Formative evaluation of the Integrated Child Welfare Program (PKSAI)

Ministry of Social Affairs
UNICEF Indonesia

Child Frontiers | June 2019
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# CONTENTS

I. Introduction .......................................................................................................................... 11

II. Evaluation purpose & objectives ......................................................................................... 12

III. Ethical Considerations ........................................................................................................ 12

IV. Evaluation approach and scope .......................................................................................... 13

V. Limitations ............................................................................................................................. 15

VI. Key Findings ........................................................................................................................ 16
    A. Impact .................................................................................................................................. 16
    B. Relevance .............................................................................................................................. 22
    C. Effectiveness ......................................................................................................................... 29
    D. Efficiency .............................................................................................................................. 34
    E. Sustainability ......................................................................................................................... 38

VII. Recommendations .............................................................................................................. 42

Key References ........................................................................................................................... 51

Annex I: Evaluation Analysis Matrix ......................................................................................... 54
Annex II: Evaluation Work Plan & Timeline ............................................................................... 58
Annex III: Fieldwork Plans .......................................................................................................... 59
Annex IV: Ethical Principles ......................................................................................................... 61
Annex V: Evaluation Reference Group TOR ............................................................................. 65
Annex VI: Snapshots of PKSAI Pilot Sites ................................................................................. 67
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### Abbreviations & Acronyms

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>BAPPELITBANG</td>
<td>Badan Perencanaan Pembangunan, Penelitian dan Pengembangan (formerly BAPPEDA)</td>
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<tr>
<td>BAPPENAS</td>
<td>Badan Perencanaan Pembangunan Nasional (National Development Planning Agency)</td>
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<td>BAPPEDA</td>
<td>Badan Perencanaan Pembangunan Daerah (District Development Planning Agency)</td>
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<td>CC</td>
<td>Case Conference</td>
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<tr>
<td>DPPPA (DP3A)</td>
<td>Dinas Pemberdayaan Perempuan dan Perlindungan Anak (Women’s Empowerment and Child Protection Agency) – see also PPPAPM</td>
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<td>KEMENSOS</td>
<td>Kementerian Sosial (Ministry of Social Affairs, see MOSA)</td>
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<td>KLA</td>
<td>Kota Layak Anak</td>
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<tr>
<td>KPPPA</td>
<td>Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (Ministry of Women Empowerment and Child Protection, see MOWECP)</td>
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<tr>
<td>LPA</td>
<td>Lembaga Perlindungan Anak (Child Protection Board/Agency)</td>
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<tr>
<td>MOSA</td>
<td>Ministry of Social Affairs - see KEMENSOS</td>
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<tr>
<td>MOWECP</td>
<td>Ministry of Women Empowerment and Child Protection</td>
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<tr>
<td>OPD</td>
<td>Organisasi Pemerintah Daerah (District Government Organisation)</td>
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<tr>
<td>P2TP2A</td>
<td>Pusat Pelayanan Terpadu Perlindungan Perempuan dan Anak (Integrated Service Centre for Women and Children)</td>
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<td>PERBUP</td>
<td>Peraturan Bupati (Bupati Regulations)</td>
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<tr>
<td>PERDA</td>
<td>Peraturan Daerah (District Regulations)</td>
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<tr>
<td>PERMENSOS</td>
<td>Peraturan Menteri Sosial (Ministeral Decree)</td>
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<tr>
<td>PERWALI</td>
<td>Peraturan Walikota (Municipal / Mayoral Regulations)</td>
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<td>PKH</td>
<td>Program Keluarga Harapan (Family Hope Programme)</td>
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<td>PKSAI</td>
<td>Program Kesejahteraan Sosial Anak Integratif</td>
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<td>PMK</td>
<td>Pembangunan Manusia dan Kebudayaaan (Coordinating Ministry of Human Development and Culture)</td>
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<tr>
<td>PPKAI</td>
<td>Pusat Pelayanan Kesejahteraan Anak Integratif (Integrated Child Welfare Services Centre)</td>
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<tr>
<td>PPPAPM</td>
<td>(Dinas) Pemberdayaan Perempuan, Perlindungan Anak dan Pemberdayaan Masyarakat (Women’s Empowerment, Child Protection and Community Empowerment Agency) – see DPPPA / DP3A.</td>
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<tr>
<td>PROGRESA</td>
<td>Program Rehabilitasi Sosial Anak (formerly Program Kesejahteraan Sosial anak), (Children’s Social Rehabilitation Programme)</td>
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<td>PUSKAPA</td>
<td>Pusat Kajian Perlindungan Anak, University of Indonesia</td>
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<td>PUSKESMAS</td>
<td>Pusat Kesehatan Masyarakat (Community Health Centre)</td>
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<td>Abbreviation</td>
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<td>REHSOS</td>
<td>Rehabilitasi Sosial (Social Rehabilitation)</td>
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<td>RPTC</td>
<td>Rumah Perlindungan Trauma Centre</td>
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<td>SAKTI PEKSOS</td>
<td>Satuan Bakti Pekerja Sosial (Social Workers from PKSA (Child Social Welfare Programme))</td>
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<td>SLRT</td>
<td>Sistem Layanan Rujukan Terpadu (Integrated Referral System for Social Protection at the district level)</td>
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<td>TKS K</td>
<td>Tenaga Kesejahteraan Social Kecamatan (Sub-District Social Welfare Workforce)</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<tr>
<td>ULT-PLKSAI</td>
<td>Unit Layanan Teknis (Technical Service Unit) – Pusat Layanan Kesejahteraan Sosial Anak Integratif (Integrated Child Social Welfare Service Centre)</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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Executive Summary

Over the last decade, the Government of Indonesia has committed to improving the welfare of children by articulating and implementing an ambitious agenda for child protection. This includes progress made in developing child protection legislation and establishing a clear direction for strengthening the protection of children. Since 2015, the Ministry of Social Affairs (MOSA) of the Republic of Indonesia and UNICEF have been developing an Integrated Child Welfare Service Model (Program Kesejahteraan Sosial Anak Integratif – PKSAI) at the district and city levels to protect vulnerable children and families, particularly child victims of violence, abuse, exploitation, and neglect. This program strives to address complex challenges related to policy implementation, service delivery and decentralization.

The PKSAI model is currently being tested in three pilot districts (Tulungagung in East Java, Klaten in Central Java, and Gowa in South Sulawesi), and two pilot cities (Surakarta in Central Java and Makassar in South Sulawesi). The aim of these pilots is to strengthen MOSA’s existing Program Kesejahteraan Sosial Anak (PKSA), which combines cash assistance with complementary social welfare interventions supported by a social worker (Sakti Peksos). Evaluation and assessments conducted of the PKSA recommended reform in the following four areas: i) human resource capacity; ii) provision of services; iii) case management; and iv) building evidence. The PKSAI model was established to respond to these recommendations and is designed to be scaled up and adopted by government.¹,²

The present formative evaluation, designed to assess and make recommendations to strengthen the PKSAI model, is a timely opportunity to contribute to the understanding of this important initiative to improve the protection of vulnerable children and families. The evidence generated allows MOSA, UNICEF and key stakeholders to strategically examine the impact, relevance, effectiveness, efficiency and sustainability of the PKSAI model. Learning generated from this assessment will not only be valuable for the expansion of the integrated service approach in Indonesia but also for governments and child protection actors in the Southeast Asia and globally.

The evaluation results and recommendations will inform the Government of Indonesia, particularly MOSA, about the achievements and challenges experienced during the piloting of the service model since its 2015 initiation and offer recommendations for the scaling up from 5 to over 100 districts / cities already underway. This rapid expansion of a service reform model that is yet to be evaluated merits immediate and comprehensive analysis. The evaluation captures learning from the pilot experience and identify areas for adjustment and where attention is required to ensure the national expansion renders optimal welfare and protection outcomes for children and families across the country.

The specific objectives of the evaluation are to:

(i) examine the principal factors for the successful implementation of the model (what worked) in order to replicate these, as well as learn more about factors that have

hindered progress (what didn’t work) and identify revisions required to address this during the scaling up process.

(ii) assess the impact of the PKSAI model and its ability to deliver positive outcomes for children and families from the perspective of frontline workers and service beneficiaries.

(iii) develop specific, evidence-based, constructive recommendations and practical guidance in collaboration with national stakeholders to inform and strengthen implementation of the PKSAI model in additional districts and cities across Indonesia.

The evaluation took place between November 2018 and May 2019, beginning with an inception phase, followed by data collection and report development. Data collection involved a series of national discussions and interviews, followed by field visits to a total of 8 project and control sites including: 3 pilot districts in East and Central Java and South Sulawesi and 2 cities in Central Java and South Sulawesi and 3 control sites in East Java, Central Java and Sulawesi. The fieldwork qualitative data collection was complemented and triangulated by a quantitative survey conducted with Sakti Peksos across Indonesia. Control sites were used to compare and contrast the impact of the program on service quality, cost, as well as beneficiary and service provider experience. Data collection was conducted by the Child Frontiers lead evaluators and a national evaluator in parallel in each site. The evaluation team conducted visits to the pilot districts to interview stakeholders involved in the provision of child protection and welfare services.

A summary of key evaluation findings in relation to the impact, relevance, effectiveness, efficiency, and sustainability of the PKSAI model based on the evidence documented are presented below. As the PKSAI is still in relatively early stage of implementation, it is potentially premature to make a comprehensive assessment in the areas of impact, effectiveness and sustainability. However, significant information was collected on these aspects of the programme and a series of preliminary observations are presented for consideration.

Impact

The evaluation found that the PKSAI model is having a significant impact improving service provision and strengthening linkages between child protection services, family support services and social protection in the pilot sites. A primary strength of the PKSAI model is improving the access of children and families to health services, law enforcement, education and birth registration. This was a core objective of the model based on evidence from previous evaluations and assessments that identified the lack of coordination between different service providers as a significant challenge facing the Indonesian child protection system.

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3 Based on discussions with MOSA and UNCEF, Open Data Kit software was used to collect and analyse data from over 659 social workers nationwide.
A key factor facilitating improved service delivery is the establishment of SOPs between the PKSAI social workers and service providers, resulting in ‘special treatment’ or fast-tracking of cases referred by the pilot model staff to agencies where agreements have been established. Where these agreements have been established in the pilot locations, they appear to be effective and are significantly helping to improve access to and efficiency of service provision. When asked to describe the biggest change that has occurred since the implementation of the PKSAI model, service providers and social workers in the pilot locations consistently identified improved coordination between agencies, particularly for medical care, police response and birth registration. While challenges remain, strengthened inter-sectoral relationships and greater openness to cooperation at different agencies are clear positive outcomes of the integrated service model.

PKSAI Sakti Peksos appear to be less well-equipped in responding to high-risk child protection cases involving violence, abuse and other sensitive issues. Sakti Peksos interviewed in all pilot sites said that they do not feel confident when dealing with these types of cases. Despite provision of training on different topics related to child protection, this training has not provided Sakti Peksos with the necessary skills to effectively support children and families facing these types of challenges. The PKSAI model also appears to have had less impact in regard to the level of community awareness or knowledge of the existence of this model and available services in the pilot sites.

Relevance

The PKSAI model and service approach is clearly relevant for the Indonesian context. This is affirmed by previous evaluations, reports and assessments identifying the need for improved service integration. Stakeholders interviewed, particularly DINSOS officials in all sites, consistently described the PKSAI as a government priority that fits with the national development agenda. Government officials interviewed repeatedly stated that children are a top priority for the Government, as evidenced in the national Kabupaten / Kota Layak Anak programme. The evaluation found a strong understanding of and appreciation for the PKSAI rationale and purpose among all stakeholders consulted. There is genuine recognition of the need for greater coordination across agencies and more effective integration of service provision to both identify and address gaps, as well as avoid duplication.

The implementation of effective case management system, including ongoing monitoring of child outcomes, was identified as an indicator of the success of the PKSAI model. While the evaluation found that social workers are developing case reports on individual children, there does not yet appear to be a well organised system for storing, reviewing or consistently following-up on these reports. In some pilot locations, there are multiple systems have been established that are not integrated. Depending on the level of coordination in different locations, which varied significantly, staff may or may not share relevant case information across agencies.

The PKSAI approach is designed to be child-centred and family-focused, ensuring services provided are relevant to the lives of families and children. The evaluation found clear evidence
of this in all of the pilot sites, where Sakti Pksos clearly explained the importance of working closely with families and children to identify solutions and services that are acceptable and appropriate for them. This represents an important shift in the service approach and way Sakti Pksos engage with families and children, which is very positive.

**Effectiveness**

The PKSAI model is relevant for the Indonesian context and has potential to have significant impact. However, the degree to which this is effectively achieved in practice will be determined by a number of practical implementation issues. These include the level and capacity of available resources; clarity and effectiveness of SOPs and other guidance outlining interagency roles and responsibilities; and stakeholder commitment, among others.

In terms of human resources, the role of the Sakti Pksos is a critical factor determining the effectiveness of the PKSAI model. Sakti Pksos interviewed for the evaluation showed a high level of commitment and evident enthusiasm for their role. However, these staff face significant challenges in terms of capacity, experience and lack of resources to follow up on cases or conduct outreach. Trainings have been provided but the quality and impact are unclear. Numerous stakeholders – including PKSAI social workers themselves – repeatedly stated that a significant capacity gap remains, hindering effective service provision.

Another important factor impacting the effectiveness of the PKSAI model is the issue of decentralisation. While the programme is being implemented locally at the district / city level, this initiative has been initiated and led by MOSA at the national level. The Government of Indonesia’s decentralisation policy adopted in 1999 and subsequently revised in 2004 and 2014 has significant implications for the effective implementation of the model. Devolution of responsibilities and fiscal authority from the central to local government level presents challenges for the promotion of national level initiatives. As discussed by Evaluation Reference Group members, central level umbrella legislation is required to provide a legal basis for expansion of the model across Indonesia. Sub-national government authorities would also benefit from additional guidance in structuring and implementing the model due to limitations in technical capacity.

**Efficiency**

The design and implementation of the PKSAI model has been spearheaded by MOSA, specifically the Directorate of Social Rehabilitation for Children, with technical and financial support from UNICEF. Effective service delivery depends on cooperation and support from a number of other key stakeholders, including other government agencies, as well as local NGOs and CSOs. While effort has been made to define working relationships, roles and responsibilities of different agencies, the evaluation found that confusion and misunderstanding of the purpose and role of the PKSAI across these different agencies remains, in some cases significantly impacting the efficiency of implementation of the model at the local level.

The Indonesian child protection system benefits from the presence of a relatively large number of different professional and para-professional social workers employed by different Government and civil society agencies and based at the city, district and local levels. From an efficiency perspective, lack of clarity regarding the respective responsibilities of these different groups of
social workers and social welfare service providers results in potential overlap in roles and limits inter-agency coordination and information sharing.

For the integrated model to function efficiently, all available resources to the system should be coordinated to avoid duplication and promote effective service delivery. While this seems logical, achieving this in reality appears to have been extremely challenging at the local level in several of the pilot sites in the absence of a clear agreement and division of roles between relevant agencies. The focus of this evaluation was the PKSAI model, but it would be beneficial to conduct a wider analysis and comparison of the different service models that have been established to determine their level of functionality and possibilities for integration.

From a financial resource perspective, funding allocation for operational costs in several sites are derived the overall DINSOS budget on an ad hoc basis in the absence of a regular funding stream. In several locations, local officials and PKSAI staff have found creative funding solutions to address gaps and support service provision, which is very positive and clearly indicates commitment. Respondents explained that they adjust their activities to the available funds in the most cost-efficient way possible. However, this remains a challenge and many evaluation respondents highlighted the need for a minimum fixed annual budget allocation to support PKSAI operation.

**Sustainability**

The final area considered by this formative evaluation is the overall sustainability of the PKSAI model. This is a critical question in light of plans to scale up to over 100 new locations. While the model itself clearly has potential to have impact and is relevant for the context, sustainability will be determined by the level of political support for implementation at both the local and national levels. To date, the success and degree of ownership or support for the PKSAI in the pilot sites appears to be largely driven by political and administrative leadership at the local level. Where there has been strong support for the model implementation has been smooth and effective but when the leadership changes, this support can disappear. Leadership challenges at the local level are exacerbated by confusion regarding mandates for child protection at the national level. The absence of clear guidance from the national level with regard to how the PKSAI can be structured at the district and city level has created significant confusion and fear at sub-national levels of acting without sufficient authorisation. Evidence from the five pilot sites indicates that leaving responsibility for determining the structure of the PKSAI completely up to local authorities can be extremely challenging, particularly in the absence of strong local leadership. As noted above, ERG members highlighted the lack of national level umbrella legislation to support implementation of the model as critical for the sustainability of the PKSAI integrated service approach.

Information management and monitoring were also identified by the evaluation and key stakeholders as significant gaps, as comprehensive data collection and management systems have yet to be implemented in all of the pilot sites. While it is common for pilot programmes to focus on establishing structures and implementing activities prior thinking about monitoring and reporting on these, effective data collection and evaluation processes are critical in order to track whether the programme is achieving its intended objectives, identify problems early on and
document key lessons learned. It will be equally important to design and implement a clear strategy for reviewing and analysing this information to assess how the programme is performing and identify both gaps and successes. During the final ERG meeting, a strategy and specific tools for documenting and reflecting on programme learning were presented and discussed.

**Recommendations**

Top-line evaluation recommendations are presented below and further elaborated in the full report.

**National Level Coordination**

- Key Government agencies at the national level – namely MOSA, MOWECP, BAPPENAS and MOHA should establish a clear agreement on respective roles and responsibilities in relation to child protection.

- National level agencies should continue the final ERG discussions on the impact of decentralisation on the expansion of the model. It will be critical to identify the type of national level legislation required to support this process and pursue a clear and coordinated strategy to achieve this.

**Organizational Structure**

- Local government authorities require clear technical guidance from the national level with regard to how the PKSAI model can be structured at the district / city and community level.

**PKSAI Sakti Pekso**

- The PKSAI Sakti Peksos are critical to the success of the model and should be provided with sufficient supervision, ongoing technical support and resources to efficiently fulfil their roles.

**Monitoring, Evaluation & Learning**

- Ensure that a clear monitoring, evaluation and learning strategy is in place from the national to the subnational level and that sufficient resources, including staff time, are allocated to support this.

**Role of UNICEF**

- As UNICEF shifts focus to support the overall scaling-up process, an area where significant support will be needed and is critical for the successful expansion of the model is in the implementation of a proactive iterative learning strategy to ensure effective documentation and exchange of learning and recommendations across implementation sites.
Resources

- For the PKSAI model to function effectively, a fixed annual budget allocation with regular periodic increases is required to support operating and service provision costs.

Expansion of the PKSAI model

The primary focus of the present formative evaluation was the implementation of the PKSAI model in the pilot sites and the expansion of the model to new locations was not technically within the evaluation scope. However, the recommendations below identified during the data collection and participatory review process may be useful for the planned replication of the PKSAI in addition to the overall recommendations above.

- **Identifying & documenting solutions:** Additional time is required to further consolidate, refine and develop the model in the pilot sites. While there is evidence of improvements in child protection service provision since the PKSAI was established, significant challenges remain with regard to capacity, budgets, case management systems, lines of command, integrated data management system and other critical areas. Based on the findings of this evaluation, it is recommended that concentrated effort be invested in identifying, implementing and testing practical strategies for strengthening the model in these areas and ensuring these strategies are clearly documented and implemented in new PKSAI locations.

- **Site selection:** In identifying new target locations, an assessment should be conducted to first determine whether the PKSAI model is needed or if it would overlap with other mechanisms already in place in order to avoid potential conflicts in roles and responsibilities. The assessment should also include a comprehensive capacity analysis, including mapping available child protection and child welfare services and soliciting the views of service providers on the integrated service model. In-depth discussions and planning meetings should be held with key stakeholders at the local level to discuss the implications of the assessment and implementation details. It may be beneficial for UNICEF to develop step-by-step guidance or checklist based on the preparatory work that has been done previously in the pilot locations to be followed in new sites.

- **Expert technical team:** Consider establishing an expert team in each province to support expansion of the PKSAI. This could involve key local government officials, academics, NGOs and other experts who can introduce the model, offer start-up guidance, share their experiences and provide ongoing technical support. This should be officially mandated to allow local experts to assume implementation responsibility in each site. This would be in line with the decentralisation policy, while also benefiting from ongoing technical guidance and oversight from national level authorities if this is built into the team structure. This will be especially critical in the absence of UNICEF technical support for the establishment of new sites.
I. Introduction

The Ministry of Social Affairs (MOSA) of the Republic of Indonesia and UNICEF have developed and are implementing an Integrated Child Welfare Service Model (*Program Kesejahteraan Sosial Anak Integratif* – PKSAI) at the district and city levels to strengthen and improve the integration of services to protect vulnerable children, particularly child victims of violence, abuse, exploitation, and neglect. The model is currently being tested in three pilot districts (Tulungagung in East Java, Klaten in Central Java, and Gowa in South Sulawesi), and two pilot cities (Surakarta in Central Java and Makassar in South Sulawesi). The PKSAI is designed to be adopted by government and implemented nationwide.

UNICEF Indonesia recruited Child Frontiers to conduct a formative evaluation of the PKSAI to assess and make recommendations to strengthen the model. The evaluation results and recommendations will inform the Government of Indonesia, particularly MOSA, about the achievements and challenges experienced during the piloting of the service model since its 2015 initiation and offer guidance for the scaling up from 5 to over 100 districts / cities already underway. This rapid expansion of a service reform model that is yet to be evaluated merits immediate and comprehensive analysis. The evaluation captures learning from the pilot experience and identify areas for adjustment and where attention is required to ensure the national expansion renders optimal welfare and protection outcomes for children and families across the country.

Specific objectives of the evaluation are to:

(i) examine the principal factors for the successful implementation of the model (what worked) in order to replicate these, as well as learn more about factors that have hindered progress (what didn’t work) and identify revisions required to address this during the scaling up process.

(ii) assess the impact of the PKSAI model and its ability to deliver positive outcomes for children and families from the perspective of frontline workers and service beneficiaries.

(iii) develop specific, evidence-based, constructive recommendations and practical guidance in collaboration with national stakeholders to inform and strengthen implementation of the PKSAI model in additional districts and cities across Indonesia.

The evaluation took place between November 2018 and May 2019, beginning with an inception phase, followed by data collection and report development. Data collection involved a series of national discussions and interviews, followed by field visits to a total of 8 project and control sites including: 3 pilot districts in East and Central Java and South Sulawesi and 2 cities in Central Java and South Sulawesi and 3 control sites in East Java, Central Java and Sulawesi. The fieldwork qualitative data collection was complemented and triangulated by a quantitative survey conducted with Sakti Peksos across Indonesia. Control sites were used to compare and contrast the impact of the program on service quality, cost, as well as beneficiary and service provider experience. Data collection was conducted by the Child Frontiers lead evaluators and a national evaluator in parallel in each site. The evaluation team conducted visits to the pilot districts to interview stakeholders involved in the provision of child protection and welfare services.

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4 Based on discussions with MOSA and UNCEF, Open Data Kit software was used to collect and analyse data from over 659 social workers nationwide.
This formative evaluation is a timely opportunity to contribute to the understanding of this important initiative to improve the protection of vulnerable children and families. The evidence generated allows MOSA, UNICEF and key stakeholders to strategically examine the impact, relevance, effectiveness, efficiency and sustainability of the PKSAI model. Learning generated will not only be valuable for expansion of the integrated service approach in Indonesia but also for governments and child protection actors in Southeast Asia and globally.

II. Evaluation purpose & objectives

After approximately three years of programme functioning, the purpose of this formative evaluation is to examine and evaluate:

(i) the process of implementing the PKSAI model; and
(ii) the impact of the new service modality on the welfare of children in target sites.

Specific objectives of the evaluation are to:

(i) examine the principal factors for the successful implementation of the model (what worked) in order to replicate these, as well as learn more about factors that have hindered progress (what didn’t work) and identify revisions required to address this during the scaling up process.

(ii) assess the impact of the PKSAI model and its ability to deliver positive outcomes for children and families from the perspective of frontline workers and service beneficiaries.

(iii) develop specific, evidence-based, constructive recommendations and practical guidance in collaboration with national stakeholders to inform and strengthen implementation of the PKSAI model in additional districts and cities across Indonesia.

The evaluation includes analysis of changes in the way services are structured and delivered, the level of demand for services and the number of beneficiaries. It looks at how the model has been implemented in different locations and the impact on outcomes for children and families. This provides an insight into the scalability and potential sustainability of the model, as well as gaps and challenges to need to be addressed.

III. Ethical Considerations

The formative evaluation of PKSAI has been conducted in line with a number of internationally recognized research and evaluation standards. The ethical principles for the process derive in part from a framework of requirements laid out by Emanuel, Wendler and Grady. It sets high standards that allow for trust to be established between the research team and participants, thus encouraging participants to answer questions openly and in a way that promotes the accuracy of the research findings while ensuring the well-being of research participants. The detailed ethical

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5 These principles are an adaptation of the OECD DAC evaluation criteria.
6 The proposed research is not clinical in nature, but the strict ethical guidelines associated with clinical research are appropriate, given the sensitive nature of the research topic and the likelihood that a number of research participants will be in positions of relative vulnerability. These guiding principles will require additional adaptation and contextualization at the local level; guidance for doing so is available in Wessells (2009).
guidelines underpinning this evaluation, including the key research principles and process for acquiring informed consent and the evaluation Code of Conduct are presented in Annex IV.

IV. Evaluation approach and scope

The evaluation took place between November 2018 and May 2019, beginning with an inception phase, followed by data collection and report development. Data collection involved a series of national discussions and interviews, followed by field visits to a total of 8 project and control sites including: 3 pilot districts in East and Central Java and South Sulawesi and 2 cities in Central Java and South Sulawesi and 3 control sites in East Java, Central Java and Sulawesi. The fieldwork qualitative data collection was complemented and triangulated by a quantitative survey conducted with Sakti Peksos across Indonesia.7

Fieldwork data was collected at the national level in Jakarta and all five (5) pilot districts / cities located in South Sulawesi, Central Java and East Java. The number of control sites and days was finalised in discussion with UNICEF and MOSA and three control sites included, one each in East Java, Central Java and South Sulawesi. Control sites were used to compare and contrast the impact of the program on service quality, cost, as well as beneficiary and service provider experience. The quasi-experimental evaluation design involves comparison between “treated” and “untreated” sites with similar characteristics and demographics. The ethical risks for the evaluation are mitigated in two ways. Firstly, because sites that were selected for the pilot intervention were not decided by the evaluation design; Secondly, because the government intends to roll out the intervention nationally so the “untreated” sites will eventually be covered by the intervention.

Table 1: Evaluation fieldwork locations

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<thead>
<tr>
<th>Location</th>
<th>Pilot</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>South Sulawesi</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Makassar</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2 Gowa</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3 Takalar</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>East Java</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tulungagung</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5 Trenggalek</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Central Java</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Klaten</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7 Surakarta</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>8 Kota Salatiga</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

7 Based on discussions with MOSA and UNICEF, Open Data Kit software was used to collect and analyse data from over 659 social workers nationwide.
Data collection was conducted by the Child Frontiers lead evaluators and a national evaluator in parallel in each site. The evaluation team conducted visits to the pilot districts to interview stakeholders involved in the provision of child protection and welfare services. This included district child protection committee members, as well as representatives from welfare, education, social protection, health and justice, as appropriate. Interviews and discussions were also convened with civil society organisations and communities in each city and district. The evaluation also included interviews with project beneficiaries, children and caregivers who have directly benefited from services, as well as other stakeholders’ including local and national Government representatives, NGOs / CSOs / communities, social workers and other frontline staff involved in the implementation of the pilot. Fieldwork data collection plans are presented in Annex III. An online survey was designed in consultation with UNICEF and MOSA and sent to Sakti Peksos to solicit their views on the PKSAI, which received a total of 659 responses.

Table 2: Modes of data collection

<table>
<thead>
<tr>
<th>Location</th>
<th>Types of data collection</th>
<th>Total sample</th>
</tr>
</thead>
</table>
| National Level: Jakarta | • 6 semi-structured interviews (minimum) UNICEF/MOSA Key Staff  
• FDG MOSA Staff involved in PKSAI  
• Meeting with ERG (input & background data to be collected in addition to reviewing the evaluation methodology and plan) | 6 |
| Five pilot districts / cities  
Three control sites  
Total: 8 sites  
Locations:  
Central Java  
East Java  
Sulawesi | Focus group discussions (1.5 hr)  
• 1 FGD (10 adolescent girls)  
• 1 FGD (10 adolescent boys)  
• 1 FGD (10 parents / caregivers)  
• 1 FGD (10 social welfare providers)  
• 1 FGD (10 social workers) | 60 |
| | Semi-structured interviews (1 hr)  
• 2 SSI (senior officials with responsibilities for roll-out of the PKSAI) | 4 |
| | Case stories/testimonials (30 mins)  
• 1 (social worker / service provider) | 8 |
| Nationwide | Sakti Peksos Survey (online) | 659 |

^ Note: Case stories with children and parents were removed from the evaluation methodology in agreement with UNICEF based on the experience and ethical challenges encountered in the initial research sites.
V. Limitations

The evaluation faced a few limitations that impacted the data collection process described below. However, these did not significantly compromise the methodology or validity of the findings. In some cases, the conditions under which GDs and interviews were conducted were suboptimal and offered limited privacy. For example, several FGDs with adolescents were held in parallel in the same room and simultaneous SSIs conducted within a few feet of each other. The fieldwork team did their best to ensure participants felt comfortable and confident to share their views freely.

The evaluation methodology provided clear guidance for the selection of group discussion participants, which was reiterated to counterparts organising the sessions. For example, children with open or recent child protection cases were not to be included in group discussions to avoid potential trauma when discussing sensitive issues or being asked to recount their experience. However, this occurred frequently during the fieldwork, despite the evaluators making an effort to ensure otherwise. In these cases, the facilitator did her / his best to avoid asking direct questions of the victim or their parents in the group setting.

Finally, the issue of confidentiality was extremely important to ensure respondents felt at liberty to speak freely. The survey team assured all participants that their names will not be used in the report and statements not attributed to individuals. While in some cases, it may be interesting or useful to know who provided specific information or perspectives, the survey team is not at liberty to share any identifying data. From the wealth of information collected and presented in this evaluation report, it appears that the overall data collection was ultimately successful and worthwhile, despite the minor limitations and challenges encountered.
VI. Key Findings

The PKSAI model was designed to respond directly to evidence and recommendations from a number of recent studies conducted of the Indonesian child protection system. Findings included the need for a shift in focus from institutional care to prioritise family and community-based care, placing greater emphasis and effort on prevention, addressing the fragmentation of services and finding specific strategies to assist families. The PKSAI approach has clearly made a concerted effort to tackle all of these areas, with varying levels of success. This will be explained in greater detail in the context of the key evaluation themes below.

It is important to preface these findings with the caveat that because the PKSAI model is still in relatively early stage of implementation, it is potentially premature to make a comprehensive assessment in the areas of impact, effectiveness and sustainability. However, a series of preliminary observations are presented for consideration as part of this formative evaluation. It is hoped that this will help to flag areas of strength that can be further leveraged, as well as potential challenges to be taken into careful consideration in the process of scaling up to new locations.

A. Impact

Referral and linking families and children to services

In the pilot sites, effort has been made to improve service provision and strengthen linkages between child protection services, family support services and social protection. In terms of impact, the evaluation found that the primary strength of the PKSAI model is that it links children and families with health services, law enforcement, education, birth registration, etc. PKSAI Sakti Peksos demonstrated the most confidence and capacity in responding to these types of cases and the pilot appears to have had the greatest impact in strengthening the access of families to these types of services. Data collected through the nationwide Sakti Peksos survey indicated that the majority of respondents (81%) felt children are receiving significantly improved services from the PKSAI, as shown in Figure 1.

This is reflected in Figures 2 and 3 below which show that of the cases reported or referred to PKSAI in the 5 pilot sites in both 2018 and 2017, the majority concerned legal identity.

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9 Reference: Understanding vulnerability, Indonesia’s SBA approach, CP system governance indicators, Rapid assessment of the PKSA
10 ‘Overview Integrated Child Welfare Services Indonesia’ PDF
(acquiring a birth certificate). In 2017 this was followed by cases involving provision of family support and social / psychosocial rehabilitation. In 2018 the second and third most common types of cases involved working with families facing neglect / parenting issues and helping with education access, respectively. The total number of cases reported to the PKSAI in all 5 pilot sites increased significantly from 957 in 2017 to 1,960 or 51 per cent.

Assisting children and families to access birth registration services from the Civil Registration Office was frequently mentioned as a significant improvement in terms of the speed and effectiveness of service delivery. According to UNICEF, this was a core strategy of the model, which specifically targeted improving linkages to agencies providing a range of services for children and families.

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11 Data provided by UNICEF Indonesia.
12 Ibid
Interagency Agreements

A key factor facilitating improved service delivery is the establishment of SOPs between the PKSAI social workers and service providers, resulting in ‘special treatment’ or fast-tracking of cases referred by the pilot model staff to agencies where agreements have been established. Where these agreements have been established in the pilot locations, they appear to be effective and are significantly helping to improve access to and efficiency of service provision. When asked to describe the biggest change that has occurred since the implementation of the PKSAI model, service providers and social workers in the pilot locations consistently identified improved coordination between agencies, particularly for medical care, police response and birth registration. While challenges remain, strengthened inter-sectoral relationships and greater ‘openness’ at different agencies appear to be clear positive outcomes of the integrated service model.

In the control sites, it reportedly takes significantly more time and is more difficult for social workers to process cases. For example, social workers in Takalar explained that they were responsible for preparing all of the documents and following a series of administrative procedures when applying for a birth certificate. In Salatiga, it was reported that a neglected baby was not provided hospital care in the absence of a birth certificate from the appropriate authorities, despite the social worker having contacted the Head of Dinsos to try to advocate on the child’s behalf. In Trenggalek, in some cases, intersectoral partners do not always inform the merged Dinas Sosial, Pemberdayaan Perempuan dan Perlindungan Anak (DSPPPA) when they come across children of concern even though it is their responsibility to do so.

High-risk child protection cases

PKSAI Sakto Peksos appeared to be less well-equipped to be able to manage high-risk child protection cases involving violence, abuse and other sensitive issues. Social workers interviewed in all pilot sites said that they do not feel confident handling high risk cases and despite having received a number of trainings, these have not provided them with the necessary skills to do so.

Despite significant determination and commitment to fulfil their role, it became evident during the data collection that social workers had limited understanding of basic principles in relation to confidentiality and best interest of the child. For example, despite being repeatedly requested otherwise, child victims and their parents were asked to openly disclose confidential information about ongoing cases, which was highly inappropriate. This did not appear to have been done purposely, but rather due to lack of knowledge or understanding of the potential negative impact on the children and parents. Evidence from all pilot sites indicates that the PKSAI social workers are best placed to focus on low-risk cases that can be resolved without
referral to more formal statutory service providers. According to some respondents, this was their envisioned role and more serious child protection cases are meant to be referred to P2TP2A. It is important to note, however, that P2TP2A is not functioning effectively in all locations, as referrals are made to volunteers who are not always available or able to provide the required support.

It is important to note that providing more training alone may not be sufficient to address this issue. The capacity to effectively handle serious child protection cases cannot easily be taught in a single or even a series of trainings but is most effectively developed through a process of mentorship, which allows social workers to learn by doing with the support of an experienced senior staff member who is able to provide guidance on case management strategies, action taken and services to be provided. A major challenge evident in the PKSAI pilot sites was that this type of support is not currently available for the social workers, who are left to try to figure out how best to manage cases on their own.

A potential unintended negative outcome is that inappropriate decisions may be made in relation to supporting children and families due to this lack of supervision, as was observed during the fieldwork. While the PKSAI social workers are generally very committed and eager to assist children and families in need of help, they may not be best placed to handle some types of cases and should not be placed in these challenging situations. Interviews conducted for the fieldwork also indicated that the social workers may be unable to identify cases of abuse where there are no apparent physical signs and, as a result, may inadvertently overlook cases of neglect or emotional abuse.

Inter-disciplinary case conferences, a primary mechanism of the model, appear to be taking place with different frequency in different sites but do not appear to be significantly helping social workers to manage complex cases. There may be a range of reasons for this that were not fully captured by the evaluation. In Gowa, for example, a trained psychologist is available to provide expert professional assessment in serious child protection cases, but it appears that children are not being referred to the psychologist by the social workers. The reason for this was not identified during the evaluation. Given the recognized need for a range of services, it will be important to ensure that Sati Peksos have strict boundaries around their powers to assess and make decisions, as well as duty to refer cases beyond their remit to senior practitioners (social workers).

Community awareness

One area where the PKSAI model appears to have had less impact is in regard to the level of community awareness or knowledge of the existence of this model and the services offered in the pilot sites. From group discussions with community members, it was evident that mothers and fathers in the community have limited knowledge of what help the PKSAI provides, how to access services or report cases. As presented in Table I above, this is also true for other respondent groups, including adolescent boys and girls (apart from boys in Tulungagung and Gowa), as well as service providers (also with the exception of Tulungagung and Gowa) and community leaders in Makassar, Gowa and Surakarta. As expected, the majority of respondents interviewed in the control sites were not aware of the PKSAI model. An exception to this was among service providers in Salatiga, who had heard about the PKSAI and are hoping to see this initiated in Salatiga.
The evaluation also found that information on the PKSAI does not appear to have been effectively disseminated to key partners and intersectoral actors who should be aware of the model and working regularly and directly with the PKSAI in the pilot sites. Several key stakeholders interviewed had not heard of the name of the model and were unaware of its purpose. These findings indicate that significant work remains to be done in raising community awareness of the PKSAI services and social workers. Given the low levels of awareness indicated above, it will be important to increase community knowledge about the PKSAI services are eventually undertaken so that families and children in need of assistance know where to go for help. Community members in some locations were more aware of the P2TP2A service model than PKSAI due to the community level child protection activities undertaken by P2TP2A and the fact that the P2TP2A has been in operation for almost a decade nationwide, while the PKSAI was only established in 2016 in 5 districts.

One strategy for increasing community awareness and support is the planned establishment of “service hubs” at the local level. It is anticipated that these hubs will be based at the village or sub-district level to provide information about child protection and available services, as well as receive reports on vulnerable children in the community, including cases of violence, exploitation, abuse and neglect. While this may help raise awareness, ensuring that these hubs have sufficient capacity, resources and a clear mandate to provide meaningful and quality support to families and communities will be critical.

Despite the apparent low level of general community awareness of the PKSAI and services available, it is important to note that the overall number of cases reported and services

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### Table I: Awareness of the PKSAI Model

<table>
<thead>
<tr>
<th>Pilot PKSAI Sites</th>
<th>Mothers</th>
<th>Fathers</th>
<th>Boys</th>
<th>Girls</th>
<th>Service providers</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulungagung</td>
<td></td>
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<tr>
<td>Klaten*</td>
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<tr>
<td>Makkasar</td>
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<tr>
<td>Gowa</td>
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<tr>
<td>Surakarta</td>
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<td></td>
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<tr>
<td><strong>Control Sites</strong></td>
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<td></td>
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<tr>
<td>Salatiga</td>
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<tr>
<td>Trenggalek</td>
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<tr>
<td>Takalar</td>
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</tbody>
</table>

*Note: split boxes split indicate that GD members who were also members of NGOs or P2TP2A were aware of the PKSAI. In Tulungagung and Surakarta, many of the parents were also community leaders.*
provided increased significantly in each site, indicating that a larger number of children and families are finding or being referred to this model. As social workers are struggling with their current workload, staff will need the skills and confidence to handle a potential increase in demand for services before undertaking additional awareness raising activities.
B. Relevance

For any child protection model or strategy to successfully meet the needs of its target beneficiaries, it must be contextually relevant. As noted above, the PKSAI was designed in response to the findings and recommendations of a series of evaluations and assessments of the existing child protection system and services, which consistently highlighted the lack of service integration as a critical challenge. The integrated service model was developed specifically to address this issue and is therefore relevant for the Indonesian child protection system. The model is also aligned with international conventions ratified by the Government of Indonesia. As explained in more detail in Section IV: Efficiency, however, a number of initiatives have been implemented at the sub-national level by different agencies in an effort to improve service provision. Despite efforts to define how these mechanisms are linked or complement one another, this has yet to be fully clarified and agreed upon at all levels.

"Conceptually, this is an amazing model. However, in reality we are facing very big challenges due to the lack of political leadership. If there is a case, at the lower levels we can work together based on personal relationships. This is not being done in a systematic way. In order to make the system work well, we need senior central level support for genuine integration of services across agencies in a way that is formally established and effective.

~ Senior DINSOS Official

PKSAI Rationale & purpose

The PKSAI was described by stakeholders, particularly DINSOS officials in all sites, as a government priority that fits with the national development agenda. Government officials interviewed repeatedly stated that children are a top priority for the Government, as evidenced in the national Kabupaten / Kota Layak Anak programme. The PKSAI approach also aligns closely with Regional Medium-Term Development Plans (RPJM) in Makassar, Tulungagung and other locations, which mention provision of services for prevention, recovery and rehabilitation of child victims of violence, exploitation, neglect and abuse. The RPJMD also mentions that multi-party synergy is key to handling social welfare problems. The national legislation Law 23/2014 on Local Government defines the primary role of local government in direct service provision.

Figure 4: Is the PKSAI an effective strategy to strengthen the wellbeing of children & families?

Yes 89%
I don't know 10%
No 1%

Source: Sakti Peksos Survey

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13 Loosely akin to “Child-friendly city” / Literally translated “city worthy of children” – in which the designated city develops and commits resources of the Government and community to prioritise a holistic and sustainable development for children and ensure children’s rights are upheld.

14 RPJMN 2015-2019 Book 2, Part 2.3.10 on policy direction and strategy

15 The PKSAI (ULT PSAI) is mentioned explicitly in the RPJMD Tulungagung.
The evaluation found a strong understanding of and appreciation for the PKSAI rationale and purpose among all stakeholders consulted. There is genuine recognition of the need for greater coordination across agencies and more effective integration of service provision to both identify and address gaps, as well as avoid duplication. This was reflected in the finding that stakeholders in control sites also highlighted the importance of establishing “integrated systems” and have independently begun working to transform their services in this way. The rationale of the PKSAI model was only questioned by respondents (from BAPPEDA and MWEC) who asked if there is really a need to establish a new integrated service model when similar models have been developed and implemented by other Government agencies. This is discussed in more detail in Section D: Efficiency.

Targeting & supporting vulnerable children

A principal ambition of the PKSAI model is to shift the service focus from a predominantly response-based approach towards identifying and preventing child protection problems before they occur or become serious. This has been done by significantly expanding the scope of responsibility of PKSAI social workers. Prior to establishment of the model, the primary role of social workers was to work with children in shelter-based care. Under the current structure, social workers are now responsible for conducting outreach to identify vulnerable families and children at risk in their geographic area and providing targeted services and support before more serious intervention is required.

While this approach is commendable and in accordance with international thinking on child protection, this is also an extremely ambitious and labour-intensive. Social workers in all pilot sites emphasised that while they are in agreement with the shift to a prevention focus, this has resulted in a significant increase in their workload. Although the protection scope was significantly expanded, commensurate human and financial resources have not been added to facilitate this transition, which has created significant challenges. It is unclear whether the current cadre of PKSAI social workers will be able to genuinely fulfil their envisioned role of providing effective outreach services which are designed to identify children at high and medium risk. As shown in Table II below, there are a number of different groups of social workers and parasocial workers at the local level who could potentially coordinate with the PKSAI to address this gap. The focus of this evaluation was the PKSAI model, but it would
be beneficial to conduct a wider analysis and comparison of the different service models that have been established to determine their level of functionality and possibilities for integration.

The vulnerability database hosted by MOSA’s Data and Information Department (PUSDATIN), which is under development, is expected to provide data to allow priority targeting of the most vulnerable children. Once this data is available, it will be important to analyse the total number of children identified as falling into the medium and high risk categories in each location and determine whether it is realistic to expect the current number of Sakti Peksos to work with these families while continuing to effectively manage their ongoing caseload. A realistic human resource strategy that recognises the new outreach function of social workers should be developed in collaboration with other agencies employing social workers at the community level to support future PKSAI work.

**Case Management**

The implementation of effective case management system (including ongoing monitoring of child outcomes) was identified as an indicator of the success of the PKSAI model. While the evaluation found that social workers were developing case reports on individual children, there did not appear to be a well organised system for storing, reviewing or consistently following-up on these reports. In some locations, social workers explained that they saved the case reports on their individual computers and nothing more was done with them. Case reports should be stored in a secure central location and reviewed systematically by a senior supervisor. This is particularly critical given the finding that social workers would benefit from expert technical support and guidance in relation to handling cases.

In some pilot locations there are multiple case management systems which are not integrated with one another, for example the case management systems operated by the P2TP2A and PKSAI. Depending on the level of coordination between agencies in different locations, which varied significantly, staff may or may not share relevant case information. This potentially results in duplication of work, can present an unrealistic sense of the scale of problems faced and cases being managed, as well as significantly impede effective information sharing required to provide consistent and high-quality services.
### Table II: Social work actors and programmes

<table>
<thead>
<tr>
<th>Social welfare groups &amp; programmes</th>
<th>Roles / Objectives</th>
<th>Oversight Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PKH</strong></td>
<td><strong>Program Keluarga Harapan</strong> (Family Hope Programme) or the Indonesian Conditional Cash Transfer Programme[^16]</td>
<td>Programme is administered and <em>pendamping</em> salaries are paid by KEMENSOS (MOSA). Salaries are significantly higher than those received by other types of social workers. Close supervision is also provided from the National Planning Agency (BAPPENAS). The PKH is a very structured programme and there is currently no formal agreement with PKSAI to govern coordination between these groups of social workers.</td>
</tr>
<tr>
<td><strong>Staff:</strong></td>
<td><strong>Oversight Agency</strong></td>
<td></td>
</tr>
<tr>
<td>35,249 Programme facilitators</td>
<td><strong>Location:</strong> Established at the provincial (Provinsi) and district (Daerah) level and working with communities in villages.</td>
<td></td>
</tr>
<tr>
<td>408 Supervisors</td>
<td><strong>PKH is the first conditional cash transfer program in Indonesia, launched in 2007. The PKH proceeded the PKSAI and was declared a national priority to address poverty. PKH has field-level facilitators (<em>pendamping</em>) based at the local level that represent an important link between beneficiaries and service provider agencies. While not all <em>pendamping</em> are social workers, supervisors have a social work background.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Objective:</strong> poverty reduction and improving socio-economic conditions of very poor households, including assistance for children of these households in education, health and other areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pendamping</strong> manage the cash transfer programme and facilitate regular family development sessions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PKSAI</strong></td>
<td><strong>Integrated Child Welfare Programme</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Staff:</strong></td>
<td><strong>Oversight Agency</strong></td>
<td></td>
</tr>
<tr>
<td>729 Social Workers</td>
<td><strong>Location:</strong> Kabupaten / Kota (and works at all levels as required)</td>
<td></td>
</tr>
<tr>
<td>35 Supervisors</td>
<td><strong>To address complex challenges related to child protection service delivery, policy implementation and decentralization through its integrated programme.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sakti-peksos are trained social workers working for the PKSAI. In some sites, they are requested to support the P2TP2A as well.</strong></td>
<td><strong>Integrated programme initiated by KEMENSOS (MOSA) which sits under the Social Rehabilitation Unit (RESOS) of Dinas Sosial in the Kabupaten / Kota. Sakti-peksos are paid by KEMENSOS – but are meant to work under the coordination of the local Dinas Sosial.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> In Solo, the PKSAI is officially a ‘regular service/section’ under the Social Rehabilitation (RESOS) Unit of Dinas Sosial.</td>
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</tbody>
</table>

[^16]: Note: Kabupaten may be translated as “Regency”; Kota, as “Municipality / City”; and Kecamatan, as “Sub-District”.

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25 | Child Frontiers 2019
### P2TP2A

**Pusat Pelayanan Terpadu Perlindungan Perempuan dan Anak**  
**Integrated Service Centre for Women and Children**

**Staff:**  
P2TP2A does not have its own social workers but works with volunteer workers and internal staff. This programme often only has 1 full time staff member with volunteers providing services on a call basis.

**Location:**  
Kabupaten / Kota (and works at all levels including sub-district and village level as required)

An integrated programme founded by the Ministry of Women Empowerment and Child Protection to provide services for women and children, victims of domestic violence and child abuse.

In some locations, community-based outreach and referral mechanisms have been established for high risk cases. P2TP2A has conducted capacity building for volunteers on children’s issues and case management. However, data on the quality and impact of this training on the capacity of P2TP2A to deliver quality services was not available.

In some locations, such as Tulungagung, P2TP2A funding is used to support PKSAI. The services available are reportedly not consistent nationwide and a more detailed assessment of this programme is recommended.

### PUSPAGA

**Pusat Pembelajaran Keluarga**  
**Family Learning Program**

**Staff:**  
PUSPAGA centres are staffed by government-appointed psychologists and psychiatrists, counsellors and social work graduates.

**Location:**  
Regency (kabupaten) capital and municipality (kota) levels.

A parenting education programme designed to strengthen parenting skills and provide counselling based on the CRC for parents of all children up to 18 years.

Ministry of Women’s Empowerment and Child Protection (KPPPA)

PUSPAGA is jointly supported by KPPPA for the initial 6 months. After this the local government to continue which is not necessarily guaranteed.

In Tulungagung for example, the government integrated PUSPAGA with PKSAI as they do not want a separate secretariat and that they see it is not sustainable.
<table>
<thead>
<tr>
<th><strong>SLRT</strong></th>
<th><strong>TKSK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sistem Layanan dan Rujukan Terpadu</strong></td>
<td><strong>Tenaga Kesejahteraan Social Kecamatan</strong></td>
</tr>
<tr>
<td>Integrated Referral System for Social Protection</td>
<td>Sub-District Social Welfare Workforce</td>
</tr>
<tr>
<td><strong>Staff:</strong> Pendamping (facilitators / social workers) work with communities.</td>
<td><strong>Staff:</strong> Paraprofessional community social workers at the sub-district level. They are described as ‘social volunteers’</td>
</tr>
<tr>
<td>SLRT has been established in 130 regencies / municipalities. Each location has 50 village facilitators for an approximate total of 6,500 village facilitators nationwide</td>
<td><strong>Location:</strong> Based in kecamatan (sub-district)</td>
</tr>
<tr>
<td><strong>Location:</strong> District level</td>
<td><strong>Location:</strong> Based in kecamatan (sub-district)</td>
</tr>
</tbody>
</table>

**KEMENSOS (MOSA) / Local Dinas Sosial**

**Integrated system to identify vulnerable and poor households and ensure they receive appropriate and adequate social support and protection through the provision of comprehensive services.**

Initiated by MOSA, SLRT is based within Local Dinas Sosial, with facilitators working at village level whose main task is to detect individuals and families in need and to refer these cases to SLRT desk at Dinas Sosial.

**TKSK programme is under KEMENSOS (MOSA) which provides the social volunteers with an allowance. The programme also works and coordinates with Dinas Sosial of the Kabupaten and Kota. They support the local authorities of the kecamatan in their work but are not in any way officially attached to the local kecamatan authorities.**

Information collected by TKSK is used by Dinas Sosial to target various social welfare benefits as and when funds are available.

**NOTE:** TKSK is not programme or type of service but part of the social welfare workforce.

In most regencies, the main responsibilities of TKSK para-social workers are to collect data and assist in the distribution of goods related to poverty programs. TKSK also conduct regular monitoring visits to villages to identify vulnerable families and children. A standard form is used that defines vulnerability based on the Depsos list of 22 social problems. This includes: neglected children, street children, children who have dropped out of school, children in single parent households, and disabled children from poor families. TKSK conduct home visits to families who fall into one of these defined categories to collect data on the family and then submit this to Dinas Sosial.
Involvement of families & children in intervention decisions & care planning

Another core strategy of the PKSAI model is to involve families and children in the case management and planning process. The PKSAI approach is meant to be child-centred and family-focused, which helps to ensure that the services provided are relevant to their lives. The evaluation found evidence of this in all of the pilot sites, where Sakti Peksos clearly explained the importance of working closely with families and children to identify solutions and services that are acceptable and appropriate for them. This represents an important shift in the service approach and way Sakti Peksos engage with families and children, which is positive.

According to Dinsos officials, if vulnerable or high-risk cases are detected, Sakti Peksos engage with the family directly or refer them to P2TP2A.17 This appeared to vary by location depending on the working relationship between PKSAI and P2TP2A staff, as well as the capacity and availability of the P2TP2A staff, who are not formally employed under this model (see Table II). While it would be logical for these services to complement each other, in some locations there is limited to no interaction between them.

Community-based solutions that seek to bring together a wider support network for children and families are prioritised where possible before resorting to resolving problems through formal measures. Local level solutions could be strengthened by the community level ‘service hubs’ described in Section I above. If effectively implemented, these service centres would identify vulnerable children and families and provide an initial response at the community level, referring serious cases that cannot be resolved to PKSAI teams and other services.

Reduction of Inequities

The evaluation also considered the degree to which the PKSAI has contributed to the reduction of inequities among children and communities. It was not possible to answer this question definitively, as the reduction of inequity is a longer-term goal that is difficult to achieve in such a short timeframe, especially with limited resources. Respondents stated that the introduction of the PKSAI may “have set things going in the right direction” towards addressing inequality but recognised that this will take time. While the PKSAI model is designed to conduct outreach to identify the most vulnerable children and families, this remains a work in progress.

It is important to recognise that the establishment of the PKSAI alone will not result in a reduction of inequities; any impact in this regard will be critically dependent on the available human resources, capacity, facilities, etc. In the absence of a fundamental understanding of children’s rights, ethics and effective approaches for working with children, ensuring equitable outcomes will be a challenge.

17 In some cases, PKSAI social workers have reportedly crossed professional boundaries, engaging in personal relationships with families and beneficiaries beyond case closure. This indicates challenges in relation to professional capacity and judgement, reinforcing the need for increased supervision, technical support and mentorship of social workers to prevent these types of potential problems.
C. Effectiveness

While the PKSAI model is relevant for the Indonesian context and has potential to have significant impact, the degree to which this is achieved in reality will be determined by a number of practical implementation issues. These include the level and capacity of available human resources; clarity and effectiveness of SOPs and other guidance outlining interagency roles and responsibilities; and stakeholder commitment, among others.

Human Resources

A critical component in the effectiveness of the PKSAI model across all pilot locations is the role of the Sakti Peksos. These social workers are integral to the functioning of the model, as their daily work in responding and managing cases drives the integration of services, referring families and children to different agencies that are able to provide the different types of assistance that they need. As noted in Section I: Impact, PKSAI social workers appear most effective in linking to tertiary services. Numerous respondents, including PKSAI staff stated that the social workers require practical training working with children and families, children’s rights and supporting children in conflict with the law. The evaluation team encountered a number of situations during the fieldwork where it was evident that the social workers and local staff would benefit from improved capacity and understanding of ethical and minimum standards required for working with vulnerable children, including ensuring protection of privacy and respect for confidentiality.

A number of training sessions and meetings have been supported by UNICEF to share information and build capacity, including both intersectoral coordination as well as meetings specifically focused on implementation of SOPs and referral mechanisms. The national survey of social workers, which included social workers from both PKSAI sites and non-PKSAI sites, indicated that 75 per cent of social workers had received some form of training to provide services to children within the past two years. However, the quality and impact of the trainings received are unclear, as numerous stakeholders – including PKSAI social workers themselves – repeatedly stated that a significant capacity gap remains.

This finding is corroborated by the Social Work Assessment conducted by Maestral International and Puskapa in 2016 based on primary and secondary data including the baseline mapping, scoping reports and information collected through interactions, observations, and interviews with social workers. The assessment rated the training / education and experience / skills of social workers in the following areas: social work

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methodology, case management, counselling, child protection systems, alternative care, basic child psychology and child rights. The assessment found that ‘some social workers have at least minimum education (diploma) in social work/psychology and have received 3-4 trainings.’ In terms of experience and skills, it was found that ‘few social workers have at least practised or utilized related skills in working with clients for 2-4 years.’ According to UNICEF, the findings were utilised as the basis for developing PKSAI Human Resource training materials for social workers, para social workers and coordinators. However, the evaluation findings indicate that trainings provided to date have yet to address the remaining competency gaps.

These challenges are exacerbated by the reality that social workers receive a relatively low salary, have insecure contracts and few benefits. In several locations, the PKSAI social workers do not feel accepted or sufficiently supported by local government agencies that they are meant to be working with. This appears to be related to how the PKSAI authority and reporting structure have been established. Unlike other local government staff, PKSAI social workers are employed directly by and report to MOSA at the national level. This places them technically outside of the local government structure in which they are physically based and, in some locations, has resulted in a sense of isolation and disconnect from the local Dinsos and other agencies. In some locations there were reports of being excluded from meetings and virtually ignored by local senior officials, which could have a significant impact on their ability to fulfil their roles effectively. As noted in a previous assessment, social workers are the backbone of the programme and targeted investment should be made in improving their capacity and working conditions.19 This should be accompanied by a comprehensive assessment of the number of social workers vis-à-vis the number of cases they are expected to handle to avoid setting unrealistic expectations and staff demotivation.

Table III: Estimated Number of Children at Risk in Pilot Sites20, 21

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Level of Risk</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Girl</td>
<td>Boy</td>
<td>Girl</td>
<td>Boy</td>
<td>Girl</td>
<td>Boy</td>
<td>Girl</td>
<td>Boy</td>
</tr>
<tr>
<td>Klaten</td>
<td></td>
<td>147</td>
<td>138</td>
<td>1,145</td>
<td>1,239</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surakarta</td>
<td></td>
<td>39</td>
<td>65</td>
<td>1,632</td>
<td>1,833</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tulungagung</td>
<td></td>
<td>395</td>
<td>395</td>
<td>2,592</td>
<td>2,728</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gowa</td>
<td></td>
<td>433</td>
<td>790</td>
<td>3,170</td>
<td>4,265</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makkasar</td>
<td></td>
<td>733</td>
<td>1,004</td>
<td>17,102</td>
<td>19,669</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>1,787</strong></td>
<td><strong>2,392</strong></td>
<td><strong>17,102</strong></td>
<td><strong>29,669</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Combined Total:</strong></td>
<td></td>
<td><strong>4,179</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>55,375</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19 Rapid Assessment of the Child Social Welfare Program (PKSA)
21 Note: figures are based on data validation from BDT 2015 in some villages. For example, in Klaten validation was conducted in 23 out of 401 villages;Solo: 5 out of 51 villages, Tulungagung; 16 out of 271 villages to estimate the number of children at risk in each district / city as a whole.
Decentralisation & Stakeholder Commitment

The Government of Indonesia adopted a decentralisation policy in 1999 under Law No.22/1999, which was subsequently revised in 2004 and again in 2014. The revised legislation (Law No.23 / 2014) provided specific guidance on the division of responsibilities at different levels of government. While the devolution of responsibilities and fiscal authority from central to local governments has afforded autonomy for local initiatives, this policy also presents challenges for the implementation of national level initiatives such as the PKSAI. As discussed by stakeholders during the final Evaluation Reference Group meeting and proposed in the evaluation recommendations, some form of central level umbrella legislation or decree is required to provide a legal basis for the implementation of the PKSAI model. This will be particularly critical for the expansion of the model across Indonesia.

The six core components of the PKSAI shown in Table IV below were defined in collaboration with local stakeholders in each pilot site. Local government actors have interpreted and implemented the principles of the model as they deem appropriate for their location. As depicted in the snapshot analysis of how the PKSAI components have been structured in each location presented in Annex VI, each pilot operates differently depending on the context, priorities and the available capacity and resources in each location.

Table IV: PKSAI Components

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>ILLUSTRATION OF EXPECTED RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPES OF INTEGRATED SERVICES</td>
<td>Continuum of services (PRIMARY – SECONDARY-TERTIARY) and types services to be made available</td>
</tr>
<tr>
<td>WORK MECHANISM</td>
<td>Institutional mechanism; inter-agency mechanism; case management; and quality control of services</td>
</tr>
<tr>
<td>INSTITUTIONAL ARRANGEMENT</td>
<td>Institutional structure; agencies involve; management; funding sources and mechanism; coordination; secretariat; and legality</td>
</tr>
<tr>
<td>HUMAN RESOURCE</td>
<td>Capacity and competency of staff; commitment of all service providers to collaborate.</td>
</tr>
<tr>
<td>DATA MANAGEMENT</td>
<td>• Basic data related to welfare and protection is available, regularly updated; and utilize for policy and programme development</td>
</tr>
<tr>
<td></td>
<td>• Management and utilization of data</td>
</tr>
<tr>
<td></td>
<td>• Monitoring and evaluation</td>
</tr>
<tr>
<td>POLICY</td>
<td>Policy on the establishment of the integrated child welfare services that regulates the institutional arrangement; working mechanism; human resource; and allocation of local resources.</td>
</tr>
</tbody>
</table>

“The six core components represent the ‘recipe’ for the model and this can be interpreted in different ways depending on the context.”

~ UNICEF Technical Officer

The fact that implementation of the PKSAI model has been contextually adapted to local priorities and interests has positive implications for its overall impact and sustainability. However, sub-national government authorities would benefit from additional guidance in
structuring and implementing the model due to limitations in technical capacity. While
decision-making authority and fiscal responsibility have officially been devolved, in some
cases local level authorities continue to look to the central level ministries for guidance on how
to structure programmes and services. Lack of guidance or direction can result in paralysis
due to fear of making decisions or taking action that may contradict the vision and strategies
of central level agencies.

UNICEF and MOSA have invested significant effort to address this by proactively providing
significant technical support, including embedding staff members in the pilot sites for extended
periods to support the pilot design and implementation process. In locations with strong and
supportive local Government leadership, such as Gowa, Surakarta and Tulungagung, this has gone more
smoothly than in locations with less active leadership or that have experienced sudden changes in
leadership for different reasons. While, as shown in Figure 8, the national social work survey indicated
a very positive response to replicating the model in other locations in Indonesia, it will be critical to consider
the implications of this experience in the PKSAI expansion, as sufficient technical support and leadership will
be critical for successful replication of the model.

Strong support from the local Bupati (Regent) and Walikota (Mayor) was cited as another
important factor determining success in implementing the model. Of three sites in Java,
Tulungagung has been most successful due to the high level of local government support.
This was reiterated by many respondents, who stated that without a strong champion at a
senior level within the district or city administration, it would be very difficult to implement the
model. In an effort to mitigate this risk, many evaluation respondents requested that more
detailed guidance be provided by national level authorities – for example, KEMENSOS should
provide start-up input including specific suggestions for different ways the model could be
structured and implemented that can then be adapted to the local context.
Clarity of SOPs, local decrees & policies

Another important factor that has increased the effectiveness of the PKSAI model has been the establishment of clear SOPs, local decrees and umbrella policy or legislation to guide implementation, organizational structure, staffing, define respective roles and responsibilities, as well as mandate working relationships between different agencies involved. The original SOPs, which were developed with UNICEF technical support, have been incorporated into local legislation (PERWALI or PERBUP) in all pilot locations to enable the initial implementation of the PKSAI. These SOPs were subsequently revised to be more comprehensive. This has included the issuance of PERDA and Mayor / Bupati regulations to mandate and legitimize the PKSAI as a government-supported service structure.

While the development of these guidelines was consistently identified as a positive step towards legitimising the model and facilitating effective implementation, respondents also frequently noted significant work remains to raise awareness and understanding of these SOPs among all stakeholders. SOP documents and diagrams were shared with the evaluation team in all locations, as presented in Annex VI.

“There were more coordination issues before PKSAI was introduced. Understanding of partners’ roles and responsibilities in the service continuum has improved compared to the past – however, it can still get better.”
~ Local Government Official
D. Efficiency

Compared to its neighbours in Southeast Asia, Indonesia’s system is characterised by a strong social welfare workforce and a plethora of service providers. For the majority of countries, the primary challenge facing the child protection system is a pervasive lack of services and social workers at the local level to provide assistance to families and children. Despite limitations with regard to the capacity, skills and the quality of services, the Indonesian child protection system benefits from the presence of a relatively large number of different professional and para-professional social workers employed by different Government and civil society agencies at the city, district and local levels. From an efficiency perspective, confusion regarding the respective responsibilities of these different groups of social workers and social welfare service providers creates potential overlap in roles, lack of inter-agency coordination and information sharing.

Defining Roles & Responsibilities

The design and implementation of the PKSAI model has been spearheaded by MOSA, specifically the Directorate of Social Rehabilitation for Children, with technical and financial support from UNICEF. Due to the integrated approach, effective service delivery also depends on cooperation and support from a number of other key stakeholders, including BAPPENAS (National Development Planning Agency), BAPPEDA (District Development Planning Agency), Dinas Sosial (Office of Social Affairs), Dinas Pemberdayaan Perempuan dan Perlindungan Anak (Agency for Women Empowerment and Child Protection), as well as other government agencies including the Office of Education, Office of Health, Office of Civil Registration, as well as local NGOs and CSOs. While effort has been made in the SOPs to define the working relationships, roles and responsibilities of different agencies, the evaluation found that confusion and misunderstanding of the purpose and role of the PKSAI across these different agencies remains, in some cases significantly impacting the efficiency of implementation of the model at the local level.

According to UNICEF staff, significant effort has been invested in defining the division of roles and responsibilities, which in addition to the SOPs, are reflected in other documents including the Bupati Decree on PKSAI Establishment and the PKSAI Structures Establishment. To build common understanding and agreement, a series of workshops and inter-agency coordination meetings were conducted with key sectors, including Dinas Social, to openly discuss these issues. Despite these efforts, however, inter-agency cooperation and coordination remains a challenge, particularly in terms of the respective roles of the PKSAI and P2TP2A. Of the three pilot areas in Java, for example, integration of PKSAI, P2TP2A and other services only appears to be functioning efficiently and in accordance with the Bupati Decree and SOPs in only one location (Tulungagung).

During the evaluation process, it became increasingly evident that challenges related to inter-agency coordination represent a significant barrier to the effective implementation of the PKSAI model. While, as noted in Section I: Relevance, all stakeholders clearly agree that streamlining and integration of services is a priority, and this is repeatedly highlighted in
assessments and reports on the Indonesian child protection system. In practical terms, however, efficient coordination between key service providers has been elusive.

Confusion around the roles and mandates of the different agencies and models was evident during the interviews conducted for the evaluation, particularly with national level agencies. Several respondents asked why a new integrated service model is needed when the P2TP2A and other mechanisms are in place to fulfil this function. While these respondents may be unaware of the findings of recent studies and research indicating that to date service provision remains fragmented, it indicates that there is a significant amount of work to be done to clearly explain and disseminate the rationale behind the formation of the PKSAI. Respondents also requested clear guidance for how this model is intended to interact with and support other pre-existing service approaches. While, as discussed in Section A: Relevance, the PKSAI was developed based on evidence for the need for improved integration between service providers, the evaluation indicated that all key stakeholders are not yet fully aware of this.

When probed about the underlying causes of the continued lack of coordination, many respondents highlighted ‘intersectoral ego’ as a driving factor. This issue, which should not be overlooked or underestimated, appears to be fuelled by the absence of a clear legal mandate and direction from the national level with regard to which Government ministry has lead responsibility for child protection in Indonesia. This ambiguity at the national level has resulted in competition to establish authority and leadership in different areas and reluctance to support genuine inter-agency collaboration. While it is not within the scope of this evaluation to propose a resolution to this issue, it is clear that in order for the PKSAI model and overall child protection system to function efficiently, it is critical that this issue is clearly and proactively addressed and resolved.

Human Resource Efficiency

The PKSAI is designed to strengthen the role of the Sakti Peksos employed under the PKSA program. The limited number of Sakti Peksos in each location means they are often overwhelmed with their current responsibilities and unable to fulfil their envisioned role in providing services due to the large number of families and children in need of assistance. In order to leverage the role of the Sakti Peksos, it would be beneficial to explore and establish more effective collaborative relationships with the other groups of social workers and para-social workers employed in the local government system, including TKSK, SLRT facilitators, PKH supervisors and pendamping.

Under MOSA’s PKSA programme, 729 social workers and 35 supervisors are employed nationwide. These PKSA social workers only represent a small number of the total number of social workers in the country. MOSA’s PKH programme has deployed over 35,249 para-social workers at the village level, along with 408 supervisors to oversee service provision to families and children. These staff have university degrees and, in many cases have reportedly received more comprehensive training than PKSA Sakti Peksos. In some locations, such as in Tulungagung, there is good collaboration between PKH para-social workers and Sakti Peksos and child protection cases beyond the scope of poverty-reduction are referred to the
Sakti Peksos. These linkages could be strengthened and the experience of PKH facilitators potentially better harnessed in order to support some of the responsibilities currently handled by Sakti Peksos. This would require further analysis in order to appropriately redesign respective work flows and job descriptions.

For the child protection system to function optimally, a logical approach would be to conduct a comprehensive analysis of the current social welfare workforce in Indonesia to critically assess current resources, capacity and opportunities for structuring to improve effectiveness. While some assessments have been conducted, including a review by UNICEF’s Regional Office, these do not appear to have resulted in significantly increased coordination. To date, apart from limited information sharing in some locations, linkages across these programmes – in particular PKH, P2TP2A and PKSAI – have not been formally explored and established. For example, an SOP should be developed to support regular case management meetings involving the different groups of social workers in each location to share information, identify and assign responsibility for high-risk or priority cases, as well as support ongoing community outreach and monitoring of families and children who may become vulnerable in the future. For the integrated model to function efficiently, all of the available resources to the system should be coordinated to avoid duplication and promote effective service delivery. While this seems logical, achieving this in reality appears to have been extremely challenging at the local level in several of the pilot sites in the absence of a clear agreement and division of roles between key agencies.

Budget Allocation

It is not possible to assess the efficiency of the PKSAI model without consideration of the resources available to support its implementation. In the pilot sites, costs have been supported through a combination of Government funds from the national and local level to support salaries of the social workers and UNICEF funding for technical assistance and training. Following the phasing out of UNICEF support, PKSAI costs are expected to be supported in full by the Government. This will be explored further in Section V: Sustainability. From an efficiency perspective, this section will analyse the current costs of operating the PKSAI model in each site.

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Figure 9 presents a breakdown of the average costs at the local level to operate the PKSAI according to the costing study conducted by Cornerstone Research in 2018. As evident in the graph, the majority of the budget is allocated to staff salaries and fees (52%), with the second highest expenditure allocated to coordination (22%), with funding for case management representing only 12 per cent of total expenses. This was reflected in interviews and group discussions conducted for the evaluation, which found that due to the limited amount of funds available for case management and operational costs, in some locations social workers reported using their own limited salaries to respond to emergency situations.

While it may be commendable that the PKSAI model is able to function on such limited funding, this is clearly having an impact on capacity to deliver quality services, as well as the morale of social workers who do not feel they are being provided with sufficient resources to do their jobs. This is exacerbated by the absence of a regular funding allocation in several pilot locations, where the funding allocation for operational costs are derived the overall DINSOS budget. Programmatic costs are integrated based on sectoral mandate and reportedly embedded in relevant sectors. Staff in these locations explained that they try to adjust their activities to the available funds in the most cost-efficient way possible.

As shown in Figure 10, 35 per cent of Sakti Peksos responding to the survey stated that the PKSAI does not have sufficient resources to function effectively.

If the PKSAI is envisioned as primarily a referral or coordination mechanism designed to link families and children with other agencies and services, this cost breakdown may be appropriate. However, if there is an expectation that PKSAI social workers will conduct outreach to communities and provide direct services, the current expenditure model may need to be reassessed. Evaluation respondents explained that in some locations, when costs of managing cases cannot be covered under the PKSAI, staff rely on other government agencies to support expenses related to the case management process. While this is a positive example of leveraging local resources, if this is to be a core operational strategy of the model, clear guidelines and procedures for this type of funding allocation should be agreed upon and documented by the relevant agencies. It will be important to document and systemise this type of collaborative approach, rather than leaving critical support for

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potentially serious cases involving the lives of children to chance. Respondents also recommended that a minimum fixed annual budget be allocated – if possible, directly from KEMENSOS.

The costing analysis conducted by Cornerstone Research corroborates the evaluation finding that the current PKSAI funding structure is insufficient, particularly in terms of the cost projection of an advanced model based on a high case management load. Under this scenario, the current PKSAI funding structure would be insufficient to deliver quality services and the caseload volume is not viable from a social work perspective. Significant investment has been made to conduct this comprehensive costing analysis and the findings should be taken into careful consideration and not be overlooked when assessing the viability of the model, particularly after the end of UNICEF support when costs will be fully supported by the Government.

SOLO CASE STUDY: Implementation of the model in Solo offers an example of how the integrated service approach can be introduced into the local government structure, including planning and budgeting mechanisms. The local administration recognised the value of the PKSAI (called PLKSAI in Solo), which is now structured under the Rehabilitation and Social Security (RESOS) Section of Dinas Sosial (formalised under the Perwali Surakarta no 27C/2016) and allocated funding to finance operational costs, pay salaries, as well as support expenses related to case management. The model is also mainstreamed into the local government development agenda, which is likely to facilitate improved coordination and alignment with other local government agencies, as well as future sustainability. This may be a useful example for possible replication in future sites during the scale up process.

E. Sustainability

The final area considered by this formative evaluation is the sustainability of the PKSAI model. This is a critical question in light of plans to significantly scale up to over 100 new locations and with UNICEF support being reduced in the 5 pilot locations. UNICEF support to the national replication will differ to the intensive support that was provided to the models, focusing on technical support, advocacy, monitoring and evaluation. For the purpose of this analysis, the focus will be on the sustainability of the 5 pilot locations involved in the evaluation. However, these findings will have implications for new sites to be established, particularly as this may happen with less technical support, investment and oversight than received by the original pilot sites.

Political & administrative leadership

To date the success and degree of ownership or support for the PKSAI in the pilot sites appears to be largely driven by political and administrative leadership at the local level. This has been a double-edged sword: where there has been strong support for the model

implementation has been smooth and effective but when the leadership changes, this support can disappear. As discussed by stakeholders during the final ERG meeting, this is not a sustainable approach, as the implementation of the model cannot rely on personalities and local leadership alone but should be institutionalised in order to withstand transitions of power and authority at the local level.

For example, the relative success of the model in Tulungagung is largely attributed to strong local leadership who were not ‘afraid’ to structure the model in the way that they thought would work best, including placing the PKSAI and P2TP2A social workers within the same ULT center to encourage coordination between these two groups. This PKSAI structure has remained functional even after the Bupati position shifted to new leadership. Administrative or operational leadership by the Head of DINSOS can be as important as political support. In Klaten, there was initially positive support for the model from local leadership, but as the Head of DINSOS position has now been vacant for over two years, the PKSAI has faced numerous challenges, including the absence of a final SOP or revised operational structure. Sakti Peksos explained that they receive limited support and are rarely acknowledged by the local authorities and do not interact with other social workers. Another potential challenge is that in many locations, the PKSAI is reportedly seen as a UNICEF-led initiative. It is unclear how this will affect implementation of the model after direct UNICEF support comes to an end.

Leadership challenges at the local level are exacerbated by confusion regarding mandates for child protection at the national level. While MOSA is currently leading the implementation of the PKSAI model, the roles of other agencies with child protection roles have yet to be defined in relation to its implementation. As discussed previously in this evaluation and more extensively in the recommendations, this is a challenge for implementation.

Organisational structure & oversight

The absence of clear guidance from the national level with regard to how the PKSAI can be structured at the district and city level has created significant confusion and fear at sub-national levels of acting without sufficient authorisation. Evidence from the five pilot sites indicates that leaving responsibility for determining the structure of the PKSAI completely up to local authorities is extremely challenging, particularly in the absence of strong local leadership. This situation presents a significant challenge for the sustainability of the model and results in inaction, paralysing effective implementation and service delivery. Similar issues are likely to be encountered in future sites, potentially exacerbated by the fact that upcoming locations will receive significantly less technical support and assistance from UNICEF to design and implement the model, as this will be the responsibility of local Government authorities.

“The establishment of the PKSAI must be truly tied to and clearly understood by the local Government authority so that implementation is not just in theory and adequate financial resources are provided.”

~ National Social Worker Survey
Members of the Evaluation Reference Group highlighted the lack of national level umbrella legislation to support implementation of the model as critical for the sustainability of the PKSAI integrated service approach. Targeted discussions were held among senior Government representatives from MOSA, PMK, MOWECP, BAPPENAS and MOHA among others to explore possible solutions, which are presented in detail in Section F: Recommendations of this report. It was generally agreed that expansion of the model to new sites without sufficient supporting national legislation will be extremely difficult. Analysis of the existing five pilot sites during the meeting found that despite the SOPs and local ordinances that have been issued to support the establishment of the model, there is as yet no firm legal basis for implementation of the model nationwide. This was found to be the case even in Solo, where the PKSAI has been most comprehensively integrated into the local Government structure.

It was generally agreed that expansion of the model to new sites without sufficient supporting national legislation will be extremely difficult. Analysis of the existing five pilot sites during the meeting found that despite the SOPs and local ordinances that have been issued to support the establishment of the model, there is as yet no firm legal basis for implementation of the model nationwide. This was found to be the case even in Solo, where the PKSAI has been most comprehensively integrated into the local Government structure.

Efforts to establish this type of umbrella legislation have to be viewed in the context of the Government of Indonesia’s decentralisation policy as mandated in Law No.23 / 2014. As described in Section C: Effectiveness – Decentralisation & Stakeholder Commitment, under this law, responsibility for child protection service provision is transferred to the local level, limiting the ability of national level Government ministries to mandate structures and roles at the subnational level. ERG representatives also reflected on this issue and the recommendations proposed in Section F, including the option of issuing a Presidential Decree and / or shifting oversight for the PKSAI under BAPPENAS reflect these considerations. A draft PERMENSOS is currently being developed at the national level and under review by the new Director of MOSA’s Child Directorate.

Legal framework & mandates

In addition to national level legislation, another critical factor highlighted by evaluation respondents as impacting the sustainability of the PKSAI is the type of local law issued to support the model. In Gowa, Makassar and Solo, local governments have promulgated local regulations (PERBUP or the equivalent PERWALI) that have been approved by the Local Executive and provide the mandate for establishing PKSAI and regulate work mechanisms, inter-agency collaboration, etc. This is positive and the PERBUP / PERWALI are described by respondents as critical legislation that has reportedly led to better intersectoral coordination and collaboration. However, for long-term sustainability and effective cooperation across multiple agencies, a more powerful type of complimenting local regulation is needed. This would be in the form of a PERDA, which is approved by both the executive and legislative branches and impacts all government bodies, as they are legally mandated to integrate its regulations into their planning. While this type of legislation is requires significantly more time and effort to enact, this would be beneficial for promoting intersectoral collaboration, referral of cases and efficient service delivery.

“If we are to replicate this model, we need nationally approved guidelines to mandate the structure and working relationships at the district / city level. Otherwise there will be confusion in every site.”

~ Senior Dinsos Official
Monitoring & data management

Information management and monitoring were identified by the evaluation and key stakeholders as significant gaps in the implementation of the PKSAI to date. As described in detail in the individual Pilot Site Snapshots presented in Annex VI, comprehensive data collection and management systems have yet to be implemented in all of the pilot sites. While it is common for pilot programmes to focus on establishing structures and implementing activities prior thinking about monitoring and reporting on these, effective data collection and evaluation processes are critical in order to track whether the programme is achieving its intended objectives, identify problems early on and document key lessons learned. This is especially important for this programme which is being rapidly scaled up to a large number of sites across Indonesia. While a monitoring and evaluation strategy is included in the draft PKSAI PERMENSOS, this will need to be revised before finalizing due to recent regulations and policies enacted in relation to decentralization.

It is important to note that although regular collection of data and ensuring regular reporting and monitoring strategies are in place are important, it is equally important to design a clear strategy for reviewing and analysing this information to assess how the programme is performing and identify both gaps and successes. During the final ERG meeting, a strategy and specific tools for documenting and reflecting on programme learning were presented and discussed. This is also included in the Recommendations section of this report. However, from the analysis presented in Section C: Effectiveness – Human Resources above, it is clear that the current level of human resources and staff capacity would be unable to support effective implementation of this type of strategy. Given their existing workload and expected scope of service coverage, it would be inappropriate to expect the existing PKSAI social workers and supervisors to do so. Dedicated staff will need to be identified and trained to support the monitoring and evaluation of the PKSAI going forward. Ideally, this team would be based at the national and subnational levels to provide both national oversight as well as locally specific analysis and feedback to the PKSAI teams.
VII. Recommendations

Formative Evaluation Recommendations

National Level Coordination

**Key Government agencies at the national level** – namely MOSA, MOWECP, BAPPENAS and MOHA should establish a clear agreement on respective roles and responsibilities in relation to child protection. The lack of clarity with regard to which agency is responsible for implementing specific aspects of the child protection system is having significant negative repercussions for effective coordination and service provision. The evaluation team was repeatedly advised that this is extremely difficult due to interagency challenges. However, resolution of the current confusion over mandates will be critical for the success of the PKSAI model and the overall child protection system in Indonesia. The focus of this evaluation was the PKSAI model, but it would be beneficial to conduct a wider analysis and comparison of the different service models that have been established to determine their level of functionality and possibilities for integration.

Although at present there does not appear to be clear agreement on which agency has the lead mandate for child protection, there are a number of possible structural solutions that would allow ministries to play a role that is appropriate for their respective capacity and resources. Any decisions made should be based on the existing evidence of current capacity and resources to ensure quality service provision to children and families at the local level. The proposed organisational structure should be accompanied by a clear and adequately resourced plan to ensure dedicated national level oversight and ongoing technical support for the child protection system at the provincial, regency / city and community levels.

**National level agencies should continue discussions held during the final ERG on the impact of decentralisation on the expansion of the model.** It will be critical to identify the type of national level legislation required to support this process and pursue a clear and coordinated strategy to achieve this. The devolution of responsibilities and fiscal authority from central to local government has seen powers transferred in a wide range of sectors including social services. Local governments have shifted from being implementers of national programmes and policies to initiators in their own right. However, feedback from the evaluation exercise demonstrates that there are still institutional weaknesses and insufficient technical capacity at the local level to implement the newly acquired responsibilities. The relationship and lines of responsibility between central and local government may need to be revisited and possibly redefined to ensure MOSA’s continued technical guidance and financial support in the medium term to prepare for a sustainable system of social service delivery for children and families at the local level — within the context of carefully calibrated decentralisation and localization processes. Continued effort at the national level ensure the allocation of resources to support the PKSAI, as well as advocacy to improve the status of

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26 It was positive to see this process begin to get underway at the final ERG meeting and it is hoped that these strategic discussions among key national stakeholders will continue. Outcomes of the meeting are documented in the ERG recommendations presented below.
social workers by adoption of the Social Work Law should be continued, along with technical guidance for adapting and implementing the PKSAI as described below.

**Organizational Structure**

Local government authorities require clear technical guidance from the national level with regard to how the PKSAI model can be structured at the district / city and community level. This may include for example a series of structural options that have been officially approved by MOSA, MOWECP, MOHA and BAPPENAS at the national level which local officials can select and adapt to their context. While the organisational structure ultimately adopted may differ between sites due to local level dynamics, potential options should be shared with officials in all new sites to help inform and facilitate planning for how the PKSAI will be set up.

As noted in Section C: Effectiveness, the local governance law No.23 / 2014 limits the degree of authority national level agencies have over district and city level government agencies. However, evidence from the evaluation of the implementation of the PKSAI in the initial five pilot sites indicates that leaving responsibility for deciding the structure of the PKSAI completely up to local authorities is extremely challenging, particularly in the absence of strong local leadership. Following adoption of national level umbrella legislation for the PKSAI, local authorities establishing local regulations for setting up the PKSAI, which can then be adapted to local needs and conditions. Options for this are discussed in more detail in the ERG recommendations below.

**PKSAI Sakti Peksos**

The PKSAI Sakti Peksos are critical to the success of the model and should be provided with sufficient supervision, technical support and resources to efficiently fulfil their roles. The PKSAI model was designed to strengthen the role and position of social workers at the city and district level. However, the evaluation found that Sakti Peksos are not being effectively supported or supervised and feel disconnected from local government authorities due to the PKSAI organisational structure in some locations. This should be reconsidered in order to integrate the PKSAI more effectively into the local government authority system and ensure social workers are able to work collaboratively with counterparts in other relevant Government agencies.

PKSAI Sakti Peksos should be compensated fairly and on par with other social workers in the system. The fact that Sakti Peksos receive significantly less compensation and benefits than other social workers but feel that they have a larger workload was mentioned repeatedly as a challenge. An assessment of the appropriate caseload per staff member based on the population and approximate time required per case should be conducted in order to ensure workloads are realistic and appropriate to avoid burnout.

Stronger linkages should be formally established with other professionals and social workers within the system and different departments of MOSA in order to create a supportive network and identify professional resources that can be accessed as needed. As explained in more
detail in the ERG recommendations below, the roles and responsibilities of the PKSAI social workers should also be integrated and streamlined with the work of the other groups of social welfare actors at the local level, including P2TP2A, PKH facilitators and others. This could be particularly beneficial from a community outreach and prevention perspective, as these programmes have large numbers of community-based staff. The experience of these actors could be better harnessed in order to support some responsibilities currently handled by Sakti Peksos. Further analysis is recommended in order to appropriately redesign respective work flows and job descriptions to inform this.

SOPs should be developed to support regular case management meetings involving the different groups of social workers in each location to share information, identify and assign responsibility for high-risk or priority cases, as well as support ongoing community outreach and monitoring of families and children who may become vulnerable in the future. For the integrated model to truly function efficiently, all of the available resources to the system should be coordinated to avoid duplication and promote effective service delivery.

The primary role of the PKSAI social workers should be to facilitate linkages to secondary and tertiary services. The evaluation found that based on their current capacity and knowledge of child protection, these social workers should not be managing high risk cases. A clear referral system should be established in each location based on available resources indicating how these cases should be handled. It is essential that this is clearly defined in order to avoid putting children and families at risk. Additional training and capacity building on ethics in relation to working with children, confidentiality and best interest determination for social workers and related OPD staff is also recommended.

**Monitoring, Evaluation & Learning**

Ensure that a clear monitoring, evaluation and learning strategy is in place from the national to the subnational level and that sufficient resources, including staff time, are allocated to support this. The evaluation found that effective data collection, documentation and evaluation processes are not currently happening in a systematic or effective way to support the implementation of the PKSAI. This is essential in light of the challenges identified and the ambitious national scale-up plan in order to ensure current gaps are not being replicated and allow documentation and sharing of strategies that are working well.

Data management and learning strategies should be designed and implemented to allow oversight and monitoring of how well the PKSAI model is working in the new locations; whether challenges faced in the pilot locations are recurring; and any changes that need to be made to make the model work more effectively. Designing truly contextualized effective approaches requires time for reflection and adaptation – if this process is rushed or overlooked, this could have negative repercussions for the replication of the model.
A possible iterative learning process and feedback loop is presented in Figure 11. It is recommended to keep this approach simple, practical and designed to generate useful information that actors at the local level can use to continually improve and strengthen the implementation of the model and services delivered. Data collection and analysis should also be coordinated and linked with the national level for ongoing oversight and feedback.

As discussed during the ERG meeting, this will require the Government and key stakeholders to take the following critical decisions:

- Which agency will provide oversight and technical support for the monitoring and learning process, both at the local level and from an overall national perspective?
- How will staff time be dedicated to implement the data collection tools, review the information collected, provide regular feedback to frontline workers and document the process?

**Role of UNICEF**

As UNICEF shifts focus to support the overall scaling-up process, an area where significant support will be needed and is critical for the successful expansion of the model is in the implementation of a proactive iterative learning strategy to ensure effective documentation and exchange of learning and recommendations across implementation sites. UNICEF has played an important role in supporting MOSA and local partners to conceptualise, plan and implement the PKSAI model in the 5 pilot locations. With the expansion to new sites, UNICEF will shift to providing upstream technical assistance rather than direct support at the local level, transferring the lead responsibility for this to Government partners to encourage longer-term sustainability. While this is positive, it will be important to recognise that in some locations Government counterparts may require additional guidance, particularly in terms of adapting the PKSAI organisational structure to their local context, as described above. UNICEF has an important opportunity to play a key role in facilitating and promoting sharing of learning and experiences across sites and it is highly recommended that targeted resources be allocated to support this. Success of the expansion will depend on the quality of work done by MOSA and Dinsos at subnational level, which will need to be carefully monitored and supported.

One strategy to achieve this would be to work with Government counterparts to answer the questions above in relation to implementation of the monitoring, evaluation and learning strategy and dedicating staff time or recruiting external support to ensure follow through and implementation of the strategy. It is likely that Government stakeholders will be focused on the implementation process itself and may not have time or resources to also think about and
plan for a robust concurrent learning process. The UNICEF child protection team has an in-depth understanding and knowledge of how the PKSAI functions and what has worked and has not worked so well to date. UNICEF would be able to help document information at the national level and share key lessons learned, potential pitfalls and recommendations across different sites. It is also recommended to package and present these in a way that is extremely user-friendly, practical and accessible for local level partners to use in their context.

Resources

In order for the PKSAI model to function effectively, a fixed annual budget allocation with regular periodic increases is required to support operating and service provision costs. There are several options for this, whether this financial support is provided from the national level or built into local Government planning and budgeting processes, as in Solo. However, it is critical that this issue be addressed in the existing pilot sites that do not have a regular budget allocation, as well as for planning the expansion to new locations.

In terms of human resources, it is highly recommended to recruit a skilled senior supervisor with technical child protection expertise to oversee and support the PKSAI social workers to ensure the effectiveness and efficiency of their work, as well as that case management meets minimum child protection standards. This supervisor could also support the data collection, management and learning processes described above. Ideally, it is recommended that an overall supervisory and oversight function be built into the model itself – if this is not possible for each location at least at the regional level.

As noted above, it will be necessary to realistically consider the implications of the withdrawal of UNICEF support for the PKSAI replication, as this will now be fully dependent on the Government from a technical, financial and human resource perspective.

Expansion of the PKSAI model

The primary focus of the present formative evaluation was the implementation of the PKSAI model in the pilot sites and the expansion of the model to new locations was not technically within the evaluation scope. However, the recommendations below identified during the data collection and participatory review process may be useful for the planned replication of the PKSAI in addition to the overall recommendations above.

It is important to note that while the evaluation found evidence that the PKSAI is positively impacting the integration and delivery of child protection services in the pilot sites, this does not necessarily imply that this model should immediately be scaled up in a large number of new locations. The evaluation also identified a number of critical challenges that will need to be addressed for the model to be effective and sustainable in both the pilot and new locations.
• **Identifying & documenting solutions:** Additional time is required to further consolidate, refine and develop the model in the pilot sites. While there is evidence of improvements in child protection service provision since the PKSAI was established, significant challenges remain with regard to capacity, budgets, case management systems, lines of command, integrated data management system and other critical areas. Based on the findings of this evaluation, it is recommended that concentrated effort be invested in identifying, implementing and testing practical strategies for strengthening the model in these areas and ensuring these strategies are clearly documented and implemented in new PKSAI locations.

• **Site selection:** In identifying new target locations, an assessment should be conducted to first determine whether the PKSAI model is needed or if it would overlap with other mechanisms already in place in order to avoid potential conflicts in roles and responsibilities. The assessment should also include a comprehensive capacity analysis, including mapping available child protection and child welfare services and soliciting the views of service providers on the integrated service model. In-depth discussions and planning meetings should be held with key stakeholders at the local level to discuss the implications of the assessment and implementation details. It may be beneficial for UNICEF to develop step-by-step guidance or checklist based on the preparatory work that has been done previously in the pilot locations to be followed in new sites.

• **Expert technical team:** Consider establishing an expert team in each province to support expansion of the PKSAI. This could involve key local government officials, academics, NGOs and other experts who can introduce the model, offer start-up guidance, share their experiences and provide ongoing technical support. This should be officially mandated to allow local experts to assume implementation responsibility in each site. This would be in line with the decentralisation policy, while also benefiting from ongoing technical guidance and oversight from national level authorities if this is built into the team structure. This will be especially critical in the absence of UNICEF technical support for the establishment of new sites.
**Evaluation Reference Group Recommendations**

**Recommendation 1: National umbrella regulation should be developed and implemented universally by all relevant ministries**

- ERG members recommended that a Presidential Decree (*peraturan presiden*) or Government Regulation (*peraturan pemerintah*) on accelerating child welfare and protection be enacted to support the PKSAI implementation. While a Presidential Decree is unlikely to happen, however a Ministerial Regulation would be important and beneficial.

- Develop MOU / collective agreement between key Ministries at the national level, then draft integrated sectoral guidance on this basis

- Develop a NSPK (*norma, standard, prosedur dan kriteria*) for the model so that the PKSAI can be effectively replicated in other areas.

**Short term:**

- Ensure integration with MOHA regulations (*Permendagri*) issued annually by Minister of Home Affairs (*rencana kerja daerah*) to guide development of local government work plans (RKPD)

- Develop detailed technical guidance to implement ministerial regulations on basic and advanced service delivery (*Permensos Progresa*) and Social Rehabilitation Standards (including PKSAI).

**Long term:**

- Key steps will include:
  - Desk review of relevant laws and regulations
  - Formation of a small multi-agency technical team
  - Development of an "Integrative Child Welfare National Strategy"

**Recommendation 2: Identify options to structure the PKSAI and integrate the model into the local Government structure**

**Option 1:** Formally merge PKSAI into local government structure

- Requires commitment from regional government, including for budgeting

- Regional government commitment should be formalized by a mayoral decree / regulation on PKSAI human resources and operating mechanism

**Option 2:** Issue a local regulation (*peraturan daerah - perda*) to support the implementation of the PKSAI

- This regulation will provide guidance on implementing the child protection system
Recommendation 3 – Clarify responsibilities for primary, secondary and tertiary service provision

- Issue a policy to regulate work mechanisms and mandate the respective roles of social workers (Peksos, PKH, PSM and SLRT) at the local level. One option would be to develop a NSPK (*norma, standard, prosedur, dan kriteria*)\(^{27}\)

- Establish Working Groups to integrate Sakti Peksos, PKH, TKSK, PSM (*pendamping sosial masyarakat*) and facilitate regular coordination meetings among the different social work teams. This should include NGOs providing child protection services for children and families in each location.

- Ensure and fund the role of a Senior Coordinator is in place to support and oversee the work of the social workers, including cooperation between different groups of social workers according to the agreed guidelines.

- Clearly identify responsibilities for child protection data collection, management and effective synchronization of information across agencies.

- According to their SOPs, PKH, SLRT and TKSK are responsible for:
  - Frontline outreach to children, families and communities
  - Collecting data on vulnerable children
  - Linking children, families and communities to case workers and integrated services
  - Supporting outreach and assessments by social workers

- The PKSAI should be included as part of the Puskesos Social Welfare Centre (*pusat kesejahteraan sosial*)\(^{28}\) and SLRT integrated referral service system (*sistem layanan rujukan terpadu*).\(^ {29}\)

Recommendation 4 – Establish a national level Children’s Working Group that will routinely meet to ensure effective collaboration and coordination across agencies.

- Ensure commitment of high-level officials from key Ministries through a binding document.

\(^ {27}\) NSPK: Laws and regulations in Indonesia stipulated by the President to implement the Law accordingly. The content of the Government Regulation is material for carrying out the Law. Norms are rules or provisions that are used as an order for the administration of regional government. The standard is a reference that is used as a benchmark in the implementation of regional government. Procedure is a method or procedure for administering regional government. Criteria are measures that are used to become the basis for implementing regional government.

\(^ {28}\) Puskesos: One of the forms of optimizing the participation of communities and ensuring the efficient, effective, equitable and sustainable utilization of resources with the participation of the community in the provision of social welfare through the Social Welfare Center (SWC) in the village. SWC is a leader in the field of direct social services, namely social service accessibility, social services for referrals, social services for advocacy as well as fund and information providers.

\(^ {29}\) SLRT: SLRT is a system that helps identify the needs of the poor and vulnerable communities and connects them with programs and services managed by Government (Central, Provincial and District / City) and non-government services providers, according to their needs. SLRT also helps identify complaints of poor and vulnerable people, conducts referrals, and monitors complaints handling to ensure that complaints are handled properly.
Table V: Laws & Regulations in Indonesia

<table>
<thead>
<tr>
<th>Law / Regulation</th>
<th>Derivative Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Undang-Undang Dasar Negara Republik Indonesia Tahun 1945</td>
<td>The 1945 Constitution of the Republic of Indonesia</td>
</tr>
<tr>
<td>2. Ketetapan Majelis Permusyawaratan Rakyat</td>
<td>Resolution of the People’s Consultative Assembly</td>
</tr>
<tr>
<td>3. Undang-Undang/Peraturan Pemerintah Pengganti Undang-Undang</td>
<td>Law / Government Regulation In Lieu of Law</td>
</tr>
<tr>
<td>4. Peraturan Pemerintah (PP)</td>
<td>Government Regulation</td>
</tr>
<tr>
<td>5. Peraturan Presiden (Perpres)</td>
<td>Presidential Regulation</td>
</tr>
<tr>
<td>6. Peraturan Daerah Provinsi (Perda)</td>
<td>Provincial Regulation; and Peraturan Gubernur</td>
</tr>
<tr>
<td>7. Peraturan Daerah Kabupaten/Kota (Perda)</td>
<td>District / City Regulation</td>
</tr>
<tr>
<td></td>
<td>Peraturan walikota, (Mayor regulation) Peraturan Bupati, Surat keputusan Walikota (mayor decree).</td>
</tr>
</tbody>
</table>

30 Table developed based on ERG meeting discussion among reference group members.
Key References


Siagian, Clara, Sandra Arifiani, Putri Amanda and Santi Kusumaningrum. Supporting Children, Blaming Parents: Frontline Providers’ Perception of Childhood’s Adversity and


UNICEF. UNICEF’s Pilot-to-Scale Efforts in Indonesia - how the inherent challenges in conceptualization, design, implementation and scale-up might be overcome (A Thought Paper). Jakarta: May 2018.


**Legislation & SOPs**


**Gowa**

Keputusan Kabupaten Gowa no. 240/111/2017 tentang pembentukan tim pembina dan tim teknis PPKAI Kabupaten Gowa.

Peraturan Bupati Gowa no. 35/2016 tentang Pembentukan Pusat Pelayanan Kesejahteraan Anak Interaktif Kabupaten Gowa

PKSAI Sikamaseang Kabupaten Gowa - Standar Operasional Prosedur (SOP) – First Revision 2018

**Makassar**

Keputusan Walikota Makassar no. 1454/400.05/KEP/XI/2016 tentang pembentukan tim pembina dan tim teknis PPKAI Kota Makassar.

Peraturan Walikota (PERWALI) Makassar No.71/2016 tentang Pusat Pelayanan Kesejahteraan Anak Integratif (PPKAI) Kota Makassar

Standar Operasional Prosedur (SOP) PKSAI Kota Makassar (First Revision) 2018
Surakarta (Solo)

Keputusan Walikota Surakarta Nomor 463.05/81.2/1/2016 Tentang Kepengurusan Pusat Layanan Kesejahteraan Sosial Anak Integratif Surakarta Periode Tahun 2016-2019

Keputusan Walikota Surakarta Nomor 463.05/60.3/1/2016 Tentang Tim Pengarah dan Tim Perumus Pusat Layanan Kesejahteraan Sosial Anak Integratif Kota Surakarta Tahun 2016-2019

Peraturan Walikota Surakarta No.1-I/2017 tentang Pusat Layanan Kesejahteraan Sosial Anak Integratif (PLKSA-I) Kota Surakarta

Standar Operasional Prosedur – Pusat Layanan Kesejahteraan Sosial Anak Integratif (PLKSAI) Surakarta

Klaten

Peraturan Bupati Klaten No. 23/2016 tentang Pusat Layanan Kesejahteraan Sosial Anak Integratif (PLKSAI) Kabupaten Klaten

Peraturan Bupati Klaten no 47/2016 tentang Kedudukan Sususnan Organisasi Tugas dan Fungsi Serta Tata Kerja Tata Kerja Dinas Sosial Pemberdayaan Perempuan Perlindungan Anak dan Keluarga Berencana Kabupaten Klaten

Tulungagung

Peraturan Bupati Tulungagung no 41 tahun 2015 tentang Pembentukan Unit Layanan Terpadu Perlindungan Sosial Anak Integratif (ULT PSAI) Tulung Agung

Peraturan Bupati Tulungagung no 42 tahun 2015 tentang SOP Unit Layanan Terpadu Perlindungan Sosial Anak Integratif (ULT PSAI) Tulung Agung

Peraturan Daerah Kabupaten Tulungagung Nomor 10 Tahun 2009 tentang Perlindungan Anak

Disposisi Bapak Bupati atasNota Dinas terkait Persiapan Launching Unit Layanan Terpadu Perlindungan Sosial Anak Integratif
## Annex I: Evaluation Analysis Matrix

<table>
<thead>
<tr>
<th>Focus Area I: Impact</th>
<th>Key Questions</th>
<th>Sample indicators</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• What has happened as a result of the program?</td>
<td>• Community members in the 5 pilot sites can identify an active mechanism to handle child protection child cases in their community.</td>
<td>FGD</td>
</tr>
<tr>
<td></td>
<td>• What have been the results of the intervention – intended and unintended, positive and negative effects?</td>
<td>• Communities have been trained to identify and report child cases within their communities</td>
<td>SSI</td>
</tr>
<tr>
<td></td>
<td>• To what extent has the intervention led to a reduction of inequities?</td>
<td>• Number of cases reported to PKSAI by the community-based reporting mechanism per month</td>
<td>Survey</td>
</tr>
<tr>
<td></td>
<td>• Were client profile and needs met by the pilots?</td>
<td>• The PKSAI model in the 5 pilot sites is perceived by frontline workers to be responsive, accessible, and accountable for children in need of assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Do families and children participate in intervention decisions and planning where appropriate?</td>
<td>• Number of cases handled by the PKSAI model that are reported to be successfully resolved</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Families and children state that they have participated in and were able to influence case management and planning decisions</td>
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<tr>
<td></td>
<td></td>
<td>• Local stakeholders report that there has been increased intersectoral coordination and cooperation in the 5 pilot districts to:</td>
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</table>
|                     | |                           | **Identify child cases**
|                     | |                           | **Respond to child cases**
|                     | | | |
### Focus Area II: Relevance

- What is the perceived value of the intervention in relation to other primary stakeholders' needs, national priorities, and national and international partners' policies, including the Sustainable Development Goals (SDGs), National and Local Development Plans, and Poverty Reduction Strategies?

- What is the value of the intervention in relation to global references such as the Convention on the Rights of the Child (CRC), the Convention on Elimination of all forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD)?

- Are the activities and outputs of the program consistent with the overall goal and the attainment of its objectives, and with the intended impacts and effects?

- Primary stakeholders identify the intervention as providing helpful services to address the key child protection priorities in their community.

- Government stakeholders can identify how the PKSAI fits with national priorities and policies.

- Primary stakeholders and beneficiaries state that children served by the PKSAI centres are less likely to be separated from their families.

- Primary stakeholders and beneficiaries state that children served by the PKSAI centres are more likely to be diverted from the justice system.

### Focus Area III: Effectiveness

- Is the program achieving satisfactory results in relation to stated objectives?

- What were the major factors influencing the achievement or non-achievement of the objectives?

- Did the organizations produce case plans for children that complied with the anticipated outcomes of the pilot, and were these case plans consistent with the objectives of the pilot? (e.g. is there evidence of case

- Primary stakeholders and beneficiaries state that the 5 PKSAI centres have had a positive impact on the wellbeing of children.

- A local social work coordinator has been appointed and trained to lead the PKSAI.

- Case plans that include clear plans for ongoing monitoring of child outcomes have been produced in each pilot site (# of case plans per site).

- Training was provided to assist staff to make the
<table>
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<tr>
<th>Focus Area IV: Efficiency</th>
<th>management systems with case plans including ongoing monitoring of child outcomes)</th>
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<tbody>
<tr>
<td></td>
<td>• Was training provided to assist staff to make the transition from the existing service system to the one envisaged by the pilots? (e.g. what training did staff attend, how did they use this knowledge in their practice and work with colleagues)</td>
</tr>
<tr>
<td></td>
<td>• Did the work program of social workers change to better reflect the intent of the pilots? (e.g. are social workers engaged in direct practice with families and children)</td>
</tr>
<tr>
<td></td>
<td>• Have agencies adopted reporting systems that reflect the intent of the pilot, that is, do they have empirical evidence of community-based or preventative interventions for their clients. (e.g. do agencies refer families for support services or community-based support before issues become serious or high risk)</td>
</tr>
<tr>
<td></td>
<td>transition from the existing service system to the new pilot model approach.</td>
</tr>
<tr>
<td></td>
<td>• Local government officials have been trained in 1) planning, 2) budgeting, and 3) delivery of comprehensive services to support PKSAI implementation.</td>
</tr>
<tr>
<td></td>
<td>• Social workers state that their daily work and activities of social workers have changed since implementation of the pilot to include greater direct engagement with families and children.</td>
</tr>
<tr>
<td></td>
<td>• Local stakeholders can identify specific community-based preventative interventions that have been implemented under the pilot approach.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Focus Area IV: Efficiency</th>
<th>• Did the program use the resources in the most economical manner to achieve its objectives?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Were activities cost-efficient?</td>
</tr>
<tr>
<td></td>
<td>• Was the program implemented in the most efficient way compared to alternatives?</td>
</tr>
<tr>
<td></td>
<td>• According to key stakeholders, the PKSAI model has been sufficiently and efficiently resourced (human, financial, technical) in order to achieve its objectives.</td>
</tr>
<tr>
<td></td>
<td>• Key stakeholders at the national and local levels state that the PKSAI activities are cost-efficient</td>
</tr>
<tr>
<td></td>
<td>• Local government and MOSA stakeholders at national and subnational levels can explain how partner</td>
</tr>
</tbody>
</table>

FGD  
SSI  
Survey
<table>
<thead>
<tr>
<th>Focus Area V: Sustainability</th>
<th>To what extent are local government and MOSA leveraging existing partner resources (in the most efficient way, as compared to alternatives) to achieve planned results, including at subnational level?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Were objectives achieved on time?</td>
</tr>
<tr>
<td></td>
<td>What were the major factors which influenced the scale up plan of the government (to scale up from 5 to 100 districts/cities)?</td>
</tr>
<tr>
<td></td>
<td>What are the resource implications(s) to scale up the pilot to reach national coverage?</td>
</tr>
<tr>
<td></td>
<td>Is there documentary evidence that the participating agencies formally implemented new regulations, policies and procedures that reflect the intent of the pilots? (e.g. is there clear focus on supporting families to care for children rather than tertiary level intervention such as institutionalization)</td>
</tr>
<tr>
<td></td>
<td>Are there key events, actions, and policy that have either enabled or hindered the implementation? (e.g. are there ‘lessons learnt’ from changes to policy or did actions make implementation more challenging)</td>
</tr>
<tr>
<td></td>
<td>New sub-national regulations, policies and procedures have been developed and approved to guarantee the structure, budget, and coordination mechanisms for PKSAI, and simplifying administrative requirements for service delivery.</td>
</tr>
<tr>
<td></td>
<td>SOPs for service delivery and coordination mechanisms of PKSAI have been developed.</td>
</tr>
<tr>
<td></td>
<td>SOPs for service delivery and coordination mechanisms of PKSAI have been institutionalized in local regulations.</td>
</tr>
<tr>
<td></td>
<td>A comprehensive budget was developed for scaling the PKSAI model to national coverage based on the pilot costs and experience.</td>
</tr>
<tr>
<td></td>
<td>Programme objectives were achieved as scheduled in the PKSAI workplan.</td>
</tr>
</tbody>
</table>

|  | MOSA & UNICEF Indonesia | Formative Evaluation of the PKSAI Integrated Service Model |
|  | FGD | SSI | Survey |

57  | Child Frontiers 2019 |
## Annex II: Evaluation Work Plan & Timeline

<table>
<thead>
<tr>
<th>PHASE I: INCEPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date of commencement</td>
</tr>
<tr>
<td>2. Literature review</td>
</tr>
<tr>
<td>4. Inception Mission (Mission I)</td>
</tr>
<tr>
<td>5. Final Inception Report</td>
</tr>
<tr>
<td>7. Obtaining ethical clearance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHASE II: DATA COLLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Logistics, meeting with the ERG and data collector training</td>
</tr>
<tr>
<td>10. Sulawesi &amp; remaining Java data collection – Mission IV</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHASE III: DATA ANALYSIS, VALIDATION, REPORT FINALISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Data analysis and draft report development</td>
</tr>
<tr>
<td>12. Presentation / validation of preliminary findings</td>
</tr>
<tr>
<td>13. Strategy implementation workshop: Govt &amp; key stakeholders</td>
</tr>
<tr>
<td>14. Finalisation of report</td>
</tr>
</tbody>
</table>
Annex III: Fieldwork Plans

<table>
<thead>
<tr>
<th>Official / Group / Duty bearers</th>
<th>Evaluation Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAPPENAS - Director of Family, Women, Children, Youth, and Sport</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>BAPPENAS - Director of Poverty Reduction &amp; Social Welfare</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>BAPPENAS - Head of Sub-Directorate of Child Protection (Ibu Yosi)</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>Indonesian Child Protection Commission – KPAI – Children’s Commissioner</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>PMK - Assistant Deputy for Child Protection</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>UNICEF – Child Protection Specialist</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>MOSA - Director-General (DG-Social Rehabilitation);</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>MOSA - Secretary of DG-Social Rehabilitation</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>MOSA - Director of RSA</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>P2TP2A - Integrated Services Center for Women’s Empowerment and Children – in police hospitals and public hospitals (national and local levels) : Head</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>P2TP2A – Staff / Personnel</td>
<td>FGD 1.5 hr</td>
</tr>
<tr>
<td>Ministry of Women Empowerment &amp; Child Protection – Head of Planning</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>POLRI (Indonesian National Police) - Special Service Unit for Women and Children (Unit Pelayanan Perempuan dan Anak – Unit PPA) - Head of Unit</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>POLRI (Indonesian National Police) - Special Service Unit for Women and Children (Unit Pelayanan Perempuan dan Anak – Unit PPA) - Staff</td>
<td>FGD 1.5 hr</td>
</tr>
<tr>
<td>NGO – Prof. Irwanto</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>TePSA – Indonesia (Child Helpline) - Head</td>
<td>SSI (1 hr)</td>
</tr>
<tr>
<td>TePSA – Indonesia (Child Helpline) - Staff</td>
<td>FGD 1.5</td>
</tr>
<tr>
<td>Jakarta NGO (to be identified) - Head</td>
<td>SSI (1 hr)</td>
</tr>
</tbody>
</table>
**District Fieldwork Plan**  
*(5 Pilot districts/cities & 3 Control sites = 1 Site, 3 days)*  
* Specific times / sessions were adjusted for each site depending on availability of respondents.

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Activity</th>
<th>SSI / Case Story</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>8.30 – 9.30</td>
<td>INTRODUCTIONS / DISCUSSION</td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td>10 – 12</td>
<td>FGD 1: Social welfare providers</td>
<td>SSI 1 : Senior Official w/ responsibility for PKSAI</td>
</tr>
<tr>
<td></td>
<td>1.30 – 3:00</td>
<td>FGD 2: Social Workers</td>
<td>SSI 2: Senior Official w/ responsibility for PKSAI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Case Story 1 (Social Worker /Service provider)</td>
</tr>
<tr>
<td><strong>Day 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>9.00 – 11.00</td>
<td>FGD 3: Parents / Caregivers</td>
<td>SSI / Case Story 2: Parent or Adolescent Beneficiary</td>
</tr>
<tr>
<td>Afternoon</td>
<td>2:00 – 4:00</td>
<td>FGD 4: Adolescent Boys</td>
<td>Case Story 3: Parent or Adolescent Beneficiary</td>
</tr>
<tr>
<td><strong>Day 3</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>9.00 – 11.00</td>
<td>FGD 5: Adolescent Girls</td>
<td>SSI: Local NGO service provider</td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
<td>Travel to next site</td>
<td></td>
</tr>
</tbody>
</table>
Annex IV: Ethical Principles

The evaluation was conducted in line with a number of internationally recognized research and evaluation standards. The ethical principles for the process derive in part from a framework of requirements laid out by Emanuel, Wendler and Grady. It sets high standards that will allow for trust to be established between the research team and participants, thus encouraging participants to answer questions openly and in a way that promotes the accuracy of the research findings while ensuring the well-being of research participants.

- **It will be useful and should have social and scientific value.** The evaluation is designed to encourage the use of the knowledge and learning generated to identify and introduce innovative practices to improve outcomes for children who have experienced abuse and neglect or are clearly identified as being at risk of such. Findings, lessons learned and recommendations are presented in a constructive and user-friendly manner to ensure that they add value and help to improve the quality of UNICEF and MOSA programmes. It is recommended that a version of the final report be made publicly available in order to share learning from the survey with child protection stakeholders and counterparts implementing similar programmes.

- **The evaluation and baseline will have scientific validity.** One of the primary concerns about scientific validity relates to the legitimacy and accessibility of the concepts and terms used over the course of a piece of research. Several steps in the survey process will bolster its scientific validity:

  - The research tools were discussed with key stakeholders at the outset of the data collection process and adjusted accordingly. Consultation and reflection on the process was scheduled daily by members of the research team throughout the data collection and at set points during the process. This creates space for the research team to address any potential concerns about validity and allow for adaptations to be made as necessary.

  - Members of the team consistently discussed potential language and translation issues and devise strategies to ensure that all participants clearly understand the questions that are being investigated and the methods used. Strategies might differ by respondent group and this was discussed in the initial stages of the data collection.

- **Fair subject selection.** In engaging participants for the baseline study and MTR, the research team discussed recruitment guidance with MOSA, UNICEF and other stakeholders including representatives from the police as well as relevant line ministries and agencies involved in child protection.

- **Remain objective.** Researchers must remain as objective as possible. At all times researchers allowed respondents to express their own views and opinions and did not interrupt, make suggestions or engage in personal debates about the views expressed. Participants’ responses were then recorded using the specific words that were used, regardless of whether the researcher agrees with the statement expressed.

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31 These principles are an adaptation of the OECD DAC evaluation criteria.
32 The proposed research is not clinical in nature, but the strict ethical guidelines associated with clinical research are appropriate, given the sensitive nature of the research topic and the likelihood that a number of research participants will be in positions of relative vulnerability. These guiding principles will require additional adaptation and contextualization at the local level; guidance for doing so is available in Wessells (2009).
The evaluation was conducted independently. An independent judgement on the information collected and situations assessed was made. Although all efforts had been made to clearly explain and substantiate conclusions, a certain level of subjectivity is required to analyse the data and develop conclusions.

All participation must be voluntary. Informed consent was obtained from all participants taking part in the baseline survey. At all stages, the team was clear about who they are, the purpose of the exercise, what would be done with the information that is collected and any potential consequences of the process. The evaluation team obtained informed consent verbally from respondents prior to beginning each interview or group discussion.

Respect for potential and enrolled participants. The evaluation team ensured that local codes of dress and behaviour were respected and adhered to. They also respected each participant's point of view and did not criticise respondents or act as a teacher or instructor. All opinions are valid and respected.

Confidentiality and data protection. At the outset of data collection, all participants were informed that their answers would be kept confidential. Specific comments or views expressed by participants are not attributed to individuals and are dealt with confidentially. Individual participants will not be named or otherwise identified in the final report(s). All effort was made to ensure that interviews and group discussions were conducted in a quiet, private setting without interruptions. Only the researchers and participants should be present on these occasions.

Compensation. Survey respondents did not receive any monetary compensation for their participation. However, in group discussions and interviews, refreshments were sometimes provided by the host agency.

Informed Consent

Children and adults need to make their own choices about whether or not to take part in this evaluation, and to do this, they need proper information about the study. They need to understand its purpose and to what use the findings will be put. They must be aware that they can withdraw from the evaluation at any time.

Obtaining truly informed consent can be difficult to achieve, particularly in contexts where literacy rates are low and written informed consent forms have little relevance. In this evaluation, additional steps were taken to ensure that the objectives and potential outcomes were well understood:

- Discussion with the evaluation team about how to ensure voluntary consent at the community level, notably to identify ways to ensure that children and other community members can truly opt out of the evaluation process if they so choose;

- Clear guidelines for identifying and targeting respondents that ensure that recruitment does not happen through village authorities or other leading community members whom it would be difficult for community members to defy;

- The evaluation team will work at all times to find ways to minimize power imbalances. One crucial piece of this will be taking steps to recognize the inherent non-neutrality of
researchers (who may be perceived as representatives of the organizations supporting this research).

- The evaluation process and products will present respondents not as victims but rather as capable social actors. There will be an explicit focus on resilience rather than victimization.

**Ethical protocol regarding disclosure of abuse**

**As per the policies of Child Frontiers Ltd.**

**Our belief**
We believe that every child has a right to protection from abuse, violence, neglect and exploitation, and that child protection is everyone’s responsibility.

**Our commitment**
We are committed to protecting children from abuse, violence, neglect and exploitation and to taking necessary remedial action when such situations arise. In doing so, our guiding principle will always be ‘the best interests of the child’.

We will address all reports and concerns of actual or alleged abuse or exploitation fairly, irrespective of who the referrer is, who the allegation is about or the nature of the concern.

No retaliation or punitive action will be taken against anyone who, in good faith, raises a child protection concern.

**Our approach**
Child Frontiers’ child protection policies and procedures are based upon:

- **Shared understanding** of what constitutes child abuse, violence, neglect and exploitation;

- **Trained and supported personnel** who are equipped to recognize situations of abuse, violence, neglect and exploitation. They know what action is expected of them in terms of reporting and ensuring the safety of children in danger;

- **Clear lines of communication, authority and decision making** so that Child Frontiers personnel have well defined mechanisms for handing child protection concerns, and for receiving technical and other support in managing cases;

- **Promoting an organisational culture and environment** that encourages child protection concerns to be openly raised and explored;

- **Equity and fairness**, ensuring that all concerns are treated with importance and respect. This includes keeping sensitive personal information confidential, sharing it only on a ‘need to know’ basis;

- **Working in partnership** with other organizations which are better equipped and able to undertake investigations together with agencies and organizations that provide appropriate care and support to children, and with children and their families.
**Our personnel selection and management**

Child Frontiers will only engage personnel who are professionally qualified and skilled to work with / on behalf of children. In the case where teams are recruited for the purpose of research, the child protection policy and procedures will be explained during the comprehensive training process. It is a condition of Child Frontiers that all personnel must accept, and be prepared to work in accordance with, the child protection policy and procedures of Child Frontiers.

**Procedures**

During the evaluation, it is possible that respondents may disclose to researchers that a child is at risk of abuse, violence, neglect and exploitation. Such disclosures may concern immediate and on-going risk to a child and may constitute severe or high levels of risk.

Although researchers cannot be expected to assess the level of risk to a child, all Child Frontiers personnel involved in this research have an express responsibility to act upon such disclosures and to report their concerns. At the minimum, the reporting and referral protocol will follow the process outlined below:

1. A written report will be drafted to document the nature of the disclosure.
2. The Child Frontiers researcher (trained in risk assessment) will decide the course of action to be taken based upon an initial appraisal of the situation and risk of harm.
3. If the risk of abuse, violence, neglect and exploitation is immediate and severe, a report will be made to the local police for urgent action.
4. If the risk to the child is not assessed to be immediate or severe, a report will be made to the competent authorities [to be identified during the inception meeting].
5. In all instances, Child Frontiers will work with the appropriate service providers to ensure the best interests of the child. This includes referral and support to social welfare agencies (government or NGO) to ensure the physical protection of the child, as well as cooperation with any relevant justice agencies (such as the police) to ensure the child is removed from a situation of harm. In the absence of the person who has authority to make decisions, and if a child is in a life-threatening situation, Child Frontiers personnel have the authority to make any decisions necessary in order to protect the child from the immediate danger.
6. Where it is necessary to make a referral or a report, permission will be sought from the people involved before passing on their contact details, unless it is a life-threatening situation. In such cases the referrer will be informed that their details have been disclosed, together with the name of the agency / organization to which the information was passed.
7. A written record of any reports and referrals made will be maintained by Child Frontiers. All records related to child protection referrals and concerns will be stored in a central location, with access strictly limited to the directors of Child Frontiers. Information will only be shared on a ‘need to know’ basis (e.g., if a criminal investigation is launched) and with the knowledge of those concerned.
Annex V: Evaluation Reference Group TOR

Terms of Reference: Evaluation Reference Group
for the Formative Evaluation of the Integrated Child Welfare Program
(Program Kesejahteraan Sosial Anak Integratif – PKSAI)

Rationale

- Since 2015, the Ministry of Social Affairs (MOSA) of the Republic of Indonesia and UNICEF have been developing the Integrated Child Welfare Service Model (Program Kesejahteraan Sosial Anak Integratif – PKSAI) at district/city level to protect vulnerable children and families particularly children who are victims of violence, abuse, exploitation, and neglect. The model is being tested in three pilot districts (Tulungagung of East Java, Klaten of Central Java, and Gowa of South Sulawesi), and two pilot cities (Surakarta of Central Java and Makassar of South Sulawesi) and is planned to be scaled up by government.

- As there has been no evaluation to date of the PKSAI model, despite ongoing expansion of the program, UNICEF and MOSA decided that a formative evaluation is appropriate and timely in order to generate learning to inform and strengthen the replication of the model across Indonesia. The evaluation is also expected to foster learning contributing to south-south cooperation, as the PKSAI model is designed to be adopted and integrated in a middle-income context.

- While the evaluation team is expected to conduct a high quality evaluation, UNICEF and MOSA deem it important to create an Evaluation Reference Group to further ensure that the evaluation is relevant, objective, and credible, and that the results are useful.

ERG Members

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TBD</td>
<td>Edi Suharto, Ph.D.</td>
<td>Chair DG MOSA – Social Rehabilitation</td>
</tr>
<tr>
<td>2. Secretary of DG RS</td>
<td>Kanya Eka Santi</td>
<td>Member MOSA – Social Rehabilitation</td>
</tr>
<tr>
<td>3. Director of RSA</td>
<td>Nahar</td>
<td>Member MOSA</td>
</tr>
<tr>
<td>4. Director of Poverty Reduction &amp; Social Welfare</td>
<td>Vivi Yulaswati</td>
<td>Member BAPPENAS</td>
</tr>
<tr>
<td>5. Director of Family, Women, Children, Youth, &amp; Sport</td>
<td>Woro Srihastuti Sulistyaningrum</td>
<td>Member BAPPENAS</td>
</tr>
<tr>
<td>6. Head of Sub Directorate of Child Protection</td>
<td>Yosi Dian Tresna</td>
<td>Member BAPPENAS</td>
</tr>
<tr>
<td>7. Assistant Deputy for Child Protection</td>
<td>Marwan</td>
<td>Member PMK</td>
</tr>
<tr>
<td>8. Director for Local Govt Synchronization</td>
<td>Sri Purwaningsih</td>
<td>Member Ministry of Home Affairs</td>
</tr>
<tr>
<td>9. Head of Planning</td>
<td>Indra Gunawan</td>
<td>Member Ministry of Women Empowerment &amp; Child Protection</td>
</tr>
<tr>
<td>10. Chairperson</td>
<td>Professor Irwanto</td>
<td>Member PUSKAPA, University of Indonesia</td>
</tr>
<tr>
<td>11. Expert, Government Budgeting</td>
<td>Gunarto</td>
<td>Member Independent Representative from Central Java</td>
</tr>
<tr>
<td>12. TBC</td>
<td></td>
<td>Member Independent Representative from South Sulawesi</td>
</tr>
<tr>
<td>13. Child Protection Specialist</td>
<td>Astrid G Dionisio</td>
<td>Member UNICEF Indonesia</td>
</tr>
</tbody>
</table>
Roles and responsibilities
- Provide guidance and advice on issues related to the conduct of the evaluation including but not limited to the design, approach, methods, and instruments;
- Review and endorse all evaluation outputs, namely, the inception report, and the draft and final evaluation reports;
- Provide inputs on policy and programmatic areas of application of the evaluation; and
- Recommend and share information resources that may be needed for the evaluation.

Working modalities
- The ERG shall convene at least four (4) times during the evaluation period, in accordance with the review of key outputs (see schedule below). Additional ERG meetings may be recommended as the need arises.
- With the support of MOSA and UNICEF, the ERG shall use other means of communication, including but not limited to emails or teleconference or video conference, to facilitate discussions.
- The ERG shall agree to a time period for review, comment and endorsement of each deliverable. Failure to meet agreed timeframes will be understood as having no comment and common consensus.
- ERG members shall be invited to forums that may be organized as part of the evaluation activities.

Coordination and facilitation
- In addition to managing the evaluation, MOSA and UNICEF shall provide secretariat services, e.g., coordination and facilitation of meetings/activities and documentation.

<table>
<thead>
<tr>
<th>Evaluation Reference Group: Key Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ERG Meeting I</strong></td>
</tr>
<tr>
<td>Introduction to evaluation, review of methodology, analytical framework &amp; implementation plan</td>
</tr>
<tr>
<td><strong>ERG Meetings II &amp; III</strong></td>
</tr>
<tr>
<td>Presentation of raw data (II: Sulawesi, III: Java) for input &amp; validation at the immediate conclusion of fieldwork in each location</td>
</tr>
<tr>
<td><strong>ERG Meeting IV</strong></td>
</tr>
<tr>
<td>Presentation / validation of evaluation findings &amp; recommendations</td>
</tr>
</tbody>
</table>
Annex VI: Snapshots of PKSAI Pilot Sites

<table>
<thead>
<tr>
<th>PILOT SITE SNAPSHOT: MAKASSAR</th>
</tr>
</thead>
</table>

1) Policy and regulations for PKSAI establishment

- The PERWALI\(^{33}\) (Municipal Regulations) no. 71/2016 (with the SOPs incorporated) which established the PPKAI (now PKSAI) are considered the umbrella legislation for the establishment and running of the PKSAI. This and the revised PKSAI SOPs\(^{34}\) (2018) are considered sufficient and both serve as the mandatory guide for the running of the PKSAI and for their network partners.
- The PKSAI Evaluation Coordination Meeting in Makassar in December 2018 deemed that all necessary policy and regulations have now put in place for the establishment of the PKSAI.

2) Type and variety of services provided

- The Makassar PKSAI Secretariat serves as public space for children, parents and families, as well as for meetings and other activities.
- Through Sakti Peksos, PKSAI handles cases related to child victims and those in conflict with the law and facilitates referrals for other areas including birth registration, school dropouts, children’s issues in schools, among others, in collaboration with relevant agencies.
- There is currently no attendant counsellor for children on staff. Children are referred to Dinas Sosial’s two regular counsellors when needed. Counsellors occasionally conduct awareness-raising and activities for children in collaboration with Sakti Peksos or other sector partners.
- Awareness of the services and of the *raison d'être* of the PKSAI among the wider public as well as some intersectoral service providers appears to be limited. The Head of Women/Children’s Unit of POLRESTABES as well as the psychologist interviewed had no knowledge of the PKSAI, although they had been working with Sakti Peksos for some time.
- Dinas Sosial stressed that all resources are being mobilised to ensure optimum service provision in handling children’s cases through integrative means. Nevertheless, the December 2018 evaluation meeting pointed out that programme development and implementation among intersectoral partners need to be further integrated and improved.

3) Operational mechanism and protocol

- The above PERWALI is supported by a 2016 Mayoral Decree\(^{35}\) on the establishment of the Advisory and Technical Team for the Makassar PPKAI, elaborating the roles and functions of the Board and Team members as well as nominating the various Dinas, departments and agencies to be involved in the programme.
- SOPs for PKSAI in Makassar were revised in 2018 and shared with service providers involved in the PKSAI. These SOPs, the PERWALI and Decree are recognised as defining the PKSAI mechanism and contributing to significantly improved access to intersectoral service providers, as well as greater coordination and collaboration among them.
- Budget is a concern not just in terms of sufficiency but also because there is no fixed annual allocation from the local government. The current allocation comes from the Dinas Sosial budget instead of directly from the local government.

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\(^{33}\) Peraturan Walikota Makassar No.71/2016 tentang Pusat Pelayanan Kesejahteraan Anak Integratif (PPKAI) Kota Makassar.

\(^{34}\) Standar Operasional Prosedur (SOP) PKSAI Kota Makassar (First Revision 2018).

\(^{35}\) Keputusan Walikota Makassar no. 1454/400.05/KEP/XI/2016 tentang pembentukan tim pembina dan tim teknis PPKAI Kota Makassar.
• Sakti Peksos and intersectoral partners have established a WhatsApp group for communication purposes to share and update on cases, planning responses, etc.
• Case conference meetings have not oft taken formally according to the guidelines and are held much more irregularly than the quarterly meetings mandated. It was also recommended that Heads of Sections of agencies involved attend each session organised to ensure continuity and responsibility for decisions are made. Alternatively, an officer from the relevant agencies can be nominated for the task and the same officer should be present in each conference.

4) Organizational structure

• PKSAI is technically under the Social Rehabilitation (RESOS) Section of Dinas Sosial in Makassar which assists in coordination and liaison with inter-sectoral partners and service providers. It may be noteworthy that BAPPEDA is also responsible for coordination in areas related to children’s protection and facilitates between agencies if necessary.
• Coordination and intersectoral collaboration is deemed to have very much improved compared to before the PKSAI was established. Nevertheless, respondents stated that it is not yet optimal. To have a fully integrated system, partner agencies must fully understand their own roles and at least have a good idea of the primary functions of other agencies they work with as laid out in the SOPs and the Mayoral Decree to ensure smooth collaboration.
• Confusion regarding ownership of child protection, roles and responsibilities and overlap in functions between Dinas Sosial and P2TP2A remain a hindrance to smooth work relations between the two. The place of the two integrated programmes within the service structure is still being debated.

5) Human resources

• In addition to operational staff who receive reports and perform administrative work, there are seven Sakti Peksos based in Makassar. Social workers handle case planning, management and are involved in socialisation exercises and conduct field visits to vulnerable families and children. Given their current workload, this number is considered insufficient.
• The absence of a case manager is a significant challenge and has influenced the way Sakti Peksos manage cases. There is an urgent need for a coordinator who oversee the day to day PKSAI activities. In the interim, Dinsos has requested RPTC (Rumah perlindungan dan trauma center-other service within Resos) to oversee the PKSAI.
• Although the social workers have been professionally trained by KEMENSOS, Dinas Sosial stressed that additional training, especially in terms of refresher courses, are needed to keep them up-to-date and build capacity.

6) Data management

• There is no comprehensive database currently in place. Dinas Sosial Makassar staff stressed the need for a fully integrated system that is linked with Jakarta and the provinces, as well as key stakeholder agencies so that social workers and all partners have direct access to the same data for case planning, budgeting and case management. Dinas Sosial is hoping that PRIMERO will be fully operationalised in the near future to address this gap.
• The PKSAI M&E Coordination Meeting in Dec. 2018 confirmed this and concluded that the data-sharing mechanism still needs to be improved and integrated. In response to whether a data management system is in place, the monitoring scorecard for the six PKSAI components rated this area 33%.

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Figure A: Case Management Process – Makassar
Figure B: PKSAI Makassar Organisational Structure

D. KERANGKA PENGINTEGRASIAN DALAM PKSAI
PILOT SITE SNAPSHOT: SOLO (Surakarta)

1) Policy and regulations for PKSAI establishment

- In Solo, the *Peraturan Walikota Solo No. 1/2017* and accompanying SOP provides the legal basis for implementation of the PKSAI. Other documents supporting PKSAI operation include:
  - *Keputusan Walikota Surakarta No. 463.05/81.2/1/2016* (Mayoral Decree on the Structural Team for the Management of the PKSAI for the period 2016-2019);
  - *Keputusan Walikota Surakarta No. 463.05/60.3/1/2016* (Mayoral Decree on the Steering Team and the Formulation Team of the PKSAI for the period 2016-2019)
- The Perwali Surakarta no 27C/2016 provides the legal basis of how the PKSAI was merged into the government structure.
- These legal documents were deemed sufficient by evaluation respondents. They provide the impetus for collaboration and an improvement over the past when intersectoral stakeholders tended to work individually.
- However, during the ERG meeting held to review the findings, legal experts recommended that a national regulation from MOHA be developed in coordination with MOSA to provide a strong legal basis for the local government to adopt the model and merge PKSA in the government structure.

2) Type and variety of services provided

- The PKSAI Service Centre is located in the Dinas Sosial building and serves as the centre for coordination.
- The PKSAI Service Centre is also a place where children and parents go to participate in events and other activities.
- There is an attendant psychologist on staff who provides individual and group counselling services for children and families.
- Sakti Pekso provide support to children at risk and are involved in case planning and management; they also conduct community level socialisation and field visits to families.
- Various programmes on prevention and response, as well as capacity-building for children are conducted. Child protection socialisation and ‘raising awareness of the PKSAI’ sessions are conducted in schools and for the communities. Some sessions are conducted jointly with other agencies. This has reportedly resulted in some success given the increase in reports being lodged. An increased number of requests have been received by Centre for more detailed information on services provided by the PKSAI as well as on how to lodge reports.

3) Operational mechanism and protocol

- The Head of Dinas Sosial acts as the PKSAI Coordinator.
- The PKSAI Advisory Board and Technical Team was formed in 2017 based an earlier Mayoral Decree which elaborated the responsibilities and functions of team members.
- The PKSAI intersectoral SOPs and job descriptions have been shared with relevant service providers.
- Although collaboration is reportedly much improved and smoother than in the past, there are still occasions when information is not shared or when a partner agency questions the tasks involved due to lack of understanding of their own responsibilities. Further socialisation and integration among agencies is still needed.
- A WhatsApp group has been set up for Sakti Pekso and members of intersectoral agencies to facilitate communication, as well as to share and update information on cases and planned
responses. Use of this group has been described as efficient and time-saving. The WhatsApp group also allows Sakti Peksos to communicate and provide services when necessary outside of office hours.

- Internal case conferencing meetings are held twice a month between relevant PLKSAI and RESOS (Social Rehabilitation) personnel to update each other on existing cases, discuss challenges and plan for follow-up measures.
- A formal case conference meeting is held every three months with other stakeholders (including other DINAS staff, police, etc.) specifically for high-risk cases. If needed, additional follow-up sessions may be organised at any other moment depending on the urgency of the case.

4) Organizational structure

- PLKSAI is known as the PLKSAI in Solo (Surakarta).
- The PLKSAI in Solo was set up when Dinas Sosial was still merged with the Transmigration and Manpower Agency. Unlike in the other sites where the PKSAI technically remains a ‘programme’ under Dinas Sosial, or under a merged Dinas Sosial and DP3A, the PLKSAI in Solo is a ‘regular service’ of the local government structure and has been established as a ‘section’ under the Social Rehabilitation (RESOS) Unit of Dinas Sosial.
- The integration of the PLKSAI into Dinas Sosial was facilitated by the Peraturan Walikota Surakarta no. 27C/2016 which provided the legal basis for the programme to be structurally merged and be mainstreamed into the local government development agenda.
- The PLKSAI is included in the local government planning and budgeting mechanisms and receives a specific allocation from the local government.

5) Human resources

- Three non-civil service professionals are employed by Dinas Sosial to support the PLKSAI daily activities: 1) an administrator, 2) a data management officer and 3) a psychologist (who also assists in coordination). None of these staff are civil service officers and their salaries come from the local government budget.
- In addition to these staff, there are four Sakti Peksos who facilitate the PLKSAI programme activities, this includes handling children and managing their cases, socialisation activities, conducting field visits, among others.
- Evaluation respondents stated that the number of staff is not sufficient to handle all the available cases as well as perform other duties including outreach to families.
- Sakti Peksos and the psychologist have all been professionally trained, including in case management and areas related to children. This is evident in improved case filing and how interventions and the approach to children and families are handled. Nevertheless, refresher courses are necessary to improve the quality of service provision.
- One existing concern is staff movement and rotation, which negatively affects the quality of ongoing case management and the continuity of information flow.

6) Data management

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38 Surat Keputusan Walikota Nomor 463.05/603/2016 tentang Pembentukan Tim Pembina dan Tim Teknis Pengelola PPKAI Kabupaten Solo (Mayoral Decree on the establishment of the Advisory Board and Technical Management Team of PPKAI in the Regency of Solo).
39 DPPPA or Women’s Empowerment and Child Protection Agency – also known as PPPAPM in some locations.
There is no harmonised and comprehensive data management system in place in Solo. It is anticipated that an integrated database will be established that can be accessed by all parties along the service continuum to facilitate coordinated case planning, management and budgeting.

There are also expectations for service indicators to be harmonised under a single common set of indicators developed by the Government for use by all stakeholders, including NGOs.

Respondents stated that inter-agency case management is not currently computerised. DPPPAPM uses its own SIMFONI database set up in 2016 to collect information on violence and women's and children. The database can be accessed online by anyone, including parents, service providers, etc. for information and statistics on these issues.

A trial run for PRIMERO took place in 2018 and some personnel have been trained in this programme, which is anticipated to be fully introduced in the near future. It is hoped that the DPPPAPM SIMFONI database can be also integrated into the PRIMERO programme to facilitate coordination between these two key agencies providing services to families & children.

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**Figure C: PLKSAI Solo Organisational Structure**

- **Konjen Perempuan, Perlindungan Anak dan Pemberdayaan Masyarakat (Women's Empowerment, Child Protection and Community Empowerment Agency) – also known as DP3A/DPPPA in other sites.
## PILOT SITE SNAPSHOT: GOWA

### 1) Policy and regulations for PKSAI establishment

- **PERBUP 35/2016** and its incorporated SOPs provide the mandate for the establishment of the PPKAI, which is now known as PKSAI. This is considered the umbrella legislation for the PKSAI implementation.
- This umbrella legislation regulates work mechanisms including scope, cooperation, organizational structure, main tasks and infrastructure, as well as identifies partner agencies (such as P2TP2A), departments and other organizations providing services to child victims and those in conflict with the law.
- These regulations, along with the PKSAI SOPs (revised in 2018) form the core guidance for the PKSAI operation and were considered by local stakeholders to be complete.

### 2) Type and variety of services provided

- With the support of the local government, PKSAI maintains a Secretariat in Gowa. However, this Secretariat has yet to fully fulfill its functions as a coordination or regular counselling centre.
- There is no in-house counsellor, but the Secretariat currently receives reports and serves as a venue which can receive children, hold conferences and conduct other activities.
- The Secretariat also serves as a meeting point for Sakti Peksos.
- PKSAI manages cases related to child victims and those in conflict with the law and facilitates referrals in other areas, including birth registration.
- Sakti Peksos also conduct socialisation / awareness-raising initiatives for community members.
- The range of services provided by social workers is reportedly similar to before establishment of the PKSAI. However, coordination and direction have improved since implementation of the PKSAI. Support from Dinas Sosial has led to enhanced collaboration with sectoral partners.
- Apart from the occasional glitch, services are generally considered to now be more efficient and referral processes and case services are better facilitated.

### 3) Operational mechanism and protocol

- In 2017, the PPKAI Advisory and Technical Team were set up under the Bupati Decree no. 240/111/2017, which elaborates the functions and responsibilities of the members of the Teams. These include providing support, policy direction for technical and operational duties and monitoring, among others.
- The PKSAI SOPs have been shared with social workers and intersectoral partners and as a result, collaboration and coordination are reportedly smoother as compared with the past.
- However, some social workers as well as officials within the PKSAI intersectoral service continuum are not fully familiar with the programme. This calls for deeper and wider awareness-raising among stakeholders.
- The allocation for PKSAI was said to be ‘minimal’ and as a result they have to make use of what is provided in the most efficient manner possible. A concern is that the allocation for PKSAI is included in Dinas Sosial’s budget. Ideally, there should be an annual fixed allocation that comes directly from the local government.
- Social media has contributed tremendously to the work of social workers and their collaboration with intersectoral service providers. Use of the PKSAI WhatsApp group and other communication platforms has reportedly led to improved communications for assignments and case management.
- Case conferencing meeting are not currently being held quarterly as intended. However, a technical team comprising key stakeholders is set up to discuss cases as and when required.
4) Organizational structure

- PKSAI is a programme under Dinas Sosial’s Social Rehabilitation (RESOS) Section. There is a PKSAI Coordinator in Gowa who is considered to be the Head of PKSAI. This coordinator serves as the primary liaison official with intersectoral actors and service providers, enabling better communication, coordination and collaboration among stakeholders.
- Sakti Peksos work with Dinas Sosial but are employed directly under MOSA and remunerated by MOSA. In Gowa, the local government provides these social workers with an additional allowance of Rp500,000 (Gowa was the only pilot site where this was documented).
- This line of authority places the social workers outside the direct authority of the local Government, resulting in a sense of displacement and lack of belonging. Social workers do not know where to turn for technical guidance, although support from Dinas Sosial is provided.

5) Human resources

- There are five Sakti Peksos, one data management officer and four administrative officers to receive reports in PKSAI Gowa.
- Sakti Peksos have received training from MOSA as well as UNICEF but feel that regular refresher courses are necessary, particularly with regard to handling cases of children in conflict with the law. In general, the professional quality of social work is reported to have improved since the establishment of PKSAI due to the training provided.
- Given the needs in Gowa, the number of social workers is not sufficient to manage cases as well as conduct outreach and socialisation activities optimally.
- More cases have also been handled and closed as a result of a better understanding of the system and increased commitment to providing services through PKSAI. Much of this progress is attributed to the commitment of the local government which has been a major driving force for the implementation of the PKSAI.
- At the structural level, frequent staff movements impact their commitment and can disrupt service provision, technical follow-up on cases and information flow.

6) Data management

- There is currently no comprehensive child protection database in place in Gowa. Data management is deemed weak and available data was not always updated.
- Social workers make use of various available sources for basic data on child welfare as a basis for planning, budgeting and service delivery. These include the BDT, data from SLRT, data from the PKH, as well as other sources, including from P2TP2A.
- It is hoped that a streamlined and comprehensive system that can fully facilitate case management and all related activities be implemented in the near future. The PRIMERO application was introduced to Gowa in the final quarter of 2018 and a trial run has begun but it is not confirmed when this will be fully operational.
- The PKSAI M&E Coordination Meeting in December 2018 rated achievement under ‘data management system’ a score of only 33.3%

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41 Bupati (Head of Regency) regulation no. 35/2016 concerning the establishment of the PPKAI.
42 Pusat Pelayanan Anak Integratif (Integrated Child Services Centre)
43 Keputusan Kabupaten Gowa no. 240/111/2017 tentang pembentukan tim pembina dan tim teknis PPKAI Kabupaten Gowa.
44 “Basis data terpadu” or unified database of socio-economic and demographic indicators of families of the lowest income bracket
45 “Sistem Layanan Rujukan Terpadu” or Integrated Referral System for Social Protection at the district level
46 “Program Keluarga Harapan” – the Indonesian Conditional Cash Transfer Programme.
**Figure D: Case Management Process – Gowa**

![Diagram](image)

**Figure E: PKSAI Gowa Organisational Structure**

![Organisational Structure](image)
### PILOT SITE SNAPSHOT: KLATEN

#### 1) Policy and regulations for PKSAI establishment

- In Klaten, Peraturan Bupati Klaten No. 23/2016 provides the primary legal basis for the implementation of the PLKSAI.
- Supporting regulations for the PLKSAI include Peraturan Bupati Klaten no 47/2016 on the merger between Dinsos and the Women’s Empowerment, Child Protection and Community Empowerment Agency.
- The Perbup of PLKSAI has resulted in greater collaboration and improvement over the past when intersectoral stakeholders tended to work more individually.
- However, intersectoral coordination remains challenging. Sakti Peksos work largely based on their individual networks and with the Sakti Peksos team.
- The SOP for PLKSAI Klaten is currently under development and was not available at the time of the report development. Dinsos will revise the Perbub of PLKSAI 2016, which will include the SOP as an attachment. The revision is required due to the recent merger between Dinsos and the Women’s Empowerment and Child Protection Agency.

#### 2) Type and variety of services provided

- The PLKSAI Service Centre is located in the Dinas Sosial building and serves as the centre for coordination and to receive children and parents to meet with the Sakti Peksos, participate in activities and other purposes.
- The PLKSAI does not currently have a psychologist or staff member responsible for data management.
- Sakti Peksos have developed simple mechanism to record case management data. Dinsos has assigned two staff as case report administrators.
- When a psychologist is needed, PLKSAI refers cases to hospitals for these services.
- Sakti Peksos provide support to children at risk and are involved in case planning and management; they are also involved in socialisation in communities and conduct field visits to families. These activities are also supported by PKH and TKSK officers.
- Various programmes on prevention and response as well as capacity-building for children are being conducted by PLKSAI Klaten. Capacity building for TKSK and PKH officers and families are also conducted.

#### 3) Operational mechanism and protocol

- As formally written in the Peraturan Bupati Klaten, the Secretary of Dinas Sosial is the PLKSAI Coordinator.
- The PLKSAI Organizational Structure includes:
  a. Chairman;
  b. Secretariat;
  c. Complaints Handling Division;
  d. Division of Social Rehabilitation and Reintegration;
  e. Data and Information Division.
- Divisions are headed by a Coordinator who is responsible to the Chair.
- Case conferences were initially conducted when the PLKSAI was first established but since the coordinator is no longer available, these no longer take place.
4) Organizational structure

- The PLKSAI in Klaten was set up in October 2016 when Dinas Sosial was still merged with the Transmigration and Manpower Agency. The PLKSAI in Klaten remains 'technically a programme' under Dinas Sosial.
- In terms of budget, Dinsos Klaten considers the PLKSAI to be a program and it has specific nomenclature for financial planning and activity. The specific programme name is Peningkatan Kualitas Pelayanan Kesejahteraan Sosial Anak Integratif or Improvement of Integrative Children Social Welfare Services.
- The available budget was reportedly used to conduct internal/external coordination meetings.
- Capacity building has also been provided for TKSK and PKH staff who support the work of PLKSAI in the field by identifying and finding children at risk.
- Capacity building has also been provided to beneficiaries including children and families through the family strengthening program (parenting workshops) and informal case conferencing.
- However, the budget has reportedly been decreasing each year. In the first year, the local government allocated IDR 100.000.000,00, in the second year IDR 81.000.000,00 was provided, and the third year only IDR 50.000.000,00 was available to support the PLKSAI.
- There appear to be significant challenges in the working relationship between PLKSAI and P2TP2A in Klaten. This was attributed to the lack of senior management oversight and confusion regarding the target beneficiaries, as services of PLKSAI and P2TP2A target the same groups. A senior Dinsos official stated that guidance clearly defining respective roles and responsibilities of service providers, especially with similar child protection mandates (Dinsos and P2TP2A).

5) Human resources

- The PLKSAI has 3 Social Workers on staff (2 female and 1 male). 2 Dinsos staff serve as case report administrators, along with 1 coordinator (Head of Social Rehabilitation section).
- The coordinator was recently recruited and previously PLKSAI was managed by Dinsos staff. This reportedly weakened coordination between service providers due to the absence of a higher authority level in the structure of PLKSAI.
- It was suggested that revision of the Perbub for PLKSAI Klaten should include the requirement for a sufficient authority structure to support and facilitate intersectoral work between service providers. It was stated that this is especially needed in order to decide and supervise how PLKSAI and P2TP2A are able to effectively and efficiently support each other, as this is currently quite challenging.
- PKH officers and TKSK support the work PLKSAI in conducting community outreach. They help to identify and find children at risk among their beneficiaries and flag these cases with the Sakti Peksos for follow-up. Dinsos provided capacity building for TKSK and PKH officers on children issues to strengthen this work.

6) Data management

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47 Peraturan Bupati Klaten No. 23/2016 tentang Pusat Layanan Kesejahteraan Sosial Anak Integratif (PLKSAI) Kabupaten Klaten
• There is currently no harmonised and comprehensive data management system in place. As there is also no staff member responsible for data management, the social workers have developed a simple case management report format to document cases.
• The data is not being systematically compiled, revised or used as a basis for planning yet.
• Cases are reported to the PLKSAI by the police and direct reports from the community, often via PKH and TKSK staff in the field.
• PLKSAI has not used public data as a basis for activity planning due to lack of resources to focus on data management.

**Figure F: PLKSAI Klaten Organisational Structure**

Bagan Organosasi  
Pusat Layanan Kesejahteraan Sosial Anak Integratif  
Kabupaten Klaten

- KETUA
- SEKRETARIAT
- DIVISI PENANGANAN PENGAUDUAN
- DIVISI REHABILITASI DAN REINTEGRASI SOSIAL
- DIVISI DATA DAN INFORMASI
## PILOT SITE SNAPSHOT: Tulungagung

### 1) Policy and regulations for PKSAI establishment

- In Tulungagung, the *Peraturan Bupati Tulungagung* 41 tahun 2015 tentang Pembentukan Unit Layanan Terpadu Perlindungan Sosial Anak Integratif (ULT PSAI) Tulung Agung provides the legal basis for implementation of the ULT PSAI.
- Tulungagung has new PERDA on CP System Implementation (PERDA No. 23/2017) to strengthen the PKSAI (ULT PSAI). The PERBUP on the PKSAI Structure is being revised and is not yet finished.
- *Peraturan Bupati Tulungagung no 42 tahun 2015* tentang SOP Unit Layanan Terpadu Perlindungan Sosial Anak Integratif (ULT PSAI) Tulung Agung provides the guidance of the implantation of ULT PSAI services.
- The ULT PSAI is deemed appropriate for Tulungagung local development planning, as it provides a structure for integrated community services, providing a structure for the local government to provide a one stop service centre for children, especially children at risk.

### 2) Type and variety of services provided

- The ULT PSAI is based in a separate office from Dinsos and has a technical team to manage day-to-day services.
- The division of P2TP2A that formerly handled children is now merged into ULT PSAI, which serves as the centre for coordination of children’s services.
- Sakti Peksos provide support to children at risk and are involved in case planning and management; they also conduct community level socialisation and field visits to families.
- The P2TP2A program provides response services, while the scope of work of ULT PSAI is focused on prevention and case response.
- Awareness-raising is conducted via social media, TV and radio broadcasts, brochures, as well as through Village Heads, Primary health centres, and police stations.
- Community members reportedly are very welcoming of sakti pekos visits and services.
- Prevention / response programmes and capacity-building for children are conducted.
- Child protection socialisation and ‘raising awareness of the ULT PSAI’ sessions are conducted in schools and for the communities.
- The majority of services provided for children are tertiary services, including: birth registration, school access for children who have dropped-out, direct intervention for neglected children, as well as family counselling and intervention.
- The Puspaga (Pusat pembelajaran keluarga – family learning centre) is part of the ULT PSAI (supported by P2TP2A) and provides counselling and legal accompaniment for families.
- The Sakti Peksos have two main responsibilities: case response and outreach to vulnerable children. Sakti Peksos work in 4 sub-districts based on the data on children, data on PBI beneficiaries, and poor family data.
- Sakti Peksos, assisted by PKH and TKSK officers, use the data to review the case and conduct case conferences to determine the intervention. An assessment form used to identify the needs of vulnerable children. The assessment results are discussed with other agencies to determine identify which children require priority assistance.
- Outreach activities are carried out by PKH, TKSK and SLRT officers and cases then are referred to Sakti Peksos for assessment if needed.
- For difficult or high-risk cases, ULT PSAI conducts case conferences every three or four months to discuss the results of assessment, outreach, and also review ongoing current cases.

### 3) Operational mechanism and protocol
ULT PSAI works to provide integrated services for children through intersectoral coordination.

- The ULT PSAI functions based on local regulations and its SOP.
- The ULT PSAI intersectoral SOPs / job descriptions are shared with relevant service providers.
- Collaboration is reportedly very good and smoother than in the past
- However, there are still occasions when information is not shared or when a partner agency questions the tasks involved due to lack of understanding of their own responsibilities. Further socialisation and integration among agencies is reportedly still needed.
- Internal case conferencing meetings are held twice a month between relevant ULT PSAI and RESOS (Social Rehabilitation) personnel to share updates on existing cases, discuss challenges and plan follow-up measures.
- A formal case conference meeting is held every three or four months with other stakeholders (including other DINAS staff, police, etc.) specifically for high-risk cases. If needed, additional follow-up sessions may be organised at any other moment depending on the urgency of the case.
- The budget is split into operational costs and case management expenses. The budget for operational cost is supported by Dinsos and the budget for case response by P2TP2A.
- The ULT PSAI currently operates based on various SOPs, including Health SOP, Education SOP, Legal process SOP, which provide guidance for the team members to manage cases.
- Recommendation for expansion: MOSA will need to support PKSAI institutionalisation if UNICEF is not available to do this. The preparation process is critical in order to gain local government commitment, support for developing regulations, agreeing upon an appropriate organizational structure and budget allocation. Developing a checklist for the preparation process will help ensure more effective implementation.

4) Organizational structure

- ULT PSAI is under the Social Rehabilitation within the Social Division of Dinsos and has a specific budget allocation from the local government.
- The organisational structure merges Dinsos, DP3A, and BKKBN. Operational costs of ULT PSAI are supported by Dinsos, while case response budget is taken from DP3A.
- The ULT PSAI is included in the local government planning and budgeting mechanisms.
- PKSAI and P2TP2A have different roles and responsibilities, although they work together under the same roof. PKSAI is responsible for vulnerable children and P2PT2A is responsible for handling victims and legal processes.
- Recording of cases is managed to avoid double recording, however, victims can be recorded in both databases if they receive benefits from PKSAI for social welfare assistance and P2TP2A for case support.

5) Human resources

- 4 sakti peksos (all male) cover 4 sub districts and 18 villages. ULT PSAI also has one data management officer, a standby psychologist from Puspaga and are supported by officers or staff from LPA as needed.
- The four Sakti Peksos facilitate the ULT PSAI programme activities, including handling children and managing cases, socialisation activities, conducting field visits, among others.
- The number of Sakti Peksos is not sufficient to handle all of the available cases as well as perform duties including outreach to families in sub districts and 19 villages.
- The current budget does not cover all the ULT PSAI expenses and operational costs of. Case conference meetings are held depending on the available budget.
- Saki Peksos have received various training from UNICEF and participate in annual meetings with MOSA and other agencies.
• Sakti Peksos say that they need more trainings and knowledge as they are required to deal with all aspects of welfare, including health, law, education, etc.
• Sakti Peksos staff are professionally trained, including in case management and areas related to children. This is evident in improved case filing and advice provided on interventions. Nevertheless, refresher courses are necessary to improve the quality of service provision.

6) Data management

• ULT PSAI received reports directly from communities, families and children, as well as referrals from the police, hospitals or community health centres. PKSK and PKH staff, as well as Heads of Villages also submit reports.
• There is a hotline that can be accessed directly by the public and via media social (FaceBook).
• There is data management system in place in Tulungagung managed by data management officer. However, there is no integrated data system that allows all agencies to see the cases.
• Respondents expect an integrated database to be established accessible by all parties along the service continuum for coordinated case planning, management and budgeting.
• There are two separate databases for case management for PKSAI and P2TP2A, each focused on their specific roles and responsibilities. PKSAI manages data related to cases of vulnerable children and child social welfare, while P2TP2A manage data on child victims.

**Figure G: Case Management Process – Tulungagung**

Diagram: Proses Manajemen Kasus

- Anak/Remaja sebagai klien
  Berdasarkan identifikasi, registrasi atau rujukan yang berasal dari:
  1. klien datang sendiri,
  2. rujukan dari masyarakat
  3. Pekerja sosial atau lainnya

- Unit Layanan Terpadu Perlindungan Sosial Anak Integratif

- Asesmen Kebutuhan dan Resiko
  1. Risiko Tinggi
  2. Risiko Medium
  3. Risiko Rendah
  4. Tanda Tindakan

- Perencanaan Kasus disusun berdasarkan level risiko → Tujuan jelas

- Pelaksanaan Layanan :
  1. Menghubungkan pada sumber daya, sumber dukungan, pendidikan dan layanan lainnya.
  2. Layanan berpusat pada keluarga
  3. Layanan Intensive untuk anak dan keluarganya

- Review Kasus secara reguler – Pertemuan Manajemen Kasus

- Terminasi dan tujuan tercapai
Figure H: ULT PSAI Tulungagung Organisational Structure

KOORDINATOR ULT (Plt. Kepala Dinsos KBPPPA)

SEKSI DATA, INFORMASI DAN PENGADUAN
Petugas Penanggungjawab Data

SEKSI LAYANAN PERLINDUNGAN SOSIAL ANAK
Manajer Kasus

Penjangkauan anak beresiko bekerjasama dengan:
1. Dinas Sosial KBPPPA (SLRT, Pendamping PKH dan TKSK)
   Data kerentanan anak yang terdapat dalam database BDT dan PKH
2. Dispendikpora
   Data Penerima manfaat KIP
3. Dinas Kependudukan dan Pencatatan Sipil
   Data anak yang belum memiliki akta kelahiran
4. Puskesmas melalui Dinas Kesehatan
   Data masalah gizi, pertumbuhan, penyakit kronis dan KTD
5. Rumah Sakit
   Data temuan Kekerasan Terhadap Anak
6. Pengadilan Agama
   Data Dispensasi nikah dan anak korban perceraian
7. Forum LKSA
   Data Kerentanan Anak di LKSA
8. HIMPAUDI
   Data kerentanan anak PAUD
9. Guru BK
   Data kerentanan anak sekolah
10. Forum Komunitas Disabilitas
    Data kerentanan anak berkebutuhan khusus
11. PATBM
    Data anak rentan yang dideteksi PATBM

Layanan On call dan Rujukan, meliputi:
1. Layanan Medis
   Dilakukan oleh RSUD dr. Iskak, RS Bhayangkara, Puskesmas dan jajarannya di bawah koordinasi Dinas Kesehatan.
2. Layanan Hukum
   Dilakukan oleh UPPA Polres, BKH Kartini, LBH Muhammadiyah, Kejaksaan Negeri dan Pengadilan Negeri Tulungagung.
3. Layanan Pendidikan
   Dilakukan oleh Dinas Pendidikan dan jajarannya, untuk penanganan persoalan anak di dunia pendidikan
4. Layanan Kesehatan
   Dilakukan oleh Dinas Kesehatan dan jajarannya, berkaitan dengan jaminan kesehatan masyarakat.
5. Layanan Catatan Sipil dan Kependudukan
   Layanan asistensi administrasi