

ABSTRAK

Penelitian ini menganalisis pergeseran strategi *United States Agency for International Development* dalam mempertahankan misi bantuan internasional bagi kelompok minoritas pasca Penolakan keras terhadap kelompok LGBT tahun 2016 di Indonesia. Penelitian ini bertujuan mengevaluasi bagaimana aktor global menavigasi partikularisme domestik yang menguat dengan menggunakan kerangka teori Hak Asasi Manusia, Bantuan Internasional, dan Partikularisme. Meningkatnya resistensi partikularisme berbasis identitas di Indonesia menciptakan lingkungan restriktif yang membenturkan mandat norma liberal global dengan nilai lokal, menyebabkan kegagalan pendekatan advokasi hak asasi manusia yang bersifat eksplisit. Penelitian ini menggunakan metode kualitatif dengan pendekatan studi kasus. Data dikumpulkan melalui studi wawancara mendalam dengan Komnas HAM RI dan Kementerian Kesehatan RI, serta analisis dokumen seperti *USAID-Indonesia Country Development Cooperation Strategy 2020-2025*. Temuan penelitian menunjukkan bahwa USAID merespons tekanan struktural tersebut dengan mengadopsi strategi adaptif melalui mekanisme *Collaborating, Learning, and Adapting*. Strategi ini menggeser substansi isu dari advokasi politik menjadi pragmatisme kesehatan publik. Penelitian ini menemukan bahwa USAID membingkai ulang isu diskriminasi struktural menjadi persoalan teknis medis untuk menembus tembok partikularisme domestik. Penelitian menyimpulkan bahwa meskipun berhasil mengamankan akses layanan kesehatan vital, strategi adaptif ini menyisakan dampak struktural yang serius. Pertama, munculnya fenomena di mana negara mengakui kelompok minoritas hanya sebagai "objek medis", namun tetap mengabaikan mereka sebagai "subjek politik". Kedua, terjadinya fragmentasi gerakan sipil akibat bias prioritas donor pada populasi kunci. Ketiga, terjadinya depolitisasi dan dilema ketergantungan pada NGO lokal, yang mengubah peran mereka dari *watchdog* menjadi sebatas penyedia layanan teknis. Kerentanan model ini tengah menghadapi ujian krusial akibat pembekuan operasional USAID pada Juli 2025, yang menjadi tantangan nyata bagi daya tahan narasi kemandirian di masa transisi ini.

Kata Kunci: Bantuan Internasional, Strategi Adaptif, Depolitisasi, Partikularisme, Kelompok Minoritas SOGI, Diplomasi Kesehatan.

ABSTRACT

This study analyzes the shift in strategy of the United States Agency for International Development in maintaining its international aid mission for minority groups following the 2016 severe backlash against LGBT groups in Indonesia. This research aims to evaluate how global actors navigate the strengthening of domestic particularism by utilizing the theoretical framework of Human Rights, International Assistance, and Particularism. The increasing resistance to identity-based particularism in Indonesia has created a restrictive environment that clashes the mandate of global liberal norms with local values, leading to the failure of an explicit human rights advocacy approach. This study uses a qualitative method with a case study approach. Data were collected through in-depth interviews with Indonesian National Commission on Human Rights and Indonesian Ministry of Health, as well as document analysis such as the USAID-Indonesia Country Development Cooperation Strategy 2020-2025 strategic document. The findings indicate that USAID responded to these structural pressures by adopting an adaptive strategy through the Collaborating, Learning, and Adapting mechanism. This strategy shifted the substance of the issue from political advocacy to public health pragmatism. This research finds that USAID reframed structural discrimination issues as technical medical problems to bypass state sovereignty barriers. The study concludes that while this strategy successfully secured access to vital health services, it left behind serious structural impacts. First, the emergence of a phenomenon where the state recognizes minorities solely as medical objects while continuing to reject them as political subjects. Second, the fragmentation of civil society movements due to donor priority bias towards medical key populations. Third, the depoliticization and dependency dilemma of local NGOs, shifting their role from watchdogs to technical service providers. The vulnerability of this model is currently facing a critical test due to the suspension of USAID operations in July 2025, posing a tangible challenge to the resilience of the 'self-reliance' narrative during this transitional period.

Keywords: International Aid, Adaptive Strategy, Depoliticization, Particularism, SOGI Minority Groups, Health Diplomacy.