

EVIDENCE

Protecting Children From Violence, Exploitation, Abuse and Neglect



KEMENTERIAN SOSIAL
REPUBLIK INDONESIA



Rapid Assessment of the Child Social Welfare Program (PKSA)



Jakarta, January 2015

Bernd Schubert
Binahayati Rusyidi
Ajeng Purnama Pratiwi
M. Akbar Halim



KEMENTERIAN SOSIAL
REPUBLIK INDONESIA



Ministry of Social Affairs Indonesia
Jl. Salemba Raya No. 28
Jakarta Pusat 10430
Tel: (021) 39839400
Fax: 021) 3103783
Website: www.kemsos.go.id

UNICEF
World Trade Center 6, 10th Floor
Jl. Jend. Sudirman Kav 31
Jakarta 12920
Tel: 021 2996 8000
Fax: 021 571 1326
Website: www.unicef.org

Rapid Assessment of the Child Social Welfare Program (PKSA)



Rapid Assessment of the Child Social Welfare Program (PKSA)

ACKNOWLEDGEMENTS

The study team has been generously hosted, supported and guided by Director of the Directorate of Child Social Welfare in the Ministry of Social Affairs, Dr. Edi Suharto, and by several members of his staff. We also acknowledge the intensive cooperation with and valuable contributions of Lauren Rumble, Astrid Gonzaga Dionisio (UNICEF Indonesia). The study further benefited from detailed comments on the draft versions given by Yosi Dianitresna (BAPPENAS), Patricia Bachtiar (consolidated DFAT comments) and Marco Schaefer (GIZ). We finally thank the many children, parents, teachers, representatives of international agencies, the offices of Social Affairs and of BAPPEDA at the provincial and district level, as well as childcare institutions that patiently shared their knowledge during long interviews and focus group discussions. However, the authors alone are responsible for the contents of this study.

FOREWORD

Many children in Indonesia are at risk of experiencing violence, exploitation, abuse and neglect. The protection from those risks and the promotion of children's best interest are fundamental to the work we do in the Ministry of Social Affairs. This report, "A Rapid Assessment of the Social Child Welfare Program" aims to deliver an updated and independent assessment on the Social Child Welfare Program (PKSA) in Indonesia in order to inform revisions to our internal guidelines.

The PKSA was designed to help address the rights and needs of some of the country's poorest and most vulnerable children through the provision of a conditional cash transfer and accompanying social welfare services. Since 2010 to 2015, PKSA was already helping 173,611 of the country's most vulnerable children. This program has encouraged the accessibility of education, nutrition, birth certificates and financial inclusion of the beneficiaries.

Key findings of the Assessment include the need to increase the quality and coverage of social welfare services across the country so that more children at risk of and exposed to violence, abuse, neglect and exploitation can access help when and where they need it and to ensure that the programme is more cost efficient and linked to other government services and programmes. The Assessment also underscores the need to reduce or eliminate altogether the need for "conditions" given the limited size of the transfer and the difficulties associated with enforcement. The Ministry of Social Affairs is committed to following up these recommendations, including through a revised programme that provides immediate assistance to vulnerable children supplemented by care services in families and communities. This means a programme that is not only child-centred, but family-centred.

In the *United Nations Convention on the Rights of the Child* (CRC) ratified by the government of Indonesia, we are all reminded that every child has the right to be protected and to live in a family environment. Whenever applicable, all actions should be done in the best interests of the child and preserve a child's right to grow up in a family and community. Our aspirations are for all children, especially the most vulnerable, to be able to fulfil their potential and to be able to fully participate in their

communities. The work of social workers and other child welfare professionals are vital to the development and health of Indonesian children. These social workers require relevant guidelines and mechanisms for cooperation across sectors. Our investment in the PKSA Assessment is an investment in our nation's most vulnerable children and we will continue to strive for service excellence across sectors, ministries and partners.

I would like to thank UNICEF Indonesia, BAPPENAS, DFAT, GIZ and others for their contribution to the evaluation. Last but not least, I would like to pay tribute to social workers and other relevant professionals who are doing demanding tasks daily to serve underprivileged children so that they can be the best they can be. In our future efforts to strengthen social welfare in Indonesia, I hope this study can be a reference to how PKSA should be improved.

Jakarta,

Director General
Social Rehabilitation
Ministry of Social Affairs, Republic of Indonesia

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, followed by a large, stylized flourish that curves upwards and then downwards.

Drs. H. Samsudi, M.M.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	
FOREWORD	
TABLE OF CONTENTS	i
LIST OF TABLES AND FIGURES	ii
ACRONYMS/ABBREVIATIONS	iii
SUMMARY	1
Background and Purpose of The Study	1
PKSA's Role, Task and Approach	2
Summary of Assessment Results	3
Recommendations	6
1. OBJECTIVES AND METHODOLOGY	7
OF THE STUDY	7
Research Objectives	7
Research Tools and Data Collection	8
Data Analysis	9
Limitations of The Study	10
2. CHILD WELFARE AND CHILD PROTECTION	11
2.1 Child Vulnerability in Indonesia	11
2.2 Child Welfare and Child Protection Interventions in Indonesia	13
2.3 The wind of Change – Ongoing and Planned Initiatives to Improve Child Sensitive Social Welfare and Protection.....	15
3. THE ROLE AND ORGANIZATION OF PKSA	17
4. ASSESSMENT OF PKSA EFFECTIVENESS, IMPLEMENTATION PERFORMANCE, EFFICIENCY, RELEVANCE AND SUSTAINABILITY	20
4.1 Effectiveness – has PKSA Achieved Its Objectives?	20
4.2 Performance – How Well Does PKSA Implement Core Program Activities?	40
4.3 Efficiency – Does PKSA Produce Value for Money?	50
4.4 Relevance – is PKSA's Contribution to Child Welfare and Protection Significant?	52
4.5 Sustainability – Can PKSA in Its Present Form Survive?.....	55
5. RECOMMENDATIONS.....	56
5.1 Improving PKSA Operations Within The Confines of The Current Institutional Setting.....	56
5.2 Institutional Reform – Redefining Roles and Programs	67
5.3 Basing Social Welfare and Protection Reform on Evidence.....	68
REFERENCES	73



LIST OF TABLES AND FIGURES

Table 1	Number of children assisted by PKSA in 2012 and 2013 by Sub-program	17
Table 2	Plan of central government PKSA coverage and budget	19
Table 3	Breakdown of PKSA budget for 2012 and 2013	50
Table 4	Coverage of target population achieved by PKSA in 2012 and 2013	54
Figure 1	Map of Fieldwork	8
Figure 2	Roadmap of PKSA (2009 – 2019)	18
Figure 3	PKSA System of Objectives	21

ACRONYMS/ABBREVIATIONS

ABH	<i>Anak Berkonflik dengan Hukum</i> (children in conflict with the law)
ABT	<i>Anak Balita Terlantar</i> (neglected children Under 5 year old)
ADK	<i>Anak Dengan Kecacatan</i> (children with disabilities)
AMPK	<i>Anak yang Membutuhkan Perlindungan Khusus</i> (Children in Need of Special Protection – CNSP)
Antar	<i>Anak Terlantar</i> (neglected children)
APBD	<i>Anggaran Pendapatan Belanja Daerah</i> / Local Budget
APBN	<i>Anggaran Pendapatan Belanja Negara</i> / State Budget
Bappeda	<i>Badan Perencanaan Pembangunan Daerah</i> (Regional Development Planning Agency)
Bappenas	<i>Badan Perencanaan Pembangunan Nasional</i> (National Development Planning Agency)
BOL	<i>Bantuan Operasional Lembaga</i> (Operational Fee for Institution)
BOP	<i>Bantuan Operasional Pendampingan</i> (Operational Fee for Assistance)
BPS	<i>Badan Pusat Statistik</i> (National Statistic Agency)
BSM	<i>Bantuan Siswa Miskin</i> (Cash Transfer Programme for Poor Students)
CCT	Conditional Cash Transfer
Dekon	De-concentration budget
Dinas Sosial	Provincial/District Social Affairs Office
FDS	Family Development Session
FGDs	Focused-Group Discussions
IDR	Indonesian Rupiah (USD 1 = IDR 12,000)
ILO	International Labour Organization
IRS	Integrated Referral System
JKN	<i>Jaminan Kesehatan Nasional</i> (National Health Insurance)
JSLU	<i>Jaminan Sosial Lanjut Usia</i> (Social Security for Elderly)
JSPACA	<i>Jaminan Sosial Penyandang Cacat</i> (Social Security for People with Disabilities)
Kemensos	<i>Kementerian Sosial</i> (Ministry of Social Affairs – MoSA)
Kejar Paket	<i>Kelompok Belajar Paket</i> (Non-formal Education)
LKSA	<i>Lembaga Kesejahteraan Sosial Anak</i> (Children Social Welfare Institutions)
MoSA	Ministry of Social Affairs or Kemensos

ACRONYMS/ABBREVIATIONS

MOU	Memorandum of Understanding
NGO	Non-Government Organizations
P2TP2A	<i>Pusat Pelayanan Terpadu Perlindungan Perempuan dan Anak</i> (Integrated Service Centre for Women and Children)
MP3KI	<i>Masterplan Percepatan dan Perluasan Pengurangan Kemiskinan di Indonesia</i> (Masterplan for Accelerated Expansion of Poverty Alleviation in Indonesia)
Panti	Childcare institutions/orphanage
Perda	<i>Peraturan Daerah</i> (Regional Regulation)
PKH	<i>Program Keluarga Harapan</i> (Family Hope Program)
PPLS	<i>Pendataan Program Perlindungan Sosial</i> (Data of Social Protection Program)
PKSA	<i>Program Kesejahteraan Sosial Anak</i> (Child Welfare Program)
RasKin	<i>Beras Miskin</i> (Subsidized Rice Delivery)
RPJMD	<i>Rencana Pembangunan Jangka Menengah Daerah</i> (Regional Mid-Term Development Plan)
RPJMN	<i>Rencana Pembangunan Jangka Menengah Nasional</i> (National Mid-term Development Plan)
RPSA	<i>Rumah Perlindungan Sosial Anak</i> (Child Shelter)
Sakti Peksos	Social workers of PKSA
Sekda	Secretary of the Province/District
Susenas	<i>Survey Sosial Ekonomi Nasional</i> / National Socioeconomic Survey
TKSK	<i>Tenaga Kesejahteraan Sosial Kecamatan</i> (Sub-District Social Welfare Worker)
TNP2K	<i>Tim Nasional Percepatan Penanggulangan Kemiskinan</i> (National Team for the Acceleration of Poverty Reduction)
TOR	Terms of Reference
UDB	Unified Data Base
UPTPK	<i>Unit Pelayanan Terpadu Penanggulangan Kemiskinan</i> (Integrated Services Unit of Poverty Alleviation)

Background and Purpose of The Study

PKSA, an acronym for *Program Kesejahteraan Sosial Anak*, is a conditional social cash transfer program (CCT) for disadvantaged children implemented by the Directorate of Child Welfare in the Ministry of Social Affairs (MoSA). In 2013 PKSA covered 173,611 children and is one of the four social cash transfer programs that are implemented by MoSA. The four programs are: the Family Hope Program (PKH), Social Insurance for the Elderly (JSLU), Social Insurance for Persons with Disabilities (JSPACA) and PKSA.

PKSA overlaps to some extent with a conditional cash transfer program called *Program Keluarga Harapan (PKH)* also managed by MoSA. PKH targets extremely poor households with children and/or pregnant women and presently covers 3.2 million households. The other two programs – JSLU and JSPACA - target neglected elderly people and severely disabled people and have each less than 20,000 beneficiaries. The four cash transfer programs implemented by MoSA are partly complemented and partly overlapped by between 150 to 250 transfer and social assistance programs implemented by other Central Government Ministries and by Local Government structures. Nobody knows the exact number. In short, Indonesian's social welfare system, of which PKSA is a small component and is fragmented.

After describing the objectives and the methodology of this study the report starts with a review of child vulnerabilities, a summary of child welfare and protection system in Indonesia and the role and organization of PKSA. It then gives an assessment of PKSA's effectiveness, implementation performance, cost-efficiency, relevance and sustainability. Based on the assessment the study gives recommendations on how to improve the program.

PKSA's Role, Task and Approach

PKSA is based on Decree No: 15A/HUK/2010 of the Minister of Social Affairs that states the objective of PKSA as follows:

The aim of Child Welfare Program (PKSA) is to ensure fulfillment of the basic rights for children and child protection from neglect, exploitation and discrimination so that development, survival and participation of children shall be achieved.

PKSA was launched because Indonesia has a large number of children in crisis and children at risk that mostly live in very poor households and are not reached by PKH or other programs or need services that other programs do not offer. The number of neglected children, street children, children in contact with the law, children with disabilities, and children who need special protection to get access to basic social services is estimated by MoSA at roughly 4.3 million¹.

PKSA aims at reaching these children with annual cash transfers of IDR 1.5 million per child (in 2014 reduced to IDR 1 million) combined with guidance and care provided to the children and their families by social workers and/or by child care institutions that link the children and their families to basic social services. This approach – the integration of cash, care and social services - is tailored to achieve a positive change in the behavior of children and caregivers leading to improved parenting and to a decrease of the percentage of children with social problems. To accomplish this service PKSA employs 686 social workers and cooperates with 5,563 child-care institutions.

As disadvantaged children are a heterogeneous group, PKSA has elaborated specific guidelines, employs specialized social workers and works with specialized child-care institutions for the five different categories of disadvantaged children listed above. Some categories of children in crisis like children in emergency situations, victims of child trafficking and victims of physical and/or mental abuse require temporary institutional care. However, one of PKSA's objective is to use institutional care only when necessary and to promote family-based care wherever possible.

¹ Source: Introductory section of the PKSA Guideline (MoSA, 2011)

Summary of Assessment Results

In accordance with the TOR this study has assessed the effectiveness, implementation performance, efficiency, relevance and sustainability of PKSA.

In terms of **effectiveness** PKSA has demonstrated that its basic approach – the combination of cash transfers with intensive guidance and care through social workers and child-care institutions, who facilitate access to social services and promote family-based care – is sound. Where this approach has been implemented in accordance with the guidelines and in a professional manner it has positive outcomes. It increases utilization of basic social services, improves the behavior of children and caregivers and contributes to the wellbeing of children in terms of health, nutrition and education.

But PKSA has only 686 social workers for 5,563 LKSAs that implement PKSA. Some LKSA have a number of social workers while most have no social worker. This means that less than 10 percent of beneficiaries are reached by the full PKSA approach – the integration of cash, social workers and access to social services.

Children that are cash beneficiaries without proper social welfare support have missed the rehabilitative services that are provided to facilitate that families and children regain their ability to function - a core element of the program design. The fact that the number of children not

served by social workers is relatively big compared to the group that receives full PKSA support raises serious question about program effectiveness.

PKSA's main objective – a decreased percentage of children with social problems (MoSA, 2011) – has not been achieved. PKSA covers just 3 percent of its target group of 4.3 million disadvantaged children (*for details on PKSA target group and sources of target group data see Table 4*). Assuming that the number of children in risk and in crisis has grown by more than 3 percent since 2010 (the population has grown by 8 percent), we have to conclude that the percentage of children with social problems has increased instead of decreased. This is aggravated by the fact that the 3 percent children reached by PKSA are not the children most in need of social protection

Both, the low coverage and the faulty targeting are partly the result of missing another of PKSA's objectives - *Increased number of local governments (province/district/municipality) synergizing PKSA with the existing welfare programs and protection for children funded by the APBD/local budget (MoSA, 2011)*. Instead of integrating Local Government structures, human resources and data into the targeting process, PKSA relies exclusively on a patchwork of Child-Care Institutions (LKSAs) that are badly equipped for this task.

PKSAs' implementation performance has a number of strong points and a number of weaknesses. Most LKSAs and the social workers give valuable services to their beneficiaries. They are the backbone of PKSA. To build on these strengths, MoSA should invest more in improving the capacity of the LKSAs and the working conditions of social workers.

Socialization and targeting are the weak points. While PKSA in 2012 has spent IDR 7,949 million on socialization and coordination meetings, Local Government structures and other local stakeholders feel uniformed and bypassed. This is one of the reasons why PKSA failed to synergize and establish effective partnerships with Local Government.

Delegating targeting activities nearly exclusively to LKSAs, who base the selection of beneficiaries on inappropriate data, has led to an unacceptable low quality of targeting results. LKSAs are simply unable and partly unwilling to systematically select the most needy children. PKSA supports LKSAs of the cluster 'neglected children' that accept large numbers of children, who's parents live in other provinces and just want good education for their children. This is inconsistent with the generally accepted principle to promote family-based care and use institutional care only as a last resort.

MoSA does not monitor outcomes and impact of PKSA and has no grievances procedures. The lack of feedback mechanisms may be one of the reasons for the gap between the objectives and regulations as expressed in the PKSA guidelines and the reality on the ground.

Imposing conditionalities, sanctioning non-compliance and implementing a graduation strategy form an interlinked complex of issues that need to be reviewed. Sanctions for non-compliance with conditions may hurt the most vulnerable children. Graduation criteria may have to be limited to reaching the age limit and may have to be complemented by a follow-up strategy.

In terms of **cost-efficiency** PKSA operational costs amount to 20 percent of total costs. These costs are not excessive, but compared with the three other cash transfer programs implemented by MoSA, PKSA has the highest operational costs.



The **relevance** of PKSA's contribution to child welfare and protection has to be assessed from two perspectives. From a conceptual perspective the PKSA approach - the integration of cash transfers with access to social services and child-care by LKSAs and guidance and mentoring by social workers - is a relevant response to the needs of children at risk and in crisis. However, due to its inappropriate organization as an isolated central government program, due to several implementation issues and due to extremely low coverage, PKSA outcomes and impact are insignificant from a macro perspective.

In order to be **financially sustainable** the program needs the support of influential political forces. PKSA's budget has been stagnant since 2012. Its 2014 budget has been cut in spite of the fact that child protection is one of the government's priorities, while the PKH budget has steadily increased. This indicates lack of political support and raises the question how PKSA can gain the necessary political good will to become financially sustainable. Integrating PKSA and PKH (its much bigger and politically better established sister) might be one option to secure PKSA's sustainability. Winning the committed support and the co-financing from Local Governments may be another strategy. Staying in splendid isolation will not ensure the sustainability of PKSA.

Recommendations

The report gives three types of recommendations:

1. How to improve PKSA operations within the confines of the current institutional setting

The recommendations under this heading focus on how to achieve systematic geographical coverage, how to synergize with Local Government structures and programs, rethinking the role of LKSAs in the PKSA concept, how to improve the working conditions, qualification, supervision and motivation of social workers, how to ensure that PKSA guidelines can be used and will be used, how to base targeting and verification on reliable evidence, how to improve case management, monitoring (including conditionalities) and data management, and how to implement a clear and realistic exit and follow-up strategy.

2. Institutional reform – redefining roles and programs

The recommendations under this heading include focus on consistent decentralization, implementation of the PKSA concept through strong district level *Dinas Sosial* offices, close cooperation/integration with PKH to ensure that family poverty (the main driver of children's vulnerabilities) is reduced, and on redefining MoSA's role.

3. Basing social welfare and protection reform on evidence

This chapter challenges a number of assumptions underlying the Indonesian welfare and social protection system like the tendency to link transfers to conditionalities, the prevalence of categorical targeting versus inclusive family-based targeting, and the tendency to centralize social protection programs, which may be implemented more effectively by Local Government. It finally questions if low coverage social assistance programs that provide extremely low levels of transfers are able to reduce poverty and poverty related vulnerabilities.

1. OBJECTIVES AND METHODOLOGY OF THE STUDY

Research Objectives

The rapid assessment of the Child Social Welfare Program (PKSA) has been commissioned to provide the Ministry of Social Affairs (MoSA) and UNICEF with information on the performance of the program and with recommendations for its future implementation. According to the TOR the study has to meet the following objectives:

1. To assess whether the current model of PKSA program delivery is effective and efficient with regard to achieving relevant and sustainable child protection outcomes and impact and plays an appropriate role in the Indonesian social welfare and child protection system.
2. To develop recommendations to strengthen PKSA effectiveness and efficiency by improving – where necessary – PKSA procedures like targeting, verification, delivery of transfers, linking beneficiaries to basic social services, determining and monitoring of conditionalities, implementation of the exit strategy and providing follow-up to exiting beneficiaries in the broader context of strengthening the Indonesian child protection system, and aligned with the establishment of integrated social welfare services in three pilot provinces.
3. To revise PKSA guidelines in line with the recommendation given.

The results related to the first two objectives are documented in this report. Recommendations for revising the PKSA guidelines are given in a separate report.

Research Tools and Data Collection

The data required to produce the outputs listed above have been collected through desk reviews and through fieldwork in three provinces. The desk review covered publications on social protection and child protection in Indonesia with focus on PKSA and other social cash transfer programs (*see references*). It also covered all available evaluations, policy documents, guidelines, statistics, and budget documents. Case records compiled by social workers, child growth monitoring cards, student attendance reports, and social worker's reports were randomly selected and reviewed.

The fieldwork was conducted in 3 consecutive weeks of October and November 2014 by a research team that consisted of a team leader from Team Consult and three researchers from Universitas Padjadjaran. Fieldwork covered 6 districts: **East Jakarta** and **West Jakarta** (DKI Jakarta Province), **Kota Surakarta** and **Kota Magelang** (Central Java Province) and **Kota Makassar** and **Kabupaten Gowa** (South Sulawesi Province). These areas were selected in consultation with UNICEF. They include districts, where most sub-programs of PKSA are implemented since 2009 and where the Ministry of Social Affairs and UNICEF's 3 area-based pilot programs of integrated social welfare and social protection interventions for child protection in Indonesia are located.

Figure 1. Map of Fieldwork



Sources	Size	Tools
Children	40	FGD / Interview
Parents/Caretakers	45	FGD
Social Workers / TKSKs	42	FGD, Review of Case Records
Implementing Agencies	12	Interviews
Teachers, Therapists, Health Personnel	8	Interviews, School Attendance Records, Case/Crowth Monitoring Records
Government: MoSA, BAPPENAS, DINSOS, BAPPEDA	33	Interviews
International agencies	6	Interviews


Source of Information, number of respondents and research tools

Respondents for the interviews and for the FGDs have been selected in order to get a balanced representation of different perspectives, locations and functions in child protection. LKSAs were selected from the registry provided by the Child Welfare Directorate at MoSA. Children and parents were selected by social workers and LKSA. Clear ethical and child protection protocols referred to Ethical Research Involving Children (*UNICEF, 2013*) guided the research component and data collection process, addressing issues pertaining to prevention from harm, informed consent, confidentiality, and compensation for participation.

Data Analysis

PKSA effectiveness has been assessed by comparing outputs, outcomes and impact achieved with PKSA objectives as articulated in the ministerial decree on which PKSA is based. Performance was analyzed by assessing the quality of activities PKSA is implementing to achieve its objectives. PKSA efficiency was determined by calculating the ratio of operational costs to total program costs.

The relevance of PKSA has been assessed in terms of how far the program meets the needs of its target groups and whether it contributes significantly to child welfare and protection in Indonesia. Program sustainability has been assessed by comparing medium and long-term plans regarding PKSA coverage and budgets with the actual development of coverage and budget from 2010 to 2014 and by analyzing the reasons why coverage and budgets are stagnating.



1. OBJECTIVES AND METHODOLOGY OF THE STUDY

Based on the findings from the rapid assessment and the cost analysis, the team has elaborated recommendations on how to ensure that an improved PKSA plays an effective role as a component of an integrated social and child protection system. The recommendations were developed in close cooperation with MoSA and UNICEF and have been presented and discussed in a national workshop held in Jakarta, December 3rd, 2014. Once a consensus on the assessment results and on the implications for PKSA has been achieved, the team will revise PKSA guidelines in close cooperation with the Directorate for Child Welfare of MoSA.

Limitations of The Study

While some of the literature quoted refers to all of Indonesia, the fieldwork done for this study was restricted to 6 districts in 3 provinces. All LKSAs visited by the research team have social workers. By focusing on LKSAs with social workers the research team was able to observe what outcomes have been achieved when the full PKSA approach – the integration of cash transfers, social workers and linkage to social services – is applied. But the study has not assessed PKSA outputs and impact in LKSA, which have no social workers.

Respondents have not been selected randomly. The stakeholders that were interviewed or participated in FGDs were selected by the LKSAs and by the social workers and are therefore not representative.

MoSA was not able to provide any monitoring results regarding behavior changes or changes in wellbeing achieved by children or parents participating in PKSA. There are no baseline surveys and/or follow up surveys regarding PKSA outcomes and impacts.

The study does not cover the fiduciary risks involved in delegating the management of cash transfers to LKSA and the financial control and audit mechanisms that have been set up to ensure transparency of the management of public funds through private agencies.

2. CHILD WELFARE AND CHILD PROTECTION ISSUES IN INDONESIA

2.1 Child Vulnerability in Indonesia

One-third of Indonesia's population of 237.6 million consists of children below the age of 18 (*BPS, 2011*). Overall, the welfare and quality of life of the population continues to improve. Between 1980 and 2012, the country's Human Development Index increased by 49 percent. During this period life expectancy at birth has increased by more than 12 years, average years of schooling by almost 3 years, and GNI per capita by 225 percent. Despite these achievements, many Indonesian children are still living with vulnerabilities that impair their wellbeing and development.

Indonesia is still not performing well in guaranteeing the right to birth registration. A birth certificate provides the official acknowledgment of a child's identity and existence. It can provide protection from child's exclusion and exploitation including illegal, early marriage, illegal adoption and child trafficking. Data from the 2011 National Social Economy Survey (*Susenas*) reveal that 40% children aged 0-4 years do not have birth certificates (*National Statistic Agency, 2012*). The proportion is assumed to be higher if older age children without birth certificate are included. The government, through amendment of the Population Administration Law in 2013 removed any expenses associated with obtaining civil documents including birth certificates and simplified birth registration. But in practice parents are still confronted by complicated procedures, registration fees and the lack of access. (*Ramdhani, 2014*).

Poverty is a key driver of child vulnerabilities in Indonesia. Poverty prevents the fulfillment of children's basic needs to proper health, nutrition, and education. Stress associated with poverty, unemployment and limited access to resources increases the risks for child neglect. Data from PPLS showed that in 2011, 23.4 million children under 16 years lived in poverty and 3.4 million children aged 10-17 years worked as unpaid family workers. The majority of them only graduated from elementary education, meaning that they have been pulled out from education at an early age and lost the chance for better education and livelihood.

2. CHILD WELFARE AND CHILD PROTECTION ISSUES IN INDONESIA

To assure the continuity of their children's education, many parents send their children to one of the 5,000-8,000 children residential care institutions called *Panti* that are mostly private institutions. While *Panti* fulfill the children's needs for education, food, and shelter, most of them provide little care to the children (*Kemensos, Save the Children, UNICEF, 2007*).

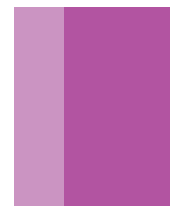
The vulnerabilities of some Indonesian children are caused by lack of care from their parents/caregiver. Some 19.6 percent of under-five children suffer from malnutrition, which increases their risks to experience health and cognitive problems (*Riskesdas, 2013*). Twenty percent of under-five children in 2011 were underweight and more than 17% of babies were delivered without the attendance of professional health personnel partly due to the inability to afford health care. In 2011, there were 1.2 million under-five and 3.1 million above 5 children who were categorized as neglected (*BPS, 2011*)

In Indonesia, children with disability face greater risks than their 'able' counterparts to experience discrimination, neglect and maltreatment due to stigma associated with their conditions, the lack of resources and facilities, access problems and weak protection policies. In 2009, MoSA's Directorate of Social Rehabilitation of People with Disabilities recorded that as many as 199,163 children in 24 provinces suffered from disabilities – 78,412 children with 'mild' disabilities, 74,603

children with 'medium' disabilities and 46,148 children with 'severe' disabilities. This figure increased to 367,520 children in 2013. A big proportion lives in poor families (*Ministry of Social Affairs, 2014*).

A large number of children are left without proper care and protection and are forced to become street children. Street children are exposed to risks that include health problems, exploitation and violence, dropping out of school, and getting involved in criminal activities. Some 230,000 street children were identified by MoSA in 2007 whereas CBS and ILO estimated the number at as much as 320,000 in 2009.

Other groups of vulnerable children are those who are in contact with the law and in need for special protection. Data from the Ministry of Justice showed that 54,712 children perpetrated the law and were detained in 2011 (*Ministry of Women Empowerment and Child Protection, 2012*). Susenas reported that 385,500 children were victims of crime. As for sexual exploitation (i.e. child prostitution, child pornography), data is hard to obtain due to underreporting. However, the Ministry of Women Empowerment and Child Protection (2012) noted that 30% of 30,000-70,000 sex workers in Indonesia were children. The data from Indonesian Police (*cited in the Ministry of Women Empowerment and Child Protection, 2012*) reported some 344 children, mostly girls, have been the victims of human trafficking during the period of 2007 to 2011.



2.2 Child Welfare and Child Protection Interventions in Indonesia

Indonesia has shown its commitment to child protection by adopting policies and strengthening the legal framework that assure the protection of child rights. In 1990, the country has ratified the United Nations Convention on the Rights of the Child (CRC). This Convention obliges the government to develop policies and carry out actions for the best interests of children, to respect the rights of children in economic, social, cultural, and civic and political domains and to protect the children from abuse, exploitation, discrimination and violence. At national level, the government has enacted various laws that are in line with the conventions including a Law on Child Welfare (No. 4 of 1979), , the Law on Human Rights (No. 39 of 1999), the Law on Child Protection (No. 23 of 2002), the Law on Elimination of Domestic Violence (No. 23 of 2004), the Law on Citizenship (No. 12 of 2006), the Law on Protection of Witnesses and Victims (No. 13 of 2006), the Law on Population Administration (No. 23 of 2006), the Law on Anti-Trafficking (No. 21 of 2007), Law on Juvenile Criminal Justice System (No. 11 of 2012) and a number of action plans to reduce child work and exploitation. Child protection is also an inter-sectoral priority under the National Medium Term Development Plan (RPJMN) 2010-2014.



2. CHILD WELFARE AND CHILD PROTECTION ISSUES IN INDONESIA

Despite such comprehensive legal framework, childcare and child protection interventions have not been well integrated and consistent with the promotion of children's best interest. The responsibilities of implementing the policies are spread out over various programs of different central ministries and over different directorates within the same government institutions. This is the same at lower government institutions. Child protection programs are fragmented and uncoordinated. This leads to overlapping of services as well as to gaps in coverage and results in limited impact.

The dominant practice of dealing with vulnerable children has long been to put them into institutional care. The implementation of Law No. 3/1997 on Juvenile Court that regulates correctional interventions through institutions has been criticized for its unresponsiveness to protect the rights of children in contact with the law. The care for orphans and neglected children has been mostly provided through privately - run institutions all across the nation. Unfortunately, the government somehow supports such residential care practice by providing operational costs for the children cared for by institutions (*Martin, 2013*).

In 2000 Indonesia started to regulate institutional care and acknowledged the need to shift childcare and protection

from institutional to family-based care. The shift has been partly based on findings from research on institutional care by orphanages. The research revealed that only 6% of children in 'orphanages' were orphans. Most of them were placed at *Panti* by their families for better access to education and many of the children living in these institutions did not receive proper care and protection (*Florence & Sudrajat, 2007*). In 2011, the National Standard of Care for Children within Institution was adopted and this policy supports children to live with their families or in a family environment while institutional care is regarded as the last resort.

The paradigm change to promote rights-based and family-based care has been translated into several programs including in poverty reduction and child protection initiatives. This follows the Presidential Instruction Number 1/2010 on the Acceleration of The Implementation of National Development Priorities for 2010 and the Presidential Instruction Number 3 /2010 on Equitable Development. The Conditional Social Cash *Program Keluarga Harapan* (KPH) was initiated in 2007. It provides cash transfers to extremely poor households with pregnant or lactating mothers, toddlers, infants and school-aged children. In 2014, 3.2 million poor households are receiving PKH transfers.

PKSA was introduced in 2009 to provide as secondary and tertiary level child protection intervention. It combines cash

assistance and social services to assist children at risk or in crisis (*for details see chapter 3*). A new law on the Juvenile Criminal Justice System of 2012 stresses the orientation toward restorative justice. It promotes a non-court criminal justice system and the rehabilitation of young offenders through community based services.

Since the last few years Indonesia has been starting to develop a comprehensive and integrated child protection system focused on family and community based care. The model integrates social, health, education and justice services, reduces duplication, inefficiency, and fragmentation of services and aims at improving access to services.

2.3 The Wind of Change – Ongoing and Planned Initiatives to Improve Child Sensitive Social Welfare and Protection

MoSA, TN2PK, Bappenas, their various international partners and some Local Governments have started and/or are planning a number of interventions to propagate and try out new ways of social protection. They aim at reducing the extreme fragmentation of social programs, integrating cash transfers and social service delivery and testing one-stop referral and delivery models. Fuel subsidies have been reduced freeing funds for more effective poverty reduction. There are voices calling for concentrating all ongoing social transfer activities into a harmonized social cash transfer program. Some of these initiatives are:

- MoSA in cooperation with UNICEF is planning five area-based pilot programs that will test an integrated approach to family based child welfare and protection in Central Java, East Java and South Sulawesi (Griffith University, 2014)
- TNP2K and Bappenas in cooperation with the Australian Department of Foreign Affairs (DFAT) are starting 11 pilot projects to improve the national unified data-base (UDB) by introducing an Integrated Referral System (IRS), which provides technological solutions for removing fragmentation of social protection programs and for improving coordination and integration of social protection services at the national and local levels



- The “Sragen model” is a local government initiative called UPTK directly reporting to the Secretary of the District (*Sekda*). It aims at sub-national coordination of social protection through an integrated online registration system. It shifts social protection implementation away from MoSA to the local leadership. This model is a response to the fact that the national targeting system (UDB) has high inclusion and exclusion errors. However, UPTK in its current form is not suitable to identify extremely vulnerable children who neither have birth certificates nor other forms of identification
- Surakarta has its own database of poor households and is piloting online civil registration which links hospital records with civil registry data so that users can easily determine the civil registration and health status of a particular household.

All four initiatives listed above focus on removing core shortcomings of the present social protection and welfare system. Combining these initiatives could lead to significant synergies and would avoid fragmentation of initiatives that aim at reducing fragmentation.

3. THE ROLE AND ORGANIZATION OF PKSA

The Child Social Welfare Program (PKSA) is a conditional child protection cash transfer program, designed as a model to respond to the problems of children in crisis living in poor families. PKSA combines elements of cash transfers with the assistance of social workers and access to basic social services to produce rehabilitative benefits to the functioning of families. The conditionalities focus on behavioral changes which include: positive behavioral change and increased social functioning of children and families, as well as increase in utilization of basic social services. A case management approach and a series of family development sessions are applied to achieve the behavioral changes, to ensure social rehabilitation and to facilitate access to social services.

In accordance with the categories of crisis situations experienced by children, PKSA is organized into six sub-programs, each with its own target group profile (see Table 1).

Table 1: Number of children assisted by PKSA in 2012 and 2013 by sub-program

Sub-Program		No. of Children Covered	
		2012	2013
1	PKSA for Neglected Under 5 Years Old	7.540	15.000
2	PKSA for Neglected Children (5- 18 Years Old)	137.242	110.000
3	PKSA for Street Children	8.415	9.315
4	PKSA for Children in Contact with The Law and Vulnerable Youth	1.040	7.840
5	PKSA for Children with Disabilities	1.750	8.600
6	PKSA for Children in Need of Special Protection *)	1.210	8.146
Total		157.197	158.901

Source: Annexes of "Daftar Isian Pelaksanaan Anggaran (DIPA)"

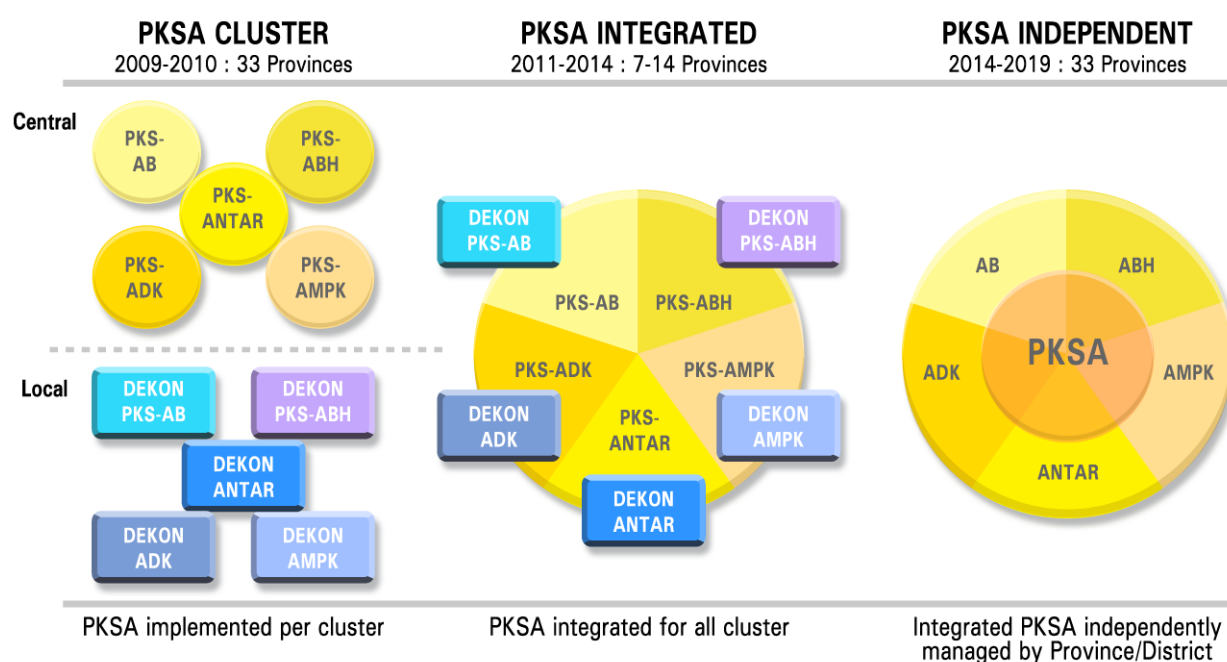
*) covers children victims of various types of violence/abuse and exploitation such as trafficking, sexual abuse and exploitation, and child labor; children living with HIV/AIDS; and children of isolated indigenous communities.

MoSA had planned to gradually transform the 5 sub-programs into an integrated model, one PKSA for all (see Figure 1). For the period 20110 to 2011, PKSA had planned to manage the sub-programs centrally. At the same time part of the central fund was sent to the provincial governments (known as deconcentration fund) in order that the provinces start their own PKSA type child welfare programs. As a next step starting in 2011, it was planned to begin the process of integrating the central PKSA and local

3. THE ROLE AND ORGANIZATION OF PKSA

child welfare programs. For the period 2014 to 2019 it is planned to increase the role and contribution of Local Governments. By 2020 the Local Governments are expected to implement most of PKSA interventions while central government plays a supporting role.

Figure 2. Roadmap of PKSA (2009-2019)



Source: Power point presentation of Dr. Ir. R. Harry Hikmat: Best Practice PKSA 2009-2011, Kementerian Sosial RI, 2012

As model for an effective response to the nationwide child protection and welfare needs, PKSA is supposed to be used as reference for the provincial or district authorities and communities to deliver care and protection for children (MoSA, 2010). Therefore, the design of PKSA includes provincial and districts governments as part of the implementing structure, along with a description of the specific roles of each level. PKSA Guidelines even mention that *Dinas Sosial* at all levels should establish PKSA implementation units in their respective offices. In summary: It was envisioned from the beginning that by 2019, Local Governments will have the capacity to manage PKSA independently using their own resources.

Table 2: Plan of central government PKSA coverage and budget 2010-2020

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
No. of Children	138.000	158.000	172.000	222.000	322.000	522.000	822.000	822.000	822.000	822.000	822.000
Budget	271 M	287 M	313 M	400 M	580 M	940 M	1,500 M	1,500 M	1,500 M	1,500 M	1,500 M

Source : Presentation of Dr. Ir. R. Harry Hikmat: Best Practice PKSA2009-2011, Kementerian Sosial RI, 2012

Table 2 shows the long-term planning. PKSA aims at covering from the central budget 522,000 children in 2015 and 822,000 children during the period 2016-2020. This amounts to 20 percent of the total target population of children in need. To gradually reduce the gap between the number of children in need and the number of children covered, it was assumed that the other 80% of the target group will be covered by provincial and district resources. To ensure that Local Governments will allocate an increasing amount of funds for the implementation of child welfare programs, MoSA has to win their commitment and full support. Therefore one of PKSAs main objectives is to synergize, cooperate closely and share resources with Local Governments.

4. ASSESSMENT OF PKSA EFFECTIVENESS, IMPLEMENTATION PERFORMANCE, EFFICIENCY, RELEVANCE AND SUSTAINABILITY

4.1 Effectiveness – has PKSA Achieved Its Objectives?

The Decree of the Minister of Social Affairs No: 15A/HUK/2010 states the objectives of PKSA as follows (MoSA, 2010):

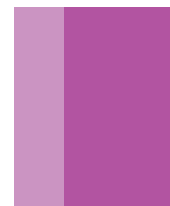
The aim of Child Welfare Program (PKSA) is to ensure fulfillment of the basic rights for children and child protection from neglect, exploitation and discrimination so that development, survival and participation of children shall be achieved.

The same decree gives the following goals to be achieved in the period 2010 to 2014:

1. Increased percentage of neglected children and under-five, street children, children in contact with the law, children with disabilities, and children who need special protection to get access to basic social services
2. Increased percentage of parents/families who will be responsible for child-care and protection
3. Decreased percentage of children with social problems
4. Increased number of social welfare institutions working with children
5. Increased number of Professional Social Workers, man-power for social welfare and volunteers in Child Social Welfare services
6. Improve the role of Local Government (provincial, district, city) in synergizing PKSA with the child welfare and child protection programs funded through local budget
7. Increased law products concerning the protection of child rights which is required for PKSA's legal basis.

Summarized and ordered in an output-outcome-impact sequence PKSA's task is to produce the following four outputs:

- Increasing the number of social welfare institutions that provide protection services for children (goal 4.),
- Increasing the number of professional trained social workers (goal 5.),
- Synergizing PKSA with local government welfare programs (goal 6.)
- Increasing legal frameworks as legal basis for PKSA (goal 7.)



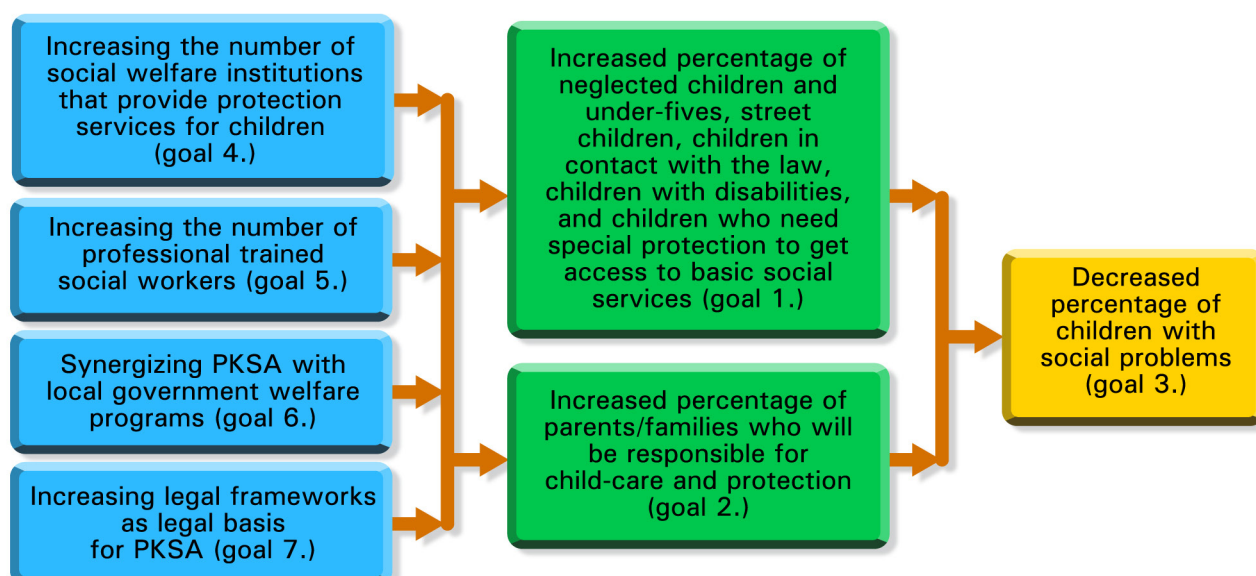
As a result of the four outputs, PKSA hopes to achieve two outcomes:

- Increased percentage of neglected children and under-fives, street children, children in contact with the law, children with disabilities, and children who need special protection to get access to basic social services (goal 1.)
- Increased percentage of parents/families who will be responsible for childcare and protection (goal 2.)

These outcomes will lead to the following impact:

- Decreased percentage of children with social problems (goal 3.)

Figure 3. PKSA system of objectives



Based on the literature review and on the observations made during fieldwork the following sub-chapters analyze to what extent PKSA has achieved its outputs, outcomes and impact.

4.1.1 Increased Number of Social Welfare Institutions that Provide Protection Services for Children

Safeguarding children’s rights and protecting the children are the responsibility of both government and non-government entities. The number and quality of service providers determine to what extent and how well the child protection services operate. PKSA implementation

4. ASSESSMENT OF PKSA EFFECTIVENESS, IMPLEMENTATION PERFORMANCE, EFFICIENCY, RELEVANCE AND SUSTAINABILITY

relies on the collaboration with *Lembaga Kesejahteraan Anak (LKSA)* to provide child welfare and protection services at the community level.

PKSA's guidelines stipulate LKSA's selection criteria, responsibilities, and rights. The selection criteria are: Being endorsed by local Dinsos, have sufficient experience in working with child issues, have adequate human and financial resources as well as own proper infrastructure to implement the program. Selected LKSAs have been given the tasks to identify and verify the eligible children, open bank accounts for each child, transfer the cash assistance to children's accounts, link the beneficiaries to social services, facilitate information and education sessions for parents, and monitor the conditionality compliance.

In return, MoSA provides trainings for LKSA personnel and financial assistance called *Bantuan Operasional Pendampingan (BOP)* and *Bantuan Operasional Lembaga (BOL)*. BOP is to support operational costs, for instance, for outreach and selection, for home visits, case management and transportation for social workers. BOL is to support administrative cost, such as office meals for coordination meetings, salaries of LKSA personnel and office infrastructure. Between the years 2009 to 2013, each LKSA received a total

of IDR 300,000 for both BOP and BOL per each beneficiary. However, in 2014 responding to the mid-year presidential instruction on the reduction of the state budget (APBN), PKSA eliminated BOP and BOL. Instead, each LKSA was granted financial assistance that varies between IDR 10 million and 15 million as a lump sum regardless to the number of children they serve.

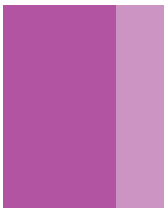
The study found that PKSA has been successful in increasing the number of cooperating LKSAs, but has failed in improving their quality to deliver child protection services. In 2010, there were 5400 LKSAs, increased slightly to 5712 in 2011 dropped to 4596 in 2013 and reached 5,563 in 2014. As PKSA employs only 686 social workers, the majority of LKSAs operates without social workers. As social workers play an important role in the PKSA approach, a LKSA that has no social workers may not be able to implement the PKSA concept effectively (see chapter 4.1.2).

The fieldwork found mixed evidence regarding the quality of LKSAs. Most of surveyed LKSAs had been operating long before PKSA was established, which indicates that they already have sufficient experience in assisting children. Many provided community/family based care, which is in line with PKSA's objective to promote non-institutional care.

But concerns over their capacity to implement PKSA were alarming. Some were found not having adequate basic infrastructure and facilities to provide proper services and care for children, despite of their long involvement with PKSA. Some of them also operated with lack of transparency and accountability. For example, some LKSAs never showed the savings books to the beneficiaries or informed them on the remaining balance, while PKSA guidelines state: '*PKSA Savings is a component of the process of social assistance for educating children to learn to save money and get to know the banking system*' (MoSA, 2010).

In Makassar, some social workers complained that they have never been involved by LKSA in distributing and monitoring cash assistance. In addition, there was indication of long existing malpractices among some institution-based care institutions for neglected children (*Pantis*) that have also been observed in previous studies (*Kemensos, Save the Children, UNICEF, 2013; 2008*). Some participants in South Sulawesi were convinced that profit making was the dominant motive for some *pantis* involved in PKSA. *Pantis* regularly recruited children from other districts or provinces. Many of the children recruited still have both parents and families that are able to provide the care. Working with such LKSAs is inconsistent with the objective of promoting family-based care.





4. ASSESSMENT OF PKSA EFFECTIVENESS, IMPLEMENTATION PERFORMANCE, EFFICIENCY, RELEVANCE AND SUSTAINABILITY

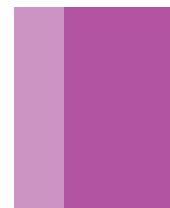
Other issues related to targeting and services. LKSA's targeting activities do not result in selecting the poorest and most needy children (see chapter 4.2.2). In addition, although many surveyed LKSAs claimed that they were not significantly affected by the reduction of operational assistance, the study found the contrary. Some LKSA had reduced the frequency and regularity of outreach and activities with parents/children due to financial constraints.

Many of the issues observed could have been detected and alleviated through precise selection criteria for LKSAs, proper assessment, monitoring and evaluation. In fact, neither PKSAs nor Local Government have carefully selected the implementing agencies nor have they controlled their performance and/or improved their capacity and accountability. According to respondents the registration of LKSAs is to a large extent arbitrary and monitoring and inspections are not performed regularly. When they happen, they are not conducted thoroughly and systematically.

4.1.2 Increased Number of Professional Trained Social Workers (*Pekerja Sosial*), Social Welfare Workers (*Tenaga Kesejahteraan Sosial*) and Social Welfare Volunteers (*Relawan Sosial*) in The Field of Child Welfare and Protection

Social workers are the key component in the program. Their quantity and quality determine the effectiveness of PKSA interventions. Social workers working for PKSA, also known as *Sakti Peksos*, provide services to the children and caregivers, connect them to social service organization and promote behavioral change at family and community level. The roles and competence of social workers becomes more crucial within the new PKSA platform because the program will give more priority for rehabilitation services and will put less focus on cash transfers. The guideline stipulates that each social worker has to have appropriate professional, personal and social competence.

While the number of social workers employed by PKSA has increased over time, this increase has not kept up with the increase of implementing LKSAs. In 2010 and 2011, MoSA employed 46 and 140 professional




social workers. In 2012/2013 the number increased to 623 and finally reached 686 in 2014. All of them meet the academic qualification set in the program guidelines. Most social workers perceived their job as important and as emotionally rewarding. Implementing agencies and beneficiaries appreciated the perseverance and dedication of social workers (*see chapter 4.2.4*).

But as PKSA has 5,563 LKSAs, most LKSAs implement the program without social workers (*see chapter 4.1.1*). This means that less than 10 percent of beneficiaries are reached by the full PKSA approach – the integration of cash transfers, social workers and access to social services. Children that are cash beneficiaries without proper social welfare support have missed the rehabilitative services that are provided by social workers to facilitate that families and children regain their ability to function - a core element of the program design. The fact that the number of children not served by social workers is relatively big compared to the group that receives full PKSA support raises serious question about program effectiveness.

In the few LKSAs that have social workers, the ratio of children per social worker is problematic. The most unfavorable ratio was in the cluster for neglected children, where on average a social worker had to handle between 915 (year 2013) to above 1000 children (2012). The average ratio was worsening in clusters under-5 neglected children (1: 47 in 2012 and 1:93 in 2013) and in cluster children in need for special protection (1: 17 in 2012 and 1:78 in 2013). Social workers with high ratio and large work areas admitted that they find it difficult to do regular home visits or provide appropriate services to strengthen the knowledge and capacities of parents.

Many social workers are not satisfied with their working conditions due to the lack of health insurance, lack of job security, limited career development, and lack of professional acknowledgment from other professions. Some of these problems have also been reported in previous studies (*World Bank, 2011; Lahiri, 2013*).



4. ASSESSMENT OF PKSA EFFECTIVENESS, IMPLEMENTATION PERFORMANCE, EFFICIENCY, RELEVANCE AND SUSTAINABILITY

PKSA also has not performed well to improve social workers' professional competence. The current job trainings were perceived as too short (10 days for first batch and 3 days for the next batches), were too general and were not specifically tailored to the competence needed in each cluster. They focused too much on knowledge instead of skills development. Many sensed that the responsibilities to distribute and monitor assistance had pushed them into performing tasks of 'bank tellers' or 'administrative personnel' than real social work. The concerns over work competence were mainly voiced by those in the clusters of children with disabilities, children in contact with the law and children in need for special protection, because sometimes they have to handle complicated cases that demand more specific skills and greater competence.

A social worker from the children in need for special protection cluster summarized the competence challenges she has been dealing with as follows:

"Sometimes I doubted whether I have done appropriate job or made positive changes for the beneficiaries. When I have to deal with the victims who are often in traumatic condition, I often don't know what to do ...I don't understand what method I should use to engage in the conversation or what activities I can conduct with them. I never got the trainings how to handle the traumatized children nor have I ever had trainings on communication techniques with children. To tackle this limitation, I sometimes consulted other social workers but we all are not sure whether our approach is appropriate".

Since mid-September 2014 MoSA has responded to the concern over the lack of supervision through the provision of social worker supervisors. Some of the newly appointed supervisors complained that unclear guidance and indicators for work performance, lack of training, power dynamics and a very big workload made it difficult to perform their tasks effectively.

In conclusion, it can be said that PKSA has been unable to achieve its objective to increase the number of professional social workers for the program. Social workers are not evenly distributed and less than 10 percent of all LKSAs have social workers. Limited attention was paid with regard to improving their working conditions and competence.


4.1.3 Synergize PKSA with Local Government welfare programs

Synergy refers to interaction or cooperation of two or more organizations to create a combined effect greater than the sum of their separate effects. Synergy can happen in the planning, implementation and or monitoring/evaluation stages. The organizations can synergize in one or more aspects such as policy and program, sharing financial and human resources, and in data and information management. Good communication and coordination are prerequisites to assure that goals, roles and responsibilities are mutually shared and understood.

Synergy in child-care and protection programs is necessary to address complex causes and consequences of child vulnerabilities. It needs a holistic approach, involves different stakeholders, and demands substantial resources. Since PKSA is a central government program, it should establish ways to synchronize itself with local government welfare structures and programs in order to provide effective childcare and protection.

This study found that the objective to increase synergy between PKSA and Local Government welfare programs has not been achieved. None of the district governments visited is committed to allocate funds from local budgets to support LKSA. Many Local Government agencies interviewed in this study were not well informed about PKSA, including those responsible for the welfare of children and families. PKSA was regarded as a Central Government program, which involves Local Government only slightly. Many decisions are made in Jakarta without involving the input and interests of Local Government. Thus Local Governments do not feel committed to PKSA. Even in the PKSA deconcentration mechanism, provincial *DinSos* only play limited roles. The lack of significant involvement of Local Governments reduces the effectiveness of PKSA and leads to a lack of commitment from the Local Government to support the sustainability of PKSA.

In summary, the objective to synergize PKSA with Local Government welfare programs has not been attained. PKSA remained being viewed as a program from the center that bypasses local institutions. MoSA needs to develop a clear strategy to synergize PKSA with Local Government structures and child welfare and protection programs.



4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

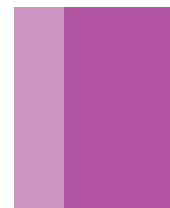
4.1.4 Increase Legal Framework as Legal Basis for PKSA

There is no evidence to support that PKSA has strengthened the legal framework as its legal basis. The program's guidelines do not specify the kinds of legal framework PKSA intends to increase and how it will be achieved.

At national level, the continuity of PKSA as a national program is regulated by ministerial regulations derived from the 2009 Social Welfare Act. The regulations define how the program should be managed and organized from central level down to district and community levels. They do, however, not include any assurance that PKSA will be funded adequately and reliably. PKSA Guidelines are the legal framework to maintain consistency of services and program management. Unfortunately, the current guidelines are not fully used as a reference for guiding PKSA implementation at various levels. At local level no legal framework for PKSA interventions has been established (*see chapter 4.1.3*).

The current development with the enactment of two new regulations *Undang-undang Sistem Peradilan Anak* (Child Court System Act) and the Presidential Decree on the Empowerment and Protection of Women and Children in Conflict Situation in 2014 provide opportunities for PKSA to strengthen its significance and gain more political support. The Juvenile Court System Act promotes the implementation of community-based care as a main model to rehabilitate child perpetrators. This approach that has been introduced and implemented by PKSA in the cluster children in contact with the law. Under the new law, children who were convicted for less than 7 years imprisonment should be rehabilitated in community-based residence. The latest Presidential Decree stresses the need for proper services to assist children in conflict situations. In line with this decree PKSA has established a cluster to assist children in need for special protection, including children that are the victims of natural disasters or social conflicts.

PKSA needs to develop structures and capacities to meet the tasks and responsibilities created by the decrees mentioned above. With regard to children in contact with the law, it is crucial to clarify and strengthen social worker's mandates through development of new regulations and MOU with relevant ministries. Many social workers in this cluster expressed their concerns over the lack of acknowledgment from officers



of other departments toward social worker's roles, responsibilities and mandates. It is appreciated that LKSAs (e.g. in Magelang) are developing facilities that can function as community-based detention centers


In addition, PKSA, through MoSA, needs to monitor and control the implementation of regulations and practices at local level in order to prevent the violation of children's rights. These include intensive 'sweeping' of street children found in Surakarta, Makassar, and North Jakarta, schools policies to expel students found to be in contact with the law, and school practices that are unfriendly for the children who are victims of abuse.

To conclude, the PKSA objective to strengthen the legal framework has been achieved only partly. The program needs to develop, advocate, and enforce more laws/regulations at both central and local levels that protect and promote children's rights. At the same time, the program needs to respond to the increased opportunities that are provided by the new laws.

4.1.5 Increased Number of Neglected Children (including under 5), Street Children, Children in Contact with The Law, Children with Disability and Children in Need of Special Protection, Who Are Able to Access Basic Services

Increased access to basic services is one of PKSA objectives to ensure the fulfillment of child rights and child protection. The program provides cash transfers through beneficiary's saving accounts that can be used to access the services. Currently, each beneficiary receives annually IDR1 million compared to IDR 1.2-1.5 million in earlier years. To monitor the progress, MoSA started a verification system in 2014. However, up to the time when the report was written, the study team was unable to obtain results from PKSA's monitoring activities.

The fieldwork found that the number of children with access to basic services increased after they joined PKSA. Education was accessed by most school-age children in most areas and clusters. Cross-checking with teachers confirmed that their school attendance rates were considered high (85% or above). Interviews with social workers and heads of LKSAs indicated that the number of children with birth certificates grew



4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

between 10 and 30 percent. This was evident in Jakarta and South Sulawesi provinces among under-five neglected children, children in need for special protection, and children with disabilities clusters.

Especially for under-five year neglected children, their access to nutritious food, basic immunization and basic health services were almost universal. Many of these children also gained access to pre-school education except in Makassar. Greater access was also reported for psychosocial treatment and enrichment activities (i.e. academic tutorial, sport, arts, and other recreational activities) among clusters of children in need for special protection, children in contact with the law and street children or neglected children. In Jakarta children with disability accessed health or treatment services by using their cash transfers and by being assisted by social worker's, especially. In Gowa some progress was observed but some children still faced difficulties to access regular treatment due to the problems of service affordability, availability and proximity. The number of children who could afford certain aid tools (i.e. mobility and hearing aids) was still limited in both areas.

Below are some participant's quotes that highlight how the PKSA elements improved the access to basic social services:

"Before getting the *bantuan* [assistance] I was ashamed to go to school because I don't have good shoes and bag. Now I am happy to be the same like other children. Even I can buy a bicycle from my saving, so I can go to school faster" (*Child, Surakarta*).

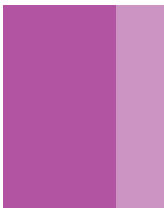
"Although not many of these children have high academic achievement, their attendance rate is very high, around 85%. Before they joined PKSA, many street children dropped out from schools. The parents cannot afford to pay school fees and expenses. The cash from PKSA has done a lot to take out some burden from the parents and to motivate these street children to attend the schools regularly" (*Teacher, Jakarta*).

“Many of street children’s parents neither have marriage certificate nor identity card. These documents are required to apply for children’s birth certificate. Thankfully, the social workers and LKSA work very hard to advocate on behalf of the parents and children. Of the 12 submitted birth certificate applications this year, 6 have been approved and 6 are in process” (*Head of LKSA, Surakarta*).

“Now my son receives regular treatment for his disability and he improves a lot. Thank you for the money given to him so we can pay for the therapy otherwise he will not receive any therapy. The social worker has been helpful to us. She has linked us with a school where my son is now having special education” (*Parent, Jakarta*).

Despite these achievements, children struggle to meet their basic needs because in 2014 the volumes of cash transfers have been reduced. Most parents were aware that the cash transfer was temporary and are not meant to replace their responsibilities to provide for their children. But some voiced that the assistance was inadequate to support the child. Parents who have children with disabilities and live in the big cities or remote areas reported greater concerns given the relatively higher cost of care or cost of living they have to meet for their children. In addition to being reduced, the transfers also tend to be irregular and delayed, which impedes parent’s ability to plan and to pay expenses like school fees in time (*see chapter 4.2.3*).

To conclude, the absence of a rigorous data management system that monitors children’s access to social services limits the possibility to assess the program’s effectiveness. To some extent the program has enabled children to access basic services. However, for extremely poor families, who do not receive PKH transfers, the low volume of the transfers combined with delays in delivery is a big problem. They find it difficult to ensure that the children get sufficient access to social services. This problem is especially serious for families with disabled children. The transfer often is not even sufficient to pay for the regular transport to the center that provides the services required by the child.



4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

4.1.6 Increased Number of Parents or Families, Who Take Responsibility in The Care and Protection of Their Children

In principle, PKSA views parents as the best care giver and protector for the children and that families are the best place for children to grow and develop. Strengthening the capacity of parents or families to take responsibility in the care and protection of their children is considered essential. Therefore, the guideline stipulate that upon receiving the assistance, the parents should show improvement in their attitudes and behavior in 1) caring for the children responsibly by having proper interaction, giving guidance and protection, providing basic needs, and assuring that children are not abused, maltreated, exploited and neglected; 2) participating in family development sessions conducted or facilitated by LKSAs or social workers; and 3) being involved in getting social rehabilitation services provided by LKSA or facilitated by LKSA assistance in accordance with an agreed plan andwith children's needs. The guidelines containfor each cluster indicators of parent's responsibilities, which are similar to the points given above but are hardly practical.

While PKSA, at concept level, is committed to family based care and deinstitutionalization, it grossly violates this principle in practice by supporting LKSA's that pull children from their families and keep them institutionalized. Approximately half of the children supported by PKSA have parents living in other districts or provinces. Many see their parents just once a year (*see chapter 4.1.1*)

For PKSA supported children that live with their families, the study team found it difficult to assess if parent's attitudes had improved as an outcome of the program. There was no system or data that inform if and to what extent parents' knowledge, attitudes and behavior in the care and protection of their children changed after getting services from in PKSA. To monitor the parents, many social workers relied on parent's attendance rate in the family sessions and or reports from the children or their neighbor's. Some recorded their observation of parents' attitudes and behavior but the records tended to be very general.



Interviews and FGDs revealed that the responsibility of parents in childcare and protection has improved. Most parents are cooperative and try hard to ensure that their children get access to basic needs. There was solid and widespread understanding among parents that the cash assistance provided by the program has to be used for children's needs and only in exceptional circumstances for family needs. Some parents reported that they gained greater confidence, awareness and motivation to provide better care and protection for their kids. They also reported reduced use of physical and verbal punishment toward their children, applied higher hygiene and nutritious standards, practiced more egalitarian and emphatic communication with children and provided more effective supervision. However, parent's attendance in FDS remained low in some clusters.

Progress in knowledge and attitudes on child rights, childcare, and child needs, support from social workers, and the compliance requirement were reported to have some positive influences on parents/families behavior. Below are some quotes reflecting the changes of knowledge, attitudes and behavior among parents:

4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

"The *pendamping* (social worker) helped me through the bad days...we talk... and talk. She tirelessly encouraged me to stay strong and available for my daughter because she will need my care and attention. Now I am feeling better and do not feel too stressful (Parent, Magelang)

"What I learned from parent meetings with the social worker was that parents have to fulfill their children rights. Like getting education... getting health treatment when they are sickto guide and love them. I remember that when I got upset to my son, sometimes I threatened him by saying I will leave him or I am not his mother. Now I try to avoid it... it is wrong and it hurts my son's feelings" (Parent, Jakarta).

"I used to pinch my son when he was difficult to manage. Sometimes I slapped his legs for being disobedient. His behavior often tested my patience beyond the level I can handle. Now I rarely do that because the *pendamping* (social worker) or his therapist at the LKSA told me that I have to handle my son with respect, love and patience. I have regrets for having been being cruel to him" (Parent, Jakarta).

"Before, I only worried that my child will be caught by the officers when working in the street. After sometimes, *pendamping* told me about other possible harms like being killed, getting sodomized or using drugs. I really want my son to stop working, I just want him go to school, but sometimes he still does it [working on the street] behind me" (Parent, Jakarta).

"The *pendamping* always remind us that the money is only for the kids and we cannot use it for other purposes. We have to obey the rule otherwise the assistance is taken away by the government" (Parent).

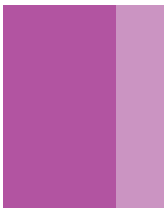
"I previously thought that my children will be okay when I am at work because their grandparents are there to care for them. I think I have been a good mother when I work hard for my family. I was very sorry because it happened [her daughter was raped by local boy). My talk with *pendamping* has opened my eyes that providing material goods is not enough. I decided to quit from my job so I can provide better care to my children. I need to be available for them, talk with them as much as I can and supervise them well so that I am assured that they are safe" (Parent, Magelang).

"Now my mom often gets crazy if I play outside the house for long hours. She will be looking for me around the street. If she finds me near the street with my friends, she will get mad. She just does not want me to get bad influences from them. Yeah...many of my friends smoke, *ngelem* [inhaling vapors of glue to get drunk] and sometimes they provoke fighting too" (*Child, Jakarta*).

"Prior to joining PKSA, many parents were hiding their disabled children at home, did not bring the children to have medical check or school for special education and did not clean or take care of them well. There are also parents who neglected their disabled children, feeding them in the morning and then leave the children at home alone for long hours to work at their farms. They do that because they feel ashamed and are afraid of the social stigma or in many cases simply because they are so poor and do not have knowledge how to take care of their children. Some of them even were resistant toward us [social workers] insisting that they do not allow any intervention from outside. After being in PKSA for several months we found many positive changes. The parents are now more cooperative with us, and they also obey our directions to let their children go to SLB [special school for disabled children]" (*Social Worker, Gowa*).

A number of issues need more attention given its potential impact to undermine the promotion of parents or families responsibilities to take care and protect the children.

By design, PKSA is a child-centered program. It does not directly intend to improve family's welfare. It neglects the evidence that family poverty is one of the main drivers of child neglect and maltreatment. Improving family's socio-economic situation is necessary to strengthen and sustain the impact resulting from improvements in parent's knowledge, attitudes and practices on childcare and protection. Various forms and mechanisms to link families with more resources and opportunities have been discussed in detail by *Lahiri (2013)*. One option is to ensure that all very poor families that are covered by PKSA are also covered by PKH, RasKin, BSM and JKN. As PKSA and PKH are both implemented by MoSA, linking them should not be too difficult.



4. ASSESSMENT OF PKSA EFFECTIVENESS, IMPLEMENTATION PERFORMANCE, EFFICIENCY, RELEVANCE AND SUSTAINABILITY

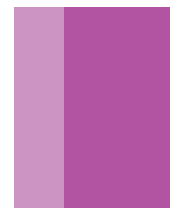
FDS needs some revisions both in substance and delivery mechanism to create greater positive impacts on parent's behavior. Currently, FDS materials are more about enhancing parent's knowledge while they need to improve parenting skills. The topics parents expected to learn about include technics and skills related to showing emotional warmth; physical, cognitive and emotional stimulation; guidance and boundaries; as well as communication on specific adolescent issues like reproductive health and dangerous substances.

Mothers play much greater roles than fathers to take care of the children and to assure program compliances. Disproportionate burden and responsibilities on mothers can overwhelm them and can potentially reduce their quality of care. A strategy needs to be developed to encourage fathers to take greater roles and responsibilities in childcare and protection.

In summary, the lack of data to identify the changes of parent's behavior in their children's care and protection make it impossible to assess program effectiveness in quantitative terms. The anecdotal evidence given above is encouraging. But overall it seems that PKSA – in order to be more effective - will have to move from being child-centered to becoming family-centered.

4.1.7 Decreased Number of Children Facing Social Problems


The PKSA's objective to decrease the number of children facing social problems has not been achieved. Baseline data used to provide the justification of the program in 2010 assume that the target group of children requiring special care and protection amounts to 4,300,000 children. Assuming that the number of disadvantaged children has grown at the same rate as the Indonesian population growth (approximately 2 percent per year in the last 5 years), it can be roughly estimated that the number of children in need may have increased by up to 8 percent between 2011 and 2014. The 158,901 children covered by PKSA amount to 3 percent of the target group. Even if we assuming that all children covered by PKSA meet the eligibility criteria and that all face significantly less problems – PKSA has not decreased the number of children facing social problems but has just slowed the increase.



At micro level, the fieldwork found that PKSA has played a role to reduce the number of children facing social problems. This was partly indicated by the improvement of children's conditions and behavior in all clusters. The number of toddlers who previously were categorized as undernourished or malnourished declined whereas the number of children who were healthy, well-nourished, and achieved age-appropriate physical growth and mental development increased. Similarly, reports from the cluster street children confirmed that some children quitted working in the street. Other children reduced the duration and or frequency working in the street. This is consistent with the increased number of street children who return back or stay at school as reported by teachers and parents.

The number of disabled children with improved functioning (i.e. self-care capacity) or development (i.e. language, mobility, academic) and caring parents also increased. For children in the need of special protection cluster, reports confirm that the children's self-confidence improved, social and psychological functions were better performed, and they got involved in academic activities. Of the children who were in contact with the law, there were claims that the children's knowledge, attitudes, and practice toward pro-social behavior increased after joining the PKSA. None of those children were re-convicted and most of them attended the schools regularly. Informants reported that the access to these services has provided the children with structured and supervised activities and helped to reduce isolation, promote child self-confidence, enhance social skills, and enlarge peer supports for pro-social behavior.

In conclusion, some children are better off as the result of joining PKSA. But from a macro perspective PKSA, because of its small coverage, fails to have a significant impact with regard to reducing the number of children with social problems.



4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

4.1.8 Sustainability of Impact After Exiting The Program

PKSA has not established a systematic mechanism to monitor the progress of children who have exited from the program or to conduct follow up activities to sustain the impact beneficiaries have achieved. In a study on PKSA's exit strategy, *Lahiri (2013)* emphasized the urgency to build mechanisms that can sustain positive impact after the beneficiaries have exited the program.

The study recorded that among LKSAs and social workers working with street/vulnerable children, there is growing awareness about the need for follow up service. They feel that the current PKSA design does not clearly indicate how to sustain impact. They are concerned how street children that have graduated from non-formal education (*Kejar Paket*)


can compete in the labor market. Although the certificates obtained from *Kejar Paket* have been legalized, the employers commonly prefer people with formal educational background. Therefore, they will need further support such as bridging trainings that enable them to compete more competently. When they are not employable, they may return to the street or other unproductive activities.

Social workers from the cluster under-5 neglected children suggested bridging programs that enables the graduated children to be longer protected. According to them, there is a year waiting period before the graduates can start their primary school. To assure that the children receive proper care and protection, they should be allowed to stay in PKSA until they are admitted to the first grade.

4.1.9 Summary on PKSA Effectiveness

The study team found little evidence to support that PKSA has achieved its objectives. This is partly due to weaknesses in PKSA data management and monitoring/evaluation design and practices. Based at whatever data are available or could be collected during field visits, the assessment concludes that PKSA has positive outcomes and impact at micro level (at the level of the children reached), but has no significant impact at macro level.

The positive outcomes at micro level are limited by the fact that the volumes of cash transfers are insufficient to yield positive effects in children's health and that PKSA does not aim at reducing family poverty, which is a key driver of child vulnerabilities. The positive outcomes were to a large extent due to the services provided by the social workers. We therefore have to assume that children served by LKSAs that have no social workers – 90 percent of LKSAs have no social workers – may have benefitted less compared to children served by LKSAs that have social workers. The fact that only 10 percent of the children covered by PKSA are served by social workers raises serious question about program effectiveness. The following chapters analyze to what extent PKSA's implementation performance influences the achievement - or rather lack of achievement - of PKSA's objectives.



4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

4.2 Performance – How Well Does PKSA Implement Core Program Activities?

The following sub-chapters analyze the activities, which PKSA implements to achieve the objectives that have been assessed in chapter 4.1. The activities include functions related to the implementation of the conditional cash transfers like targeting, validation, delivery, and administering conditionalities, functions related to case management, counseling and referrals and functions related to the program as whole like socialization, graduation and follow-up.

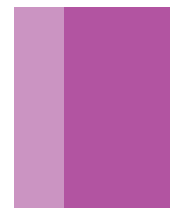
4.2.1 Socialization

Socialization provides local authorities and participating agencies with sufficient information for them to be effectively involved in program implementation; it informs beneficiaries of their rights and obligations; it ensures that the program objectives and implementation modalities are understood in the community; it provides continuous information and education about the program during implementation; it creates support for the program and strengthens partnership and cooperation between organizations.

PKSA guidelines provide no information on how and by whom socialization should be carried out. With no clear socialization and dissemination mechanism outlined, much of the burden of socialization of PKSA falls on the initiative of

social workers – such as informing the beneficiaries and stakeholders towards the program implementation. While socialization is part of their mandates, their efforts are not effectively supported and reinforced by MoSA at national level.

During the fieldwork, printed documents of PKSA such as booklets, pamphlets or flyers, could hardly be found at local government and LKSA offices visited. Social workers reported that the socialization to beneficiaries and stakeholders of PKSA is carried out informally by them or together with LKSAs representatives, mainly by word of mouth. The absence of dissemination materials has forced them to spend extra time to explain the nature, objectives and components of the program to beneficiaries, stakeholders and local government bodies.




Most of community leaders and staff of Local Government bodies admitted that they knew little about PKSA and recommended that the flow of information should be improved. Limited involvement of Local Government bodies during the implementation and lack of information on the program leads to the feeling of being ignored and bypassed. This feeling was repeatedly expressed by officers of *Dinas Sosial*. To some degree, similar complaints have also been raised by some LKSAs. *Dinas Sosial* and LKSAs argued that they had not been properly informed about new social workers that had been sent to work with them. Some social workers recalled being asked 'who are you?' when arriving to take up duty at the LKSA they had been sent to.

The absence of effective socialization at the level of provincial and districts/city officers undermines the support for PKSA and affects the performance of social workers in providing access to social services. For instance, local offices of civil registration hesitate to launch birth certificates for the children because they have never been informed about the existence, roles and mandates of social workers. With this limited recognition by local agencies, overcoming bureaucratic barriers that block the access of children to social services becomes challenging and requires more time and efforts.

4.2.2 Targeting and Verification

Targeting is the method that ensures the proper selection of the beneficiaries of a program. The target groups of PKSA are neglected under-5 children, street children and neglected children, children in conflict with the law, children with disabilities and children in need of special protection. The clusters are further divided in sub-groups. The number of children that meet the eligibility criteria and the number of children from the different clusters that have been approved by PKSA in 2012 and 2013 are given in Table 4. In summary PKSA reaches only 3 percent of its target group.

In a situation where a program can only reach a small percentage of its target group, the targeting procedures should ensure that the program approves those children that are most vulnerable and most in need of



4. ASSESSMENT OF PKSA EFFECTIVENESS, IMPLEMENTATION PERFORMANCE, EFFICIENCY, RELEVANCE AND SUSTAINABILITY

the programs assistance. It should avoid inclusion errors in order that the limited program resources are focused on the most critical needs.

A number of documents that assess the targeting of PKSA indicate that PKSA targeting procedures do not result in selecting the children most in need of child welfare and child protection interventions:

- 'When we examined the living conditions at home, these children (PKSA beneficiaries) were generally living in decent homes made of tile roofs, brick walls and cement floors.' (*Badan Perencanaan Pembangunan Nasional, 2011*)
- 'During interaction with the *Panti*, it was seen that there is no requirement for the *Panti* to conduct any family assessment or home visits in order to enroll a child in the PKSA program. In fact, the administration of the *Panti* mentioned that the Government does not ask about family background of the children when they are proposing support for the children'....'It is also salient that almost none of the children in the *Panti* in Jakarta were from Jakarta and almost none of their parents lived in Jakarta. They had been sent from far off provinces in order for them to access good education at the homes.' (*Lahiri, 2013*)
- 'In most areas, however, LKSAs nominated their own clients because of insufficient time and money for additional data collection and assessment. As a result, over 75 percent of current PKSA beneficiaries were LKSA clients ... methods of searching and identifying eligible beneficiaries need serious consideration and improvement' (*World Bank, 2012b*).

These statements are supported by observations made during fieldwork.

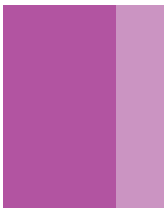
In order to obtain lists of most needy children that are eligible for PKSA, MoSA relies on data supplied by LKSAs, who compile these lists with limited control from MoSA or *Dinas Sosial*. When LKSAs compile the lists of beneficiaries proposed for approval they do not select from any data base or list of all very poor and vulnerable children in their catchment area that fit into the criteria of the respective LKSA (like neglected children over 5 years of age), but just use any information available. Often they simply use the list of children that are already clients of the LKSA. *Dinas Sosial* receives the proposals from LKSA including the lists of children proposed for approval, but does not verify if the children meet the eligibility criteria. They just send the lists to MoSA.

Based on budget considerations MoSA decides how many children from the list sent by the LKSA can be approved (e.g. 40 percent). If this number is lower than the number proposed by the LKSA, the LKSA has to decide, which children from the list should get priority. This is a second level of targeting and is done differently in different LKSAs. Some just

take the children on top of the list. Others select children based on various criteria, e.g. children living near to the LKSA, children that are well behaved, children who's parents keep a good relationship to the LKSA.

Once the children to be prioritized have been selected, they are visited by social workers to verify their eligibility. However, as the proposal itself is not based on reliable evidence, this verification is optimizing the sub-optimal. In some cases social workers report that they have done verification but the LKSA disregarded it. In other cases MoSA asked LKSAs to approve more children than they had proposed in order to meet certain quotas. LKSAs rushed to find more children from wherever they could get them. Dinas Sosial is in most cases not involved in the verification. MoSA officers visit LKSAs to do some verification by holding meetings with stakeholders and by visiting some households. But this has little influence on the quality of targeting.

In summary – targeting and verification are PKSAs weakest point.



4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

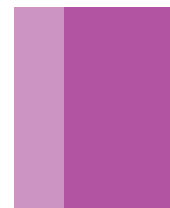
4.2.3 Delivery of Cash

Beneficiaries are entitled to an annual cash transfer of IDR 1.5 million, which due to budget cuts has in 2014 has been reduced to IDR 1 million. MoSA transfers the funds for the beneficiaries to the LKSAs, who in turn send them on to the accounts of the children. Social workers assist the beneficiaries to establish savings accounts in the name of the child.

Savings accounts in the name of the children have the function to promote the participation, autonomy and pride of the child. At the same time it is the task of the social worker to ensure that the money is spent sensibly and in the best interest of the child. Different social workers are using different strategies to cope with this situation. Some keep the savings books and buy goods and services for the child after agreeing with child and parents on what is needed. Others accompany child and parents to the bank and subsequently to the shop or market where the money is spent. Others give the money to the parents and ask them to show what they have bought or send pictures of the bought items. In Gowa social workers deliver the money monthly when family development sessions (FDS) are carried out. From the point of view of the social workers all these activities are time consuming. Some mentioned that they feel like mobile accountants shuffling between banks and beneficiary families.

From the perspective of parents and children there is often a lack of accountability and transparency. Some parents claimed that the LKSA never showed them the saving book or informed them about the balance. Social workers complained that they have limited influence and transparency with regard to the cash distribution within LKSA's, which leads to a lack of trust. They reported that some LKSAs, which provide institutional care, use the money from PKSA not exclusively for the needs of the PKSA beneficiaries.

All informants agreed that the assistance is unreliable in terms of the time of delivery. The delay of the payments varied from 4 to 6 months. This affects the quality of services provided by social workers and LKSAs because the integration of cash transfers with counseling, home visits, interaction with beneficiaries and linking to social services is only done once the cash is available.




4.2.4 Counseling and Linking Beneficiaries

Counseling provides children and parents with advice on how to solve children's problems and information on where and how to find the support they need. It is carried out through regular home visits by social workers, by FDSs and by parents-children meetings. FDS aim at strengthening

caregivers ability to deal with protection issues and to provide their children with therapeutic or rehabilitative interactions. Social workers experienced that person-to-person meetings helps both children and parents to feel safe to express their feelings and be open towards sensitive issues such as sexual abuse of children.

The frequency of home visits is influenced by the severity of the cases as well as by the size of the coverage area and the numbers of beneficiaries handled by a social worker. In case of large numbers of beneficiaries and/or big coverage areas, social workers have to reduce the frequency of home visits, but make themselves available for beneficiaries 24/7 through mobile phones. Despite these limitations the commitment of social workers to increase the knowledge and awareness of beneficiaries and to link them to basic services is remarkable.





4. ASSESSMENT OF PKSA EFFECTIVENESS, IMPLEMENTATION PERFORMANCE, EFFICIENCY, RELEVANCE AND SUSTAINABILITY

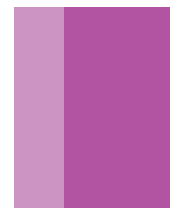
providers and to specialized agencies that are able to meet the needs of the beneficiaries are in a number of cases not carried out systematically. PKSA has not yet developed training material for social workers on how to conduct referrals. Some social workers lack knowledge on what basic services are available and how to access them. Most of the programs to which beneficiaries are referred to are the programs offered by the LKSAs that care for the respective beneficiaries. The kinds of schemes and programs offered by LKSAs to PKSA beneficiaries often have no direct link to the specific needs of the children – like camping or outbound activities.

4.2.5 Monitoring Progress and Compliance to Conditionalities

In 2014 MoSA has introduced a system to monitor beneficiary's compliance with conditionalities operated by social workers. They collaborate with schools and community health centers, which record beneficiary's attendance and visits, as well as with civil registry offices with regard to birth certificates for the children. The study found that verifying compliance regarding the utilization of health services is more difficult than monitoring school attendance. Most schools have attendance reporting systems that can be assessed, while most health centers have no records of visits made by beneficiaries.

The verification system to monitor compliance with conditionalities is not yet functioning properly. PKSA has not developed forms to capture achievements made by each beneficiary. Information on compliance collected by social workers in 2014 has not yet been processed and analyzed. PKSA guidelines do not yet include clear penalty procedures. Few beneficiaries have so far been sanctioned because of non-compliance. Most of them failed to meet education conditionalities.

Before investing further into a system of conditionalities, monitoring and sanctions MoSA should reflect on the costs and benefits of such a system. It burdens social workers, who are already overloaded, with more work, creates additional bureaucratic activities at all levels of PKSA and may end up sanctioning the most vulnerable children – those that for reasons that are not under their control are unable to meet the conditions. A realistic assessment of the role of conditionalities in PKSA may well conclude that they do much more harm than good (*see also chapter 5.3*).



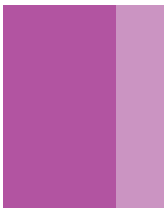
4.2.6 Grievance Mechanism

A grievance mechanism offers channels to beneficiaries or stakeholders through which they can provide feedback and raise complaints about the implementation of a program. The PKSA guidelines do not include a grievance mechanism. They only give indirect and unspecific' section, stating 'the form of monitoring and evaluation in each sub-program, basically includes monitoring, facilitating and problem solving, carried out by central and local governments together with LKSAs'.

Social workers reported that the lack of information on grievance mechanism leads to confusion over responsibilities for resolving the complaints that are voiced by the beneficiaries as well as by implementing agencies. When urgent and fast responses are needed, most of social workers will contact officers at MoSA to find clarification or solutions. However, since there are no specialized officers appointed to handle complaints and grievances, most of the responses from MoSA are inconsistent and depend on how the respective MoSA officer understands the problem.

The absence of a clearly defined complaint mechanism leads in practice to a system, where most complaints are handled unsystematically. Because there is no 'complaints form' or 'complaints box', most complaints are verbally voiced through informal meetings or calls. Beneficiaries claimed that home visits and parents-children meetings have been utilized to express their disappointments or doubts regarding the implementation of PKSA. The reports on complaints produced by social workers have not resulted in appropriate responses by MoSA.

The study recorded that most complaints relate to targeting issues, lack of information about the role and mandate of social workers, unreliable delivery of assistance and to the reduction of the volume of cash transfers. Social workers and LKSAs argued that they received complaints from non-beneficiaries, asking why their children are not approved by the program. Response to the complaints was generally the explanation that the quota of beneficiaries provided by Central Government was limited.



4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

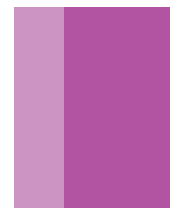
4.2.7 Graduation and Follow-Up

Levinger and McLeod (2002) identify three approaches to exit: *phase down*, *phase over* and *phase out*. They point out that phase down, the gradual reduction of program inputs, is the preliminary stage to both phase over and phase out. Phase out refers to the withdrawal of program inputs without making explicit arrangements for the inputs or activities to be continued by any other entity, because the program itself resulted in changes that are likely to be sustainable without these. Phase over refers to the transfer of responsibility for activities aimed at accomplishing program goals (current activities, or other activities aimed at achieving the same outcomes) to another entity. Phase over may also involve the transfer of responsibility for achieving program outcomes to another organization – e.g., a branch of local, regional or national government or a local or indigenous national NGO.

According to PKSA Guidelines of 2014, the assistance of PKSA will be ended if one of the following criteria has been fulfilled:

(1) Beneficiaries are above 18 years of age, (2) move to another area, (3) their existence remains unknown for the period of 3 months, (4) deceased, (5) receiving more than one similar programs at one time, (6) parents are considered to be able fulfilling the rights of their children, (7) beneficiaries are married, (8) parents missed 3 FDS meetings in one year, (9) the participation of children in accessing services (of care, health, education and self-development) is below 75%, and (10) beneficiaries are accessing *STILA (Strategi Tindak Lanjut – follow-up strategy)* of PKSA

As STILA only exists on paper, this is a phase out strategy without follow-up. Parents expressed concerns on the unclear and sudden procedures of termination – a practice, which left them feeling worried and unsecure about the future of their children. Criteria 7, 8 and 9 could signal that children need more assistance instead of less. It could lead to terminating assistance to the most disadvantaged children, who are unable to meet conditionalities for reasons that are out of their control.



However, even though this is not foreseen in the guidelines, social workers on their own initiative counsel and assist children and families after termination. Information on the development of their former beneficiaries is obtained through calls and text messages sent by service providers or parents. It adds to their workload, but most social workers consider this as an appreciation from their former beneficiaries.

4.2.8 Summary of PKSA Implementation Performance

Most LKSAs and the social workers give valuable services to their beneficiaries. They are the backbone of PKSA. To build on these strengths, MoSA should invest more in strengthening their capacity and working conditions (*see chapters 5.1.4*).

Socialization and targeting are the weak points. While PKSA has spent IDR 5.598 million on socialization in 2012 (*see Table 3*) local Government structures and other local stakeholders feel uniformed and bypassed. This is one of the main reasons why PKSA failed to synergize and establish effective partnerships with Local Government (*see chapter 4.1.3*).

Delegating targeting activities nearly exclusively to LKSAs, who base the selection of beneficiaries on inappropriate data, has led to an unacceptable low quality of targeting results. LKSAs are unable and partly unwilling to systematically select the most needy children. High inclusion errors have contributed to the fact that PKSA did not succeed in reducing the number of children with severe social problems (*see chapter 4.1.7*).

Imposing conditionalities, monitoring their compliance and implementing a graduation strategy form an interlinked complex of issues that need to be redefined. An analysis of costs and benefits may well lead to the conclusion that all three activities do more harm than good and should be phased out.

4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

4.3 Efficiency – Does PKSA Produce Value for Money?

A recent DfID guideline on measuring and maximizing value for money in social cash transfer programs states: *The need to ‘make every penny count’ in the public financing of social transfers, and to ensure that this is done in a measurable and consistent manner, has become a growing concern amongst developing country and donor governments alike. Value for Money is not only about minimizing costs; it is about maximizing the impact of money spent to improve poor people’s lives. This means making the analysis of both costs and benefits of social transfer programs as rigorous and comprehensive as possible (DfID, 2013).*

Table 3: Breakdown of PKSA annual budget for 2012 and 2013

Cost Items	2012		2013	
	In IDR 1,000	%	In IDR 1,000	%
1. Social Assistance for Childen	139.726.100	62,59%	142.311.000	63,18%
2. Social Worker Salary & Benefit	13.740.000	6,16%	17.862.000	7,93%
3. Assistance for Institutions	3.182.840	1,43%	4.837.222	2,15%
4. Operational Support for Social Workers (BOP)	31.802.400	14,25%	31.780.200	14,11%
5. LKSA Operational Costs (BOL)	15.719.700	7,04%	15.890.100	7,05%
6. Training of Social Workers	4.687.330	2,10%	2.959.514	1,31%
7. Training for LKSA	2.063.075	0,92%	2.205.636	0,98%
8. Selection Social Workers	505.475	0,23%	392.385	0,17%
9. Socialization	5.597.520	2,51%	NA	
10. Verification	1.451.176	0,65%	1.178.918	0,52%
11. Supervision	1.077.300	0,48%	474.740	0,21%
12. Monitoring and Evaluation	672.650	0,30%	954.377	0,42%
13. Report Writing	644.920	0,29%	799.211	0,35%
14. Guideline Development	-	-	1.101.429	0,49%
15. National Coordination Meeting	2.352.130	1,05%	2.382.640	1,06%
Total	223.222.616		225.257.827	

Source: MoSA, Directorate of Child Welfare


Splitting up the total costs of PKSA into the costs of the transfers that are actually paid to the beneficiaries, the costs for providing counseling and care by LKSAs and social workers and the operational costs for targeting, verification, approval, delivery, monitoring and administration permits an assessment of cost efficiency. **The Operational Costs in Percent of Total Costs** and the **Total Cost-Transfer Ratio** (total budget required to deliver cash and services valued 1 IDR to beneficiaries) are calculated by comparing the operational costs with the costs for the transfers and services that reach the beneficiaries. Ideally the ratios resulting from this analysis should then be compared with national and international standards. However, PKSA is a very specific type of program that no standards are available.

Table 3 gives a breakdown of annual costs for cash transfers and services that have reached beneficiaries and of the operational costs for implementing PKSA. The cash transfers received by beneficiaries account for 63 percent of total program costs in 2012 and 2013. Services provided by social workers and LKSAs (items 2. and 4.) account for 20 percent in 2012 and for 22 percent in 2013. Operational costs of MoSA and LKSAs (all items except for 1., 2. and 4.) amount to 17 percent in 2012 and 15 percent in 2013.

However, the operational costs do not include salaries and other operational costs like electricity, vehicles, offices and office equipment of the Directorate of Child Welfare. The study team was unable to obtain these costs. We assume they range between 3 and 5 percent.

This means that the operational costs in percent of total costs amount to approximately 20 percent. The Total Cost-Transfer Ratio (TCTR) is 1.25. PKSA operational costs to transfer cash and services of 1 IDR to the beneficiaries amount to IDR 0.25.

According to a World Bank study (*World Bank, 2012b*) operational costs in percent of total costs in 2010 were 8 percent in JSLU (program for elderly) and 9 percent in JSPACA (program for people with disabilities) with TCTR at 1.09 and 1.10 respectively. Another World Bank study (WB, 2012a) estimates PKH operational costs in 2010 at 17 percent of total costs resulting in a TCTR of 21. Even though these programs are not fully comparable, the comparison seems to indicate, that PKSA cost-efficiency is relatively low but not excessive.



4. ASSESSMENT OF PKSA EFFECTIVENESS, IMPLEMENTATION PERFORMANCE, EFFICIENCY, RELEVANCE AND SUSTAINABILITY

The number of children benefitting from PKSA was 158.843 in 2012 and 160.950 in 2013. Annual program costs amounted to IDR 223,222,616 billion and IDR 225,257,827 billion. This means that the total annual costs per child were IDR 1,405,300 million in 2012 and 1,399,552 million in 2013.

The disaggregation of operational costs in Table 5 shows that in 2012 the program has spent IDR 7,949 million on socialization and coordination meetings, which were supposed to keep partner structures and stakeholders in the provinces well informed and to promote partnership and synergizing. However, as revealed in chapters 4.1.3 and 4.2.1 this purpose has not been achieved. This indicates low value for money. The situation with regard to training of social workers is similar. In 2012 PKSA has spent IDR 4.687 million, but social workers received only 3 days of training and feel that they are not well prepared for their tasks (*see chapter 4.1.2*).

4.4 Relevance – is PKSA’s Contribution to Child Welfare and Protection Significant?

This section assesses the significance of PKSA’s contribution to child welfare and protection by analyzing the relevance of PKSA objectives, approach and interventions and by comparing the number of children reached with the number of children in urgent need of welfare and protection interventions.

PKSA’s goals and objectives as specified in the PKSA guidelines (see chapters 3 and 4.1) respond to the different forms of child vulnerability in Indonesia as summarized in chapter 2.1. PKSA aims *‘to ensure fulfillment of the basic rights for children and child protection from neglect, exploitation and discrimination so that development, survival and participation of children shall be achieved’* (MoSA, 2010). The approach to achieve PKSA goals integrates conditional social cash transfers to children with child and family counseling provided by social workers and by child care institutions and with access to social services by linking the children and families to service providers.

In principle this approach is sound and consistent with international best practice. Social workers, parents and children reported that children and families, who have been reached by PKSA have benefitted from the services provided (*see chapter 4.1.3*). Children received birth certificate, attended school more

regularly, accessed health services and improved their behavior. Parents and other community members attended parenting sessions and improved their knowledge on child issues. In summary, the PKSA approach is based on solid principles and has a number of positive outcomes and impact from the perspective of a family and a child reached by PKSA interventions. However, this positive statement only reflects the situation of those 10 percent of beneficiaries that are reached by social workers. The situation of the majority of children served by LKSAs that have no social workers may be less positive.

From a macro perspective, the overall outcomes and impact of PKSA are minimal compared to what should be achieved and what can be achieved. The main reason for the failure to implement the PKSA approach effectively and successfully is the lack of establishing an integrated child welfare and protection system at local and community level into which the PKSA interventions are integrated. In its present form as a bureaucratically administered central government program that delegates its management and service functions to LKSAs and by-passes local government at all levels, PKSA achieves little of what it should achieve (*see chapter 4.1*). Five years after PKSA started to operate the number of children whose growth and development were disrupted, as a result of the failure of their families to cope with various crisis situations, is still

growing. With few exceptions the ability of communities and local governments at various levels to develop adequate response systems has not improved.

PKSA target groups are defined as children from poor families who have or live in a particular crisis situation that threatens the survival and the quality of their growth and development. It is not easy to determine the size of these target groups. The data collection systems that exist today, both at national and local levels, are not reliable. Various organizations provide different data for a particular type of issue.

The analysis of whatever data are available (*see Table 4*) reveals that PKSA reaches only a very small number of the children living in crisis. The findings from fieldwork support this conclusion: In Surakarta a LKSA currently serves 30 children that are in risk of conflict with the law. These children were selected from a list of 100 susceptible children living in three villages that form the catchment area of the LKSA, out of a total of 50 villages in Surakarta. Children in the other 47 villages have no access to PKSA because there is no second cooperating LKSA in Surakarta that accepts children at risk of conflict with the law. In the district of Gowa more than 3,000 children are registered by *Dinas Sosial* as eligible, but PKSA reaches only 100 children.

4. ASSESSMENT OF PKSA EFFECTIVENESS,
IMPLEMENTATION PERFORMANCE, EFFICIENCY,
RELEVANCE AND SUSTAINABILITY

Table 4: Coverage of Target Population Achieved by PKSA 2012 and 2013

Category of Problems	Population	Source of Data	Year	PKSA Coverage		In percent	
				2012	2013	2012	2013
Neglected Children <5 Years Old	1.217.800	BPS	2012	7.540	15.020	0,62%	1,23%
Neglected Children >5 Years Old	241.500	Pusdatin Kesos	2013	137.242	121.792	56,83%	50,43%
Street Children	31.478	Pusdatin Kesos	2013	9.946	5.779	31,60%	18,36%
Children in Conflict with the Law : in Detention Center (Jail)	4.300	Kemenkumham	2013				
Children with Disabilities	199.163	Dit.RehSos Penyandang Cacat, Kemensos	2009	1.750	8.600	0,88%	4,32%
Child Labor in Harmful Works	2.000.000	ILO, Survey Pekerja Anak di Indonesia	2009	1.325	5.939	0,05%	0,30%
Children Victim of Trafficking	890	IOM, Lapran Data Layanan 2005-2010	2011				
Children Living with HIV/AIDS age <15 Years Old	1.075	Kemenkes	2013				
Children of Indigenous Community	650.000	Kemsos.go.id	2009				
TOTAL	4.346.206			157.803	157.130	3,60%	3,60%
<i>Source: Introductory section of the PKSA Guideline, 2011</i>				<i>Source: PKSA Secretariat</i>			

In terms of geographical coverage, PKSA is delivered through 5,563 LKSAs (2014) randomly spread over 33 provinces. There is no standard pattern in determining target areas, other than the availability of LKSAs who are willing to work as implementation agency. As LKSAs are more concentrated in urban areas, many children in rural areas are excluded from services. Because of the small coverage, stakeholders do not regard PKSA as a significant program or as a powerful intervention model to overcome the problems of children in crisis.

In terms of geographical coverage, PKSA is delivered through 5,563 LKSAs (2014) randomly spread over 33 provinces. There is no standard pattern in determining target areas, other than the availability of LKSAs who are willing to work as implementation agency. As LKSAs are more concentrated in urban areas, many children in rural areas are excluded from services. Because of the

small coverage, stakeholders do not regard PKSA as a significant program or as a powerful intervention model to overcome the problems of children in crisis.

In summary: From a conceptual perspective the PKSA approach - the integration of cash transfers with access to social services and intensive assistance provided by social workers and childcare institutions – is a relevant response to the needs of children in crisis. However, due to its inappropriate organization as an isolated central government program, due to several implementation issues and due to extremely low coverage, PKSA outcomes and impact are insignificant.

4.5 Sustainability – Can PKSA in Its Present Form Survive?

The sustainability of PKSA depends to some extent on its performance. The beneficiaries that have been interviewed in this study generally recognized that PKSA has contributed to the wellbeing of children and families that have been reached. Some local government officials interviewed also recognized the importance of programs like PKSA, including the importance of the social workers as an essential element of the handling of child and family welfare issues. What has been achieved through the collaboration of elements of cash assistance, social workers, and LKSAs will support PKSA's quest for sustainability. At the same time many respondents criticized that PKSA does not reach the poorest and most vulnerable children.

While performance problems like poor socialization and targeting can be reduced by structural and organizational improvements (*see chapter 5.1*), the lack of significant outcomes and impact (*see chapter 4.4*) are a heavy burden on PKSA's chances of survival. In a way PKSA has been sliding into a vicious circle: Its insignificant outcomes and impact has been partly caused by the small size of its budget. At the same time policy makers will hesitate to increase or even maintain the funding of an insignificant program.

From a political economy point of view PKSA will only survive if the program gains the support of influential political forces. PKSA's budget has been stagnant since 2012, while the PKH budget has steadily increased. This indicates lack of political support and raises the question how PKSA can gain the necessary political good will. Integrating PKSA and PKH (its much bigger and politically well established sister) might be one option to secure PKSA's sustainability. Winning the committed support and the co-financing from Local Governments may be another strategy. Staying in splendid isolation will not ensure the sustainability of PKSA.

5. RECOMMENDATIONS

5.1 Improving PKSA Operations Within The Confines of The Current Institutional Setting

Limitations for improving the performance of PKSA within the given institutional setting are:

- MoSA's organizational structure is extremely fragmented. PKSA, PKH, JSLU and JSPACA are administered by different Directorates employing their own social workers or facilitators
- MoSA is only one of a number of the central government entities that implement uncoordinated poverty reduction and social protection programs
- PKSA is a central government intervention managed by a ministry that has no structures on district level
- PKSA's budget is by far too small to reach a significant share of its target group and it fluctuates sharply leading to unpredictable cuts in transfers to beneficiaries.

As long as these limitations are not reduced there is only limited scope for improving PKSA's effectiveness and performance. Recommendations given below assume that the limitations listed above will not be removed in the foreseeable future.

5.1.1 Achieve Systematic Geographical Coverage

The present spread of PKSA interventions is determined by the availability of LKSAs that are willing to cooperate with MoSA. The willing LKSAs are spread thinly over Indonesia in a random pattern. Where there is a willing LKSA the children in the catchment area of that LKSA, who fit in the specific specialization of that LKSA (e.g. neglected children below 5), have a chance to be targeted. If there is no LKSA accredited to PKSA, needy children are excluded. If there is a LKSA but the child does not fall into the specific cluster of that LKSA, the needy child is still excluded. This system leads to a patchwork distribution of PKSA services and to enormous exclusion errors.

PKSA should accept that with its given budget it is only able to reach about 3 percent of children in need. It should consider selecting the poorest districts (geographical targeting) and ensure that in these districts all eligible children are targeted. Or it should concentrate on those districts, where local government is willing to contribute 50 percent of PKSA costs, which would double the PKSA budget. If in these districts the number of willing LKSAs is insufficient, PKSA should “synergize with local government programs” (*this is one of PKSA’s objectives – see chapter 4.1.3*) in order to “increase the number of social welfare institutions that provide protection services for children” (*this is another of PKSA’s objectives – see chapter 4.1.1*).

Geographical concentration of PKSA’s limited resources will lead to synergies and more cost-effectiveness. Social workers can more easily be trained and supervised and can work in teams. Effective and efficient implementation with significant outcomes and impact in a limited number of districts is preferable to the present situation of being thinly spread out with insignificant results. Once PKSA proves to be effective and efficient in a limited number of districts this may attract additional funding facilitating the expansion to more districts.

5.1.2 Synergize with Local Government Structures and Programs

Synergizing with local government programs is actually one of PKSA’s objectives (MoSA, 2010). It is a precondition for an effective implementation of PKSA. But it did not happen. PKSA social workers are not cooperating with local government structures. Except for *Dinas Sosial*, Local Government structures are unaware of PKSA. Even some *Dinas Sosial* officers know little about PKSA. According to the guidelines they should verify the eligibility of the children listed in LKSA proposals. But it does not happen. They just rubberstamp the proposals and send them on to MoSA.

This is a missed opportunity for improving the quality of PKSA targeting and service delivery, for strengthening Local Government structures and for integrating federal and local government social welfare and protection programs.

By institutionalizing a regular flow of information between PKSA and Local Government structures and vice versa, by using *Dinas Sosial* local knowledge and data for targeting and for referrals and by attaching social workers and supervisors to Dinas Sosial offices, PKSA would to some extent be integrated in ongoing local Government Programs. This could include PKSA providing certain resources to *Dinas Sosial* like financing training and office space for the team of social workers. Focusing PKSA coverage on a limited number of districts (*see chapter 5.1.1*) would make it easy to integrate PKSA and Local Government structures and programs.

5.1.3 Rethink The Role of LKSAs in The PKSA Concept

LKSAs play an important role in the social protection landscape of Indonesia. They filled a gap when government social protection structures and programs were scrapped under President Abdurrahman Wahid in 2000. However, giving LKSAs a monopoly in the PKSA implementation cycle is one of the main reasons for PKSA's lack of effective targeting and service delivery. It is also inconsistent with the objective of de-institutionalization (*see chapter 4.1.6*).

While LKSAs should continue to provide essential services in the field of institutional care as a last resort, their role in targeting, in handling transfer payments and in hosting and supervising PKSA paid social workers should be revised. The natural choice for shifting these functions to another organization is the district level units of *Dinas Sosial*. *Dinas Sosial* may need to be strengthened, trained and better equipped to be able to take over certain functions now implemented by PKSAs. But this investment - focused on the priority districts – is necessary to free PKSA from the limitations caused by the excessive dependence on LKSAs.

5.1.4 Define The Target Group Neglected Children More Precisely

The cluster 'neglected children over 5 years of age' contains 3.2 million children – 74 percent of PKSA's target group. Children in LKSAs that care for this cluster are mostly children who have parents that live in other districts. They have sent their children to these kinds of *pantis* because they hope that there they will get a better education (*see chapter 4.1.1*). These children need accessible educational facilities near their home area. But they do not need institutional care. Supporting children, who live in *pantis* but have parents in other districts or provinces, is not consistent with the principle of de-institutionalization.

For these reasons PKSA should not approve children living in *Pantis* for neglected children, whose parents are alive and reside in other districts or provinces. Based on field study results and on other studies we assume that more than 80 percent of children living in *pantis* for neglected children have parents living in other areas. Limiting eligibility to neglected children from the same district will make room for the many other children, who need PKSA interventions.



5.1.5 Increase The Number and Improve The Performance Management of Social Workers

Social workers are PKSA's main tool for counseling caregivers and children, for linking them to social service organizations and for achieving behavioral change at family and community level. However, only a small number of LKSAs have been supplied by PKSA with social workers. More than 90 percent of LKSAs have no social workers and therefore are unable to apply the full PKSA concept. It is therefore imperative that PKSA increases the number of social workers from presently 686 to at least 5,000 and/or train district and sub-district level social workers to perform PKSA functions.

In order to make full use of the potential of inadequately trained social workers their working conditions (e.g. job security, career prospects, work load) have to be improved. They require precise job descriptions, on-the-job training based on a competency model, followed by adequate guidance and supervision. They need a legal status and authority to intervene in child protection issues and have to be organized in teams.

Assuming that PKSA will continue to expand its coverage and that the main role of the social workers is to facilitate of the social rehabilitation, then the way of managing the performance of social workers has to be improved. Even if PKSA does not go beyond the current number of social workers, it is time to develop a systematic human resource management system. This system should address all aspects of human resource management including recruitment system, works design and organization, the development of working capabilities and attitudes, supervision, working conditions, as well as a performance and reward system to maintain motivation.

A competency model for an effective social worker can be based on the job descriptions given in the Social Workers Guidebook. But, a fresh graduated social worker is far from being able to overcome the challenges involved in working with disadvantaged children and their families. Using the experience gained in several years of the PKSA implementation, a more accurate model of competency can be developed. Well performing social workers (the 'stars') can serve as examples how social work should be done in practice. This model can serve as base for the recruitment process and for designing of training programs, which should be used to replace the current inappropriate 3-4 day training.

All this is difficult to provide in a centralized setting where PKSA leadership is hundreds of miles away from their social workers that are thinly spread over the country and work in isolation. It can also not be provided by the LKSAs, who are heterogeneous organizations that follow their own rules, regulations and agendas and are not effectively supervised by PKSA structure at national level. Providing social workers with the working conditions they require can best be organized by integrating them into Local Government structures

5.1.6 Ensure that PKSA Guidelines Can be Used and Will be Used

According to MoSA the PKSA guidelines are frequently updated. However, the only hardcopies available are dated 2011. No hardcopies that include the changes made since then have been printed. Training of social workers is limited to a 3-day course. This course consists mainly of presentations of general topics with only 6 hours devoted to explain the guidelines. No case studies, no role-plays. In summary the training and information flow between MOSA's Directorate on Child Welfare and the implementing social workers and LKSAs is not effectively organized. Supervision is restricted to administrative issues, but fails to control if and how social workers fulfill their core functions. Both social workers and LKSAs seemed to be unsure on a number of implementation issues like case management and reporting.

The next revision of the guidelines will have to include a clear description of the PKSA grievances mechanism (*see chapter 4.2.6*).

At the same time PKSA headquarters does seem to be unaware of the gap between PKSA intentions as specified in the guidelines and the reality on the ground. This has been observed by numerous reports and is been confirmed by the results of this consultancy. This gap seems to be partly caused by the distance between headquarters and implementers and by the lack of process monitoring and systematic supervision.

To improve this situation the latest version of the PKSA guidelines should be printed and all stakeholders should be retrained using an appropriate didactical approach. This has to be followed up by process monitoring and systematic supervision. The concentration of PKSA interventions in a limited number of districts (*see chapter 5.1.1*) will greatly help to effectively control and enforce that guidelines are understood and implemented.

5.1.7 Base Targeting and Verification on Evidence

Targeting and verification are PKSA's weakest points (see chapter 4.2.2). To improve this situation the responsibility for targeting should be shifted from the LKSAs to Dinas Social and the social workers. In order for *Dinas Sosial* and social workers to do an effective targeting, PKSA has to ensure that social workers get access to a number of existing data on poverty and social issues like the PPLS data bank (even though PPLS data are outdated and are not specific with regard to child protection issues) and the data Local Government structures (like BAPPEDA, *Dinas Sosial*) are collecting in different ways.

PKSA should get involved in the TNP2K and BAPPENAS pilot programs to improve the national unified data-base (UDB) by introducing an Integrated Referral System (IRS), which provides technological solutions for removing fragmentation of social protection programs and for improving coordination and integration of social protection services at the national and local levels. PKSA management should ensure that the improved UDB includes all the data on child protection issues required for PKSA targeting.

However, targeting should not only rely on databases but should use all sources that have information on children in difficult circumstances. *Dinas Sosial* and social workers should keep constant contacts to the police, to clinics and hospitals, to help-lines, to schools and other organizations to identify early when children are at risk and in crisis.



5.1.8 Improve Case Management and Monitoring

Social workers are PKSA's main tool for counseling caregivers and children, for linking them to social service organizations and for achieving behavioral change at family and community level. They are responsible for planning with children and caregivers and for monitoring and controlling all efforts to overcome the problems of children and their families. For solving children's problems a variety of potential sources of social welfare at the level of individuals, families, institutions/organizations, and communities have to be mobilized. All of this can only be realized through effective case management, which ensures that children's needs are assessed and the services required to address the problems are planned in a participatory way, delivered and monitored.

Because PKSA, in contrast with PKH, emphasizes the function of rehabilitation for children in crisis, the social workers should make more efforts to ensure that the full circle of case management is applied in each individual case. However, as long as there are less than 700 social workers for 158,901 children (*see chapter 5.1.5*), only few children can be assisted with appropriate case management.

In order that case management can be effectively implemented, PKSA will have to ensure that required capacities (with regard to quantity and quality) are available:

- Produce a case management guidelines that are specific, practical and complete with protocols that guide the assessment process, the planning and delivery of services, the referral system, home visit and family counseling. Guidelines also have to include procedures to monitor the progress of the child and family
- Prepare all social workers to become a case managers through effective trainings and coaching including:
 - Train LKSA staff in case management
 - Design a system to monitor and supervise case management practices of social workers and PKSA staff
 - Increase the number of social workers as recommended in chapter 5.1.5

5.1.9 Implement a Clear and Realistic Exit and Follow-Up Strategy

Up to now children have been exiting the program because they had grown out of the age limits of their respective clusters or because they had moved out of the catchment area of their LKSA or because they did not comply to conditionalities. A large number of children have been phased out because of PKSA budget cuts.

Being terminated as a result of budget cuts means that children at risk or children in a crisis have been abandoned. This shows how unreliable PKSA child protection services are. If there is no other way to ring-fence the PKSA budget, the logical consequence is that PKSA should in some way be taken under the umbrella of PKH, a program that never had to abandon its beneficiaries because of budget cuts and is even expanding.

Graduation means that the child's situation and/or the situation of the family have stabilized in a sustainable manner and to such an extent that no further social protection intervention is required. Taking into account that most of the children and their families are the poorest of the poor and the most destitute (if correctly targeted), a significant and sustainable reduction of the risk or crisis that led to the approval of the child will in the majority of cases not happen. Most children and their families will experience improvements as a result of PKSA interventions, but will fall back if assistance is terminated. Evaluations seem to indicate that PKH is facing similar graduation problems. A large number of problem households (especially labor constrained households) will never graduate. PKSA will have to accept that most of the correctly targeted children (the most needy) will not graduate and will have to be supported until they reach the age limit.

Unfortunately reaching the age limit (5 years for the neglected children under 5 and 18 years for other children) does not necessarily imply that the risk or the crisis faced by the respective children has been overcome. For this reason PKSA needs a systematic follow-up strategy. A follow-up strategy consists of an "exit package", a monitoring component and a rapid response component that reacts when monitoring results indicate a crisis. All three components need to be clearly spelled out in the PKSA guidelines.

Exit packages aim at providing those who are exiting with resources and/or access to services they require in order not to fall back into the risk or crisis situation, which they experienced before entering the program. Depending on the specific situation of the child, this can be access to a scholarship for further education, internships or other employment related opportunities, access to other social programs or a grant to start an income generating activity. To be able to provide such services, social workers need guidelines, training and information and need to network with local government offices, NGO's and the private sector. Social workers who are citizens of the same province, have their own network and speak the local language will find it easier to provide an appropriate exit package compared to social workers who have been recruited from other regions.

Monitoring combined with counseling should be implemented through regular monthly meetings with the exiting child, complemented by group discussions with other exiting children to exchange their experience. Monitoring results should be systematically documented. Cases can be closed once the situation of the child has stabilized or once another organization or program has taken over responsibility for the child.

In case monitoring discovers that the child has again fallen into a serious crisis, social workers have to be prepared to organize rapid response interventions that may range from medical assistance in case of health problems to safe houses in case of sexual or other abuse. To be able to respond adequately the social worker has again to be well trained, informed and established in the community where he/she works.

5.2 Institutional Reform – Redefining Roles and Programs

When all the recommendations given above are implemented, PKSA's effectiveness, performance and cost-efficiency will be improved. But PKSA will still only cover a relative small number of the children in need of specific social protection interventions while the majority of the children in need remain unreached. To become fully effective and relevant PKSA will have to break a number of chains that restrict its effectiveness. The main institutional reforms required are:

- Consistent decentralization – Local Government structures have to be empowered to manage an integrated social welfare and protection system that includes child welfare and protection
- Strong district level Social Welfare Offices will have to be empowered to implement the PKSA concept, which integrates cash transfers, deployment of qualified social workers and access to social services. District Social Welfare Offices will have to be the hubs that coordinate and link all child welfare and protection activities, host a common data base/ MIS, coordinate the LKSAs and employ and supervise the social workers
- Close cooperation/integration with PKH, to ensure that family poverty (the main driver of children's vulnerabilities) is reduced in all extremely poor families that have child protection issues. These families also should automatically get access to RasKin, BSM and JKN. Once family poverty is reduced the PKSA transfers will be set free to meet the needs of the children
- In this concept MoSA's role will be to ensure that all sector policies and budgets are child-sensitive, to improve the legal basis for child welfare and protection, to implement applied research on child protection issues, to provide training and guidelines and to strengthen Local Government structures responsible for child welfare and protection.

5.3 Basing Social Welfare and Protection Reform on Evidence

This is about challenging a number of assumptions underlying the Indonesian welfare system like the tendency to link transfers to conditionalities, the prevalence of categorical targeting versus inclusive family-centered targeting and the tendency to centralize social protection programs, which could probably be implemented more effectively by local government.

MoSA's Department of Education and Research has the mandate and the resources to challenge current principles and procedures of service delivery, to test new approaches and to generate empirical evidence that may serve to improve the Indonesian social welfare and protection system. The implementation of the five-area-based pilot programs that will test an integrated approach to family based child welfare and protection in Central Java, East Java and Sulawesi is an example how the Directorate on Child Welfare tests promising approaches to improve welfare service delivery (*see chapter 2.3*).

Comparing the current Indonesian social welfare and protection system with international experience the authors observed a number of principles and assumptions that are peculiar to the Indonesian system, but do not seem to be based on empirical evidence. Applied research to test some of the assumptions underlying the Indonesian social welfare and protection system in general and PKSA in particular may lead to insights that can be used to further improve the system. Some of the assumptions that are challenged by international experience are:

- Conditional cash transfer programs are regarded to be superior to unconditional programs
- A multitude of categorical programs each targeting just one category of vulnerable groups (e.g. children, elderly, disabled) are preferable to an inclusive program that targets families in need of social protection
- Local Government structures are unable to provide effective social welfare and social protection
- The implementation of more than a hundred overlapping and duplicating social programs is an effective and efficient way of providing social protection
- Low coverage in combination with low levels of transfers can have a significant impact with regard to poverty reduction.

Conditional Versus Unconditional Social Cash Transfers

Designers and implementers of conditional cash transfer programs (CCTs) assume that the outcomes achieved by conditionalities outweigh the costs of imposing conditions, monitoring compliance and sanctioning non-compliance. However, numerous empirical studies in different countries (e.g. in South Africa) show that unconditional cash transfers (CTs) achieve similar outcomes compared to CCTs.

Generally speaking most Latin American programs supported by World Bank and the Inter-American Development Bank impose conditionalities while countries in Europe, North America and Africa do not. One of the reasons given for imposing conditions in Latin America was that CCTs are easier to sell to taxpayers compared to CCs. This seems to signal that the perception of the pros and cons of conditionalities may have a cultural and a political dimension and may be perceived different in different cultures. Results of empirical research on this issue are extremely rare.

Evaluations based on quantitative research indicate that CCTs in Indonesia have positive outcomes with regard to health and education related behavior of beneficiaries. We can safely assume that the impact with regard to human capital development is positive. What we do not know is to what extent the positive outcome is caused by the cash and to what extent it is caused by the conditions. It could well be that in Indonesia like in many other countries a CTs have the same outcomes or only insignificantly different outcomes compared to a CCTs. To identify if CCTs have different outcomes compared to CTs a randomized quantitative sample survey is required that compares the outcomes of CCT households with a control group of CT households.

This study recommends that MoSA commission a scientific study that compares the outcomes of CCTs and CTs in Indonesia. If the positive outcomes of imposing conditions turns out to be insignificant, this would have considerable implications. Without conditionalities PKH and PKSA would become more costs-efficient, free social workers from the burden of monitoring conditionalities, and would be less paternalistic without compromising their human capital development objectives. Beneficiaries could be spared the indignity of having to prove compliance. PKH and PKSA could develop into programs that meet the Government's human rights obligation to provide social protection without any strings and conditions.

Categorical Versus Inclusive Social Protection

PKH, the main social cash transfer program in Indonesia, does not target all extremely poor households but only those that have children and/or pregnant women. Extremely poor households that have no children are excluded. Among the excluded extremely poor households are households that consist exclusively of elderly persons and/or disabled persons and/or chronically ill persons. These households are even more vulnerable than extremely poor households with children, most of which have fit adults in the working age. By excluding households that have no children or pregnant women PKH systematically excludes many of the poorest of the poor.

Latin American countries initially had a similar focus on poor households with children, but have since opened up to include all extremely poor households in their cash transfer programs. This study recommends that MoSA analyses the cost implications of making PKH accessible for all extremely poor households (not only those that have children or pregnant women) and subsequently consider transforming PKH into an inclusive social protection program that is fully in line with government's human rights obligations. It is, however, not recommended to start additional programs that target households that are presently excluded from PKH, which would increase the already existing fragmentation of social assistance programs. The recommendation is to just open up PKH.

Central Government Versus Local Government Responsibilities for Social Protection

International experience indicates that social welfare and social protection including social assistance is most effective, when it is placed under the responsibility of Local Government while Central Government has the responsibility to issue laws and regulations in order to ensure minimum standards of services. Central Government has also to ensure that Local Government receives the funds required to implement effective welfare and social protection services.



The national Law on Decentralization and the Law on Social Welfare stipulate the authority of Regional and Local Government in social welfare. Under those laws, Local Governments are given authorities to develop social welfare programs and budgets that are in line with local needs, issues, and capacities.

In order to be effective, Local Government social welfare departments require qualified human resources and budgets that match their tasks. Where Local Government social welfare and protection structures are weak, this should not be used as a reason for establishing Central Government social protection programs that by-pass Local Government and duplicate Local Government structures. Instead decisive action should be taken to strengthen Local Government welfare structures. The most effective way to strengthen Local Government structures is to give them the responsibility and resources to implement social protection programs.

Fragmentation Versus a Well-Designed Social Protection Policy

Social assistance in Indonesia is like a blanket composed of a patchwork of programs that overlap and duplicate while at the same time leaving gaping holes. Some documents put the number of social assistance programs at 250. Some households benefit from more than five social welfare programs. Many of the poorest households remain unreached.

In the case of children at risk and children in crisis situations (PKSA's target group) there exist thousands of uncontrolled 'orphanages', most of which seem

to do more harm than good. There are programs of the Ministry of Women Empowerment and Child Protection and programs of Local Government that are overlapping with PKSA. Nobody knows how many of the children in need are covered by one or more programs. The majority seems to be unreached. There is no effective supervision, communication, coordination and cooperation.

This study - like other studies have done before - recommends that the Government of Indonesia re-design its social protection policy and program. MP3KI – the Masterplan for Acceleration of the Expansion of Poverty Alleviation in Indonesia – has not yet resulted in a systematic consolidation of social assistance. The steps to go are (1) a comprehensive social protection needs analysis, (2) an identification of which population groups in need are reached by which programs in order to identify duplications and social protection gaps, (3) deciding which combination of programs will close the social protection gaps and which programs should be phased out. The reform should aim at increasing effectiveness by systematically targeting all households and persons in need of social protection and at increasing efficiency by eradicating fragmentation and duplication. The reduction of fuel subsidies is a big and encouraging step in the right direction.

Can Low Coverage of Social Cash Transfer Programs Combined with Low Levels of Transfers Reduce Poverty?

PKH is Indonesia's main social cash transfer program. It covers only about 50 percent of the families that live below the poverty line. This is partly due to the fact that it excludes all families that do not have children or a pregnant woman. The program pays annually on average IDR 1,750 million to a poor family. Some families get only IDR 1 million per year. At an average family size of 5, the annual transfer per person is IDR 350,000 or IDR 29,000 per month or IDR 958 per day.

Compared to the average poverty line of IDR 302,735 per capita per month, the monthly PKH transfer of IDR 29,000 is less than 10 percent of the poverty line. For families that receive IDR 1 million per year, the monthly transfer per person amounts to IDR 17,700. This is IDR 556 per day (USD 0.05) or 6 percent of the poverty line. How can a transfer of IDR 556 per day per person bring hope to a poor family?

The combination of low coverage with extremely low volumes of transfers make it unlikely that PKH or any other of MoSA's cash transfer programs have a significant impact on poverty reduction and on the reduction of the vulnerabilities caused by extreme poverty.

REFERENCES

Badan Perencanaan Pembangunan Nasional - RI (2011), *Building a social protection system for children in Indonesia. An assessment on the implementation of the Ministry of Social Affairs social assistance program PKSA and its contribution to the child protection system*. Jakarta

Badan Perencanaan Pembangunan Nasional - RI (2014), *Integrated referral system for social protection in Indonesia*. Jakarta

Badan Perencanaan Pembangunan Nasional - RI & Unicef (2012), *Laporan gabungan pemetaan sistem perlindungan anak di 6 provinsi di Indonesia: Aceh, Jawa Timur, Jawa Tengah, Sulawesi Selatan, Sulawesi Barat dan Nusa Tenggara Timur*. Jakarta.

BPS Indonesia (2011): *National socio-economic survey (Susenas) 2010*. Jakarta

de Janvry, Alain, Sadoulet, Elisabeth, and Vakis, Renos 2008, *Protecting vulnerable children from uninsured risks: adapting conditional cash transfer programs to provide broader safety nets*. *Journal of Well-Being and Social Policy*, 6(1), pp 161-183.

Griffith University (2014a) *Developing child protection and social work in Indonesia. Area-based pilot projects design proposal*. Meadowbrook

Griffith University (2014b) *Developing child protection and social work in Indonesia. Report on stage 2 Technical Assistance*. Meadowbrook

Kementrian Kesehatan RI (2010), *Riset Kesehatan Dasar 2010*. Jakarta.

Kementarian PPN/Bappenas (2014), *Integrated social assistance. Power-point presentation*. Jakarta

Kementrian Pemberdayaan Perempuan dan Perlindungan Anak-Badan Pusat Statistik (2012), *Profil anak Indonesia 2012*. KPPA & BPS. Jakarta

Lahiri, Antara (2013), *Understanding the Indonesian Child Social Welfare Program. Exit strategies and way forward*. Jakarta

Levinger, Beryl and Jean McLeod (2002), *Hello, I Must Be Going: Ensuring Quality Services and Sustainable Benefits through Well-Designed Exit Strategies*. Newton, Massachusetts

Kementrian Sosial Republik Indonesia, Save the Children, UNICEF (2007), *Someone that matters: the quality of care in childcare institutions in Indonesia*. Save the Children UK, the Ministry of Social Affairs & UNICEF. Jakarta

- Martin, Florence (2013), *Changing the paradigm: Save the Children's work to strengthen the child protection system in Indonesia 2005-2012*. Save the Children Indonesia Country Office. Jakarta.
- Ministry of Social Affairs (2010), *Decree of the Minister of Social Affairs of the Republik of Indonesia No: 15 A/HUK/2010 and General Guidelines Child Welfare Program (PKSA)*. Jakarta
- Patton, Michael Quinn (2002), *Qualitative research & evaluation methods. (3rd ed.)*. Sage Publication. London
- PUSKAPA UI (2014), *Understanding vulnerability. A study on situations that affect family separation and the lives of children in and out of family care*. Jakarta
- Ramdahani, Doni (2014), *Rumitnya urus administrasi kependudukan di Coblong*. Published in Metro Bandung, October 3, 2014. www.inilahkoran.com
- Riskesdas (2013), *Riset Kesehatan Dasar (Basic Health Research)*, Jakarta
- Rook, John (2014a), *Family-based social assistance in Indonesia: Origins and evolution*. Jakarta
- Rook, John (2014b), *Family-based social assistance in Indonesia: Present day provision*. Jakarta
- Sanfilippo, Marco, de Neubourg, Chris and Martorano, Bruno (2012), *The Impact of Social Protection on Children: A review of the literature. Working Paper 2012-06*. UNICEF Office of Research. Florence, Italy
- TNP2K (2013), *Program Keluarga Harapan (PKH): Indonesian conditional cash transfer program*. Research Brief 42. Jakarta
- UNICEF Indonesia (2012), *Child protection*. Issue brief. Jakarta
- UNICEF Indonesia (2013), *Mapping child protection systems. A consolidated report of findings in six target provinces in Indonesia*. Jakarta
- World Bank (2011) Program Keluarga Harapan. *Main Findings from the Impact Evaluation of Indonesia's Pilot Household Conditional Cash Transfer Program*. Jakarta
- World Bank (2012a), PKH conditional cash transfer. Jakarta
- World Bank (2012b), JSLU, JSPACA, PKSA. *Cash transfers for at-risk youth, the disabled and vulnerable elderly*. Jakarta