

Strong Institutions, Resilient Communities

An assessment of the basic services
governance and program outcomes
in CRVS, education, and health
in KOMPAK areas

A study in selected districts in Aceh, Central Java, East Java,
West Nusa Tenggara, and South Sulawesi

Staff at the Center on Child Protection and Wellbeing at Universitas Indonesia (PUSKAPA) produced this work. The findings, interpretations and conclusions belong to the author(s) and do not necessarily reflect the views of the Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan (KOMPAK).

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To get a copy of this report or to find out more about the study, please contact PUSKAPA (puskapa@puskapa.org) or KOMPAK (info@kompak.or.id). The report is also available on the PUSKAPA and KOMPAK websites.

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We collected and analysed the data contained in this document and started writing the report before the COVID-19 pandemic began in Indonesia. We are aware that the realities captured here might have changed dramatically. The situation for everyone has changed and children and vulnerable individuals – the focus of this work – are facing even more difficult challenges. We hope, nevertheless, that you can still use this report to inform your actions during and after this global emergency.

FOREWORD FROM DEPUTY MINISTER OF PPN/HEAD OF BAPPENAS

POPULATION AND MANPOWER AFFAIRS

The CRVS services had considerably improved. Based on data from the Ministry of Home Affairs' Population Administration Information System (SIAK), the coverage of a Population Identification Number (NIK) reached 99.4% and birth certificate ownership reached 91.0% at the end of 2019. However, there is still a need for continuous efforts to ensure that not only do people have legal identity documents, but they also benefit from the ownership, particularly with respect to accessing basic services.

In 2016, Governance for Growth (KOMPAK) in collaboration with the Center on Child Protection and Wellbeing (PUSKAPA) conducted a study called "Back to What Counts: Births and Deaths in Indonesia" in Aceh, Central Java, and South Sulawesi. The purpose

of this study is to identify the conditions and challenges of access to CRVS services as well as to introduce the planning of the Strengthening of Population Administration and Vital Statistics (PASH) program.

The implementation of the PASH Program requires evaluation to see the extent to which CRVS services have developed after receiving the program. To that end, KOMPAK and PUSKAPA conducted a follow-up study, "Strong Institutions, Resilient Communities: An assessment of the basic services governance and program outcomes in CRVS, Education, and Health."

In contrast to the previous study, which examined the context of CRVS services in general, this follow-up study aims to assess the development of CRVS services after the implementation of the PASH Program and its relation to the strengthening of health and education services, the strengthening of villages, budget transparency, and social accountability.

The results of this follow-up study show that the coverage of legal identity document ownership, including Identity Cards (KTP), Family Cards (KK), birth certificates, death certificates, and marriage certificates, has increased. In addition, access to health services such as the coverage of National Health Insurance (JKN) has improved. However, the findings of this study also present some gaps in CRVS services where improvement can be performed. For example, the study identified that there were still vulnerable populations who did not benefit from the improved CRVS services. Therefore, further efforts, particularly collaborative work between the government, development partners, and other non-governmental organizations, is essential in achieving our development targets.

On behalf of the Ministry of National Development Planning/Bappenas, we would like to express our gratitude for the support from various parties in carrying out this study, especially to the Ministry of Home Affairs, Ministry of Health, Ministry of Social Affairs, Ministry of Education and Culture, Ministry of Women's Empowerment and Child Protection, Ministry of Religious Affairs, Statistics Indonesia (BPS), the Supreme Court, BPJS Kesehatan, and other relevant offices and departments, as well as to the local governments for their commitment to jointly realizing our development targets. We also thank the Government of Australia for its support through the KOMPAK program for this study and its follow-up initiatives.

We hope that the data and recommendations from this study can be utilized as a reference or basis for formulating evidence-based policies and strategies for improving and expanding CRVS and basic services.

Jakarta, September 2020
Drs. Pungky Sumadi, MCP, Ph.D
Deputy Minister of National Development Planning/
Head of Bappenas for Population and Manpower Affairs



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In expressing my gratitude this time, I would like to give my highest appreciation to everyone who supported, read, and in any ways used this study. Thank you for believing that keeping records of all people without exception, providing them with proper legal identity documents, and managing CRVS data responsibly are powerful assets for creating prosperity and justice. Thank you for your commitment to strengthening it based on research and data.

I, on behalf of the team, would like to thank all respondents who provided their time, energy, and information for us and this study. Without the openness of all respondents, we would not be able to identify problems together and find solutions to improve the quality of life of children and vulnerable individuals.

To the Government of Australia and KOMPAK, I congratulate the completion of this study. Leaders and colleagues at the Australian Embassy and KOMPAK in Jakarta, Aceh, Central Java, East Java, NTB, South Sulawesi, Papua, and West Papua, thank you for your valuable guidance, support, and input during this study. Thank you, for the KOMPAK program has consistently run on data and knowledge.

Thank you to the Government of Indonesia, especially the Ministry of National Development Planning/Bappenas, and particularly the Deputy for Population and Manpower Affairs Drs. Pungky Sumadi, MCP, Ph.D; Director of Population and Social Security Dr. Muhammad Cholifihani, SE, MA; and the Director of Poverty Alleviation and Community Empowerment Maliki, ST, MSIE, Ph.D, and all staff. Thank you for supporting this study and for your dedication to improving everyone's access, without exception, to basic services and opportunities for a decent living.

Finally, I would like to thank the research team and operational team from PUSKAPA and SurveyMETER, who have worked hard to ensure this research is methodologically credible, runs smoothly, and meets the principles of research ethics. Also to translators, designers, interpreters, and editors.

Publishing this research report is a step in the long journey towards registering, recording, and documenting all people without exception. Let's not stop here.

PUSKAPA Director
Santi Kusumaningrum

FOREWORD FROM KOMPAK

KOMPAK aims to help the poor and vulnerable communities in Indonesia benefit from improved delivery of basic services and economic opportunities. To achieve this goal, we support various initiatives that increase the capacity of the government to manage and deliver basic services in civil registration and vital statistics (CRVS), health, and education. We also assist by shaping an enabling environment that supports economic development at the national, provincial, district, subdistrict, and village levels.

Since 2015, together with the Centre on Child Protection and Wellbeing (PUSKAPA) at the University of Indonesia, KOMPAK has designed and implemented “Strengthening Civil Registration and Vital Statistics” (CRVS) program to ensure equal access to inclusive civil registration services. A preliminary study was conducted in 2015 to understand the initial state and condition of CRVS services in Aceh, Central Java, and South Sulawesi provinces. The results of this study were used as a baseline in designing the CRVS program implementation.

It is important to always reflect on the implementation of KOMPAK activities. Hence, a follow-up study titled, **“Strong Institutions, Resilient Communities: An Assessment of The Basic Services Governance and Program Outcomes in CRVS, Education, and Health in KOMPAK Areas”** was carried out in 2019 to look at the changes in access and processing of CRVS services between 2015-2019 across five provinces: Aceh, Central Java, East Java, South Sulawesi, and West Nusa Tenggara.

The study reviews the role of KOMPAK-supported programs in improving CRVS services; identifies the interconnectedness of basic service sectors such as health, education, and social protection in relation to CRVS; and collects the challenges and opportunities needed to strengthen access to basic services. Following the study, KOMPAK then presented its policy recommendations, based on the implementation of the PASH program, to the Government of Indonesia.



We will use the lessons learned and recommendations from this study to refine KOMPAK program in order to promote the sustainability of its impact beyond the end of KOMPAK’s tenure in 2022.

We would like to acknowledge the Ministry of National Development Planning/ National Development Planning Agency (Bappenas), and the University of Indonesia’s Centre on Child Protection and Wellbeing

(PUSKAPA UI), for their support in the completion of this study. We hope that the process of documenting lessons learned, challenges, and policy recommendations resulting from this study will be used by the central government, local governments, and other interested parties to encourage access to quality and inclusive CRVS services for all Indonesians.

Best regards,

Anna Winoto
KOMPAK Team Leader

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ACRONYMS AND ABBREVIATIONS

Acronym & abbreviation	Bahasa Indonesia	English
ADD	Alokasi Dana Desa	Village Fund Allocation
Admindak	Administrasi Kependudukan	Population Administration
AOR	-	Adjusted Odds Ratio
APB Gampong	Anggaran Pendapatan dan Belanja Gampong	Gampong (village term in Aceh) Revenue and Expenditure Budget
APBDesa	Anggaran Pendapatan dan Belanja Desa	Village Revenue and Expenditure Budget/ Village Budget
ASN	Aparat Sipil Negara	Civil servant
BAKSO	Buat Akta Kelahiran Secara Online	Online-Based Civil Registration Service
BAKVIA	Buat Akta Kelahiran via WhatsApp	WhatsApp-Based Birth Registration Service
CCM	-	Constant Comparative Method
CI	-	Confidence Interval
Disdukcapil	Dinas Kependudukan dan Pencatatan Sipil	Office of Population Administration and Civil Registration
Dinkes	Dinas Kesehatan	Health Office
Dinsos	Dinas Sosial	Social Affairs Office
Disdik	Dinas Pendidikan	Education Office
DKB	Data Konsolidasi Bersih	Cleaned and Consolidated Data
DPMD	Dinas Pemberdayaan Masyarakat Desa	Office of Village Community Empowerment
DPMG	Dinas Pemberdayaan Masyarakat Gampong (DPMD di Aceh)	Office of Village Community Empowerment in Aceh
FGD	Diskusi kelompok terarah	Focus Group Discussion
GUP	Grand Unit Pelayanan	Grand Unit of Services
IBI	Ikatan Bidan Indonesia	Indonesian Midwives Association

Acronym & abbreviation	Bahasa Indonesia	English
IDI	Wawancara Mendalam	In-Depth Interview
KK	Kartu Keluarga	Family Card
Kordukcapil	Sebutan fasilitator desa di Nusa Tenggara Barat	Village facilitator in West Nusa Tenggara
KOMPAK	Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan	Community and Service Collaboration for Welfare
KTP	Kartu Tanda Penduduk	National Identification Card
KUA	Kantor Urusan Agama	Religious Affairs Office
MUSRENBANG	Musyawaharah Perencanaan Pembangunan	Development Planning Consultation Meeting
PA	Pengadilan Agama	Religious Court
PASH	Penguatan Administrasi Kependudukan/ Admindak dan Statistik Hayati	Indonesian term for Civil Registration and Vital Statistics
PATEN	Pelayanan Administrasi Terpadu Kecamatan	Integrated Administrative Services at the Subdistrict Level
Perbub	Peraturan Bupati	Bupati/District Head Regulation
Permendagri	Peraturan Menteri Dalam Negeri	Minister of Home Affairs Regulation
PKK	Pemberdayaan Kesejahteraan Keluarga	Family Welfare Empowerment
Posyandes	Pos Pelayanan Desa	Village Services Office
PPPA	Pemberdayaan Perempuan dan Perlindungan Anak	Women's Empowerment and Child Protection
PPS	Pejabat Pencatatan Sipil	Village registration official
PRG	Petugas Registrasi Gampong	Village facilitator in Aceh Barat
PRK	Petugas Registrasi Kampung	Village facilitator in Bener Meriah
PS2H	Pencatatan Sipil dan Statistik Hayati	Civil Registration and Vital Statistics
RT	Rukun Tetangga	RT is the lowest administrative division of Indonesia
RW	Rukun Warga	Rukun Warga (RW) is the division of regions in Indonesia under the village. RW is further divided into Rukun Tetangga (RT).
SDM	Sumber Daya Manusia	Human Resources
SID	Sistem Informasi Desa	Village Information System
SK	Surat Keputusan	Decree
SKTM	Surat Keterangan Tidak Mampu	Poverty status letter

Acronym & abbreviation	Bahasa Indonesia	English
SLB	Sekolah Luar Biasa	Special School
SLRT	Sistem Layanan Rujukan Terpadu	Integrated Referral Service System
SPTJM	Surat Pernyataan Tanggung Jawab Mutlak	Statement of Responsibility Letter
TPDK	Tempat Perekaman Data Kependudukan	Population Data Recording Centre
UPT	Unit Pelayanan Terpadu	Integrated Service Unit
UPT	Unit Pelayanan Teknis	Technical Service Unit
UU	Undang-Undang	Act/Law

GLOSSARY

Term	Definition
Aklamasi Dansa	An initiative in West Aceh district to provide birth and death registration services using budgets allocated from the village fund.
BAKSO (Online-Based Civil Registration Services)	BAKSO (Online-Based Civil Registration Services) is an application that enables citizens to obtain legal identity documents online with the help of village officials.
BAKVIA (WhatsApp-Based Birth Registration Services)	A service innovation aimed at increasing birth certificate ownership by using WhatsApp to register births with the help of village officials and health workers.
Bivariate Logistic Regression	A method of statistical analysis to examine the relationship between one variable and another variable.
BPD (Village Consultative Board)	A representative council of village residents whose responsibilities include: (i) supervising the work of the village head, (ii) collecting and channelling the aspirations of the village community, (iii) discussing and approving village regulation drafts together with the village head.
CCM (Constant Comparative Method)	A method of analysing qualitative data by comparing (examining similarities and differences) across multiple findings.
CRVS (Civil Registration and Vital Statistics)	An end-to-end process of recording, collection, compilation, analysis, evaluation, and dissemination of information in the form of statistics of various vital life events that are mandatory, permanent, and sustainable.
DAPODIK (Basic Education Data)	A school-based education information system containing information on schools, teachers, and students.
DKB (Cleaned and Consolidated Data)	Population data generated from the process of recording population and civil registration events. Data are stored in the SIAK, which are then consolidated (cleaned) by the Directorate-General of Population Administration and Civil Registration at the Ministry of Home Affairs. The process of consolidating population data involves cleaning up data anomalies, errors in NIK, double counting, and various other discrepancies in order to produce cleaned and consolidated data.

Terms	Definition
DTKS (Integrated Social Welfare Data)	A database containing detailed information (by name and by address) of the poorest 40 per cent of the population. The information is based initially on 2011 data, which was updated in 2015. The database is used as a primary reference for the central and local governments in determining social protection program targets, including targets for social assistance programs.
First 1000 Days of Life (FTDL / 1000 HPK)	A nationwide nutritional fulfilment program aimed at reducing and preventing stunting during the first one thousand days of life. The first 1000 days of life starts at conception until the child's second birthday.
Floating School	A learning assistance program for children of fishermen while they are out at sea and cannot attend classes at school.
Gampong	The smallest administrative unit in the territorial hierarchy of regional governance in Aceh. Several gampongs make up a mukim. A gampong is headed by a keuchik, who is given the authority to conduct the gampong's administrative affairs.
Getar Desa (Village-Based Equivalency Program)	A village-based education equivalency program for people aged 25-40 who dropped out of school.
GUP (Grand Unit of Population Administration and Civil Registration Services)	A unit of population administration and civil registration (Disdukcapil) services in the subdistrict level, as a precursor to the formation of UPT (technical service unit) for Disdukcapil. GUPs were established in preparation for the formation of UPT Disdukcapil in various subdistricts in Bima.
Newcomer/regional migrant	A person living in one region (district X) who hailed from another region (district Y) and is still officially registered as a resident of their district of origin (district Y).
Integrative and Holistic Early Childhood Education	A program by the Ministry of Education and Culture aimed at providing integrated services for children aged two to six, from education, health (posyandu), and caregiving (parental counselling).
Isbat Nikah	Marriage legalisation by the Religious Court for Muslim citizens who are married but have not been registered at the Office of Religious Affairs (KUA).
KLIK PEKKA	Consultation and information service clinic that aims to increase access by poor women and families to a range of basic public services, especially legal identity and social protection. The clinic is operated by PEKKA union members.
LAMPID (Birth, Death, Out-Migration, In-Migration)	Administration of population data at the village level by recording and updating data on birth, death, out-migration, and in-migration.

Terms	Definition
Lifelong migrant	A person currently living in one region (district X) who migrated to another region (district Y) and has officially been registered as a resident of the region they have migrated to (district Y).
Local Area Monitoring of Maternal and Child Health (PWS KIA)	Monitoring of the coverage of Maternal and Child Health services (e.g. coverage of pregnancy check-ups, birth deliveries by health workers, postpartum visitations). PWS KIA is typically carried out by midwives.
Migrant worker	A citizen who works overseas.
Mobile Court	District Court or Religious Court hearings that are conducted outside court premises, both periodically and incidentally. Isbat Nikah or marriage officiation is one of the services provided by the Mobile Court.
Multivariate Logistic Regression	A method of statistical analysis to examine the relationship between one variable and several other variables.
PATEN (Integrated Administrative Services at the Subdistrict Level)	A form of authority delegation from the district government to the subdistrict government whereby the latter carries out the processing and issuance of legal identity documents. Services provided by PATEN may include licensing (building permits, business licenses, etc). and non-licensing (civil registration services).
PBI (Recipient of BPJS Contribution Assistance)	Persons classified as poor whose monthly BPJS health insurance contribution is paid for by the government.
Population Administration	Administration of population data and legal identity documents through population and civil registration, as well as population information management and utilisation for public service, governance, and development.
PPS (Civil Registration Official)	An official in charge of recording citizens' vital events. Civil Registration Officers may be stationed at the District/Municipal Office of Population Administration and Civil Registration, Technical Service Unit of the District/Municipal Office of Population Administration and Civil Registration, Representative of the Republic of Indonesia, and/or implementing agencies/institutions in charge of population administration and civil services within the Provincial Government of the Special Capital Region of Jakarta. A Civil Registration Official is appointed in accordance with statutory provisions.
Premarital counselling	A class for future brides and grooms organised by the Office of Religious Affairs. The counselling is aimed at reducing the high rate of divorce and domestic violence.
PTPD (Technical Advisor for the Village Government)	Subdistrict and/or village government personnel who are trained to provide assistance/facilitation on village governance.

Terms	Definition
Renja (Work Plan)	A government agency's planning document which outlines policies, programs, and activities carried out within one year.
Renstra (Strategic Plan)	A government agency's planning document which outlines targets and results to be achieved within five years.
Sekar Desa	A program of strengthening planning and budgeting governance in the village, carried out with the support from KOMPAK's implementing partner, FITRA.
SID (Village Information System)	An information system that aims to provide up-to-date and accurate information about the current conditions and potential of the village, improve the quality of public services, and strengthen planning and supervision of village affairs.
SLRT (Integrated Services and Referral System)	A system that helps identify the needs of the poor population and links them with government and non-government services based on those needs. Furthermore, this system also serves as a channel to receive complaints and monitor solutions to ensure that complaints are handled properly.
SPTJM (Statement of Responsibility Letter)	A statement declaring the truth of birth data and/or marital status. SPTJM for birth data is used in lieu of a Recognition of Birth Letter (SKL) from the physician/midwife/birth attendant as a requirement to issue a birth certificate. SPTJM for marital status is used in lieu of a marriage certificate and is required in order to list the name of the child's father and mother in their birth certificate. This requirement only applies for couples whose marital status have already been recorded in their Family Card (KK).
TPDK (Population Data Recording Centre)	A service unit for population administration and civil registration affairs at the subdistrict level under the auspices of the District/Municipal Disdukcapil Office. UPTs may have other official designations, depending on the region. Each UPT is led by a Head of UPT who holds status as a Civil Registration Official (PPS).
UPT Technical Service Unit) Disdukcapil (Office of Population Administration and Civil Registration)	A service unit for population administration and civil registration affairs at the subdistrict level under the auspices of the District/Municipal Disdukcapil Office. UPTs may have other official designations, depending on the region. Each UPT is led by a Head of UPT who holds status as a Civil Registration Official (PPS).
Village Consultation Meeting	A meeting of the Village Consultative/Representative Board, the Village Government and members of the village community organised by the Village Consultative/Representative Board to discuss and agree on strategic affairs.

Terms	Definition
Village Facilitators	Officers at the village level who are assigned to assist the Village Head to: (i) facilitate the provision of legal identity documents for village residents, and (ii) present village population data. Official titles may vary depending on the region. For example, in Aceh, these officers are known as Gampong Registration Officers (Petugas Registrasi Gampong, PRG); in South Sulawesi, they are known as Population Administration and Civil Registration Coordinators (Koordinator Kependudukan dan Catatan Sipil or koordukcapil).
Village monograph	Data collection carried out by village governments that is arranged in a systematic, complete and accurate way, and integrated in day-to-day administration of the government. A village monograph comprises, among others: general information, personnel data, authority data, financial data, and institutional data.
Vulnerable Group	People who experience a certain condition due to lack of access as a result of poverty, geographic location, mobility limitations, disparities in public service quality, and exclusion on the basis of age, disabilities, and social identities such as gender, religion, and ethnicity.

EXECUTIVE SUMMARY

Since 2016, KOMPAK has been working in collaboration with the government and communities to strengthen the governance of basic services in population administration, health, and education, and in some cases, services related to social protection. KOMPAK has also tested innovative approaches to enhance policy design, budgeting, service systems and procedures, and social accountability aimed at enabling public access to quality basic services. In carrying out its program, KOMPAK has made gender equality and social inclusion, as well as village and sub-district empowerment, the primary foundation for collaborative work with the government and local communities. This study, titled "**Strong Institutions, Resilient Communities: An assessment of the basic services governance and program outcomes in**

CRVS, Education, and Health in KOMPAK areas" was conducted in September-October 2019 to complement learnings from KOMPAK's regularly implemented joint performance reviews. This study provides information on the current landscape of Civil Registration and Vital Statistics (CRVS), access to basic services such as health, education, and social services, and KOMPAK's program capacity in selected areas. The study also explores the extent to which KOMPAK's approaches have brought about positive or unintended negative changes. Insights generated from the study will be used to support KOMPAK in making appropriate adjustments and improvements to programs.



The 45 key findings provided in the next section, along with the full discussion of the study contained in this report, suggest that improvement has been achieved in some domains. However, signs of inequality, vulnerability, and injustice remain and need to be addressed.

In general, indicators across most domains seem to have improved. On average, legal identity document ownership showed promising improvements across the board, including birth certificates, ID cards, family cards, marriage certificates, and death certificates. However, not all findings from the present study are directly comparable to a formative CRVS study in 2015¹ due to different sampling methodologies, with the exception of a few variables in select areas of Aceh Barat, Pekalongan, and Pangkep. Access to the

National Health Insurance (JKN) has also improved, although coverage is not yet universal. Other indicators, such as access to social protection, use of grievance redress mechanisms, perspectives on inclusion, suggest some progress, despite room for improvement.

In areas where crude comparisons can be applied, the study found as much as a 27 percentage-point increase in birth certificate ownership among children under five in Aceh Barat, a 20 percentage-point increase in Pangkep, and 7 percentage-point increase in Pekalongan. On average, this almost doubled the proportion of birth certificate ownership among children under five in some of these areas.

¹In 2015, PUSKAPA-KOMPAK-BAPPENAS conducted a formative study on Civil Registration and Vital Statistics (CRVS) in three districts: West Aceh, Pekalongan, and Pangkep. Sample size requirements for this 2015 formative study were calculated using a baseline birth certificate ownership of 50%, and it was determined that at least 390 interviews should be conducted in each sub-district for a total of 1,170 interviews. See Kusumaningrum, et al, Back to What Counts: Birth and Death in Indonesia (PUSKAPA-KOMPAK-BAPPENAS, 2016). This report herein refers to this study as the 2015 CRVS study.

This study indicated that KOMPAK-supported approaches, including village-based facilitators, have supported citizens in obtaining population documents, including birth certificates, among others. Moreover, changes also occurred in the capacity of local civil registration offices in producing disaggregated data on birth registration. Almost all offices could produce data by age group, which was not the case in the previous study in 2015.

Amongst all this good news, valuable lessons have been learned, which are especially relevant for KOMPAK to improve the effectiveness of its efforts. First, although access to basic services — including civil registration services — has shown signs of improvement in terms of coverage and regional disparities, obstacles due to vulnerability are still present. For KOMPAK, this demonstrates the need for social inclusion approaches to focus more on program outcomes instead of mainstreaming issues at the concept and planning levels only. Furthermore, prioritising programmatic depth over breadth, which involves meaningfully serving the most vulnerable populations, rather than superficially covering a large volume of people, has become increasingly relevant in KOMPAK's program approach.

Second, although access to basic services, including civil registration services, has shown signs of improvement in terms of coverage, the quality of these services still needs to be strengthened. For KOMPAK, this demonstrates how future work — in the areas of population and administration, health, education, and social services — should continue to push for and monitor improvements in basic service quality in addition to advocating for adequate access.

Third, the KOMPAK program received a relatively warm welcome and was appreciated by both government partners and civil society members. Commitment, collaboration, and the potential for sustainability emerged in a number of regions and across several sectors in varying degrees. What these partnerships have in common is the expectation that the KOMPAK program will continue to help local and village governments to address the basic service problems that they face. For KOMPAK, this illustrates the shifting definitions and practices on the ground: from promoting solutions and assisting counterparts in implementing these solutions, to engaging and assisting them in analysing problems all the way to defining and implementing as well as monitoring the solutions.

Finally, input from various interviews and group discussions has brought to attention the fact that the KOMPAK program is not immune to the political and economic climate nor to relevant social norms. For KOMPAK, this information provides lessons learned on risks and the subsequent mitigation efforts that can be performed. In the future, KOMPAK's advocacy work might bring more value if it is positioned as a contextual problem solver and driver for inclusive solutions rather than merely a technical assistant.

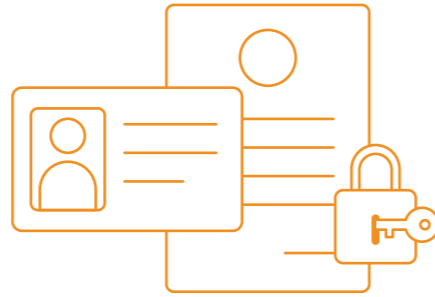
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KEY FINDINGS



A

Ownership of legal identity documents and access to basic services



1. Approximately 74% of children under 18 who participated in this study were able to produce their birth certificate at the time of the survey in September 2019. Birth certificate ownership was found to be lower among younger age groups, such as children under 5 (63%) and under 1 (48%). However, ownership of birth certificates among children under 5 was higher in West Aceh (61%), Pekalongan (76%), and Pangkep (60%) as compared to the prevalence in those three districts in the 2015 study (34%, 69%, and 40%, respectively).
2. Of all program cites, KOMPAK villages in East Java had the highest percentage of respondents under 18 who were able to present their birth certificates, at 78%. However, KOMPAK villages in Central Java had the largest proportion of respondents under 18 (90%) who reported having a birth certificate including those who were not able to produce the document during the interview.
3. The ranking of regions with respect to birth certificate ownership changed based on age groups; while Central Java had the highest share of children under 5 who were able to produce a birth certificate at the time of the survey, Aceh had the highest share for children under 1.
4. The two most commonly cited reasons as to why some respondents who reported owning birth certificates were not able to produce them during the survey included: (i) it was “kept by other household member” (80%) and (ii) it was “kept in institutions,² such as the school, for safekeeping” (12%).
5. A National Identity Card (KTP), was owned by 95% of individuals ages 17 (minimum age of KTP ownership) and over, although only 90% reported having an electronic version of the card (also known as e-KTP). East Java ranked the highest in the share of respondents who were able to produce a KTP (80%), while South Sulawesi ranked the lowest (67%)³.

² Based on the survey question “Why are you not able to produce a birth certificate?” with answer choices such as: a) the document is damaged, b) the document is lost, c) the document is kept by other household members, d) the document is kept in an institution (the school, the bank, etc.) for safekeeping.

³ The 2015 Civil Registration and Vital Statistics (CRVS) study finds 84% of people aged 17 or above were able to produce an ID card.

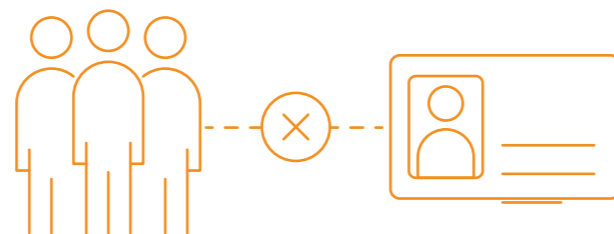
6. Approximately 84% of all respondents who were married reported having a marriage certificate. Meanwhile, only 66% of those who were married were able to produce the document. Ownership of marriage certificate was found to be the highest in East Java (77% were able to produce their certificate) and the lowest in West Nusa Tenggara (55%).⁴
7. Almost all (98%) household members in this study were registered in a family card (KK). Most respondents who were married were also recorded as “married” on their KK (90%).
8. Merely 62% of all respondents who reported being married were recorded in the family card as “married” AND had a marriage certificate, while 28% had their marital status updated on their KK but did not own a marriage certificate. Additionally, 3% of married respondents owned a marriage certificate but did not have their marital status updated on KK. About 7% did not own a marriage certificate nor did they have their marital status updated on KK.
9. Of all the households in the survey, about 19% reported having lost a family member in the past five years. However, only 12% of those families who had a death in the family had applied for a death certificate. For these people, the biggest incentives to obtain a death certificate ranged from finalizing the inheritance process (23%), to obtaining a pension (23%), to burial permits (18%).
10. More than half (56%) of household members were registered in the National Health Insurance (JKN)⁵ program, with the highest coverage being in Aceh (92%) followed by South Sulawesi (72%). In Central Java, more than half (54%) of household members did not have health insurance of any kind.
11. Only 48% of children under 18 were registered in the National Health Insurance (JKN) program, and this figure was lower among younger age groups such as children under 5 (18%) and children under 1 (12%).

⁴ The 2015 CRVS study finds only 59% of couples who are married were able to produce a marriage certificate.

⁵ The JKN recipients in this study were respondents who were registered in the Social Insurance Administration Organisation (BPJS), both Donation Assistance Recipients (PBI) and independent participants.

12. This study explored the relationship between household economic status and experiences in receiving government assistance for social protection.⁶ More than half of the respondents (53%) did not receive any assistance from the social protection program in the past year despite half of them being classified as poor or very poor⁷.
13. Inconsistencies were found between households' economic status and their experience in receiving government assistance in the five provinces. More than half (67%) of poor households in the West Nusa Tenggara sample did not receive any government assistance in the past year. In East Java, about 33% of poor households in the sample did not receive any government assistance, yet 61% of households that did not classify as poor received at least one type of government assistance in the past year.

B Obstacles in accessing services



14. Approximately 76% of children living in non-poor households were able to produce a birth certificate, but only 46% of children in poor households were able to do so. However, no significant differences were found in birth certificate ownership between rural and urban areas nor for female and male respondents.
15. Regression analysis found that children with a literate head of household were less likely to have no birth certificate (AOR = 0.391, 99% CI: 0.259,0.590); children in non-poor households were also less likely to have no birth certificate (AOR = 0.216, 99% CI: 0.104,0.449).

⁶ Information on social protection in the survey was obtained based on the questions "Have you received any of the following government programs in the past year:

1) Smart Indonesia Card (KIP); 2) Family Welfare program (KKS); 3) Non-cash Food Assistance (BPNT); 4) Family Hope Program (PKH); 5) Elderly Benefits; 6) Disability Benefits; (7) Other Government programs.

⁷ This study adopted 2010 Indonesia Simple Poverty Scorecard <http://www.simplepovertyscorecard.com/> to classify household economic status: very poor, poor, and non-poor. Indicators included: (1) household size, (2) school enrolment for children aged 6-18 years, (3) highest level of education for female household head/spouse, (4) employment status of male household head/spouse, (5) material of the floor, (6) toilet arrangement, (7) main cooking fuel, (8) ownership of a gas cylinder 12 kg or more, (9) ownership of a refrigerator, (10) ownership of a motorcycle, scooter, or motorized boat.

16. For children under 18, the three most common reasons for not owning a birth certificate included: "have not had time to register" (48%), "expensive costs" (22%), and "the far distance to the registration office" (19%). Meanwhile, for children under 5, the most common reasons included: "have not had time to register" (61%), "not owning the required documents to get registered" (22%), and "expensive costs" (17%).
17. For children under 5 without a birth certificate, parents or guardians reported not having certain documents that were required to obtain a birth certificate, including a marriage certificate (67%) and family card (50%).
18. There were no significant differences observed across socioeconomic status, types of region (urban or rural), and sex (female and male) for KTP ownership.
19. The three most common reasons for not having a National Identity Card (KTP) included: "Have not had time to register" (39%), "Do not find it useful/ important" (20%); "The registration office is too far" (17%). Most of those (53%) who did not see the purpose of having an identity card were respondents aged 60 years and over (the elderly). In addition, 11% of respondents reported "having a disability" and 2% reported "identity barriers such as being a religious minority" as the reason for not having a KTP.
20. Among married respondents, the three most common reasons for not owning a marriage certificate included: "Do not know how to register" (36%); "Do not find it useful nor important" (22%); and "Have not had the time to register" (20%). More than half (61%) of those who did not see the purpose of having a marriage certificate were respondents above 60 years old.
21. In order to understand the current cost and time implications of obtaining a birth certificate, this study examined these parameters for children under 1. In the case of children under 1, it took 54% of respondents more than three days to receive a birth certificate; 24% received the certificate within one to three days; and 22% were still in the process of obtaining a birth certificate at the time of the survey. Based on province, all children under 1 in Central Java had received a birth certificate in more than a week, while 78% of newborn babies in West Nusa Tenggara received it within one week. More than half of children under 1 in West Nusa Tenggara (54%) spent Rp50,000 (AUD 5) or less for the registration, although about 10% respondents spent more than Rp100,000 (AUD 10) for the same service. In East Java, the majority of respondents (78%) spent over Rp50,000 (AUD 5), while in South Sulawesi the majority (71%) spent Rp50,000 (AUD 5) or less for the same service.

22. Approximately 1% of children under 18 reported being married. These married children reported having had their marital status updated in the family card (KK), but only half of them were able to produce the physical document. In terms of ownership of population documents, 58% of married children in the survey were able to produce a birth certificate, 58% were able to produce a marriage certificate, and 42% were able to produce a National Identity Card (KTP).
23. This study found a lower likelihood of ownership of birth certificates among children in households headed by a person with disabilities (PwDs).⁸ Only 44% children under 5 living in households headed by a PwDs were able to produce a birth certificate; meanwhile in households headed by a person without disabilities, 63% of the children were able to produce the document.
24. Of all adult respondents without disabilities, only 5% of them did not have KTP. In comparison, 16% of adult respondents with disabilities did not have a KTP.
25. Some respondents with disabilities or mild physical problems considered their condition a barrier to accessing basic services in education (30%). The percentage was lower for those who considered their condition a barrier to accessing health health services (6%) and civil registration services (4%).
26. Regression analysis indicated that respondents without health insurance had almost four times the odds of not owning a birth certificate (AOR = 3.897, 99% CI: 2.736,5.551). Furthermore, respondents living in female-headed households had nearly twice the odds of not having health insurance of any kind (AOR = 1.838, 99% CI: 1.279,2.640).
27. Qualitative findings from this study identified several vulnerable groups who faced barriers in accessing basic services in population administration, health, and education. These groups included: persons with disabilities, the poor, people living in remote areas, and the elderly.
28. Qualitative findings from this study identified other vulnerable groups who faced barriers especially in accessing civil registration services. These groups included: newcomers/regional migrants, migrant workers, female heads of households, natural disaster survivors, religious and gender minorities, people with HIV/AIDS, and people with leprosy.

⁸Based on survey questions adopted from the Washington Group Short Set of Disability Questions that seek to identify whether respondents face any physical and health obstacles or barriers related to sight, walking, concentration, verbal communications, and self-care. These questions were only asked to respondents 5 years of age and above.

29. Qualitative findings from this study revealed that structural barriers to accessing public services were a particular issue in remote areas. Access barriers were no longer considered a major problem in most regions, except for very remote areas such as the mountainous Bener Meriah district, a village in Pekalongan district where road access is difficult, and the remote islands in Pangkep district.
30. This study also examined respondents' experiences when filing a complaint related to basic services in education, health, and population administration; however, only a few respondents reported filing any such complaints in the past year. Only 8% of households had complaints related to education services and 33% of those complaints were filed with the authorities; 7% had complaints related to health services and 42% of them were filed with the authorities; 8% had complaints related to CRVS and 61% of them were filed with authorities.



Challenges and opportunities in the provision of civil registration services



31. In this study, respondents were asked about their perception of access to population document services for persons with disabilities. Nearly all respondents (99%) agreed that persons with disabilities should have access to population documents. However, 38% of respondents believed that persons with disabilities had difficulty obtaining population documents because they might not understand how the process works. Another 36% reported believing that persons with disabilities would have difficulty communicating with service providers. Still, over a quarter (26%) of respondents believed that persons with disabilities did not face any obstacles in accessing basic services.
32. Mobile and integrated services were not able to meet the needs of the community fully, as they were not routinely carried out and were usually only operational during office hours.

33. Although civil registration services at the sub-district level were operating in some regions, the infrastructure and facilities to support these services remained inadequate. Transfer of authority on population administration to the sub-district government was carried out in East Lombok through the establishment of the Integrated Services Unit (UPT) under the Office of Population Administration and Civil Registration, as well as in Bima through the Grand Unit for Population Administration Services (GUP).
34. Although district regulations were issued to authorise the allocation of village budget to support village facilitators, not all villages had implemented this procedure. As a result, village facilitators in some regions were forced to collect fees from citizens or covered costs out of their own pocket.
35. In East Java, the majority (86%) of respondents applied for their children's birth certificates on their own. However, 80% of all birth certificate applications in East Java were still assisted by village administrators in the process. In West Nusa Tenggara 70% of respondents also applied for their children's birth certificates on their own. In contrast, 79% of respondents in Aceh obtained their children's birth certificates through a person outside the household or a non-household member. Meanwhile, 50% of respondents in Central Java and 53% of respondents in South Sulawesi were applied their children's birth certificates on their own.
36. The increased demand for population documents was also discussed during qualitative research activities. Several factors were thought to have contributed to this increase, including the fact that population documents had become a necessary prerequisite to access public services, as well as increased public awareness due to campaigns by the Office of Population Administration and Civil Registration, the Office of Religious Affairs, and other related sectors.

D

KOMPAK program support in CRVS, health, and education services



37. Respondents considered KOMPAK's support for the provision of civil registration services at the village level through village facilitators to be very helpful for citizens in obtaining population documents, especially in South Sulawesi and Aceh.
38. Service providers in Aceh, Central Java, East Java, and West Nusa Tenggara reported an increase in services upon receiving KOMPAK's assistance in enhancing service systems and procedures, especially the Office of Population Administration and Civil Services.
39. Increased capacity of service providers was identified most often at the village level, but not as frequently at the sub-district and district level.
40. In all regions, KOMPAK's support in drafting regulations was mainly evident in the issuance of District Head's Regulations and Village Regulations related to civil registration services and the use of village budgets.
41. KOMPAK supported various innovative programs in population administration, health, and education services. Specifically, for civil registration services, these innovations were thought to have contributed to the increased rate of population document ownership.
42. In all regions, KOMPAK encouraged collaboration among sectors, especially population administration, education, and health — sectors that are KOMPAK's primary focus areas. Furthermore, the potential for collaboration was identified in sectors outside of KOMPAK's focus areas, such as social affairs and family planning, and representatives from these sectors expressed an interest in partnering with the KOMPAK program.

44. At the village level, KOMPAK's support is deemed critical in the decision to allocate a portion of the village budget for civil registration services (village facilitators), health services (maternal and children's health), and education services (early childhood education/PAUD).
45. KOMPAK also supported the involvement of vulnerable groups — especially women and persons with disabilities — in the planning and budgeting processes at the village level. However, the involvement of other vulnerable groups was not mentioned in discussions as frequently.



2

INTRODUCTION

Background

KOMPAK was initiated in 2015 as a partnership between the Government of Indonesia and the Government of Australia. This program aims to support the Government of Indonesia in achieving its poverty reduction targets and addressing inequality.

Together with the Centre on Child Protection and Wellbeing (PUSKAPA), KOMPAK planned and implemented a program on strengthening Civil Registration and Vital Statistics (CRVS)⁹ or Penguatan Adminduk dan Statistik Hayati (PASH) to ensure equal access to inclusive and accountable civil registration services for all, especially vulnerable populations. At the same time, this program also invested in strengthening governance in civil registration and vital statistics in Indonesia, particularly in KOMPAK-assisted areas.

In its commitment to carry out evidence-based programs, KOMPAK and PUSKAPA conducted a preliminary study in 2015 that underpinned the planning of the CRVS program and was later published in a 2016 report titled “Back to What Counts: Birth and Death in Indonesia” (referred to as the 2015 CRVS study). The preliminary study mapped the ownership of legal identity documents such as National ID card (KTP), family cards (KK), as well as birth, marriage, divorce and death certificates in selected areas in Aceh (West Aceh), Central Java (Pekalongan), and South Sulawesi (Pangkep). The study also examined the contributing factors and explored relevant policies and governance in civil registration services at every government level.

After completing the first phase of program implementation, which began in 2016, KOMPAK and PUSKAPA, with support from SurveyMeter, began conducting this Phase-2 Study in 2019 to assess the progress of the program in achieving its objectives. The Phase-2 Study will be the basis for future program adjustments and improvements as it was designed to collect more information about the changes that occurred between 2015 and 2019 and examined whether these changes were in line with expected results. In addition to CRVS, the Study also covered other strategic areas within the KOMPAK program, including health and education. Finally, the Phase-2 Study incorporated KOMPAK’s multi-thematic approach, including: i) subdistrict and village strengthening; ii) social accountability; iii) public financial management and budget transparency; iv) strengthening basic service units.

The Phase-2 study was carried out in 2019 in selected KOMPAK-assisted areas in five provinces: Aceh, Central Java, East Java, South Sulawesi, West Nusa Tenggara. It is worth noting that two provinces, East Java, and West Nusa Tenggara (NTB), were not included in the 2015 CRVS study.

⁹ This study refers to Civil Registration and Vital Statistics (CRVS) systems to mean all government mechanisms of recording and/or reporting vital events – including birth, death, marriage, and divorce – and the manner by which those mechanisms relate to certifying vital events.

KOMPAK CRVS Program Outline

KOMPAK and PUSKAPA, together with the Government of Indonesia, initiated the CRVS program with the aim of supporting the Indonesian Government to achieve its targets, including to increase the birth registration coverage to 85 per cent for children under 18 by 2019. This particular target was included in the 2015-2019 National Medium-Term Development Plan (RPJMN), and later in the 2020-2024 RPJMN with a higher expected result (100 per cent coverage of birth, death, marriage, and divorce certificates by 2024). Moreover, this program aims to encourage the use of data and statistics generated by the population administration data to help governments at all levels identify program and policy needs more accurately. This is in line with Presidential Regulation No.63 of 2019 on the Strengthening of Population Administration for Vital Statistics Development, and the Government's commitment at the regional and global level (Asia-Pacific Registration and Vital Statistics Decade 2020-2024 and Sustainable Development Goals/SDGs 2030).

KOMPAK and PUSKAPA, together with the Government of Indonesia, designed the CRVS program to address the following types of barriers to the provision of inclusive and accountable civil registration services:

- 1 | Structural barriers faced by the community when trying to access civil registration services. This program aims to reach the most vulnerable populations by bringing services closer to the community and increasing affordable and easy access to service units.
- 2 | Barriers experienced by service providers. This program aims to strengthen the overall timeliness, quality, and comprehensiveness of vital events records by supporting necessary improvements to population administration policies, programs and services both at the national and subnational levels, as well as by integrating civil registration services with front-line services in health, education, and social protection.
- 3 | Barriers related to the limited use of population administration data within the system and across sectors, the lack of perceived value of owning legal identity documents among citizens, and the lack of connectivity between population administration data and relevant sectors. This program aims to strengthen the quality and use of population administration data in various government sectors and enhance the added value of owning legal identity documents while also considering social inclusion.

The program applies a holistic approach in its four main activities:

- 1** | Strengthening the population administration system and services at the village and subdistrict levels, enhancing service connectivity by strengthening population administration service units at the district level, and providing procedures for the sharing and use of population administration data. This approach attempts to address barriers to service provider capacity and data management. In areas where ownership of legal identity documents is low, this program will support integrated and mobile services to bring civil registration services closer to the community.
- 2** | Policy advocacy to address policy barriers through cross-sectoral, cross-area and cross-government policy development.
- 3** | Public financial management and budget transparency to address CRVS resource constraints by strengthening budget allocation and budget transparency in civil registration services.
- 4** | Social accountability to address barriers faced by the community, by building active participation in accessing, using, and monitoring civil registration services.

By adopting an evidence-based approach, this program was designed to perform in the course of five years with a focus on four outcomes: 1) increase demand for civil registration services; 2) improve quality of civil registration services; 3) ensure more effective and responsive services at the national and subnational level, and 4) stronger data connectivity and higher use of population administration data for vital statistics in selected areas.

Methodology

A Research Objectives

- 1** | Assess CRVS-related changes between 2015-2019 and whether these changes were in line with the national and local development targets.
- 2** | Examine the contribution of programs and activities supported by KOMPAK to these changes.
- 3** | Investigate the state of and linkage between health, education, and social protection and CRVS.
- 4** | Explore the challenges and opportunities associated with health and education services strengthening, village strengthening, budget transparency, and social accountability in supporting CRVS.
- 5** | Recommend policies and program adaptation for KOMPAK and the Government of Indonesia.

B Research Questions

To achieve our research objectives, we came up with the following questions which would guide the overall process of data collection and analysis throughout this study.

Civil Registration and Vital Statistics (CRVS)

- 1.** What CRVS-related services are currently available at the village level at the time of data collection? How long have these services been offered in treatment areas? What is the quality of these services? What do village-level program staff identify as successes and challenges in administering CRVS-related services?
- 2.** How might existing civil registration services be inadvertently marginalising minority groups (e.g. persons with disabilities, traditional communities)?
- 3.** What demand- and supply-side factors have impeded and supported households in obtaining the requested legal identity documents since 2016? (after the CRVS Baseline Study 2015)?

Health, education and social protection

4. What are the challenges and opportunities faced by vulnerable populations in obtaining basic services in health, education, and social protection as identified by community members, including child caregivers, teachers, social workers or other community leaders?
5. What is the current state of health, education, and social protection services? How do these services link with the ownership of legal identity documents?
6. How does the health and education services strengthening, villages strengthening, budget transparency, and social accountability programs (if any) accelerate ownership of legal identity documents?

KOMPAK changes and interventions

7. In what ways have KOMPAK's interventions helped reduce barriers as identified above (related to civil registration and basic services) since 2016? How can KOMPAK's interventions help to reinforce the supporting factors identified above?
8. Does KOMPAK's multi-thematic approach (public financial management, village and subdistrict strengthening, and social accountability) contribute to the mitigation of barriers to services? If yes, how? Is there an added value to this approach in addressing barriers at the local level?
9. Are there innovations that support or contribute to increasing CRVS coverage and/or access to services? If yes, what is the added value of such practices?

C Data Collection Methods

This study used quantitative and qualitative methods of data collection in order to answer the research questions above, and to take into account the perspective of both the supply and demand sides of CRVS-related services. Quantitative data collection

was conducted using household surveys. The survey was carried out to collect data about the current conditions and progress toward individual access to basic services in population administration, health and education.

Table 1.
Survey's questionnaire sections

Section 1	This section collected basic information and household characteristics.
Section 2	This section collected a detailed inventory of civil registration document ownership, with several questions aimed at understanding factors that contributed to not having a birth certificate for those under 18 years.
Section 3	This section consisted of questions to help understand barriers faced by individuals to accessing basic health services, and how these barriers could be exacerbated by the lack of civil registration documents, health insurance or by disabilities.
Section 4	This section was administered to heads of household and contained several questions on dwelling quality and other proxies for general wellbeing.
Section 5	This section assessed individual knowledge on requirements for obtaining a civil registration document and previous experiences with death certificate applications for deceased household members.
Section 6	This section asked the heads of households about their participation in village planning, their perception of village leadership, perception about vulnerable groups in the village.
Section 7	This section gathered information about household experience in filing a complaint about CRVS, health or education related issues in the village.

Qualitative methods were used in order to understand the challenges faced by both service providers and recipients, as well as successes in providing CRVS services and the overall implementation of the KOMPAK program.

In-depth interviews and focus-group discussions (FGD) were conducted with community members and service providers from the village level to the district level. At least 12 semi-structured, in-depth interviews were carried out in every selected district with representatives from the Regional Development Planning Agency (Bappeda), the Community Empowerment and Development Agency (DPMD), the Health Office, the Education Office, the Office of Population and Civil Registration (Disdukcapil), and the government at the village and subdistrict levels. Six focus group discussions were conducted with the following participants: 1) caregivers of children with a birth certificate; 2) caregivers of children without a birth certificate; 3) community leaders; 4) village facilitators; 5) minority groups, and 6) representatives of local non-governmental organisations.

Particularly for East Java, given that the most recent rapid assessment was carried out in 2017, qualitative data collection was conducted through FGDs with non-governmental organisations and in-depth interviews with Disdukcapil.

D Selections of locations and respondents

Two KOMPAK-assisted districts were purposively selected from every province, based on the need of program development, in addition to those previously selected in the 2015 study.

Table 2.
Selected survey districts

No.	Province	District	Status
1	Aceh	Aceh Barat	Included in 2015 study
		Bener Meriah	Selected for the present study
2	Central Java	Pekalongan	Included in 2015 study
		Pemalang	Selected for the present study
3	East Java	Bondowoso	Selected for the present study
		Lumajang	Selected for the present study
4	West Nusa Tenggara	Lombok Timur	Selected for the present study
		Bima	Selected for the present study
5	South Sulawesi	Pangkep	Included in 2015 study
		Bantaeng	Selected for the present study

In the quantitative survey, eight KOMPAK-assisted villages were randomly selected from each district. The estimated number of samples was 1,026 households, by taking into account the number of children under 18 with a birth certificate and at the same time anticipating non-responses.

At the time of data collection, 13 households were randomly selected from each village, thus totalling 1,040 households in the survey. Due to lack of information on population data at the village level, enumerators conducted listings based on information from the heads of local environmental units (SLS) to identify family cards registered in each village. Based

on the information, 13 households were randomly selected as samples. There were no particular criteria applied in the random sampling, but the samples were replaced when the household consisted only of an elderly person who was not fluent in Indonesian.

Participants of the in-depth interviews were purposively selected through consultation with the district government and KOMPAK district staff. As for the FGDs, participants were selected based on preliminary findings from the in-depth interviews. For the community-level FGDs, participants were purposively selected based on consultations with village officials and local community leaders.

E Analysis

Descriptive analysis was performed in every survey variable by counting both frequency and proportion. In addition, further statistical analysis with bivariate and multivariate logistic regression techniques was also performed to identify relationships between the variables. In processing the qualitative data, the team, by referring to interview and FGD notes, jointly compiled and revised a thematic codebook and applied it to the field notes relevant to the research questions. Thematic analysis was also performed by using constant comparative method (CCM). The coding results were arranged into a diagram that later generated categorical and thematic data discussed and agreed upon by the researchers.

F Scope and Limitations

This study had several limitations that we advise readers and users to be mindful of when they interpret our findings and draw conclusions. First, changes found in this study cannot be attributed to the impact of the KOMPAK program alone; many other factors also contributed to the changes that have occurred since 2015. Second, this study only sampled two KOMPAK-assisted districts in each province and therefore the results do not reflect the current state at the provincial level as a whole. Provincial-level data presented in the findings was only collected from the two districts selected as study locations.



3



RESPONDENT
PROFILE

Survey

The survey was conducted in 1,040 households across five provinces, with a total of 4,067 household members. There was a fairly balanced proportion between male and female respondents in the sample (Table 3). More than half of respondents were within the 18 -24 age range, while elderly people (aged 60 years and over) and children comprised around 12 per cent and 32 per cent of respondents, respectively. Almost all respondents were Muslims, with only 0.4 per cent of respondents self-identifying as Christian. Approximately one-third of respondents reported speaking Javanese as their primary language at home, and more than 70 per cent of household members in the sample reported being able to both

speak and write in Indonesian. About 11 per cent of the respondents reported to be unemployed. More than 80 per cent of respondents lived in rural¹⁰ areas and more than half of the respondents identified as poor.

Data collected on education history revealed that 34 per cent of adult respondents in the sample never attended or completed primary school, and only 29 per cent finished primary school (Appendix 1). Approximately 14 per cent of respondents completed middle school and 16 per cent completed high school education.

Table 3.
Basic demographics of survey respondents

Individual Variable	n (N = 4067)	%
Gender		
Women	2097	52
Men	1970	48
Age group (years)		
1. <=1	155	4
2. 2 - 3	141	3
3. 4- 6	232	6
4. 7 - 12	477	12
5. 13 - 15	184	5
6. 16 - 17	125	3
7. 18-24	334	8
8. 25-59	1923	47
9. >= 60	496	12

¹⁰ Referring to the official definition of urban and rural areas by the Central Bureau of Statistics – Indonesia (BPS).

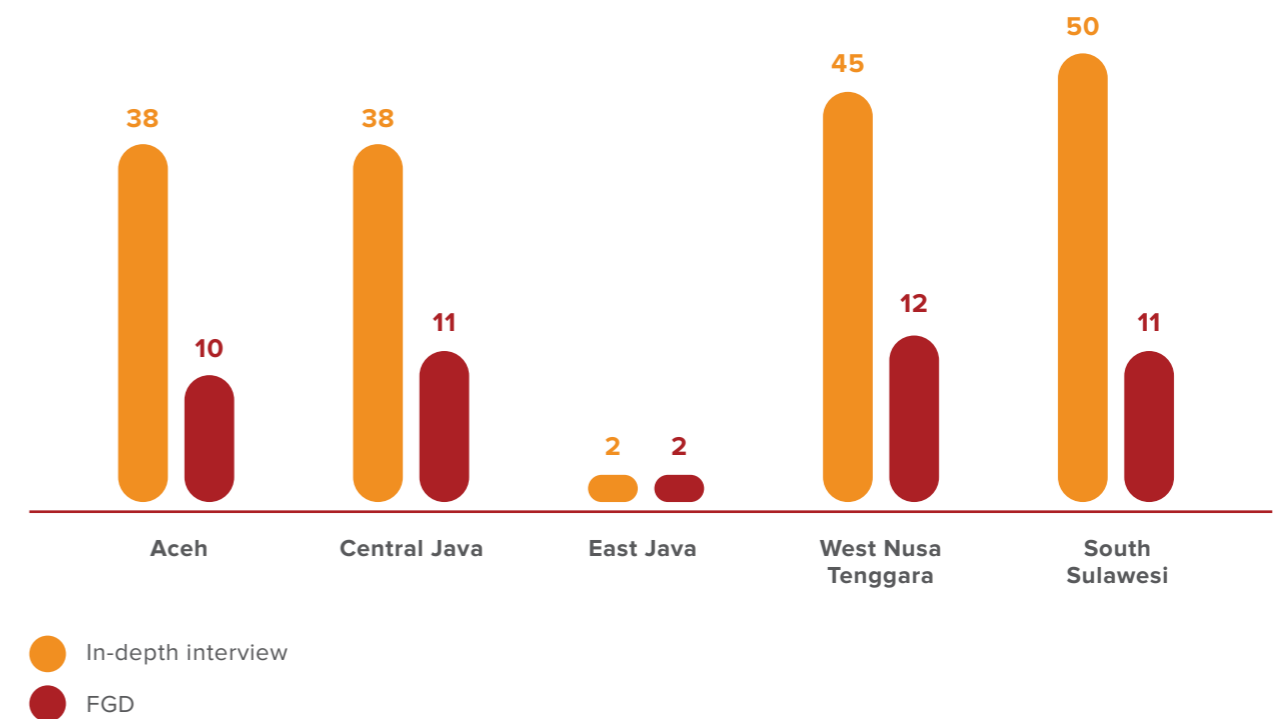
Individual Variable	n (N = 4067)	%
Religion		
Islam	4050	100
Christianity	17	0
Highest education level		
Did not attend school	1912	47
Elementary school	989	24
Middle school	515	13
High school	457	11
Undergraduate degree	191	5
Postgraduate degree	3	0
Education level currently enrolled in		
Not currently enrolled	3118	77
Pre-school	123	3
Primary school	492	12
Junior high school	172	4
High school	138	3
Undergraduate degree	22	1
Postgraduate degree	2	0
Primary language at home		
Indonesian	392	10
Aceh	372	9
Gayo	44	1
Javanese	1237	30
Madura	326	8
Sasak	334	8
Bima	382	9
Makassar	466	11
Bugis	211	5
Others	7	0
Not applicable (under-4)	296	7
Literacy (reading and writing)		
Yes	2990	74
No	781	19
Not applicable (under-4)	296	7

Individual Variable	n (N = 4067)	%
Occupation		
Self-employed	408	10
Self-employed with unpaid/ temporary workers	557	14
Self-employed with permanent worker	96	2
Government employee	127	3
Private/corporate employee	321	8
Unpaid domestic worker	600	15
Casual worker in agriculture	201	5
Casual worker in non-agriculture	148	4
Unemployed	458	11
Not applicable (non-working age group)	1151	28
Geographic area of current residence		
Urban	460	11
Rural	3607	89
Economic status		
Very poor	130	3
Poor	2279	56
Not poor	1658	41

Interviews and Focus Group Discussions

Qualitative data collection, focus group discussions (FGD) and in-depth interviews (IDI), was conducted in 10 districts across five provinces. A total of 570 participants representing at least 27 institutions and governmental agencies were interviewed in this study.

Figure 1.
In-depth interviews (IDI) and focus group discussions (FGD) conducted in each province



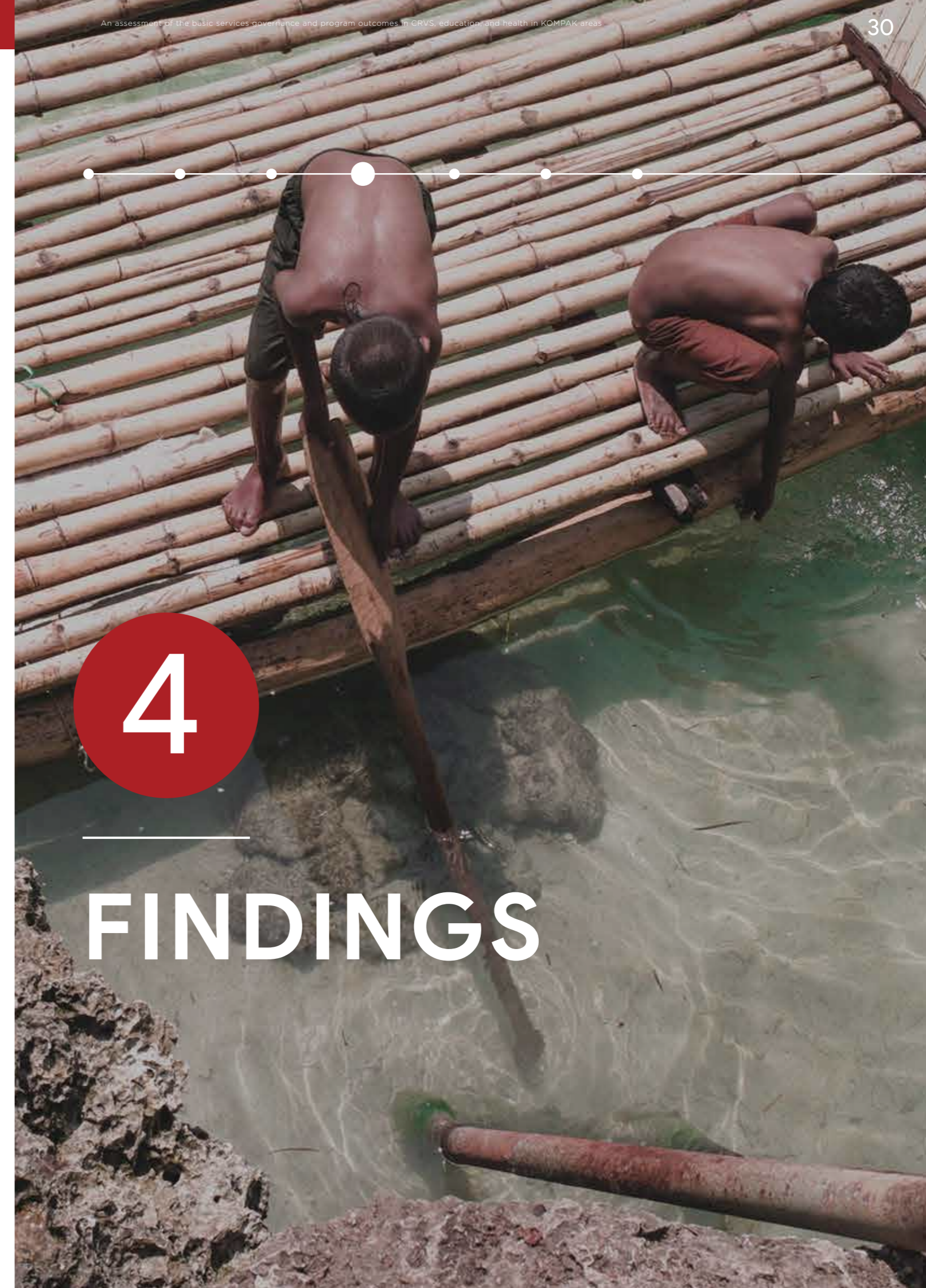
Across all provinces where this study was administered, most participants of in-depth interviews with service providers were men. In Aceh, service officers matching the study's interview target requirements were overwhelmingly male, as was the case with Central Java and West Nusa Tenggara. On the other hand, the majority of FGD participants representing local communities were women.

The 2015 CRVS study found that several groups of people were facing a lot more difficulties in accessing civil registration services due to their current circumstances or perceived identity. As KOMPAK's

CRVS program promoted an inclusive CRVS system, additional insights on the experience of these minority groups when accessing civil registration services would help to shape the necessary strategies to help these groups. Therefore, the qualitative data collection in this study also included a purposive identification and interviews with minority groups, with a total of 54 participants from eight provinces. Minority groups included were parents of children with disabilities, former migrant workers, married girls under 18, recent migrants, elderly people, female heads of households, and persons with disabilities

Table 4.
Participants of in-depth interviews (ID) and focus group discussions (FGD)

Individual Variable	n	%
In-depth interview participants by gender (N=237)		
Women	60	25
Men	126	53
FGD participants by gender (N=333)		
Women	206	62
Men	127	38
In-depth interview participants by province (N=237)		
Aceh	42	18
Central Java	42	18
East Java	2	1
West Nusa Tenggara	50	21
South Sulawesi	52	22
FGD participants by province (N=333)		
Aceh	77	23
Central Java	81	24
East Java	13	4
West Nusa Tenggara	86	26
South Sulawesi	76	23
IDI and FGD minority participants by type of minority (N=54)		
Parents of children with disabilities	12	22
Former migrant workers	1	2
Married girls (under-18)	6	11
Incomers	4	7
Elderly people (60 years or older)	6	11
Female heads of households	13	24
Persons with disabilities	13	24



4

FINDINGS

This chapter presents and discusses the study's overall findings. In narrating the results, words such as 'changes' will be used very loosely. This 2019 study should not be compared directly with the 2015 study due to differences in areas and scope. Any implied comparisons between the 2015 and the 2019 situation which may suggest that changes have occurred were written in this study to reflect only the rough average of the areas covered in both studies and should not be interpreted as statistically sound changes or comparisons.

The same applies in interpreting qualitative findings from this study. It is worth noting that the qualitative study was not carried out in full in East Java, as the CRVS program in the region only started at the end of 2018 and was based on a previous qualitative study specifically conducted in East Java by KOMPAK and PUSKAPA in 2017. Consequently, lack of findings from East Java do not necessarily suggest an absence of the symptoms in question, but rather a reflection of this study's limitations. Furthermore, the different CRVS program durations across KOMPAK program areas should be taken into account when interpreting these findings.

4.1. Ownership of legal identity documents

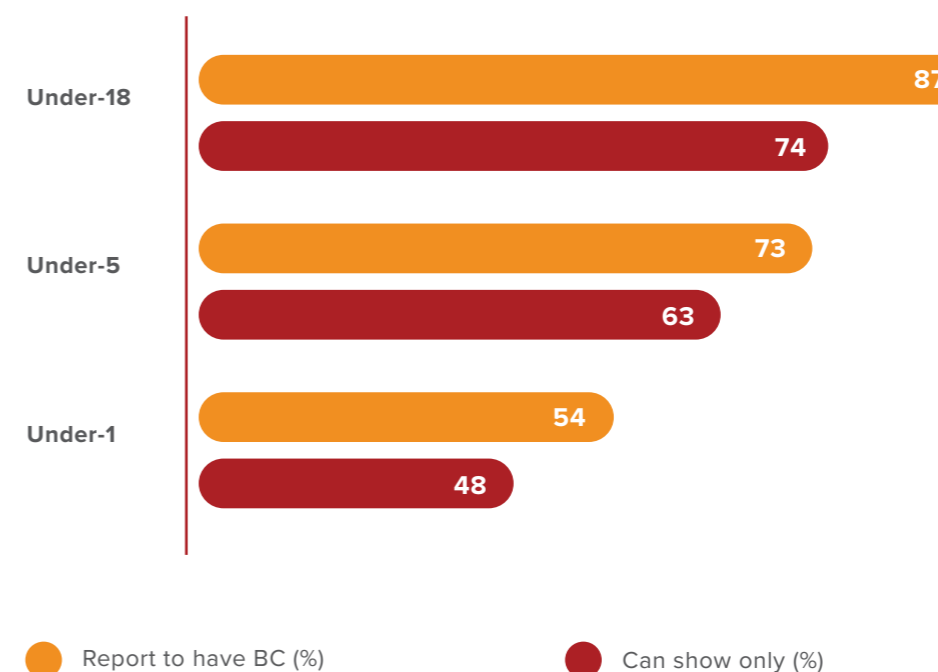
A Birth certificate ownership

Although 87 per cent of all children aged under 18 sampled in this study had a birth certificate, only 74 per cent of them were able to physically produce the document during the survey. Participants provided various reasons for failure to verify birth certificate ownership, including that documents were held by other family or household members (80 per cent),

services (12 per cent), that documents were lost or damaged (1 per cent), and other unidentified reasons (7 per cent). Further, birth certificate coverage was found to be lower for younger age groups, with 63 per cent verifiable coverage among children under 5 and 48 per cent verifiable coverage for children under 1¹¹ (Figure 2).

¹¹ The CRVS study in 2015 showed 64 per cent birth certificate ownership for children under 18, 46 per cent for children under 5, and 20 per cent for children under 1.

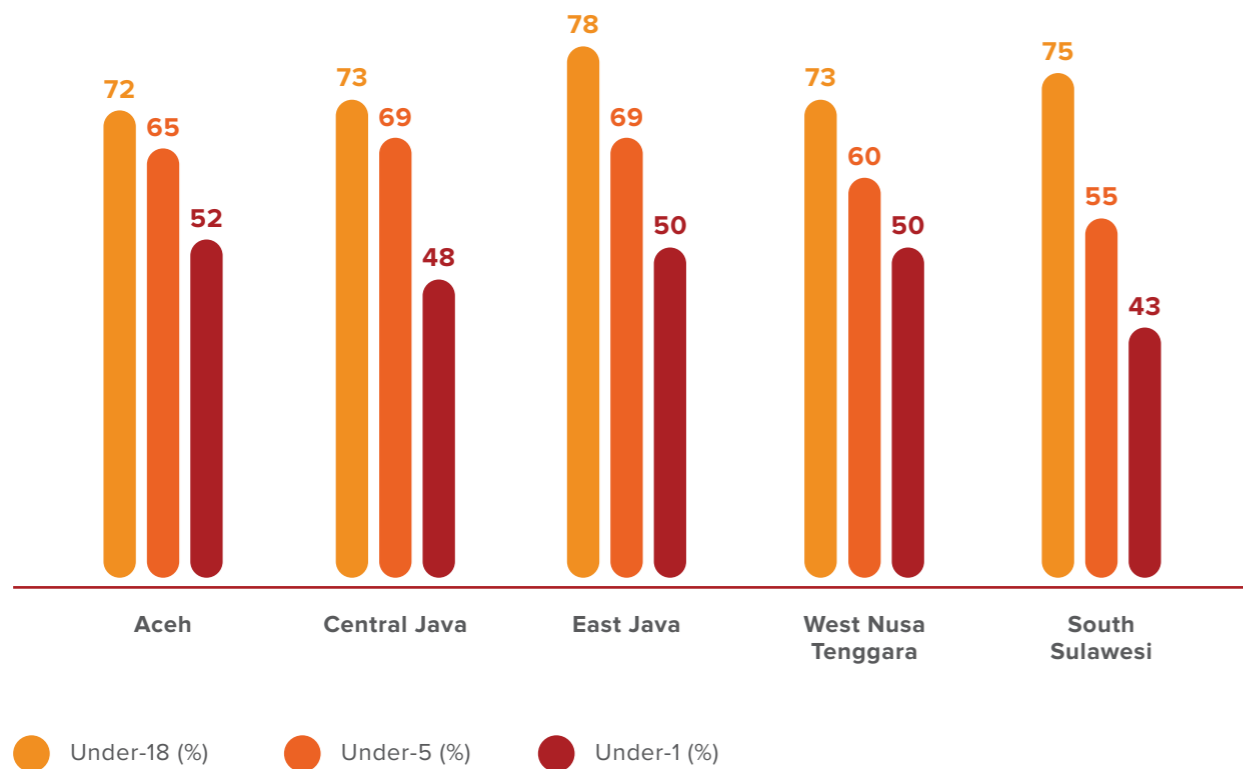
Figure 2.
Reported birth certificate ownership by child age category



Of the five provinces covered in this study, KOMPAK villages in Central Java reported the highest birth certificate ownership among children (90 per cent), followed by Aceh (89 per cent), South Sulawesi (87 per cent), East Java (86 per cent), and West Nusa Tenggara (80 per cent). The figures, however, were different for those children who could show their birth certificates at time of survey (Figure 3), which put East Java at the top (78 per cent), followed by South Sulawesi (75 per cent), Central Java (73 per cent), West Nusa Tenggara (73 per cent), and Aceh (72 per cent). For younger age groups, West Aceh reported the highest birth certificate ownership for children under 1, with 43 per cent of them producing a copy at time of survey.

At the district level, Pacitan had the highest share in birth certificate ownership, both for respondents who reported having a birth certificate (96 per cent) and those who showed the documents (88 per cent) (Appendix 2). Meanwhile, birth certificate coverage was found to be lowest in Bondowoso (75 per cent), although West Aceh had the lowest share of verifiable coverage (67 per cent).

Figure 3.
Respondents who were able to produce a birth certificate by province



Although this study employed different sampling methodologies and level of analysis from the CRVS study in 2015, birth certificate ownership among children under 1 in West Aceh, Pekalongan, and Pangkep appeared to have increased in the intervening years. In the present study, 61 per cent of children under 1 in West Aceh, 76 per cent in Pekalongan, and 60 per cent in Pangkep were able to show their birth certificates, whereas birth certificate ownership in the 2015 CRVS study corresponding to these districts was 34 per cent, 69 per cent, and 40 per cent respectively. Among children under 18, the verifiable coverage of birth certificate ownership was

also found to have increased in Pangkep (78 per cent) and West Aceh (67 per cent), but not in Pekalongan (76 per cent).¹² However, the lower share of under-18s who could show birth certificates in Pekalongan does not necessarily reflect a decline in the number of birth certificates issued since 2015. In comparison, the share of children under-18 who reported having birth certificates in Pekalongan was high (95 per cent), including those who were unable to produce physical versions. For these children who could not show their birth certificates, the primary cited reasons were “kept by other household members” (75 per cent) and “kept in institutions such as school” (25 per cent).

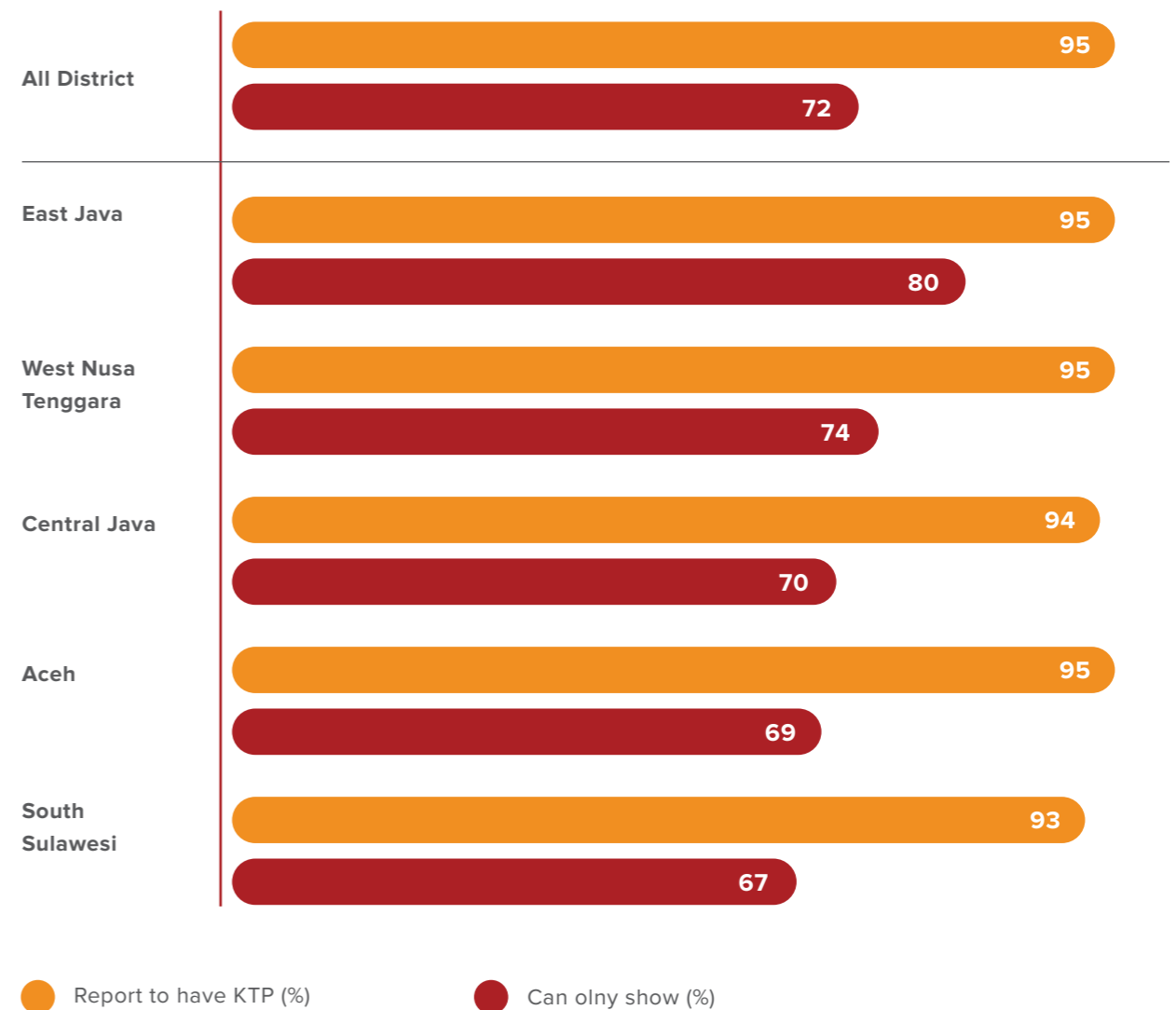
¹² The 2015 CRVS study suggested that the share of children who were able to show their birth certificate was highest in Pekalongan (82%), followed by Pangkep (60%), and then Aceh Barat (53%).

B National ID Card (KTP) ownership for people aged 17 and older

The National ID Card (KTP) ownership across the provinces was high at 95 per cent, with 90 per cent of household members having the electronic version of KTP. During the data collection process, some

household members were not present at the interview location and had their KTP with them, leaving only 72 per cent of household members being able to show their KTP (Figure 4).

Figure 4.
KTP ownership for mandatory age by province

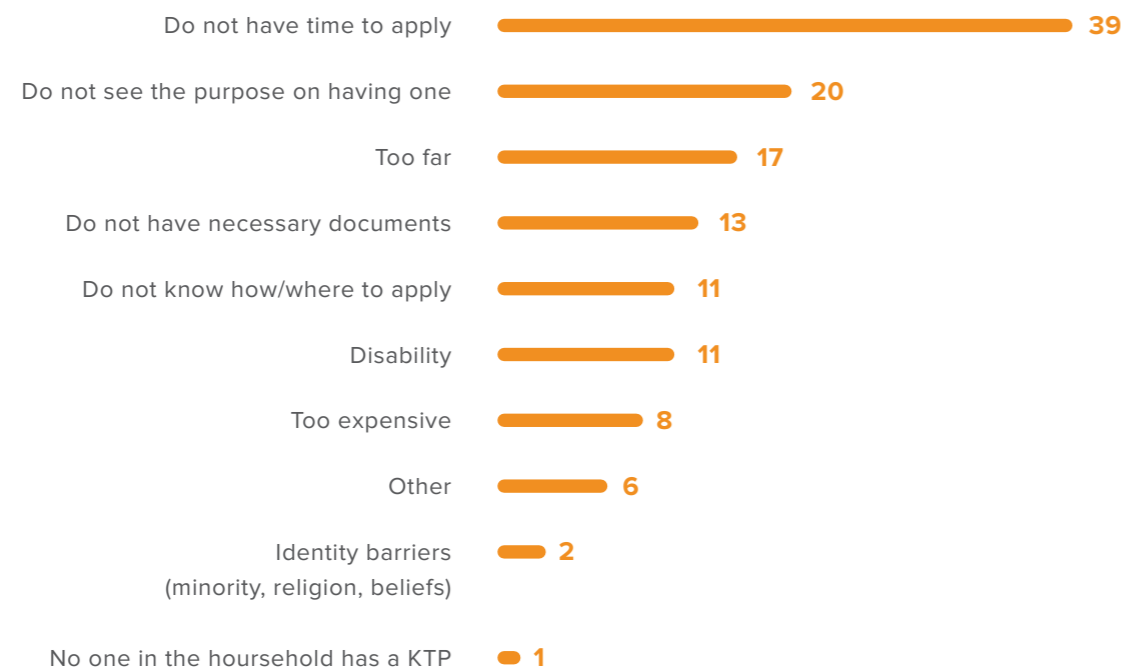


● Report to have KTP (%) ● Can only show (%)

The study also found high KTP ownership in all survey locations, with over 90 per cent of respondents reported to have one. KTP ownership did not appear to differ across economic statuses and types of geographic location. The KTP ownership for people with disabilities, however, appeared to be lower (Appendix 3).

Among those who did not have a KTP, the most commonly cited reasons were “do not have time to register” (39 per cent) and “do not find it useful or important” (20 per cent) (Figure 5). Over a half (53 per cent) of respondents who cited “do not see the purpose of having one” were reported to be aged 60 years or older. Although the figures were relatively small, some respondents cited “disability” (11 per cent) and “identity as minority” (2 per cent) to be the reasons for not obtaining a KTP.

Figure 5. Reasons for not owning a KTP for KTP-mandatory age (%)



Notes: Respondent can choose more than one answer

Across all provinces, having a disability was most commonly cited in Central Java (25 per cent) as the reason for not owning a KTP, while all those who cited their social identity as a barrier were based in West

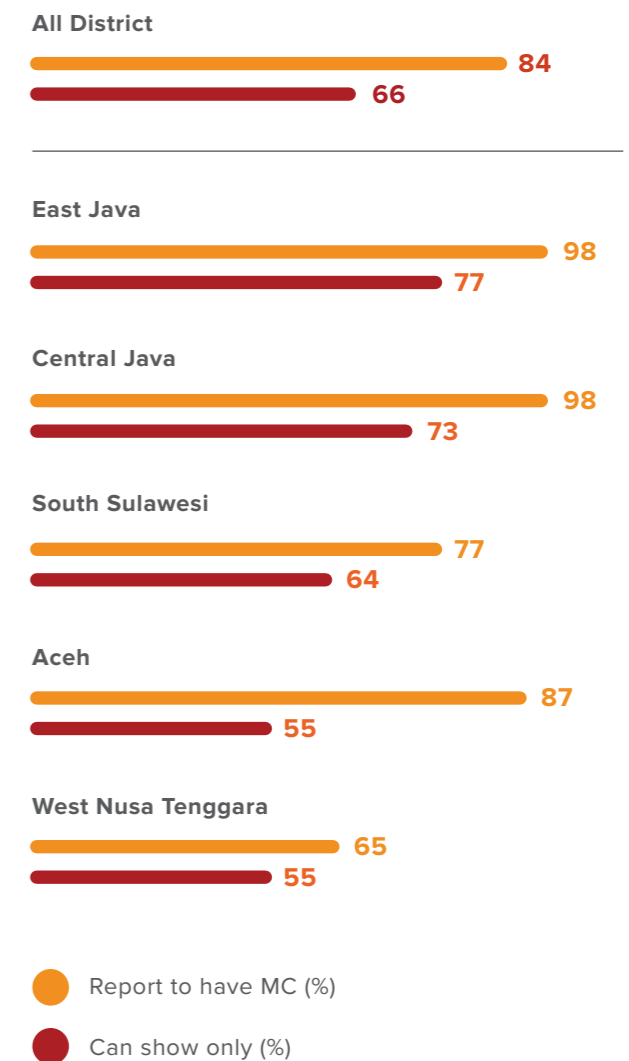
Nusa Tenggara (7 per cent). Additionally, the main cited reasons for having no KTP in Aceh, South Sulawesi, and West Nusa Tenggara were “have not had time to register” (Appendix 4).

Marriage certificate ownership among married respondents

More than half (66 per cent) of all respondents who reported being married were able to show their marriage certificate. However, the ownership of marriage certificate coverage was higher if it included those who reported to have one but could not show the physical version at the time (84 per cent).

Ownership of marriage certificates was found to be highest in Central Java, with approximately 98 per cent of all married respondents reporting having a marriage certificate and 77 per cent of all married respondents being able to produce the document. The lowest ownership of marriage certificates was found in West Nusa Tenggara (65 per cent) with only 55 per cent of married respondents able to produce the document (Figure 6).

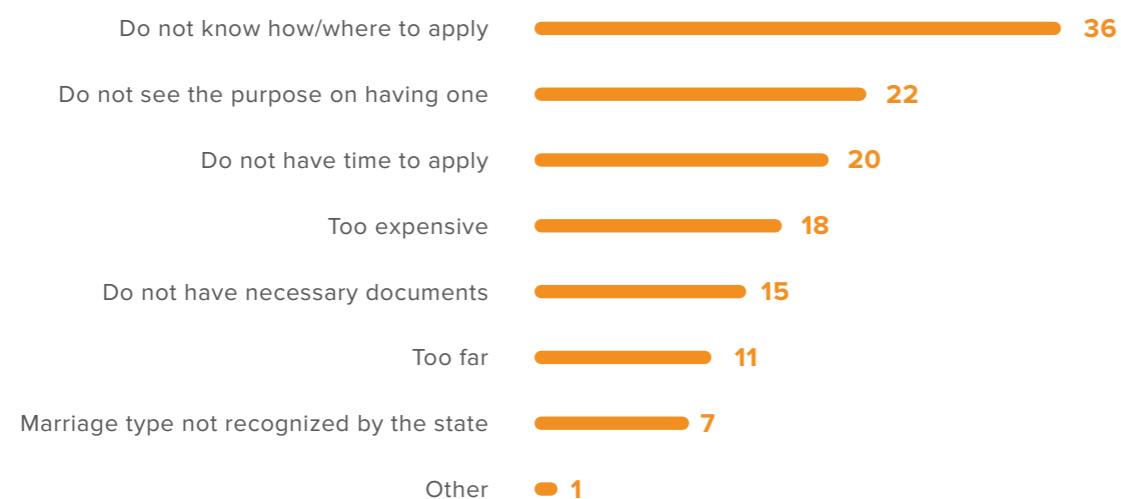
Figure 6. Ownership of marriage certificates by province



The most common reason for not owning a marriage certificate was “do not know how/where to register” (36 per cent). The second most cited reason was “do not find it useful or important” (22 per cent) (Figure 7). As was the case with KTP, most respondents (61 per cent) citing this reason were people aged 60 years or

older. This survey also found that one per cent of all married respondents were married before the age of 18 and 75 per cent of them owned a marriage certificate.

Figure 7.
Reasons for not owning a marriage certificate among married respondents (%)



Notes: Respondent can choose more than one answer

D Family card (KK) ownership

This study found 98 per cent of all respondents were registered in a family card (KK). The data also showed that 90 per cent of married respondents had a consistent marital registration status on their KK (Table 5). Although this figure represents an improvement in KK/marriage certificate consistency as compared to

the 2015 CRVS study, the data showed that 7 per cent of married household members could both not show their marriage certificate and were not listed as married on their KK. Moreover, all children under 18 who were married reported being registered on a KK, but only half could produce the document.

Table 5.
Inconsistency of marital status registration among married household members

Status of document ownership	Married household members (%)
Owned both KK and marriage certificate	62
Owned a KK but no marriage certificate	28
No KK but owned a marriage certificate	3
No KK and no marriage certificate	7

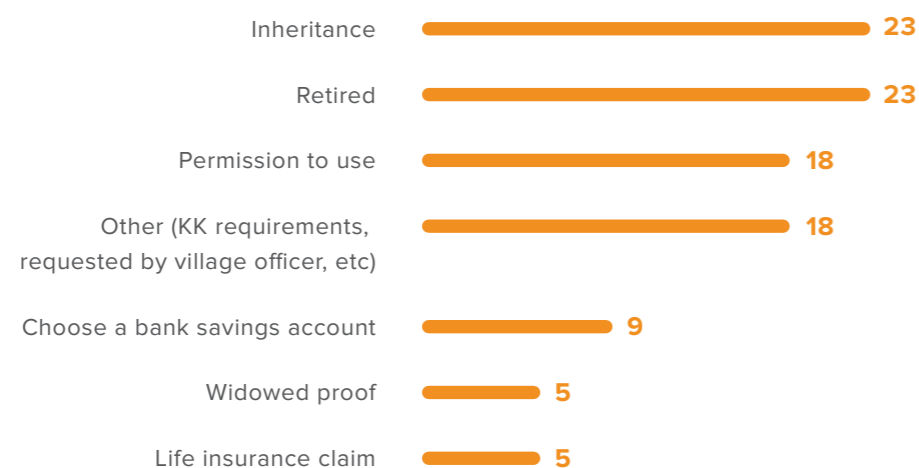
Note: “No KK” means that the household members were married but their marital status was not reflected in KK or they did not own a KK at all. “Owned a KK” means that the household members owned a KK and their marital status was correctly reflected in their KK.

E Death certificate ownership

Among the 1,040 households included in the study, 196 (19 per cent) reported having had a member die in the last five years. From these cases, only 12 per cent of these households applied for a death certificate. Among those who applied for a death certificate, the most common reason for the application was for inheritance (23 per cent), pension (23 per cent) or a

burial permit (18 per cent). This low level of death certificate acquisition is comparable to levels observed in the 2015 CRVS study. The current study also found that most respondents did not know what a death certificate was (72 per cent) and “do not know how or where to apply one” (29 per cent).

Figure 8.
Reasons for obtaining a death certificate for deceased household members in the past five years (%)



4.2. Population administration data at Disdukcapil offices in selected regions

This section discusses administrative data from the Offices of Population Administration and Civil Registration (Disdukcapil) with respect to birth certificate coverage, National ID Card (KTP) and population identification number (NIK) in 2016-2018. Disdukcapil offices in each district were asked to provide information regarding coverage of all legal identity documents by gender and coverage of birth certificate by age group (children under 18, children under 1, and children under 1). Nine districts provided data on legal identity document coverage in 2016-2018, but Bima was only able to provide data on birth certificate coverage in Semester 1 of 2019.

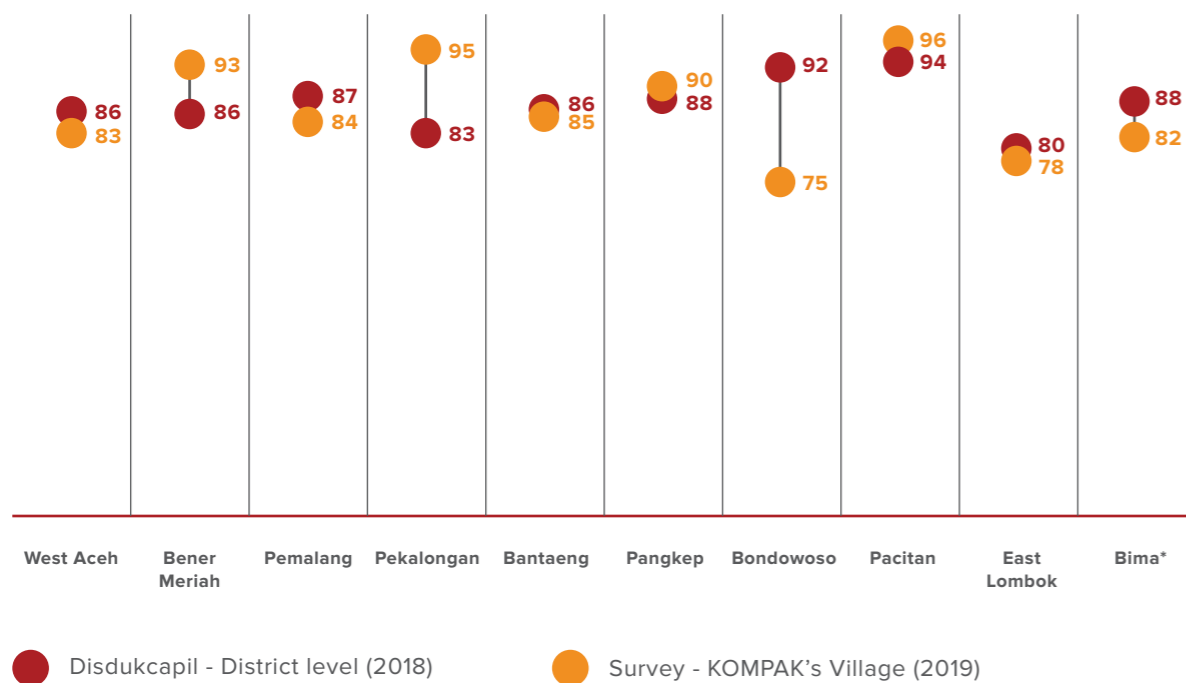
The quality of data received varied by district. For data on birth certificate coverage, almost all districts provided disaggregated data for three age groups: under 18, under 1, and under 1; Pekalongan is the only district that provided data disaggregated by gender. This study also found differences in the age categories used in some districts. For instance, some districts still used 0-18 years as a category for children, instead of 0-17 years.

All Disdukcapil offices used the total number of people who own a NIK as the denominator for calculating the percentage of both birth certificate and KTP coverage. As a result, those who were not registered in the system or who did not have a NIK would be invisible, and therefore excluded from obtaining social protection and basic services. Furthermore, the databases used as references for NIK coverage also varied. Some districts used the

Data Konsolidasi Bersih (DKB) which was updated every semester in June and December, while other districts used regional reports to come up with NIK coverage.

In reviewing the data, several potential errors were found that call into question certain trends observed in the data. In several districts, for instance, data suggested that birth registration coverage appeared to increase and then decrease dramatically between 2016 and 2018. However, this study was not designed to follow up on such inconsistencies. For that reason, this report only presented 2018 administrative data for most districts. Figure 9 presents the administrative data from the regional report as of August 2018 provided by Disdukcapil offices, along with survey data collected throughout September 2019 for this study (Figure 9). For Bima, however, the data provided was the 2019 DKB II report.

Figure 9.
Population administration data: birth certificate coverage among children under 18 by district (%)



It is important to note that the administrative data were collected at the district level, while the survey only covered selected villages in districts where the KOMPAK program was operated. KOMPAK villages of intervention were purposely chosen from the poorest and most marginalised areas that face difficult access to basic services. As such, before KOMPAK intervention in these areas, legal identity ownership in these villages is expected to be low.

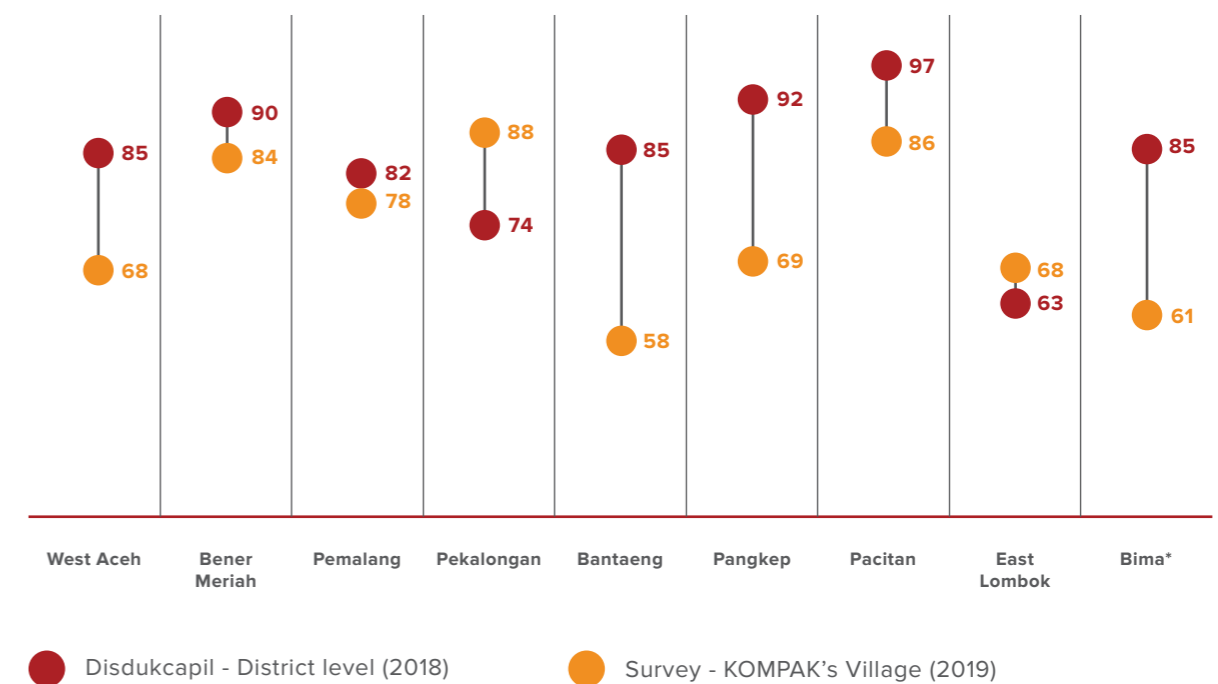
For most of the villages surveyed in this study, birth certificate coverage was relatively comparable to other villages in their respective districts. Given that

these villages were selected for KOMPAK inclusion based on their initially low coverage, this finding suggested that birth certificate coverage in these villages had increased to some extent in these areas. Further, the coverage for villages under KOMPAK's program is higher than the district level administrative data in Bener Meriah, Pekalongan, and Pangkep. Only Bondowoso still shows a substantially lower coverage relative to the district-level data.

Larger differences between the two data sources are observed when restricting the sample to under 5 and under 1. Figure 10 presents coverage of birth certificates among children under 1 based on administrative and survey data. Only eight districts

were presented in this figure because the Disdukcapil office in Bondowoso did not provide data for children under 1. Based on this, KOMPAK intervention villages in West Aceh, Bantaeng, and Pangkep appeared to lag behind in reaching their district-level coverage.

Figure 10.
Population administration data: birth certificate coverage among children under 1 by district (%)



The more considerable gap between district-level administrative data and survey results from selected KOMPAK villages was shown for birth certificate ownership among children under 1. In this age group, the birth certificate coverage in KOMPAK's selected villages was only similar to the district-level coverage in Bener Meriah and Pekalongan (Appendix 5).

On the other hand, the gap is narrower for the e-KTP ownership. The villages with KOMPAK's intervention appeared to have high e-KTP coverage, with some exhibiting levels of coverage that are higher than the data at the district level (Appendix 6). These findings suggested that there was still room for improvement in facilitating birth certificate ownership for children under 1 and under 1.

4.3. Barriers to accessing CRVS, health, and education services in selected regions

This section discusses the barriers that people face when trying to access basic services. Beyond civil registration services, this section will touch upon basic services in health, education and some parts of social protection. It also highlights vulnerable groups in the context of CRVS, health, education and social protection services in selected regions. The discussion incorporates findings from surveys, as well as in-depth interviews and focus group discussions.

A Barriers to accessing civil registration services

Although ownership of legal identity documents increased in some study regions since 2015, some communities still faced obstacles to obtaining legal identity documents. This survey found that the main reasons respondents did not have a birth certificate included the duration of the registration process, the cost associated with the process, and the long distance to registration offices. Complicated requirements to obtain a birth certificate became an added obstacle for children aged under 1.

The survey data found a lower ownership of birth certificates among children living in households with certain vulnerability characteristics. A lower proportion of birth certificate ownership was found in:

(i) female-headed households; (ii) households headed by people who cannot read or write; (iii) poor and very poor households; (iv) rural households (Table 6). However, upon further statistical analysis, only poverty and a household head's literacy level were significantly correlated with the absence of birth certificates among children (Appendix 7).

Table 6.
Birth certificate ownership and vulnerability characteristics

Variable	Reported having a birth certificate		Did not have a birth certificate	
	n	%	n	%
Birth certificate ownership among children living in households led by someone who was illiterate				
Illiterate	183	76	59	24
Literate	954	89	118	11
Birth certificate ownership among children living in female-led households				
Female-headed households	146	82	31	18
Male-headed households	991	87	146	13
Birth certificate ownership by family's socioeconomic status				
Very poor	32	59	22	41
Poor	642	86	105	14
Non-poor	463	90	50	10
Birth certificate ownership by type of geographic area				
Urban	158	88	21	12
Rural	979	86	156	14
Birth certificate ownership among children with disabilities				
Disabilities	7	78	2	22
Mild physical problems	14	88	2	13
Non-disabilities	1116	87	173	13

B Health insurance and access to health services

More than half of the household members interviewed in this study (56 per cent) were covered by JKN (National Health Insurance) program, although the coverage was lower among children (48 per cent), particularly for children under 1 (18 per cent) and children under 1 (12 per cent). Among all respondents

in the sample, the proportion of JKN PBI beneficiaries, whose premium is covered by the government, was considerably larger than the proportion of those who paid their own premiums (JKN Non-PBI or JKN Mandiri).

Over half (56 per cent) of household members in this study were covered under JKN PBI, and only 8 per cent of them were covered under JKN Mandiri (Table

7). Among the five provinces, Aceh had the highest coverage of JKN (92 per cent), followed by South Sulawesi (72 per cent).

Table 7.
Health insurance ownership by age and province

Variable	N	JKN PBI Coverage		JKN Mandiri Coverage		No insurance	
		n	%	n	%	n	%
Total Sample	4067	2282	56	310	8	1467	36
Under 18	1314	625	48	83	6	602	46
Under 5	378	67	18	27	7	282	75
Under 1	93	11	12	5	5	76	82
Province							
Aceh	761	647	85	52	7	68	9
Central Java	885	343	39	63	7	480	54
East Java	727	344	47	40	6	337	46
West Nusa Tenggara	801	359	45	97	12	335	42
South Sulawesi	893	589	66	58	6	247	28

More than one-third of all individuals surveyed in this study were not covered by any health insurance. In addition, significant province-level variation was observed with respect to coverage by any type of health insurance. For example, only nine per cent of the respondents in Aceh were not covered by any

type of health insurance, while more than half of the respondents (54 per cent) in Central Java were not covered by any health insurance. Regression analysis indicated that respondents without health insurance had almost four times greater odds of not owning a birth certificate (AOR = 3.897, 99% CI: 2.736,5.551).

Further analysis suggested that there were different marginalising factors at play for the absence of health insurance and the absence of birth certificates among children in the survey. Multivariate regression analysis found that children living in female-headed households were more likely to have no health insurance (AOR = 1.838, 99% CI: 1.279,2.640). Meanwhile, children living with a literate head of household were less likely to have no birth certificate (AOR = 0.391, 99% CI: 0.259,0.590). Additionally, children in non-poor households were also less likely to have no birth certificate (AOR = 0.216, 99% CI: 0.104,0.449) (Appendix 8).

Not having JKN did not appear to prevent individuals from accessing health services. Among those who did not have JKN, less than 1 per cent reported not being able to access health services for this reason. Given that a significant share of the sample did not have health insurance but was still accessing healthcare, it was possible that these people would have to pay for the costs of health services on their own. Although the data revealed about 99% respondents reported could access the needed healthcare, given that most of these households were low-income, it was likely that they would have to spend a significant amount of money to cover the costs of health services.

Access to social protection

In this section, access to social protection is analysed based on survey's questions on respondents' experience in receiving government assistance¹³ within the past year. This study identified inconsistencies between the economic status of the households and their experience in receiving

government social assistance in the past year. Around 53 per cent of participants did not receive government assistance in the past year, yet around half of these people were identified as poor or very poor (Table 8).

¹³ Information on social protection in the survey was obtained based on the questions "Have you received any of the following government programs in the past year: 1) Smart Indonesia Card (KIP); 2) Family Welfare program (KKS); 3) Non-cash Food Assistance (BPNT); 4) Family Hope Program (PKH); 5) Elderly Benefits; 6) Disability Benefits; (7) Other Government programs.

Table 8.
Households who received government assistance by economic status

	Very Poor		Poor		Not Poor		Total Sample	
	n	%	n	%	n	%	n	%
Did not receive any assistance in the past year	36	2	1051	49	1074	50	2161	53
Received at least one type of assistance in the past year	94	5	1228	64	584	31	1906	47

Among the five provinces, Aceh appeared to have the highest consistency in providing social protection programs for those categorised as poor (Appendix 9). Although the proportion of households that received Rastra/BPNT (non-cash food assistance) in Aceh was

slightly higher than in other provinces, this study did not find province-level variations for other types of social protection program received by households (Appendix 11).

D Identified vulnerable groups in civil registration, education, and health services in the selected regions

Interviews and FGDs identified several groups of people who faced obstacles to accessing CRVS, health, and education services. These groups included persons with disabilities, the poor, people living in remote areas, and elderly people. Several other categories of vulnerable groups also faced obstacles particularly in accessing civil registration services, including newcomers, migrant workers, female heads of households, victims of disasters, religious and gender minorities, people with HIV/AIDS, and people with leprosy.

The study also conducted FGDs directly with vulnerable groups, especially those identified as having experienced obstacles to accessing civil registration services. These groups included: people with disabilities and parents of children with disabilities, newcomers, female heads of households, former migrant workers, and women who married before the age of 18. The study found that most of the participants already had legal identity documents, with the exception of newcomers.

a. Persons with disabilities

The survey captured information with respect to persons with disabilities and the obstacles they experienced. In this study, 3 per cent of respondents lived with disabilities and 14 per cent of respondents had mild physical problems (Appendix 11). Survey data suggested that children with severe disabilities were less likely to have a birth certificate. Similarly, adults with disabilities were found less likely to have a KTP (Table 9).



Table 9.
Legal identity document ownership among persons with disabilities

	Own a KTP (married and aged 17+)			No KTP (married and aged 17+)		Own a birth certificate (<18)			No birth certificate (<18)	
	N	n	%	n	%	N	n	%	n	%
Disabilities	89	75	84	14	16	9	7	78	2	22
Mild physical problems	495	477	96	18	4	16	14	88	2	13
Non-disabilities	2229	2104	95	122	5	1288	1116	87	172	13

This study cannot identify ownership of birth certificates among children whose mothers are people with disabilities due to the fact that many mothers did not live in the same household as their children. However, the survey revealed that children who lived in households headed by people with disabilities were less likely to have a birth certificate. Only 44 per cent of children under 1 who lived in households headed by people with disabilities could produce a birth certificate. By comparison, 63 per cent of children living in households headed by persons without disabilities could produce the document.

Approximately 30 per cent of people with disabilities and mild physical problems considered their conditions a barrier to accessing education services. However, fewer people reported that their disability undermined their capacity to access health services (6 per cent) or legal identity services (4 per cent).

This study also asked all survey respondents about their perception of disability status, and the potential barriers that people with disabilities might face to accessing basic services (Appendix 12). The majority of respondents reported believing that people with disabilities did not understand how to access basic services (38 per cent) or were unable to communicate with service providers (36 per cent). Approximately 26 per cent of respondents reported believing that people with disabilities did not face obstacles in accessing basic services. Furthermore, 99 per cent of respondents agreed that people with disabilities should be able to obtain legal identity documents.

The results of interviews and FGDs found that people with disabilities experienced physical/mobility obstacles when trying to access CRVS and health service locations. These people required the assistance of others, most likely family members, to get to the service location, prepare documents, and fill out forms. Even when they did manage to reach the location, the current systems were sometimes unable to accommodate their needs. For example, there was no special queue for people with disabilities, or no officers on duty assigned specifically to assist them. In addition to service-related constraints, some people with disabilities who participated in this study reported believing that they should not have to apply as they did not feel the need for legal identity documents.

Children with disabilities had difficulties in accessing special education or SLB. Furthermore, being enrolled in an inclusive school was not a guarantee that they would have the facilities they needed or that the teachers would be able to accommodate them. Some parents were reluctant to put their children in an inclusive school for fear of bullying and discrimination. Some parents also reported feeling ashamed of sending their children to school because of their disability or considered education was not important for children with disabilities. Nevertheless, a number of initiatives and investments had been delivered in the regions covered in this study to facilitate access to various basic services for people with disabilities. In almost all regions, village facilitators directly assisted people with disabilities during the process of obtaining legal identity documents.

In South Sulawesi, village facilitators would collect data specifically for people with disabilities. Mobile and pick-up¹⁴ services were also carried out in all areas to reach people with disabilities. In the health sector, efforts have been made to provide

disability-friendly health facilities down to the puskesmas level (in all regions), home-visit services for people with disabilities (South Sulawesi), and local regulations on health services for persons with disabilities (Central Java).

b. Poor people and people living in remote areas



For people in remote districts such as Bener Meriah, Pekalongan, and Pangkep, long distances — at times exacerbated by poor road conditions, high transportation costs and bad weather (especially in the islands) — were the main obstacles to accessing public services, including in population administration. For civil registration services specifically, the situation was often made worse when mobile services were limited (including mobile services provided by the Religious Court in all districts) or when there were no officers assigned to assist residents in obtaining legal identity documents, as in the case of Central Java. In addition, lack of public awareness on how to apply also prevented people in remote areas from obtaining legal identity documents.

It was common for people who lived in the islands and mountainous areas to be away from home for long periods of time to tend to their farms or go out to sea. This put children at risk of dropping out of school. In Pangkep, for example, children of fishermen would go out to sea with their parents and not attend school for weeks on end. In Bima, farmers' children accompanied their parents during the harvest season. In addition, people who lived near district borders could more easily access health facilities in other districts than the ones in their own administrative domicile, but in these cases their health insurance often could not cover their costs outside of their home district.

Limited mobile services and high transportation costs could hinder the poor from obtaining legal identity documents. Apart from service-related constraints, participants also reported other inhibiting factors, including not being able to leave work, lack of awareness on the benefits of owning legal identity documents, having no current need for such documents, and feelings of shame, insecurity and fear when dealing with bureaucracy.

¹⁴ Pick-up (jemput bola = fetching the ball) is a strategy employed by service providers to actively reach out to service recipients and in some cases administer services at home.

Local government interventions to facilitate access to various basic services for the poor and those living in remote areas appeared to be quite extensive in some regions. Mobile CRVS services were designed to reach people living in areas that were difficult to access, and these services were operational in all of the regions covered in this study. In the education sector, floating schools in Pangkep helped children

who were out at sea to remain in class and stay updated with their lessons by using student worksheets. In the health sector, the Pangkep District Health Office was building a cooperative relationship with the Sumbawa and Lombok district health offices so that Pangkep residents living near the border could be referred to puskesmas or hospitals in Sumbawa or Lombok.

c. Elderly People



Survey data found the proportion of elderly people — aged 60 years or older — who participated in this study was 12 per cent. However, no significant difference was found in ownership of legal identity documents among the elderly and respondents aged under-60. Findings from FGDs and interviews revealed a number of obstacles that senior citizens faced when trying to access health and civil registration services, most notably mobility issues and a lack of accompanying caregivers. Specifically, for civil registration services, elderly people often did not

know how to apply for a document and were not aware of the benefits of owning legal identity documents. In health services, the lack of awareness on the importance of visiting health facilities was a challenge in providing access to health services particularly for the elderly in East Java.

In the CRVS sector, mobile and pick-up services were carried out in almost all regions to ensure that elderly people could obtain legal identity documents. In addition, in South Sulawesi and Aceh, village facilitators also played a role in facilitating the civil registration process for elderly people. In the health sector, almost all regions had special health service programs for elderly people, such as the posyandu for elderly people (in all regions), home visitation services in Bantaeng, and allocating village budgets to transport and treat elderly people at health facilities (Bima, Central Java, and East Java).

d. Child Marriage



The survey suggested that a total of 12 respondents, or 1 per cent of all respondents under 18, reported being married. These respondents were listed in their KK and 92 per cent of them had a birth certificate. Although most of the respondents reported having a marriage certificate (75 per cent), only half of them (50 per cent) reported having a KTP (Appendix 13).

Qualitative findings from this study revealed that married children had trouble obtaining proof of marriage because regular marriage registration procedures did not accommodate marriage between children. If they wanted the marriage to be recorded, families must apply for a marriage license before the court, which would cost a lot of money. Furthermore, children born out of this type of marriage could only obtain a birth certificate bearing their mother's name, making it difficult to legally prove their civil relationship with the father.

Free mobile marriage legalisation services appeared in all study locations to overcome the lack of proof or marriage. However, the frequency and scope of the services were still limited. Additionally, some districts also found to initiate a marriage statement letter to compensate the lack of marriage certificate.

e. Polygamous Spouses

Similar to the case of child marriage, polygamous couples (Aceh, NTB, and South Sulawesi) also had difficulty obtaining proof of marriage because it was not accommodated in the regular marriage registration procedure. Polygamous couples must obtain permission from the court for their marriage to be registered. In addition, the second, third and subsequent wives could not be listed in one KK with their husband. Children of the second, third and subsequent marriages could only have their mother's name listed on their birth certificate, so they had no legal evidence of their civil relationship with their biological father.



f. Newcomers/regional migrants

Participants across all regions reported that newcomers had trouble obtaining legal identity documents since it required a letter of transfer issued by the Disdukcapil office from their district/municipality of origin. Incomers in South Sulawesi who participated in this study reported that this problem affected their children's education, and in one case forced their children to drop out of school due to difficulties in arranging school transfers. At least in Bantaeng, there have been initiatives to address the problems faced by newcomers.

Operators and Database Administrators (ADB) of the Population Administration Information System (SIAK)



took the initiative to directly contact SIAK administrators in other regions so that the transfer could be carried out through SIAK. However, according to respondents, this was highly dependent on the responsiveness of SIAK administrators in the district of origin.

g. Former migrant workers

According to former migrant workers interviewed in West Nusa Tenggara, Central Java and South Sulawesi, losing legal identity documents such as KTP or KK could become an obstacle, especially if these documents were not registered in the Population Administration Information System (SIAK). In West Nusa Tenggara, the "PAPA untuk MAMA"¹⁵ initiative was launched to address this problem, targeting former migrant workers and their family members



h. Women heads of households

The survey suggested that 162 households or around 16 per cent of all households in this study are headed by women. In addition, as many as 177 or 13 per cent of children under 18 lived in households headed by a woman.



i. Disaster survivors

Participants in Aceh and South Sulawesi reported losing their legal identity documents during conflict and disasters. To address this, some regions had set up a number of initiatives to collect data and issue new documents for conflict and disaster victims. These initiatives were carried out, among others, by the rapid response team in Bantaeng and the outreach service provider in Aceh.



¹⁵ PAPA UNTUK MAMA, or Population Administration Services for Marginalized Communities, is an initiative by the Disdukcapil office of Bima to reach vulnerable populations, specifically persons with disabilities and persons with severe illnesses. Disdukcapil officers would receive incoming reports from village heads or neighbourhood unit leaders when a resident falls ill or has a disability and does not have a legal identity document. Officers would then follow up on these reports by reaching out to residents directly to collect their data and issue a KTP, KK, and/or birth certificate.

j. Religious minorities



Participants in Bima discussed the problems faced by religious minorities and recalled their experience of being rejected and stonewalled by the local religious majority when trying to access integrated services. Intervention by the village and subdistrict governments ultimately allowed religious minorities to access these services.

k. Gender minorities



In Aceh, transgender people were not permitted to change their assigned gender at birth listed on their legal identity documents and faced stigma from service providers.

m. People with leprosy



In South Sulawesi, this study revealed that people with leprosy were also often stigmatised and discriminated against by the community. Participants reported that people with leprosy were isolated in a single neighbourhood where social interactions were severely restricted.

l. People with HIV/AIDS



Discussions with study participants in Central Java found that people with HIV/AIDS would often face stigma and discrimination from the local community, causing them to feel ashamed and discouraged from accessing public services, including civil registration services.

4.4. Overview of civil registration, health, and education services in selected regions

This section discusses qualitative findings from the study based on in-depth interviews and FGDs on the current state of CRVS, health, and education services in the selected regions. It is important to clarify that findings discussed in this section may refer to both existing routine programs outside of KOMPAK's intervention scope, as well as programs initiated and supported by KOMPAK. The emphasis is on the challenges or situations reported by participants of the study regarding existing services available to them.



4.4.1 CRVS Services

4.4.1.1. Supporting services to facilitate better public access

Several initiatives have been carried out to improve access to civil registration services, including: i) mobile services; ii) mobile court services by the Religious Court; iii) integrated mobile services by the Disdukcapil office, Religious Court, and Office of

Religious Affairs; iv) service innovations by district governments; v) delegation of services and authority to subdistrict governments; vi) civil registration services at the village level.

a. Mobile registration services by Disdukcapil offices

In all regions surveyed by the study, mobile services were usually carried out at the district and village level. But in Bima, Pangkep, and Pekalongan, mobile registrations were also carried out at community meetings or during other public activities, such as Car Free Day. Aside from mobile services, in some areas outreach services were arranged especially for vulnerable individuals, such as persons with disabilities, senior citizens, and persons with mental disorders. Although these services successfully

increased ownership of legal identity documents, especially KTP and birth certificates, mobile services in some districts were not entirely effective, as they only operated on weekdays and, even then, were often not operational. Although Bima, Pemalang and Pekalongan offered additional services on Saturdays and Sundays, not all districts were able to do the same due to limited personnel and logistics.

b. Mobile court by the Religious Court

Mobile court services — particularly marriage legalisation services — carried out by Religious Courts (PA) were operational in all study regions. In West Aceh, each village could nominate up to five couples every year to submit their marriage application to the subdistrict office. After records had been collected, PA officials would then come to each subdistrict and perform marriage legalisation trials for the applicants.

In the district of Bima, consultation meetings for development planning (Musrenbang) in several villages successfully proposed the use of Village Fund Allocation (ADD) to finance mobile marriage legalisation and outreach services at Disdukcapil offices. In East Lombok, marriage legalisation services were also conducted in villages through a joint funding initiative by the Religious Court and village governments.

Religious Courts in all study regions had allocated a legal aid budget to perform mobile marriage legalisation services for the poor. In practice, the budget was often inadequate and alternative sources of funding were required. In some study regions, marriage legalisation services often could not be performed due to high costs. Alternative funding has been initiated and pursued in several regions.

Meanwhile in several districts, legal aid budgets were not fully absorbed. In Bantaeng, the allocated budget fee waiver court was not fully utilised because people preferred to pay the fees themselves. Fee waiver court required applicants to provide a Poverty Certification Letter (SKTM).

c. Integrated mobile service by Disdukcapil offices, the Religious Court, and Office of Religious Affairs

Although it had been lauded as one of the most effective initiatives at accelerating legal identity document ownership in 2017-2018, this service was no longer periodically or routinely carried out in the study regions. Disdukcapil offices in all districts reported that an integrated mobile service had once been

implemented in collaboration with district religious courts and the Office of Religious Affairs at the subdistrict and village levels. The mobile services performed marriage legalisation, marriage registration, and birth registration under one integrated service.

d. Outreach innovations by district governments and Disdukcapil offices

Providers were often encouraged to make their services available online in order to fulfil the demand for birth certificates and other legal identity documents. West Nusa Tenggara initiated an online birth registration system through BAKSO (Online Birth Registration Services) and BAKVIA (WhatsApp-Based Birth Registration Service) in East Lombok. This province was also developing an Android-based

application for online civil registration services. In addition, several districts in Aceh, South Sulawesi, and East Java enforced the Home Affairs Minister Regulation No.7 of 2019 on the use of electronic signatures for civil registration services. This practice has proven effective in simplifying the procedures to issue legal identity documents.

District governments in all the study sites made an effort to institutionalise promising practices for accelerating legal identity document ownership through local regulations (Perda) or district head regulations (Perbup). These regulations aimed at

e. Services and delegation of authorities at the subdistrict level

One recommendation proposed in the 2015 CRVS study was to establish a Technical Service Unit (UPT) for civil registration services at the subdistrict level. This delegation of authority from district Disdukcapil offices to subdistrict governments was proposed in order to bring services closer to the community. In the 2015 CRVS study, not a single UPT Disdukcapil was found in the study regions of Aceh, Central Java, and South Sulawesi. The current study reported the same finding in these three regions. Although a UPT Disdukcapil had not been established in the three districts, however, other districts had made efforts to delegate authority to the subdistrict government, particularly for issuing family cards and registering births. This was evident in the presence of a Population Data Collection Point (TPDK) in Pematang and Integrated Administrative Services at the subdistrict level (PATEN) in Pekalongan. In Pacitan, some authority had been delegated to the subdistrict government but was limited to the issuing of family cards (KK).

Across all study sites, East Lombok was the only district in the study regions that had established UPT Disdukcapil offices at the subdistrict level. According

to increasing legal identity document ownership through innovative public outreach initiatives in several districts aimed at increasing ownership of legal identity documents.

to the district Disdukcapil office, all services not handled at the district office had been delegated to the 10 UPT Disdukcapil offices serving 21 subdistricts. Each UPT served between one and three subdistricts, and services had been in operation for almost two months. The heads of the UPT were Disdukcapil office staff, who had been appointed by the District Head Decree (SK Bupati) and also served as Civil Registration Officials (PPS).

Bima had not delegated district government authority to its subdistricts through UPT Disdukcapil, but it did have a Grand Unit for Population Administration Services (GUP) at the subdistrict level. In principle, the GUP was similar to UPT Disdukcapil since it also provided civil registration services in subdistricts. The difference was that the GUP did not have the authority to process the application directly. In this sense, GUP served as a counter that received document requirements, so people did not have to take the documents to the district office. GUP officers would deliver these applications to the district Disdukcapil office. Only four GUPs were available in the entire district, with two operators and one officer assigned at each GUP to receive applications.

Although there were initiatives to delegate authority to the subdistrict government, supporting systems and facilities had not been adequately prepared. The Disdukcapil UPT in East Lombok and the TPDK in Pematang still lacked the equipment and staff to carry out services. In East Lombok, the UPT Disdukcapil did not yet have a birth registration mechanism. UPT officers admitted the quality of service was not yet optimal because facilities, infrastructure, and human resources were still limited and adjustments to the new system had not been made. In Pematang, the

f. Village-based civil registration services

In all study regions, service providers and community members recognised that village-based services had been significantly bringing civil registration services closer to the community. This study found that village-based services—including village registration officers, cadres, or facilitators assigned to help village residents obtain legal identity documents—played an important role in accelerating ownership of legal identity documents, particularly KK, KTP and birth certificates. Service providers also reported that efforts to use village budget (APBdesa) and institutionalise village authorities through local regulations had contributed to increased ownership of legal identity documents.

This study found different types of village-based civil registration services. In Central Java, village-based services involved village authorities — from RT/RW to

Population Data Recording Centre (TPDK) did not accept a statement of absolute responsibility (SPTJM)¹⁶ to verify marital records in certain cases. In the two South Sulawesi districts, delegation of authority to the subdistrict government did not occur, partly due to the lack of equipment and information system in subdistrict governments. In other provinces, the role of the subdistrict (Kecamatan) in civil registration procedures was to provide referrals and facilitate mobile services by the Disdukcapil office.

the Head of Government Affairs — carry out services at village meeting halls and arrange at home services in addition to village authorities, PKK, and Women's Empowerment and Child Protection (PPPA) cadres in Pematang were also involved in facilitating services. In this district, village-based civil registration services still collected fees from service users.

In Aceh, village-based civil registration services were carried out free of charge. Village governments in Bener Meriah had allocated a portion of their budget (APBDesa) for civil registration services and increasing community awareness by putting up billboards and banners.

¹⁶ The Indonesian government has authorised using a statement of absolute responsibility (SPTJM) to encourage accelerated birth certificates ownership. SPTJM is a statement letter drawn up and signed by the applicant for a birth certificate to replace certain documents required to administer the population documents. The SPTJM is utilised to overcome problems in applying population documents such as: (1) The absence of a marriage certificate, which prevents parents from obtaining their children's birth certificate; (2) the absence of a divorce certificate, which prevents residents from renewing their family card (KK) after the divorce.

The province of West Nusa Tenggara provided more types of village-based civil registration services, which were facilitated by village authorities both online and offline. In East Lombok, village-based services were conducted online through the Village Information System (SID) using trained operators. This innovation was also known as BAKSO (Online-Based Civil Registration Services).

In South Sulawesi, village-based population services engaged village authorities and Disdukcapil offices. Villages in Pangkep had a Village Services Office

g. CRVS village registrars or village facilitators

CRVS village registrars or village facilitators were village officers assigned to assist with CRVS services. Officers with this role had various titles in each KOMPAK-assisted area. In selected districts in Aceh and South Sulawesi, village facilitators were recruited formally through a village government decree. In Aceh, these officers were known as Petugas Registrasi Kampung (in Bener Meriah) or Petugas Registrasi Gampong (in West Aceh). Meanwhile, in South Sulawesi (Pangkep and Bantaeng), they were known as Koordukcapil. In East Java, village facilitators were known as PS2H Officers — initially formed by civil society, starting this year they are in the process of transitioning to receive support from the district Disdukcapil office and village governments. Central Java had no designated title for facilitators who assisted or facilitated the legal identity documents application in the villages, as the role was typically

(posyandes) to address complaints related to civil registration services. Village governments allocated Rp 5,000,000 (AUD 500) every year for posyandes.

Village-based services in East Java were being piloted with support from KOMPAK. In these villages, civil registration services have been made available by connecting village information system with the district Disdukcapil office.

performed by PKK and PPPA cadres. In West Nusa Tenggara, village cadres, and CRVS Working Group members (Pokja Admindak)¹⁷ carried out the functions of a village facilitator.

In all the study regions, the primary responsibility of a village facilitator was to facilitate civil registration for village community. In addition to this main role, village facilitators in some regions were assigned to perform other functions to support CRVS and basic services. In Central Java, facilitators ensured that death benefits were provided to family members after obtaining a death certificate. In West Aceh, facilitators ensured that persons with disabilities not only facilitated the legal identity document applications, village facilitators in Aceh and South Sulawesi also assisted residents in applying for BPJS memberships.

Meanwhile, in Central Java, village facilitators collected data on children who dropped out of school and managed the village population data. In West Aceh, village facilitators had the added role of assisting individuals from poor families to legalise their marriages through Isbat Nikah. In Bener Meriah, they collected data on birth certificate ownership with the midwives, village head forums, and the District Education Office.

Village facilitators made several accommodations to accelerate services. For example, to simplify the registration process, facilitators would prepare a cover letter template from the village government that had been signed in advance by the village head. In other cases, when an applicant forgot to submit their marriage certificate to record their marital status in their family card, the facilitator would simply send a photograph of the document to the Disdukcapil office.

The district government of West Aceh issued Bupati Regulation No.5 of 2019 on the Formulation of Gampong Revenue and Expenditure Budget (APB Gampong), which included an incentive mechanism for village facilitators in West Aceh. The regulation required village governments to allocate a portion of their APB Gampong to support the work of village facilitators in providing civil registration services at the village level. Village governments provided an incentive of Rp75,000 (AUD 7.5) for every document handled by village facilitators. In addition, village facilitators would receive a monthly incentive. The Office of Village Community Empowerment at the district level in Aceh (DPMG) was the agency in charge of supervising village facilitators in carrying out their

duties and ensuring that village governments carried out their obligation to provide incentives for village facilitators.

The recruitment process for village facilitators in West Aceh followed the Permendagri 119/2017, which stipulated that registration officers should be appointed from existing civil servants. However, non-civil servants could be recruited as village facilitators when there were no available civil servants for the positions. As the owner of village budget, village governments were given the authority to appoint village facilitators through the village meeting (musdes).

Bener Meriah issued a number of regulations regarding village facilitators for civil registration services. One of them is the Bupati Regulation No.20 of 2018 on Tiered Population Administration Services. This regulation stipulated that civil registration involved multiple sectors, including village governments. It also granted authority to the Bupati (district head) to appoint village facilitators in their respective villages. Incentives for village facilitator were classified as a budget allocation priority in the Village Fund Allocation (ADD), allowing village governments to use a portion of the village budget (APBDesa) to provide incentives for village facilitators. The allocation of village budgets for village facilitator incentives aimed to raise public awareness that obtaining legal identity documents through the facilitation of village facilitators did not require fees. A Bupati regulation on the 2019 Village Fund Allocation stipulated that village facilitators were entitled to receive Rp20,000 (AUD 2) in incentives for each document handled.

¹⁷ Village officers in West Nusa Tenggara who have been nominated and selected by community members to facilitate civil registration services for village residents.

This amount had dropped from the previous year, where village facilitators received Rp30,000 (AUD 3) for each document handled. In addition to incentives, village facilitators also received a travel allowance of Rp130,000 (AUD 13) for every 10 documents handled.

Unlike in West Aceh, where the district government authorised the DPMG to supervise the work of village facilitators, monitoring and evaluation of village facilitator activities were not carried out in Bener Meriah due to budget limitations. Participants in Bener Meriah reported challenges related to a stipulation that required registration officers to hold a civil servant status in accordance with the Home Affairs Minister Regulation No.19 of 2018 on Improving the Quality of Population Administration Services. According to the participants, this regulation contradicted Law No.24 of 2013 on Population Administration Services, which stated that the post of registration officers could be occupied by non-civil servant individuals. The civil servant status requirement posed a particular challenge, as registration officers would then have to be provided with much larger incentives.

In South Sulawesi, the district government of Pangkep issued Bupati Regulation No.4 of 2019 on the Procedures for the Distribution and Allocation of Village Funds (ADD), which stated that ADD could be used to support the work of village facilitators. Some village facilitators were also village government officials, and they were only given a travel allowance because they already received incentives as village staff members. Koordukcapil officers who were not village officials were given a monthly incentive of

Rp500,000 (AUD 50). The Bantaeng district government planned to allocate incentives for village facilitators from the Disdukcapil office budget.

Participants also reported other challenges that hindered village facilitators from carrying out their role of facilitating legal identity documentation for residents. In Aceh, West Nusa Tenggara and South Sulawesi, participants reported problems related to budget allocation for village facilitator salaries, incentives, and travel allowances. Although Bupati regulations had been issued to authorise the use of village budgets for facilitators, some villages still had not allocated a budget for village facilitators. As a result, village facilitators were charged the fee from the community, as also happened in Central Java and West Nusa Tenggara.

Errors and inaccuracies of village population administration data were a challenge for village facilitators in carrying out their tasks. In Central Java, it was often difficult for village facilitators to conduct outreach programs due to the sheer size of the area they had to cover. This challenge was often exacerbated by passive village governments and a lack of transportation support. Meanwhile, in West Aceh, the village budget for civil registration services was only allocated to facilitate birth and death registrations. As a result, village facilitators were charged the fees from communities to obtain legal identity documents other than birth and death certificates.

In South Sulawesi, village facilitators should wait in line alongside other applicants when they were handling document registrations at the Disdukcapil office since there was no special service counter provided for them. In Bima, although a special queue was provided, village facilitators were often not recognised by Disdukcapil officers and directed to use the public service counter.

The fact that village facilitators were often not recognised by Disdukcapil officers and community also posed challenges for facilitators in Aceh and South Sulawesi. In Aceh, this made it difficult for village facilitators to handle documents efficiently. In South Sulawesi, some community members were still not aware that village facilitators were part of village-level services, so they were reluctant to seek assistance because they often mistook the facilitators for informal brokers.

4.4.1.2. Request for legal identity documents

a. Knowledge about requirements

In the community member survey, respondents were asked to list all the documents they thought were required to obtain a birth certificate. Their answers varied widely within and across provinces. More than 85 per cent of respondents in all provinces mentioned a family card (KK) as the main requirement (Appendix 14). Apart from that, most respondents also mentioned the National ID Card (KTP) and parents' marriage certificate as supporting documents. The survey data

Despite these challenges, this study also identified a number of supporting factors that enabled village facilitators to perform their duties. To improve civil registration services in the villages, Disdukcapil offices across all study regions provided training for village facilitators, including one on providing services for vulnerable populations. In carrying out their role, village facilitators also received support from other sectors. These ranged from service-related support, such as a collaboration between village facilitator and village midwives in Bener Meriah, to working together with SLRT (Integrated Service and Referral System) facilitators in Bantaeng.

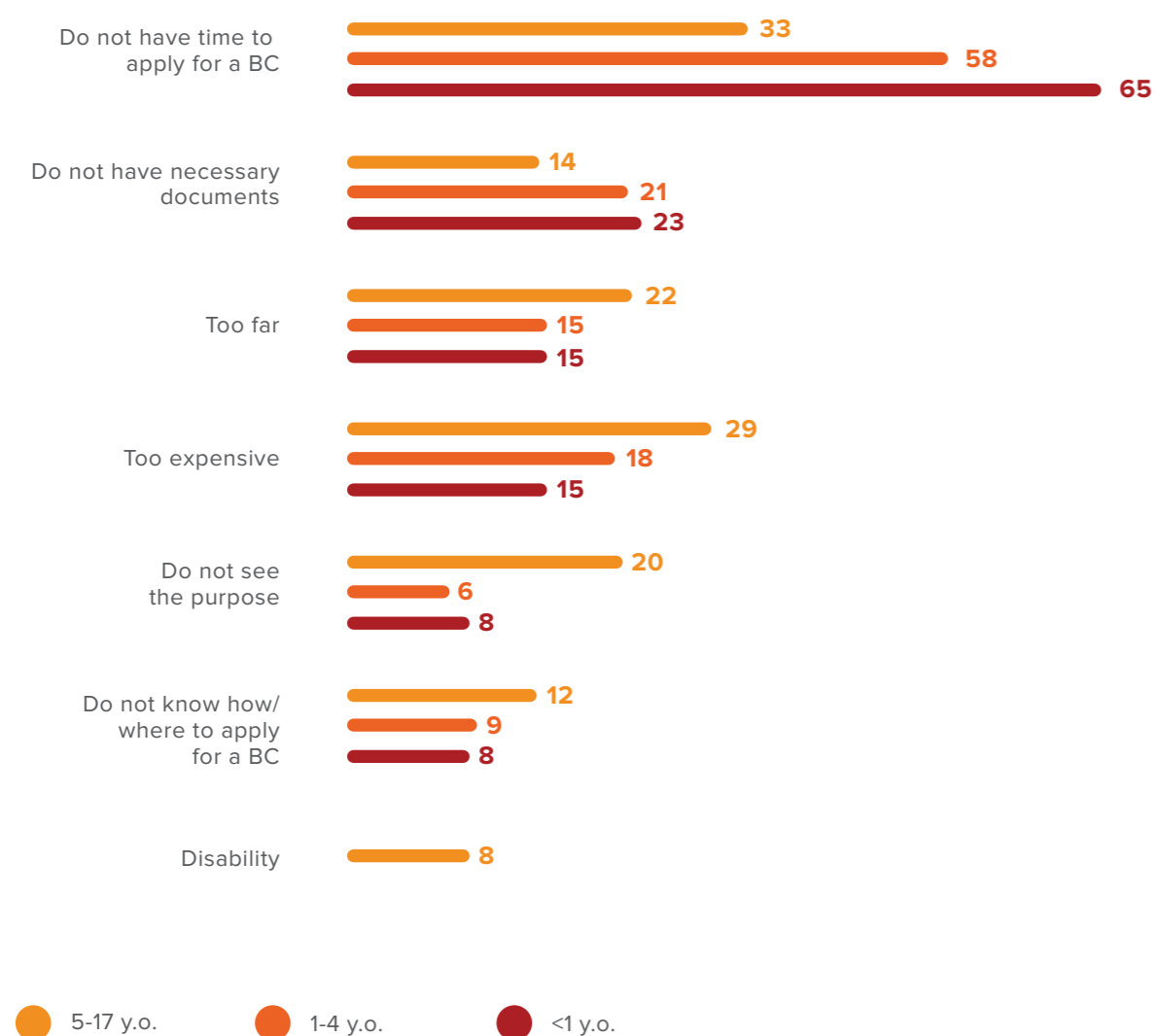
showed most of the respondents from Aceh (77 per cent) thought a birth-notification letter from birth attendants was required to obtain a birth certificate. The difference in responses suggested two factors to consider: 1) that many people did not fully understand the requirements according to the regulations, or 2) there were inconsistencies in the way national regulations were implemented at provincial and district levels.

b. Reasons for not obtaining a birth certificate

The most commonly cited reason in the survey for not obtaining a birth certificate across all age cohorts was “do not have time to register.” For children under 1, the second most-cited reason was “do not have the required documents” (Figure 11). It seems that there was a shift in the issue perceived by households that hampered them from obtaining a birth certificate. In

2016, National Socioeconomic Survey (SUSENAS) data revealed the most common reason for not having a birth certificate was lack of money; respondents could not afford the costs of applying for a birth certificate. Interestingly, FGDs and IDIs conducted on households revealed that women played a major role in obtaining legal identity documents.

Figure 11.
Parents’ reasons for not applying for a birth certificate for their children, by child age category



Nonetheless, the most commonly cited reasons for not obtaining a birth certificate remained administrative and logistical barriers. Relatively few respondents reported that they thought having a birth certificate was unimportant, suggesting that the lack of awareness of birth certificates’ importance was not the main barrier to increase birth certificate ownership. Rather, individuals perceived external barriers, such as distance or time, as limiting factors to their capacity to obtain a birth certificate. These barriers to obtaining a birth certificate contrasted to the barriers to obtaining a death certificate, which, as has been explained, were related to a lack of knowledge about, and therefore a lower demand for, the document.

c. Raising public awareness

The lack of public awareness on the importance of legal identity documents and the procedure of applying for them was mentioned as one of the challenges by service providers, community leaders, and village facilitators. The biggest challenge was to raise awareness among vulnerable groups, who faced difficulty accessing information. Some respondents in Aceh revealed that many senior citizens refused to have their data recorded because they thought obtaining a birth certificate or other legal identity documents would not benefit them. They thought that, as senior citizens, they did not need the documents as much as their younger family members. In Aceh, Central Java and South Sulawesi, many respondents also revealed that they often felt intimidated when

Among children under 1 whose parents reported not having the required documents to obtain a birth certificate, 67 per cent reported not having a marriage certificate and 50 per cent reported not having a family card (Appendix 15). The study also revealed that approximately 50 per cent of children under 1 had received their birth certificate within one week or less of applying in all provinces except Central Java, where only 17 per cent of children under 1 had received them within a week (Appendix 16).

they had to deal with bureaucracy. This was the main reason why they felt reluctant to visit government offices to process documents.

Many respondents in all of the surveyed regions revealed that public awareness of the importance of a death certificate is severely lacking. Respondents in one district in Aceh reported that some people were reluctant to erase the name(s) of deceased family members from the family card, arguing that it is not appropriate. If the respondents applied the death certificate for the deceased family members, their name(s) will be removed from SIAK and the family card straightaway.

The study found that traditional practices and beliefs could present obstacles to processing legal identity documents. In Central Java, West Nusa Tenggara, and South Sulawesi, a local belief required newborns to wait for a length of time before they could be named, so birth certificate could not be obtained at birth. In West Nusa Tenggara, it was commonly believed that a name would affect one's fortune, so when someone experienced a series of unfortunate events, they would often change their name. In many cases, these

d. Information dissemination on the importance of legal identity documents and application procedure

In interviews and FGDs in all sites, respondents who possessed legal identity documents conveyed that birth certificates, national ID cards, and family cards not only served as proof of legal identity, but also constituted a fundamental civil right. Their awareness was the result of routine and multi-sectoral efforts to spread information about the value of the documents. Disdukcapil, together with officials from villages, subdistricts, and other sectors, organised a public awareness program on the procedures of applying for legal identity documents. In Central Java and South Sulawesi districts, the Disdukcapil launched public awareness programs at schools and in villages, assisted by village facilitators.

In Bima and East Lombok districts, beside Disdukcapil, the Women and Child Protection Office, the Health Office (Dinkes), the Education Office (Disdik), and the National Health Insurance (BPJS Kesehatan) also took part in spreading awareness about legal identity

individuals would often fail to report the name change and consequently faced difficulties accessing basic services from the government or applying for other legal identity documents.

Efforts have been made to raise public awareness on the importance of accessing CRVS services, including by disseminating information about the services and increasing the value of legal identity documents.

documents. The Religious Affairs Office (KUA) included marriage certificates in the curriculum of their pre-marriage courses in some districts in West Nusa Tenggara and South Sulawesi. In the provinces of West Nusa Tenggara, South Sulawesi, Aceh, and Central Java, awareness programs were conducted at the village level by announcing through the mosques, as well as through community and religious gatherings.

In East Java, increased ownership of birth certificates was also attributed to the campaigning of the millennial generation and young married couples, who believed that legal identity documents were important for their life. The other promotive factor was the use of social media. Many respondents reported that social media had allowed faster and easier access to information on application procedures.

e. Use of legal identity documents to access basic services

During FGDs with communities, many respondents reported that the main factor influencing whether people would obtain legal identity documents was whether they saw them as a requirement for accessing a variety of public services. These basic services included health, education and social assistance programs. Many participants also thought that the documents would help them to secure employment and access banking services, business administration and other services, including applying for the hajj or other types of religious pilgrimage.

Participants also noted that parents need a birth certificate and a family card to register their children at primary schools, since the school information system (DAPODIK) was unable to register children without a Single Identity Number (NIK). Almost all schools, starting at the primary level, now require a birth certificate and a family card for children to be enrolled. If a child did not have a birth certificate, they could still register while waiting for the parents to obtain their birth certificate. A few schools even offered assistance for prospective students to obtain their birth certificate through a special program organised with the Disdukcapil. A birth certificate and a family card were also required to access educational assistance and scholarships from schools.

Adults need a birth certificate and a family card to apply as civil servants, to register their marriage, and to apply for the hajj trip (which requires applicants to obtain a passport). A birth certificate would also help define their legal identity as a proof of citizenship or to claim an inheritance.

A family card and NIK are the main requirements to access social assistance, such as the PKH, Raskin (Rice for the Poor), and the national health insurance, BPJS Kesehatan. A family card and a national ID card are typically required to access bank services, apply for jobs, adopt a child, obtain a driver's license, and to apply for a travel permit. The national ID card (KTP) recognises Indonesian citizens their legal identity and allow them to vote in regional and national elections. There was not enough information available to determine what factors encouraged people to obtain a death certificate, except that in Aceh a parents' death certificate was one of the requirements to apply for scholarships for orphans.

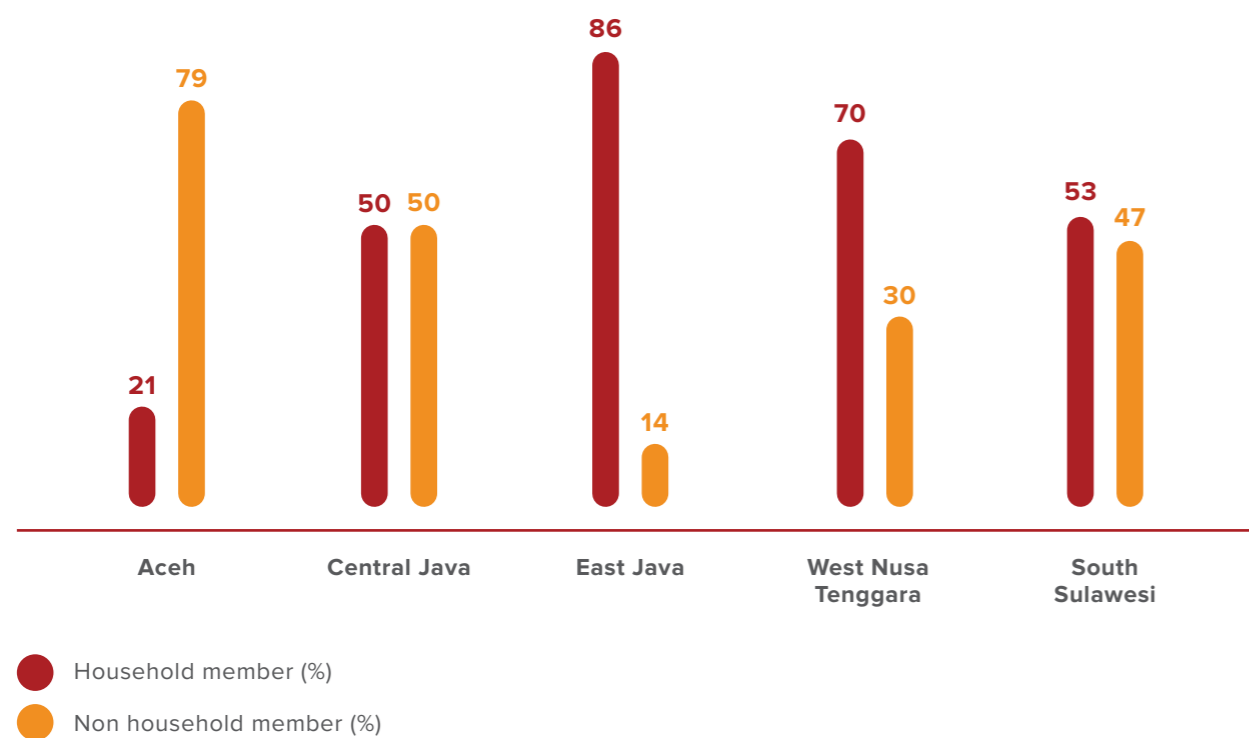
4.4.1.3. Systems and procedures

a. How to obtain the documents

In Aceh, the process of obtaining a birth certificate for children under 1 was mostly facilitated by non-household members (79 per cent). Meanwhile, in East Java, most birth certificates for children under 1 were obtained directly by household members (86 per cent) (Figure 12). Although these non-household members could not be identified from the survey, the Aceh's high percentage might be contributed by the village facilitators initiative in West Aceh and Bener Meriah. Completing a birth certificate application

through village facilitators' assistance could be more convenient for households in Aceh. Among other areas, KOMPAK villages in Aceh were the earliest to implement and institutionalise the village facilitators initiative. As discussed in CRVS village registrars or village facilitators section, the qualitative data found that West Aceh was the first district that issued district regulation authorising district head to appoint village facilitators.

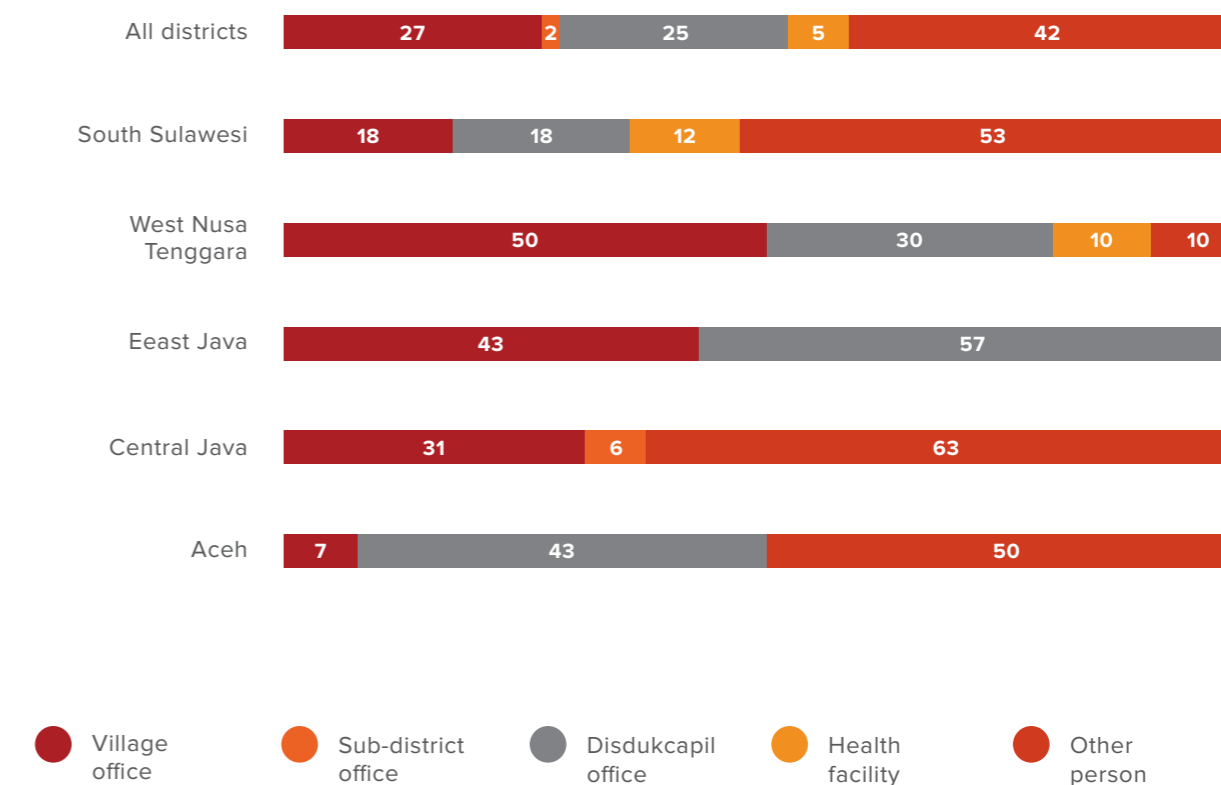
Figure 12.
Who obtained the birth certificate application (%)



Around 42 per cent of children under 1 in Aceh, Central Java, and South Sulawesi obtained their birth certificates through an intermediary¹⁸ (Figure 13). In East Java and West Nusa Tenggara, however, the majority of children under 1 obtained birth certificate directly from the village office or from the Disdukcapil office. This result differs from the 2015 CRVS study

conducted in West Aceh (Aceh), Pangkep (South Sulawesi), and Petungkriyono (Central Java), which showed more than 58 per cent of all birth certificates were processed through the village office and only 6 per cent using intermediaries. A recent initiative to legalise intermediaries as village facilitators might be one factor explaining this shift.

Figure 13.
Where households went to obtain birth certificates (%)

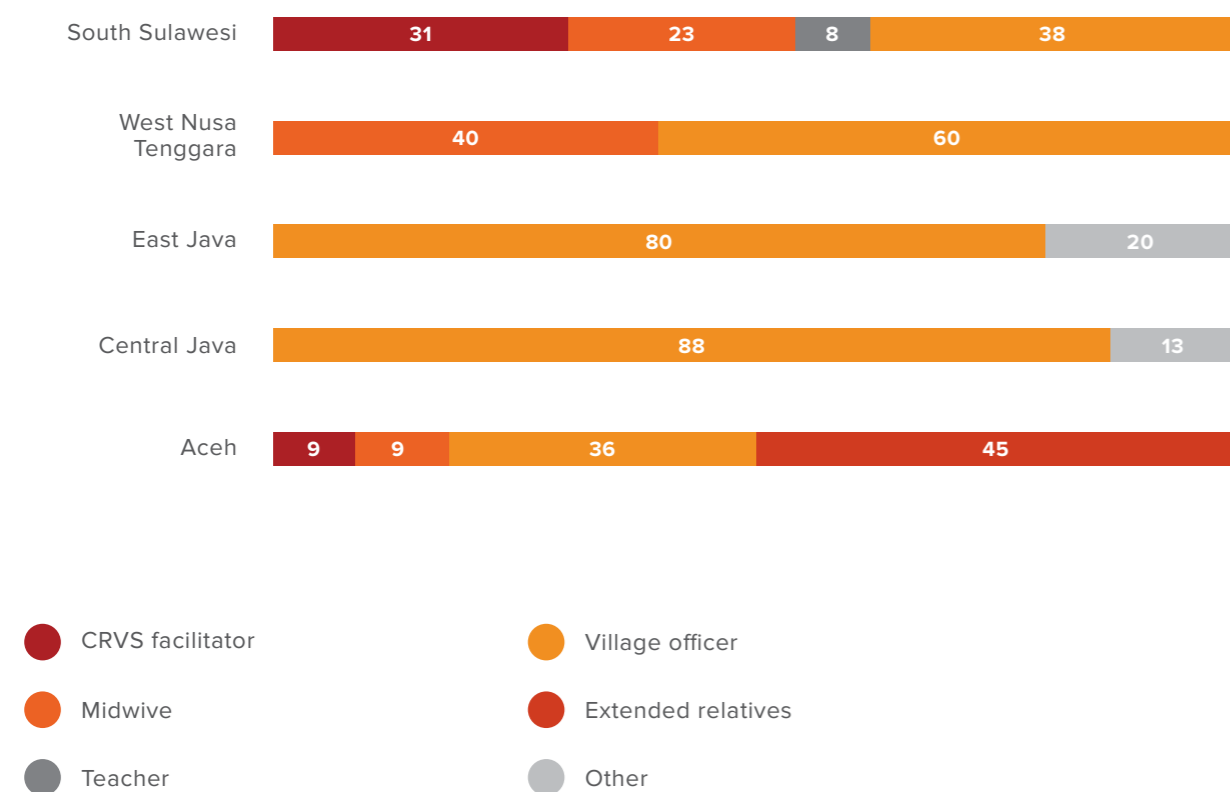


¹⁸ Respondents had various definitions of 'intermediary,' but for these purposes, the terms were defined as any individual that offered to complete a birth certificate application on behalf of the applicant.

Across the full sample, most children under 1 were assisted by village officers in obtaining their birth certificates (Figure 14). Although the proportion of respondents being helped by village (CRVS) facilitators was low, only 9% in Aceh and 31% in South Sulawesi, this does not necessarily indicate that village facilitator initiatives have been ineffective. The village facilitators were recruited by the village head and some of them were also village officers, so one

possibility is that respondents might recognise them as village officers rather than village facilitators. In Aceh, respondents might also recognise them as neighbours or friends as the village facilitators were usually known by locals and resided in the village. The data also provided some evidence suggesting that midwives had disseminated information about birth registration after childbirth for some cases in South Sulawesi, West Nusa Tenggara, and Aceh.

Figure 14.
Who assisted households in obtaining birth certificates (%)



The parents of more than half of the children under 1 included in the survey had waited more than three days to receive their newborn's birth certificates. Obtaining the certificate took longer in Central Java — all the respondents in this province reported that it took more than one week — than in the other provinces (Appendix 16). However, the study was not designed to investigate the causes of the discrepancy in the waiting time.

In more than 50 per cent of the cases, obtaining a birth certificate cost parents Rp50,000 (AUD 5) or less (Figure 15). But, in around 10 per cent of cases, parents had to pay more than Rp100,000. The survey data

found the cost of obtaining a birth certificate for children aged between 5 and 17 to be higher than the cost for children under 1 (Appendix 17). On average, parents in Central Java and East Java spent more on birth certificates than parents in other provinces. Around 78 per cent of respondents in East Java and 75 per cent in Central Java said they had to pay more than Rp50,000 (AUD 5) to obtain their children's birth certificates. It should be noted that the study only inquired about the total cost of obtaining the birth certificate, which included the costs of transportation and/or any other costs incurred to prepare the required documents.

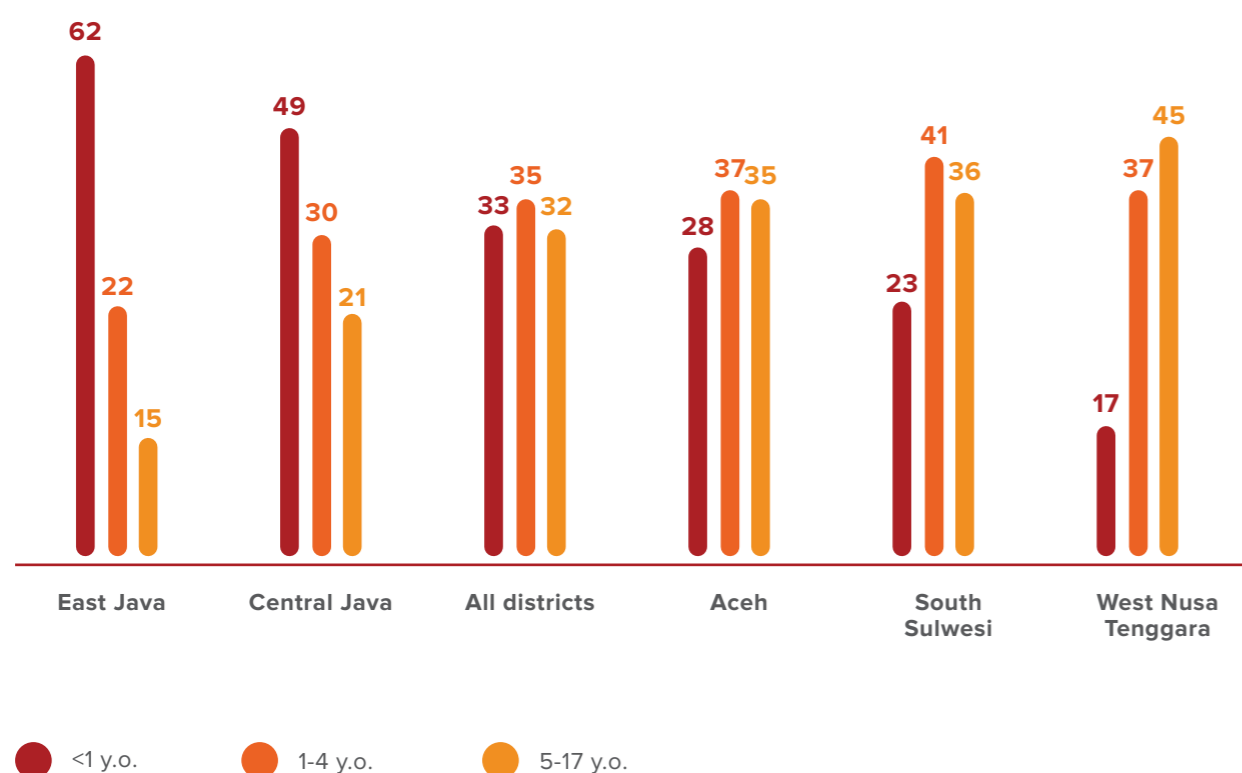
Figure 15.
The cost of obtaining birth certificates in the past year for newborns (under 1)



For participants who could produce a physical birth certificate during the survey, the study also investigated the age at which children had obtained their birth certificates by comparing the date of issuance printed on the certificate with their age when they were surveyed. Children in East Java received their birth certificate at earlier ages, with 62 per cent of the children under 1 receiving their birth certificates when they were still under the age of one (Figure 16). For children who were between 5 and 17 years of age

at the time of survey in East Java, 54 per cent of them had also received their birth certificates under the age of one. This finding might suggest that parents in East Java were more motivated to register their children at birth than in other provinces. Another reason could be that services in East Java were better designed for neonatal registration. These possibilities might also contribute to the high rate of birth certificate ownership among children under 18 in the province (78 per cent).

Figure 16.
Age at which children obtain birth certificates (%)



b. Obstacles in procedures to obtain legal identity documents

Respondents in the study complained about the system and procedure to access services from the Office of Population Administration and Civil Registration (Disdukcapil), especially the long queues at the offices and the long wait before receiving their legal identity documents. In Pekalongan, a district in Central Java, some of the respondents reported they had to come to the office at dawn to join the queue to access services at the office on the same day. When the village facilitators had to join the queue to submit the applications collected from the respondents, it would take longer time for respondents to obtain their applied legal identity documents. In East Lombok, the community had to wait for four months to complete their divorce trial at the religious affairs court, in turn lengthening the process to obtain other legal identity documents, which required a divorce decree.

The respondents said that the procedure to apply for documents remained unnecessarily complicated. For example, the civil registry still had multiple service counters to record different types of data despite a government campaign to promote a '3-in-1' service to obtain three types of document—birth certificates, family cards, and Child Identification Numbers (KIA)—at the same time. Complex procedures were cited as the main barriers of civil registration in almost all the districts surveyed in the study. For example, in one Aceh district, the building for visitors was separated from the building for the officials, which meant a special courier had to be employed to carry documents between the buildings.

Complicated rules and procedures were also cited as the main obstacle in recording population data. For example, the procedure to record deaths was revised regularly, which confused many village facilitators (LAMPID). One district in Central Java also issued a local regulation to impose late fines at the civil registry, which hindered many people from accessing their service.

Despite the myriad problems, the Disdukcapil said the Ministry of Home Affairs had managed a breakthrough by issuing a regulation to remove fees, simplify procedures, and offer alternative methods to speed up the process of obtaining documents. In every province, the Disdukcapil's free services were cited as the main factor that drove more people to its offices to process their birth certificates. In one district in Central Java, the Disdukcapil had even cancelled late fines to allow more people to register a birth whenever they were ready to do so.

c. Simplifying the system and procedure to obtain legal identity documents

Presidential Regulation No. 96 of 2018 states that the main prerequisites for obtaining a birth certificate nationally were: 1) a birth notification letter from the midwives or a statement of absolute responsibility (SPTJM) when the letter could not be produced; 2) a marriage certificate/legalised copy of a marriage certificate or a SPTJM when the applicants could not produce a marriage certificate/legalised copy of a marriage certificate but were registered as a married couple in the family card (KK); 3) an electronic National ID Card (KTP); 4) family card (KK). These four requirements were simplified from the previous five ones regulated in Presidential Regulation No. 25 of 2008, which also requiring witness identity. . The recent regulation has removed the KTP of a witness as a requirement for obtaining a birth certificate, but almost every region in the study still had it in their list of requirements¹⁹.

The Government has made some efforts to simplify the procedure by allowing the SPTJM to be written and used by parents who do not possess a marriage certificate when applying for their child's birth certificate. A SPTJM on Status as a Married Couple and Birth Data can be produced by referencing the couple's married status in their family card (KK). Survey respondents in all regions praised the SPTJM as a helpful policy to increase the number of people who applied for a birth certificate. The Disdukcapil also tried to simplify the procedure by no longer making it compulsory for applicants to produce letters of recommendation from neighbourhood unit (RT/RW)

heads or the village head. In Aceh, this policy was regulated in a District Head Regulation, Qanun No. 8 of 2018.

Disdukcapil in Aceh, South Sulawesi, and Central Java considered standard operating procedures (SOPs) to be a crucial factor in improving quality of service. This included notably the new SOPs for '3-in-1' services in West Nusa Tenggara, South Sulawesi, and Central Java, which allowed newborns to receive a birth certificate, a Child Identification Card (KIA) and an updated family card (KK) at the same time.

In Aceh and West Nusa Tenggara, the Disdukcapil provided separated service counters for village facilitators. Respondents praised this policy for simplifying the application process and for allowing regular services to carry on as usual. The Disdukcapil office in Bantaeng had planned to implement the same policy, separating regular services from services for the village facilitators to reduce long queues at the civil registry. So far, a lack of officers has not allowed this plan to happen.

In some villages, close connection with village officials or with officials of the Disdukcapil might speed up and simplify the process of obtaining birth certificates or other documents. Respondents of the survey who admitted they had applied for the documents through this 'internal channel' said the process was much more effective and they obtained their documents quickly.

4.4.1.4. Budgeting for civil registration services

All study sites used the village budget (APBDesa) to cover the civil registration services that they provided. The use of the funding was regulated by local regulations, in the form of either district head regulations or village regulations.

Villages in Aceh, West Nusa Tenggara, and South Sulawesi used most of the budget allocated for CRVS to provide incentives for village facilitators related to civil registration services. In Bantaeng, some villages paid for the koordukcapil transportation costs as part of the mobility of their services. In Bondowoso, where village facilitators were still few and far between, the district head issued a regulation called 'Gerakan Tuntas Adminduk,' which allowed villages to provide civil registration services directly, including allocating the budget for CRVS-related activities.

The village budget can also be used by the Disdukcapil and the Religious Affairs Court (PA) to provide services at the village level. In West Aceh and Bener Meriah, the APBDesa was used to provide birth and death certificate services through partnership programs managed by village administrators and the Disdukcapil called 'Aklamasi Dansa' and 'Gerakan Asam Sunti.' A number of villages in Aceh and West Nusa Tenggara also used the funds to conduct marriage legalisation services. In West Aceh, each village covered the fee for marriage legalisation trials

for five couples from vulnerable groups every year. In Bima, the money was spent on assisting couples from poor families to obtain their marriage certificate. Bima also initiated the Village Incentive Fund (DINDA), regulated through a district head regulation, which provided a reward of Rp50 million (AUD 5,000) for villages that delivered high-quality public services, including civil registration services.

All districts allocated APBD for civil registration services, mostly to cover officials' salaries. In Bantaeng and Pangkep, the APBD was used to cover the salaries of operators; in Pekalongan, it was used to provide financial incentives for LAMPID officer; and in East Lombok, it was used to cover the salaries of non-civil servant officials. The regional budget also paid for intervention services, such as outreach services in Bantaeng and population administration workshops in selected villages in Bima, organised by the district Disdukcapil. The Bantaeng Disdukcapil also allocated the APBD to cover official travels. The Pematang Disdukcapil allocated the APBD to build infrastructure such as the office building, and to procure computers and the mobile civil registration service vehicle.

¹⁹ This study was also collecting list of requirements for birth certificate application through official website of district agencies.

The issue of budgeting always came up in interviews with CRVS service providers because the money available for them was always limited. Even though funding was available from the national budget (APBN), the regional budget (APBD) and the village budget (APBDesa), a number of Disdukcapil offices were still short of money to provide the necessary facilities and services. West Nusa Tenggara, for example, did not have enough funding to pay for a mobile service, blank cards for the National ID Card, or incentives for part-time staff to help record births in the province. Village administrations often lacked the funds to subsidise the budget for marriage legalisation trials. In Central Java, villages often did not have enough money to reimburse transportation costs for the facilitators.

The limited budget caused shortages in infrastructure, logistics, and facilities—challenges found in all study regions. The primary logistics problem was the shortage of blank e-KTP cards—this was found in all study regions. A few districts reported that they were

4.4.1.5. Social Accountability

a. Complaints handling

The community survey asked respondents whether they had complaints when accessing CRVS, health, and education services within the past year. Only a few distinctively different responses were detected at

also running out of blank forms for birth and marriage certificates. The facilities and infrastructure at a number of Disdukcapil offices left a lot to be desired, with too few computers and printers available and inadequate waiting rooms. A number of districts had no special facilities for people with disabilities. In Central Java, West Nusa Tenggara, and South Sulawesi, the power grid and internet connection were unreliable, which caused many interruptions in online services, including when documents needed to be signed digitally.

Lack of funding caused staff shortages and reduced service capacity at Disdukcapil offices in a number of districts. There were not enough frontline CRVS officials in Aceh, South Sulawesi, and Central Java to handle the volume of legal identity document applicants. A number of civil registry officials in Aceh, Central Java, and East Java complained of the service providers' lack of skills in data entry, IT services, communication and document processing,

the district level. For example, only 2 per cent of the respondents of the survey in Bondowoso said they had complaints accessing education services.

Meanwhile, the highest proportion with complaints related to education services was Pekalongan (14 per cent). Related to health services, Bima appeared to have the highest share of grievances (12 per cent), and the lowest share was in Pacitan (1 per cent). Additionally, respondents in Pangkep appeared to have more complaints (13 per cent) related to civil registration services than other districts, and West Aceh showed the lowest share (4 per cent) of complaints (Appendix 18).

More respondents officially filed their grievances related to civil registration services than to other services. About 8 per cent of respondents had grievances related to civil registration services in the past year and 61 per cent of those were filed to the authorities. For education services, 8 per cent of respondents had grievances in the past year and only 33 per cent reported them to authorities. Meanwhile, only 7 per cent had grievances related to health services and 42 per cent filed them to authorities (Appendix 19). The numbers might signal that the CRVS sector had a more accessible grievance mechanism or that grievances related civil registration services were perceived to be more urgent.

The majority of respondents delivered their complaints in the education sector directly to schools (82 per cent). Meanwhile, complaints about health services (43 per cent) and civil registration services

(55 per cent) were mostly delivered to village officials (Appendix 20). At the village level, respondents were more likely to report their complaints about education services (46 per cent) and health services (43 per cent) through village meetings, but mostly filed their complaints on CRVS directly to village officials (76 per cent).

Related to education services, most complaints were about extra school fees (39 per cent). For health services, most of the complaints (31 per cent) were related to the quality of health workers. Moreover, the CRVS sector was inundated with complaints about the lengthy process to obtain legal identity documents (49 per cent) (Appendix 21).

From the interviews during the study, it was found that service providers at the district level understood social accountability only insofar as installing a feedback box at their offices and providing a complaint hotline via phone or WhatsApp. At the village level, there were actually more formats to handle public complaints, as described below.

b. Strengthening the role of the Village Council (BPD)

The Sekolah Anggaran Desa (Sekar Desa) or capacity building program for village governments and communities on village planning and budgeting, supported by KOMPAK and managed by FITRA. This program strengthened the role of village council (BPD) in monitoring village government programs, including civil registration services. The village council was

actively involved in meetings to discuss village planning, including in subvillage meetings (musdus), village meetings (musdes), and village planning and development meetings (musrenbangdes). The village council also accommodated public complaints, either directly or through complaint centres established at the villages.

c. Participation by vulnerable groups

The Sekar Desa program offered opportunities for women, people with disabilities, and other vulnerable groups to take part in the musrenbangdes. Apart from this program, almost every region also held village consultation meetings only for women, children and people with disabilities (musrena). The program also supported the establishment of women's empowerment groups at the village level in almost all

districts. These groups encouraged women to participate in the planning and monitoring of village activities. Kapal Perempuan in South Sulawesi and PEKKA in Aceh, Central Java, East Java, and West Nusa Tenggara were only some of the non-governmental organisations that encouraged women to participate more in public spaces, including in official meetings at the village level.

d. Challenges to increasing participation of vulnerable groups

Interviews and FGDs during the study found a few challenges in the effort to increase the meaningful participation of vulnerable groups in village planning. Respondents from a village in South Sulawesi said that women were rarely invited to meetings and their voice remained unheard. A respondent with disabilities, also from South Sulawesi, said that they would sometimes

be invited to village meetings, but that their presence was only needed to make up the numbers. They were never asked for their opinion and even if they were, their ideas were never realised. Another respondent from a village in West Nusa Tenggara said minority groups were given no say during village meetings.

4.4.1.6. Intersectoral collaborations

The study revealed contributions from intersectoral collaborations and partnerships toward increasing the coverage of legal identity documents in all the regions. Selected regions had even regulated the collaborations through the Partnership Agreement (PKS), district regulations, district head regulations, district head decrees. In Bener Meriah, the district initiated a model of collaboration between several

government agencies and communities to increase the coverage of birth certificates, death certificates, and other legal identity documents. In Bima, a district head regulation known as Perbup Kabua Ncore, provided the guidelines for intersectoral collaborations in providing civil registry services. The same regulation was used in other districts in Aceh, Central Java, East Java and South Sulawesi.

a. Collaboration with the health sector

The health sector played an important role in helping Disdukcapil offices provide services to obtain birth and death certificates. At the village level, all midwives were required to help parents obtain a birth certificate for their child by providing a birth notification letter. Midwives in Aceh, South Sulawesi and West Nusa Tenggara also provided the additional service by

facilitating the application for birth certificates to the Disdukcapil office. In Central Java, a birth certificate service was available at the District General Hospital (RSUD). In Aceh, health workers helped out with obtaining death certificates by issuing a death information letter by request.

b. Collaboration with the education sector

The education sector contributed to increased coverage of birth certificates, electronic National ID Cards (e-KTP), and Child Identification Cards (KIA) in a number of districts through collaboration with the Disdukcapil to provide mobile service at schools. The mobile service to process birth certificates and the KIA was available mostly in playgroups and primary

schools. The same mobile service for the e-KTP was available in high schools or vocational high schools. One Disdukcapil office in a district in South Sulawesi also requested schools to compile lists of school children without birth certificates in order to target birth registration services.

c. Collaboration with the social services sector

Respondents from the social services sector reported that the only support that officials and facilitators in the sector offered to members of vulnerable groups who did not possess legal identity documents was making referrals to the Disdukcapil office. In Bantaeng, Integrated Referral Service and System (SLRT)

facilitators and Disdukcapil coordinators collaborated to assist poor families and vulnerable groups to process the documents. Social workers in Aceh also assisted children at Child Social Welfare Institutions (LKSA) to obtain legal identity documents.

d. Collaborations with other sectors

Some of the respondents in the study had obtained the Child Identification Card (KIA) for their children to get discounts at bookstores or amusement parks or other incentives. Central Java and East Java also received benefits from Forum Anak (Children's Forum), which had been campaigning for children's rights—including the right of children to obtain birth certificates—and collecting data on children who did not have them. Village administrators used this data to prepare collective services or to request the mobile service from the Disdukcapil. The Women and Child Protection office in Aceh also provided a mobile

service to process birth certificates on National Children's Day. More support came from collaboration with universities' community development programs, such as the internship program (KKN Tematik) that provided assistance to community members to register their legal identity applications. Districts in Central Java, East Java, and West Nusa Tenggara also received benefits from innovative programs launched by civil society organisations, such as KLIK PEKKA, which provided support for Disdukcapil's mobile service at the village level.

e. Potential for other collaborations

In a number of districts, other sectors attempting to provide assistance to the civil registry faced challenges related to intersectoral collaborations. Midwives and teachers in a number of districts, for example, had shown a willingness to help collect data for the civil registry but lacked the time. In West Nusa Tenggara, service providers in the health sector

reported that midwives did not receive training to record data for the civil registry and feared that they might take over the Disdukcapil authorities in facilitating birth certificate application. In Central Java, the Health Office forbade midwives from collecting data for the civil registry.

A potential collaboration existed with Family Planning (KB) officers who routinely collected data from the community, including data on the number of people who were in possession of legal identity documents. In South Sulawesi and West Nusa Tenggara, the Family Planning officers were willing to be involved in recording and processing legal identity documents. In

Pemalang, Family Welfare Movement (PKK) officers also helped to collect public data and to facilitate civil registration services such as collecting requirements for the applications, submitting them to Disdukcapil, and obtaining the legal identity documents issued by Disdukcapil.

4.4.1.7. Data management and integration

The Disdukcapil used the Population Administration Information System (SIK) to record and manage population data, with the single identification number (NIK) as the sole identity marker for integrating data from various sectors. The current study found a number of challenges related to data accuracy, data update, and intersectoral data integration, which were also recorded in the 2015 CRVS study. For example, the 2015 CRVS study discovered that inaccurate mortality data affected the budget allocated for JKN services, particularly for families with subsidised premiums (JKN-PBI). Without updated mortality data, the government would still have to pay dues for residents who have died. A similar situation was still found in this study.

requirements to renew it. Consequently, those who were not registered as residents were impeded from accessing basic services in their new place. This 2019 study also found a similar case.

Additionally, the 2015 study discovered that data sharing between Disdukcapil and other sectors, such as education, health, and social affairs was lacking. At that time, it was difficult to access administrative data from Disdukcapil for program planning. This study found more collaboration and data sharing initiatives between Disdukcapil and other sectors mentioned by participants. Nonetheless, several challenges still persist, such as the complex procedures for accessing administrative data and the burden of synchronising data manually.

The 2015 CRVS study also uncovered that migration had created a problem for using a family card and IDs as the basis for services as people had to renew their residential status when they moved to another place. Updating residential status, however, was not straightforward, and some people would not bring the

Despite these recurring problems, some changes were noted in the use of population administration data and the way they were shared between sectors as described in this section.

a. Data accuracy, data update and intersectoral data integration

Many respondents from a number of districts in South Sulawesi, East Java, and West Nusa Tenggara complained about inaccurate data on their legal identity documents. Respondents in West Nusa Tenggara blamed officials' lack of care about data quality for the inaccuracies. A lack of routine data updates, especially in the number of deaths (in South Sulawesi, West Nusa Tenggara, and Aceh) and migration (in South Sulawesi) were also mentioned as big challenges in the management of CRVS data. Passive reporting from the community, village administrators, and health workers were attributed to the lack of updates in the Disdukcapil's death record. Respondents in East Java and South Sulawesi reported that the public lacked an awareness to report changes in job, education, and marriage status that led to many outdated family cards (KK). Respondents in many regions reported that there were discrepancies among population data at the Disdukcapil, data at village offices, birth data collected by the health sector, and population data at the Central Statistics Agency (BPS).

b. Data synchronisation, data use and data sharing

The National Health Insurance database (JKN) and the Social Welfare database (DTKS) were two common applications synchronised with the Population Administration Information System (SIK) in almost every study region. These two information management systems connected with SIK through a national server following a partnership agreement

The challenges, explained above, had a number of consequences. First, unreported deaths meant that the National Health Insurance (BPJS Kesehatan) often unknowingly kept paying premiums for the PBI members who had died. Second, discrepancies between data from the statistics agency and Disdukcapil population data made it difficult for many government agencies to set development plans or set targets accurately. Respondents from the health sector in Central Java reported that the discrepancies between BPS and Disdukcapil data had prevented health agencies from achieving their targets (over 100 per cent or always below target). Some respondents reported that many people still used outdated Single Identification Numbers (NIK) and family cards (KK), which were not recorded in the Population Administration Information System (non-SIK) and they were unable to be validated by BPJS Kesehatan and the Marriage Registry Information System

between different ministries. In some regions, SIK was synchronised with the Marriage Registry (SIMKAH, in South Sulawesi) and with the Basic Data on Education (in West Nusa Tenggara). The connection of SIK with the various databases allowed other sectors to validate every Citizen Identification Number (NIK) and basic population data.

Apart from synchronising data, the Disdukcapil shared their population data with other agencies at the district level. Health, education, social services, and planning agencies used Disdukcapil population data the most. Women's empowerment and child protection agencies (in Aceh, Central Java, and West Nusa Tenggara) and manpower agencies (in West Nusa Tenggara) often used this data for reference purposes. In the health sector, population administration data were used to update JKN membership data (including to inactivate the membership of residents who had died). The education sector used population data to complement

c. Challenges and Opportunities

Apart from highlighting the utilisation of CRVS data, study respondents also mentioned a number of challenges in the way Disdukcapil data were used or shared. Even though the use and data sharing were regulated through a national partnership agreement, access to the data at the local level still varied between regions. A number of regions still had to issue district-level partnership agreements even though a national one already existed. In a number of sectors, and even with a district agreement, the synchronisation process with SIK was still done manually using outdated data (in South Sulawesi and Central Java). A number of respondents said that they had difficulties accessing population data from the SIK database. Disdukcapil officers who were part of the study said this could be the result of the data privacy protocol, which only allowed them to share aggregate data.

the Basic Education Data (Dapodik) in planning, and in calculating enrolment rate. The social services sector used this data to update the Integrated Social Welfare data (DTKS). Meanwhile, the women's empowerment and child protection agencies used the data for Child-Friendly Cities' (KLA) planning and indicators calculation. In South Sulawesi, population data were used to verify the addresses of social service beneficiaries at the village level and to validate voters list (DPT) in village head elections (Pilkades). In a number of regions, Disdukcapil data became a reference for the village information system.

Respondents also pointed to opportunities to improve the quality of data management and utilisation. The Bantaeng Disdukcapil had planned to launch a data warehouse with assistance from the Ministry of Communication and Information Technology to be utilised as a data-sharing platform across sectors. Respondents across study sites highlighted the importance of synchronising village data with the SIK database to keep an accurate record of new deaths and synchronising data from the health sector with SIK to record new births. The respondents said that the SIK database must be synchronised regularly with the Integrated Social Welfare Data (DTKS) to simplify updating mechanisms. A number of respondents also pointed to the need to synchronise the SIK database with the Family Planning Information System (SIGA) and the Case Tracking Information System (SIPP) to facilitate identification of juvenile cases.



4.4.2

Health services

4.4.2.1. First 1000 Days of Life (1000 HPK) and Maternal & Child Health Services

The First 1000 Days of Life (1000 HPK) was a national program, focusing on the period of pregnancy until children reach the age of two. This program aimed at reducing and preventing malnutrition and was part of the Maternal and Child's Health (KIA) program, which provided health services for pregnant women and children under 1.

Mothers and children still faced barriers when trying to access health services. Participants in almost all regions reported that people living in remote areas struggled to reach health service providers—including community health centres (puskesmas) and hospitals—due to long distances, poor road access or weather conditions, and high transportation costs. In Bima District, these barriers were present even at the village level as residents struggled to reach health services such as the integrated health service centre (posyandu) in their villages. Similarly, health workers and cadres who were stationed at community health centres (puskesmas) had trouble providing services to the furthest hamlets (dusun) that took several hours to reach on foot.

In addition to structural barriers, participants in almost all areas reported barriers to service utilisation from the demand side, including a lack of public awareness and potentially harmful cultural practices. In some communities, a traditional shaman or dukun was more trusted than health personnel, and people would

rather be assisted by a dukun than health personnel during childbirth. Community in Central Java practiced a tradition called 'ngapii,' where mothers were not allowed to consume protein during the first 40 days of the postnatal period. In South Sulawesi, local traditions prohibited newborn babies from leaving the house for the first 40 days, and as a result they often missed vaccinations in the first month.

According to service providers, barriers to providing quality health services included limited human resources (Central Java and South Sulawesi) and inadequate health infrastructures at the subdistrict and village levels (Aceh and South Sulawesi). In Central Java, participants reported inadequate staffing of midwives at the subdistrict and village health centres. In Pangkep, it was difficult to find health workers who were willing to be posted to the remote islands. Similar infrastructure barriers were also reported by participants in Aceh and South Sulawesi. In Aceh, the lack of Ultrasound and gynaecological (USG) equipment in the subdistrict health centres led to poor health services for pregnant women. In Pangkep, unstable electricity in the islands led to poor health services in the community health centres and, although now they had a floating ambulance, medical equipment remained inadequate.

4.4.2.2. Health budget

The village budget (APBDesa) was used to finance maternal and child health (KIA) services, including services at posyandu, classes for pregnant women, and supplementary feeding (PMT). This was the case in Aceh, Pangkep, Pekalongan, and Bima. In these areas, incentives for midwives in village health centres (poskesdes) and puskesmas cadres were allocated from APBDesa.

In addition to funding from APBDesa and the National Budget or APBN, local governments continued to use the Local Government Revenue and Expenditure Budget (APBD) to finance several programs in the health sector. In Bener Meriah, APBD was used to

finance office operations and supplies. Meanwhile in Pangkep, the District Health Office used APBD for puskesmas development and supervision and to fund honorary staff salaries and incentives for floating ambulance crews. In Pemalang, East Lombok and Bima, local governments provided Regional Health Insurance (Jamkesda) from APBD, which included the Insurance for the Childbirth (Jampersal) insurance policy. Pemalang and Bima district health offices used the APBD to improve infant nutrition. The Pemalang and East Lombok districts used the APBD to provide health services for people with mental health problems.

4.4.2.3. Minimum standards in health services

Law No.23 of 2014 on Local Governance defined Minimum Standards of Services (MSS) as a set of instruments containing the minimum types and qualities of basic services which each citizen is entitled to receive. Local governments were required to apply these minimum standards across the six mandatory basic services based on local government law. These minimum standards also served as a benchmark for local governments to increase the quality and expand the types of basic services provided to the public.

All sites in this study had implemented the minimum standards of services in various health services, although their achievements and challenges varied.

MSS in health services were divided into two categories: municipal/district-level and provincial level. Each of these categories came with its own indicators. MSS for municipal/district health services contained 11 indicators, which included health services for pregnant women, newborns, children under 1, children of primary education age, people of productive age, elderly people, people with hypertension, people with diabetes mellitus, people with severe mental health disorders, people with suspected tuberculosis, and people at risk of HIV infection.

While some districts reported having fulfilled most of the MSS indicators and shown improvements, other districts lagged behind without any significant progress. West Aceh, Bima, and Pekalongan only fulfilled 80 per cent of the MSS and did not show any significant progress in the past three years. However, the MSS fulfilment in Pemalang and Bener Meriah had increased in the past three years.

Challenges faced by district governments in fulfilling MSS in the health sector included inadequate data reporting and data reference for indicator calculations, limited human resources, low community awareness, and lack of supporting facilities. In Bener Meriah, poor reporting of health service data from puskesmas and hospitals to the Health Office mentioned as one of the challenges to fulfil MSS indicators. The use of the statistics agency's estimation data to determine MSS achievement produced results that not necessarily reflect actual service performance. Low community awareness also affected the fulfilment of MSS in West Aceh, where the circulation of gossip questioning the halal status of vaccine treatments became the reason many parents refused to vaccinate their children. As a result, MSS fulfilment related to vaccination coverage was low²⁰. In Pemalang, the number of health workers in puskesmas was disproportionately small, considering the total area and population size that needed to be covered—which became a primary challenge in fulfilling MSS. Meanwhile, the District Health Office of

Bima lacked sufficient budget to carry out programs and provide supporting facilities in puskesmas, which in turn affected their MSS performance.

Despite these challenges, participants reported a number of supporting factors and opportunities in fulfilling MSS in their respective districts. In Bener Meriah, the District Health Office planned to form a team and appoint an administrator in charge of managing MSS indicators to facilitate better coordination and monitoring. The District Health Office also intends to align the program's performance indicator with MSS priority indicators. On the other hand, Aceh Barat reported the need for technical staff training to calculate MSS indicator fulfilment in the health sector.

Participants in Pemalang identified a number of supporting factors that helped improve MSS fulfilment in the health sector, including the hard work of health workers (especially puskesmas staff and village midwives), village government support for village cadres and village-based health services, and community awareness. In Pemalang, strategies undertaken to fulfil MSS in the health sector included an equal distribution of the workload among puskesmas staff and ensuring that each indicator in the MSS was calculated properly. In Pekalongan, contributing factors included collaboration across institutions, direct interventions, and the implementation of the Family-Based Health Program (PISPK).

Supporting factors and opportunities to the fulfilment of MSS in Bima and East Lombok included home visit by puskesmas staff and village midwives to perform data collection and monitoring of the 12 health MSS indicators. In Bantaeng, strategies included monitoring, supervision and evaluation, and carrying out interventions at the village level. This had been

included in the work plan (Renja) and strategic plan (Renstra) on the MSS improvement strategy in general. In Pangkep, the floating ambulance program was expected to contribute to the fulfilment of MSS indicators, particularly the maternal and neonatal service indicators.



4.4.3 Education

4.4.3.1. Early childhood education (PAUD)

According to participants, while PAUD services were available at the village level, most were community-based PAUDs. Participants in Pemalang reported that out of 815 PAUDs across 222 villages in the district, only 12 were government owned²¹. Participants reported the lack of government PAUDs was due to challenges in providing quality PAUD services, including inadequate teacher qualifications, lack of teacher incentives, and poor infrastructures

and facilities. Most teachers working in government PAUDs were not civil servants and received few incentives. Many PAUD teachers lacked prior experience in early childhood education, or even a bachelor's degree. Some PAUDs did not have a proper building—makeshift classes were used inside a mosque or village hall—nor did they have proper educational toys for the students.

²¹ The National Education System Law states that PAUD is organised through formal, non-formal, or informal education channels. PAUD informal education is in the form of Kindergarten, Raudatul Athfal, or other equivalent forms. The non-formal education pathway takes the form of playgroups, child care, or other forms of the equivalent. Meanwhile, early childhood education in the informal pathway is conducted within the family or organised by the local community. Based on the Ministry of Education and Culture Regulation Number 137 of 2014 concerning National Standards for Early Childhood Education, the government demands a minimum standard and stricter requirements to be employed to formal PAUD providers. However, these standards cannot be applied equally to non-formal PAUD. For non-formal PAUD providers, the government recognises and allows them to remain operational; do not require standard qualifications; and are not restricted to provide educational activities for communities in need.

²⁰ On average, the vaccination coverage for all districts in Aceh was only about 20% compared to 45% at the national level (SUSENAS 2019).

In almost all regions covered in the survey, respondents reported that funding from APBD and APBDesa were a supporting factor to addressing barriers to providing quality PAUD services²². Such support included budget allocations for teacher incentives, infrastructure and learning facilities. In Central Java, the women of Nahdlatul Ulama supported the establishment of over 300 PAUDs.

4.4.3.2. Education budget

In Aceh and West Nusa Tenggara, village governments used APBDesa for PAUD teacher incentives and to provide educational toys (APE). Pematang (Central Java) and Pangkep (South Sulawesi) had similar arrangements. Besides incentives and APE, APBDesa was used by village governments in East Lombok to provide textbooks and school uniforms, and in West Aceh it was used to provide scholarships for children in poor households.

Local governments also allocated a portion of the Local Government Revenue and Expenditure Budget (APBD) for the education sector. In Pangkep, the district government provided incentives—Rp600,000 (AUD 60) per month—to all PAUD teachers and allocated a portion of APBD to improve the capacity of

Meanwhile, UNICEF supported the establishment of Integrated Holistic PAUDs at the village level and strengthened the community cadres and Family Welfare Movement (PKK) cadres.

teachers in floating schools. In Bantaeng, APBD was used for the provision of school uniforms and supplies for PAUD students, additional funds for the School Operational Assistance Grant (BOS), and incentives for Basic Education Data (Dapodik) operators. In Pematang, APBD was used to provide Underprivileged Student Scholarships for those who did not receive the Indonesia Smart Card (KIP). Every year, elementary students and middle school students received Rp 300,000 (AUD 30) and Rp 500,000 (AUD 50), respectively. Meanwhile, the district government in East Lombok only allocated a portion of APBD for education programs that were not covered by the Special Allocation Funds (DAK) to avoid double budgeting.

4.4.3.3. Minimum standards in education

At the district level, Minimum Standards of Services (MSS) in primary education were divided into two main categories. The first category applied to the district government and consisted of 14 indicators. These indicators included, among others: the availability of education units within walking distance, the maximum number of students in each primary school class, and the availability of science laboratories and facilities.

The second category applied to basic services in primary education units and consisted of 13 indicators. These indicators included, among others: the provision of textbooks according to eligibility criteria defined by the government, a set of anatomical models for science learning, lesson plans (RPP) prepared by teachers based on the teaching syllabus, and the implementation of school-based management (SBM) principles.

For most of the districts surveyed in this study, financing issues, inadequate school facilities, a disproportionate distribution of teaching staff and welfare benefit gaps were among the challenges in fulfilling MSS in the education sector. In West Aceh, the fulfilment of MSS indicators was largely constrained by inadequate school facilities, such as classroom chairs and teachers' rooms. In Bener Meriah, the challenge in fulfilling MSS indicators lay in ensuring an equal distribution of teachers.

Efforts to meet MSS indicators in West Aceh included, among others: encouraging schools to develop the School Work Plan (RKS) based on quality report card (District Office of Education), evaluation of MSS achievement by Bappeda, implementing the Internal Quality Assurance System, as well as monitoring and re-enrolling children who dropped out of school. In Pekalongan, the District Office of Education employed a number of technical strategies to achieve MSS indicators, which included the allocation of budgets, formulation of SOPs, and issuance of a decree on MSS achievement. In Pangkep, strategies to fulfil MSS indicators included: improving teacher and student discipline, improving the quality of teachers, promoting teachers as role models, and optimizing existing SOPs.

²¹ Based on Ministry of Education and Culture Regulation Number 18 of 2018 concerning Provision of Early Childhood Education Services, three parties can provide PAUD services, namely the district government, the village government, and the community. The Ministry of Education and Culture has budgeted operational assistance for these three types of PAUD. Other than the budget allocated from the central government, another source of fund for PAUD is from the village government. The village government is also given the authority to build and finance PAUD on the basis of Permendagri 20/2018 concerning Village Financial Management.

5

DISCUSSION

KOMPAK'S ROLES AND CONTRIBUTIONS IN SELECTED REGIONS

This chapter discusses findings about the knowledge, perceptions, and information possessed by the participants based on interviews and focus group discussions on KOMPAK's roles and contributions in program regions. It should be noted that the findings are presented as is and might not represent fully the extent of KOMPAK's contributions. However, this chapter should provide input for KOMPAK on how its partners perceive the program. It should also be noted that interviews about this subject were not conducted in East Java and the lack of information on KOMPAK East Java activities reflects the limitations of this study. Furthermore, the different CRVS program durations across KOMPAK program areas should be taken into account when interpreting these findings.

KOMPAK support for civil registration services

A Civil registration services at the village level

KOMPAK support through budget advocacy and training for village officers or facilitators helped address the challenges and obstacles faced by communities in processing legal identity documents in Aceh and South Sulawesi.

Participants recognised that the assistance provided by village facilitators to help residents obtain legal identity documents was the most evident form of KOMPAK's support for them. Nearly all interview and focus group discussion participants in Aceh and South Sulawesi expressed the positive impact of KOMPAK's support for village facilitators. In Aceh, the village head, village officials, and village facilitators have been using funding from APBDesa to provide civil

registration services at the village level since 2017. Village officials in Bener Meriah used the funding not only to process documents, but also to produce posters and billboards to promote the importance of legal identity documents. Nevertheless, low awareness among village officials regarding the importance of such documents meant that not all villages had set aside APBDesa to fund civil registration services. The presence of village facilitators, who have been trained by KOMPAK since 2018, helped increase ownership of birth certificates.

Disdukcapil coordinators in Bantaeng and Pangkep mentioned that the training organised by KOMPAK helped them assist the public to process their legal identity documents. In the districts of West Aceh and Bantaeng, village facilitators were able to inform village residents of alternative services to obtain the documents without having to go to the Disdukcapil office or paying a broker. In Pangkep, village governments had shifted their approach on CRVS services, from no involvement to the substantial and mandatory inclusion of civil registration services into village planning and budgeting documents. Pangkep established the Village Services Office (Posyandes) to handle complaints and problems concerning civil registration services. The village provided annual funding of Rp5,000,000 (AUD 500) for the new office.

In West Nusa Tenggara, the District Disdukcapil Office (Disdukcapil) deemed that the presence of cadre of Pokja Adminduk—facilitated by the Child Protection Institution (LPA) and KOMPAK—was a useful innovation to drive more people to obtain legal identity documents. In East Lombok, the working groups were able to bring services closer to the people by employing individuals with local knowledge to identify residents who did not have legal identity documents. Village-based civil registration services in villages in

East Lombok were made available online as well as offline. The online service, known by its acronym BAKSO (Online Civil Registration Service), utilised the village information system application and worked with its operators in the village. In Bima, cadres of Pokja Adminduk were involved in the processing of 90 per cent of legal identity documents since 2017. Another innovative services supported by KOMPAK included a home visit service for persons with disabilities.

In Central Java, civil registration services at the village level involved village officials from neighbourhood units (RT/RW) to heads of government affairs in village administration who would stand by at the village office and also visit homes when needed. Apart from these village officials, PKK, and PPPA cadres in the district of Pemalang also provided civil registration services for a fee to village residents.

Meanwhile, intervention programs organised by KOMPAK in districts in East Java are currently only entering the pilot phase of the program, during which village-level civil registration services were provided by integrating the village information system with services from the Disdukcapil Office.

B Changes in systems and procedures

Service providers in a number of regions—Aceh, Central Java, East Java, and West Nusa Tenggara—reported that KOMPAK's assistance in improving the system and procedures of civil registration services had increased service quality.

In the districts of West Aceh, Pemalang, Pekalongan, and East Lombok, Disdukcapil officers reported that KOMPAK's efforts to help develop the SOPs for civil registration services had a positive impact. Several participants reported that the improved system and

procedures had allowed them to process more documents and do so more effectively.

In Bondowoso, the Disdukcapil had been able to interact more closely with the public using an online application that was initiated by KOMPAK. The app allows residents to access services easily and quickly. Subdistrict officials in East Lombok also praised KOMPAK's efforts at improving systems and procedures by helping them set improved SOPs that allowed them to work more quickly and effectively.

C Increasing capacity of service providers

The study found that training programs for service providers organised by KOMPAK had improved their skills and capacity, especially for officers in villages. At district and subdistrict levels, the improvement was less obvious.

D Increasing capacity of service providers at district level

The study found that training programs for service providers organised by KOMPAK had improved their skills and capacity, especially for officers in villages. At district and subdistrict levels, the improvement was less obvious.

E Easy access to civil registration services

The study found a number of improvements in civil registration services at the district level were the result of innovations facilitated and supported by KOMPAK. Each Disdukcapil reported that KOMPAK was involved in increasing the coverage of legal identity documents by creating innovative programs to provide easier access.

Disdukcapil in Pacitan saw the number of people applying for birth certificates increase rapidly, and coordination with other local government agencies was also improving following the introduction of integrated services initiated by KOMPAK. In Bantaeng, KOMPAK's involvement had improved services and

made it easier for the public to access civil registration services in the past three years. In Pekalongan, KOMPAK had pioneered the integration of the village information system with the Disdukcapil data system. According to village officials, this integrated system helped collect public data and allowed village services to be integrated with services at the Disdukcapil. KOMPAK also facilitated mobile civil registration services and helped strengthen health and education services. In Pekalongan, KOMPAK supported a program to speed up the process of obtaining a Child Identification Card (KIA) which allowed almost all primary school students to get their KIA.

F Increasing demand for services

During the study period, public knowledge about legal identity documents and efforts to obtain them had improved significantly, but there was little evidence directly linking this increased demand to KOMPAK programming, which is understandable given KOMPAK's primary focus on civil registration service provision, rather than community demand.

Nevertheless, a number of respondents from the local government said that KOMPAK programs had driven up the number of requests for legal identity documents in the past three years. In Bantaeng, the number had increased mainly because KOMPAK-trained coordinators of the Disdukcapil and

village officials started reaching out to village residents to remind them of the importance of the documents. In East Lombok and Bima, public awareness of legal identity documents had also improved, thanks to outreach services in villages.

In West Aceh and Bener Meriah, residents received information about civil registration services from non-governmental organisations that partnered with KOMPAK. The NGOs were actively involved in providing information, facilitation, and increasing the coverage of civil registration services.

In Pekalongan, KOMPAK supported a community initiative to access civil registration services in villages by collecting the personal data of residents between the age of 0 and 18 to help them obtain a birth certificate.

The result of the FGDs with communities suggested that KOMPAK's support for CRVS had improved access to the service and encouraged more people to apply for legal identity documents.

KOMPAK support to strengthen subdistrict and village management

A Improving capacity of service providers at subdistrict level

KOMPAK's strengthening of subdistrict capacity helped subdistrict officers in Bima, Pangkep, and Bantaeng carry out their responsibilities in assisting villages. Subdistrict officials in Pangkep said that support from KOMPAK had encouraged them to learn new skills and improve their knowledge about public service. The officials also said that KOMPAK's support had allowed new funding for capacity-building programs to be made available to them.

In Bener Meriah and Pangkep, the support from KOMPAK in capacity-building for subdistrict officials—especially for assisting village administrators—was channelled through the Technical Facilitators for Village Governments (PTPD) program. In Bener Meriah, KOMPAK provided technical support

to facilitators at village schools where local administrators were trained. KOMPAK also assisted the PTPD team in Pangkep by deploying its PTPD Monitoring and Evaluation team. In Bantaeng, capacity-building programs for subdistrict officials were attached to economic development programs. KOMPAK's intervention in the subdistricts had a positive effect on the training programs of at least 10 villages.

B Improving capacity of village service providers

Participants indicated that increasing the knowledge and capacity of village officials related to planning and budgeting that they obtained from budget schools, village schools, and capacity building for village officials was the most visible change due to the KOMPAK program. Village officers in West Aceh, Bener Meriah, Bantaeng, and Pangkep were able to improve their knowledge and skills, which allowed them to make improvements in village planning and budgeting. Meanwhile, in Pemalang and Pekalongan, KOMPAK provided capacity-building training for village officers that were continued even without KOMPAK's assistance. In East Lombok and Bima, village administrators said KOMPAK had helped them allocate funding from the APBDesa and create program plans.

Participants from the Village Community Empowerment Agency (DPMD) and village officers felt that the KOMPAK program had boosted the role and capacity of the village supervisory agency and improved village planning and budgeting. In Bener Meriah, a monitoring and training team (Tim Binwas) facilitated by KOMPAK played an important role in monitoring the progress and activities of Government Work Plans (RKP). The team was funded by APBDesa. In Bantaeng, Village Council (BPD) officers who in the past would only turn up for meetings started monitoring the use of APBDesa after they received

KOMPAK training. The same improvements were identified in Pemalang and East Lombok: BPD officers also reported that they learned new skills as facilitators and gained new knowledge in village administration and managing village budgets from KOMPAK.

KOMPAK programs were also responsible for improving the ability of village officers to manage the village information system in West Nusa Tenggara. In East Lombok, KOMPAK and the DPMD completed training for 50 village information system operators in ten villages in 2018 and 2019. In these 10 villages, the extensive use of the village information system improved services; other villages expressed interest in implementing the same system. The partnership between villages and KOMPAK was reinforced by the formation of a forum for the village information system (Forsid), which received village information system training to become a coordination centre for the system.

C Drafted, passed, and implemented regulations and policies

In all study districts, participants from the government reported that KOMPAK had played a role in facilitating the drafting and ratification of regulations and policies, especially district head regulations and village regulations concerning civil registration services and the use of the Village Fund.

To support vulnerable groups, KOMPAK acted as a consultant during the legislative drafting process of a Regional Regulation (Qanun) on the Guidelines for the Implementation of Gender Mainstreaming in West Aceh and a district head regulation (Perbup) on civil registration services for vulnerable groups in Bantaeng in 2019.

KOMPAK also assisted in the formulation of a number of district head regulations on the acceleration of civil registration services in Central Java, Aceh and West Nusa Tenggara. In Bener Meriah, KOMPAK facilitated the formation of the Perbup No.20 of 2018 on the Tiered Services for Obtaining Legal Identity Documents.

In East Lombok, the Regional Development Agency said that the district head regulation on the acceleration of birth certificate ownership for all residents was the result of a partnership between KOMPAK and related agencies in the district. In Bima, the so-called Perbup Kabua Ncore (Perbup No.23 of 2017), facilitated by KOMPAK, was mentioned by many

respondents as a reason why local stakeholders had begun to encourage residents to apply for a birth certificate more actively.

Over the last two years, KOMPAK has facilitated the drafting of several district head regulations on services in villages. In East Lombok, KOMPAK assisted the Disdukcapil office to draft a Perbup on the drafting budget plan of the village budget. According to the Perbup, the village administration was allowed to spend parts of the APBDesa to fund working group (Pokja) activities. In Bondowoso, KOMPAK also helped with the drafting of the so-called Gerakan Tuntas Adminduk district head regulation, which allowed the use of the village budget for civil registration services. In Bantaeng, KOMPAK supported and facilitated the legislative drafting process of district regulation on the village council, which regulated salary increases for village council members and administrators, and increased district budget for civil registration services. In Pekalongan, KOMPAK supported the issuance of a Perbup on the Village Information System and another one on village financing management. For their part, Bener Meriah and West Aceh already had a Perbup and a district head decree (SK Bupati) to regulate the tasks of village registration officers and utilise village funds.

The offices of the Regional Development Planning Agency (Bappeda) in Bima and Bantaeng said KOMPAK had played a role in development planning in their regions by taking on the responsibility to review the Medium-Term Village Development Plans (RPJMDes) so that CRVS service programs were included in the RPJMDes and the district-level RPJMD. In Bantaeng, KOMPAK also helped with revising inaccurate data.

In Aceh and South Sulawesi, KOMPAK was involved with the drafting of village regulations (Perdes) and village head decrees (SK Kades) for village facilitators.

D Intersectoral collaboration

In all study districts, KOMPAK's contribution to improving intersectoral collaboration was done through assisting the related sectors to maximize their ability to provide services and potential partnerships—although this was limited to domains in which KOMPAK had expertise.

In these study districts, the intersectoral collaborations that KOMPAK facilitated focused on advocating for integrated services by Regional Government Organisations (OPD) and intersectoral collaborations to increase ownership of legal identity documents. The integrated services that had been successfully launched included an integrated multi-village mobile service, the Disdukcapil, the Religious Affairs Court and the Religious Affairs Office, which functioned as a marriage registry and a service to collect birth records. In Pemalang, the integrated

In Pemalang, KOMPAK helped the DPMD to draft village regulations on the village information system, training for village facilitators, and village monitoring. In Bantaeng, KOMPAK also supported the creation of a village administration regulation.

KOMPAK also assisted in the issuance of district head regulations concerning other sectors. In Bima, it helped the local government to issue a couple of Perbup on the First 1000 Days (1000 HPK) child development program and stunting prevention.

services were launched in 2017 and have earned praise from village communities.

In all the above regions, KOMPAK has facilitated intersectoral collaborations and partnerships between Regional Development Planning Agencies (Bappeda), Village Community Empowerment Agencies (DPMD), villages, subdistricts, Disdukcapil, and basic service sectors, especially health and education. For civil registration services, KOMPAK assisted the Disdukcapil in collecting information and data from central governments to the village level.

Better access to data allowed the Disdukcapil to improve its service quality and coverage. A Bappeda staff member in Bantaeng said KOMPAK's CRVS programs had taught regional government organisations (OPD) about the importance

of CRVS—previously they never thought twice about it. KOMPAK also facilitated discussions between the Disdukcapil and schools in Bantaeng that resulted in collaboration to help students obtain their birth certificates. In Bener Meriah, KOMPAK facilitated an intersectoral collaboration that produced an intersectoral partnership agreement to increase the ownership of legal identity documents. In Bima, an intersectoral collaboration facilitated by KOMPAK was able to produce a district head regulation on intersectoral collaborations to improve civil registration services.

E Budget availability for services

Regional Government Organisations (OPD) said KOMPAK was successful in advocating for change in the funding for the Offices of Population Administration and Civil Registration (Disdukcapil) in East Lombok and Bima. At the village level, KOMPAK achieved success in pushing for funding for population administration and basic services to be taken from the village budget (APBDesa), as was already the case in Aceh, South Sulawesi, and West Nusa Tenggara.

In East Lombok and Bima, KOMPAK helped the Disdukcapil in budget advocacy. The Disdukcapil in Bima revealed that KOMPAK contributed to the increase in funding for its office. Once KOMPAK was involved, more and more people started applying to have their legal identity documents processed, which convinced the district head to pour more money into the Disdukcapil. The partnership with KOMPAK in East

Lombok also led to more funding for the Disdukcapil that enabled it to provide faster and more efficient services for everyone.

KOMPAK also pushed for more partnerships between the Disdukcapil, village administrators, and universities to organize Thematic Internships (KKN). The program invited university students to help villagers obtain their legal identity documents. Apart from telling the public that they needed to obtain their legal identity documents from the government, the students also collected data on residents who still did not have the documents, collected the necessary requirements on their behalf, sent them to the Disdukcapil, and presented the results to the communities.

Participants from the Government in the study also said that KOMPAK had played a role in the way the village budget (APBDesa) was allocated. In Aceh, West Nusa Tenggara, and South Sulawesi, KOMPAK had encouraged the use of the village budget for population administration, one of them by setting aside funding for village facilitators. In Bima, KOMPAK's involvement had allowed the APBDesa to be used for health services at community health centres (puskesmas). In Bener Meriah, village administrators were persuaded to increase funding for health services for women and children. In Pemalang, KOMPAK supervised how the village budget was spent for children's playgroups and to improve health services in villages.

F Community involvement in village development

In the past three years, KOMPAK has supported vulnerable groups to become more involved in village planning and development in Aceh, Central Java, West Nusa Tenggara, and South Sulawesi.

In all study districts, KOMPAK engaged communities in village planning and development as one part of its social accountability initiative. Many respondents mentioned KOMPAK's role in getting more women involved in village planning and development in Pematang, East Lombok, and Aceh. Participants did not mention much about KOMPAK's involvement with other vulnerable groups.

In Pematang and Pekalongan, KOMPAK revived 'Selapanan,' or the village council, by inviting women's groups to give input on village development. These discussions facilitated by KOMPAK also provided a space for community members to find solutions for village problems, for example the lack of service facilities and dedicated officers to manage programs that would help communities.

In West Aceh and Bener Meriah, village officers who were recruited by the GeRAK campaign—with support from KOMPAK—encouraged women to become involved in village activities and planning through the women's development planning council (Musrenbang). In Bener Meriah, a few villages had already recruited women and people with disabilities to fill positions in their administrations.

In West Nusa Tenggara, the spirit of inclusivity promoted by KOMPAK inspired many new topics of discussion among village leaders. In South Sulawesi, women and people with disabilities were involved in village development meetings, but the quality of their involvement was questionable (see 'participation by vulnerable group' under section social accountability).

KOMPAK support for health services

KOMPAK's support in the health sector was carried out in all assisted districts. Various efforts were made, including data collection, monitoring, policy formulation, budget advocacy, coordination, capacity strengthening, and development of systems/mechanisms for improving health services at the village, subdistrict, and district levels.

KOMPAK assisted in the formulation of the Bupati Regulation on Stunting and the Bupati Regulation on the 1000 HPK Program. A similar effort was carried out by KOMPAK in Pacitan through the formulation of a Regional Action Plan (RAD) document, a mapping workshop on maternal and child health (KIA) issues at the subdistrict level, and in the formulation of the KIA Local Area Monitoring (PWS) plan. In Bener Meriah, village governments increased their budget allocation for the KIA programs, thanks to advocacy by KOMPAK. In Bima, KOMPAK encouraged the use of APBDesa for health services, including classes for pregnant women and puskesmas activities. In Pekalongan, KOMPAK's support to fulfil MSS in health services included assisting the procurement of medical devices at the puskesmas.

KOMPAK also encouraged data collection efforts for vulnerable groups, as well as monitoring and evaluation in several districts. The KOMPAK program in the health sector in Pangkep and Bener Meriah focused on maternal and child health issues, especially those related to stunting. In Pematang, West Aceh, Bener Meriah, Pacitan, and Pangkep, KOMPAK supported collaborative monitoring activities

of community health services that involved the District Health Office, puskesmas, posyandu and Community Service Program (KKN) students.

In 2016, KOMPAK organized training for puskesmas and Floating Clinic administrators in Pangkep, and participants reported that the training had a positive impact on the puskesmas. In Bima, a village was designated as a pilot area for JKN Village (100 per cent of village residents were JKN participants). This was achieved through the work of the village government in encouraging community participation by actively collecting required documents to process and issuing legal identity documents. In Bondowoso, KOMPAK was in the process of testing an Android-based application to accelerate pregnancy check-ups in villages, which would be connected to the system at puskesmas. Similar efforts were reported in Bener Meriah, where KOMPAK initiated a trial run of an Android-based application called Bidan Sehati to input pregnancy cohort data. The District Health Office was also committed to designing an awareness campaign and allocating the budget for MSS fulfilment.

Participants also reported several opportunities for future KOMPAK support in the health sector. Several Family Planning (KB) cadres in Bantaeng expressed their interest in KOMPAK-facilitated activities. In Pematang, participants expressed the hope that KOMPAK would support advocacy for the proper use of village budgets for health programs.

KOMPAK support for education services

Education was one of the basic services supported by the KOMPAK program. Together with District Education Offices and other relevant partners, the KOMPAK program sought to improve education services in districts through mentoring, policy, and budget advocacy, training, problem mapping workshops, monitoring, data collection, and various innovations.

In Pangkep, the local government stated education services have improved with the support from KOMPAK. KOMPAK initiated the Floating School program by supporting the formulation of Bupati Regulation No.9 of 2019 on the Establishment of Floating Schools and facilitating teacher training. In addition, they completed the guidebook to replicate the Floating School model. In terms of budgeting, KOMPAK successfully advocated for the incorporation of the Floating School program into the Local Government Revenue and Expenditure Budget (APBD).

KOMPAK also collaborated with vocational education services, local small, and medium enterprises (UKM), and community learning centres (PKBM) to support the Village-based Equivalency (GETAR DESA) program.

GETAR DESA program focused on providing education for village residents aged 25-40 years who never completed school. The program also involved elements from the village government, regional government, the Indonesian National Armed Forces (TNI), and the Indonesian National Police (Polri).

In Bener Meriah, KOMPAK's support for the education sector was carried out by KOMPAK partners through collaborative monitoring of schools, data collection on school dropouts, and encouraging village administration to allocate their budgets for development, operational costs, and PAUD teacher training. Collaborative monitoring was carried out in one of the schools in a subdistrict to identify obstacles in education service providers, such as the availability of teachers and the adequacy of school equipment. The results of the monitoring would be used as advocacy materials for KOMPAK partners to ensure commitment from the District Education Office to improve governance and the quality of education services.



KOMPAK's support for the education sector in West Aceh was evidenced when it accompanied schools to change the status of village-owned junior high schools (SMP) into state-owned junior high schools. In Pematang, KOMPAK conducted training on SPM instruments for the Education Office and supported the improvement of PAUD quality in 2018.

In Pekalongan, KOMPAK executed a program aimed at putting drop-out children back to school through the *Kembalikan Upayakan Dukungan Sekolah (Kudu Sekolah)* initiative. The program was carried out by the

District Education Office in coordination with relevant sectors such as the Regional Development Planning Agency (Bappeda), and Disdukcapil. In addition, KOMPAK supported the achievement of education MSS in Pekalongan by providing a number of SPM instrument training packages in accordance with Government Regulation No.2 of 2018. These packages included training on the calculation and identification of MSS requirements in each district.

This chapter includes input from interview and FGD participants about KOMPAK's work in their area. This chapter presents only what was obtained from the study and it provides valuable input that is rarely displayed in full in other studies. Although this input was expressed by participants and is important for the overall system and service improvements, adoption the recommendations offered may be beyond KOMPAK's scope and require a dedicated long-term strategy. It is also worth noting that the interviews in which these inputs were solicited were only conducted with civil society organisations and vulnerable groups in East Java.

A Increasing capacity of service providers



According to participants in all areas, KOMPAK should provide capacity building for service personnel at the district, subdistrict, and village levels. At the district level, suggestions for capacity building were mainly based on concerns about the impact of staff rotation among district government personnel on the sustainability of programs. Participants in several districts suggested that capacity building for village officials should focus on increasing the capacity of the village council. For participants in other districts, increasing the capacity of technical facilitators for village governments (PTPD), and training newly-elected village heads and village cadres were considered priority needs.

To support capacity building, participants mentioned the importance of technical training on information technology, understanding of regulations, SOPs, and the calculation of MSS indicators. In some areas, capacity-building activities should include refresher training for village administration facilitators, followed by annual evaluations of village administration facilitators in each village. Some participants also suggested that KOMPAK should train more women and people with disabilities.

6

INPUT FOR KOMPAK PROGRAM

B APBD and APBDesa advocacy for population administration and basic services



Participants in all areas mentioned the importance of district budget (APBD) advocacy by KOMPAK, especially in ensuring program sustainability at the district, subdistrict, and village levels. In some areas, KOMPAK was also expected to conduct advocacy with the Regional Representative Council (DPRD), since the institution was responsible for approving budget proposals. This expectation was born out of the frustration that local parliaments at times held off proposals related to achieving MSS targets or increasing population administration coverage. The DPRD tended to prioritise physical development or rehabilitation of educational buildings as these programs appealed more to their constituents.

In other areas, KOMPAK was expected to conduct advocacy to support the use of APBDesa for population administration and basic services, because innovation and programs would only continue as long as a village budget was available. KOMPAK was also expected to advocate for the proper use of Village Fund Allocation (ADD) for health sector. Service providers expressed hope that KOMPAK would help to design a proper incentive scheme for village information system operators and administrators in the administrative working group (Pokja) because village governments had not been able to provide incentives given limited ADD.

C Improving the program approach



Participants in all areas proposed potential improvements to the implementation of KOMPAK activities on the ground. In some areas, service providers suggested that problem identification and activity planning must be immediately followed with implementation. In other areas, participants pointed out that village school training or activities should not take place all day, otherwise participants would feel bored and burdened since they would have to leave work for a full day. In other areas, participants at the village level reported that activities for women should be made separate from those for men to encourage women to speak freely.

According to participants, KOMPAK should encourage regional leaders to have a strong commitment to reducing and preventing malnutrition. KOMPAK was also expected to support online applications that facilitate health care and population administration workers in their performance. Participants felt that applications supported or developed by KOMPAK should be simplified in order to increase usability. Participants also recommended that KOMPAK develop more context-specific approaches for areas that were difficult to access, as well as for migrant workers who did not have population administration documents.

D Involving relevant sectors and other parties for program expansion



KOMPAK should take the opportunity to collaborate with the Family Planning Office and the Social Affairs Office (Dinsos) in its ongoing program. Potential involvement of additional CSO partners was also mentioned by several participants. The Family Planning Office, which regularly collected high volumes of population data and had cadres up to the village level, should be involved in the KOMPAK program going forward.

Participants also expressed their hope that KOMPAK would collaborate with the Social Affairs Office as they

have information about existing poverty conditions. The Social Affairs Office hoped that KOMPAK would continue the Integrated Referral Service and System (SLRT) program, which was currently in the pilot phase. In many areas, participants mentioned that it was important for KOMPAK to engage with civil society organisations in order to help achieve regional targets. The role of implementing partners in the previous phase had helped a lot in collecting community data and facilitating Disdukcapil mobile services, especially to reach vulnerable groups.

E Centring communities in the program focus



Participants expressed hope that KOMPAK would carry out more programs that directly target the community, especially vulnerable groups. KOMPAK should support the dissemination of program administration information to the community, since Disdukcapil still had limitations in this regard. Participants at the village level also said KOMPAK should facilitate programs that focus on women; they proposed special group discussions for vulnerable communities so they could freely express their aspirations.

In addition to increasing the participation of vulnerable groups, in the future KOMPAK would also be expected to focus on empowering home industry activities and providing economic activities that support persons with disabilities. Some participants mentioned that KOMPAK should strengthen community participation and support increasing education participation rates.

F Strengthening program coordination and planning

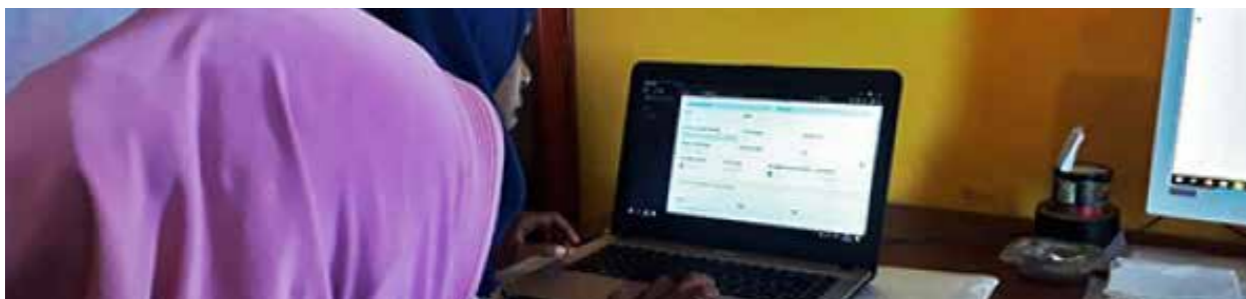


According to participants in all areas, KOMPAK should increase coordination of activities between sectors at all levels of government. At the district level, KOMPAK would need to strengthen collaboration with local government agencies (OPD) to avoid overlapping or conflicting activities. In order for the KOMPAK programs to continue, some areas would require a Memorandum of Understanding (MoU) to bind the commitments of subdistrict governments, relevant OPDs and district heads. In other areas, ensuring routine coordination up to the subdistrict level would be needed for the success of KOMPAK's support. KOMPAK should be able to provide advocacy with the district governments on the discrepancy in services and data at the subdistrict level. KOMPAK's support

was perceived as too broad in some areas, making it necessary to clarify the program's focus. This would ensure that KOMPAK consistently involves the right people in its activities and coordination.

We received several recommendations as to how KOMPAK can improve coordination with villages regarding programs and activities. Some participants suggested that before carrying out an activity and sharing the information with the community, KOMPAK should first coordinate with the village government to ensure alignment with their work plans. KOMPAK was also expected to build coordination with facilitators in the village, not just local Disdukcapil coordinators.

G Advocating for system, planning, procedure, and regulatory strengthening



According to participants, KOMPAK should strengthen its assistance in planning, advocacy to higher government, and improving service monitoring. In some areas, participants felt that KOMPAK's assistance in planning should be strengthened in order to resolve existing problems. KOMPAK was expected to also strengthen its support in establishing a framework that focuses on problem solving across sectors. Support in improving and updating service SOPs would also need to be strengthened to ensure relevance.

KOMPAK should continue carrying out advocacy efforts for rules and regulations, especially the district head and village regulations that could be the basis for KOMPAK's program sustainability in the future. Some areas required KOMPAK's support for district head regulations that could significantly grant the subdistrict government authority in the guidance and supervision of villages. Meanwhile, other areas needed support in drafting the village regulation so

programs could operate smoothly. KOMPAK was expected to provide advocacy so district heads would revoke regulations on fines for birth certificate applicants above 18 years.

Participants believed KOMPAK should be able to adjust the program to support local governments in achieving the specified targets. KOMPAK was expected to support Disdukcapil in achieving targets set by the government at the national level. KOMPAK was also expected to support the Regent's vision and mission and priority programs. District government participants thought KOMPAK should help them achieve their Key Performance Indicators (IKK) in related offices. In addition, KOMPAK should document its program achievements in the form of good practices so that local governments could continue the promising initiatives that were underway.

H Program sustainability and village activities



KOMPAK initiated various programs for service providers and community strengthening in various areas. However, participants in almost all assisted areas said some KOMPAK programs were unsustainable or not working well, including programs on promoting online applications for accessing services. However, participants conveyed that KOMPAK's assistance remained crucial to the community. One of the programs mentioned to be beneficial was Sekolah Anggaran Desa (Sekar Desa), or capacity building program for village governments and communities on financial planning and budgeting. Village officials thought that the program should be expanded and conducted regularly.

According to service providers, KOMPAK should maintain communication with the partner and continue the training on how to establish a Government Work Plan (RKP). KOMPAK should also carry out assistance so villages could become more financially

independent by strengthening village-owned enterprises (Bumdes). The village government hoped that KOMPAK would keep up the good work and that one day the local government could follow suit. In particular, some participants mentioned that the population administration program initiated by KOMPAK could be carried out sustainably by the local government once it was implemented in at least 50 percent of villages in the area.

Participants said KOMPAK should continue to provide assistance so that village governments could improve the budgeting process in villages. In some areas, KOMPAK programs were adopted by the village government if the village had a sufficiently large budget.



Several good practices supported by KOMPAK have been replicated. In Bener Meriah, Bappeda endorsed the replication of the village facilitators program in other regions, as the trial run was reported to have been beneficial for the community.

In Bantaeng, the role of village facilitator was initially only established in the Pajukukang subdistrict; now it has been implemented in every subdistrict. Village information system and the independent learning of village officials were among the programs replicated in other areas.

In Pematang, KOMPAK's support in the form of PTPD (technical facilitators for village government) has been

replicated in all districts. According to the participants, every year Disdukcapil carries out a KOMPAK program in providing marriage legalisation called Yandu. After KOMPAK supported Yandu implementation in Belik District in 2017, in 2018 the same service was provided in Pulosari District, and then in Belik District in 2019 with its own Disdukcapil budget.

These success stories do not mean that there have not been challenges with replication efforts. In Bantaeng, what worked in one subdistrict might not be replicable without community buy-in. In Pangkep, efforts to replicate successful programs at the subdistrict and village levels were held off due to budgetary issues.

Similar issues were also found in West Nusa Tenggara, where PTPD was only implemented in the LTU and replication efforts in other districts were delayed due to budget constraints. The Government Regulation on Subdistrict Governance and Ministry of Home Affairs Regulation on Budget Management were expected to strengthen the role of the subdistrict in the future.

In Pekalongan, no KOMPAK-supported program was replicated except in KOMPAK-assisted villages in Petungkriyono subdistrict. Expanding the KOMPAK program to other areas in this subdistrict could be a challenge, therefore other subdistricts within Pekalongan should be explored for potential replications.

Despite these challenges, replication efforts were still perceived as an opportunity. Some participants said there was a need to replicate successful KOMPAK programs to other subdistricts. In Bantaeng, KOMPAK could support replication in other subdistricts, including by inviting other subdistricts or villages to

KOMPAK activities in the pilot area. According to participants from the District Disdukcapil Office, KOMPAK interventions in East Lombok should be expanded as only two subdistricts had been covered, meanwhile Disdukcapil is responsible for all subdistricts. The East Lombok Government hoped that before the program ended, KOMPAK would facilitate and assist the replication process in other areas.

In addition to program replications at the subdistrict level, we identified a need for KOMPAK's assistance and support in replicating successful programs at the village level. In East Lombok, once the KOMPAK program is completed, Disdukcapil will need to replicate SID in all villages and expand its assistance to other villages; so far only 10 villages had been assisted by KOMPAK out of 254 villages and urban villages. In Bima, some villages expressed their hope of receiving assistance from KOMPAK in the future. In Pekalongan, participants hoped that going forward KOMPAK would be able to expand their assistance to all the other villages in the district.

7

LESSONS LEARNED AND STRATEGIES GOING FORWARD

This chapter presents the lessons learned from the study based on our findings. While some of the proposed strategies might be beyond KOMPAK's scope they are worth documenting, since they are related to the overall system and service improvement in the long run.

In general, indicators across most domains seem to have improved since 2015. Ownership of legal identity documents—birth certificates, National ID Cards, family cards, marriage certificates and death certificates—had increased on average, although findings from this study cannot be directly compared with the results of the 2015 CRVS study. Access to the National Health Insurance (JKN) has also improved, although coverage is not yet universal. Other markers, such as access to social protection, complaint mechanisms and perspectives on inclusivity pointed in a positive direction, despite room for improvements. Amongst all this good news, valuable lessons have been learned, which are especially relevant for KOMPAK to improve the effectiveness of its efforts.

First, although access to basic services—including civil registration services—has shown signs of improvement in terms of coverage, there remained regional disparities and obstacles related to vulnerable groups. Progress in some areas in Aceh, Central Java, and East Java, to mention a few, far exceeded the progress made in South Sulawesi, and West Nusa Tenggara. Some remote areas in Central

Java, East Java, and Aceh lagged behind other areas of the same province. In addition, vulnerabilities due to poverty, old age and disabilities still played a part in the unequal distribution of access to basic services.

For KOMPAK, this demonstrates the need for social inclusion approaches to focus more on program outputs instead of mainstreaming objectives at the concept and planning level. Although KOMPAK involved various vulnerable groups in its activities, this study did not find meaningful participation by them outside of women's groups. Participation by persons with disabilities, for instance, was often tokenistic and encouraged solely for the sake of meeting a program's targets. A broader and deeper understanding of vulnerable groups should be acquired by all KOMPAK program administrators and implementing partners so that programs will identify, reach, assist, and engage meaningfully with the most vulnerable individuals and individuals who experienced exclusion in all its forms and in different areas.

Prioritizing depth over breadth, which includes programs reaching the most vulnerable even if they are few in number, rather than the sheer volume of people reached, has become increasingly relevant in KOMPAK's approach. For example, the lack of JKN or any other health insurance ownership did not appear to prevent access to health care. Those who are not covered by health insurance are likely to pay out-of-pocket for receiving healthcare services. The poor might have to allocate a great share of their household budget or even borrow money from other households to pay the healthcare services. The foresight to identify such problems should be a priority for KOMPAK in its policy strengthening work.

Second, although access to basic services—especially in population administration—has shown signs of improvement with respect to coverage, the quality of these services still needs to be improved. Factors such as cost, distance, and the lack of required documents remain a challenge to increasing the ownership rate of legal identity documents. The long process someone had to go through in order to obtain these documents certainly did not help.

For KOMPAK, this demonstrates how future advocacy work — in areas of population administration, health, education, and social services — should continue to push for more improvements in basic service quality and to monitor them, in addition to advocating for adequate access.

Governance strengthening through improving budget and policy was the appropriate first step, but the quality of implementation should continue to be assessed based on how quickly and precisely services are obtained; how strictly procedures and mechanisms are followed; whether or not citizens still have to pay for services out of their own pocket—and if 'yes', whether or not these costs can be accounted for; whether or not requirements for services have been made simple and consistent, and so forth. These assessments can complement existing minimum service standards, standard operating procedures, and service standards in all basic service sectors and become simple monitoring tools that can be used by citizens to monitor service compliance and measure the quality of the service they receive, and then to share their input and file their complaints through available mechanisms such as the village council.

Third, KOMPAK programs received a relatively warm welcome and were appreciated. Commitment, collaboration, and the potential for sustainability emerged in some areas and across several sectors in varying degrees. What these initiatives had in common was the expectation that the KOMPAK programs could continue to help local and village governments in addressing problems with basic services. According to the program participants, although KOMPAK's activities often added to their workload, they found it useful to finally have someone to talk to and brainstorm with, someone to assist them in solving issues related to policies, budgets, and accountability.

For KOMPAK, this illustrates the shifting definitions and practices of advocacy on the ground, from promoting solutions and assisting counterparts in implementing these solutions, to engaging and assisting them in analysing problems and defining and implementing the solutions. Working on the ground now requires not only tenacious networking and agile implementation, but also disciplined thinking, empathy for social justice, the ability to obtain, interpret and analyse data, to process relevant information, and to use them strategically to convey ideas clearly and convincingly. KOMPAK's advocacy work in the future would bring more value if it were positioned as a contextual problem solver and driver for inclusive solutions beyond mere technical input. Furthermore, all of KOMPAK's program administrators and implementing partners must be disciplined in documenting, analysing, and writing down all lessons from ongoing programs.

Finally, input from various interviews and group discussions brought to attention the fact that KOMPAK programs were not immune to political and economic climates as well as social norms. People tended to harbor suspicions of anything 'foreign', and these suspicions could grow into more serious sentiments. Suspicions against programs funded by foreign governments were still common in some areas. The lesson was that KOMPAK should ensure its intervention programs are, and will always be, in line with the needs and interests of local communities.

These lessons illustrate the risks of managing KOMPAK's programs and the subsequent mitigation efforts that can be done. Strengthening and developing the capacity of program administrators and implementing partners on the ground must include improving their understanding of the political economy and social norms at play, and the skills to manage them. These include, but are not limited to, ways of recognising developing issues and finding appropriate referrals, as well as learning how to address them strategically.

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APPENDICES

Appendix 1.
Respondents' Education Level by Age Group

Education Level	Age Group (year)													
	7-12		13-15		16-17		18-24		25-29		>=60		>18	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Didn't attend school	426	89,3	9	4,9	4	3	27	8,1	560	29,1	358	72,2	945	34,3
Elementary School	51	10,7	128	69,6	22	18	58	17,4	621	32,3	109	22,0	788	28,6
Junior High School	0	0,0	46	25,0	95	76	73	21,9	296	15,4	5	1,0	374	13,6
High School	0	0,0	1	0,5	4	3	152	45,5	287	14,9	13	2,6	452	16,4
Bachelor's Degree	0	0,0	0	0,0	0	0	24	7,2	156	8,1	11	2,2	191	6,9
Graduate Degree	0	0,0	0	0,0	0	0	0	0,0	3	0,2	0	0,0	3	0,1
Total	477	100	184	100	125	100	334	100	1923	100	496	100	2753	100

Appendix 2.
Characteristics Associated with Ownership of Birth Certificate

	N	Able to show birth certificate		Report to have birth certificate		Children without birth certificates	
		n	%	n	%	n	%
Children under 18							
Gender							
Male	648	478	73,77	554	85,49	94	14,5
Female	666	495	74,32	583	87,54	83	12,5
Province							
Aceh	255	184	72,2	227	89	28	11
Central Java	281	206	73,3	253	90	28	10
East Java	161	126	78,3	139	86,3	22	13,7
West Nusa Tenggara	296	215	72,6	238	80,4	58	19,6
South Sulawesi	321	242	75,4	280	87,2	41	12,8
District							
West Aceh	99	66	66,7	82	82,8	17	17,2
Bantaeng	167	122	73,1	142	85	25	15
Bener Meriah	156	118	75,6	145	93	11	7,1
Bima	152	114	75	125	82,2	27	17,8
Bondowoso	77	52	67,5	58	75,3	19	24,7
East Lombok	144	101	70,1	113	78,5	31	21,5
Pacitan	84	74	88,1	81	96,4	3	3,6
Pangkep	154	120	77,9	138	89,6	16	10,4
Pekalongan	146	111	76	139	95,2	7	4,8
Pemalang	135	95	70,4	114	84,4	21	15,6
Regional Status							
Urban	179	134	74,9	158	88,3	21	11,7
Rural	1135	839	73,9	979	86,3	156	13,7
Economic Status							
Very poor	54	25	46,3	32	59,3	22	40,7
Poor	747	582	74,6	642	85,9	105	14,1
Not Poor	513	391	76,2	463	90,3	50	9,8
Total Sample	1314	973	74,1	1137	86,5	117	13,5

	N	Able to show birth certificate		Report to have birth certificate		Children without birth certificates	
		n	%	n	%	n	%
Children under 5							
Gender							
Male	194	121	62.4	142	73.2	52	26.8
Female	184	118	64.1	134	72.8	50	27.2
Province							
Aceh	72	47	65.3	56	77.8	16	22.2
Central Java	94	65	69.2	78	83.0	16	17.0
East Java	45	31	68.9	35	77.8	10	22.2
West Nusa Tenggara	85	51	60.0	55	64.7	30	35.3
South Sulawesi	82	45	54.9	52	63.4	30	36.6
District							
West Aceh	28	17	60.7	19	67.9	9	32.1
Bantaeng	40	20	50.0	23	57.5	17	42.5
Bener Meriah	44	30	68.2	37	84.1	7	15.9
Bima	44	26	59.1	27	61.4	17	38.6
Bondowoso	23	13	56.5	16	69.6	7	30.4
East Lombok	41	25	61.0	28	68.3	13	31.7
Pacitan	22	18	81.8	19	86.4	3	13.6
Pangkep	42	25	59.5	29	69.1	13	31.0
Pekalongan	49	37	75.5	43	87.8	6	12.2
Pemalang	45	28	62.2	35	77.8	10	22.2
Regional Status							
Urban	49	32	65.3	36	73.5	13	26.5
Rural	329	207	62.9	240	73.0	89	27.1
Economic Status							
Very poor	14	4	28.6	5	35.4	9	64.6
Poor	231	142	65.4	161	71.9	70	28.1
Not Poor	147	93	63.3	110	74.8	37	25.2
Total Sample	378	239	63.2	276	73	102	27

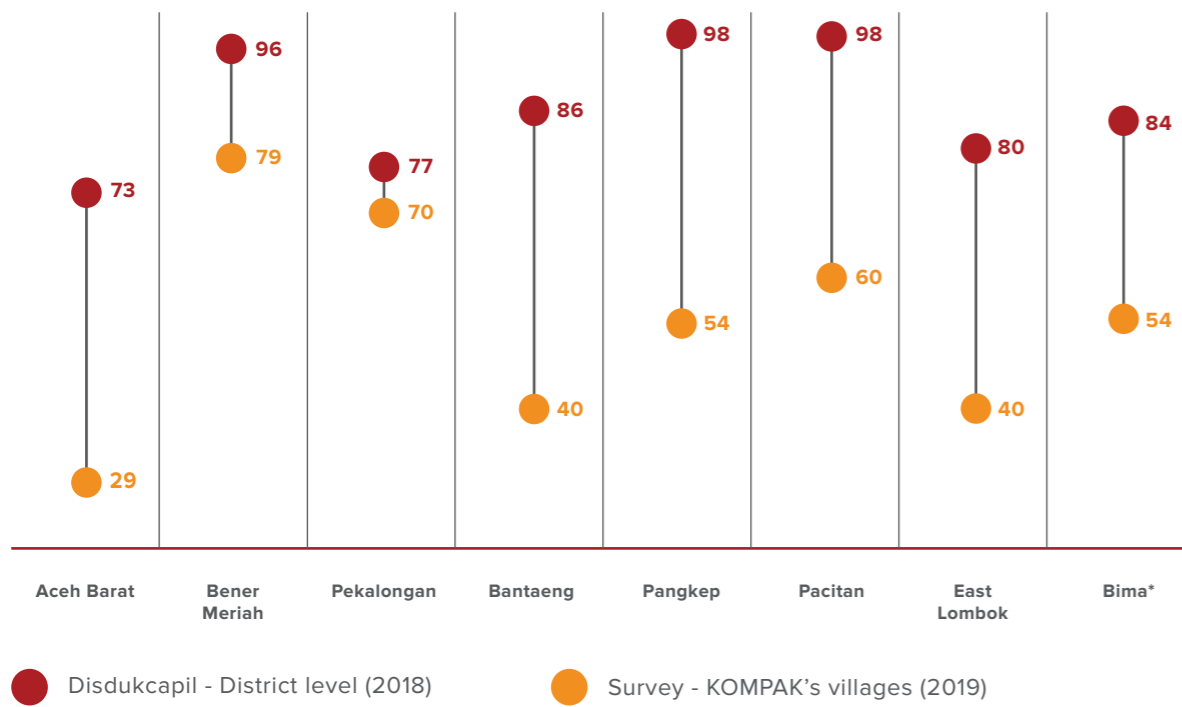
Appendix 3.**Ownership of National ID Card among Persons with Disabilities**

	Own National ID Card		Do Not Own National ID Card	
	n	%	n	%
Persons with Disabilities	75	84.3	14	15.7
Persons with Mild Health Condition	477	96.4	18	3.6
Persons without Disabilities	2104	94.5	122	5.5

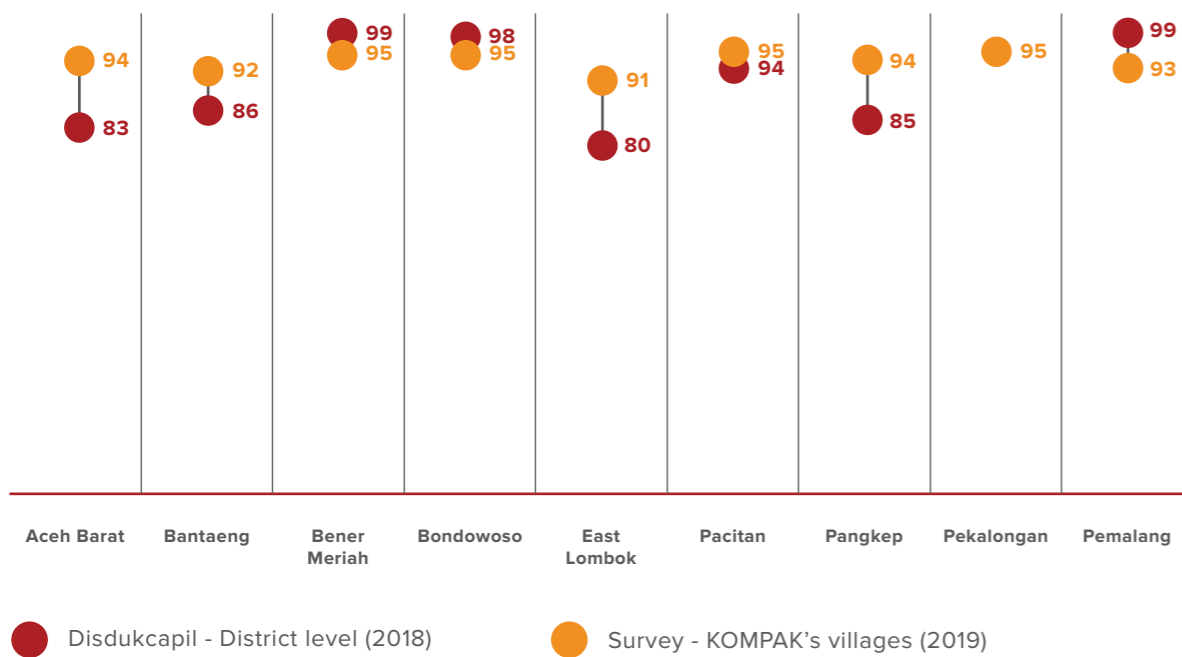
Appendix 4.**Cited Reasons for Not Having a Birth Certificate (by province)**

Cited Reason (Respondent may choose more than one answer)	Aceh		Central Java		East Java		West Nusa Tenggara		South Sulawesi	
	n	%	n	%	n	%	n	%	n	%
Too expensive	2	8.7	1	4.2	4	16.0	2	6.7	1	3.2
Registration office too far	5	21.7	5	20.8	3	12.0	6	20.0	3	9.7
No time to register	12	52.2	3	12.5	4	16.0	17	56.7	16	51.6
Do not know how/ where to register	2	8.7	1	4.2	3	12.0	2	6.7	7	22.6
Do not have required documents for registration	3	13.0	4	16.7	4	16.0	4	13.3	2	6.5
Identity barriers (religious minorities/other minorities)	0	0.0	0	0.0	0	0.0	2	6.7	0	0.0
Having a disability	1	4.4	6	25.0	3	12.0	0	0.0	4	12.9
Do not find it useful or important	4	17.4	9	37.5	5	20.0	7	23.3	1	3.2

Appendix 5.
Administrative Data: Ownership of Birth Certificates (%) for Children Under 1 (by district)



Appendix 6.
Administrative Data: Ownership of e-KTP (%) (by District)



Appendix 7.
Bivariate Logistic Regression: Children Without a Birth Certificate

	(1) Without a Birth Certificate	(2) Without a Birth Certificate	(3) Without a Birth Certificate
Rural	1.199 [0.738; 1.948]		
Poor		0.238*** [0.133; 0.425]	
Very Poor		1.157*** [0.085; 0.291]	
Without Health Insurance			3.897*** [2.736; 5.551]
N	1314	1314	1314

Exponentiated coefficients; The brackets indicate a 95% confidence interval
* p<0.05, ** p<0.01, *** p<0.001

Appendix 8.
Multivariate Logistic Regression

	(1) Without Health Insurance	(2) Without a Birth Certificate
Economic Status		
Poor	1.193 [0.625; 2.277]	0.282*** [0.144; 0.550]
Not Poor	0.689 [0.352; 1.350]	0.216*** [0.104; 0.449]
Female head of household	1.838*** [1.279; 2.640]	1.172 [0.259; 0.590]
Literate head of household	0.791 [0.565; 1.108]	0.391*** [0.259; 0.590]
Age	0.823*** [0.801; 0.845]	0.854*** [0.823; 0.887]

	(1) Without Health Insurance	(2) Without a Birth Certificate
Disability Staus		
Mild physical problem	2.029 [0.171;24.08]	0.318 [0.0335;3.022]
Non-disability	3.126 [0.357;27.37]	0.201 [0.0375;1.074]
N	1314	1314

Exponentiated coefficient; The brackets indicate a 95% confidence interval
* p<0.05, ** p<0.01, *** p<0.001

Appendix 9. Social Protection Program and Economic Status

	Poor households without social protection (%)	Non-poor households receiving social protection (%)	Consistency (%)
Province			
Aceh	57.29	8.54	34.17
Central Java	53.9	39.1	7.01
East Java	60.94	33.15	5.91
West Nusa Tenggara	67.17	17.6	15.23
South Sulawesi	56.22	32.92	10.86
District			
West Aceh	51.53	7.52	40.95
Bantaeng	54.49	32.99	12.53
Bener Meriah	62.44	9.45	28.11
Bima	61.97	18.08	19.95
Bondowoso	67.05	26.7	6.25
East Lombok	73.07	17.07	9.87
Pacitan	55.2	39.2	5.6
Pangkajene Islands	58.21	32.85	8.94
Pekalongan	44.52	52.47	3.01
Pemalang	64.29	24.29	11.43

Appendix 10. Households Receiving Government Assistance in Past Year

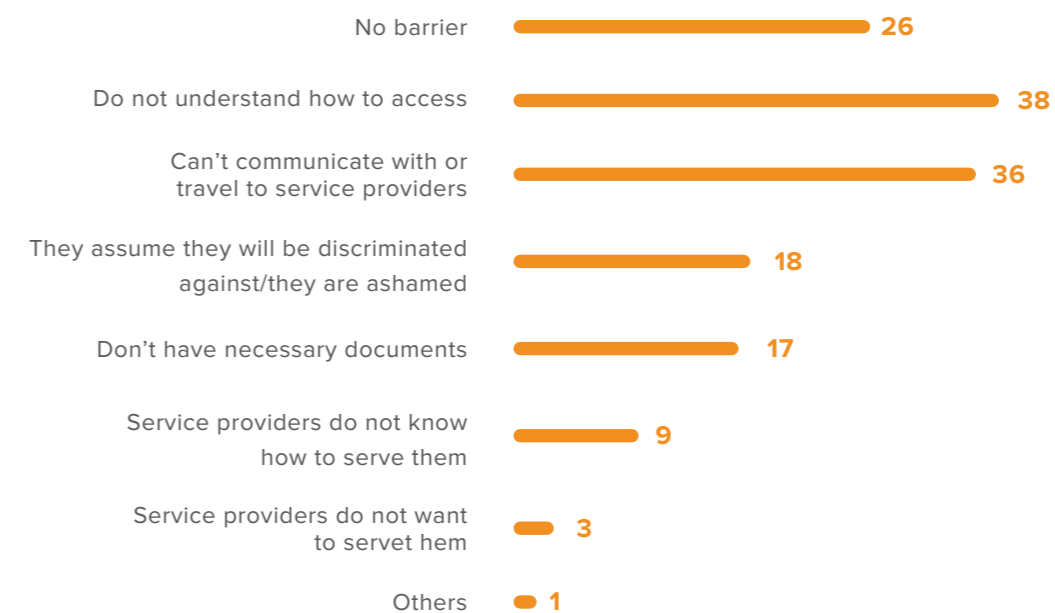
		All Provinces	Aceh	Central Java	East Java	West Nusa Tenggara	South Sulawesi
Indonesia Smart Card (KIP)	n	162	34	33	24	36	35
	%	15.6	16.4	15.9	11.5	17.3	16.8
Family Welfare Programme (KKS)	n	15	3	2	1	3	6
	%	1.4	1.4	1.0	0.5	1.4	2.9
Non-Cash Food Assistance (Rastra/BPNT)	n	436	119	84	76	81	76
	%	41.9	57.2	40.4	36.5	38.9	36.5
Family Hope Program (PKH)	n	224	42	35	42	60	45
	%	21.5	20.2	16.8	20.2	28.9	21.6
Senior Citizen Benefits	n	31	2	6	11	11	1
	%	3.0	1.0	2.9	5.3	5.3	0.5
Disability Benefits	n	7	0	0	2	3	2
	%	0.7	0.0	0.0	1.0	1.4	1.0
Other programs	n	56	25	7	4	6	14
	%	5.4	12.0	3.4	1.9	2.9	6.7

Appendix 11. Characteristics of Respondents with Disabilities

(The question is only asked to respondents aged 5 or above)	N	Disability		Mild Health Condition		Non-Disability	
		n	%	n	%	n	%
Individual							
Total sample	3689	97	2,6	507	13,7	3085	83,6
Under-18	936	9	1,0	16	1,7	911	97,3

(The question is only asked to respondents aged 5 or above)	N	Disability		Mild Health Condition		Non-Disability	
		n	%	n	%	n	%
Gender							
Male	1776	50	2,8	240	13,5	1486	83,7
Female	1913	47	2,5	267	14,0	1599	83,6
Province							
Aceh	689	22	3,2	112	16,3	555	80,6
Central Java	791	12	1,5	92	11,6	687	86,9
East Java	682	22	3,2	96	14,1	564	82,7
West Nusa Tenggara	716	17	2,4	90	12,6	609	85,1
South Sulawesi	811	24	3,0	117	14,4	670	82,6
District							
West Aceh	331	10	3,0	55	16,6	266	80,4
Bantaeng	439	18	4,1	65	14,8	356	81,1
Bener Meriah	358	12	3,4	57	15,9	289	80,7
Bima	382	8	2,1	55	14,4	319	83,5
Bondowoso	329	14	4,3	49	14,9	266	80,9
East Lombok	334	9	2,7	35	10,5	290	86,8
Pacitan	353	8	2,3	47	13,3	298	84,4
Pangkep	416	6	1,4	52	14,0	375	90,1
Pekalongan	416	6	1,4	35	8,4	375	90,1
Pemalang	375	6	1,6	57	15,2	312	83,2

Appendix 12. Respondents' Perception of Barriers Faced by Persons with Disabilities in Accessing Basic Services



Appendix 13. Ownership of Legal Identity Documents for Married Children Under 18

	Able to produce the documents		Report to have the documents		Do not have the documents	
	n	%	n	%	n	%
Ownership of birth certificate	7	58.3	11	91.7	1	8.3
Ownership of National ID Card	5	41.7	6	50.0	6	50.0
Ownership of marriage certificate	7	58.3	9	75.0	3	25.0
Ownership of family card (KK)	6	50.0	12	100.0	0	0.0

Appendix 14.**Public Knowledge about Birth Certificate Requirements (% by province)**

	Parents' Marriage Certificate	Family Card (KK)	Parents' National ID Cards	Confirmation of birth letter from health facility	Confirmation of birth letter from Village Government	Witness' National ID Card	Statement of Absolute Responsibility (SPTJM)
All Provinces	65.0	88.0	78.6	38.6	27.0	12.3	2.6
Aceh	75.7	95.4	90.4	76.9	22.3	33.8	4.6
Central Java	81.5	89.9	73.8	27.5	38.1	6.4	2.2
West Java	67.5	86.5	83.1	33.7	36.2	15.0	5.8
West Nusa Tenggara	62.1	94.1	80.0	26.5	23.1	2.9	0.9
South Sulawesi	64.5	91.3	78.3	47.1	23.0	7.4	1.1

Appendix 15.**Incomplete Birth Certificate Requirements for Children Under 5**

(Respondents may choose more than one answer)	Incomplete Requirements	
	n	%
Parents' marriage book/certificate	8	66.7
Family Card	11	50.0
Parents' National ID Card	6	27.3
Confirmation of birth letter from health facility	4	18.2
Confirmation of birth letter from Village Government	2	9.1
Statement of Absolute Responsibility (SPTJM)	1	4.5

Appendix 16.**Time Implications of Obtaining a Birth Certificate**

Length of Process	Under-18 Age Group		Under-5 Age Group		Under-1 Age Group	
	n	%	n	%	n	%
1-3 day	245	21.5	74	24.2	15	23.8
4-7 day	277	24.3	57	18.6	12	19.1
>1 week, <1 month	225	19.7	54	17.7	11	17.5
One month	160	14.0	45	14.7	8	12.7
More than one month	183	16.0	43	14.1	3	4.8
In process	51	4.5	33	10.8	14	22.2

Length of Process by Province	Less than a week		More than a week	
	n	%	n	%
Under-18 Age Group				
All Provinces	522	47.9	568	52.1
Aceh	115	53.5	100	46.5
Central Java	34	13.4	210	86.6
East Java	61	44.2	77	55.8
West Nusa Tenggara	160	69.3	77	30.7
South Sulawesi	152	58.0	110	42.0
Under-5 Age Group				
All Provinces	131	48.0	142	52
Aceh	33	60.0	22	40
Central Java	13	16.7	65	83.3
East Java	21	61.8	13	38.2
West Nusa Tenggara	34	61.8	21	38.2
South Sulawesi	30	58.8	21	41.2
Under-1 Age Group				
All Provinces	27	55.1	22	44.9
Aceh	10	76.9	3	23.1
Central Java	0	0.0	11	100
East Java	2	40.0	3	60
West Nusa Tenggara	7	77.8	2	22.2
South Sulawesi	8	72.7	3	27.3

Appendix 17.
Cost Implications of Obtaining a Birth Certificate

	Rp 50,000 (AUD 5) or less		More than Rp 50,000 (AUD 5)	
	n	%	n	%
Total Sample	661	54.4	555	45.6
Age Group				
Under-1	43	48.8	45	51.1
1-4	102	49.0	106	51.0
5-17	483	56.0	483	44.0
Under-1 by Province				
Aceh	12	57.1	9	42.9
Central Java	5	25.0	15	75.0
East Java	2	22.2	7	77.8
West Nusa Tenggara	9	52.9	8	47.1
South Sulawesi	15	71.4	6	28.6
1-4 by Province				
Aceh	25	69.4	11	30.6
Central Java	13	21.3	48	78.7
East Java	11	44.0	14	56.0
West Nusa Tenggara	28	54.9	23	45.1
South Sulawesi	25	71.4	10	28.6
5-17 by Province				
Aceh	120	72.7	45	27.3
Central Java	40	25.0	120	75.0
East Java	52	51.5	49	48.5
West Nusa Tenggara	75	42.1	103	57.9
South Sulawesi	166	82.6	35	17.4

Appendix 18.
Complaints Related to Population Administration, Health, and Education Services in Past Year

	N	Complaints Related to Education Services		Complaints Related to Health Services		Complaints Related to Population Administration Services	
		n	%	n	%	n	%
Total Sample	1,040	79	8	69	6.6	80	7.7
Province							
Aceh	208	14	7	12	5.8	13	6.3
Central Java	208	29	14	19	9.1	16	7.7
East Java	208	6	3	5	2.4	15	7.2
West Nusa Tenggara	208	7	3	14	6.7	15	7.2
South Sulawesi	208	23	11	19	9.1	21	10.1
District							
West Aceh	104	7	7	6	5.8	4	3.9
Bantaeng	117	10	9	10	8.6	9	7.7
Bener Meriah	104	7	7	6	5.8	9	8.7
Bima	104	4	4	12	11.5	9	8.7
Bondowoso	104	2	2	4	3.9	7	6.7
East Lombok	104	3	3	2	1.9	6	5.8
Pacitan	104	4	4	1	1.0	8	7.7
Pangkep	91	13	14	9	9.9	12	13.2
Pekalongan	104	15	14	10	9.6	6	5.8
Pemalang	104	14	13	9	8.7	10	9.6

Appendix 19.
Reported Complaints Related to Population Administration, Health,
and Education Services in Past Year

	Filed Complaints Related to Education Services			Filed Complaints Related to Health Services			Filed Complaints Related to Population Administration Services		
	N	n	%	N	n	%	N	n	%
Total Sample	79	26	32.9	69	29	42.0	80	49	61.3
Province									
Aceh	14	6	42.9	12	5	41.7	13	10	76.9
Central Java	29	10	34.5	19	9	47.4	16	7	43.8
East Java	6	1	16.7	5	1	20.0	15	11	73.3
West Nusa Tenggara	7	2	28.6	14	7	50.0	15	10	66.7
South Sulawesi	23	7	30.4	19	7	36.8	21	11	52.4
District									
West Aceh	7	4	57.1	6	2	33.3	4,0	3	75.0
Bantaeng	10	3	30.0	10	4	40.0	9,0	4	44.4
Bener Meriah	7	2	28.6	6	3	50.0	9,0	7	77.8
Bima	4	2	50.0	12	6	50.0	9,0	6	66.7
Bondowoso	2	0	0.0	4	1	25.0	7,0	6	85.7
East Lombok	3	0	0.0	2	1	50.0	6,0	4	66.7
Pacitan	4	1	25.0	1	0	0.0	8,0	5	62.5
Pangkep	13	4	30.8	9	3	33.3	12,0	7	58.3
Pekalongan	15	5	33.3	10	6	60.0	6,0	2	33.3
Pemalang	14	5	35.7	9	3	33.3	10,0	5	50.0

Appendix 20.
Institutions to Which Complaints were Filed

A. Education		B. Health		C. Population Administration	
Institution	%	Institution	%	Institution	%
a. Village Government	17.9	a. Village Government	43.3	a. Village Government	54.7
b. Subdistrict Government	-	b. Subdistrict Government	3,3	b. Subdistrict Government	5.3
c. Local Government	3.6	c. Local Government	-	c. Local Government	1.3
d. Central Government	-	d. Central Government	-	d. Central Government	-
e. Local Health Office	3.6	e. Local Health Office	3.3	e. Local Health Office	10.7
f. Education Service Unit	-	f. Community Health Centre	33.3	f. Service Unit/Technical Service Unit at the Office of Population Administration and Civil Registration	12.0
g. School	82.1	g. Hospital	16.7	g. Vilage (CRVS) Facilitators	16.0
		h. Village Health Centre	100		

Appendix 21.
Types of Complaints Filed in Past Year

A. Education		B. Health		C. Population Administration	
Institution	%	Institution	%	Institution	%
a. Quality of teaching staff	21.4	a. Quality of health workers	31.0	a. Difficult access to the Office of Population Administration and Civil Registration (too far)	11.3
b. Difficult access to school (too far)	-	b. Difficult access to services (too far)	13.8	b. Unclear information	8.5
c. Too much homework	-	c. Lack of medication	17.2	c. High transportation costs	2.8
d. Harsh teaching staff	-	d. Inadequate health service facilities	20.7	d. High intermediary service costs of obtaining population documents	7.0
e. Inadequate school facilities	14.3	e. Limited health service hour	17.2	e. Long process to obtain legal identity documents	49.3
f. Bullying	3.6	f. Others (difficult access to BPJS Health, complicated procedure of referral, et cetera.)	48.3	f. Errors in the document	6.4
g. Hidden additional costs	39.3			g. The Office of Population Administration and Civil Registration ran out of blank certificates	9.5
v. Others (difficult access to social assistance for education, etc.)	32.1			h. Additional costs	6.1
				i. Others (discrimination, limited human resources at Disdukcapil, etc.)	28.2