COVID-19 Micro Grants Program by TCI Asia Pacific

INTERIM REPORT

December 2020

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1. EXECUTIVE SUMMARY

This period, TCI Asia Pacific and the implementing partners in six (6) countries have 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 programme 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. Some of the emerging themes highlighted in this report include access to justice and responding to cases of abuse, furthering awareness raising initiatives with different audiences, shifting the focus of advocacy from national to local level, and facilitating faster response process in supporting people in crisis. Key management updates are also highlighted, including plans for the remaining period of programme implementation.

2. OVERVIEW OF THE APPROVED PROJECTS

The contents of this interim report were collected and analyzed from the accomplishments of the following 6 countries, partners, and projects as supported by TCI AP through the COVID-19 Micro Grants Programme:

**Fiji**
- Partner Organization: Psychiatric Survivors Association of Fiji (PSA)
- Budget: 5000 USD
- Time frame: August 2020 to January 2021
- Project Areas: Central Division, Western Division, Vanuabalavu
- Target Individuals/Group: 25 members/persons with psychosocial disability

**Indonesia**
- Partner Organization: Indonesian Mental Health Association (IMHA)
- Project Title: Indonesians with Psychosocial Disabilities Living in Social Care Institutions amidst Covid-19 Pandemic
- Budget: 4,980.00 USD
- Timeframe: August 2020 to January 2021
- Project Areas: West Java, Central Java, and East Java with national reach in advocacy
- Target Individuals/Group: Social care institutions, Indonesian policy makers, DPOs, and the general public

**Malaysia**
- Partner Organization: Mental Illness Awareness and Support Association (MIASA)
- Project Title: Trauma-Informed Care and Crisis Management Training: The Orchid Club House
- Budget: 4,070.96 USD
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Timeframe: August 2020 to January 2021
Project Areas: Petaling Jaya, Selangor
Target Individuals/Group: Volunteers, peers, caregivers, and first responders

Nepal
Partner Organization: KOSHISH National Mental Health Self-Help Organization
Project Title: COVID-19 response through peer support for persons with psychosocial disability
Budget: 5,000.00 USD
Timeframe: August 2020 to January 2021
Target Individuals/Group: 720 individual members, 30 households, and Protection Cluster members

Pakistan
Partner Organization: Special Talent Exchange Program (STEP)
Project Title: Response to Covid-19 Pandemic: Distribution of Relief Packages to Persons with Psychosocial Disabilities
Budget: 4,100.00 USD
Timeframe: August 2020 to January 2021
Project Areas: 50 persons with psychosocial disability, policy makers, and PDRN
Target Individuals/Group: 50 persons with psychosocial disability, policy makers, and PDRN

Thailand
Partner Organization: Living Association
Project Title: Trainings on organic vegetable gardens in urban spaces: the prototype for food security as a COVID-19 response
Budget: 5,000.00 USD
Timeframe: July to December 2020
Project Areas: Bangkok and satellite cities
Target Individuals/Group: 10 training participants and 30 persons with psychosocial disability

3. DESCRIPTION OF CHANGES IN INTERNAL AND EXTERNAL ENVIRONMENT

The extended social and mobility restrictions caused by the pandemic have largely affected 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. As to external factors, 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.

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 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.

4. KEY ACCOMPLISHMENTS

The accomplishments from the 6 projects are categorized below into seven result areas, highlighting varying levels of changes achieved considering the short-, medium-, and long-term impacts. These achievements range from addressing the immediate needs of persons with psychosocial disability (e.g. relating to food security, health and hygiene, mental wellbeing, etc.), to supporting their capacity to sustain themselves and their organizations beyond the pandemic, and to demanding action from the government to ensure that the rights of persons with psychosocial disability are respected, protected, and fulfilled. Some challenges, facilitating factors, and opportunities are also described along with the successes of the project.

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 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.
At the moment, the recipient members are 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 are currently being 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.

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 (60) 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 30 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>
<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>
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<tr>
<td>2.</td>
<td>Lentil</td>
<td>4 kg</td>
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<td>3.</td>
<td>Cooking oil</td>
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<tr>
<td>4.</td>
<td>Sugar</td>
<td>1 kg</td>
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<td>5.</td>
<td>Salt</td>
<td>2 kg</td>
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<td>6.</td>
<td>Potato</td>
<td>2.5 kg</td>
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<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>
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</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>
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</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.

In Pakistan, STEP also completed the procurement of 50 hygiene & sanitation kits which will be distributed in the month of December, along with IEC materials and the Bali declaration. The kits will include the following items:

<table>
<thead>
<tr>
<th>Table 2. Contents of relief packs from STEP</th>
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<tbody>
<tr>
<td>No.</td>
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<tr>
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<td>9</td>
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<table>
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<tr>
<th></th>
<th>Quantity</th>
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<tbody>
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<td>1 pc</td>
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<td>1 pkt</td>
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</tbody>
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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 organisation across the programme. 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 organisation’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 changes¹ in attitude and awareness, and are ready to engage in advocacy work targeted in October. Both the training modules and curriculum used by MIASA and Living Association will be annexed in the final report at the end of the project.

Some digital and physical infrastructures were also put in place to support the implementation and influencing capacity of the organisations and their partners. In Pakistan, STEP facilitated the development of a web portal², 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.

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.pdm.org.pk
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 programmes. 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 and outcomes have already been received. The activities initiated and programmes 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 programmes, allowing the organisation 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).

### Result Area 4: Strengthened peer support system

One hundred sixty-four (164) persons with psychosocial disability received peer support in this period 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. Apart from these group sessions, many were also reached through phone conversations, and some even visited, as per request. This kind of individual support was provided to those who did not have Android devices but would like to share their experiences. 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).

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.

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.

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3 Although MIASA’s report indicated positive feedback and outcomes, there was no documented evidence or measurement to support the statement.
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, IMHA, and STEP. 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 about the violation of rights are described in the next section of this report). Some of the topics discussed during the sessions include, but were not limited to, tips on how to support persons with psychosocial disability when they come into contact with them or when they visit the police station to file complaints; signs and symptoms to assess if a person is unwell or not in the right position to present themselves; the CRPD and
reasonable accommodation; access to psych assessment; and understanding the difference between mental health and mental illnesses.

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 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:

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

4 Although PSA verbally shared the positive outcomes of the sessions, there was no documented evidence or measurement to support the statement.
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. However, the material was not printed yet during the reporting period, but will be disseminated for persons with psychosocial disabilities together with the hygiene kits and copies of the 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.

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

IMHA succeeded in urging 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, and 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.

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 deinstitutionalization 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

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5 Supporting document to be requested in the final report.
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Rehabilitation and invited 7 other civil society organizations to re-draft the rules regarding the institutions and be reincorporated back again. This process for ran for 9 meetings within the month of November and will continue until the government ratifies the government regulations.

5. EMERGING ISSUES AND LESSONS

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 referred to a psych assessment 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 middle of implementing the peer support meetings, some members requested personalized support to address emerging issues of gender-based violence and family disputes. In many cases, the feeling of dissatisfaction, misunderstanding, daily harassment, torture, and misbehavior of their spouse was common. One case was presented in a story 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.

Another emerging concern in other projects is the need for more awareness raising efforts both among persons with psychosocial disabilities and the wider community. Both STEP and Living Association noted that these initiatives would 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. The two organizations will maximize opportunities in the remaining period of implementation to incorporate this aspect in their activities.

In Indonesia, IMHA also need to shift the strategy from lobbying at the national level down to the local level. As indicated in their accomplishments, this is more urgent at the moment, particularly the discussion on the draft government regulations related to Habilitation and Rehabilitation for people with disabilities. IMHA believes that now is the right moment to stop human rights violations in social institutions through the formulation of a legal basis on this matter through the said regulation.

Lastly, as a way forward upon project completion, MIASA in Malaysia hopes to expand the crisis team as more help on the ground is needed to assist those in crisis and enable a faster response process. Moreover, due to the completed renovation work and crisis training for the first batch, the clubhouse can now be utilized as MIASA’s crisis management center. In the near future, another set of training for trainers is planned to be carried out to go deeper into certain areas, while also hoping to tackle strategies around the deinstitutionalization of mental health care.

6. PROGRAMME MANAGEMENT UPDATES AND PLANS

To date, the following processes, mechanisms, tools, and resources have been put in place by the TCI Secretariat to manage the COVID-19 Micro Grants Programme:

1. Appraisal and approval of project applications received from the member organizations. The final ones were listed in the beginning of this report.
2. Facilitating the contract signing with partners together with IDA and Bapu Trust. To date, two contracts (i.e. with KOSHISH and PSA) have been so far signed. Commitment Letters were also sent to all the partners as temporary proof of financial support, pending the signing of the rest of the contracts.
3. Hiring of a consultant (i.e., COVID-19 Response Coordinator) to provide oversight and technical assistance to partners in implementing their projects. The engagement date was on August 15, 2020.
4. Facilitating the release of the first instalment (i.e., 40% of the total project amount) to all the implementing partners.

5. Facilitating a kick-off meeting with all the partners to officially welcome them in the program and have an orientation on the requirements of the programme.

6. Development of various grants management tools, as follows:
   a. Internal Documentation Checklist
   b. Monitoring and Reporting Tools/Templates
      i. Milestone Tracker
      ii. Spending Tracker
      iii. Monthly Project Check-in Matrix
      iv. Interim Milestone Report Template
      v. Final Milestone Report Template
      vi. Financial Report Template

7. Communicating provisional process for the review and approval of reports between the partners and the Secretariat.


9. Providing assistance to partners in addressing some challenges in the implementation, and supporting them in report writing.

The following items will be considered for the remaining months of the programme:

1. Facilitation of learning sessions with specific themes among partners, network members, and key external organizations.

2. Facilitating the release of the remaining funds to all the implementing partners.

3. Facilitating the rest of contract signing with partners together with IDA and Bapu Trust.

4. Publishing stories, key documents, and IEC materials coming from the projects to the official website and social media platforms of TCI AP.

5. Facilitating project closeout and documentation with all the partners.

6. Facilitating two evaluation sessions to assess the successes and opportunities for improvement of the programme:
   a. One evaluation session with all the partners
   b. One evaluation session with TCI Secretariat
   c. (A survey may also be conducted, if deemed necessary)

7. Submission of all the closeout documents and final consolidated reports to IDA.
Annex A: Case Story from KOSHISH

Peer-support Meeting Became the Milestone for Reconcile the Spouse

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 unsecured 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 unsecured 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 ensured 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 been changed. However, for her happiness, all family members should come closer and accept that her anxiety and depression are real and not propaganda.