Enhancing Community Based Approach in The Child Social Welfare Program (PKSA) in Indonesia

Strengthening national child protection systems at the national and province, district and local levels

Edi Suharto, PhD
Diretor, Directorate for Child Social Welfare
Ministry of Social Affairs, Indonesia

Presented at an international expert consultation on the strengthening of community-based child protection mechanisms (CBCPM), co-hosted by the Office of the Special Representative of the UN Secretary-General on Violence against Children and Plan International, and sponsored by the Norwegian Ministry of Foreign Affairs, held in Klaekken Hotel, Honefoss 3 – 4 of September 2015
Menu

1. Children in Indonesia

2. PKSA: key components and mechanisms

3. Issues and challenges

4. Windows of opportunity
   Improving community based approach in PKSA

*) PKSA = Program Kesejahteraan Sosial Anak
CHILDREN IN INDONESIA

237 million
Total Population (2014)

Children: 84 million

44.3 million (52.7%)
children living with less than USD 2 per day

$4,154
GNI per capita

121 (Medium)
HDI Ranking

VULNERABLE CHILDREN

- 1.8 million children have no complete immunization (3rd highest in the world)
- Registered children (5 years old): 61%
- Out of school children (7–15 years old): 2.3 mil
- Working children (5-17 years old): 7%

Unicef (2014) “Story from Indonesia”
VIOLENCE AGAINST CHILDREN, 2013


Physical Abuse
- 3 million
- 1 out of 4

Emotional Abuse
- 1.4 million
- 1 out of 8

Sexual Abuse
- 900,000
- 1 out of 12

Physical Abuse
- 1.5 million
- 1 out of 7

Emotional Abuse
- 1.2 million
- 1 out of 9

Sexual Abuse
- 600,000
- 1 out of 19
**PKSA Program Kesejahteraan Sosial Anak**

- Established in 2009, The Child Social Welfare Programme provides purposive cash transfer and social interventions to five clusters of the most deprived children. Until 2015, PKSA has reached more than 1 million children as beneficiaries all over Indonesia.
- The **cash** helps the child meet some basic needs, such as food, schooling and health services. **Interventions** are aimed at enhancing family capacities and child resilience (eg. parenting skills, child coping responses to risks).
- Government social workers monitor the cash disbursement and use.
- Since 2013, PKSA encourages the shift from institutional to family-based care.

---

**Source:** Unicef (2012), Dit KSA (2015)
PKSA: components and mechanisms

- Purposive cash transfer
- Family and child development sessions
- Institutional capacity building
- Case management and responses, monitoring: social workers

- Central govt
- Province govt
- District govt
- Community organisations

- Early child development centres/Kindergarten
- Child welfare institutions
- Drop-in centres
- Child helpline
- Trauma centres
- Child protection units
- Forum of families with CWD
- Social rehabilitation centres
- Community forum for CCL

- Neglected babies
- Neglected children
- Children needs of special protection
- Children with disabilities
- Children in conflict with the law
FORUM of families with children with disabilities
COMMUNITY Forums for children in conflict with the law

Courtesy of DKSA, 2014
Population and targetted children: PKSA 2015

- **Neglected babies**
  - Population: 1.2 million children
  - Target: 7,070 (0.5%)

- **Neglected children**
  - Population: 2.9 million children
  - Target: 122,100 (4.2%)

- **Children in needs of special protection**
  - Population: 5,900 children
  - Target: 1,935 (32.8%)

- **Children with disabilities**
  - Population: 532,130 children
  - Target: 2,600 (0.5%)

- **Children in contact with the law**
  - Population: 3,657 children
  - Target: 3,000 (82.03%)
ISSUES AND CHALLENGES

Inadequate database
- Reported cases hide realities
- Based on child profile reported by childcare institutions

Lack of budget
- Mostly central budget. Local govts rely heavily on deconcentration budget
- Low target; lack of family support and community empowerment initiatives

Inadequate social workers
- Low number and uneven (800 government social workers, concentrated in Java)
- Lack of capacities and mandate – SWs do not have authority to intervene on behalf of the state

Regulation
- Province and district regulations are not in line with national laws
- Fragmented and poorly coordinated mechanisms
- Lack of law enforcement and M&E

Institutional-based services
- 5,575 childcare institutions; 87% of 400,000 institutionalised children have at least one parent (2014)
- Poor standard of care, despite National Standard of Institutional Care (Ministerial Decree, 2011)
- Lack of prevention initiatives; mostly tertiary interventions for children in crises
- Lack of alternative care models
**WINDOWS OF OPPORTUNITY (1)**

Strengthening community based approach in PKSA

- **Database**
  - Developing online database system; improving child helplines (TESA & TEPSA)
  - Encouraging community participation in reporting child abuse cases (e.g., Surveillance and reporting mechanisms)

- **Budget**
  - Mainstreaming CP in National and Local Development Plan [increasing national budget and deconcentration budget allocated for provincial and district governments]
  - Strengthening commitment of province and district governments to allocate sufficient budget for CP
  - Involving Corporate Social Responsibility (CSR) initiatives

- **Regulation**
  - Developing comprehensive province and district child protection regulations mandating and describing roles, services and technical mechanisms
  - Improving collaboration mechanisms between central and local governments and law enforcement agencies at all levels
  - Improving M&E instruments and procedures in the implementation of regulations
WINDOWS OF OPPORTUNITY (2)
Strengthening community based approach in PKSA

- Developing and spreading National Standard of Institutional Care, including capacity buildings and accreditations of childcare institutions;
- Developing and applying existing models of PKSA’s Community Forums for Children in Contact with the Laws and Forums of Families with Children with Disabilities into other PKSA’s clusters of children*
- Improving family- and community-based care models (Learning from CBCPM models, Plan Indonesia; PDAK – Family and Child Support Centres, Save the Children Indonesia)

- Developing a comprehensive capacity building strategy for social workers, especially in terms of child protection interventions
- Strengthening the authority and mandate of social workers (eg. via certification/licensing).
THANK YOU