INVISIBLE PEOPLE

POVERTY AND EMPOWERMENT IN INDONESIA

presented by PNPM Mandiri —
Indonesia's National Program for Community Empowerment

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GODOWN LONTAR

02

Atambua, West Timor

MALNUTRITION: LAYERS OF POVERTY

Nusa Tenggara Timur is one of the poorest provinces in Indonesia. Children here are often too skinny and too short for their age. Worm infestation, anemia, coughing, and diarrhea are also common among babies and young children.

The long-term impact of malnutrition on human development can be devastating. When children are badly nourished for their first two years, it has an impact on their health, educational achievement, and productivity for the rest of their lives. Regional and national governments of Indonesia, assisted by development agencies, have dedicated a large amount of resources to overcoming the problem of malnutrition. While programs implemented by these agencies have helped, many of the poorest people still don't get enough of the right food to eat.

Through the community health system, health workers encourage sound nutrition and promote other healthy practices in the community, such as immunization and vitamin A supplementation. All mothers of young infants are strongly encouraged to attend monthly meetings led by *kader* [volunteer community health workers] and midwives. At these meetings, babies are weighed and measured. Information on hand-washing, immunization programs, and nutrition is also disseminated. Mothers are encouraged to breastfeed infants and provide young children with nutritious foods available locally. When children suffering from malnutrition are diagnosed, the health system sometimes provides supplementary food or other assistance to the parents. In the worst cases, a child may be referred to inpatient facilities for treatment.

However, not everyone is equally well placed to benefit from the support this system provides. Some people are barely able to comprehend the information it provides. In Nusa Tenggara Timur and other parts of Indonesia, many people, particularly women, have never attended school and can not read or write. In some cases, they may not be able to speak Indonesian, which is the language in which all health information provided by the government is prepared. With midwives and health workers often coming from other islands or districts, poorly educated women may be barely able to understand what they are saying to them.

In a place where most people are poor, there can be a huge difference between owning a tiny plot of land and owning nothing at all. When a family owns some land, one parent, often the mother, may be able to stay with her children for most of the day. She may be able to take them with her while she works in a garden near her house. When a family owns no land and is entirely dependent on wages from agricultural labor, all adults and even older children are often compelled to seek work year round, often far from the home – which means that there are no adults to supervise the feeding of children.

Poverty can be exacerbated by not having family and friends around. Often, when people are indigenous to an area, they have an extended network of people to support them. Even when both parents in a household have to work for wages in the fields, those who have this sort of network are much more privileged than those without it. An established household whose members have relatives in the district may be able to keep an elderly grandparent or another member of the family in residence. Refugees, newcomers to a district, and displaced people often have no one to look after their children.

Some people are just too poor to take advantage of programs intended to assist the poor. Even when health care is provided free of charge, it may still be too expensive. It may simply cost too much for a family to travel by bus to a town with a clinic. They may not be able to afford to take time off work to accompany a child. Even if they are provided with supplementary food for their children, they may not be able to make sure that these children eat it in the right amounts at the right time.

The health workers in Indonesia's villages are usually diligent, but their resources are limited. It is clear that caregivers often concentrate their energies on those whom they feel will respond best. When a family seems simply unable to follow their advice or take part in their programs, in the end, they may give up and concentrate on the many others who also need assistance and support.

Celestra Koy

My son's name is Antonius. He's three years old. He's gone down to 6.7 kilos now. When he got out of the hospital for children with severe acute malnutrition, he was up to 9.7 kilos. He was there for about two weeks. Before he went in, he was coughing and had diarrhea. When he came out, his cheeks were fat and he could walk well. But he's lost weight again, and the diarrhea has returned.

He was taken to the hospital because a community health worker often comes past here on his bike. The health worker visited my house and told me to take the boy to the hospital. He told me the other day that if he gets any worse, I have to take him back again. It's difficult. The hospital is free, but the transport there is expensive. Last time, the health worker gave me some of his own money to help me pay for the bus fares.

I've had four children. One died. Now I take my children to be weighed on Mothers and Infants Day at the community health center once a month. They never give me advice or information about feeding my baby. There isn't any information about family planning or anything like that. They just weigh the young children and write down the data.

Once they gave me some special PlumpyNut biscuits for Antonius. But as soon as I gave them to him, his diarrhea got worse, so I stopped. I think he's allergic to them.

I work in fields about an hour's walk from here. My husband works in the fields, too. I get paid Rp 20,000 a day. I can't take Antonius with me when I work. I leave him with his older sister to look after him. She's eight years old. She doesn't go to school. We can't afford to send her. The older sister makes sure the younger ones eat.

I cook rice or crushed corn and leave it on the table for the kids to eat. I buy a kilo of rice a day for me, my husband, and the three children. The cheapest rice costs Rp 5000 per kilogram. Corn is cheaper. We buy corn when we don't have enough money for rice. Sometimes we have vegetables with the rice, but today it's just plain rice with salt. Yesterday we just had plain rice, too. We don't have enough land to keep a vegetable garden, but the neighbors let us grow some vegetables on the edge of their land.

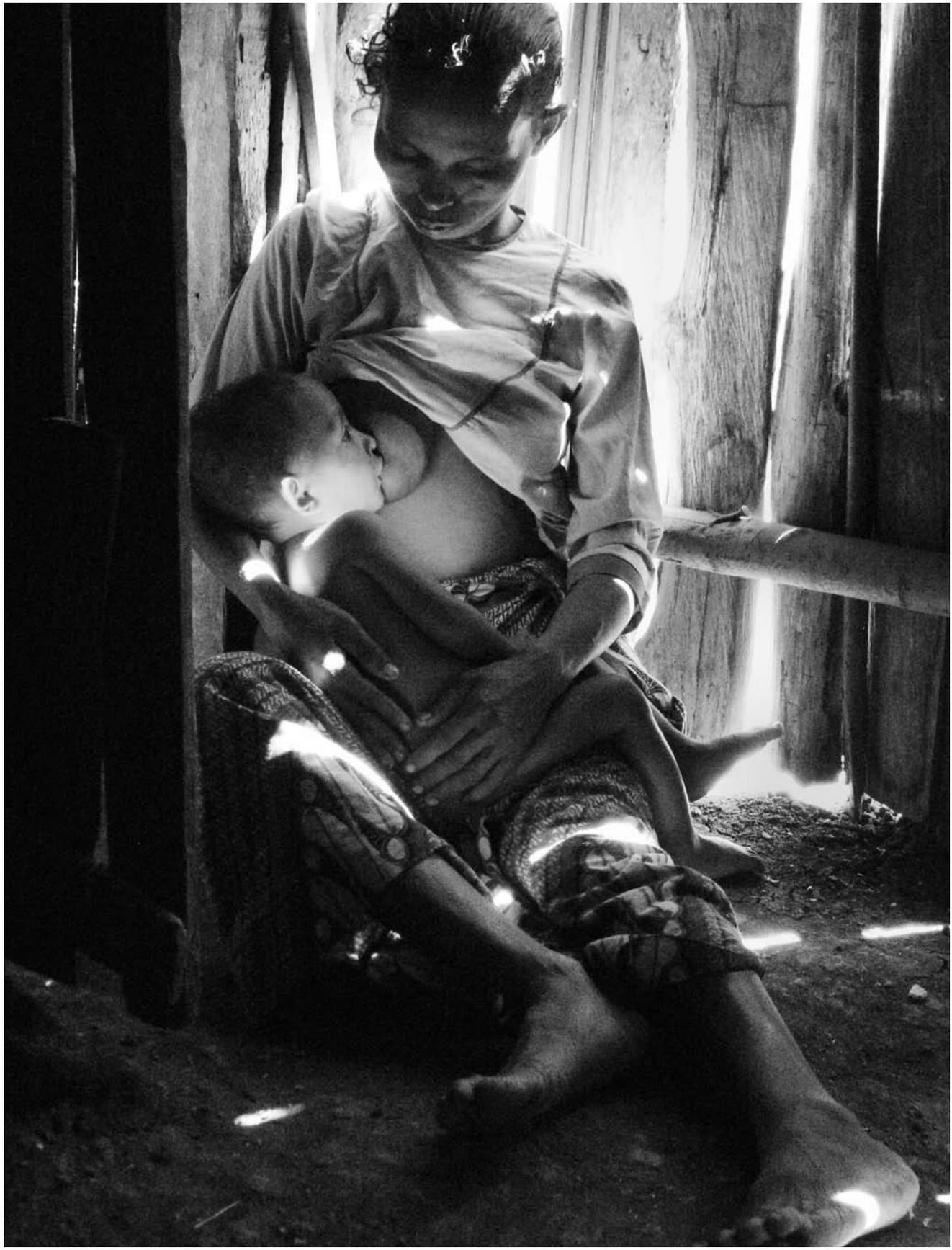
When Antonius was just born, I breastfed him. I took him to the fields with me then. I took his older sister along with me to look after him while I was working and took breaks to feed him. When he was four months old, I began to leave him at home. I breastfed him in the morning and then left him a bottle of sweet tea. His sister made sure that he drank it. Then I breastfed him again when I got home. Once or twice the community health center gave me some milk for the baby, but they say they don't have funds for it now.

I'm originally from Timor-Leste. I came here as a refugee in 1999 with my family. They all went back a few years ago. My husband is from here, so I stayed here, too. I've never been back to Timor-Leste. You need a passport, and it costs too much. I'd like to see my family again. At home, we speak Tetum or Marrai. I went to primary school for a few years, so I can speak Indonesian. I can't read it or write it, though.

What would I like the government to do for us? I don't know. We need rice and milk.

"What would I like the government to do for us? I don't know. We need rice and milk."

Celestra Koy breastfeeding her son. When she is working, she leaves him a bottle of sweet tea.



Dealing With Malnutrition

The Pos Gizi or Community Kitchen

In her interview, Ibu Agatha refers to the community kitchen program, or *pos gizi*, for underweight, malnourished children in Uabau, Laenmanen. This program was established by a highly motivated midwife named Maria K'lau. Mothers and other caregivers of malnourished children bring whatever food they have available in their houses to the *pos gizi*. The food is cooked communally and distributed to the children, who eat under the supervision of the *kader*, or community volunteer health workers. With the contributions of foodstuffs from different households, the children receive a more varied diet than if they ate at home. Also, if one household has an acute shortage on a particular day, the shortfall can be covered by another household with a surplus.

Usually the *pos gizi* program is conducted for twelve consecutive days each month, with a limit of twelve children in each cycle. Children are encouraged to remain in the program until they "graduate" – that is, until their weight for age rises into the acceptable range.

The communal kitchen has been very successful in this particular village, probably because of Maria K'lau's exceptional dedication and enthusiasm. Around 80% of children who take part put on enough weight to graduate within two months. However, it has not been easy to replicate the system on a wide scale. Throughout the district of Belu, out of 36 communal kitchens that have been established, only 14 are still operating.

Women with young children throughout Indonesia attend monthly sessions with health workers, where the weight of the children is monitored.

One of the difficulties of keeping these communal kitchens going is that they require the *kader* to provide their services for several hours on twelve days each month with practically no remuneration. *Kader* receive a monthly allowance of Rp 45,000 per month, barely enough to cover their transportation costs.

PlumpyNut biscuits

In her interview, Celestra Koy refers to PlumpyNut biscuits, which are provided to community health centers through a UNICEF-sponsored program promoting the concept of Community-based Management of Acute Malnutrition (CMAM). Under this system, cases of malnutrition that might previously have been treated at inpatient facilities are treated "within the community." In practice, this means that highly nutritional PlumpyNut biscuits are provided to parents whose children are identified as suffering from a defined degree of malnutrition. These biscuits are meant to be consumed under the loose supervision of the *kader*, in cooperation with other health workers. According to UNICEF, 75% of malnourished children who are provided with these biscuits achieve sustained weight gain and fulfill the criteria for discharge within three to five weeks. Celestra Koy's child was one of the 25% who did not benefit to this extent.

Agatha Ni'is

My boy is two years old. He's a little bit underweight, but he's gotten fatter since I've been going with him to the community kitchen program. When I first started taking him a few months ago, he was 8.2 kilograms. Now he's 8.7 kilograms.

Everyone in the community kitchen program just brings whatever food they have in the house. We cook it together and share it amongst the children. Before the kids eat, we get in a circle and sing a song about washing hands, while each kid washes their hands with soap and then dries them properly. It just makes it a bit of fun, so they remember and do it at home themselves. I bring a few eggs and vegetables. The mothers just bring whatever they grow in the garden. The only thing that we eat that we don't grow ourselves is rice. The land around here is too dry to be good for rice, so most people grow corn. If nobody brings rice, we use corn instead.

It doesn't matter if some families can't contribute as much as others, so long as everyone tries to do their best. The women don't look and judge other women's contributions, but some people are embarrassed if they can't bring anything at all. Usually, at the very least, they can bring a couple of sweet potatoes. But women are proud if they can bring something special: a few women pooled together once to contribute a chicken as a special treat. We divided it amongst twelve children, but they all got a taste. We don't often eat meat. Eggs are the main source of protein. Today, each kid is getting one quarter of an egg.

The community kitchen runs for two weeks every month. The maximum number of children in each cycle is twelve. Ibu Mary, the midwife, says that if we have more than twelve children in the program at any one time, it will start getting too difficult to organize. Of course, the midwife has to decide who needs the program the most. It is true that some of the very poorest women have trouble bringing their children in. They say they can't take the time off work. Still, it's impossible to involve everyone. Even as is it is, the program takes a lot of work on the part of the *kader*, the volunteers who help the midwife. They have to come to the kitchen every day the program is running. In other villages, the *kader* just go to meetings once a month. We're lucky to have Ibu Mary. She's very hard working and she encourages the volunteers to work hard, too.

Our family has a small patch of land. We grow corn and green beans and keep a few chickens. We used to have five chickens, but three died. We don't grow enough on our own land to feed the family. My husband works as a laborer, but not every day. He mainly works in the harvest season and if there's a special construction project. I look after the plot of land most days. It's close to home. I can bring the kids or go home and check on them throughout the day. I also do some weaving at home. Sometimes I sell my weaving in the market.

Our family's land is big enough to keep us going. We eat most of what we produce ourselves, but there's a bit of a surplus, which we sell at the market. We use the cash for school fees for our kids. Our oldest child is in the second year of junior high school. She has to stay in Atambua, because there isn't a high school here, only a primary school. So we pay Rp 350,000 at the beginning of the year, then Rp 75,000 for fees each semester and another Rp 75,000 for her dormitory costs. Sending a child to school is expensive, but a good education is one of the most important things.

"Everyone in the community kitchen program just brings whatever food they have in the house. We cook it together and share it amongst the children."

Agatha Ni'is and her son. Slightly underweight for his age, he gained rapidly when he took part in the community kitchen program.

ACKNOWLEDGMENTS AND CREDITS

This book was sponsored by the PNPM Mandiri program. The goal of PNPM Mandiri, Indonesia's National Program for Community Empowerment, is to reduce poverty. PNPM Mandiri was established by the Indonesian government in 2007 to act as an umbrella for a number of pre-existing community-driven development programs, including the Urban Poverty Program and the Kecamatan Development Program, as well as a number of other community-based programs that were managed by nineteen technical ministries. By 2009, PNPM Mandiri was operating in every subdistrict in Indonesia.

PNPM Mandiri is committed to increasing the participation of all community members in the development process, including the poor, women's groups, indigenous communities, and other groups that have not been fully involved in the development process. *Invisible People* is one way that PNPM Mandiri can reflect on ways to better include marginalized and excluded groups in development.

Bilateral and multilateral assistance for the PNPM Mandiri program has been forthcoming from a number of donor agencies. The PNPM Support Facility (PSF) was established by the Indonesian government as a means of facilitating the contributions of international donors that support PNPM Mandiri. Contributors to the PSF currently include Australia, Denmark, the European Community, Netherlands, and the United Kingdom. PSF provided financial and other support for the publication of *Invisible People*, in order to raise awareness of the special needs and aspirations of marginalized and excluded groups.

We would like to thank the people who sat down to tell their stories and put their lives on public display for the publication of this book. Across the country, the people who were approached were amazingly open about the most personal details of their lives, their problems, their hopes, and their aspirations.

When they collected these stories, Irfan Kortschak and Poriaman Sitanggang explained the purpose of the project and sought the consent of all subjects. The subjects told their stories, often over several days and during several meetings, after which Irfan attempted to recreate their words in a first-person account that conveyed the individual's ideas, feelings, and voice. In a few cases, subjects wrote their own stories in their own words, which were then edited with the subject and translated. When possible, Irfan provided a written account to the subject so that he or she could check and reconfirm that the account was an accurate representation. Otherwise, he discussed it with them. Subjects were reminded that their accounts would be published and asked to be certain that they had no objection to this. Irfan apologizes if despite this process, inaccuracies or misrepresentations have slipped into the text.

A vast array of people helped facilitate interviews and meetings and provided all sorts of other assistance. A partial list of these people includes Marjorie, Mateo, Marwan and all the staff of Handicap International in Banda Aceh and Takengon; Ricco Sinaga from the Puskesmas (Community Health Center) in Cikini, Jakarta; Imam B. Prasodjo and the staff of Yayasan Nurani Dunia; the members of the band Cispleng and the young guys and women who hang out in Proklamasi; Kamala Chandrakirana, sociologist, author and former Chairwoman of Komnas Perempuan (the National Commission on Violence against Women); Kodar Wusana and Nani Zulminarni of PEKKA (the Women Headed Household Empowerment Program) in Jakarta and the PEKKA field facilitator in Lingsar, West Lombok, Sitti Zamraini Alauthi; Fenny Purnawan, writer, editor and mother of Gana, Smita, Anggita and Oorvi. Agas Bene of the Dinas Kesehatan (Health Agency) in Belu, West Timor; Maria K'lau, an outstandingly dedicated midwife in Belu; Antonia Godelpia Lau, the manager of the Panti Rawat Gizi and all the doctors, midwives, staff and workers at the Puskesmas in Belu; Anne Vincent, Fajar, and Anton Susanto of UNICEF in Jakarta; Nelden Djakababa and Vitria Lazzarini, psychologists from Yayasan Pulih; Piet Pattiwaelapia of the Maluku Refugees' Coalition (Koalisi Pengungsi Maluku); Nelke Huliselan, a community worker in Ambon; Enrina Diah, a plastic surgeon; Julia Suryakusuma; Richard Oh, novelist and crewcut; Rebekka Harsono, an activist from LADI (the Indonesian Anti-Discrimination League); Pephy Nengsi Golo Yosep and Adi Yosep, activists for the rights of people affected by leprosy in Jongaya, Makassar; Kerstin Beise of Netherlands Leprosy Relief (NLR); Dede Oetomo and friends from GAYa Nusantara (a gay and transgendered rights organization in Surabaya); Irma Soebechi and friends from Perwakos (transgendered rights organization); Nig and friends from US Community (a gay and lesbian rights organization in Surabaya); Ayi Na, previously at UNICEF in Mangkowari, Papua; the indefatigable Sister Zita Kuswati at Yayasan Saint Augustina in Sorong, Papua; Connie de Vos, a linguist and specialist in sign languages; Thomas J. Conners, a linguist at Max-Planck-Gesellschaft; Josh Estey, photographer and crewcut; Dian Estey, journalist; Maya Satrini, community worker and friend of the sex workers in Singkawang; Rina, Dewi, Adhe and Yuyun and other sex workers in Jakarta; psychologist Jeanette Murad of the University of Indonesia; Alexander Sriewijono, consultant; Mustamin, of the Bajau community in Mola Selatan, Wakatobi; the Forkani environmental protection group on Palau Dupa; Veda and Rili Djohani of The Nature Conservancy; Ani Himawati in Jogja; Ayu Sastrosusilo; all of the people from Humana, an organization advocating for the rights of street children in Jogja; Muhammad Zamzam Fauzanafi, visual anthropologist; Mbak Diah, an activist filmmaker, and all the other people at Kampung Halaman in Jogja.

The project would not have been possible without the support of Sujana Royat, the far-sighted Deputy Minister for Poverty Alleviation in the Department of Social Welfare. In addition to being a driving force behind the Indonesian government's involvement in the PNPM Mandiri program, he has worked tirelessly to raise the profile of Indonesia's invisible people and to include them in the development process though his active support of PEKKA and a number of the people, groups, communities, and programs described in this book.

Nor would the publication of *Invisible People* have been possible without the patience, tenacity, and kindness of Threesia Siregar, of the World Bank's PNPM Support Facility. The support of Victor Bottini, Ela Hasanah, Sentot Surya Satria, Inge Tan, Lisa Warouw, Rumiati Aritonang, Nency Armando Syariff, Juliana Wilson and all other staff at the PNPM Support Facility. In addition to providing his introduction, Scott Guggenheim, of AUSAID, kept the project alive with his wisdom, and sense of humor, editing the English language text, and making sensible suggestions throughout the project. Erick Sulistio used his extraordinary talents as a designer to transform the words and images in this book into a visually impressive final product. Sila Wikaningtyas worked long and hard to produce profound and sensitive Indonesian translations of the text, which was originally written in English, as well as a number of personal accounts written by the subjects. Jamie James played a valuable role tweaking, proofing, and editing the final English-language text, while Dorothea Rosa Herliany performed a similar role with the Indonesian-language text. John McGlynn, of the Lontar Foundation, provided excellent advice regarding the publication and distribution of the book.

Irfan Kortschak studied Indonesian Area Studies at the University of Melbourne, and International and Community Development at Deakin University in Australia. He is a writer, translator, photographer, and long-term resident of Jakarta. His previous publications include *Nineteen: The Lives of Jakarta Street Vendors* (2008) and *In a Jakarta Prison: Life Stories of Women Inmates* (2000). He is currently engaged in writing assignments and consultancy work for NGO's and development agencies in Indonesia.

Poriaman Sitanggang has worked as a freelance photographer since 1985. He has held a number of photo exhibits, including Indonesia - Famous People (1993), Batak Faces (1994), Dani: The Forgotten People (1997), Manila: The City of Contrasts (1999), The Song of Arini: The Eastern Indonesia People (2001), and Burning Borneo (1998-1999). His work has appeared in a number of magazines and books, including *Kain untuk Suami* (A Cloth for My Husband) (2004), and *Picturing Indonesia, Village Views of Development* (2005).

All the photographs in this book were taken by Poriaman, with the exception of those taken by Irfan on the following pages: female students (p. 37); Ai Anti Srimayanti (p. 43); Heri Ridwani (p. 45, p. 47); Pak Inceu (p. 51); Laminah (p. 70); women's literacy group (p. 72, p. 74); Musinah (p. 73); Kolok Getar (p. 81); Kolok Subentar (p. 83); Erni Bajo (p. 113); Mading (p. 129); harm reduction meeting (p. 131); Benk Benk (p. 133); Apay and Harry (p. 134); Megi Budi (p. 137, p. 139); Rifky (p. 138); and Reza (p. 148, p. 149).

Invisible People: Poverty and Empowerment in Indonesia
Published by Godown, an imprint of the Lontar Foundation for
Program Nasional Pemberdayaan Masarakyat (PNPM Mandiri) —
Indonesia's National Program for Community Empowerment

PNPM Mandiri supports the sustainable use of Indonesia's forests.
This book is made from recycled paper.

Design and layout by Erick Sulistio
Cover photograph by Poriaman Sitanggang
Printed in Indonesia by PT Jayakarta Printing

ISBN 978-979-25-1002-7