# Report on Community Based Child Protection Mechanisms supported by Plan in Indonesia<sup>1</sup>

#### Introduction

Plan is as an international child-centred development organization working in 50 developing countries across Africa, Asia and the Americas. Plan's vision is of a world in which all children realize their full potential in societies that respect people's rights and dignity. In recent years<sup>2</sup> child protection has become a key programming and thematic area for Plan in which it effectively contributes to the realisation of child rights, applying its Child Centred Community Development approach. For Plan International, child protection encompasses the work and activities it undertakes to prevent and respond to all forms of abuse, neglect, exploitation and violence against children. Plan's child protection work incorporates work on child protection in emergencies (CPiE), child protection programming referred to as child protection in development (CPiD) and Plan's policy to safe guard children, "Say Yes! to keeping children safe". Specific child protection programmes and strategies include:

- Strengthening Child Protection Systems, focusing particularly on community based protection mechanisms;
- Building the capacity of parents, communities and professionals to provide protection;
- Developing children's resilience and their capacity to participate in their own protection;
- Integrated advocacy to strengthen legal frameworks and for access to basic and specialist services.

Focusing on community based child protection, Plan's increasing efforts are channelled into establishing and sustaining a variety of local mechanisms, reflecting a specific child rights based situation analysis, aiming at creating protective networks and environments expected to ensure protection of all children and contribute towards strengthening national child protection systems.

This brief report provides an overview of community based child protection mechanisms supported by Plan Indonesia, as a contribution to a regional comparative analysis on community based child protection mechanisms supported by Plan in the Asia region<sup>3</sup>. The overall objective of this comparative analysis is firstly, to increase learning of various structural and functional aspects of the existing community based child protection mechanisms in Plan Asia and secondly, to provide a comprehensive report on their potential for increased impact and sustainability. The specific objectives of the regional study are:

- to provide a broad mapping of the scale and coverage of community-based child protection mechanisms supported by Plan Country Offices across the Asia Region;
- to document various models and approaches in establishing, supporting and promoting such child protection mechanisms, including defining roles and responsibilities of various actors and processes supporting their functionality;
- to document common roles, responsibilities and key activities of these community based child protection mechanisms;
- to analyze identified achievements and gaps of community based child protection mechanisms in different operational contexts, including crisis/emergency, early recovery and longer-term development;

<sup>&</sup>lt;sup>1</sup> Kunera Moore, ICPREC (2012)

<sup>&</sup>lt;sup>2</sup> particularly since 2006

<sup>&</sup>lt;sup>3</sup> Encompassing an analysis of community based child protection work in 13 out of the 14 countries where Plan works in the region: Bangladesh, Cambodia, China, East Timor, Indonesia, Laos, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam. The study did not include Myanmar where Plan's work is more recent and child protection programme work has not yet started.

• to provide a broad overview of lessons learned on key components and processes contributing towards effective child protection and sustainable community based mechanisms.

#### **Methodology**

The comparative analysis study is carried out by a consultancy group<sup>4</sup> in 3 key stages involving data collection, analysis and synthesis:

- 1. Data collection through a desk review of available information and mapping existing community based child protection mechanisms across Asia (*January April 2012*).
- 2. Data collection and participatory analysis through field visits in 5 countries (Cambodia, East Timor, Nepal, Pakistan and Vietnam) using child/user friendly participatory tools, interviews, Focus Group Discussions and observation with all relevant stakeholders (May June 2012)
- 3. Analysis and Synthesis: comparative analysis of existing models and report writing (May September 2012)

Ethical guidelines have been applied throughout the study, particularly in preparing for, undertaking and following up to the field work to ensure safe, ethical and inclusive participation of girls and boys with attention to issues of: informed consent, assessment of risks, and opportunities to report on protection concerns relevant to Plan's child protection policy.

In countries where the field study did not take place, the report builds upon a mapping exercise conducted by the consultants, based on available country documents<sup>5</sup> and verified and updated by Plan's child protection focal points in each country. These country reports were further informed by primary qualitative data from Plan's child protection programme staff, civil society and/or government partners, as well as adult and child members of community based child protection mechanisms (CBCPMs) using the following two tools: 'H' assessments – undertaken by different stakeholders to share their views on the main strengths and achievements, challenges and weaknesses of their CBCPMs; as well as practical suggestions to improve CBCPMs in their country context. Secondly, Stories of Most Significant Change and Most Significant Challenge (SMSC/C) relating to experiences of community based child protection mechanisms were shared by various stakeholders. Because the Indonesia office just evaluated its CBCPMs, it was decided not to conduct the H-assessments or the SMSC/C as primary data from the evaluation was thought to be sufficient.

#### **Brief Introduction to the Country Context:**

The Republic of Indonesia has a population of almost 250 million people (the 4th most populous country in the world), 27 percent of whom are under 14. Its 17,500 or so islands are situated on the edges of 3 tectonic plates making Indonesia suffer regular disasters, due to earthquakes and volcano eruptions. The economy is the largest in South-East Asia and has grown vastly in the last 20 years, making Indonesia a lower middle-income country.6 The majority (87 percent) of the population is Muslim, making Indonesia the most populous Muslim country in the world. Whilst it is on track to reach its Millennium Development Goals by 2015 related to health, education, gender equality and poverty reduction, unequal distribution of wealth means that more than half the population of almost 250 million people lives on 2 USD a day<sup>7</sup>.

<sup>&</sup>lt;sup>4</sup> ICPREC – International Child Protection Rights and Evaluation Consultants led by Claire O'Kane and Kunera Moore.

<sup>&</sup>lt;sup>5</sup> Country Strategic Plans, child protection proposals, progress reports, training reports on child protectionand CBCPM, minutes from children's gatherings/ initiatives etc.

<sup>&</sup>lt;sup>6</sup> CIA fact book website, accessed 8<sup>th</sup> of May, https://www.cia.gov/library/publications/the-world-factbook/geos/id.html

<sup>&</sup>lt;sup>7</sup>Plan International, Country Strategic Plan 2006-15, page 2

In 2001, Indonesia decentralised most of its government services to provincial administrations, which significant impacted on the implementation and monitoring of laws and policies as well as the delivery and coordination of social services. The National Child Protection Law was enacted in 2003. Indonesia is signatory to the CRC, its optional protocols and the Convention on the worst forms of child labour as well as CEDAW. It has formed plans of actions including combating worst forms of child labour, CSEC, child trafficking and violence against children. Indonesia's 33 provincial and 465 district/city governments have developed their own laws and regulations and action plans to give effect to national laws as well as developing their own broader child protection legislation. Given that there is not one agency with responsibility for prevention and responding to child protection issues in Indonesia, this multiple layers of legislation, policy and actions plans, especially following decentralisation, has further fragmented the child protection landscape especially at grassroot level. This fragmentation is further increased by the fact that there is also no clear distinction of roles and responsibility between national and sub-national governments in relation to child protection.

Beyond the real and constant risk of disasters, the key issues affecting children in Indonesia include (a) poor children's health due to limited access to, and quality of, primary health care services (b) lack of access to adequate sanitation and potable water, combined with poor hygiene practices (c) low levels of awareness about the need for ECCD and minimal coverage of ECCD services (d) low quality and relatively high costs of primary education resulting in low enrolment and high dropout rates amongst the poor (e) unemployment and lack of economic opportunities (f) limited participation of children in decision-making that relates to their interests (g) children living in difficult circumstances are denied their rights to survival and development and are often subject to abuse.<sup>8</sup>

## Brief overview of Plan's strategic child protection work and the scope of CBCPM work

Plan Indonesia's Country Strategic Plan II (2006-2015) focuses on the above issues and works using a sectoral approach in its Country Programs. The programmes cover primary health care, ECCD/basic education, household livelihood security, child protection/participation and disaster response/risk reduction. Using its CCCD approach, Plan includes participation of children, families and communities in its decision making processes; it builds capacities of grass root organizations, helps them create alliances and partnerships to scale up successful programmes and lastly promotes advocacy and community development so that empowered communities can hold their government accountable.

The participation of children is central to the CSPII and as such, strengthening children's clubs as well as community based mechanisms that children can contribute / partner with, is one of the pillars of this CSPII. The building of community based mechanisms is partly funded through a DfID governance grant (2010-11), which goal is:

"To build safe communities for children and adults alike" with the purpose of "realizing advancement and protection of child rights, by building child protection mechanisms which involve children and other stakeholders" using the strategy of building community based child protection mechanisms at local (village / sub-district/city level)."

The objectives are:

- 1. "Children and community, in particular the most vulnerable participate in, access and benefit from services that protect, promote and uphold their rights in 25 villages in 3 PUs (Rembang, Surabaya and TTU)."
- 2. "Local and national government offices take action to promote and protect children and to engage them in the governance of key services related to child protection."

The first step for Plan was to re-activate child clubs, which Plan had established earlier in these program areas. Following their reactivation, Plan focused on establishing community based child

<sup>&</sup>lt;sup>8</sup>Plan International, Country Strategic Plan 2006-15, page 2

protection mechanisms that interlink with the child clubs.

Plan implements its community based child protection program in 147 villages and 10 semi-urban areas, in the following 9 "regencies"(districts): Rembang, Surabaya City (Timor Tengah Utara), Grobogan, Kebumen, Kefamenanu, Soe, Sikka, Dompu and Lembata.<sup>9</sup>

#### Structural aspects of CBCPMs including child groups

<u>Child Protection Village Committees (KPADs)</u> are community based groups which work to make their communities safer for children. The committees are licensed by the local government, who write a "letter of decree" in which they state to commit the KPADs. All community members can put themselves forward to volunteer on the KPAD, followed by community election of their KPADs. As there are no requirements, marginalized families are not as strongly represented as more powerful families are, who also can dedicate more time to KPAD because of their slightly better financial situation. However, through Plan's empowerment and protection programmes, it is hoped that these families will start playing more decisive roles in implementing Plan's programmes. The gender balance is fairly equal (40 percent women roughly).

The number of members per KPAD differs from location to location, but most have about 20 to 50 members for the more recently established ones. KPADs have 3-5 government members, representing: the village leader, teacher, health worker, CBO representatives, religious leaders, traditional leaders, Youth/Children, and village government) in line with the official letter of decree. The decree describes KPAD's Vision, Mission, Principle, KPAD Structure, Role and Responsibilities, its Referral System and networks. The vast majority (85 percent) of KPADs have child members, although the number of child members varies widely from 2 to 20. Girls are well represented and in some locations girls form the majority. Members are all volunteers and are not rewarded for their participation. Some female members of KPADs have set up revolving loan schemes.

The establishment of the KPADs is preceded by a CRSA (Child Right Situation Analysis), which the community, including children, conduct with support from Plan (Partners). The idea is that the KPADs then uses these CRSAs for their community protection planning; however, some villages were unable to carry out the CRSAs or the KPADs did not use them for their planning. KPADs meet monthly and reportedly follow up on their child protection action plan, using a booklet designed by Plan to monitor activities and progress. In addition, the KPADs discuss and follow up on individual cases where children's protection was breached. Children's clubs existed in all KPAD target communities, but they had been inactive for a while. Plan started with re-activating these child clubs, which gained support from children, youth and parents alike. Following this, Plan started with the ground work for KPAD, in which children play an active role.

<u>The children groups</u> that Plan works with are involved in peer and parent education, community and school awareness raising campaigns as well as child led media initiatives to wider audiences. They cooperate with the KPADs mostly on identifying and reporting cases as well as on awareness raising and peer education on child protection and child rights.

#### **Functional aspects of CBCPMs**

The KPADs work to advance children and to protect child rights – especially of the most vulnerable children – through a community based child protection system that involves children and other stakeholders. The objectives of the KPAD programme  $are^{11}$ 

• Children and community, in particular the most vulnerable, participate in, access and benefit from services that protect, promote and uphold their rights

<sup>&</sup>lt;sup>9</sup> See annex I to report

<sup>&</sup>lt;sup>10</sup> This was reported in Farid, M, Community Based Child Protection Program, Final Evaluation, December 2011

<sup>&</sup>lt;sup>11</sup> Plan Indonesia, Community Based Child Protection Project Proposal, September 2010

• Local and national government offices take action to promote and protect children and to engage them in the governance of key services related to child protection

The roles of the various KPAD members differ from community to community but some roles are standardized: the village leader is the official leader and the official contact person for local and (sub-) district government officials. Child protection services are often given by women and mothers. These women are trained by Plan's partner so that they have the capacity to offer these services. Women also link with the village health post and with "Arisan", the revolving loan scheme. Children members have no specific roles but are sometimes involved in follow-up of disputes, often being the ones reporting violations in the first place. Some of the children are also part of the Children's clubs (supported by Plan).

KPADs work focuses mostly on prevention (60 percent), followed by monitoring rights (20 percent), direct response (15 percent) and referrals (5 percent). KPADs work to create awareness in their communities about child rights, child protection and about what one should do when a child's rights are breached. Since KPADs werelaunched, many children and parents have reported cases of child abuse and domestic violence. Other issues were also reported such as poor nutrition, poor education, lack of birth registration, child trafficking, domestic violence and divorce. The KPADs solve most of the cases themselves within their community by discussing the issues with the involved parties and finding consensus, whilst ensuring child rights are upheld. Children's groups are the most active in awareness raising mostly through their peers, resulting in many youth and children reporting.

The 164 KPADs most commonly work on the following protection issues:12

- Decreasing violence against children (and women) especially at home, school, qur'an recital learning centres.
- Decreasing child marriage incidence (mostly Rembang and Kebumen).
- Acting against sexual and commercial exploitation of children.
- Acting against child labour.
- Decreasing school drop-out rate.
- Child participation: Parents, adults as well as government officers starts to listen to children's view and opinion (village) → children feel more confident.
- Creating local child protection legislations, based on village/district consensus: 24 Village child protection regulations are officially in place. In addition, 1District Regulation in Grobogan has been enacted. Once District regulation in Kebumen is still in process.
- Registering births and children's citizenship at later ages.

Plan Indonesia has found that the easiest cases to solve are spontaneous disputes or correcting children's petty crimes.<sup>13</sup> The most difficult cases include domestic violence because of the widely held caution to publicly discussing family members, as it puts families in disgrace. Another difficulty is posed by the fact that law enforcers in certain areas are not respected and therefore people prefer to settle cases on local level rather than involving the police and judiciary. Secondly, child participation is often challenged by the traditional leadership. Thirdly, for city slum residents, registering birth and as such accessing services is very difficult, having no official residence. Fourthly, Plan is very much aware of the possibly negative consequences of local customary settlements of

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<sup>&</sup>lt;sup>12</sup> PP presentation "Indonesia, Community based CP mechanisms, presented by Plan Indonesia at November 2011 Plan CP workshop

<sup>&</sup>lt;sup>13</sup> Plan Indonesia's comments on mapping document, April 2012

disputes, especially for victims of sexual abuse as these settlements sometimes include marriage to the perpetrator.<sup>14</sup>

Before KPAD was established, when violence against children took place, the community would refer this to Plan staff who would follow up. Since KPAD's establishment, the villages handle the issues themselves and solve cases mostly through restorative justice. KPADs have set up a referral mechanisms which covers both local referrals as well as referrals to district and provincial services. The KPAD child protection officer makes the referrals. The referrals do not need to be consulted by the whole KPAD, especially since some of the KPADs have about 50 members, which poses challenges to maintaining confidentiality. KPAD's letter of agreement with the local government is cosigned by the police, district officials and local NGOs, officiating their referral network. This network includes:

- 1. Referrals to Posyandu (community health posts), PAUD (early education for children) teachers and to Households Association/Hamlet heads.
- 2. Links with the district court/police offices, resulting in some jurisdictions and also in the police being more involved in both prevention and follow up of child protection cases. However, limited capacity of the police at local level as well as corruption still impede swift follow up on many child protection cases.
- 3. MoU/agreement between KPAD with Police Institution, District Government, Local NGOs in the prevention and response to violence against children.

KPAD has contributed towards people's confidence to step forward and report child protection cases to KPAD, overcoming socio-cultural taboos. However, a shortcoming is the lack of training on alternatives to corporal and degrading punishment, which would significantly assist parents in improving the overall child protection climate in their communities.<sup>15</sup> The initial development of referral systems between villages and service providers at district level has yielded positive responses from the district government, who consider the KPAD network essential in improving the protection climate in their districts. A very positive step by the Government of Surabaya City is the establishment of a community based crisis centre in all sub-districts, receiving a government budget. In addition, inspired by KPAD, Surabaya is working on its child friendly city policy. But mostly the fact that the government is copying KPADs in different villages and asking Plan staff for assistance shows the high levels of interest the Indonesian government has in this model.

To date, 55 cases have been reported, out of which 9 to district authorities and 16 to service providers at district levels. Lastly, 39 cases have been handled and solved within and by the community, mostly using restorative justice or consensus, which is not always in the best interests of the child.

Challenges in the referral and case management work are posed by the fact that many KPADs have no procedures in place to ensure that no harm is done to children by perpetrators or others, following their disclosure of information regarding abuse against children (themselves or other children). In addition, KPADs preference of handling the case on a local level, might result in children not accessing the right care but being part of a "negotiated agreement" in which the child might not have had a strong say and whose best interests might not have been considered. Thirdly, the high number of KPAD (20-50)members poses a potential threat to maintaining confidentiality.

## Children's participation and involvement in CBCPM

Achieving true child participation is one of Plan Indonesia's current CSP foci<sup>17</sup>, which has resulted in significant attention for and support to children's active participation and involvement in project

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<sup>&</sup>lt;sup>14</sup> Plan Indonesia responses to questions in mapping of CBCPMs in Indonesia, April 2012

<sup>&</sup>lt;sup>15</sup> Farid, M., Tassone, C., Plan CP thematic evaluation, Indonesia, December 2011, page 34

<sup>&</sup>lt;sup>16</sup> Farid, M, Tassone, C., Plan CP thematic evaluation, December 2011

<sup>&</sup>lt;sup>17</sup> CSP 2006-15, page 10

designs, in wider (community) development, research, advocacy and awareness raising as well as monitoring and evaluation activities.

Children's groups/clubs exist in almost all of Plan's supported communities. Many had become inactive over time but have been re-activated prior to the establishment of the KPADs and others will be further strengthened through planned activities under CSP II.

The children groups are active educators of their peers and parents, are raising awareness in their communities and schools and are actively campaigning on local and on wider child-led media initiatives. They cooperate with the KPADs mostly on identifying and reporting cases as well as on awareness raising and peer education on child protection and child rights.

As mentioned earlier, about 85 percent of the KPADs have child members, and more than half of the child members are girls. No particular role has been ascribed to children. Children are mainly engaged through their peer support and peer outreach programmes (as part of the children's clubs), about child protection, the importance of education, and informing children about reporting cases. As such, children have an essential role in awareness raising about child protection and in reporting cases. In addition, children are actively involved in the child rights situational analysis that precedes the establishment of the (DfID funded) KPADs. Children continue to monitor the child rights situation in some areas and report using their monitoring sheets. Child clubs have on average 50 members. Child members of the children's clubs have been trained in organizing events, club management, child rights mapping and reporting.

**Strengths**: Plan Indonesia has found that the strengths of child participation is their active role in efforts to prevent violence against children. For example, children / teenagers are also involved in resolving low risk cases of violence against children preventing further escalation. . The Village Government supports children/youth to actively participate in village planning and development, including drawing up regulations on the best interest of child and child protection. For example, some village governments have provided budgets for children/youth activities. Thirdly, Plan and the communities notice that the increased capacity of Children/Youth through different sets of training, meetings, and discussions, have resulted in increased confidence. Lastly, children have also been involved in solving (low risk) children's problems.<sup>18</sup>

**Challenges:** meaningful participation of children in adult dominated meetings is still developing. Furthermore male perspectives, although in the minority, seems to dominate decision making of the children's clubs. Substantial participation of children in the KPADs has yet to be developed.<sup>19</sup>

**Opportunities:** The more active children are in monitoring, reporting and solving cases, the more they are seen by the adult population and the more trust they will win over time. This is an ongoing process involving profound changes in cultural attitudes and beliefs that takes time.

#### **Capacity and Support Systems**

Capacity building of local institutions is an overarching focus of the CSPII of Plan Indonesia. The KPADs, following formation, participate in various trainings, meetings, workshops and field trips including a trip to Surabaya to learn about the CP system there. Trainings have focused on how to build/establish a CBO; child protection, child rights and advocacy; case management, etc.

Plan is directly working with the KPADs and has CBCP officers who are responsible for the connection with the communities. These officers are responsible for everything, from conducting the CRSA, to the establishment of the committee, assisting with the Child Protection Action Plan and

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<sup>&</sup>lt;sup>18</sup> Farid, M., CBCP Project Final Evaluation, December 2011, page 22

<sup>19</sup> idem

follow up. They are organizing the trainings for the committees as well as for the government officials and networks.

The KPADs are very much integrated within the Indonesian village political landscape in their areas of operation; less so with the district and sub-district governmental authorities. The levels of capacity differ from village to village and depend on various factors. All KPADs raise their own funds through their communities and in some cases, through budget allocation from the village administration. Plan provides funds to cover capacity building but not to cover running costs. KPADs capacity is still developing and more trainings should be organized to increase efficiency and sustainability. Plan Indonesia reflected on the fact that many KPADs prefer to handle cases themselves rather than referring them, out of mistrust of the government services or limited exposure to outside actors, including NGO service providers. This does not always result in the best interests of the child being taken into account and might result in further negative consequences for the child (e.g. marriage to perpetrator following rape). Thirdly, in the highly bureaucratic environment of local budget development and allocation, child protection is a relatively new field, which means child protection requests are often ignored by the district authorities. The child protection district regulations that Plan is working on together with 2 district authorities should manage to change this.

Plans are under way to strengthening village capacity in promoting good governance, community and child/youth participation, development of village regulations and conducting children's rights monitoring. These activities will be part of Community-Based Child Protection Program (CBCP) strategy. Involving local, sub- and district authorities in this will facilitate future cooperation and improved networking and referrals.

#### Linkages with civil society and Government

KPADs work with other sectors The CBCPMs work on education (back to school, child friendly schools), refer children to vocational trainings as well as health care programs and water and sanitation. Since KPAD's formation community members report all related matters including drop-out cases and violence in school. These cases are dealt with by KPAD, resulting in children returning to school, less violence in school as well as children changing to vocational training centres. The other problems reported to KPAD include malnourished children, incidence of diarrhea and other diseases. KPADs refer these cases to health posts (or ensure the health posts follow up with the respective families).

**KPAD's work/linkages with civil society organizations** On a local level, the KPADs interact with women's groups on family issues, children's clubs on awareness raising. The referral network to NGOs that operate on district levels is not fully active and needs to be further strengthened through trainings and reach-out work. Most of the referrals occur on a local level although in some districts regular cooperation with local NGOs exists.

#### KPAD's linkages with local and higher governance levels to strengthen CP systems

The CPGs/KPADS interact with the official village committee and sit in on some of their meetings and inform some of their child related planning and policy development. In a few locations, the local government provides a space for the KPAD secretariat. The close cooperation between KPAD and the local government has resulted in more government focus (albeit slowly) on child protection issues. The local government signs off on any request for support from KPAD to district governmental offices/services. On a district level, there is little government attention for child protection and/or development and Plan is aware of the shortcomings in the protection network because of the weakness of the CP systems on district levels. Plan Indonesia sees the creation of a child protection district regulation as the key to gaining more governmental support, especially given the high turnover at government offices.<sup>20</sup> There is no formally established link between the KPADs and

national /province level government, however Plan has role to involve government at national level in monitoring system in Plan working area. An area of opportunity might be to cooperate with the Ministry of Social Affairs and UNICEF's work on developing the national system for prevention and response to abuse, violence and exploitation against children. Additionally, the Centre for Child Protection at the University of Indonesia works on community based child protection mechanisms.

Plan Indonesia and KPADs have had much exposure in local media, including TV, radio, newspapers, internet and children's media campaigns including flyers and banners.

#### Monitoring and evaluation system and process

The CBCP programmes are subject to Plan's Accountability and Learning System (PALS). However, no specific M & E processes have been developed for child protection Programmes or CBCP programmes, although plans are under way to pilot a new framework for monitoring CP.<sup>21</sup>

**Strengths** In all DfID funded CBCP programmes, Child Rights Situational Analyses have been undertaken at the beginning of the project cycle by Plan staff in close cooperation with children and youth from the communities. Children have benefited a great deal from this, by learning about the protection issues in their communities but also by becoming an active voice about child rights, creating awareness and being an agent of change in their communities. Following establishment of the KPADs, children have been involved in minor child protection monitoring using the booklet provided by Plan. This documentation book can be used to record all the reports, responses, promotion activity, etc. KPADS have also organized both formal and informal meetings to evaluate the process of KPAD among KPAD's members.

**Limitations** KPAD's activities and progress was monitored by Plan Staff and did not involve other stakeholders. However, some communities actively monitored some of the KPAD activities themselves.<sup>22</sup> The planned training in child rights monitoring will include activities to monitor and report the incidence of violence against children, unregistered children, early marriage, child trafficking, child labor, child migration, etc. This training could also include a session on monitoring the KPAD process and outcomes to foster inclusion of local community stakeholders.

#### Sustainability and Scale-up

The majority (116 out of 147) of KPADs are funded through Plan sponsorship support. However, the 31 that were set up with a DfID governance grant constituted the pilot of the CBCP program, which has since been successfully replicated across communities where Plan has operates. Within the pilot DfID funded program, Plan budgeted approximately US\$ 7,500 per CBCPM to cover training, CRSA, CPAP and follow-up support; the KPADS's operational budget is not covered by Plan funds. The 31 are now funded through sponsorship to continue their capacity building that are not supported DFID anymore since the grant support is over. The 31 DfID KPADs are now funded through sponsorship as well. In Plan Indonesia CSPII's budget, 7,500 USD per KPAD is set aside (for 200 KPADs) to cover the above mentioned costs.

Indonesia's CBCPMs have several positive indicators for sustainability and replicability: firstly, the fact that they are all officially registered and as such, form part of the local political climate. Secondly, most communities financially contribute towards their KPADs, approximately 1000 rupies per household per month, which testifies to the local enthusiasm and is a good indicator for sustainability. In addition, all KPADs can officially access government funding, after becoming an officially recognized institution (through the village head decree, signed by sub-district's administrative head). Unfortunately though, the availability of government funds, still depends largely on the

 $<sup>^{21}</sup>$  Tassone, C, Farid, M., Plan CP thematic evaluation, Indonesia, December 2011, page 45

<sup>&</sup>lt;sup>22</sup> Comment on Indonesia Mapping document, by Amrullah Amrullah, April 2012

political will of the local government. Another encouraging sign is that the Surabaya City government, replicating KPAD's model, has established a community based city crisis centre in all districts and these are budgeted through the regional budget. Plan was asked to advise on this matter. In addition, work is ongoing on creating district child protection policies in close coordination with district authorities, which would contribute significantly to the effectiveness of the KPADs in referring cases and ensuring victims receive appropriate care and follow up support.

However, challenges to sustainability and replicability exist too: Plan sponsorship funded KPADs have not gone through the same CRSA or action planning (based on limited human and budget resources) limiting those KPADs understanding of the local issues and the necessary follow up response. In recent evaluation field visits, KPAD members complained repeatedly about the absence of financial support for running its operations, including meetings and transport for individual cases to referral partners. Furthermore, the rapid replication of KPADs across Plan's areas of operation as well as by other actors, including the Indonesian government, shows the need for such a system and the available local support. However, proper resourcing and training of the KPADs is concern. Additionally, without political support on a district level, the KPADs will continue to be local actors, without available redress for victims through official channels including the court, police and other sources.

#### Lesson learned, achievements and gaps

most significant lessons learned are twofold: firstly, the thorough process through which the DfID funded KPADs have been established, including being based on local initiatives, with sufficient capacity building, with girls and boys participation in the CRSA and as representatives on the KPADs, with efforts towards institutionalization (vision, mission etc) from its inception and with formal support with the Village Head's Decree, have all contributed towards the strong players KPADs have become in their communities. They are truly community based mechanisms that solve cases on local level mostly. The endorsement through the village decree formalizes their organization.

## Significant achievements

- 1. Children's increased capacity and knowledge on child rights, resulting in children speaking out in public and with officials, actively reporting when children's rights are breached.
- 2. Villages have reported decreased levels of violence at homes and in schools; decreased incidences of child marriage and school drop-out; increased listening to participation of and listening to children.
- 3. In case management, Plan notices a trend in TTU moving away from customary settlement to considerations of the best interests of the child.
- 4. Police and other law enforcers have in most cases cooperated with KPADs when it referred cases to them.
- 5. On a political level, some villages have adopted village child protection regulations that all its inhabitants need to follow, whilst Rembang district government has adopted a soft policy on CSEC.
- 6. Lastly, there is a high demand on replication of CBCP model for other villages within Plan assisted areas.

**Challenges** include both challenges that can be overcome through training and strengthening referral mechanisms. The most apparent are:

- 1. A *l*ack of understanding on *address-redress* mechanism especially in law enforcement at district level.
- 2. Linked to this is the need to strengthen the referral mechanisms as sub-district and district level.
- 3. Thirdly, parents and teachers alike need to learn more about alternatives to corporal punishments to help combat violence against children.

- 4. Lastly, the involvement of children's representatives remains artificial in nature in many of the locations.
- 5. Furthermore many KPADs have preferred to solve cases locally without making use of available referrals, due to mistrust of government services, lack of government support and lack of knowledge about the availability of relevant civil society service providers.

A significant ethical challenge faced by Plan Indonesia is the tendency of KPADs to solve rape cases through customary settlement in which the best interests of the child are not taken into account, nor are child rights and child protection procedures followed. Through trainings and close monitoring and follow-up, Plan can assist communities/KPADs in pursuing alternative solutions that do uphold child rights and in which the best interests of the victim are considered.

The more structural challenges, which Plan cannot directly address include law/regulations that legalize child marriages; a badly organized birth registration system (civil registration), highly corrupt, endangering children's protection; long delays in authorities' handling of referred cases.

Plan does not work much on a national level and as such, the CBCP work is not recognized on a national level nor does it influence national policy. In light of Indonesia's localized political climate, this is understandable. However, it could benefit Plan to become a more active voice for community based child protection mechanisms within Indonesia, because of the success of its KPAD programmes.

Regency	No of KPADs	data of community b Type of environ- ment	Adult memt per gr	oers	Children members per group		
				M	F	M	F
Rembang	30 vil 5 sub dis	Farming; average annual income per year (AAI) <sup>23</sup> 600 USD	DfID grant / Sponsorship	100	85	35	36
Grobogan	17 vil	Agriculture; AAI 240 USD	Sponsorship				
Kebumen	15 vil	farmers, labourers away from island AAI 210 USD	Sponsorship				
Surabaya <sup>24</sup>	10 urban, 3 sub-dis	Small scale industry/labourers AAI?	DfID grant/ Sponsorship	100	128	157	175
Kefamenanu	55 vil, 3 sub-dis	farming, animal husbandry; AAI 274 USD	Sponsorship	53	24	4	7
Soe	16 Vil 3 sub-dis	farming and live- stock; AAI 330 USD	Sponsorship			67	101
Sikka	2 Vil 1 Sub Dis	mostly farmers and fishing; AAI 380 USD	Sponsorship				
Dompu	4 vil, 2 sub dis	agriculture and fishing areas; AAI 800 USD	Sponsorship	13	12	1	4
Lembata	5 vil	Farming; AAI 270 USD	Sponsorship				
Total	137 villages 10 urban 3 subdistrict			266	249	264	323

<sup>&</sup>lt;sup>23</sup> Per person per year <sup>24</sup> Phase out area

## Annex II: CBCP Training, workshop, and meeting Beneficiaries

	CHILDREN		PAREN	PARENTS/KPAD		KPAD/CBO/CADRE		TEACHER		LOC. GOV		ю отне		TOTAL			
	G	В	F	М	F	М	F	М	F	М	F	М	F	М	F	М	
2009																	
CRSA (Child Rights Situation Analysis)	19	25	28	14	20	10	0	0	6	18	4	5	0	1	58	48	
CP workshop for children group in PU Rembang	21	29			6	4									6	4	
CP workshop for children group in PU Rembang															0	0	
Restorative Justice Training in 2 PUs (Kefamenanu - Rembang)									9	46					9	46	
Early Warning Child Protection Training for parents and child fa- cilitator in PU Kefamenanu			4	13											4	13	
Building coordination amongst government, local parliament, children, NGO and other stake- holders in district level in PU Rembang	6	4			4	11	2	5	4	1	4	3	4	3	18	23	
Coordination for CRSA data collection with local government, CBO, and NGO					20	12			4	1	4	3			28	16	
Jan - Mar 2010															0	0	
CRSA Data Validation (3 PUs)	10	10	3	6	12	9	1	0	3	10	3	4	0	5	22	34	

CRSA Dissemination (3 PUs)	23	37	9	8	14	24	1	3	36	23	6	11	5	2	71	71
Children's event in Kefamenanu	269	298	111	127	19	2	4	8	12	32	0	4			146	173
Strengthening of the Children																
Group in Rembang	24	16			4	4	1	1		2					5	7
Discussion to Enhance the Capacity																
of Children Forums and Children																
Facilitators in Tandes District, in																
Surabaya	5	6			2	1			2	1		1			4	3
Strengthening KARANG TARUNA																
(Youth Organization) in Pegiri'an																
Village in Surabaya	13	9			1	6				1	1	3			2	10
CP Training for Children (Ke-																
famenanu)	22	11	0	0	0	0	0	0	0	0	0	0			0	0
Workshop to form KPAD (Ke-																
famenanu)	3	1	2	13	13	2	2	2	0	23	3	2			20	42
Counselling and Case Management																
(Surabaya)					52	7			4		4	0			60	7
Exposure trip to Surabaya (3 PUs)	5	0	1	13	10	1	0	0	8	17	5	2	0	0	24	33
Coordination meeting (3 PUs)	9	11	25	40	42	34	2	3	12	19	3	4	0	0	84	100
Apr - June 2010															0	0
Establishment Children Group in																
Faennake	12	7	21	13	0	0	2	5	2	5					25	23
KPAD/CWG Inauguration	12	7	30	23	0	0	2	2	6	7					38	32
Strengthen Children Group in Oer-	20	4														
inbensi				1			1						2	1	3	2
TOT Concept Paper of KPAD			3	8	1	0		1		1	2		1		7	10
Consolidation meeting among fa-																
cilitator team			3	8	1	0		1		1	2		1		7	10

Workshop on develop KPAD con-	1	6	1													
cept paper in 5 villages				34	77	0				10			8	11	85	55
Lobby and Advocacy Training			8	22											8	22
Case management		5	10	25											10	25
CP Mechanism Training for CWG,																
and Children Group	12	14	2	5	1	3					1	2			4	10
Concept Paper of CWG Workshop	8	11	17	7	9	2			6	4	2	1			34	14
Coordination meeting from 5 Ke-	9	5														
lurahan in Semampir sub district			9	15											9	15
July -Sept 2010															0	0
Working Document's paper	32	47	125	75	92	31	25	35	15	10	3		6	55	266	206
Media training for children	15	8			3	7						1	1		4	8
Public hearing with District Parlia-																
ment	2	3					5	15							5	15
Some training or activities same as																
above															0	0
Oct - Des 2010															0	0
Civic Education Training			3	7					3	7			2	1	8	15
Child Facilitator Training			8	16					1		2	0			11	16
Case Management Training			7	15							1	1	1		9	16
Media Training for Children	78	66													0	0
TOT CRC	18	19	3	4			1	2					1	5	5	11
Hearing KPAD with Key Govern-																
ment	3	2	2	13					2	6	2	10	2	2	8	31
Lobby and Advocacy Training					16	9					3	2			19	11
Civic Educator Training	3	2			16	6					2	1			18	7
Discussion on Laws					25	18					1	3			26	21

Dialogue for Lobby and advocacy with Government of Surabaya City													1	1	1	1
Public Dialog between KPA with urban villages, Sub district and district/Surabaya City																
					15	8			27	24	14	11	2	10	58	53
Child Facilitator Training					11	19									11	19
Civic Educator Training					4	19			2	9					6	28
Legislation Training					6	6				4					6	10
Media Training for Children	13	14			4	2									4	2
MoU Signed between KPAD and																
Police Dept					7	23									7	23
															0	0
2011-2012															0	0
Para legal Training					6	24									6	24
Training on Movie Maker for children	14	13													0	0
Peer Educator to Prevent Child	14	13														U
Abuse for Youth	42	30													0	0
Restorative Justice for KPAD					42	59									42	59
Workshop on Referral System for criminal justice system					4	5			4	10	3	4			11	19
Total Children	679	702	434	525	559	368	49	83	168	292	75	78	37	97	1322	1443