AND ACCOMPLISHMENTS

Throughout this program, TCI and the implementing partners in six countries actively worked with persons with psychosocial disability to ensure that they are included in the government’s response to the COVID-19 pandemic and even beyond. Collectively, the program achieved short- to medium-term results in 7 key areas: (1) Increased food security and access to income generation activities; (2) Improved nutrition, hygiene, and sanitation conditions through the distribution of relief goods; (3) Strengthened capacity of OPDs to respond to the needs of people with psychosocial disability; (4) Strengthened peer support system; (5) Improved data collection and research on the situation of people with psychosocial disability; (6) Increased awareness among various stakeholders and the general public; and (7) Improved accountability of duty bearers to respect, protect, and fulfil the rights of persons with psychosocial disability. Key facilitating and hindering factors, challenges, and opportunities for improvement were also identified in order to create longer-lasting impact to the community.

Result Area 1: Increased food security and access to income generation activities

Twenty-two (22) persons with psychosocial disability have received farming and gardening tools/kits and seedlings, with personalized support to set them up. Among these, 12 were supported by PSA in the towns/cities of Lautoka, Nadi, and Sigatoka, while 10 were supported by Living Association in Bangkok. Living Association also set up two training centers for organic gardening: one in the vicinity of Living Association office, and
PICTURED: Living Association Thailand members being taught fertilizer making and preparing the bed for growing vegetables.

the other one at a staff's house. This was supported with a documented curriculum on how to make fertilizers and how to grow the vegetables such as lettuce and kale, and other plants such as cactus and potted house plants including morning glory and sunflowers. Living Association also facilitated the showcasing and marketing of the products through their own booths, and supported the participants' further learning by holding a study trip to Sufficiency Farm at Hua Hin.

Continuing beyond the end of project, the recipient members are still engaged in farming and gardening, while also benefitting from the produce. However, there is no documented evidence yet of increased income arising from these initiatives. The process has been challenging for Living Association given their lack of practical knowledge and know-how on gardening, and this resulted in harvesting produce that are not fully grown. They had been supported by an expert with the necessary knowledge and skills so they can improve future harvests. To note, organic produce is also more in demand now in the market, and they hope to maximize this to leverage marketing strategies later on.

As to how this could continue in ensuring food security of the members and opening more opportunities for income generation, some participants have shared their reflections:

- “We can use agricultural knowledge to teach others how to grow various vegetables, or we can use it to grow plants at home for our own food or for sale to generate income.” - Kamonthip Imwattana
- “I have a dream that I want to grow vegetables for sale, make fresh vegetable smoothies for sale so that people who love health can eat organic vegetables and pesticides free food.” - Sila Phimmason (leader in practicum)
- “To grow vegetables encourage me to develop my recovery in sustainable way. It cultivates in us the love of learning and seeing the value of the growth of living things in the systematic steps of learning from preparing the soil, growing the
seeds into seedlings and transplant them to the platforms. The seedlings grow up so we can cut them and use them as food, adequate for our physical need without having to buy or taking in the toxic chemicals.” - Krittamaet Sirisongkram

Despite the lack of evidence on increased access to income, the participants in Living Association’s project have nevertheless expressed the benefits of gardening in other ways to themselves and others, including their wellness and wellbeing. Originally designed to address food security of the members due to the pandemic, the project has progressed and seen that the activities also provided a breathing space for everyone and a platform to support one another. Discussions on human rights, advocacy, and the importance of active citizenship were also incorporated in the activities to support the learning of the members. Quoting some of the participants:

- “Working in the farm lessens our stress and so we have better mental health. We enjoy growing plants. We can exercise and use our free time in a useful way. I would like to grow things at home.” - Pat Sirisongkram
- “Gardening enhances my concentration, my mind is not distracted to think of other things and I can breathe fresh air.” - Yotszarwatte Toowitratratt
- “Gardening allows me to learn how to recover in many ways, such as getting exercise, having fun, learning how to grow vegetables by myself, from planting seeds to growing and taking them into a tray, and getting organic vegetables to eat and sell.” - Sommay Suwan

In Fiji, PSA noted that some members are also requesting for other income generating tools such as kits for fishing and baking pastries, in lieu of the farming tool kits. This is due to the diversity in capacities and livelihood interests, as some either do not have the skills or are not interested in farming. This is something that PSA will further assess for future interventions.

Result Area 2: Improved nutrition, hygiene, and sanitation conditions through the distribution of relief goods

Sixty-five (65) persons with psychosocial disability and vulnerable individuals received relief packs containing various items: 30 received integrated packs and dignity kits from PSA, and the other 35 received food and hygiene kits from KOSHISH. During the process of assessment and procurement, however, some targets were changed to accommodate the needs arising from the communities. In PSA’s case, from the original target of 17 beneficiary members, they expanded to 30, since they saw that more people are needing support than expected. They adjusted this by dividing the original amount of the contents of the kits by two.
No information was provided on the actual contents of the kits from PSA. For KOSHISH, on the other hand, the actual items distributed were as follows:

Table 1. Contents of relief packs from KOSHISH

<table>
<thead>
<tr>
<th>No.</th>
<th>Particulars</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Rice</td>
<td>30 kg</td>
</tr>
<tr>
<td>2.</td>
<td>Lentil</td>
<td>4 kg</td>
</tr>
<tr>
<td>3.</td>
<td>Cooking oil</td>
<td>3 ltr.</td>
</tr>
<tr>
<td>4.</td>
<td>Sugar</td>
<td>1 kg</td>
</tr>
<tr>
<td>5.</td>
<td>Salt</td>
<td>2 kg</td>
</tr>
<tr>
<td>6.</td>
<td>Potato</td>
<td>2.5 kg</td>
</tr>
<tr>
<td>7.</td>
<td>Onion</td>
<td>1 kg</td>
</tr>
<tr>
<td>8.</td>
<td>Surgical mask</td>
<td>1 pkt</td>
</tr>
<tr>
<td>9.</td>
<td>Sanitizer</td>
<td>½ ltr</td>
</tr>
<tr>
<td>10.</td>
<td>Toothpaste</td>
<td>1 pc</td>
</tr>
<tr>
<td>11.</td>
<td>Toothbrush</td>
<td>1 pc</td>
</tr>
<tr>
<td>12.</td>
<td>Sanitary pad</td>
<td>1 pkt</td>
</tr>
<tr>
<td>13.</td>
<td>Bathing soap</td>
<td>2 pcs</td>
</tr>
<tr>
<td>14.</td>
<td>Washing soap</td>
<td>6 pcs</td>
</tr>
</tbody>
</table>

KOSHISH completed the distribution before one of the main festivals of Nepalese people (i.e. DASHAIN), and the immediate feedback they gathered was that the relief items made the recipients happy, delighted, supported, and relieved. Most have expressed that receiving this support will help them to at least have proper meals during the festival. Moreover, few of the members were facing the food scarcity and were deprived from relief support provided by the government and other stakeholder since they did not have disability cards and even were not aware about the rights of persons with psychosocial disability. In such situation the relief package provided them a sense of relief during the festival time.

In Pakistan, STEP also distributed 50 COVID prevention kits to people with psychosocial disabilities living with poor economic conditions, along with IEC materials and the Bali declaration. The included the following items:

Table 2. Contents of the COVID prevention kits from STEP

<table>
<thead>
<tr>
<th>No.</th>
<th>Particulars</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Bali Declaration</td>
<td>1 pc</td>
</tr>
<tr>
<td>2.</td>
<td>COVID Prevention Booklet</td>
<td>1 pc</td>
</tr>
<tr>
<td>3.</td>
<td>Soaps</td>
<td>-</td>
</tr>
<tr>
<td>4.</td>
<td>Masks</td>
<td>1 pkt</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>------------------------</td>
<td>------</td>
</tr>
<tr>
<td>5.</td>
<td>Disinfectant sprays</td>
<td>-</td>
</tr>
<tr>
<td>6.</td>
<td>Hand sanitizers</td>
<td>-</td>
</tr>
<tr>
<td>7.</td>
<td>Tissue paper box</td>
<td>1 pc</td>
</tr>
<tr>
<td>8.</td>
<td>Hand wash liquid</td>
<td>-</td>
</tr>
<tr>
<td>9.</td>
<td>Gloves</td>
<td>1 pkt</td>
</tr>
</tbody>
</table>

Result Area 3: Strengthened capacity of OPDs to respond to the needs of people with psychosocial disability

Several capacity building initiatives were implemented for members, volunteers, and a partner organization across the program. In Malaysia, MIASA conducted the Course on Crisis Management and Trauma-Informed Care for volunteer first responders who were then endorsed as part of the organization’s Crisis Team. As of writing, the said responders are already fulfilling their roles within the team and are actively helping those who come to the center or via online platforms. In some instances, people who are in crisis needing assistance (e.g., need to be brought to the hospital, need to apply for social protection, in need of food, drinks, and other necessities) are also attended to.

Similarly, in Nepal, KOSHISH undertook three joint and two individual meetings with their peer support facilitators to brief them about the activities, enhance their facilitation skills, and orient them on managing virtual meetings. The facilitators were then able to reach
and support members in various areas who were in need of peer support, as described in Result Area 4. Lastly, in Thailand, the ten (10) members who were trained in gardening were also oriented on advocacy work, human rights principles, the CRPD, and key Thai legislation. The participants showed significant changes\(^1\) in attitude and awareness, and are ready to engage in advocacy work which started around October 2020.

Some digital and physical infrastructures were also put in place to support the implementation and influencing capacity of the organizations and their partners. In Pakistan, STEP facilitated the development of a web portal\(^2\), with the help of a consultant, to share news and information from the Psychosocial Disability Rights Network and its work with the stakeholders and the general community. The portal will also help persons with psychosocial disabilities to get registered with the network and engage in advocacy activities, trainings, and awareness campaigns. As of writing, 85 new individuals have successfully registered in a period of one month.

In terms of physical infrastructure, MIASA made smaller renovations to their clubhouse, which they utilized as a safe space for those who seek support and assistance as well as to hold key activities and programs. Peer group sessions, spiritual therapy, art therapy, consultations, trainings, and other activities have been held there. MIASA’s supported employment program was also implemented there, with the second batch in the process of completion. The significance of the clubhouse is the environment it provides peers, and the ability for walk-ins and for people to have a safe space and feel supported in the community.

Positive feedback\(^3\) and outcomes have already been received. The activities initiated and programs carried out in the clubhouse have created a positive impact to the recovery of peers and helped in providing the crisis team the training, knowledge, and support they needed. The peers feel supported, happy, and empowered in their journey, as they feel grateful having a safe place in the community where they are welcomed. The crisis team can also be expanded now, since the ones who participated and learned from the program could, in turn, train other peers as well. Furthermore, with the clubhouse in place, and once all of the renovation works are completed, MIASA will be able to expand its non-medical alternatives and have more activities and programs, allowing the organization to fully utilize the space to the best of its potential.

In a similar fashion, Living Association in Thailand also set up two centers for training on organic gardening where they can hold the capacity building activities and the gathering of peers. There was no infrastructure-related cost to this effort, as they focused on designating a space from their existing resources (see more details from Result Area 1).

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1. Although Living Association’s report indicated significant changes in attitude and awareness, there was no documented evidence or measurement to support the statement.
2. The website can be accessed by using the link: www.pdrn.org.pk
3. Although MIASA’s report indicated positive feedback and outcomes, there was no documented evidence or measurement to support the statement.
Result Area 4: Strengthened peer support system

In some countries like Nepal and Fiji, the existence of self-help groups/peer groups became the cornerstone of the program to the members of during the pandemic. Most members had little knowledge about COVID-19 at the onset and were feeling lonely even with the presence of their family members. In Nepal, the virtual meetings provided them a common platform to vent out their fears and misconceptions related to COVID-19, while maintaining confidentiality. In Fiji, these were mostly done face-to-face.

In total, one hundred sixty-four (710) persons with psychosocial disability received peer support in through 22 virtual peer group meetings facilitated by KOSHISH in Nepal. Each session had 6 to 8 participants discussing their struggles, areas of improvement, hygiene, therapy, medication, etc. for a maximum of 2.5 hours. The participants have enjoyed the meeting platform to express their feelings and emotions, and received various tips on how to cope with their distress positively.

Strengthening peer support system during the pandemic was met with a lot of digital and technical difficulties. At first, some members were not used to virtual apps and found it hard to connect emotionally in the virtual world. Moreover, the poor internet quality, online classes of children, and simultaneous online meetings of other family members compounded the problem. Eventually, the members of the peer groups gradually felt more comfortable and secure as they shared their issues and tried to find solutions within the group. They felt a sense of freedom and were able to manage their time for laughter, dance, singing songs and hymns, telling stories, reciting poems, and telling jokes. KOSHISH also observed an emerging hope towards a positive and meaningful life among the group members.

In general, the participants have expressed that they felt the sense or feeling of “WE” through the sessions. Some positive feedback has been documented by the facilitators through the following quotes from the participants:

- “The virtual meeting provided an opportunity to express our feelings in safe space maintaining the social distance in this time of COVID-19 pandemic.” - Ms. Gaida from Bhaktapur.
- “Though our family members care, support, and love us, it is hard for them to understand our problem. And I feel happy to have the meetings with my peers as they understand me and my problem also.” - Ms. Lamichhane from Bhaktapur.
- “A few days ago, I was very frustrated and depressed. I was eagerly waiting for a peer meeting to share my unheard feelings... I felt calm when I shared my thoughts with my peers.” - Mrs. Pokharel from Tanahun.
- “During difficult times, I feel like no one cared for me. In such times even suicidal thoughts ran through my mind. However, when I sit in a friendly meeting, it refreshes me to live again.” - Ms. Poudel of Bhaktapur
In addition to the group meetings, 44 people got one-to-one peer support through 99 meeting either phone or online virtual. Such supports were useful to those who had difficulty to share their feeling among the groups to receive emotional support with empathic listening without being judgmental. Moreover, two individuals received multiple types of support including family counseling to address familial disputes (a case story written by KOSHISH is annexed to this report).

Some members also expressed that they would like to do self-advocacy in the future by developing peers in self-help groups and raising their voices in their own municipalities. However, KOSHISH sees this as a long journey of building capacity and solidarity among the members. In the timeframe of the project, they will not be ready to actualize this.

In Fiji, on the other hand, two listening circles were facilitated by PSA in Loutoka and Suva which were done in-person, because online sessions were not accessible to most of the members. These circles follow the same format as the peer support meetings done by KOSHISH, where the participants gather in a safe space to share their experiences, struggles, challenges, and hopes, especially during the pandemic. Tips on how to cope with stress, anxiety, and depression were also discussed, along with other creative strategies that the members are interested in.

Some concerns arising from these sessions are further described in the next section.

**Result Area 5: Improved data collection and research on the situation of people with psychosocial disability**

In Indonesia, IMHA’s work revolve heavily around advocacy and lobbying, and they use data as evidence to back up their efforts. Initial data collection on the situation of social institutions during the pandemic was done, however, still limited. This is due to the fact that the government has not collected any data yet, despite the repeated encouragement from IMHA. Eventually, the organization collected its own data by directly communicating with the social institutions to get information about the conditions of residents in the midst of the pandemic. Some of the key findings were as follows:

- Throughout Indonesia, there are 180 social care institutions. Of these, only 97 are registered in the government, with 12,314 residents and 3,149 officers.
- Of the 97 registered social care institutions, only 17 carry out rapid tests to detect COVID-19.
- Thirty-four (34) residents and 8 officers were reactive to the test and could potentially be exposed to the virus. Needless to say, this number is most likely smaller than the actual number of suspected cases.
Moreover, after the government’s policy of easing the mobility of people, IMHA visited 4 social care institutions from October 24 to November 8, 2020 in three provinces, namely: (1) Al Fajar Berseri social care institution with a capacity of 400 people in Bekasi Regency, West Java Province; (2) Galuh Foundation with a capacity of 420 people in Bekasi City, West Java Province; (3) Mbah Marsiyo with a capacity of 60 people in Kebumen, Central Java Province; and (4) Hafara in Bantul, Yogyakarta Province. An investigative research was done by the staff while in these institutions. During the investigation process, people with mental disabilities who were in the social care institutions were interviewed and asked about various things such as their health condition, nutrition, sanitation, hygiene, treatment, and other concerns. They key findings from this research will be presented later on in a position paper and advocacy video, which is still in the editing process.

Result Area 6: Increased awareness among various stakeholders and the general public

Several forms of offline and online awareness raising initiatives were implemented by PSA, KOSHISH, IMHA, and STEP, achieving changes in different levels. In Fiji, three (3) orientation sessions were conducted with law enforcers in the Western Division after securing permission from the police. The participants were from the Western Police Headquarters, Tavia Operations team, and Sigatoka Police Station. PSA’s intention for these orientations was to increase the awareness of the law enforcers in handling cases where they come in contact with people with psychosocial disability, because there have been incidents when members of the association breached the local curfew hours and subsequently experienced mishandling and abuse from the police (more information...
Although PSA verbally shared the positive outcomes of the sessions, there was no documented evidence or measurement to support the statement.

The overall feedback from the orientation sessions were positive. For instance, 15 out of 15 participants in one session said that they, themselves, experience symptoms of stress, anxiety, depression, and other mental illnesses. Some are even involved in domestic abuse happening in their personal lives. The police officers noted that they are now more informed on how they can apply coping mechanisms personally and how to appropriately support persons with psychosocial disability in various law enforcement protocols. Being informed is also a way for the police to safeguard themselves from potentially violating rights and abusing persons with psychosocial disability.

In Nepal, KOSHISH noted that discussions on the rights of persons with psychosocial disabilities were rarely being tackled in their communities. However, this changed during the pandemic when the discourse on psychosocial issues and mental health started becoming popular. Virtual discussions on the topic emerged and KOSHISH took this as an opportunity to further contribute to awareness raising. An online interactive session titled “Suicide in Nepal: Need for timely interventions” was organized by the team, with support from mental health professionals and subject matter experts. The session provided information about COVID-19 and its mental health effects to the general public, highlighted age- and gender-specific issues around COVID-19, and provided information on how to access tele-counselling services through a toll free number, in hopes of reaching more individuals.

The government of Nepal has also endorsed the Disability Rights Act of 2017, replacing the Protection and Welfare of the Disabled Persons Act of 1982. It covers many aspects of the rights of persons with disabilities, but still not fully compliant with the UNCRPD. To respond to this, KOSHISH developed an IEC material on the key gaps, including their demands regarding persons with psychosocial disability, to stir public perception and opinion on the demand to have better policies that protect their rights.

In Indonesia, IMHA took every opportunity to mainstream and convey the issue of human rights violations in social institutions in every webinar they participated in, both of as speakers and as participants. Below are some of those webinars:

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4 Although PSA verbally shared the positive outcomes of the sessions, there was no documented evidence or measurement to support the statement.
1. Discussion of Legal Capacity; Persons with Disability as a subject of civil law in law enforcement in Indonesia. Speaker, August 6, 2020.
10. International Press Conference Living in Chains; Shackling of People With Psychosocial Disabilities Worldwide. Speaker, October 6, 2020

Moreover, in December 2020, there was a surge in COVID-19 cases in social institutions. At that time, 221 residents of one of the social institutions with mental disabilities belonging to the Jakarta provincial government were confirmed positive for coronavirus, while 80 persons with disabilities from the Dadi Makassar mental hospital were exposed. Responding to the spike in cases in these social institutions, IMHA invited several civil society organizations to hold a press conference. On January 7, 2021, together with representatives from Human Rights Watch, the Human Rights Working Group held a press conference that was attended by 64 people including civil society and journalists. One of the demands was asking the government to include residents and nursing staff in the priority group for giving COVID-19 vaccination. Dozens of media reported on the event and became a discourse in several cross-sectoral WhatsApp groups. One of the reports, "Risma asked to 'Blusukan' to the Social care mental Institution", Voa Indonesia, can be found via this link: https://www.voaindonesia.com/a/risma-diminta-blusukan-ke-panti-sosial-disabilitas-mental/5728334.html.

With these initiatives, IMHA observed significant changes at various levels. First, at the behavior level, the issue on social institution has been increasingly being raised in various webinars. Thus, more and more people who initially did not think that the residents of the
social institution existed then began to become aware of them. Many of the OPDs themselves do not even think about the issue, but after the webinars, many people started asking about what social care is and what support should be given to people with mental disabilities.

The issue of government policy regarding the prevention of COVID-19 transmission in social institutions has also begun to be noticed by the mass media after holding a press conference. Furthermore, there is a growing number of civil society groups getting involved now in de-institutionalization advocacy. A WhatsApp group has been created to connect with people from legal aid organizations, disability organizations, media monitors, civil society groups, and government experts.

Lastly, IMHA has also succeeded in getting women’s organizations to advocate for the residents of social institutions. They were encouraged to see the residents intersecting with women’s perspective, not only as persons with disabilities; so that the problem of social institutions is not only an advocacy of IMHA but also of the women’s movement, more broadly.

In Pakistan, an IEC material has been developed by STEP with the help of a consultant. It shows tips on how to keep oneself safe and healthy during the COVID-19 pandemic, including daily tasks to do. It is also a promotional material for the network of people with psychosocial disabilities. The IEC material was printed and disseminated to persons with psychosocial disabilities through hygiene kits along with copies of Bali Declaration.

Two social media platforms have also been developed so the Psychosocial Disability Rights Network can engage digitally with people with psychosocial disabilities and to run awareness campaigns; both are being organized and controlled by one dedicated person from the network on a voluntary basis. The uses of each platform are described as follows:

- **Instagram** – This platform is used to share stories on a daily basis to: (1) increase the awareness of the general community on disability rights; (2) share relevant news with peers; (3) do live sessions with people with psychosocial disabilities; and (4) make promotional posts about the UN CRPD and the rights of persons with psychosocial disabilities. The network plans to use this platform as a TV channel as well in the coming future.

- **Facebook** – A page for the Psychosocial Disability Rights Network has been developed to share news, accomplishments, and achievements with peers, disability stakeholders, and the general community. The page will also support in sharing the information related to the network and increase the number of membership.

With these in place, a social media awareness campaign was run to raise awareness and sensitize people about the rights based approaches towards psychosocial disability. A video was also developed tackling Article 11 of the UN CRPD to increase the awareness of
the community and government of Pakistan about rights of persons with disabilities. The video explains the challenges faced by people with psychosocial disabilities during the pandemic and how the CRPD articles mandate the protection of their rights.

Result Area 7: Improved accountability of duty bearers to respect, protect, and fulfil the rights of persons with psychosocial disability

From the series of advocacy and awareness raising activities implemented in Indonesia, IMHA was able to provide key evidences of success in integrating the discourse on social institutions and persons with psychosocial disability into the government’s response to COVID-19. What started as exploratory meetings with key Ministers at the beginning of the project ended up in getting concrete commitments to include residents of social institutions as a priority group in the response and vaccinations programs.

In the first months of project implementation, IMHA successfully urged the Indonesia Presidential Staff Office to carry out a cross agency meeting to discuss the conditions of people with psychosocial disabilities living in social care institutions, especially in the context of containing the spread of the virus. The meeting was held to ensure the safety
of the residents in those institutions and to prevent the transmission of COVID-19. This activity was held on June 25, 2020 and was attended by the Presidential Staff Office, Ministry of Social Affairs, the Indonesian National Commission on Human Rights, and Social Service offices from six provinces in the island of Java.

Close monitoring and follow-up efforts were done after the meeting, with continuous encouragement to the Presidential Staff Office to monitor human rights violations in these social care institutions. As a result, the Presidential Staff Office earmarked a 2021 budget for a monitoring program for social care institutions for mental disabilities. This demonstrates the success of the organization in influencing the policies of the said office.

Despite this, the government continued to lack in action regarding the prevention of the spread of COVID-19 in social institutions. As a response, IMHA released a position paper to intensify the lobbying effort and to urge the government to act immediately and develop policies on the issue, while also indirectly promoting deinstitutionalization. This position paper was forwarded to relevant stakeholders and was written after a series of field research, interviews, media searches, and data collection for social agencies throughout Indonesia. A similar approach was done by Living Association in Thailand when it sent a Petition to the Senate Committee on Social Affairs, Children, Women, Elderlies, Persons with Disability and the Vulnerable dated October 21, 2020 towards better quality of life of persons with psychosocial disability.

Further intensifying its advocacy work, IMHA organized a webinar and launched videos concerning the COVID-19 vaccination campaign for residents of social institutions. In conducting the webinar, they collaborated with the Indonesian Women's Coalition, a women's organization that has branches in the regions with the aim of introducing the issue of social care institutions to women's organizations. The virtual event was held on February 23, 2021 which was attended by 66 people, and with key participation from the Social Rehabilitation of Persons with Disabilities of the Ministry of Social Affairs and the Ministry of Health. Through this event, IMHA succeeded in encouraging the Ministry of Social Affairs to write to the Ministry of Health regarding requests for vaccination for the residents of the institutions. In addition, the Ministry of Health was informed of the actual conditions of the residents and their vulnerabilities. IMHA immediately drafted a letter requesting vaccination for the residents after the discussion, addressed to the Minister of Health. Another media coverage for this event can be viewed through this link: https://difabel.tempo.co/read/1436117/penyandang-disabilitas-masih-menunggu-vaksinasi-covid-19-atau-buat-permohonan. Meanwhile, the social institution vaccination campaign videos can be accessed via the PJS Youtube channel: https://www.youtube.com/watch?v=rk_v-Hrujyb&ab_channel=PJSMedia for the Bahasa Indonesia version and https://youtu.be/o6vGMHuITZk for the English version.

On another note, one of the main problems behind the persistence of human rights violations in social care institutions is the absence of a legal basis that can sanction the
institutions. In the past, IMHA lobbied for the de-institutionalization plan to be incorporated in the Disability Law. However, the advocacy did not work, since all regulations regarding government institutions are placed under government regulations, one level below the national laws. Furthermore, when recently discussing the draft government regulation on Habilitation and Rehabilitation for people with disabilities, IMHA struggled again to include the same rules. The articles proposed related to the social care institutions were abolished during the legal harmonization process that can only be carried out by government agencies.

Finally, IMHA engaged the Ministry of Law and Human Rights to invite the Presidential Staff Office to find a solution to this problem. They also lobbied with the government to postpone the ratification of the RPP for Habilitation and Rehabilitation and invited 7 other civil society organizations to re-draft the rules regarding the institutions and be re-incorporated back again. This process ran for 9 meetings within the month of November and will continue until the government ratifies the government regulations.

5. CHALLENGES IN IMPLEMENTATION VIS-À-VIS THE COVID-19 SITUATION

Implementing a response program in a time like this is in itself a big challenge. The extended social and mobility restrictions caused by the pandemic posed significant impacts to the projects in all supported countries. Internally, most partners have implemented varying work-from-home schemes which had affected their ability to implement activities in the field.

In Fiji, the curfew hours increased the risk of some members to come into contact with law enforcement officers (as described further in the succeeding sections of this report) and to experience abuse and rights violations. This led to adjustments in some of the activities and type of support provided by PSA. In Indonesia, the restrictions significantly delayed IMHA’s planned visits to social care institutions, as they refused to accept visitors from external parties. The organization had to wait for the relaxation of lockdown from the government before they could proceed with the activities. But despite the limited mobility, there have also been many opportunities for IMHA to advocate for people with psychosocial disabilities living in social care institutions through webinars.

During the pandemic, public and private webinars have noticeably increased, as organized by both the government and civil society organizations. In every webinar related to disability issues, inclusive development, and women and human rights, the team made sure to convey the conditions of those living in social institutions. This strategy sparked a national discourse on human rights violations in the said institutions. IMHA also launched
videos of vaccination campaigns for residents of social care institutions as a response to the slow planning of the government on the vaccination program.

The training sessions conducted by MIASA in Malaysia were also affected by the COVID-19 restrictions. As the last leg had to be conducted remotely, the participant input and involvement became severely impacted, which influenced the information and crisis experience they would have normally gained during a physical training. However, the feedback received were nevertheless positive and the expected outcomes were still fulfilled. This also created an opportunity for the clubhouse works to be completed, after new regulations gave the greenlight for construction companies to resume works on non-residential buildings. More specifically, the kitchen and room renovations were finished, which could also have disrupted the calm environment of the clubhouse and interrupted the many ongoing activities being held there.

In Nepal and Pakistan, both KOSHISH and STEP had challenges in mobilizing people to meet in person; therefore, virtual sessions had to be organized. KOSHISH also lost one of their members due to COVID-19 which unquestionably affected their choice of mode of engagement for the peer support meetings. Moreover, many members and peers could not participate online as they are not familiar with this new form of engagement, aside from other limiting factors such as poor internet quality and contending online classes being taken by their children. While it was a challenge to support the peers in adapting to the virtual environment as a new normal, it was also an opportunity for the organization to connect with more individuals from the different parts of the country. For STEP, fortunately, most of their targets were not hindered as most of the work was related to procurement and hiring of consultants for the development of IEC material and web

PICTURED: Relief packs distribution by KOSHISH Nepal.
portal. Moreover, online working skills and communications have become stronger due to the change in the working culture of the organization; employees have been equipped with hardware to support them in working online.

6. EMERGING THEMES AND TRENDS

Aside from documenting the accomplishments and impact of the different projects, the implementing partners also noted emerging issues that had to be addressed during the period of implementation and beyond. Some are also lessons that can be taken forward in continuing the work with TCI and expanding the scope of advocacy work in the countries post-pandemic. Below are the key themes and lessons that emerged throughout the program implementation.

6.1. Responding to cases of abuse, gender-based violence, and rights violations through online and face-to-face peer support

Beyond the targets set on providing peer support to the members, both PSA and KOSHISH have reported extending assistance on access to justice and resolving family conflict, respectively. These were in response to cases of rights violation and abuse from law enforcers, carers, and family members. In the case of PSA, they had two members who breached curfew and were inhumanely detained by the law enforcers. Upon contact, the members were not offered any support to make sure they are in their right position to present themselves, since the situation alone could have put them under duress and triggered panic and anxiety attacks. Their families were also not informed about the incident. One of them even ended in the prison and reported that the correctional officers were verbally and physically abusing them—for example, by banging their head and commanding them to perform push-ups to test if they really had psychosocial disability. Moreover, despite the 2-meter social distancing policy, the cells where they were kept in were beyond the holding capacity.

On another note, PSA also conducted a survey with one women's group comprised of 25 members and 90% reported to have experienced varying forms of emotional, verbal, and physical abuse from family members. Some of them experienced it only during the pandemic, noting that the loss of the breadwinner's job and income may have increased their stress levels. One was also physically abused by the carer during a situation where the person was not emotionally stable. This person was being provoked by another relative and in response, he became aggressive and started self-harming. The relatives then further teased him until he finally lost control and flipped things out. The carer responded by hitting him.
In Nepal, KOSHISH reported similar instances with its members. In the early days of their project, peer members had shared how COVID-19 has been affecting their lives when it comes to stress, worries, social distance, job loss, and so on. However, later on, gender-based violence and family disputes, dissatisfaction, misunderstanding, daily harassment, torture, and misbehavior were also reported. The success of the current project showed that even in the time of pandemic, persons with psychosocial disability can benefit from emotional and empathic support towards their improved wellbeing via virtual platforms. This way, organizations can also respond to gender-based violence and in some cases, to prevent suicide. Case studies are presented and annexed to this report for more information.

In terms of response, both organizations also had similarities in approaches. PSA noted that reporting the incidence to the police might be a double-edged sword; on one hand, it can reprimand the violator, and on the other, it can also stop the person from caring for the member. The latter is particularly problematic, because there is no accommodation in the communities to take in persons with psychosocial disability when they do not have carers. As a more viable response, PSA have established a caring community that acts as a watchdog to ensure that the members are not violated in their families and the whole community. This encouraged more members to seek support and share what is happening with them, when previously, they would just keep it to themselves. As to the sample case mentioned above, the caring community got in touch with a doctor and tried to make arrangements to have somebody else in the community to take care of the abused member. They also sat down with the carer and explained the nature of their support and why they are doing it. However, if the abuse continues to happen despite the intervention of PSA, then they will not have no other choice but to file a complaint against him with the police.

It is also important to highlight that PSA went beyond and conducted orientation sessions with law enforcement officers, as described in the accomplishments in the previous section. This was to ensure that support for persons with psychosocial disability will become more institutional rather than sporadic, depending on who has the capacity to do it. While it was a big win for the organization, PSA, however, also noted that it still needs further capacity development in undertaking work related to access to justice for them to be able to fully support the members. They do not have the necessary advocacy tools at the moment to help them strategize this matter on a wider scale. This is something they would be looking further in their succeeding initiatives.

KOSHISH, in a similar manner, took a family intervention approach. The project team spoke to the family members of the abused members as needed. The support was provided by using empathic and active listening, understanding their situation, providing emotional support, giving a safe space to vent out the things that were hesitant to share in groups, and creating a safe circle. In the case story shared by KOSHISH, even the abusive
husband was eventually included in the virtual support group meetings and learned coping strategies to manage stress and anxiety.

### 6.2. Underscoring the need to intensify advocacy and awareness raising on social protection for persons with psychosocial disability

Another emerging concern is the need for more awareness raising efforts both among persons with psychosocial disabilities and the wider community on social protection, as well as intensified advocacy with various government bodies and institutions. Both STEP and Living Association noted that while these initiatives had not been strongly incorporated in their projects, they also intend to further strengthen their work to advocate for increased social protection, shift perspectives on disability from medical to social, and promote empowerment and self-advocacy among the members. This was also reflected in Indonesia, as IMHA realized that many people are still unaware of the various problems in social institutions and the need to increase access to social protection especially during emergencies (including health emergencies). The government also appears to oversimplify the problem in the midst of the COVID-19 pandemic. Given this background, it was not easy for the team to change people’s perspective about the issue and to increase their awareness on the problems faced by the residents of social institutions. From this experience, IMHA noted that their advocacy is still long way to go.

One of the successful strategies made to increase the understanding of the general public and the government was to create visuals about the conditions in the social institutions. Creating advocacy videos and screening them on various occasions together with media and other CSOs were found to be effective in stirring conversations and putting pressure on duty bearers. Organizing webinars, together with launching those videos, and then further intensified by lobbying efforts, also expanded the reach of awareness raising despite the limited mobility due to pandemic restrictions. Maximizing digital and online platforms to support campaigns can be very helpful for future initiatives.

### 6.3. Promoting digital inclusion and accessibility for persons with psychosocial disability

All the projects noted the challenges involved in reaching persons with psychosocial disability when lockdowns and restrictions on mobility are being put in place. As documented in the previous section, this has impacted not only the implementation of the program, but also the wellbeing of the individuals in the six countries as the impact of social isolation is being compounded by the lack of access to technology and the Internet.
KOSHISH, for one, noted the different sides of looking at this issue. People with psychosocial disability typically do not have sufficient resources that would allow them to purchase gadgets and access the Internet. Even when support is provided to them, they still often lack the skills to use new technology and continue using them. Aside from the technical know-how, there are also personal factors that make them hesitate to use gadgets to connect virtually with other people. Lack of self-confidence, family conditions, and unconducive environment are some of the things affecting this problem. Poor connectivity is another common problem they encounter, especially when people with psychosocial disability are located in areas receiving limited service from Internet providers.

Overall, the inclusion in and accessibility of the digital world is still a big area of work for the community. It is also urgent, since the developments in technology will only keep increasing and the world is now moving towards digitalization. For persons with psychosocial disability, this also means ensuring their dignity, safety, and security while access and inclusion are being promoted.

## 7. PROGRAM LEARNING

As part of the learning process in managing and implementing the COVID Response Micro Grants Program, TCI initiated an evaluation session with all the partners to assess the impacts of the projects and reflect on the internal ways of working. The key insights on accomplishments and impacts are reflected in the previous section, and here we highlight the lessons and recommendations in terms of managing the micro grants.

### 7.1. Effective Approaches in the Granting Process and Management of the Program

Overall, having TCI as the lead has been considered as a good structure for implementing this type of program, as reflected in the policy paper that guided the work of all organizations involved. Not only does it highlight the importance of ensuring legitimacy when supporting the work of OPDs, but also puts a stress on the strategic position of TCI as a regional-going-global network of persons with psychosocial disability. The program also provided a significant learning opportunity for the network to strengthen its capacity in managing such a program, which can be continued and developed further with the support of IDA and Bapu Trust. Investing in this type of support also strengthens the relationship of the network with its members in the different countries, and indirectly impacts membership development.
The selection process was also a good approach, highlighting the strong and varying capacities of the partners to implement on the ground. The review and assessment processes were compliant and flexible enough which allowed the organizations to successfully access the micro grants. The way the budget proposals was structured was good as it guided the way the partners would implement and spend, but in some cases, further support is still needed. Support was provided to them in preparing the proposals, including technical assistance and coaching. This was the same in preparing monitoring and evaluation tools (e.g. project tracking forms) and reviewing reports, as the partners saw their use even in other projects they are implementing.

Lastly, the documentation requirements of the program were sufficient enough from the selection and assessment stage up to project closure. Key documents were gathered from all the organizations and stored in centralized location.

### 7.2. Areas for Improvement

While TCI is well positioned to manage this program, its Secretariat, however, is lean and would need more manpower for similar future initiatives. The processes are also always coordinated with both IDA and Bapu Trust as support organizations, with different people and responsibilities involved. These layers of gateway approvals had caused significant delays and bottlenecks in different instances, but recommendations were also documented to improve the process flow in the future. Related to this, the Secretariat also noted delays from every level and stage of implementation; related to proposal review and approvals, preparation of contracts, transfers to partners, review and submission of reports, and the like. This can be attributed not only to the lean team structure and approval flows with IDA and Bapu Trust, but also to the limitations imposed by the pandemic, as coordination and monitoring work had been limited only to remote and virtual approaches. This is challenging on its own and it also affects the capacity of the team members from all organizations involved to respond and address concerns efficiently.

As to the duration and design of the program, some partners noted that longer-term advocacy work cannot be compacted in a short timeframe of implementation, especially when situations and contexts in government agencies are constantly changing. The COVID-19 situation has also changed the entire implementation scenario and most partners are still learning to adapt to new ways of working, in hopes of streamlining and making key processes more efficient. Due to these, schedules and design of the activities had to be adjusted at the level of partners, which also meant they needed more flexibility in project timeframe and submissions of the reports. While the organizations acknowledge the need to commit to the original approved plans, they also highlighted the importance of being flexible and having contingency plans to allow for unforeseen events and circumstances.
Amplifying the work of the partners and the overall accomplishments of the program also need to be considered further. More specifically, developing a communications plan so that the IEC materials and other updates from the projects are seamlessly shared and disseminated in various platforms and channels. The social media presence of TCI also has to be strengthened, considering the linking of materials from the partners’ own pages and channels, especially now that it is moving from regional to global scope.

7.3. Recommendations

Moving forward, two key recommendations were identified to address the abovementioned challenges. First is to review the program structure, analyze the gateway approvals and propose ways to streamline key processes with the fiscal sponsors. Having a tracking system to document the status of transactions can also address some gaps. Second was to have a dedicated staff for program management that could help the Secretariat monitor the work more closely, address issues in delays, and document the proposed improvements. Another dedicated staff for communications and social media engagement would also address the concern on amplifying and disseminating our work.

PICTURED: Living Association Thailand participating in the #WhatWeNeed campaign of TCI.
Two Case Stories from KOSHISH

Case story 1: Peer Support Meeting Became the Milestone for Spousal Reconciliation

Background

Yamuna Kshetri (Pseudo name) is a 49-year-old mother of a grown-up son and daughter. Until three years ago, she used to feel like she is the happiest woman in the world. Her husband was in the army and left his job before retirement to go abroad for work. During that period, she took full responsibility of managing the house and family. She properly utilized the money sent by her husband from abroad and fulfilled all the needs of the family.

The Problem or Issue

Yamuna Kshetri attended our virtual peer-support meeting on 24 August 2020; seeking support to deal with her anxiety and depression. She had been experiencing this problem with her for the past three years. Her husband accused her of misusing his earnings and blamed her for every failure and wrong deed. Accordingly, her husband’s habit of drinking alcohol increased and he repeatedly started torturing her; physically and mentally. Jamuna had filed a police case against him but this incident made their relationship weaker. Jamuna says, “I feel sad and insecure all the time and am having difficulty in sleeping. I find no energy and interest in the social works that normally used to give me pleasure”. She also says that she has lost trust in her spouse.

The intervention to the problem or issue

“I am feeling insecure these days, not due to Corona but from my spouse.” This was the voice of Yamuna Kshetri of Tanahu’s Vyas-10 at the first meeting of the peer support group. After one week we got some photos of Yamuna with injuries and wounds. She had been the victim of gender-based violence and was physically abused by her husband.

Soon after, we met online to discuss her safety. We set up a security circle as we learned from the “Joint training program of Bapu Trust and KOSHISH.” We made 2/2 long virtual calls with a maternal uncle and sister-in-law. As both of them assured us that they will put effort to reconcile the husband and wife.

Two days later, we were able to bring Yamuna’s husband to talk with us. He also shared all the ups and downs of his mind. The environment was overwhelmed during the conversation, that both of them got the opportunity to ventilate their feelings. He seemed very calm after the conversation. A series of meetings, sometimes single and sometimes joint was continued. Now both husband and wife participate in online peer support meetings.
Conclusion

Yamuna said after meeting with KOSHISH’s peer supporters jointly and individually along with her husband, the attitude and behavior of her husband have changed. However, for her happiness, all family members should come closer and accept that her anxiety and depression are real and not propaganda.

Updates

To date, Yamuna is still in contact with KOSHISH team. She realized that the platform of KOSHISH is safe and confidential to vent out her issues which she won’t get in other places; neither in family nor in community. She also visited a professional counselor but it was not fruitful and did not meet her expectations. After the meeting, she shared her experience that it is more effective to share with people with lived experience than professional ones.

From mid of December 2020 her husband left the group and recently, Yamuna shared that she is again facing threats from him. She did consult with us, group and other local government stakeholders about her current situation. And, now she is planning to file the case in local judicial committee where women with gender-based violence can appeal for prompt support and further action.

Case story 2: Finding Perfect Peers in Groups

Both Ms. Sabina Shrestha and Ms. Usha Chhetri have become acquainted with psychosocial problems through the peer support program. They share similar experiences of peer support meetings. In the beginning, they could not share their feelings. When they tried to say something, they would burst into tears. And later on, they felt comfortable in meetings and to share/express their feeling. The current virtual program has helped them in the crucial time of COVID-19 providing the emotional support that was needed for their mental health wellbeing.

In the short duration of being together in the same platform of the peer meeting, they realized that their issues, response, understanding and feeling were same. Even though their familial conditions and problems were different, they had same empathetic feeling toward their issues.

With the ongoing meetings Ms. Shrestha has been observed with more positive changes than Ms. Chhetri; for which both of them planned to work as peer and support each other outside the meeting as well. Few times it was heard Ms. Chhetri saying “I wish I would be able to recover like Sabina Didi. When I see her, I get motivated that I will also be fine
but I don’t know where’ during the meetings. This statement of Chhetri motivated them to be peer and keep on supporting each other to move ahead with their problem. Slowly, they began to support each other.

After few weeks of supporting each other as peer outside the meeting, they shared their positive feeling. Both of them shared that such support has been very helpful to them. They used to call one another during the period of need and other time as well. Such call and meetings were proved to make positive effect for their depression as they felt sense of relief and understanding with each other. They were feeling positive and optimistic nowadays. Ms. Chhetri further added that if such result continued, they will certainly get rid of medicine they are using and can cope with their problem in a healthy way. They still are in contact with each other and are supporting each other. Both of them shared a similar response that they will be in contact with each other and supporting each other in the future days as well.
APPENDICES

TCI COVID-19 Micro Grants Program Policy Note

Program Monitoring Tools for Partners

- Milestone Tracker
- Spending Tracker
- Monthly Project Check-in Matrix
- Milestone Reporting Template
- Financial Reporting Template
Covid-19 Micro Grant
Policy Note

In the current scenario of Covid-19 with the pandemic status and ongoing lockdown measures, TCI has initiated several Covid response work in its advocacy and focusing at a national level, until it is safe to travel again. TCI member organisations are being supported to engage in Covid response work with a particular focus on advocacy of persons with psychosocial disabilities, in the short and long term. This collaboration will be with the TCI Asia Pacific, the International Disability Alliance, and individual member organisations of TCI.

For member organisations applying for the Covid-19 grant, please ensure that the following points are covered:

- **Clarity on any limitations/barriers on receiving foreign funding:** Member organisations applying should make sure they do not have any legal regulatory barriers on receiving foreign. Please present to the TCI secretariat appropriate documents required from the government, such as the license to apply and receive foreign funding, organisational capacity to contract and sign an MoU, and execute to complete the works.

- **Aim to focus on national advocacy, peer support and inclusion needs of persons with psychosocial disabilities:** TCI is looking for a specific focus on national advocacy, focusing on work that is going to further the national emerging leader or DPO, on the inclusion of persons with psychosocial disabilities at national level. In this manner, the Covid-19 relief plans should include measures that incorporate advocacy with multiple stakeholders, use of the Bali Declaration, dissemination of
IEC and advocacy materials, translations of advocacy materials including UN reports, Bali Declaration, mobilising members, strengthening the organizational capacity of the DPO and its governance, peer support activities, trainings on peer support and any work that specifically includes the participation and making audible, the voices of persons with psychosocial disabilities.

- **Transparency about other Covid-19 funding** – Member organisations applying for the grant must also share with complete transparency on any other Covid funds they may have received in this time period from any other funding organisation. This is to clarify the extent of need as well as to enable a better partnership and understanding with TCI Asia Pacific with this particular grant. Present an Xcel sheet with all related funding to your proposal.

- **Clarity on the lockdown conditions in the country** – With most countries under a lockdown to stop the spread of Covid-19, member organisations must also inform TCI what the conditions of the lockdown in their specific country are including the ability to travel locally for fieldwork, the permits needed to step out of their homes, curfew limitations that might hamper the plans made, relationship status with the local governments and more.

- **Documentation, monitoring and record keeping** – Member organisations applying for the grant must also design or plan for a method to document and monitor the work that is being done. Since most countries under lockdown have had to develop new methods of record keeping, the organisations must inform TCI what method they intend to use and how they plan to monitor the work. The key areas include keeping track of the number of events, number of beneficiaries, outcomes of events and any other relevant details. In case the organisation requires support in this step, they may consult TCI Asia Pacific.

**Guidelines for budget proposal:**

- TCI cannot support purchases of hardware and equipment such as computers, cameras, etc.

- TCI cannot support air travel and hotel as of now, and organisations must plan for national level activities, preferably in and nearby their home town.

- TCI supports Covid-19 national level activities with a specific focus on advocacy, proposal must clearly specific what activities at the national level.
Applicants must keep in mind the timeframe of 6-8 months, the budget of 5000 USD and advocacy that can be realistically achieved in this time

An MoU must be signed between the member organization and TCI which will be facilitated by IDA. The terms and conditions such as the amount of grant, grant period, outcomes, and disbursement details etc, will be specified in the MoU.

Checklist of documents that have to be submitted:

1. Registration and Statutes

The organisation will have to provide:

   Item 1. Registration certificate / permission of license to operate a DPO/NGO
   Item 2. Samples of foreign currency permission previously obtained or registration document for receiving foreign funds if applicable
   Item 3. Cancelled bank cheque leaf
   Item 4. Income tax number/PAN card copy of the grant receiver, any unique identification number of the DPO provided by the government
   Item 5. Bank account details including details for wire transfers
   Item 6. Office address, contact details, email id
   Item 7. List of Board Members, their contact details and dates of their last 3 meetings

2. Internal Financial Control Mechanisms

The organisation will have to provide:

   Item 8. The most recent annual financial statements signed by the Treasurer/President
   Item 9. Organisation chart and key staff roles
   Item 10. Name, designation, address, contact details of focus person for the project from the organisation
   Item 11. 2-3 photocopies of used vouchers from the organisation as samples / OR / provisions of any internal financial control policy being followed by the organization

3. Disbursement

   The disbursement of funds will be done in 3 tranches – one at the beginning of the project phase (40%) and the other in the middle of the project phase (40%). The remaining (20%) of the grant will be retained, and disbursed, when the final report is submitted along with bills, etc.
If there is a disbursement request in the interim period, the organisation will be liable to provide a reason for the request and the amount requested.

Expenditure can be booked from July 2020 to January 2021.

4. **Financial Reports/documents required**

   Financial reports will include the following at the time of final reporting:

   ➢ Financial statement should build on the budget approved with the contract and showing the expenses for the period reported.

   ➢ Variances above +/- 10% should be explained. Major variances should have been discussed on the job with the TCI Asia Pacific authorized person.

   ➢ Documentation trail of all expenses should be preserved carefully and submitted at the end of the project period (all supportings, bills, invoices, etc. for validating each and every expenditure).

   ➢ Financial statements should be signed by the Partner financial controller/accountant and by the Executive Director / Program Director.

   ➢ Copy of workshop/training/event attendance lists.

5. **Program documentation**

   ➢ TCI secretariat would love to hear from member grantees from time to time, to learn and share, and to support the ongoing work. TCI, and its partners, Bapu Trust and IDA, have other opportunities for participation, and TCI secretariat will be happy to share from time to time.

   ➢ Present project information through a mid term report, following through with a full narrative report at the end of the grant period.
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COVID-19 MICROGRANTS MILESTONE TRACKER

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*Retention cost only; all milestones to be completed before release of payment.*

Signature:

________________________
Name of Representative
Designation
# COVID-19 Microgrants Spending Tracker

**Project Title:**

**Implementing Organization:**

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**TOTAL**
## COVID-19 MICROGRANTS MONTHLY PROJECT CHECK-IN

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<th>Organization</th>
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<th>What is emerging and burning?</th>
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I. PROJECT INFORMATION

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II. REPORT SUMMARY

Briefly describe the highlights of the project during the reporting period covered. (300 words)

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III. OVERVIEW OF CHANGES IN INTERNAL AND EXTERNAL ENVIRONMENT

What significant changes within and/or outside the organization affected the progress of the project (e.g. the COVID-19 situation)? Were there any hindering and/or facilitating factors? Challenges and/or opportunities?

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IV. KEY ACCOMPLISHMENTS

Describe the highlights of the key activities and/or outputs achieved during the reporting period covered.

|  |
V. RESULTS AND OUTCOMES
What significant changes were achieved by implementing the activities described in the previous section? Were there observable changes in behavior, attitudes, practices, programs, policies, etc.?

VI. LEARNING FROM THE PROJECT
What lessons have been prominent during the implementation period? What worked and did not work so well? Are there initiatives that need to be either adjusted or halted? What needs to be continued?

VII. EMERGING ISSUES AND RECOMMENDATIONS
What trends and themes have emerged during the implementation? What are your recommendations for future programming?

VIII. OVERVIEW OF PROJECT SPENDING
Briefly describe the budget depletion for the reporting period and explain any over- or underspending beyond 10%. Details should be provided in a separate financial report.
IX. ADDITIONAL INFORMATION (OPTIONAL)

Are there any other information that you would like to share in support to the previous sections?
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<th>Activity / Description of Expenses</th>
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<th>Budget for Reporting Period (LC)</th>
<th>Actual Costs in Reporting Period (LC)</th>
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<th>% difference</th>
<th>Explanation on +/- 10% difference (over- or underspending)</th>
<th>FIRST/SECOND TRANCHE REPORTING (% of Budget)</th>
<th>TOTAL BUDGET VERSUS ACTUALS</th>
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Exchange Rate Budget:                                  Actual Exchange Rate on 1st Tranche:  
Total Gain/Loss from Exchange Rate: