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About CISDI

CISDI is a nonprofit organization that aims to advance the health sector development and strengthen the health system through impact-based policies, research, advocacy and innovative interventions.

Vision

To create an equitable, empowered, and prosperous Indonesian society with a healthy paradigm

Mission

Encourage strategic partnership and ensure collaboration between all stakeholders in achieving the development targets

Encourage the reinforced implementation of health policy

Improve the empowerment of grass root youth and community within the issues of development

Encourage equitable access to healthcare services

Build awareness of Indonesian people based on healthy paradigms

What makes us different?

CISDI is the first non profit organization in Indonesia that focuses on public health issues. Unlike similar organizations, our performance is constructed in a cycle that interconnects research, interventions, and fact-based advocacy.

Managed by a team from multidisciplinary backgrounds, CISDI's solution designs are expected to deliver comprehensive measures to help Indonesian people feel safe and prosperous. CISDI's endeavors to promote development in the health sector also include creating space and encouraging community participation to gain empowerment and contribute to the creation of accessible health as well as a fair and equitable health system for all.

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Second Year into the Pandemic:

The Deeper The Involvement, The Further The Insights



After one year of struggling with uncertainty, Indonesia has been enduring the second year of the pandemic that is not less exhausting. Disruptions in essential healthcare services, depleted **surge capacity, burned out medical staff, and problematic issues in health information** were the lingering situation in 2021



**Diah
Satyani Saminarsih**

Senior Advisor on Gender and Youth
to the WHO DG, Founder of CISDI



Since established in 2014, CISDI has been committed to strengthen healthcare services, which are essentially the core of the development and welfare of Indonesian people. To present, our shared commitment and awareness are stronger than ever since we have more space to contribute, collaborate, and create impact in improving the health system in Indonesia.

Throughout the second year of the pandemic, CISDI has been actively advocating various government policies in responding to the pandemic. We develop our initiatives through multiple processes of dialogue in every public discourse or press conference with civil society coalitions. CISDI has always stood as a pivotal partner in reminding the government to persist in prioritizing public health and safety during the COVID-19 pandemic.

Placing best interests on public health and safety and standing as a civil society organization possessing flexibility in innovation, CISDI does not neglect its role in supporting the government in implementing system improvement. In 2021, *Pencerah Nusantara* COVID-19, CISDI's prototype program aiming to strengthen the response to the pandemic in Puskesmas (or Public Health Centers), was adopted by the Government of West Java Province and expanded into the PUSPA Program (*Puskesmas Terpadu dan Juara* or Integrated and Champion Puskesmas). This adoption is proof of CISDI's consistency in providing feasible solutions for the government, similar to *Program Pencerah Nusantara* which was adopted by the Ministry of Health into Nusantara Sehat in 2015.

PUSPA is a new stepping stone in developing a model for strengthening primary healthcare in Indonesia by prioritizing collaboration and local communities, engaging 500 trained healthcare workers to serve 7.2 million people in West Java.

In 2021, CISDI developed the foresight approach to conduct an in-depth study on what is currently occurring in a system, to analyze the correlations between the driving factors, and to develop possible future scenarios. The foresight approach helps provide a description of future conditions in order to create anticipatory and sustainable policies. Along the way, CISDI has implemented two foresight studies concerning National Health Insurance and Health Services. In the future, these foresight studies will be the foundation of program development and policy advocacy in CISDI.

While this pandemic is likely to pass, we shall prepare ourselves constantly to face possible epidemics or pandemics in the future. CISDI will remain committed as a civil society organization to take part in addressing multiple challenges in the health sector in Indonesia.

Diah Satyani Saminarsih
Founder of CISDI/Senior Advisor on Gender and Youth for The Director-General of WHO



Expanding Impact, **Moving towards Recovery**



The year **2021** marks the 7th anniversary of **CISDI** as a nonprofit organization that maintains its **commitment in monitoring the dynamic issues concerning development and health in Indonesia.**



**Gatot
Suarman Ilyas**

Executive Director CISDI

We demonstrate our commitment through interventions of program development, advocacy and research, and their integrated cycle in order to bring about relevant and optimum impacts to the community.

CISDI's 2021 journey was richly nuanced with responses to COVID-19 along with the wave of new variants and extensive disruptions to multiple aspects. This situation never wavered CISDI's commitment and consistency to continue providing support for a sustainable holistic improvement that not only supports the primary health care as the emergency response to the COVID-19 pandemic, but also broadens the range of interventions to determinant aspects in the social and health aspects while building a network of collaboration for health development.

The efforts to promote primary healthcare services are performed through a pentahelix collaboration with PUSPA and ACTION as the framework for mitigating the pandemic which is supported by the framework of community resilience recovery. PUSPA emphasizes strengthening testing, tracing, and treating capacities by engaging holistic collaborations in the community. ACTION focuses on reinforcing community resilience and economic recovery by improving the capacity of Puskesmas and COVID-19 Task Force at the local level.

Implementing the holistic approach to transform public health in Indonesia, throughout 2021 CISDI maintained its commitment to monitor the determining social and health aspects which include issues of tobacco control, control of sugary drink consumption, and prevention of non-transmitted diseases among adolescents. In addition, we broadened spaces for collaborations with, for example, TRACK SDGs to monitor the issues and interconnect non-government actors of development in accomplishing the Sustainable Development Goals. In addition, with SOSNAKES.ID we developed a platform for reporting the conditions of healthcare workers during the pandemic, and with Relatif Perspektif to build a medium for collaboration to increase the capacity of young healthcare workers.

Complementing our journey of scientific-based interventions, during 2021 CISDI had undertaken multiple studies, research, and health recommendations in a number of main clusters that include: pandemic mitigation, reinforcement of primary health care, tobacco and sweetened drinks control, and youth involvement in sustainable development.

The dynamics of our journey in 2021 created a reflective momentum for CISDI to revisit its organizational vision and mission, in order to ensure that the direction of our progress remains relevant to the current situation. This consideration has solidified CISDI's identity as the leading nonprofit organization in addressing public health issues in Indonesia. This annual report is a form of CISDI's accountability in presenting a holistic report of the initiatives, accomplishments, and collaborations that we co-created with multiple stakeholders in the health development of Indonesia in the future with improvements in health, fairness, and equity.

Gatot Suarman Ilyas
Executive Director CISDI

Kaleidoscope 2021

02/01/2021

Indonesia was the first country in ASEAN with 1 million cases

08/01/2021

The Government of Indonesia introduced PPKM Mikro policy (Micro Restriction on Community Activities)

18/01/2021

CISDI, with Generasi Melek Politik, held a discussion "Anak Muda Bahas Skenario Penanganan Pandemi" (The Youth Discuss the Scenario of Pandemic Mitigation)

22/01/2021

CISDI held a press conference "Memo untuk Pak Menkes: Atasi Darurat Pandemi" (A Memo for The Minister of Health: Mitigate the Pandemic Emergency)



01/02/2021

PUSPA Program was launched

04/02/2021

CISDI initiated a Public Discussion on Intersectoral Collaboration (Diskusi Publik Kolaborasi Lintas Sektor) and Public Management during the Pandemic (Tata Kelola Publik di Masa Pandemi)

21/02/2021

Koalisi Masyarakat Sipil untuk Kesehatan dan Keadilan Sosial (Civil Society Coalition for Social Health and Justice) held a press conference "Vaksin Mandiri untuk Kesetaraan dan Keadilan Sosial: Tolak atau Tunda?" (Paid Vaccination for Equality and Social Justice: Reject or Delay?)



02/03/2021

The Ministry of Health confirmed the prevalence of the B.1.1.7 (Alpha) variant in Indonesia

04/03/2021

CISDI held a Public Discussion: Kaum Muda dan Wajah Baru Penanganan Pandemi (The Youth and the New Face of Pandemic Mitigation)

04/03/2021

Delayed reception of AstraZeneca vaccine distribution

05/03/2021

Public Discussion: One Year into the COVID-19 Pandemic

12/03/2021

Closing of Pencerah Nusantara COVID-19

16/03/2021

West Java Mini Town Hall – Dispatch of 500 Healthcare Workers for Implementation of PUSPA Program

23/03/2021

SDGs Class #4 – Actual Impact of Climate Change in Indonesia on Public Health

25/03/2021

SDGs Class #4 – Ecofeminism in the Issues of Air Pollution and Climate Change

13/04/2021

Public Discussion on Civil Society and Philanthropy: Propellants that Accelerate Pandemic Mitigation

15/04/2021

The Government announced the detection of the B.1.617.2 (Delta) variant in Indonesia



04/05/2021

CISDI launched a Survey of Puskesmas' Preparedness for COVID-19 Vaccination

06/05/2021

CISDI released a video "Indonesia's Poor Score on the Global Comparative Assessment of Cigarette Excise System"

10/05/2021

Increase of BoR in Referral Hospitals for COVID-19



07/06/2021

CISDI launched the study results titled "Health Care Cost of Smoking"

17/06/2021

Panel Discussion: Safeguarding Indonesia, Monitoring Spread -Explanation of the Survey Results of the Prevalence of the Antibody against SARS CoV-2

20/06/2021

Press Conference: Urgency of Emergency Response- Prioritize People's Safety during the Pandemic

22/06/2021

Increase in the trend of mortality among healthcare workers

26/06/2021

The Government increased the target to 1 million doses of vaccine per day

JAN

FEB

MAR

APR

MAY

JUN

03/07/2021

The Government enforced Emergency PPKM (Restriction on Community Activities) in Java and Bali

05/07/2021

The Government implemented the policy of paid vaccination

10/07/2021

The Government commenced the booster program for Healthcare Workers

12/07/2021

Press conference: The Collapse of the Healthcare Services and the Deaths of Self-isolating Patients

23/07/2021

Lapor COVID-19 (Report COVID-19) with CISDI found the phenomenon of the high rate of self-isolating patients in some parts of Indonesia



04/08/2021

Media Briefing: Hand in Hand, Saving Lives: Prevent the Collapse of the Healthcare System, Strengthen Puskesmas – The Dynamic Response to COVID-19 with PUSPA

04/08/2021

The Government omitted death numbers as one of the indicators of Emergency PPKM

17/08/2021

The Government lowered the price of PCR/Antigen tests

18/08/2021

CISDI Launched the Report of Policy Input to Secure Access to Covid-19 Vaccination for Vulnerable Groups

24/08/2021

The Government of DKI Jakarta Province commenced the trial of face-to-face learning.

26/08/2021

CISDI launched the report of a phone survey "Changes of Smoking Status and Behaviours after the First Ten Months of the COVID-19 Pandemic in Indonesia"

31/08/2021

Reported leak of data of 1.3 million E-hac users

09/09/2021

The Government proposed the options of paid booster vaccination

30/09/2021

A Tale of 100 Points of the Compass: Last Page and New Chapter of Puskesmas Reinforcement in Pasundan Land



02/10/2021

CISDI launched a documentary film "Kisah Juang 184 Hari PUSPA di Tanah Pasundan" (184 Days of PUSPA's Struggle in Pasundan Land)

06/10/2021

CISDI launched CISDI Magazine Vol.02: Advocacy in Literature and Journalism Arena

21/10/2021

Dissemination of Research Outcomes: Macroeconomic Impact of Tobacco Excise in Indonesia

25/10/2021

Panel Discussion: Disseminating Information on Survey of Demand of and Use of Essential Healthcare Services during the Pandemic



02/11/2021

A Retrospective of "1,095 Days of Advocating Cigarette Prices in Indonesia"

26/11/2021

WHO announced the Omicron Variant as the Variant of Concern



13/12/2021

The Government of Indonesia officially increased cigarette excise in 2022

14/12/2021

The Government commenced vaccination for the 11-16 years age group

14/12/2021

The Government announced the first case of Omicron in Indonesia



JUL

AUG

SEP

OCT

NOV

DEC

Our Work

Passing the second year of the pandemic in 2021, together we faced the deadly wave of the Delta variant. Believing that there is no panacea, CISDI endeavors to enable participatory spaces to design participatory solutions and bring about benefits that are not only far-reaching but also contextual.

Support for COVID-19 Response

23.056

pcs
Face masks

81

cylinders
Oxygen concentrate

97

boxes
Handschoen

50

pcs
Nasal cannula

445

pcs
Hazmat

6

Self-isolation shelters
in 6 regencies/cities
in West Java

280

pcs
Safety gowns

4.718

healthcare
workers received
aid for PCR test

935

pcs
Hand sanitizers

1.035

bottles
Vitamins

Reach of Impacts and Interventions

541

Healthcare
Workers

80

Civil Society
Organizations

3.740

Youth and
Adolescents

12

Communities

239

Adults and
Elderly People

49

The Province/
Regency/City
Governments

200

Micro, Small, and
Medium Enterprises

+7.500.000

Beneficiary
Communities

159

Puskesmas and
Health Facilities

20

Schools

Formulating solutions into parts of CISDI's work in four clusters of program-based interventions includes: Primary Health Care, Strategic Planning for Health System Reform, Social Determinants of Health, and Building Networks for Health Development.

Primary Health Care

Responding to the Pandemic, Breaking through the Challenges of Primary Health Care

Entering the second year of the COVID-19 pandemic, CISDI attempted to maximize the momentum for healthcare services recovery to strengthen primary health care services as the foundation in improving the degree of the Indonesian people's health.

We performed this measure consistently by continuously learning and implementing best practices of PN COVID-19 programs that are adapted from the Pencerah Nusantara program to address the

pandemic. This step follows through CISDI's journey in 2021, together with ACTION, PUSPA, and PN-PRIMA to continue the measures to reinforce primary health care for the community.

ACTION: Community Resilience and Economic Recovery in Response to COVID-19 Pandemic

One of the efforts to encourage reinforcement of primary health care is done collaboratively by CISDI and the ACTION (*Active Citizens Building Solidarity and Resilience in Response to COVID-19*) consortium, by focusing on sustainable efforts in responding to health emergencies as well as recovery of the community's social condition and economy. We collaborated with 17 Puskesmas in 15 districts across East Jakarta, Makassar City, Bogor Regency, Yogyakarta City, and East Lombok Regency.

Through the ACTION program, CISDI emphasized the embodiment of a resilient community in facing the COVID-19 pandemic through Community-based Surveillance, reinforcement of the COVID-19 Task Force and equipping the community with knowledge and skills to fulfill their needs at the local level. This measure involved active participation from the community



representatives, the governments of the villages-regencies/cities, and Puskesmas to play the key role in the strategies of preventing and mitigating COVID-19.

Within nine months of the program implementation, CISDI and ACTION had reached at least 327 people from 15 districts in 5 intervention areas to be involved in a series of capacity-building activities that included training on monitoring and early detection of COVID-19 cases.

In addition, support and commitment of the local stakeholders who formulate the response steps are of important learning. As initiated within the regulations in Lenek Village, East Lombok launched a *Standard Operating Procedure* (SOP) to elaborate the coordination process for COVID-19 Task Force.

Similar initiatives occurred in Bogor Regency, Yogyakarta City, and Makassar City, which developed intersectoral coordination processes to formulate strategic plans for COVID-19 mitigations. The active participation of many stakeholders also emerged to formulate the strategy to influence behavior and implement health protocols through public campaigns and communication materials.

Disruptions brought about by the COVID-19 that are inseparable from the economic and social conditions of the community have been the consideration of CISDI and ACTION to promote health resilience at the local level. We undertook this measure by providing training to

over 200 owners of local Micro, Small, and Medium Enterprises (MSMEs) so that they could produce standardized sanitary products and Personal Protective Equipment (PPE) such as cloth face masks, all-cover hazmats, and hand sanitizers.

One of the key take-aways with ACTION is that in order for the community to exercise resilience during the pandemic, they should be given the opportunities to be involved in the outreach of health-vulnerable groups through the peer/support group approach.

The ACTION Consortium is a collaboration between civil society organizations in Indonesia supported by the European Union with a consortium consisting of HIVOS Indonesia, CISDI, KAPAL Perempuan, Pamflet, PUPUK and

Sabda. CISDI's involvement in the ACTION Consortium started from November 2020 through July 2021, and was specifically responsible for program implementation related to health and Community Health Workers (CHWs) empowerment.



PUSPA: A New Stage of Strengthening Puskesmas in West Java

PUSPA (Integrated and Champion Puskesmas) is a collaborative program between CISDI and the Government of West Java Province established to mitigate COVID-19 by strengthening Puskesmas as the frontline of healthcare services.

Using the whole society approach or whole community involvement, PUSPA trains and deploys 500 Puskesmas healthcare workers, Community Health Workers (xxCHWs) and local community leaders to become the nodes in the implementation of testing, tracing, and patient care (treating).

In an effort to accelerate the capacity of COVID-19 testing, PUSPA seeks active case findings at sentinel sites, encourages widespread use of rapid antigen tests, and involves the community meaningfully through the implementation of community-

based surveillance (CBS). In driving behavior change, the PUSPA team conducts health promotion activities in public open spaces. More than 100 public places reached were recorded, and over 700,000 people were educated by more than 3,000 PUSPA CHWs. Working with PUSPA, we also developed real-time data monitoring through the **PUSPA Dashboard** which provides daily data from 100 regional Puskesmas in 12 regencies in West Java.

PUSPA's journey began with its preparation stage from November 2020 to March 2021, followed by the implementation stage which took place from March to December 2021.

By the end of the implementation stage, the PUSPA journey had attained four significant achievements:

1. Improving compliance with 3Ws (wearing masks, washing hands, and waiting at a distance) to 84.4%;
2. Strengthening the number of Puskesmas that meet the WHO testing standards to 95%;
3. Increasing case tracking capacity to 96.5%;
4. Ensuring the monitoring of positive cases of COVID-19 to 98.5%.

The presence of PUSPA is inseparable from the role of cross-sectoral partnerships and collaborations that involved elements of the government along with 26 national organizations and 100 regional entities that provide support in various areas of PUSPA's intervention capacity. Several parties include Paragon Corps, Philips Foundation, Unilever, Mercy Corps Indonesia, and the Faculty of Psychology, Universitas Indonesia. The PUSPA program has become a long-term program in the Government of West Java Province, where this program will continue to be implemented in 2022 and 2023.



PN-PRIMA: Meaningful Community Participation for Inclusive Healthcare Services

In response to the impact of the COVID-19 pandemic and the state of primary healthcare services in Indonesia, CISDI began the development of the Pencerah Nusantara initiative in *Puskesmas Responsif-Inklusif dan Masyarakat Aktif* (PN-PRIMA) or Responsive-Inclusive Puskesmas and Active Community (RIPHCAC) in October 2021.

This initiative is continuing the Pencerah Nusantara model to achieve the transformation of primary services into becoming responsive to the community's needs, inclusive of vulnerable groups and capable of promoting meaningful active participation from the community.

The transformation carried out by PN-PRIMA is the active involvement of Community Health Workers (CHWs) as nodes of the primary healthcare services at the community level.

PN-PRIMA is planned to run until September 2022 in collaboration with 21 Puskesmas in three areas including Depok City, Bekasi Regency, and Bandung City. In the early stages of its intervention in 2022, PN-PRIMA will prioritize increasing the coverage of COVID-19 vaccinations for vulnerable groups, as well as increasing the capacity



of COVID-19 surveillance at Puskesmas. At this stage, PN-PRIMA will carry out a number of activities, including increasing the capacity of healthcare workers and CHWs, assisting vulnerable groups, integrating services with private health facilities, and maximizing the use of routine report data. Furthermore, PN-PRIMA will strive to ensure the implementation of good governance practices in strengthening primary healthcare services, to the integration of data and services for COVID-19, Non-Communicable Diseases (NCD), and nutrition in their respective regions.

With PN-PRIMA, CISDI seeks to reform human resources in the health sector who are closest to the community: the health CHWs. The PN-PRIMA intervention framework encourages more meaningful collaboration and coordination between health CHWs and Puskesmas. A total of 1000 health CHWs will be trained, assisted, and provided support to maximize their role in surveillance, education, and assistance activities for vulnerable groups.

This program encourages Puskesmas to be more responsive in providing healthcare services to vulnerable groups. In this journey with PN-PRIMA, CISDI and PUSKAPA of Universitas Indonesia identified existing vulnerabilities in the community which are the main barriers in gaining access to services.



Strategic Planning for Health System Reform

Shaping a 'new' future for the National Health System after the COVID-19 pandemic is a matter of utmost importance and urgency.

To that end, since 2020, CISDI has initiated foresight - a methodological effort to shape the future of health development in Indonesia based on the dynamics of the current situation. Foresight is carried out in a deliberative manner on the three pillar elements of the National Health System that are considered to have the highest leverage, namely the National Health Insurance (in partnership with USAID-HFA), Primary Healthcare Services (in collaboration with the Indonesian Academy of Sciences, AIPI), and the Labor Market of Healthcare Workers (in collaboration with Mayapada Hospital).

Unlike health development planning which is of top-down and technocratic nature and tends to be quantitative, foresight begins with the horizon scanning of health development, which is based on what is developing in society in the form of events and trends. This mapping of events and trends involves development stakeholders: the government, business sector, civil society, academics, the youth, and various other parties. The results of these scans are then combined and processed with quantitative data and expert opinions through limited consultation (Delphi).

Through the foresight activities, CISDI has produced a complete set of key elements for reforming the National Health Insurance or JKN (forthcoming), **primary healthcare services**, and the Indonesian healthcare worker labor market (forthcoming) 2024-2030, consisting of the following outputs: (i) identification of challenges; (ii) priorities and targets; (iii) indicators of success; (iii) scenarios; (iv) institutional design; and (v) regulatory framework.

The foresight is expected to meet the whole and comprehensive criteria in Indonesia's health development planning. The criteria are considered 'whole', as they take into account all aspects of 'what' health development aims for and 'how' health development will be carried

out; and 'comprehensive', as they do not only involve quantitative and qualitative scientific methodologies but also involve all development stakeholders.

All of these efforts were undertaken as CISDI believes in the important role of a whole and comprehensive health development planning for effective implementation and monitoring of the development. The main insight drawn from the COVID-19 pandemic is the fact that health development would not run effectively if the planning were not carried out in a whole and comprehensive manner, even if it were supervised.

Motivated to prepare learning materials from the current government as well as input for the government for the future, we will submit the three complete series of foresight reports to the Indonesian National Development Planning Agency and the Ministry of Health in the fourth quarter of 2023.



Social Determinants of Health



CISDI believes that efforts to improve public health status require a holistic approach.



On the one hand, we undertake a systems-based approach to strengthen primary health care. On the other hand, we do not disregard the social and behavioral factors that also influence the dynamics of public health. These include controlling the consumption of products that are harmful to health and controlling risk factors for non-communicable diseases.

Based on these conditions, in 2021 we expanded our scope of work in the Tobacco Control program, Controlling the Consumption of Pre-Packaged Sugar-Sweetened Beverages (SSBs), and the Young Health Programme.



1 Tobacco Control

Tobacco consumption is categorized as the leading cause of preventable death worldwide. However, ironically it is not considered a threat by most people in Indonesia.

The year 2021 marks four years of CISDI's journey in mobilizing its intervention in tobacco control. After commencing its contributions to controlling efforts for tobacco consumption prevention education for adolescents in 2016, then shifting to advocacy efforts on tobacco excise for control since 2018, in 2021 CISDI began to contribute to the development of smoking cessation programs or smoking cessation assistance implemented by the Ministry of Health, while continuing to advocate for tobacco excise.

As for smoking cessation, CISDI is entrusted by WHO Indonesia to partner with the Indonesian Ministry of Health to develop an online training platform to train healthcare workers from all over Indonesia in providing smoking cessation services (layanan upaya berhenti merokok - LJJ UBM). In addition, CISDI is involved in conducting an initial assessment of the program to be launched with technical assistance from the Indonesian Ministry of Health.

The training materials produced by CISDI are adapted from the learning modules owned by WHO and the Indonesian Ministry of



Health, delivered through interactive and innovative learning programs containing videos, presentations, quizzes, demonstrations, and assignments. The learning materials are integrated and made available on a learning platform owned by the Ciloto Health Training Agency (Bapelkes) and was tested in a pilot training for 30 healthcare workers from 22 Puskesmas from various cities/regencies throughout Indonesia. The training activity lasted for 5 days by employing a combination of online meetings over Zoom and independent learning at the location of duty of each healthcare worker. The LJJ UBM project is CISDI's first step towards completing its contribution in tobacco control efforts..

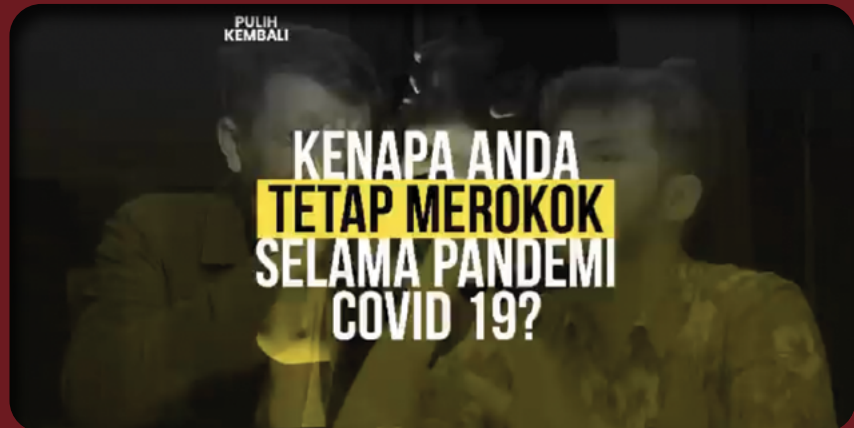
As for the efforts for tobacco excise advocacy, in 2021 CISDI succeeded in publishing 3 studies on "Changes in Smoking Status and Behaviours After the First Ten Months of Covid-19 Pandemic in Indonesia", "The 2019 Economic Cost of Smoking-Attributable Diseases in

Indonesia", and "The Macroeconomic Impacts of Tobacco Taxation". We drew upon these three studies to create advocacy materials that were delivered directly through audience meetings with policymakers and public discussions.





Supported by regular content on the @sebelahmata_cisdi Instagram account and the series of public campaigns titled “Pulih Kembali 2.0: Set aside the money you burn for those who are struggling”, CISDI studies have successfully attracted the attention of policymakers, especially the Ministry of Finance..



One of the highlights is the results of a study that were included in the explanation of the Minister of Finance during the announcement of the increase in tobacco excise rates for 2022. This indicates that these studies are taken into consideration in determining excise policy.

The combination of scientifically sound research, creative and targeted presentation of the evidence-based results, and collaboration with tobacco control network organizations, has successfully driven policy changes in a positive direction. In 2022, the excise tax rate increased again by

an average of 12.5%. Although the rate increase can be considered to be quite low or moderate, the most significant policy change is the simplification of the cigarette excise tiers, which decreased from 10 tiers to 8. This simplification measure is a policy change that had been awaited, after the excise simplification roadmap was canceled in 2018. In the future, CISDI will continue to produce evidence-based studies and oversee tobacco excise policies, since in Indonesia cheap cigarettes can still be easily accessed by young children.



2 Controlling the Consumption of Pre-Packaged Sugar-Sweetened Beverages

In addition to encouraging improvements in tobacco excise policies to support disease prevention efforts, in 2021 CISDI began to enter into the issue of extensification of excisable goods. For decades, there have been three types of excisable goods in Indonesia, namely tobacco products, ethyl alcohol, and alcoholic beverages. On the other hand, diabetes, which is caused by high sugar consumption, showed an alarming trend.

A total of 19.5 million people in Indonesia are those with diabetes who need to undergo treatment for the remainder of their lives at no small cost. The burden of health costs that must be incurred to finance the treatment of this disease was estimated to reach 21.2 trillion Rupiah in 2021. This burden is a consequence that must be borne by both the government and the community (IDF Diabetes Atlas, 2021). Indonesia was listed as the country with the third highest consumption of Pre-Packaged Sugar-Sweetened Beverages (SSBs) in Southeast Asia with a total consumption of 20.23 liters/person/year (Ferretti & Mariani, 2019). This justifies SSBs as one of the most feasible options to become the next excisable goods.

Following the measures that have been undertaken to advocate for tobacco excise, CISDI also conducted an in-depth study of SSBs including about the public's perception of



SSBs. As SSBs excise remains a foreign issue to the public, our efforts in advocacy are not directed at policy changes, but are preceded by educating the public about the dangers of SSBs. In the first year, CISDI's efforts were focused on increasing public awareness by means of social media, through the @fyiindonesians Instagram account. In addition, CISDI made efforts to establish coalitions with civil society organizations that are also concerned about controlling the consumption of pre-packaged sugar-sweetened beverages. In 2022, this program will continue with a research agenda and massive public campaign.



3 Young Health Programme



In addition to engaging in interventions in advocating policies that limit access to consumption of risky products, in 2021 CISDI was again involved in the education and empowerment of adolescents.

In collaboration with Yayasan Plan International Indonesia, we implemented a program called the Young Health Programme. The purpose of this five-year program is to increase the knowledge of adolescents in the DKI Jakarta area on the various efforts to prevent non-communicable diseases (NCDs), aiming for the adolescents to have the space, capacity, and awareness to make informed decisions about their own health.

With this goal in mind, this program was designed to influence various community groups that are closely related to the youth; therefore, the various trainings offered target not only adolescents, but also parents, teachers, healthcare workers at the Puskesmas, and relevant local officials. It is hoped that not only the adolescents who are

willing to change their behavior, but also the adults around them and the public facilities also support these changes.

In this first year, the CISDI team succeeded in recruiting 84 peer educators (PE) from 20 schools in Jakarta. A total of 3,641 youths were engaged in the educational activities carried out by the PEs; 164 parents attended meetings intended to increase the parents' sensitivity towards the needs of the adolescents; 36 teachers and school staff attended trainings on non-communicable diseases; 75 relevant officials attended cross-sectoral meetings and reported increased understanding of the issue; and 11 healthcare workers were trained to provide services that are sensitive to the youths' needs.

Although this program was originally designed to reduce the risk of non-communicable diseases in the future, along the way the CISDI team discovered the need to address mental health problems among adolescents. To that end, the

CISDI team facilitated counseling sessions for 5 PEs in need. Sensitivity towards the youth's needs will remain the approach the CISDI team uses in implementing youth empowerment programs. Intensive mentoring has succeeded in increasing the youth's confidence to voice their needs meaningfully as part of public participation, as well as through exposure in stakeholder and cross-generational meetings. In addition, the CISDI team focuses not only on conventional methods, but also creative methods to be used as learning media, such as short videos, online and in-person quizzes, and social media competitions.

In 2022, this program will continue with a target of 10,000 youths to receive education from peer educators. In addition, in 2022 we will hold a public event designed to function as a forum for the youth to channel their talents and interests in a creative way while expanding the reach of this program.



Networking for Health Development

The efforts to improve health quality are inextricably linked to development efforts in general.



Since 2019, with the mission to assist in achieving the Sustainable Development Goals/SDGs, CISDI has developed a platform called TRACK SDGs to play an active role as a space to monitor and share information and knowledge concerning SDGs and the best practices of non-state actors (NSAs) in Indonesia.

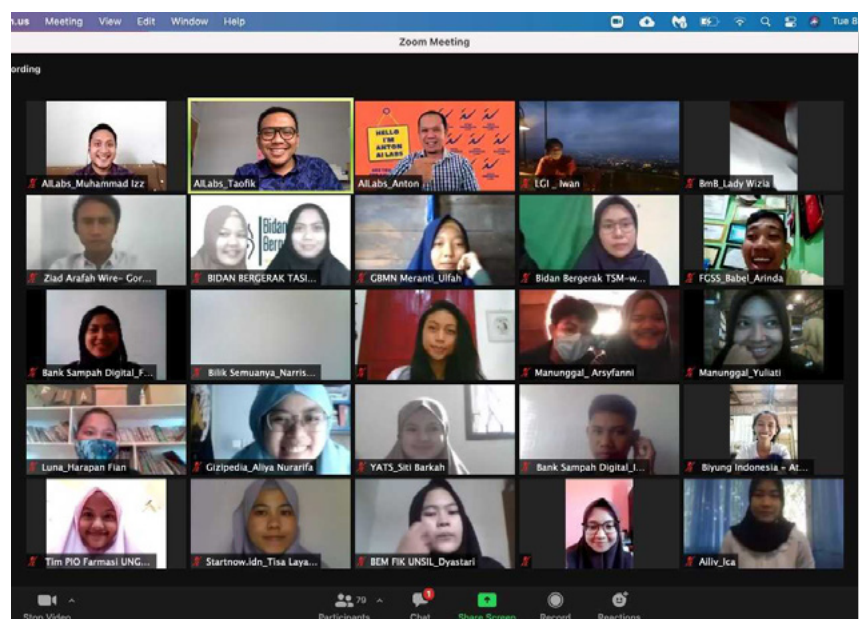
Throughout 2021, a total of 26 organizations joined as TRACK SDGs members. Therefore, the total number of organizations becoming members of the TRACK SDGs is currently 79, spread across 19 provinces in Indonesia. CISDI continued with implementing series #4 of the SDGs Course Program by raising the theme: "Sustainable Environment as a Prerequisite of Public Health". This program was held online in March 2021 and was attended by 34 participants from 23 organizations.

To increase funding opportunities in achieving SDGs, the CISDI team facilitated 11 members to participate in the Speed Dating Proposal, in collaboration with a platform called Benih Baik. In 2021, to broaden the scope of TRACK SDGs, the CISDI team also mapped out more than 150 Civil Service Organizations (CSOs) in Indonesia as potential parties to be involved in the TRACK SDGs platform.

In addition, the CISDI team regularly and continuously produced knowledge through articles, stories from grassroots' movement, and learning videos uploaded on tracksdgs.id and TRACK SDGs' social media accounts. A number of articles and stories from grassroots' movement available on the TRACK SDGs' website and social media accounts are the outputs of interviews with the members and their direct contributions by participating in the TRACK SDGs' website.

Besides continuing to implement capacity building programs through the SDGs Course, TRACK SDGs

will also reinforce the community engagement and SDGs data monitoring functions. The community engagement function of TRACK SDGs will be strengthened through discussion and knowledge-sharing forums regularly. On the other hand, the SDGs data monitoring function shall be channeled through research, advocacy, and the provision of the SDGs dashboard on the TRACK SDGs' website.



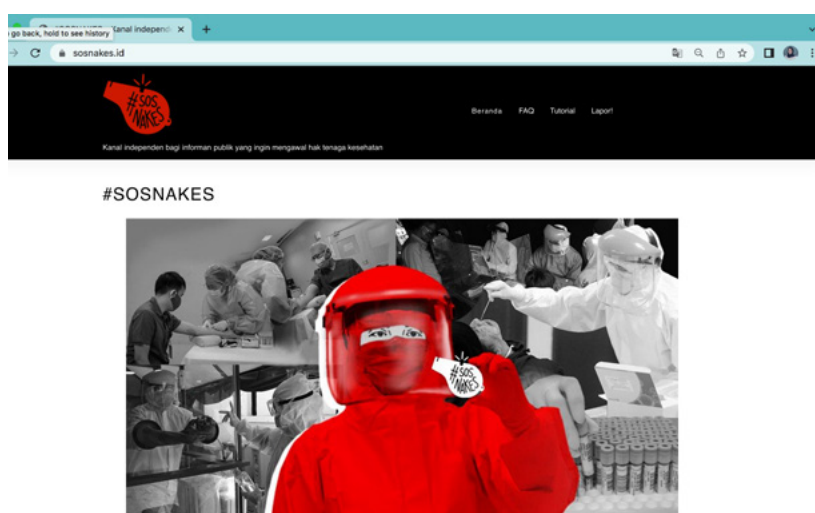


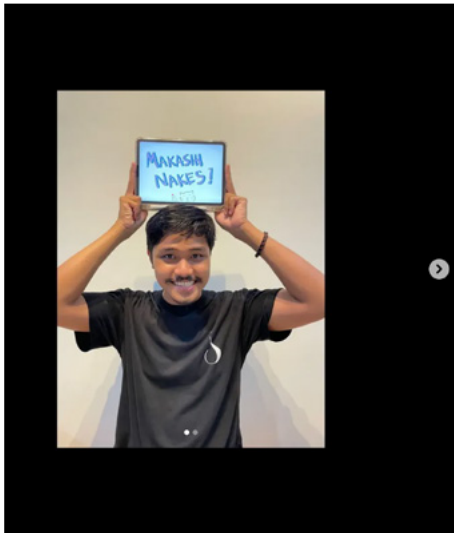
Since the end of 2020, CISDI has been in coalition with Amnesty International Indonesia, Public Virtue, and KawalCOVID-19 to develop a platform for reporting healthcare workers' work conditions during the COVID-19 pandemic.



This joint project aims to encourage public participation in urging the government to make more considerable efforts to protect the healthcare workers' rights during the COVID-19 pandemic, and work optimally to fulfill their rights to public health.

This project was created due to a mutual desire to be part of communicating the healthcare workers' rights as a form of solidarity and ensure the healthcare workers' voices be heard. It is fundamental for healthcare workers and the public to report violation of rights so that they can be followed up. The collected data are processed into situational mapping, advocacy, and policy recommendations, as well as a driver for health system improvement, specifically healthcare workers' safety and security.





Approximately 40 complaint reports had been collected within several months since sosnakes.id was launched.

Out of 13 reports that were successfully collected, 12 of them contained complaints about incentives, such as unpaid incentive compensation, pay cuts, untransparent and unequal incentive distribution, and threats of dismissals made towards the healthcare workers.

In addition to developing the reporting platform, CISDI and its coalitions also conduct campaigns to promote the healthcare workers' rights fulfillment by using promotional videos and educational activities and collaborating with influencers to extend the reach of the campaigns. Six videos produced and uploaded across the coalition's social media platforms successfully reached 162,427 accounts (per 3 December 2021).

In 2022, the SOSNAKES.ID campaign will continue to be implemented, involving in-depth interviews with informants to formulate a more comprehensive narrative for advocacy.



**Relatif
Perspektif**

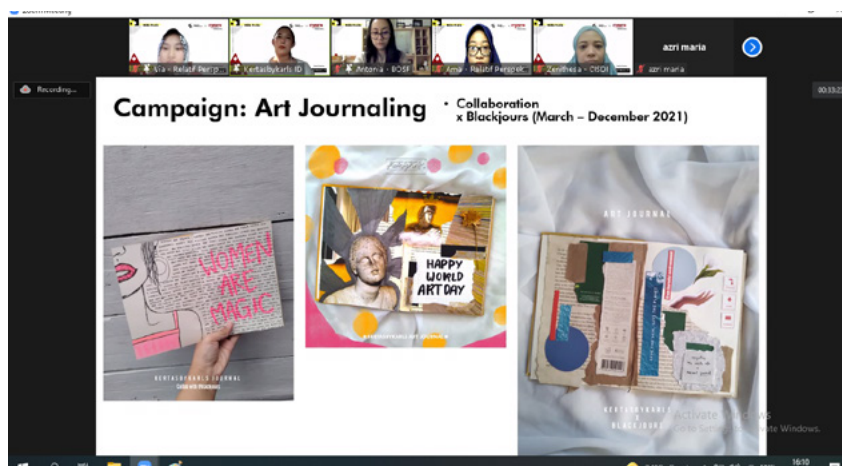
In 2021, CISDI assisted in the development of *Relatif Perspektif*, a podcast focusing on health, which was first established voluntarily by a group of healthcare workers.

**In this new normal, people live in anxiety and fear.
We need the right kind of information to get by.**



CISDI is of the opinion that this opportunity for organizational development was worth the effort as there is a common interest in improving the young healthcare workers' capacity in Indonesia through a social media platform. Our assistance was performed using two methods, namely the establishment of the organization's legality and program development.

Throughout 2021, CISDI and the Relatif Perspektif team conducted 6 training courses entitled "*Bilik Didik* (Education Booth)" involving 101 participants in total. The themes raised in the *Bilik Didik* varied and were related to communication, such as copywriting, behavioral change campaigns, creative fundraising, social media campaigns, content management, and evaluation of the impact of the social media campaigns. All of these are intended for processing health promoting messages. In addition, we produced 5 podcasts, 2 articles, and 3 newsletters, with an estimated total audience



of more than 730 individuals. One of the podcasts titled "All about COVID-19 Services in Puskesmas" with Nidya Eka Putri (Regional Technical Assistant of PUSPA) as the speaker won third place in the KBR x Prakarsa podcast competition.

In 2022, CISDI will continuously assist the Relatif Perspektif in terms of human resource development and health message publications through different creative channels.



Research and **Publication**

Actively Encouraging **Evidence-Informed Policy Making**, CISDI's Commitment to Strengthening Evidence-Based Health Policy



WHO (2022) explains that Evidence-informed Policy Making (EIPM) aims to ensure that the best evidence from scientific research and other considerations such as social context, culture, politics, and public opinion can be used to inform policy making.

This approach emphasizes the significance of the use of relevant evidence to improve the quality of the policy and ensure that the evidence incorporated is assessed in a systematic and transparent manner and is unaffected by conflicts of interest (WHO, 2022). EIPM promotes the principles of equity, equality, transparency, and accountability in its implementation (WHO, 2022).

Throughout 2021, CISDI consistently produced credible scientific research through a publication channel with a high impact score. Furthermore, the research process was integrated into

the process of formulating policies, allowing CISDI to continuously encourage and actively practice Evidence-Informed Policy Making to strengthen evidence-based health policies in Indonesia. A number of studies and policy recommendations were developed and categorized into different issue clusters, ranging from handling the pandemic (COVID-19), strengthening primary services, tobacco and pre-packaged sugar-sweetened beverages excise, to the involvement of the youth in the sustainable development agenda.

1

COVID-19 Likelihood Meter (CLM)

Goal: To map out the officers' risk profile at healthcare facilities and develop an early warning system that can detect the case spike trends to be used as the basis in formulating mitigation efforts at healthcare facilities.

Outcome: Throughout 2021, CLM successfully collected more than 4,718 healthcare facility data through partnerships with 22 healthcare facilities in Jabodetabek and 1 Hospital in Semarang. In addition, CLM produced a scientific pre-print publication entitled *COVID-19 Likelihood Meter: a machine learning approach to COVID-19 screening for Indonesian health workers*, and a prototype COVID-19 monitoring dashboard for healthcare facilities. The accuracy rate of the machine learning was 0.818.



2

Situational Analysis: Involvement of the Youth in Indonesia's Sustainable Development Agenda

Goal: To provide explanations and a map of the youth's involvement in development efforts and SDGs achievement in Indonesia, including the current situations and challenges, as well as the opportunity to improve the involvement. This research was expected to be able to inform the decision-making process and the policy formulation, making them more responsive and appropriate towards adolescents' needs.

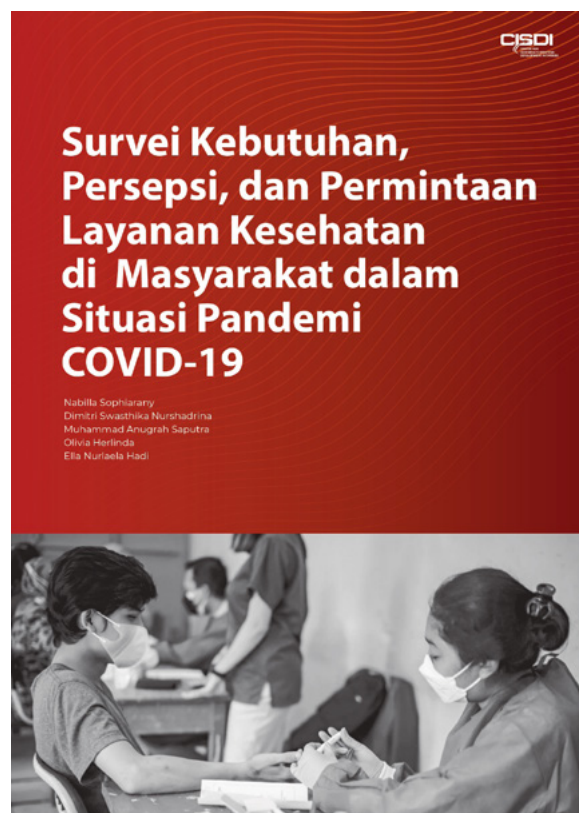
Outcome: Fifty percent of the organizations (n=14) participating in the survey and discussion believed that their participation in the government program was still categorized as non-participation (recognition, manipulation/informed, decoration, and tokenism), mainly dominated by the manipulation/informed level. A number of underlying reasons include the youths' participation only as participants, no follow-ups were made, and no active efforts were made yet by the government to reach out to youth groups.



Survey of Community Needs, Perceptions, and Demands of Health Service during the COVID-19 Pandemic

Objective: This survey was conducted by CISDI in June-August 2021 in 15 provinces with support from WHO Indonesia, with the aim of identifying the needs and perceptions of the community regarding the availability and utilization of essential health services during the COVID-19 pandemic. This survey was important to fill gaps in information and increase understanding among stakeholders regarding the community's needs of health services. The results of this study provide insights for the central government and local governments to formulate strategies for mobilizing resources and mitigating risks of the direct and indirect impacts of the COVID-19 pandemic on the community, specifically those related to access to essential health services.

Result: Unmet health needs were reported in all types of essential health services, especially in areas with limited infrastructure such as Papua. The reasons for this are a number of factors related to demand and service providers. The community and Puskesmas as the closest service provider have attempted to overcome the lack of fulfillment of essential health services by restoring and strengthening outreach programs and adapting strategies to reduce barriers to access to essential health services. Misinformation and disinformation that persisted in occurring frequently hindered the community in accessing essential health services. The implementation of clear communication of risks is crucial for enforcing healthy behavior. Further support is needed to strengthen the primary health care system. In addition, health CHWs need to be equipped and protected with the necessary tools and adequate incentives to ensure they can safely carry out their outreach tasks and reduce the stigma against them.



Read the document [here](#)

4

The Urgency of Implementing Pre-Packaged Sugar-Sweetened Beverages (SSBs) Excise Policy in Indonesia

Objective: To present current evidence regarding the importance of implementing SSBs excise from various health, economic, and regulatory aspects. CISDI used a qualitative approach, where information was obtained through primary data from focus group discussions (FGD). The FGDs were held in June-August 2021 involving 93 discussion participants from the government sector, experts/academics, non-governmental organizations, and SSBs consumers. In addition, a literature review was carried out until February 2022.

Results: The implementation of SSBs excise policy in more than 40 countries has been proven effective in reducing purchase rates, encouraging product reformulations to become healthier (low sugar), and in the long term, plays a role in reducing obesity, diabetes and other related health risks. Considering the burden of health costs caused by diseases related to SSBs consumption, and the effectiveness of the implementation of SSBs excise in other countries, it is important to implement SSBs excise policy immediately in Indonesia. CISDI recommends the government to implement a comprehensive SSBs excise policy based on sugar content of at least 20% for all SSBs products distributed in Indonesia without exception. Political commitment and public support at various levels are needed to urge the implementation of the SSBs excise policy in Indonesia.



5

Isolation, Economic Shock, and Mental Health: Empirical Evidence from the COVID-19 Pandemic in Indonesia

Objective: This study examined the association between mental health conditions with isolation and economic shock that occurred during the COVID-19 pandemic in Indonesia. The data for this study were collected through a telephone survey which was part of CISDI's survey to determine smoking behavior during the pandemic.

Results: This study found that social isolation (decreased frequency of social gatherings and increased leisure time) during the COVID-19 pandemic was closely linked to poorer mental health. Social distancing was found to be linked to work-related stress. This study also found that financial problems were strongly linked to decreased mental health, and job loss was highly correlated with feelings of helplessness. However, this study did not find any mental health indicators associated with employment status change to a lower one.



Ensuring Access to COVID-19 Vaccines for Vulnerable Groups in Indonesia - Policy Paper



Objectives: To encourage equitable and inclusive access to vaccines, from changing the policy strategy for outreach in the upstream through the establishing operational definitions, technical management of the outreach to vulnerable groups, and the provision of specific supply allocations for vulnerable groups by the central government. As for the downstream policy, we encourage local governments to actively involve vulnerable groups in the planning, implementation, and evaluation of vaccination programs with the aim of accommodating the special needs of vulnerable groups.

Results: This policy document successfully mapped 5 vulnerability variables and their implications for the capacity and ability of vulnerable individuals/groups to access vaccination, as well as recommendations for specific outreach strategies to improve vaccination outcomes for the 13 categories of vulnerable groups.

Read the document [here](#)



Foresight to Shape the Future of Indonesia's Primary Healthcare

Objective: In collaboration with Akademi Ilmu Pengetahuan Indonesia (AIPI) or the Indonesian Academy of Sciences, the study was conducted with the aim of providing recommendations on policy directions for the government and as a reference for other stakeholders. This study examined the state of Indonesia's health policy, particularly regarding the national health system and primary healthcare, from before the pandemic until the pandemic occurred and the policy improvements needed in the future as a consequence.

Hasil: Fundamental reforms must be undertaken with emphasis on five main reforms: (1) leadership and governmental reforms; (2) public policy reforms; (3) healthcare quality reforms; (4) healthcare insurance reforms; and (5) healthcare human resource reforms, including healthcare CHWs.

First, a sound and feasible policy framework that can reach the central and local governments is essential. Stronger regulations such as the Law are needed, considering national healthcare system reforms and transformations of Puskesmas require a considerable amount of time and budget commitment.

Second, in terms of the quality of public policies, it is necessary to undertake reforms in policies concerning social, economic, commercial, and environmental determinants linked to the health sector.

Third, to reform the model of the healthcare services, policies are needed for: (a) the integration of public and private services to enable primary healthcare facilities to reach 100% of the public; (b) the integration between the public health function and primary care; (c) refining the accreditation system so that primary healthcare facilities are able to objectively ensure the quality of the healthcare services provided; and (d) the integration between supply-side and demand-side financing.

Fourth, in reforming healthcare insurance, it is imperative to acknowledge that the Universal Health Coverage concerns not only the participation rate, but also the scope of comprehensive and high-quality healthcare services without disturbing finances.

Fifth, under ideal circumstances, reforms in healthcare human resource include not only healthcare workers but also healthcare CHWs. Specifically regarding doctors assigned at Puskesmas, many best practices and evidence from various countries have shown that the standards of primary care doctors working at Puskesmas are equal to those of specialists, which could be gained within 15-20 years. In Indonesia, this is regulated in the Law on Medical Education and Training concerning specialists in primary family care, wherein it is stated that specialists can gain those standards through Recognized Prior Learning or regular programs.

8

Changes in smoking behavior during the 10 months of the COVID-19 pandemic



Objective: This study examined the changes in the smoking status and behavior of Indonesians over a 10-month period during the COVID-19 pandemic. This research was conducted by collecting data from a representative sample of cellular phone users at a national scale in Indonesia. Overall, this study involved 1,082 respondents aged 15-65 years who were employed both during the pre- and post-pandemic period.

Results: The results of this study indicated that the community's smoking status almost did not change during the pandemic, given that most smokers continued to smoke. In terms of smoking intensity, more than half of active smokers in Indonesia did not change their smoking intensity and spending on cigarettes, including those who experienced job and income shocks. Apart from that, nearly four in ten smokers reduced their cigarette consumption, particularly those who experienced reduced working hours and experienced financial stress. The smokers' income was also correlated with the percentage reduction in cigarette consumption. Smokers also actively substituted their cigarette purchases with cheaper cigarettes and different types of cigarettes during the pandemic. In addition, smokers who experienced social restrictions tended to reduce their spending on smoking and switched to cheaper cigarettes. However, exposure to COVID-19, social restrictions, belief in misinformation, and decreased leisure time during the pandemic did not have a significant relationship with smoking intensity and cigarette spending.

Read the document [here](#)

9

The 2019 Economic Cost of Smoking-Attributable Diseases in Indonesia



Objective: To analyze the economic burden (direct and indirect) of cigarette consumption on financing national health. Direct expenses include medical treatment (in-patient, out-patient, and non-medical costs). Indirect expenses include morbidity costs and accelerated mortality costs).

Results: Using data from the 2017-18 Susenas or National Social and Economy Survey, 2017 Sakernas or National Workforce Survey, 2016 Podes or Village Potential and cigarette price data from CEIC, we proved that the economic cost of cigarettes was greater than the contribution of excise to state revenue. The total health costs for financing smoking-attributable diseases in one year was estimated to reach 17.9 trillion to 27.7 trillion Rupiah. *BPJS Kesehatan* (the Social Health Insurance Administration Body) allocated around 10.4 trillion to 15.6 trillion Rupiahs (covering 61.2% or 91.8% of the BPJS Kesehatan deficit).

Read the document [here](#)

10

The Macroeconomic Impacts of Tobacco Taxation



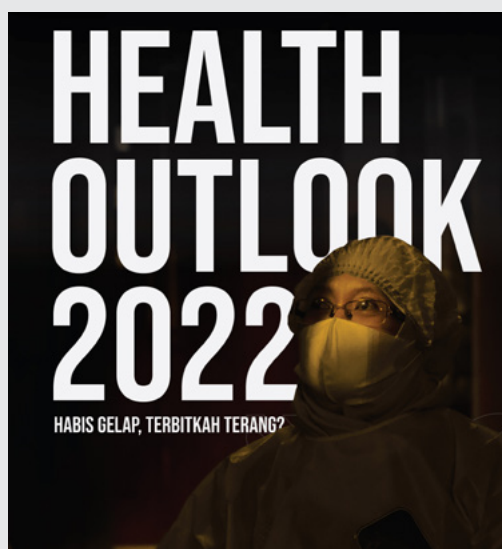
Objective: This study aimed to provide up-to-date evidence on the macroeconomic impact of cigarette excise, to be specific to estimate the impact on total output, income, and employment due to the increase in excise on kretek cigarettes and white cigarettes.

Results: The results of this study indicated that higher taxes would lead to a greater reduction in cigarette consumption. Assuming the tax were to be fully passed on to consumers and holding other factors constant, including no changes in income, an increase in excise similar to the increase in 2020 would reduce the number of *kretek* and white cigarettes consumed by 17.32% and 12.79%, respectively. A 30% increase in cigarette excise would reduce the consumption of *kretek* cigarettes by 20.62% and white cigarettes by 14.24%. Furthermore, a 45% increase in cigarette excise would reduce the demand for *kretek* cigarettes by 27.74% and reduce the demand for white cigarettes by 19.50%.

Read the document [here](#)

11

Health Outlook 2022 “After Darkness Comes the Light”



Objectives:

1. To map various events and reflect on the main drivers - trends - challenges that significantly marked the Indonesian health sector during 2021;
2. To provide recommendations on policy directions for the government and as a reference for other stakeholders in determining priorities for improving Indonesia's health policies;
3. To assess the performance of the Indonesian health system in 2021 during the COVID-19 pandemic following the World Health Organization's framework for handling outbreaks.

Result: CISDI succeeded in developing three scenarios. These scenarios were developed to provide a 2022 health development policy approach and direction for policymakers and various development actors. Each scenario has its characteristics, with each having an equally plausible scenario.

CISDI's Scientific Publications in 2021

Scientific Journals

1. Socioeconomic and Behavioral Correlates of COVID-19 infections - International Journal of Environmental Research and Public Health (May 2021)
2. CLM: A Machine Learning Approach to COVID-19 Screening for Indonesian Health Workers - MedRxiv (October 2021)
3. The Role of Behavioral Immune System and Belief in COVID-19 Misinformation on COVID-19 Protective Behaviors in Indonesia - Journal of Health Psychology (December 2021)
4. Seroprevalence of Antibodies against SARS-Cov-2 in the High Impacted Sub-District in Jakarta, Indonesia - PLOS ONE (December 2021)

Policy Documents/ Commentaries

1. Face-to-face Learning Policy in Indonesia (April 2021)
2. The Long-Drawn-Out Status of B.1.617.2 as a Variant of Concern: How Is the Indonesian Government Responding? (July 2021)
3. Policy Inputs to Ensure Vulnerable Groups' Access to COVID-19 Vaccination in Indonesia (August 2021)

Scientific Conferences in 2021

1. **2021 World Congress on Health Economics (iHEA)**
 - The Role of Stakeholders in Decision Making of the National Health Insurance: Discourse Network Analysis Using Foresight Methods (Diah S Saminarsih)
2. **The 16th Indonesian Regional Science Association (IRSA) International Conference**
 - The Macroeconomic Impacts of Tobacco Taxation in Indonesia (Arya Swarnata)
3. **The 7th Indonesian Health Economics Association (INAHEA) International Conference**
 - Parental Health, Child Labor, and Educational Outcomes: The Evidence from The Indonesian Family Life Survey (Arya Swarnata)
 - Changing Smoking Status and Behaviours After Ten Months of COVID-19 Pandemic in Indonesia (Dimitri Swasthika N.)
 - Social Restriction, Economic Downturn, And Mental Health: An Empirical Evidence from COVID-19 Pandemic in Indonesia (Dwi Setyorini)

The recurring theme in the various research and policy advocacy that CISDI accomplished throughout 2021 is the highlighting of one major phenomenon, namely inequality. CISDI's research successfully illustrated how inequality can significantly exacerbate existing vulnerabilities and bring about new vulnerabilities for community groups and individuals, particularly vulnerabilities related to health issues.

For example, the research **"A Survey of Community Needs, Perceptions, and Demands of Health Services during the COVID-19 Pandemic"** shows that areas with minimal infrastructure such as Papua experience layered vulnerabilities when faced with the COVID-19 pandemic. This is similar to the research **"Ensuring Access of Vulnerable Groups to COVID-19 Vaccination in Indonesia"** which successfully explains how inequity can exacerbate vulnerability at the individual level. These findings further encouraged CISDI to consistently produce research and strengthen advocacy to reduce inequity from a health policy perspective, at the community, regional, national to global levels throughout 2021 and to serve as strategic provisions to design future improvements.

Map of Impacts

Distribution of CISDI's
intervention areas and
outreach throughout 2021



Aceh 1

Banda Aceh City
(UNFPA)

Lampung 2

Metro City
(UNFPA)

Banten 3

South Tangerang City
(UNFPA)

DKI Jakarta 4

West Jakarta City
(YHP)
East Jakarta City
(ACTION)
North Jakarta City
(YHP)

West Java 5

West Bandung Regency
(PUSPA)
Bekasi Regency
(PN-PRIMA) (PUSPA)
Bogor Regency
(ACTION) (PUSPA) (UNFPA)
Karawang Regency
(PUSPA)
Sumedang Regency
(PUSPA)
Tasikmalaya Regency
(PUSPA)
Bandung City
(PN-PRIMA) (PUSPA) (UNFPA)
Bekasi City
(PUSPA)
Bogor City
(PUSPA) (UNFPA)
Cimahi City
(PUSPA)
Depok City
(PN-PRIMA) (PUSPA) (UNFPA)

21
Provinces

28
Regencies/Cities



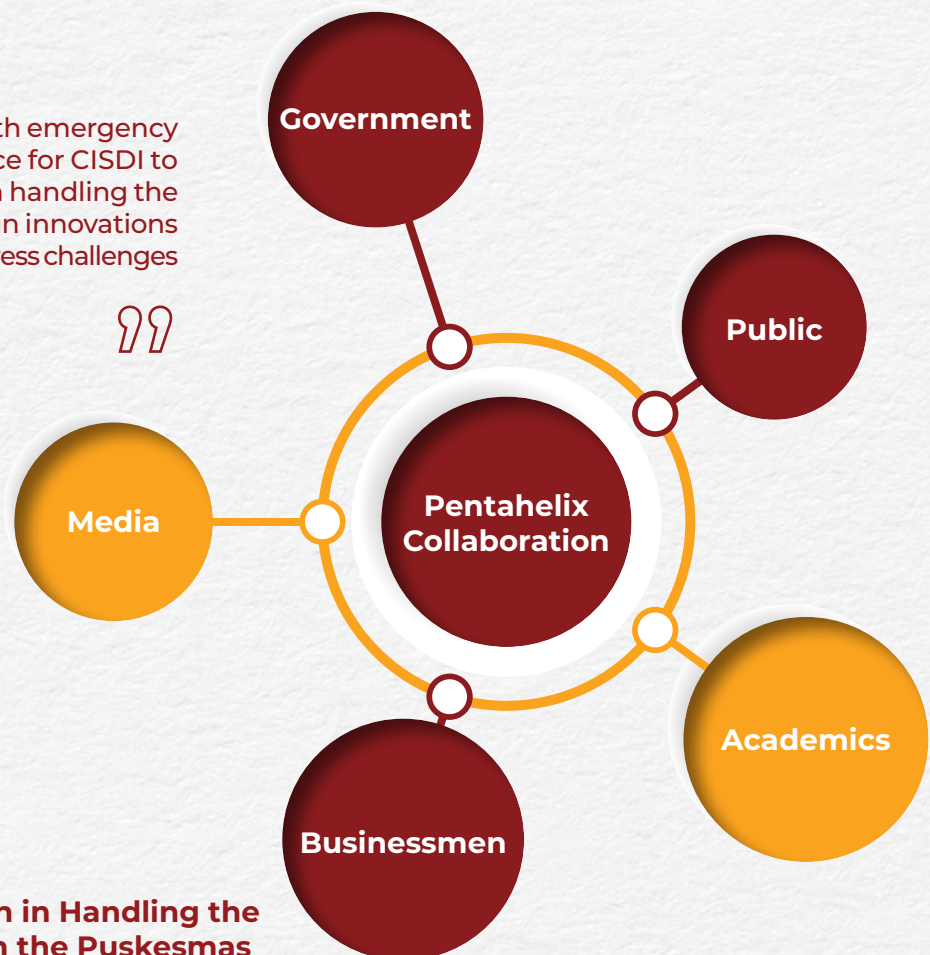
Our Partners

For CISDI, the COVID-19 pandemic in 2021 became a blessing-in-disguise. Deep sorrow over the many lives lost during the Delta variant wave, ironically coincided with the great attention paid to health issues, especially to the primary health care sector which was previously not viewed from a strategic perspective.

“

The momentum of the health emergency in mid-2021 opened up space for CISDI to strengthen collaborations in handling the pandemic as well as to design innovations and strategic solutions to address challenges in the health sector.

”











Pentahelix Collaboration in Handling the Covid-19 Pandemic from the Puskesmas

Indonesia, as mandated by the COVID-19 Task Force, prioritizes collaboration using the pentahelix model with a regional approach to meet local needs in dealing with pandemic emergencies. This directive requires local governments to be prepared as leaders in the efforts to handle the COVID-19 outbreak in their respective regions.

CISDI is present as a partner in steering the pentahelix collaboration, assisting the government and various parties in creating collaborations to eliminate structural challenges and strengthen the capacity of regional healthcare services in response to COVID-19. This is the key approach we adopt especially in the PUSPA and ACTION programs.

Puskesmas Terpadu dan Juara (PUSPA)

AREA OF COLLABORATION	PARTNERS
Strengthening Service-Preparedness of 100 Puskesmas in West Java	<p>1. Support for the implementation & evaluation of the Puskesmas strengthening program</p> 
	<p>2. Establishment of a community-based shelter ecosystem</p> 
	<p>3. Completeness of Puskesmas facilities for vaccination and essential services</p> 
Enhancing Community Involvement in Community-Based Surveillance in 12 Regencies/Cities of West Java	<p>1. Optimization of health CHWs as CBS actors</p> 
	<p>2. Optimizing the involvement of religious leaders in health promotion</p> 
	<p>3. Optimization of online tracing and isolation monitoring with university student volunteers</p> 
Protection of Healthcare Workers in 100 Puskesmas in West Java	<p>1. Support for healthcare worker protection facilities</p> 
	<p>2. Psychological support</p> 

ACTION (Active Citizens Building Solidarity and Resilience in Response to COVID-19)

AREA OF COLLABORATION	PARTNERS
Ensuring Community Resilience in 15 districts across East Jakarta, Makassar City, Bogor Regency, Yogyakarta City and East Lombok Regency.	<p>Encouraging active community participation through Community-Based Surveillance and the establishment of Local Task Force</p>  

Public Health-Based Policy Studies and Advocacy

CISDI's journey in analyzing the results of studies and advocating for policies was supported by various partners who share a similar mission: implementation of evidence-based policies that favor public health.

Advocacy of Access Control Policy for Products with Health Risks

AREA OF COLLABORATION	PARTNERS
Cigarette Consumption Control	 <p>Bloomberg Philanthropies</p> <p>Together with the Campaign for Tobacco Free Kids from Bloomberg Philanthropies, CISDI has voiced and urged the increase in tobacco excise since 2015. This collaboration involves various other organizations such as PKJS Universitas Indonesia and the National Commission for Tobacco Control.</p> <p>During 2021, this partnership developed by having opportunities for involvement in the smoking cessation program or smoking cessation assistance with WHO Indonesia. In addition, advocacy efforts on tobacco excise continued through collecting evidence, awareness activation and raising for the youth, and high-level meetings with policymakers.</p>
	 <p>UNIVERSITY OF ILLINOIS CHICAGO</p> <p>The University of Illinois, Chicago, initiated Tobacconomics which provides research grant support for organizations committed to conducting studies and research on the impact of tobacco consumption on the economy. CISDI is collaborating with the University of Illinois, Chicago (UIC), in developing a study on the impact of cigarette consumption on JKN or National Health Insurance, particularly on the direct and indirect burdens on national health financing. CISDI and UIC also conduct research on the macro-economic impacts of increasing cigarette excise in Indonesia.</p>

Controlling the Affordability of Pre-Packaged Sugar-Sweetened Beverages Through SSBs Excise



Since mid-2020, the Global Health Advocacy Incubator (GHAi) has been one of our partners in developing advocacy directions for controlling products with health risks. Specifically in controlling consumption of pre-packaged sugar-sweetened beverages that contribute to the increase in diabetes and obesity, GHAi and CISDI initiated the collection of various evidence to strengthen advocacy through studies, content analysis, and media conversations.

Collaboration and Coordination of Efforts to Eradicate Malnutrition in Indonesia



The **Scaling Up Nutrition (SUN)** movement is an integrated effort to overcome all forms of malnutrition with multi-sectoral involvement. Cooperation between the government, civil society organizations, the business sector, development partners and academics is the hallmark of this movement.

CISDI acts as the Steering Committee for the Scaling Up Nutrition (SUN) CSO Network. This network connects 29 civil society organizations that focus on improving the nutritional status of the community, including stunting prevention efforts in Indonesia.

Activation of Awareness of Lifestyles with Health Risks in the Youth



Working with the Yayasan Plan International Indonesia and Yayasan Lentera Anak, CISDI plays a part in the implementation of the **Young Health Programme (YHP)**. YHP is a health promotion program with a focus on the main prevention of NCDs, sexual and reproductive health rights and emotional well-being for young people (10-24 years old) in Jakarta for 5 years.



Digital Transformation in the Health System



Since 2021, CISDI has been part of the Global Transform Health Coalition. Focusing on policy analysis, formulating recommendations, and implementing programs, this coalition strategically coordinates various efforts to transform digital-based healthcare services for its members.

At the national level, a joint action was initiated by CISDI's strategic partner in primary health care reform, *Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI)* or the Indonesian Society of Public Health Experts.

Developing Technology-Based Health Solutions

AREA OF COLLABORATION	PARTNERS
<p>COVID-19 Likelihood Meter</p>	 <p>CISDI partners with Nalagenetic to offer mitigation measures to reduce the risk of exposure to COVID-19 for healthcare workers through innovation.</p> <p>This innovation was launched on October 28, 2021 in the form of a machine learning system called COVID-19 Likelihood Meter 2.0 for Healthcare Providers. This artificial intelligence system works by assessing the risks among healthcare workers and staff at health facilities when a COVID-19 infection occurs. This machine learning system also works to help determine who must be prioritized to receive PCR tests in accordance with the risk profiles of the people with symptoms or suspected of being exposed to COVID-19 during circumstances with limited resources.</p>
<p>Applications for Early Detection of Non-Communicable Disease Risks</p>	 <p>Partnering with Runkicker, CISDI developed an accurate and modular mobile-based health risk assessment tool, which can continuously assess an individual's risk of hypertension, diabetes and cardiovascular disease with minimal data entry.</p>

CISDI in the Media

Over the years, CISDI continuously flourishes by introducing various health development programs through popular media.

CISDI manages one Instagram and Twitter account as the organization's official social media accounts, as well as four other accounts to promote movements concerning specific issues, including: primary healthcare service development (Pencerah Nusantara), tobacco excise control advocacy (Sebelah Mata), the role of non-governmental actors in achieving sustainable development targets (TRACK SDGs), and advocacy for controlling consumption of pre-packaged sugar-sweetened beverages (FYI Indonesia).

All good practices, up-to-date information, to health education on our priority issues are broadcasted to expand impact and encourage collective movement in public health.

3

Opinion Articles

50

Short Articles

1.800

Media Coverage
about CISDI

28

Press Conferences

24

Press Conferences
and Public Discussions



Summary of Social Media Activity



±10K new followers for

@cisdi_id, @pencerahnusantara, @sebelahmata_cisdi, @track.sdgs, @fyindonesians

±1,4 juta reached

±3K new followers for

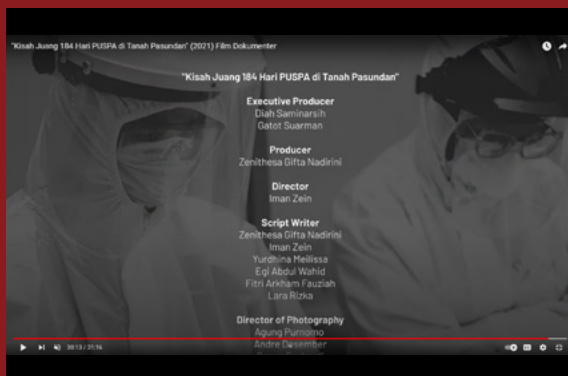
@CISDI_ID, @PencerahNusa, @trackSGDs, @FYIndonesians

±3 juta impressions

+419 subscribers in one year

(Total: 1.744 accounts subscribed to CISDI Channel)

Most watched videos:



"Kisah Juang 184 Hari PUSPA di Tanah Pasundan" (2021) Film Dokumenter

1.151 views

Activation on Social Media

- 6 KOL (Key Opinion Leader) were involved in Twitter Space
 - @dr_koko28
 - @Dandhy_Laksono
 - @angginoen
 - @tehnadinata
 - @hikmatdarmawan
 - @sdenta
- 2 KOL for #MakasihNakes (Thank You Healthcare Workers) campaign content collaboration



Atiqah Hasiholan



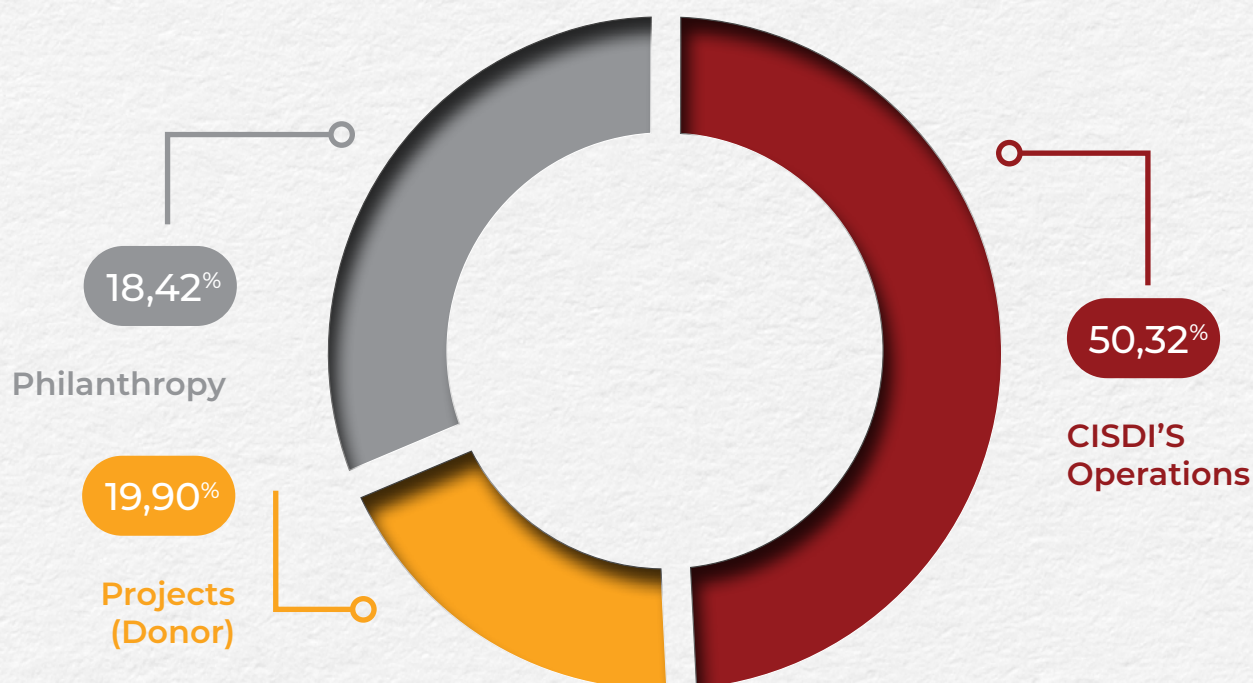
Manik Marganamahendra

- Voice the #DaruratKesehatan (Health Emergency) with LaporCovid-19 to prepare a Memo to the Minister of Health to respond to the situation of hospitals' full occupancy and refusing care
- Participated in the Women's March Jakarta 2021 #PuanDanKawanMelawan (Womens and Friends Fight)
- Started promoting #StopManPanels

Financial **Accountability**

Funds Managed by CISDI in 2021

Throughout 2021, CISDI managed funds amounting IDR 38.2 billion, with 50.32% allocated for operational fund management and 52.21% for project fund management, consisting of 32.31% for projects receiving grants from institutional donors and 19.9% for philanthropy to support project activities that were not supported by grants from institutional donors. These allocations are illustrated in the diagram below.



Audit Results of the Financial Statements for 2021

Auditing involves a systematic and objective process of obtaining and evaluating evidence relating to assertions about economic actions and events. Furthermore, the audit process is carried out to determine the level of compliance with pre-determined criteria, to communicate the results to parties of interest and to account for the performance and accountability of the organization.

To meet these criteria, CISDI's Financial Statements have been audited regularly by a Public Accountant since 2018, and thus it has been four years until the 2021 financial reporting period. An auditor's opinion

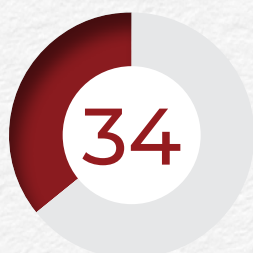
on the audited financial statements is made as a result of the audit process. Since 2018, the audit results of CISDI's Financial Statements have consistently been Unqualified Opinion. An **Unqualified Opinion** was issued by the auditor as there were no material errors found in the CISDI Financial Statements. To ensure the consistency of this accountability, the process and financial reports prepared by CISDI have been adapted to the Generally Applied Accounting Principles (GAAP).

Life at CISDI

Organizational Structure



95
CISDI employees



Permanent employees



Fixed-term employees



Interns (3-4 months)

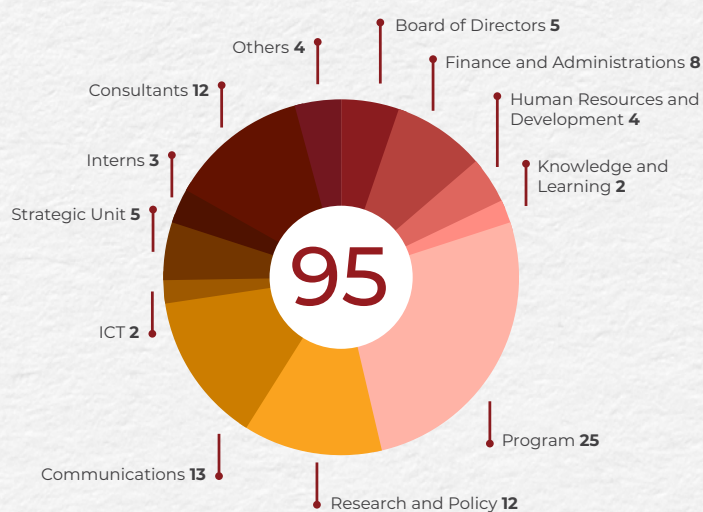


Consultants



Technical and household employees

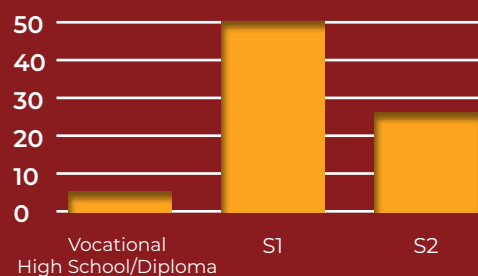
Team Composition



Educational Background



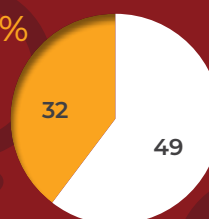
Employee Education Level



Employee Gender

CISDI Employee
MALE

39.5%



CISDI Employee
FEMALE
60.5%

Organizational **Development**

Organizational development is one of CISDI's strategies to support productivity, commitment, and organizational performance.

Date	Type of Training
3 May 2021	Training Discourse Network Analysis (DNA)
5 & 6 May 2021	Comprehensive Research dan Academic Writing
20 & 24 May	Qualitative Data Collection dan Stakeholder Analysis
February-August 2021	Public Policy
June-July 2021	Tempo Scholarship: Skilled in Creating Infographics (17-18 June), Writing Effective Reports (24-25 June), and Writing with Storytelling (1-2 July)
26 August 2021	Training Digital Advocacy (FP, ONP, TC)

This is also an essential element for CISDI, considering the human resources put ideas into action, create innovations and the various impacts contributed. CISDI encourages all involved teams to constantly improve their skills and broaden their horizons. Throughout 2021, CISDI facilitated employees to take part in a wide range of training programs as one of the measures to develop human resources.

Tanggal	Jenis Pelatihan
26 August 2021	Political Mapping
11 October 2021	Scientific Publications
9 November - 20 December 2021	Think Policy Catalyst Camp
8 December 2021	Safety in Using Social Media
15 December 2021	Data Visualization Using Google Data Studio
14 & 17 December 2021	Tax Training

Connect with CISDI

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