

Back to What Counts: Birth and Death in Indonesia

A Study to Institutionalize Civil Registration and
Vital Statistics in Basic Services

July 2016



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in Basic Services

Santi Kusumaningrum, Cyril Bennouna, Clara Siagian, Ni Luh Putu Maitra Agastya

KOMPAK
Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan

Back to what counts: Birth and death in Indonesia

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Abbreviations and Acronyms

Abbreviations/Acronyms	Bahasa Indonesia	English
ABK	Analisis Beban Kerja	Workload analysis
ADB	Administrator Data Base	Database administrator
ADD	Anggaran Dana Desa	Village Fund
AMP	Audit Maternal Perinatal	Maternal and Perinatal Audit Program
ANC	Perawatan Kehamilan	Antenatal care
APBN	Anggaran Pendapatan dan Belanja Negara	National Revenue and Spending Budget
BAPPEDA	Badan Perencanaan Pembangunan Daerah	Regional Development Planning Agency
BDT	Basis Data Terpadu	The Unified Database
Bidang Kesehatan Keluarga	-	Sub-directorate of Family Health
Bidang Pelayanan Kesehatan	-	Sub-directorate Health Service
Biro Tata Pemerintahan/ Tata Pemerintahan Umum	-	Provincial Governance Bureau
BOS	Bantuan Operasional Sekolah	School's Operational Funds from the National Government
BPKD	Badan Pengelola Keuangan Daerah	Local Finance Agency
BPMD	Badan Pemberdayaan Masyarakat Desa	Village Community Empowerment Agency
BPJS Kesehatan	Badan Penyelenggara Jaminan Sosial Kesehatan	Social Insurance Agency for Universal Health Coverage
BPJS Ketenagakerjaan	Badan Penyelenggara Jaminan Sosial Ketenagakerjaan	Social Insurance Agency for Employment
BPMPKB	Badan Pemberdayaan Masyarakat, Perempuan dan Keluarga Berencana	Agency for the Empowerment of Community, Women and Family Planning
BPS	Badan Pusat Statistik	Central Statistics Agency
BSM/KIP	Bantuan Siswa Miskin/Kartu Indonesia Pintar	Assistance for Poor Students
CRVS	Pencatatan Sipil dan Statistik Vital	Civil Registration and Vital Statistics
Dapodik	Data Pokok Pendidikan	Education Management Information System
Dasawisma	Pembagian semi-informal yang terdiri dari 10 rumah dan dikelola oleh kader PKK	A semi-informal administrative division consisting of 10 households and managed by cadres of the Family Empowerment Movement
Desa/Gampong	-	Village
DAU	Dana Alokasi Umum	General allocation grant
DFAT	Pemerintah Australia Departemen Urusan Luar Negeri dan Perdagangan	Australian Department of Foreign Affairs and Trade
Dinas Kesehatan	-	Health Office
Dinas Pendidikan	-	Education Office
Dinas Sosial	-	Social Affairs Office
Disdukcapil	Dinas Kependudukan dan Catatan Sipil	Office of Population Administration and Civil Registration
Disnakertransduk	Dinas Tenaga Kerja, Transmigrasi dan Kependudukan (Jawa Tengah)	Office of Workforce, Transmigration and Population (In Central Java)

Abbreviations and Acronyms

Abbreviations/Acronyms	Bahasa Indonesia	English
Disregduk	Dinas Registrasi Kependudukan (Aceh)	Office of Population Registration (in Aceh)
Dukuh/Dusun	-	Hamlet or sub-village
Dukun/Dukun Beranak	-	Traditional birth attendant
GDP	Produk domestik bruto	Gross Domestic Product
Gol	Pemerintah Indonesia	The Government of Indonesia
ICD-10	-	International Statistical Classification of Diseases and Related Health Problems, tenth revision
ICT	-	Information and communications technology
IMS	-	Integrated and mobile services
Itsbat Nikah	Pengesahan Pernikahan Muslim	Marriage legalization for Muslim couples
Jamkesda	Jaminan Kesehatan Daerah	District Health Insurance
JKN	Jaminan Kesehatan Nasional	National Health Insurance
JKRA	Jaminan Kesehatan Rakyat Aceh	Provincial Health Insurance for Aceh
KK	Kartu Keluarga	Family Card
KKS/KPS	Kartu Keluarga Sejahtera/Kartu Perlindungan Sosial	Family Welfare Card/Social Protection Card
Kohort Bayi	Kohort Bayi	Cohort logbook for babies
Kohort Ibu	Kohort Ibu	Cohort logbook for mothers
KOMPAK	Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan	Governance for Growth
KTP	Kartu Tanda Penduduk	National Identity Card (for individuals above 17 years old or legally married)
Kube	Kelompok Usaha Bersama	Collective Microloans Program
KUA	Kantor Urusan Agama (Kecamatan)	Religious Affairs Office in the sub-district
Lokmin	Lokakarya Mini	Mini workshop
LPKA	Lembaga Pembinaan Khusus Anak	Juvenile Rehabilitation Institution
LTU	Kecamatan Liukang Tuppabiring Utara	North Liukang Tuppabiring Sub-district
Ministry of National Development Planning/ BAPPENAS	Kementerian Perencanaan Pembangunan Nasional Republik Indonesia/Badan Perencanaan Pembangunan Nasional	Indonesian Ministry of National Development Planning/National Development Planning Agency
MoHA	Kementerian Dalam Negeri	Ministry of Home Affairs
Mukim	Unit semi-informal antara Kecamatan dan Desa di Aceh	A semi-informal unit between sub-district and villages in Aceh
Musrenbang	Musyawaharah Perencanaan dan Pembangunan	Community Discussion for Development and Planning
NIK	Nomor Induk Kependudukan	Single Identity Number
Pangkep	Kabupaten Pangkajene dan Kepulauan	District Pangkajene and Kepulauan
PATEN	Pelayanan Administrasi Terpadu Kecamatan	Integrated administration service at the sub-district level
PAUD	Pendidikan Anak Usia Dini	Early Childhood Education Program

Abbreviations and Acronyms

Abbreviations/Acronyms	Bahasa Indonesia	English
PBI-JKN/KIS	Penerima Bantuan Iuran – Jaminan Kesehatan Nasional/Kartu Indonesia Sehat	Nationally-subsidized health insurance
Perda	Peraturan Daerah	Local bylaws
Perdes	Peraturan Desa	Village regulation
Perpres	Peraturan Presiden	Presidential regulation
PKD/Polindes/Poskesdes/ Pustu	Poli Klinik Desa/Pos Kesehatan Desa/ Puskesmas Pembantu	Village Health Clinic/Auxiliary Health Clinic
PKH	Program Keluarga Harapan	Family Hope Program
PKK	Pemberdayaan dan Kesejahteraan Keluarga	Family Empowerment Movement
PKKPM	Peningkatan Kesejahteraan Keluarga melalui Pemberdayaan Masyarakat	Family Welfare Improvement through Community Empowerment
PMKS	Penyanggah Masalah Kesejahteraan Sosial	People with Social Welfare Issues
Polisi desa		Village safety officer
PPEP	(Bidang) Penelitian, Pengendalian dan Evaluasi Pembangunan	(Division of) Research, Monitoring and Development Evaluation
PPLS	Pendataan Program Perlindungan Sosial	Data Collection on Social Protection Program
Pusdatin	Pusat Data dan Informasi (tingkat Kementerian)	Data and Information Centre (Ministerial level)
Puslitbangkes	Pusat Penelitian dan Pengembangan Kesehatan	National Institute of Health Research and Development
PPEP	(Bidang) Penelitian, Pengendalian dan Evaluasi Pembangunan	(Division of) Research, Monitoring and Development Evaluation
PUSKAPA	Pusat Kajian Perlindungan Anak Universitas Indonesia	The Center on Child Protection at Universitas Indonesia
Puskesmas	Pusat Kesehatan Masyarakat	Community Health Centre at sub-district level
Posyandu	Pos Pelayanan Terpadu	Integrated Health Services Post
Rastra	Beras untuk rakyat sejahtera	Rice for Welfare
RK/RW	Rukun Kampung/Rukun Warga- Unit pemerintahan di bawah dusun/dukuh	The administrative unit below dusun/dukuh
RKA-KL	Rencana Kerja Anggaran-Kementerian/Lembaga	Ministry Work Plan and Budget
RPJMN	Rencana Pembangunan Jangka Menengah Nasional	National Medium Term Development Plan
RT	Rukun Tetangga-Unit pemerintahan di bawah RK/RW	The administrative unit below RK/RW
SAP	-	Social Assistance Program
SDGs	Tujuan Pembangunan Berkelanjutan	Sustainable Development Goals
Sekda	Sekretaris Daerah	District Secretary
Sekdes	Sekretaris Desa	Deputy Head of Village
SIAK	Sistem Informasi Administrasi Kependudukan	Population Administration Information System
SIMKAH	Sistem Informasi Manajemen Nikah	Marriage Information Management System
SIMKIB	Sistem Informasi Manajemen Kematian Ibu dan Bayi	Information System of Maternal and Infant Mortality

Abbreviations and Acronyms

Abbreviations/Acronyms	Bahasa Indonesia	English
SKK	Surat Keterangan Kematian	Death Notification Letter
SKL	Surat Keterangan Lahir	Birth Notification Letter
SKPD	Satuan Kerja Perangkat Daerah	Local Government Working Units
SKTM	Surat Keterangan Tidak Mampu	Statement of Material Need
SMA	Sekolah Menengah Atas	Senior High School
SMP	Sekolah Menengah Pertama	Junior High School
SP2TP	Sistem Pencatatan dan Pelaporan Tingkat Puskesmas	Recording and reporting system at Puskesmas level
SRS	-	Sample Registration System
SUSENAS	Survei Sosial Ekonomi Nasional	National Social and Economic Survey
TK	Taman Kanak-kanak	Kindergarten
TKSK	Tenaga Kesejahteraan Sosial Kecamatan	Sub-district Social Welfare Officer
UPT	Unit Pelaksana Teknis untuk pencatatan sipil	Technical Implementation Unit for civil registration

Foreword



THE REPUBLIC OF INDONESIA
MINISTRY OF NATIONAL DEVELOPMENT PLANNING/NATIONAL DEVELOPMENT PLANNING AGENCY (BAPPENAS)

FOREWORD

DEPUTY MINISTER OF NATIONAL DEVELOPMENT PLANNING/
DEPUTY HEAD OF BAPPENAS
FOR CIVIL AND MANPOWER AFFAIRS

I welcome the completion of this study report – “Back to What Counts: Birth and Death in Indonesia” as part of our effort to institutionalize civil registration and vital statistics (CRVS) as an essential public service. This study advances the Government of Indonesia’s objective of improving civil registration as part of a broader strategy to eradicate poverty. This study is also in line with the Government’s regional commitment to the Asia-Pacific CRVS Decade (2015-2024) and its global commitment to the Sustainable Development Goals.

In addition to violating the human right to a legal identity, the insufficient coverage of civil registration also makes it difficult for millions of Indonesians to access basic services. From the government’s point of view, this results in a lack of accurate vital statistics, which obstructs evidence-based development planning and budgeting. To address this problem, the Government has included a strategy to expand coverage on birth records in the 2015 – 2019 National Medium Term Development Plan (RPJMN). By the end of 2019, birth registration as a foundation for the CRVS system should cover 85% of all Indonesian children and 77.4% of children in the bottom two quintiles of the poverty line.

The amendment to Law No. 23 of 2006 on Civil Administration into Law No. 24 of 2013 made several critical advancements toward a stronger civil registration system. Under this law, the government is now mandated to actively work to increase birth certificate coverage by increasing access to civil registration services and working together with various stakeholders. This was then reinforced by Regulation of the Home Affairs Minister No. 9 of 2016 on Accelerating the Increase of Coverage to Birth Certificate Ownership. In addition, collaboration between sectors has brought integrated and mobile civil registration services to citizens in remote areas, giving them access to marriage legalization and registration, as well as birth registration.

This study reaffirms the Government’s priority of continuing to improve the quality of civil registration and other essential public services. The findings in this study will motivate the Government to seek creative ways to improve and accelerate people’s access to CRVS, increase public awareness on the importance of having legal identity, and provide tangible and direct benefits of civil registration without creating barriers to accessing essential services for unregistered individuals. This study also argues that a development planning process that is based on accurate vital statistics could contribute to more effective essential public services.

Foreword

Responding to the challenges found in this study will require strong commitment from and cooperation with various stakeholders from all sectors, from agencies and institutions in charge of civil administration, health, and education policies, as well as social protection and services. Strengthening vertical collaboration is also critical to ensuring the availability of robust and dynamic vital registration data and registration services as the basis for development planning at the central, province, district, sub-district, and village levels. A strong CRVS system will enable the Government to measure the effectiveness and impact of various policies and programs more readily and reliably.

On behalf of the Ministry of National Development Planning/BAPPENAS, I would like to express my highest gratitude for the support of various stakeholders in conducting and completing this study, especially to the Ministry of Home Affairs, Ministry of Health, Ministry of Social Affairs, Ministry of Education and Culture, and the Central Statistics Agency, as well as agencies and functions related to the scope of the study, and local governments, for their commitments to achieving our shared development targets. I would also like to extend my highest gratitude to the Government of Australia for its support for this study and for the future initiatives that will follow. I hope that this study's findings and recommendations will be acted upon immediately for a better Indonesia.

Sincerely,



Rahma Iryanti

Deputy Minister of National Development Planning/Deputy Head of Bappenas for Civil and Manpower Affairs

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Co-Director of PUSKAPA

Santi Kusumaningrum

Executive Summary

Civil registration is integral to the Indonesian government's current poverty-reduction strategy, both for its ability to confer legal identity to citizens and as the principal source of the country's vital statistics. For families with children, ownership of legal identity documents can also be associated with continuation of schooling and increased use of health services. Legal identity documents are required not only to access basic services, but each usage of basic services throughout an individual's lifecycle also constitutes an opportunity for registration.

Unfortunately, Indonesia is still among the countries with the largest numbers of unregistered children under the age of five. A little over half of Indonesian children (under 18 years old) have a birth certificate, leaving around 40 million births unregistered. Death registration is almost nonexistent and data on the causes of death are poor, and completely unavailable in many parts of the country. Furthermore, Indonesia has no single, consolidated mechanism for collating birth and death statistics across the country, let alone data on other vital events, such as marriage and adoption.

Recognizing the urgency to improve this situation, the Government of Indonesia (GoI) set out to increase national birth certificate ownership for children from its current level of 56% (Badan Pusat Statistik, 2014) to 85% by 2019 (GoI, 2015). In effect, GoI aims to close the child birth certificate coverage gap by 29 percentage points over five years, despite having only reduced this gap by a total of six percentage points since 2011. In addition, Indonesia also participates in regional (Regional Action Framework) and global goals (the Sustainable Development Goal target #16.9) intended to strengthen CRVS systems.

This study sought to provide the GoI with an evidence base of the bottlenecks, gaps, strengths, and opportunities in the existing systems, identify models from comparable countries, and assess relevant contextual variations within Indonesia to inform planning and implementation of an enduring solution. This involved a three-part systematic desk review, key informant interviews, focus group discussions, and a cross-sectional, multi-stage cluster survey at the sub-district level in the provinces of Aceh, Central Java, and South Sulawesi.¹

This study found that civil registration in these three sub-districts is far from universal or compulsory. One in three children had no legal documentation of their birth, two in five marriages were considered illegitimate by the state, almost one in five adults could not readily produce an ID or family card with their name on it, and death certificates were almost non-existent. When individuals did own documents, these were often internally inconsistent with one another. More than a third of respondents either had a marriage certificate but were listed as single on their family card, or were listed as married on their family card, but did not own a marriage certificate.

Service providers responsible for civil registration are difficult to reach, application procedures are overly complicated, and obtaining certificates involves informal fees and late registration fines, reducing the chance for people in poorer households to be registered. As a result, many people's rights are not being met and the best source of vital statistics for those charged with governing these areas is being fundamentally undermined, reducing the hope for evidence-based planning to statistical projections that many informants admitted they did not understand or have confidence in.

¹ 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; though research questions focused primarily on birth and death. In Indonesia, there is no single, universal CRVS system, but instead a tangle of mechanisms that intersect or overlap at times, but mostly run in parallel, rarely converging to create a whole.

Executive Summary

New policies have been passed to remove obstacles to birth certificate applications. By removing the national administration fee for birth certificates and providing outreach services, Law No. 24 of 2013 marked a paradigm shift in Indonesia's civil registration system. Where civil registration had been considered a citizen's duty, it became a protected right, which protection obliged governments to act. Unfortunately, this change in perspective was not equally shared across government bodies, whether horizontally, among sectors, or vertically, among different levels of administrations. Government officials across research sites shared a common sentiment, attributing the lack of coverage to citizen non-compliance with standards, leading some to propose an enforcement and punishment approach to increasing coverage, despite evidence suggesting that—to the extent that it has been instituted—this approach has been ineffective. Considering that the existing complications and costs of applying already discourage applicants, increasing the price punitively can only alienate communities further, especially if the benefits of owning birth certificates are not communicated clearly. National directives have also been issued mandating the sharing of data among sectors, expansion of access to social health insurance, bridging the distance between rural households and government services, and strengthening the ability of local governments to develop systems that work for them. In the context of ongoing decentralization, however, these efforts have often been thwarted by inconsistent, under-resourced, and fragmentary implementation.

Based on the findings and analysis of the current situation, this study recommends:

1. In order to increase access to civil registration, Gol should reform the current legal and regulatory framework to remove discrimination, fees, and penalties, and to permit delegation of responsibilities for civil registration to services closest to the community, at the village and sub-district levels. Removing late registration fees needs to start with waiving these fees for the poor and vulnerable. Gol should create clear, simple, consistent, and enforced procedures for obtaining birth certificates and other civil registration documents across the country, in addition to streamlining civil registration verification procedures through full utilization of the Single Identity Number (NIK) and the Population Administration Information System (SIAM). With the passage of Minister of Home Affairs Regulation No. 9 of 2016, efforts should be undertaken to sensitize both local authorities and community members to the removal of the marriage certificate requirement for birth certificates to include both parents' names. This should involve a campaign to raise awareness on all children's rights to an identity that bears their proof of parentage.
2. To increase demand for civil registration, birth and death certificates should be tied directly to accessing basic services. Creating these linkages would need to be done in a consistent and thoughtful manner, so as not to deny people their other fundamental rights. A first step can involve using basic services to identify unregistered individuals. School and social assistance programs (SAP) registration present opportunities to identify the need for birth certificates (and other identity documents). Furthermore, civil registration services should be made part of the benefit package of SAPs. In order not to exhaust an already over-stretched frontline workforce, Gol should work together with frontline service providers, including civil society actors, and support them with sustained resources, training, and other initiatives. The long-term consequence of making civil registration documents conditional for other services merits further investigation, especially for death certificates. Other positive incentives that take into account the socio-economic characteristics of targeted population should be explored. Future research should explore the specific registration needs of migrant populations and children outside of family care.

Executive Summary

3. Civil registration processes should be made more accessible for communities through integrated and mobile services that primarily target health and education primary points of services, especially: birth centres, immunization centres, reproductive health clinics, early childhood development centres, and primary schools. The existing one-stop legal identity service (Yandu)—from courts for legalization of marriage to the Office of Religious Affairs (KUA) or Disdukcapil for birth and marriage registration and—should continue and be expanded whenever relevant. More generally, frontline staff should be mobilized to ensure that their clients are registered. When they identify community members without NIK who are therefore ineligible for certain services, providers should systematically refer them to registration authorities and offer information and support.
4. To improve the quality and accessibility of civil registration services, the ongoing efforts to revitalize sub-district and village governance should include the enhancement of the quality of civil registration human resources, infrastructure, and financial investment. A Technical Implementation Unit or UPT (previously Local Technical Implementation Unit or UPTD) for civil registration should be established in all sub-districts in accordance with Minister of Home Affairs Regulation No. 18 of 2010 which should ideally include the authority to issue all documents related to civil registration, including family cards and national IDs. The efficacy of Minister of Home Affairs Regulation No. 4 of 2010 on PATEN, which would ideally delegate permit-granting and administrative authorities from the district to the sub-district for birth and death registration, should be explored. Information on the importance of legal identity documents, and their respective application procedures, also needs to be made accessible, not only for the targeted populations, but also for service providers and frontline workers that facilitate the processes. Various discussion and problem solving mechanisms at the village level (e.g. the annual Community Discussion for Development and Planning or Musrenbang) and the implementation of the Village Fund should be seized as opportunities for village officials to take greater ownership of registration and data collection, and as means for community members to propose improvements to services.
5. Systems-based innovations, especially on information and communications technology (ICT), should facilitate strong cooperation between relevant bodies, from the Ministry of Home Affairs, to the Ministry of Health, the Central Statistics Agency, and others in the development sector. Innovations should be geared towards strengthening SIAK and its data sharing capabilities. Parallel registration systems and databases should be integrated as much as possible to ensure that all types of identification provide reliable, accurate, and complete data for government planners. NIK as a unique identifier for accessing services should be streamlined and used as the key to promote the interoperability of information management systems relevant to basic services. At the same time, personal data should be made secure. A simpler, more standardized system that simultaneously values capable human resources and has greater accountability through transparency should improve fraud protections and boost confidentiality safeguards.

Key Findings

Birth, Marriage, and Basic Identification

1. A little over one in every three (37.8%) household member across all three sub-districts had and could show, a birth certificate. Child ownership of birth certificate was higher than general ownership, at 64.1%.
2. There were great disparities in birth certificate ownership across the sub-districts, with 81.5% of children in possession of one in Petungkriyono (Central Java), compared to 60.4% in LTU (South Sulawesi) and just 53.1% in Arongan Lambalek (Aceh).
3. There was no difference in birth certificate ownership between males and females in the sample.
4. After the first year of a child's life, there was no one specific age at which they received birth certificates, providing evidence against the notion that parents typically register children for primary school enrolment.
5. On average, one in ten respondents had applied for birth certificates in the past two years and failed to receive one. Most respondents said that their applications failed because they were missing required documents (32.5%), while many also said that the process took too long (29.9%), that the process was too expensive (19.7%), or that they did not understand the process (16.2%). The majority of the time an applicant was missing documents, they did not have a marriage certificate (86.8% of cases).
6. Only 58.5% of household members that identified as married had, and could show, a marriage certificate, while 79.7% of people that were identified as married had a family card and were listed as such on it. A third of married people (33%) had discordance between their marriage certificates and family card status, either having a marriage certificate but being listed as single on their family card, or being listed as married on their family card, but not owning a marriage certificate.
7. A full 13% of household members that were considered to be married had neither a family card nor a marriage certificate identifying them as such.
8. Overall, respondents believed that marriage certificates were a mandatory prerequisite to successful birth certificate applications, with 65.5% of respondents saying that it is not possible to receive a birth certificate for their children without one. An additional 15.4% did not know whether it was possible, indicating a lack of awareness about official processes.²
9. The majority of respondents (64.9%) across the three sub-districts said that the absence of the father's name on their child's birth certificate would not discourage them from applying; though in Arongan Lambalek, the majority (53.8%) said it would. Among household members with birth certificates, fathers' names were present on all but nine documents.
10. One in five (21.8%) children were not listed on family cards that respondents could show, and 15.8% of respondents could not show a national ID card.

² In fact, at the time of data collection, a birth certificate could be produced without the parents' marriage certificates, but the birth certificate could only state the mother's name, denying the child's right to a complete identity. Minister of Home Affairs Regulation No. 9 of 2016 has recently changed this policy, allowing birth certificates to have both parents' names listed as long as they can produce a family card in which they are registered as married. The parents also need to sign a statutory declaration letter claiming full parental responsibility for the child (*Surat Pernyataan Pertanggungjawaban Mutlak*).

Key Findings

11. Children of respondents with physical or cognitive disabilities were about half as likely to have birth certificates as children of respondents with no disabilities.
12. It was rare for household members to receive birth certificates directly from the district office, with only 16.2% of birth certificates being acquired this way; most of these were in Arongan Lambalek, where the villages are closest to the district. Community members across the sample received well over half (57.1%) of birth certificates from village officers, with a full 73.1% being delivered this way in LTU, where villages are separated from the district by a body of water.

Civil Registration and Basic Services

1. Providers of basic services, such as education and health, only brokered 4.6% of birth certificates in the sample, and on average, mothers that received information or support for registering their youngest child's birth from basic services providers were no more likely to own birth certificates for the children in their households than mothers that did not receive information or support from basic services providers.
2. Birth and death certificates are not required for accessing insurance, social assistance programs, or health services in any of the three sub-districts. Key informants reported that facilitators and administrators of social assistance, insurance programs, and health services did not have the responsibility for offering help or support to register vital events.
3. Children of respondents that received no social assistance from the government had twice the odds of having a birth certificate compared to children of beneficiary parents, indicating that the chance of being registered is likely higher for children from better-off families compared to those from families identified as eligible for receiving social assistance.
4. Most mothers (73.1%) in all three sub-districts gave birth to their youngest child outside of health facilities, with 37.6% having been attended to primarily by midwives, and 35.5% having been attended to primarily by a traditional birth attendant.
5. Of reproductive health providers—who are responsible for signing the birth notification letter for births they attended, which serves as a prerequisite for birth certificates—hospitals provided the most consistent information about birth registration, having done so for 32.1% of mothers that they treated in the sample, followed by midwives (21.5% of mothers), Puskesmas (18.7%), private clinics (17.9%), village health clinics (15.6%), and Posyandu (8.6%).
6. Midwives in all three areas were largely responsible for reporting deaths that took place outside of health facilities, though none in the three sub-districts were trained to conduct verbal autopsies; and midwives had no formal role in the provision of death certificates.
7. Among school-aged children between 4 and 17, 16% across all three sites were not currently enrolled in school. There was a strong relationship between educational attainment and birth certificate ownership. Adults that had attended elementary or middle school were twice as likely to have a birth certificate as those who had not attended school, and those who attended high school or higher were almost four times as likely to have a birth certificate as those who had not attended school. School-age children that were enrolled at the time of the study were twice as likely to have a birth certificate as those who were not enrolled in school.

Key Findings

8. We identified 26 married girls between the ages of 10 and 17, and only four of them were enrolled in school at the time of data collection, and three of these were in junior high school when they should have been in senior high school. Altogether, 15 (57.7%) had and could show birth certificates.
9. Although educators had no formal role in the support or delivery of birth certificates to students, one in five mothers (20%) of children that had graduated from preschool reported that they had received information or support for registering their child's birth from preschool personnel. This usually (98% of the time) consisted of a staff member explaining the importance of birth registration or sharing other types of information with parents, but in a little over a quarter of instances (26.5%) the staff member went further, either providing the necessary application forms, offering to help complete or deliver the application on the parents' behalf, or a combination of these measures of support.

Death Registration

1. Across all sub-districts, the majority (83.8%) of deaths took place at home, with the rest mostly taking place in hospitals (12.9%).
2. Of those households that had experienced a death in the past five years, only seven (2.3%) applied for a death certificate, and only four of those successfully received a certificate. Key informants confirmed that this paucity of death registration was typical of all three sub-districts. One officer from the Office of Population and Civil Registration (Disdukcapil) in Pekalongan, for instance, said that he could only remember 17 death certificates having been issued throughout the entire district, despite hundreds of deaths.
3. Respondents who did not apply for death certificates either did not know what death certificates were (43.8%), did not think they were important (40.6%), did not see them as being part of the norm (7.8%), or did not understand the application process (6.3%).
4. The majority (64.8%) of respondents who did not experience a death in their household said they would not apply for a death certificate in the unfortunate event of a death, while about a quarter (23.7%) said they did not know if they would. Only 11.5% of respondents said they would definitely apply for a death certificate. The most common reasons these respondents had for wanting to apply for death certificates included the closing of accounts (28.8%), such as bank accounts or health insurance, receiving health insurance payments (18.3%), preparing one in case it was required (13.5%), receiving pensions (10.6%), and receiving inheritances (9.6%). Apart from pensions for civil servants, none of these actions actually require a death certificate.

Key Findings

Systems Considerations

1. Minister of Home Affairs Regulation No. 4 of 2010 mandated that all sub-districts implement PATEN by 2015, which would delegate permit-granting and administrative authorities from the district to the sub-district, potentially including birth and death certifying capabilities. None of the three districts we visited had fully implemented PATEN, though Petungkriyono was in the process as of December 2015.
2. None of the research sites had established an UPT for civil registration normatively at sub-district level, which is recommended by Minister of Home Affairs Regulation No. 18 of 2010 as a means of increasing access to services in remote areas.
3. The health and population administration sectors have parallel reporting mechanisms for births and deaths, but no concerted efforts have been made to link these as a means of improving validity or completeness of vital statistics (Annex).
4. Civil registration officers reported that a lack of training, especially with regards to budgetary processes, is a key bottleneck in civil registration, and as a result, offices are under-resourced to provide mobile services, procure necessary equipment, hire staff, or make use of information and communications technology.
5. The provision of basic services in the three research sites is undermined by the lack of capable staff committed to living and serving in these areas. Monetary rewards seem to be the only incentive offered to frontline staff; but according to them these do not compensate for the rough conditions they endure, and so the monetary rewards are ineffective when not accompanied by non-monetary incentives, such as future career opportunities.
6. Service personnel from remote areas are frequently transferred to more affluent sub-districts without the consultation or approval of field managers (e.g. Heads of Puskesmas, Disdukcapil officers). Finding replacements is difficult, making conditions worse yet for those who remain. Unsurprisingly, villagers are often served by volunteers or untrained staff.
7. Due to an absence of accurate vital statistics, sectors rely on data projections from the Central Statistics Agency (BPS), making it difficult for them to plan, budget, target, or measure the effectiveness of their programs accurately. Although Law No. 24 of 2013 stipulates that government planning has to refer to population data from the Ministry of Home Affairs, many subnational officials we met were unaware of such a regulation.
8. Although there are ongoing discussions around the creation of a single source of accurate and dynamic data among government sectors, the lack of trust and the differences in usage and standards for data across institutions have impeded the development of such a mechanism.
9. Efforts to increase public awareness on civil registration tend to focus exclusively on birth certificate issuance, though Disdukcapil officials are aware of the need to improve death registration as well. The local provision of grief compensation, health insurance, and national employment benefits are not systematically designed to encourage families to register death registration.

Key Findings

10. Those who are in charge of reporting birth and death data at community levels rarely see the value of the data beyond the scope of their reporting duties, nor do they have the capacity to utilize the data effectively.
11. The lack of marriage certificates is seen as a prominent obstacle to birth certificate ownership. And despite efforts to increase the ownership of marriage certificates through marriage legalization, this is not enough to meet the existing demand.
12. Bringing registration services closer to communities is favored by many as a means of increasing the certificate ownership. Mobile registration at village and the delegation of civil registration authority to the sub-district level were commonly proposed strategies for meeting the existing demand for birth certificates and other civil registration documents.
13. The potential of engaging other sectors to assist with civil registration has not been capitalized on effectively; and in many places, this strategy has not even been considered. The population administration sector is hesitant to share the responsibility, assuming that it would increase errors and enable fraud, whereas other sectors are reluctant to shoulder the additional burden and are afraid to be seen as encroaching on the authority of Disdukcapil.
14. The Single Identity Number (NIK) and the Population Administration Information System (SIAK) have been increasingly used for intersectoral verification of eligibility for social protection and document requirements, and this has enabled procedural streamlining. On the other hand, the reliance on NIK runs the risk of omitting those without it—often the most vulnerable—from the system and further barring their access to much needed services.
15. The adoption of advanced technologies such as SIAK has been central to the current improvement of civil registration service provision. However, the success of these initiatives has been moderated by the lack of necessary facilities and equipment, internet connectivity, and human resources capability at the district and sub-district levels.

1. Legal Identity and CRVS in Indonesia



Indonesia has enjoyed considerable economic and demographic momentum in recent years, with a large working age population, increasing life expectancy, and, until recently, steady Gross Domestic Product (GDP) growth. Yet, while poverty has more than halved since 1999, over one in ten Indonesians still lives below the poverty line, and nearly half the population is at risk of joining them (World Bank, 2015), all while the economy has started to slow (Asia Development Bank, 2015). The Government of Indonesia (GoI)'s 2015 Medium Term Development Plan (RPJMN) has set out to reduce poverty to 7-8% by 2019 (GoI, 2015). To achieve this, the Widodo administration will focus on strengthening governance and improving access to, and use of, quality basic services for the poorest segment of the population, including health, education, social protection, infrastructure, and civil registration. In the context of Indonesia's ongoing decentralization, this plan will involve working with local governments and civil society to ensure that services reach those who need them, at the appropriate time and in the appropriate manner.

Civil registration is integral to this poverty-reduction strategy, both inherently, for its ability to confer legal identity to citizens, and instrumentally, as the principal source of the country's vital statistics. For children and their families, ownership of legal identities can also be associated with continuation of schooling and increased use of health services (Jackson et al., 2014; Sumner & Kusumaningrum, 2014). Not only may legal identity documents be required to access basic services, but each use of basic services throughout an individual's lifecycle also constitutes an opportunity for registration.

Indonesia is currently among the countries with the largest number of unregistered children under five, after India, Nigeria, Pakistan, Ethiopia, Bangladesh, and the Democratic Republic of the Congo (UNICEF, 2013). Only about half of Indonesian children (under 18 years old) have a birth certificate (Badan Pusat Statistik, 2014; Sumner & Kusumaningrum, 2014). Death registration is almost nonexistent and data on the causes of death are poor, and completely unavailable in many parts of the country (Rao et al., 2010; World Health Organization [WHO], 2011). A 2014 study found that Indonesia's civil registration system suffered from a double bind whereby individuals do not feel motivated or capable of applying for legal identity documents, and local governments do not actively reach out to communities to improve coverage (Sumner & Kusumaningrum, 2014). This study found that the most common barriers to receiving birth certificates, among other legal identity documents, included (1) the formal and informal associated financial costs, (2) the distances of relevant government offices from their houses, (3) the complexity of application procedures, and (4) the general lack of knowledge of how to apply for documents. While national policy reform measures have since been taken to address these systemic constraints (see Table 1), the birth certificate coverage gap has been slow to narrow.

Indonesia has no single, consolidated mechanism for collating birth and death statistics across the country, let alone data on other vital events, such as marriage and adoption (Sumner & Kusumaningrum, 2014). Each line ministry has its own surveillance system, and data sharing among ministries is minimal, which potentially creates redundancies in some indicators and gaps in others. National vital statistics are based almost exclusively on the decennial census, and complemented by demographic, health, and economic surveys. Without a comprehensive, timely, and accurate civil registration and vital statistics (CRVS) system, ministries have reported being unable to accurately plan, target, or monitor their services (Fisher & Myers, 2011; Ministry of Health, 2014), which in turn undermines the GoI's investments in national poverty reduction.

Many in the international community have reached similar conclusions about the centrality of CRVS systems, culminating in Sustainable Development Goal target #16.9, which is to “provide legal identity to all, including birth certificates, by 2030” (Dunning, Gelb, & Raghava, 2014). The World Bank has commented that improving legal identity document ownership will fundamentally support the fulfillment of at least 10 other SDGs, from ending preventable deaths of newborns, to increasing access to economic resources and social protection, to fighting terrorism (Dahan & Gelb, 2015). In 2015, the Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific, of which Indonesia was a member, issued a declaration together with an action framework for the region targeting universal CRVS coverage by 2024, including death registration and cause-of-death reporting (UNESCAP, 2015).

For its own part, the Gol set out to increase national birth certificate ownership for children from the current level of 56% (Badan Pusat Statistik, 2014) to 85% by 2019 (Gol, 2015), prioritizing the reduction of disparities between regions and income groups. In effect, the Medium Term Development Plan aims to close the child birth certificate coverage gap by 29 percentage points over five years, despite previous efforts having only reduced this gap by a total of six percentage points since 2011. The Medium Term Development Plan did not issue targets for other legal identity documents.

These ambitious targets reflect a growing acknowledgement of the importance of CRVS for poverty reduction, development, and governance more broadly. To substantially improve its civil registration and vital statistics, however, the Gol will require an evidence base detailing bottlenecks, gaps, strengths, and opportunities in the existing systems, identifying models from comparable countries, and evaluating contextual variation within the country that could limit the implementation of a national initiative. To this end, the Center on Child Protection at Universitas Indonesia (PUSKAPA), in partnership with the Indonesian Ministry of National Development Planning/BAPPENAS and Governance for Growth (KOMPAK), a program of the Australian Department of Foreign Affairs and Trade (DFAT), has undertaken a mixed methods study on institutionalizing legal identity and CRVS in basic services systems.

Table 1. Overview of laws and regulations relating to CRVS

Children's Rights	
Indonesia Constitution (UUD 1945); Human Rights Law (UU 39/1999); Child Protection Law (UU 23/2002)	These laws provide provisions on the rights of the child, including children's rights to have citizenship and a name as part of their identity from birth, their right to know their origin, and their right to a birth certificate.
Civil Registration System	
Population Administration Law (UU 23/2006 & 24/2013); Government Regulation (PP) 37/2007; Presidential Regulation (Perpres) 25/2008; Minister of Home Affairs Regulation (Permendagri) 9/2016	UU 23/2006 frames Indonesia's civil registration system and population administration establishes the requirements and process to obtain birth and death certificates as well as the certification of other vital events. It also makes birth certificates required for adding new names to family cards and generating Single Identity Numbers (NIK), which are usually required to access basic services. UU 24/2013 overruled several provisions from UU 23/2006. One of the changes was to simplify the procedure for late birth registration in accordance with Constitutional Court Decision Number 18/PUU-XI/2013. PP 37/2007 and Perpres 25/2008 provide technical guidance for UU 23/2006. Permendagri 9/2016 allows birth certificates to be issued with both parents' names included, even for children whose parents do not have marriage certificates, as long as they are registered as married on their family cards. The parents also need to sign statutory declaration letters affirming their marital status and claiming parentage of the child.
Standard of Services	
Public Service Law (UU 25/2009); Government Regulation (PP) 96/2012	UU 25/2009 establishes performance standards for government agencies providing services. According to PP 96/2012, administrative services generate various forms of official documents, which are essential for the protection of citizens.
Decentralization	
Local Government Law (UU 23/2014 & 9/2015)	According to this law, local governments are required to provide civil registration services and can establish their own regulations to improve civil registration services.
Village Law (UU 6/2014)	This law provides authority for villages to lead their own development planning, budgeting, and programming.
Access to Justice	
Supreme Court's Regulation (Perma) 1/2014	PERMA 1/2014 provides a fee waiver for poor people, legal assistance, and mobile services to improve access to marriage legalization.
Supreme Court's Regulation (Perma) 1/2015	This specifically gives guidelines for the court to implement mobile services related to legal identity. The court may also integrate its services with governmental offices, including the Office of Population and Civil Registration (Disdukcapil) and the Office of Religious Affairs (KUA).

2. Methodology



Research Questions

1. What does a contextually appropriate CRVS system that includes a legal identity service look like, and how can such a system be implemented?
2. What are the intersecting problems, challenges, and opportunities throughout an individual's lifecycle in reaching legal identity services at the central, provincial, district, sub-district, and village/community levels?

Research Objectives

Ultimately, the objectives of the study were:

1. To identify systemic changes required to foster legal-identity-seeking behavior
2. To identify systemic changes required to generate community-based services and outreach from sub-district to village level
3. To identify intersecting opportunities, for clients and service providers, throughout the individual lifecycle for registering vital life events

To fulfill these objectives, the study began with a three-part desk review, including a systematic literature review, a legal review, and a Delphi method consensus exercise involving relevant national-level decision makers. The emerging results of this desk review fed into the design and execution of the field work, which consisted of a cross-sectional, multi-stage cluster survey at the sub-district level in the provinces of Aceh, Central Java, and South Sulawesi, as well as semi-structured interviews with key informants, and focus group discussions using a technique known as Participatory Ranking Methodology (Ager, Stark, & Potts, 2010).

This report will present the results of the field work, including both quantitative and qualitative components, while the findings of the desk review will be presented separately. These findings pertain to the time of the data collection, and do not systematically account for policy changes that may have taken place in the interim between data collection and publication. To the extent it was possible, the findings of this report were triangulated during verification meetings, presentations, and workshops with informants at relevant ministries in Jakarta, and follow-up communications with informants in the three study sites.

Site Selection

The provinces of Aceh, Central Java, and South Sulawesi were selected purposively by a steering committee comprised of the Ministry of National Development Planning/BAPPENAS and KOMPAK to allow for variation in governance, local laws and regulations, legal identity coverage, cultural practices, and other contextual factors. One sub-district was selected in each province (see Table 2) based on buy-in from local leaders, low scores on the Ministry of National Development Planning/BAPPENAS's composite poverty index, and geographic variation.

Survey

Sample size requirements 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. Factoring in a potential design effect of two due to multistage clustering, we determined that 2,233 household members (between 742 and 746 per sub-district) needed to be included in the study to produce an estimate of birth certificate ownership that is representative at the sub-district level. Assuming the sample would approximate the national average household size of four people (Statistics Indonesia et al., 2012), we calculated that a minimum of 1,170 household interviews could yield data on 4,680 household members, of which slightly more than half would be children. The expected probability of detecting a true difference from the null (power) was set at 80%, and the probability of a Type I error was set to 5%.

Table 2. Random selection of villages for survey

Province	District	Sub-district	Village	Number of clusters
Aceh	West Aceh	Arongan Lambalek	Alue Batee	1
			Alue Sundak	1
			Drien Rampak	1
			Keub	1
			Peulanteu Lb	1
			Peuribu	1
			Rimba Langgeh	1
			Seuneubok Lueng	1
			Seunebok Teungoh	2
			Simpang Peut	1
			Teupin Peuraho	1
			Ujong Simpang	1
Central Java	Pekalongan	Petungkriyono	Gumelem	1
			Kasimpar	1
			Kayupuring	2
			Simego	1
			Songgodadi	2
			Tlogohendro	2
			Tlogopakis	2
			Yosorejo	2
South Sulawesi	Pangkajene and Kepulauan Islands (Pangkep)	North Liukang Tupabbiring (LTU)	Mattiro Baji	2
			Mattiro Bombang	3
			Mattiro Bulu	3
			Mattiro Kanja	1
			Mattiro Labangeng	1
			Mattiro Uleng	2
			Mattiro Walie	1

Lacking household information for each sub-district, households had to be selected using two-stage randomization. In the first stage, a list of all villages and their populations was generated using the 2010 census. Survey clusters were assigned randomly to villages with probability of being selected proportional to the village's population size so that larger villages had greater probabilities of being selected. Villages could be assigned more than one cluster. A total of 13 survey clusters were assigned this way in each sub-district (see Table 2).

In each cluster, Google Earth was used to generate a basic map of household distribution around the village, which was refined on-site during observations and consultations with village leaders. The number of inhabited households in each village was either provided by a local leader or was estimated by counting rooftops, and each village map was then subdivided into numbered sections with approximately equal distributions of households, usually between 60 and 120. One section was then selected randomly as a cluster using a random-number generator.

Households were randomized systematically in the second stage, and at least 30 were interviewed in each cluster.³ The survey procedure targeted mothers of children that were under 18 at the time of the survey, as mothers were considered to be more knowledgeable than fathers about the household's interactions with basic services, such as reproductive health service usage and early childhood education enrolment. Respondents were asked questions about themselves, their households, and all of their household members. When mothers were not available, their households were revisited at least twice, after which fathers of children were interviewed, or in a couple of cases, grandparents of children. Households were not selected if no child had slept in them the previous night, if the parents of the children had not slept in the house the previous night, or if the house appeared to be permanently vacant.

Survey teams consisted of researchers local to the province with a team lead from the Center on Child Protection. Team leads were trained in the sampling methodology and the instrument for four days in Jakarta, before field-testing it in Jakarta and going on to lead two-day trainings for their field teams. The field teams then also tested both the sampling methodology and the instrument, and adjustments were made to the instrument before data collection began. All teams were supervised by a senior researcher during a portion of data collection.

Surveys were conducted in Bahasa Indonesia using an electronic tablet, or in the local language when necessary. Interpreters were sometimes used when the enumerator could not speak the language of the selected household. Surveys were only conducted after obtaining informed consent. The demographic makeup of households can be seen in Table 3.

Acknowledging the inability to assess disability adequately without an instrument dedicated entirely to that purpose, we used a sub-set of four ordinal questions (Vision, Hearing, Mobility, and Remembering) from the standardized set developed by the Washington Group with the purpose of identifying respondents who were at a greater risk of experiencing limitations in conducting their daily activities or participating in social roles, such as employment (Centers for Disease Control and Prevention and National Center for Health Statistics, 2015) (see Box 1).

³ 13 village clusters x 30 surveys = 390 total surveys per sub-district

Table 3. Demographics of survey sample

	Aceh	Central Java	South Sulawesi	Total
Respondents (n)	405	406	411	1222
Female	91.6%	97.5%	97.8%	95.7%
Male	8.4%	2.5%	2.2%	4.3%
Age (median years)	33	32	36	33
Muslim	100.0%	98.8%	100.0%	99.6%
Protestant	0.0%	1.2%	0.0%	0.4%
Literacy	91.6%	85.7%	88.8%	88.7%
Completed some schooling	96.3%	96.3%	93.4%	95.3%
Attended high school or beyond	21.2%	6.7%	10.0%	12.6%
Married	94.5%	96.8%	93.9%	95.1%
Separated or widowed	5.4%	3.2%	5.8%	4.9%
Single	0.0%	0.0%	0.2%	0.1%
Children in sample (n)	769 (45.7%)	677 (35.0%)	915 (47.6%)	2361 (42.6%)
Female	49.5%	50.5%	51.1%	50.4%
Male	50.5%	49.5%	48.9%	49.6%
Currently enrolled in school (ages 4-17)	88.0%	78.4%	84.9%	84.0%
Married (ages 10-17)	1.3%	4.3%	2.2%	2.5%
Total people represented in sample (n)	1691	1939	1922	5552

Box 1. Disabilities in survey sample

On average, 0.9% of respondents reported a great deal of visual impairment, though this ranged from 0.2% of respondents (one person) in Petungkriyono to 1.7% of those in Arongan Lambalek. These respondents were as young as 33 and as old as 60. In three cases, all from Arongan Lambalek, respondents that reported significant visual impairments also had a great deal of mobility issues. An additional seven (0.6%) respondents had a lot of difficulty walking, and one reportedly was unable walk at all. Respondents with these mobility difficulties ranged from 33 to 50 years old.

Impaired hearing was less common, with two (0.2%) respondents reporting a great deal of difficulty, and both of these respondents also reportedly having a lot of difficulty remembering or concentrating. One was 19 and the other was 36. An additional six (0.5%) respondents reported having a lot of difficulty remembering or concentrating. Their ages ranged from 27 to 45. No respondents across the three sites reported being completely unable to see, hear, or concentrate.

Respondents who were identified as having these kinds of physical or cognitive vulnerabilities, or who received disability assistance from the government, were about half as likely to have birth certificates as respondents without those vulnerabilities, and the children of these respondents had about the same reduced odds.

Quantitative Data Analysis

Analysis of household data began by enumerating all variables, looking at frequencies, percentages, and central tendencies. Unadjusted Odds ratios (OR), Adjusted Odds Ratios (AOR) and 95% Confidence Intervals (95% CIs) for the dichotomous variables were calculated using bivariate and multivariate regression to detect relationships among variables, and applying Generalized Estimating Equations to account for clustering of people within households.

Key Informant Interviews

Semi-structured interviews were conducted with a purposive sample of key informants at the province, district, sub-district, village, and sub-village levels in the selected sites (see Table 4). Participants were selected based on their professional affiliation with CRVS or basic services systems, and included informants from the following government bodies and their equivalent offices at the subnational level:

- The Ministry of Culture and Elementary and Secondary Education
- The Ministry of Female Empowerment and Child Protection
- The Ministry of Health
- The Ministry of Home Affairs
- The Ministry of National Development Planning
- The Ministry of Religious Affairs
- The Ministry of Social Affairs
- The Central Statistics Agency

The team also interviewed service providers from community and village health clinics, hospitals, community health workers, midwives, traditional birth attendants, family planning counsellors, social welfare officers (*Tenaga Kerja Sosial Kecamatan*, or TKSK), educators, facilitators of social protection services, religious leaders, village and sub-village officials, members of civil society organizations, and private intermediaries or brokers of legal identity documents. These informants were selected based on the assumption that their work might have intersections with, or implications for, civil registration and/or vital statistics systems. Community members were sometimes interviewed as key informants as well, when it was deemed appropriate.

Recruitment began during buy-in meetings that were conducted at the district level in each province at the beginning of the study period. These were attended by line ministry officials and local leaders for the purpose of introducing the team and research, building support for the project, and identifying key informants. Preliminary lists of potential informants and their contact information were compiled, and snowball sampling was used to expand and refine the list.

For the village and sub-village interviews, the qualitative team worked with the survey team to identify areas and informants that would maximize variability and provide richer data. Interviews were sometimes also conducted in villages, sub-districts, or districts neighbouring those in the original site selection so as to properly contextualize the findings.

Focus Group Discussions and PRM

Focus group discussions were conducted with officials in two of the three sub-districts, and with officials in three villages per sub-district, for a total of 11 focus group discussions. These also involved a PRM exercise, which asked the groups of six-10 people to come to consensus on a list of top priorities or strategies for improving birth certificate coverage in their area. Discussions about how to improve death registration, or death reporting usually followed, often in a semi-structured manner. One additional focus group discussion, without a PRM exercise, was conducted in South Sulawesi with members of civil society groups, as a means of triangulating findings from key informant interviews.

Table 4. Summary of key informant interviews

	Aceh	Central Java	South Sulawesi	Total
Non-governmental	4	6	10	20
Village & sub-village	14	11	32	57
Sub-district	7	14	10	31
District	13	18	19	50
Province	9	9	12	30
Total	47	56	82	185

Qualitative Data Analysis

Most interviews and focus group discussions were conducted in Bahasa Indonesia and all sessions were recorded digitally. Audio recordings were transcribed by an independent team, and then verified by multiple members of the research team. When interviews were conducted in the local language, these transcripts were transcribed by a local team and translated into Bahasa Indonesia for analysis.

Analysis was guided by initial themes that emerged from the desk review in the first phase of the study, from key informant interviews, and from initial discussion among lead researchers during the preliminary analysis of the field work. These initial themes included (1) Coordination and data management, (2) Outreach and awareness, (3) Technology, (4) Capacity building, (5) Incentives and sanctions, and (6) Simplification of procedures. Teams of two or three researchers were assigned to each initial theme, and they proceeded to review the transcripts to understand how these themes might provide answers to the research questions. Through constant discussions within and among research teams during analysis, the development of a data display, and regular memos, the teams allowed themes to be reshaped by the data, and new themes emerged. These findings were also used to interpret, support, and challenge the survey results.

Limitations

This study is limited by a range of factors. The survey results cannot be generalized beyond the sub-district to the district or province levels. By not interviewing households headed by unmarried children or grandparents, we may have systematically excluded a portion of the population that is particularly vulnerable to social and political exclusion. We also did not include children within institutional care in the survey. The qualitative portions of the study – the key informant interviews and focus group discussions – were designed to compensate for some of these limitations, covering service providers and administrators in the district and province levels, and in a few cases, household members that were excluded from the survey.

As inclusive as these qualitative approaches were, however, they too should not be taken outside of their context to speak for other provinces or Indonesia in general. Although we made our best efforts to explain to informants that the team was composed of neutral researchers, informants were sometimes nervous about being directly critical of the government, and in those cases tended to give vague responses to questions. Because of this, we have had to undertake the delicate work of interpreting responses without imposing our expectations, preconceptions, or other subjectivities onto them. In order to guard against this, we worked in variegated teams, constantly challenging one another's interpretations, and cross-referencing the qualitative and quantitative data repeatedly. Just as these interviews and focus group discussions triangulate, contextualize, and complicate the survey findings, so too do the survey findings substantiate and problematize the qualitative findings. Because the key informants mostly consisted of officials and service providers, the qualitative findings are largely informed by the “supply” perspective of CRVS rather than the “demand” perspective, which is addressed by the survey. Finally, this study only systematically collected data related to a selection of vital events, excluding others, such as adoption and migration, which also merit careful study in the Indonesian context.

A Note on Site Geography

Geographic variation, transportation availability, and relative distance from the district capital play important roles in shaping access to and quality of civil registration, and other government services, in the selected areas. Each field site differs significantly from the others in this manner, as geography was a factor in site selection. In many cases, villages within the sub-districts also face different circumstances from one another.

In LTU, the nearest island to the district capital is a 20-minute commute by boat, while the furthest is about two to three hours away. There are public motorboats to the district from all but six of the islands, but there is no public transportation to the sub-district capital (Sabutung Island). Therefore, it is easier for people to go to the district capital than to sub-district capital.

Arongan Lambalek, a predominantly coastal, relatively dense area, is about an hour's drive from the district capital, Meulaboh. Villagers can take a bus that runs between district capitals, but many have access to a privately owned motorbike.

Petungkriyono, meanwhile, represents a sub-district in a challenging mountainous region with frequent mudslides during the rainy season. Unpaved roads in some sub-villages regularly prevent villagers from travelling to the sub-district capital. An average commute from Petungkriyono to the district capital in Kajen takes about two hours on an informal bus, costing 100,000 rupiah each way. Some villages have better physical access to the capital city of the neighbouring district, Banjarnegara, where they sometimes go for medical care, even if it means they cannot use their district health insurance (Jamkesda).

3. Understanding the Existing System of Legal Identity and CRVS



What We Mean When We Say CRVS

Civil registration refers to “the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population as provided through decree or regulation in accordance with the legal requirements of a country” (United Nations Statistics Division, 2013). The primary purpose of civil registration is to confer legal identity documents to citizens.

The second purpose of civil registration is to serve as the main source for a country’s *vital statistics* system, which aims to capture the total occurrence of vital events in a country, to document important characteristics of these events, and to disseminate the resulting statistics for relevant purposes, such as planning or policy development. Without a comprehensive and timely civil registration system, vital statistics systems must rely heavily on enumeration activities, such as the decennial census, which tend to be costly, do not present data in a timely manner, and sometimes fail to reach large portions of the population.

Civil registration and vital statistics systems in this report will refer to all government mechanisms of recording and/or reporting vital events – including birth, death, marriage, and divorce – and the manners by which those mechanisms relate to certifying vital events; though the research questions focused primarily on birth and death. In Indonesia, there is no singular, universal CRVS system, but instead a tangle of mechanisms that intersect or overlap at times, but mostly run in parallel, rarely converging to create a whole.

This chapter will draw on interviews, observations, focus group discussions, and a legal review to map the various systems that constitute civil registration and vital statistics systems in Indonesia. Before moving forward, it is important to briefly summarize the administrative structures that govern these systems.

Local Administrative Structures

All three field sites follow the standard administrative hierarchy, with sub-districts overseeing a number of villages (*desa*, or *gampong* in Aceh), which are made up of several sub-villages or hamlets (*dukuh* in Central Java and *dusun* in Aceh and South Sulawesi). In North Liukang Tuppabiring (LTU), there are six villages that stretch across 22 small islands. Most of the villages consist of two to four islands. The smallest administrative unit is the *rukun tetangga* (RT), which is usually composed of 20-30 households. Several RT make up one *rukun kampung* (RK) in LTU, or *rukun warga* (RW) in Petungkriyono. Above RW or RK, is the *dusun/dukuh*, which are usually made up of two to four RK/RW. Separate from and overlapping with this system is another semi-informal administrative division known as *dasawisma*, which is managed by cadres of the Family Empowerment Movement (PKK) and which divides the community into groupings of 10 households. In Aceh, there is also a semi-informal unit between sub-district and village called *mukim*. There are three to four villages under one *mukim* and the heads of *mukim* are elected by representatives from these villages.

At the time of data collection, in LTU, several administrative positions were filled by temporary personnel. This is because the provincial government had suspended elections in the area so as to hold simultaneous elections across the province in 2017. In the interim, to fill the seats of those seeking reelection, sub-district staff were appointed to temporarily head six of seven villages. At the province and district levels in South Sulawesi, we met several government respondents who also held one to two local government positions that had been left temporarily vacant.

At the national level, civil registration and population administration are the responsibilities of the Ministry of Home Affairs (MoHA) with the Bureau of Public Administration (*Biro Tata Pemerintahan Umum* or *Biro Tapem*) typically representing MoHA at the provincial level. In Central Java and Aceh, *Biro Tapem* is tasked with policy development, while the Office of Employment, Transmigration, and Population (Disnakertransduk) in Central Java and the Office of Population Registration (Disregduk) in Aceh are in charge of population data management and civil registration service provision. At the district level, all these responsibilities fall under the Office of Population and Civil Registration (Disdukcapil). Under decentralization, the provincial government is in charge of preparing population data, while it also plays a role in supervising and coordinating the implementation of civil registration services. At the district level, local governments also have the authority to establish their own policies, which includes implementing civil registration services. Heads of sub-district are obligated to coordinate and supervise the implementation and enforcement of local government policies.

Overview of Requirements for Legal Identity Documents

The legal requirements for a birth certificate are a birth notification letter (*Surat Keterangan Lahir*, or SKL) from a licensed health practitioner, the name and national ID (*Kartu Tanda Penduduk*, or KTP) of two witnesses to the birth registration processes, the parents' family card (*Kartu Keluarga*, or KK), and national IDs of both parents. Parents also need a recommendation letter from the village. Until the end of 2015, for a new birth certificate to have both parents' names printed on it, parents had to provide their valid marriage certificates (*Buku Nikah* for Muslim couples and *Akta Nikah* otherwise). Without a marriage certificate, the child's birth certificate could only the mother's name. If parents did not have a marriage certificate at the time of their child's birth, but they were married religiously prior to the birth, they could legalize their marriage retroactively through a court hearing and then apply for the child's birth certificate to include both parents' names. In the case of divorce, parents had to provide their divorce certificate to acquire a child's birth certificate with both parents' names included.

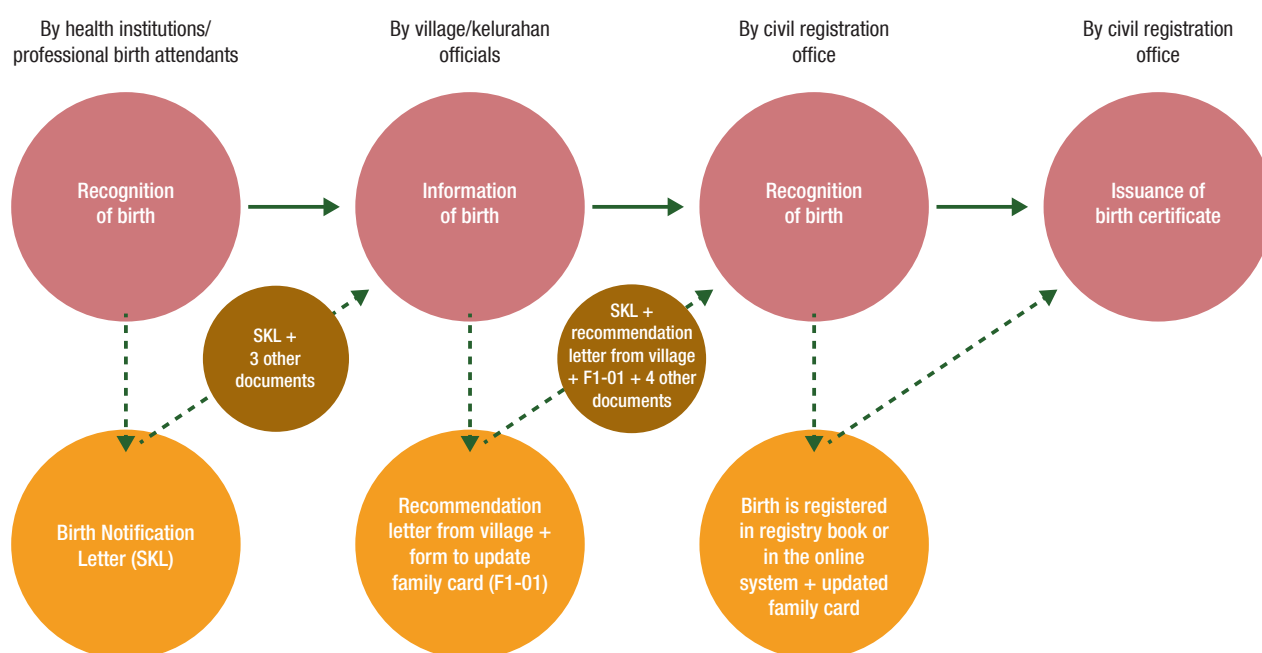
In early 2016, however—after the end of data collection for this study—Minister of Home Affairs Regulation No. 9 was issued, allowing birth certificates to be printed with both parents' names included, even for children whose parents do not have marriage certificates, as long as they can show a family card listing them as married. The parents also need to sign statutory declaration letters affirming their marital status and claiming parentage of the child.

In order to receive a marriage certificate, both applicants need to provide their birth certificates, national IDs, headshots, and together they must provide a marriage notification letter (the source of this letter depends on the religion of the applicants).

The legal requirements for a death certificate are a notification letter from RT and RW or a notification letter from a doctor or paramedic, and a notification letter from the head of village. It should be noted that these various documents are required at different parts of the application process—for instance, the notification letter from RT and RW is also a requirement for the notification letter from the head of village—so they must be completed sequentially instead of simultaneously.

Mapping the Civil Registration Process

Figure 1. Birth registration process



Birth

While the above describes the legal process of applying for certificates at the national level, the practices can have differing local iterations (see Figure 1 and Annex). The general procedure for birth registration follows a similar course in all three areas, but there are slight, albeit important, differences. Once a family receives an official SKL from their attending midwives, they apply for a recommendation letter (*Surat Pengantar*) from the head of village and fill out several administrative forms (including a separate form to update their family card). Together with their old family cards, the families bring all these paper requirements to the Office of Population and Civil Registration (Disdukcapil). At the time of data collection, a marriage certificate was also needed to include the father's name on the birth certificate, though most people in Arongan Lambalek and Petungkriyono, including many officials, believed that marriage certificates were mandatory for issuing birth certificates (see Chapter 4, Birth Certificates). In Pangkep, many families were able to attain a birth certificate with both parents' names listed even without presenting a marriage certificate (see Simplification of Procedures and Contextual Adjustments).

In Minister of Home Affairs Regulation No. 18 of 2010, subnational governments are recommended to establish a Technical Implementation Unit (*Unit Pelaksana Teknis* or UPT) at the sub-district level, especially in hard-to-reach areas. The UPT for civil registration is authorized to deliver civil registration services, including updating the Population Administration Information System (*Sistem Informasi Administrasi Kependudukan* or SIAK) and issuing birth and death certificates, but not including family cards or national IDs. However, none of the sub-districts that we studied had established an UPT for civil registration.

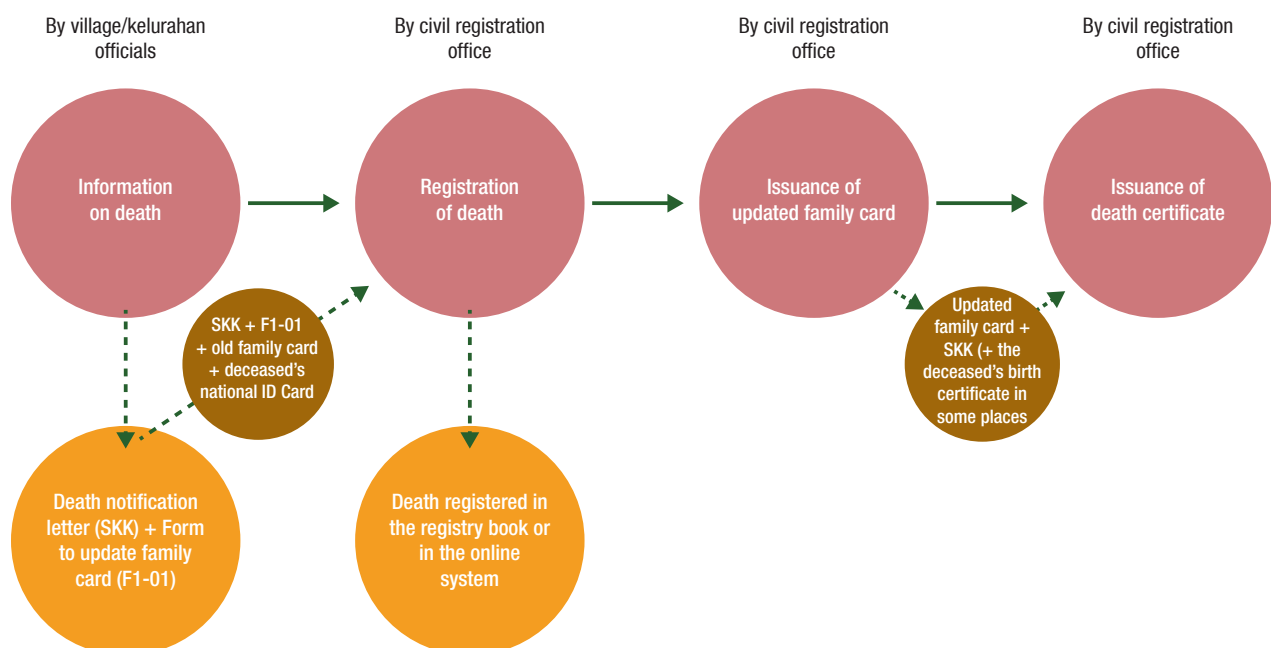
Similarly, based on Minister of Home Affairs Regulation No. 4 of 2010, some administrative duties may be delegated from the district to the sub-district under an integrated program called PATEN. Some have interpreted “administrative duties” to include civil registration, meaning that sub-district officers may issue legal identity documents. The law requires PATEN to be implemented by 2015 in all sub-districts throughout the country, but Petungkriyono was the only sub-district in our sample to have even begun the process of establishing one, though the delegation of authority from the district had not yet been implemented.

In Petungkriyono, the Disdukcapil has posted two civil registration operators at the sub-district office to help families with their applications. This way, families can opt to verify their applications and update their family cards at the sub-district; but the issuance, printing, signing and stamping of birth certificates can still only be done at the district Disdukcapil. In Arongan Lambalek and LTU, by contrast, all steps must be completed at the district Disdukcapil.

Once the application is submitted to the Disdukcapil, the family card must be updated to generate a Single Identity Number (*Nomor Induk Kependudukan* or NIK) for the newborn before a birth certificate is issued. In Pangkajene Kepulauan, with SIAK Version 5, the process of updating the family card and issuing the birth certificate can take place simultaneously, thereby reducing the amount of time needed to issue a birth certificate (see Chapter 6, Technology and Facilities).

Death

Figure 2. Death registration process



There are two sequential steps to issue a death certificate (see Figure 2 and Annex). First is registering the death by removing the deceased member from a family card. This first step involves the family going to the village office to get a death notification letter (*Surat Keterangan Kematian*, or SKK) and completing a form requesting to update their family card. Families bring all these documents together with the old family card and the deceased member’s national ID to the district Disdukcapil office. In the case of Petungkriyono, families can choose to submit their application to the civil registration operator at the sub-district. At this point, the Disdukcapil is able to authorize the closing of an individual entry from the population database and issue a new family card. The family then has to present the updated family card, SKK, and in some cases the deceased’s birth certificate, to receive a death certificate.

Our interviews indicated that there is very little awareness of death registration among public officials and community members in all three areas. Families tend to wait for other vital events, such as births or migration, to remove a deceased household member from their family cards, creating a time lag between the death and the closing of an individual's entry in the population database. Apart from a few village staff in Petungkriyono reportedly visiting bereaved families and encouraging them to update their family cards, we found no initiatives to improve the completeness of death registration in these three areas. All administrative affairs we are aware of, including termination of bank accounts, inheritance and insurance claims, execution of wills, and grief compensation, only require a SKK from the village office and/or sub-district office.

Mapping the Vital Statistics

Births in all three sites are recorded by various institutions, which store these records in separate databases (see Annex). At the community level, the health sector records all births in the villages through midwives, including births delivered outside of health facilities and those attended primarily by traditional birth attendants (*dukun beranak*, or *dukun*). Midwives are required to record every pregnant woman coming for check-ups in the 'Mother's Cohort' (*Kohort ibu*) logbook. Once the mother gives birth, the name of baby should be recorded into a logbook for babies (*Kohort bayi*). Midwives then issue an SKL to parents.

Death reporting follows the same channels as births within the health sector, with a few exceptions. Midwives are requested to record all deaths in their service areas, and information pertaining to maternal and infant deaths is also documented in the *Kohort ibu* and *Kohort bayi*, respectively, including the deceased's name, medical history and ID number, and sometimes NIK. Because midwives rarely treat men and older women, we were told that their deaths outside of health facilities were not often recorded by midwives.

Cause of death is sometimes also recorded, though with no midwives in the three sub-districts being trained to conduct verbal autopsies based on the International Statistical Classification of Diseases (ICD-10), these reports often include non-medical diagnoses and are not reliable. Under the current mechanism to reduce the maternal mortality rate (MMR) and infant mortality rate (IMR), midwives are also instructed to report any case of maternal and infant deaths within 24 hours to Community Health Centres (*Pusat Kesehatan Masyarakat*, or *Puskesmas*).⁴ In all three areas, this feeds into an auditing program whereby doctors conduct autopsies for every maternal death. None of our sub-districts were part of the Ministry of Health's Sample Registration System (SRS).⁵

Under a system called SP2TP (Recording and Reporting System at Puskesmas Level or *Sistem Pencatatan dan Pelaporan Tingkat Puskesmas*), at the end of every month, midwives report the total number of births and deaths (as well as morbidity statistics and health surveillance data, such as immunization and family planning outputs) to the Coordinator Midwife at Puskesmas using a manual recap form. Puskesmas gathers this information from all health facilities within the sub-district, including, ideally, from all village midwives and health and maternity clinics. Puskesmas then aggregates all birth and death data and sends them to the Sub-directorate of Family Health (*Bidang Kesehatan Keluarga*) and the Sub-directorate Health Service (*Bidang Pelayanan Kesehatan*) at the District Health Office (*Dinas Kesehatan*). These reports do not include individual-level variables, meaning that once they are sent, data can no longer be disaggregated or compared to other datasets. The district *Dinas Kesehatan* also receives birth and death data from district hospitals and their Forensic Units receive notifications of unnatural deaths from the police. The district *Dinas Kesehatan* then sends these data to the province *Dinas Kesehatan*, which relays them to the central health ministry.

⁴ Puskesmas serves as a hub for community health efforts with support not only from the government, but also from the private sector and civil society. It is responsible for the provision of health service to individuals as well as for health surveillance, infectious disease control, environmental health, and sensitization activities.

⁵ However, other sub-districts in Pekalongan and Pangkajene Kepulauan, namely Bojong and Labakkang, are among the 128 SRS sub-districts. The SRS requires that all deaths in sub-districts be registered and receive a verbal autopsy based on ICD-10 by a trained health professional. These data, which can be disaggregated by name and NIK, are sent to the district health office, which relays them directly to the National Institute of Health or *Puslitbangkes*.

Village staff also collect birth and death data. Depending on who is closest to their homes, villagers usually inform the head of their RT, RK/RW, sub-village, or village of any births. Sometimes, village staff visit the families to confirm births in person. In all three areas, informants repeatedly said that news of births and deaths spread around the villages quickly, meaning that village offices should be aware of any such event, according to them. Additionally, in many villages each death is announced through the mosque's loudspeaker and is treated as a community affair.

In some areas, village and health staff also share data on vital events, with midwives and sometimes *dukun* reporting to the village office about the births or deaths they have attended. In Petungkriyono, the cadres we met with from the integrated health services post (Posyandu) actively informed the village staff of all births they encountered during their services.

Some villages keep a manual logbook or manifest where they record population statistics, while other villages keep copies of all family cards and manually add or remove family members from these copies. At the end of the month (or every three months in some villages), the Deputy Head of Village (*Sekretaris desa* or Sekdes) produces a population report (*monograf desa*) of the births, deaths, and in- and out- migration for their villages.

In Arongan Lambalek and Petungkriyono, however, villages regularly submit their population reports to the Governance Bureau (Biro Tata Pemerintahan) at the sub-district before reporting it to the Disdukcapil. Although there is a common understanding that village offices are required to report to the sub-district first, in LTU, villages often bypass the sub-district and send their reports to the district Disdukcapil directly. The Disdukcapil aggregates all the numbers from villages and sends the report to the province representative of MoHA (*Biro Tata Pemerintahan Umum* for South Sulawesi, Disregduk in Aceh, and Disnakertransduk in Central Java). In Pangkep, a copy of this report is also sent to the district head. It should be noted that, aside from midwives and village officials occasionally comparing case information, informants reported no formal arrangements for sharing data on births and deaths with the health sector.

In addition to these routine reporting mechanisms, we found several independent reporting channels for births and deaths. These are predominantly linked to social assistance and protection programs. For social health insurance, there are at least two different procedures for birth and death reporting under *Jaminan Kesehatan Nasional* (JKN), the umbrella program that is in the process of consolidating all social health insurance schemes around the country. Families that pay their own premiums (JKN Mandiri) must register births and report deaths directly to their district's Social Insurance Agency for Health (BPJS *Kesehatan*), which oversees JKN, and which warehouses data on all its members in a database called the 'Master File,' which then relays to a data management interface called P-CARE. Theoretically, the registered births and deaths of JKN Mandiri members should be updated in the Master File and be accessible in P-CARE in real time. At the time of the study, a national pilot project was underway to link P-CARE with Puskesmas registries; though none of our study locations were included in this pilot.

Registration of a newborn takes at least 14 days and the insurance does not cover the cost of health services before the membership was activated. This can have disastrous consequences for children with premature or complicated births, or birth defects. To avoid these outcomes, key informants in Pangkep recommended that families start insuring the expected newborn on the eight month of pregnancy using the mother's identity documents and NIK. This option allows children to be covered under their mother's JKN for the first three months following birth, after which the parents must return to BPJS *Kesehatan* with the infant's NIK to complete the insurance registration process.

Families with subsidized health insurance premiums (PBI-JKN) must report a birth to the BPJS *Kesehatan* office within three days along with the birth attendant's notification letter mentioned above (SKL) and a notification letter from village staff (*Surat Keterangan Tidak Mampu*) attesting to the family's material need. In Pangkep, families also need a recommendation letter from the Office of Social Affairs (*Dinas Sosial*). Once the application is submitted, the newborn is registered as a paying member of BPJS *Kesehatan* (JKN Mandiri), so families must pay the premium until the application is approved, after which they are reimbursed the full cost of services. In Pangkep, these newborns were added to waiting lists that were sent to the national government to inform the next PBI-JKN membership list. Death reporting under PBI-JKN seems to be highly inconsistent.

The preliminary list of beneficiaries for PBI-JKN membership was initially created from the Unified Database (*Basis Data Terpadu* or BDT) based on the 2011 Data Collection on Social Protection Program (PPLS). This preliminary BDT list of those eligible for social assistance was then sent to the Ministry of Social Affairs to inform their services targeting. Among other programs, this list included all those who might be eligible for PBI-JKN. The Ministry of Social Affairs is now responsible for updating the eligibility database for PBI-JKN every six months. BPJS *Kesehatan* then uses NIK to verify new members before updating its Master File.

Key informants in the field knew very little about these updating procedures and none were involved in the process. With Aceh Barat and Pangkep undergoing the process of merging their regional health insurance (e.g. *Jaminan Kesehatan Rakyat Aceh* and *Jamkesda*) with JKN, there is an ongoing discussion in both districts about establishing a separate mechanism for updating the membership list for all those who are eligible to have their premiums covered through the local budget. In Pangkep, where an independent assessment identified 83,721 individuals eligible for locally subsidized JKN, the plan is to use this figure to set the maximum capacity. Any new members would have to be balanced out by the removal of inactive members, caused either by death, migration, or an improvement of socioeconomic circumstances. The mechanism to update the database, however, which would involve *Dinas Kesehatan*, *Dinas Sosial* and BPJS *Kesehatan* as well as their ground staff, had yet to be established at the time of data collection.

In addition to the mechanisms detailed above, beneficiaries of the Family Hope Program (*Program Keluarga Harapan*, or PKH), which offers conditional cash transfers to the poorest 7% of families (though the program is in the process of expanding to 12% of families), are also supposed to report births and deaths directly to the PKH facilitator posted at the sub-district. PKH facilitators also visit midwives, Puskesmas, and schools to gather information regarding health check-ups and school attendance of recipient families. They then submit information on births and deaths to the district PKH operator, who records it in a central database, though no data are recorded on birth certificate ownership. Interestingly, PKH facilitators are responsible for identifying members that are missing either a family card or ID card; though this policy did not seem to be in effect in the field sites.

For workers' insurance under BPJS *Ketenagakerjaan*, any death has to be reported by the bereaved family directly to the BPJS district office. As a basis to ascertain death, families must submit a death notification letter (SKK) from village or a death confirmation letter from hospital. All other information and changes pertaining to the dependents are ascertained through SIAK using the member's NIK. A member can only add a newborn as an additional dependent once the family card has been updated.

4. The Current State of Legal Identity and CRVS

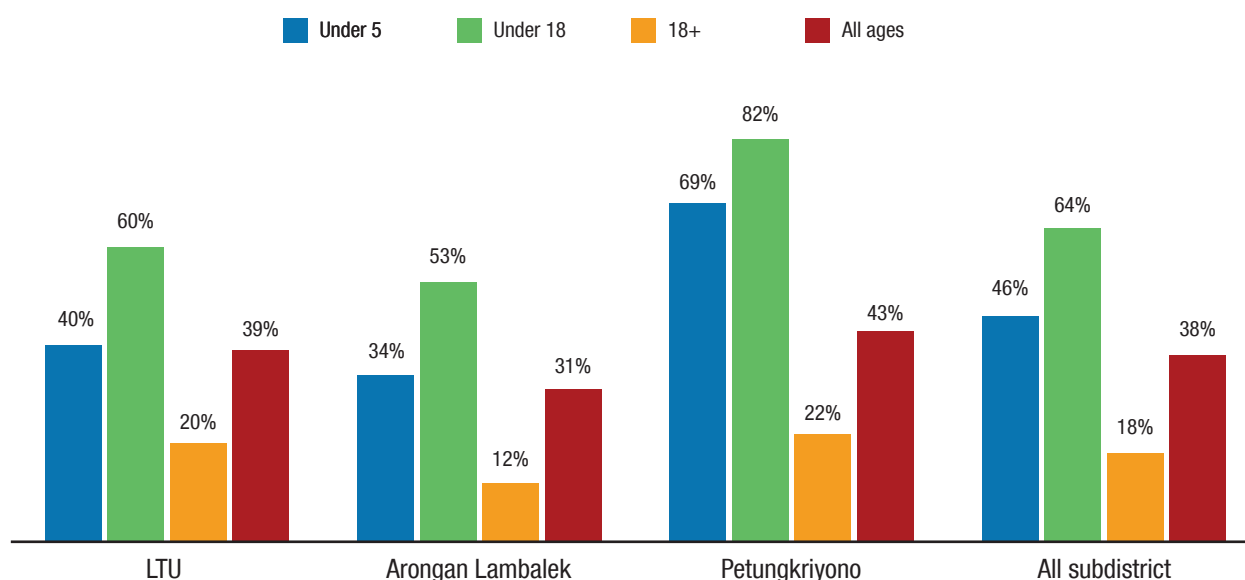


Who Has What?

Birth certificates

A little over one in three household members (37.8%) in the combined three sub-districts had and could show⁶ birth certificates. When disaggregated by age of the person, it becomes apparent that coverage among adults was much lower (18.3% of adults) than among children (64.1%). Across all ages, Petungkriyono had the highest coverage, at 43%, compared to LTU with 39% and Arongan Lambalek at 30.5% (Figure 3). Coverage among adults dipped as low as 11.6% in Arongan Lambalek, and never reached 20% in the other sub-districts. Adults from Petungkriyono and LTU had about double the odds⁷ of having birth certificates than adults in Arongan Lambalek. Children in Petungkriyono also had the highest coverage, at 81.5%, compared to 60.4% in LTU and just 53.1% in Arongan Lambalek. Altogether, children in Petungkriyono had 3.7 times the odds⁸ of having a birth certificate compared to children in Arongan Lambalek. The odds of having a birth certificate were no different for females and males, whether adults or children.

Figure 3. Age distribution of birth certificate ownership, by sub-district

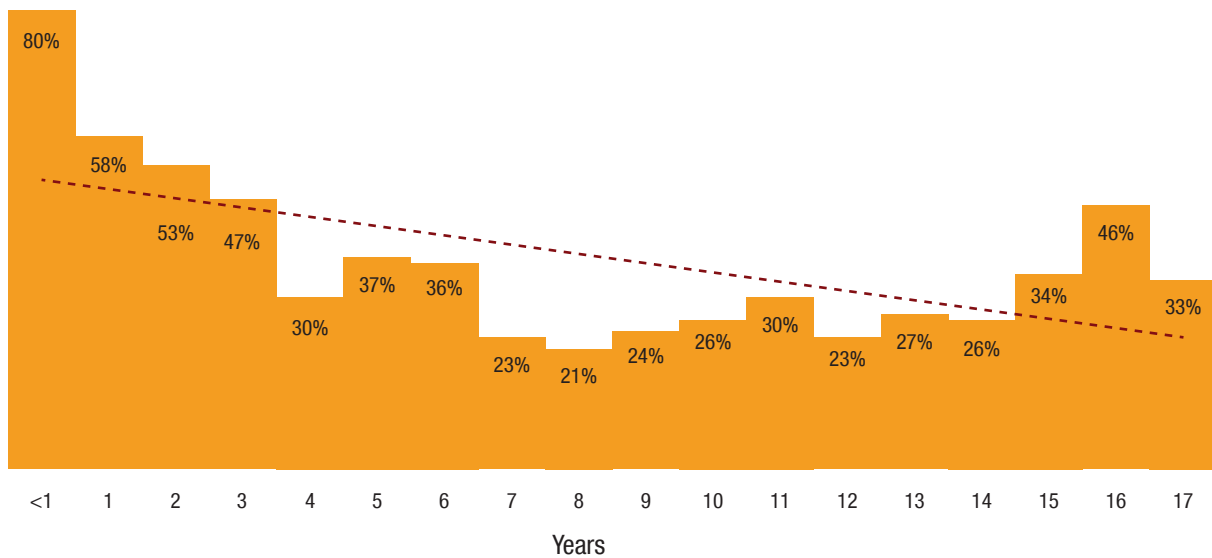
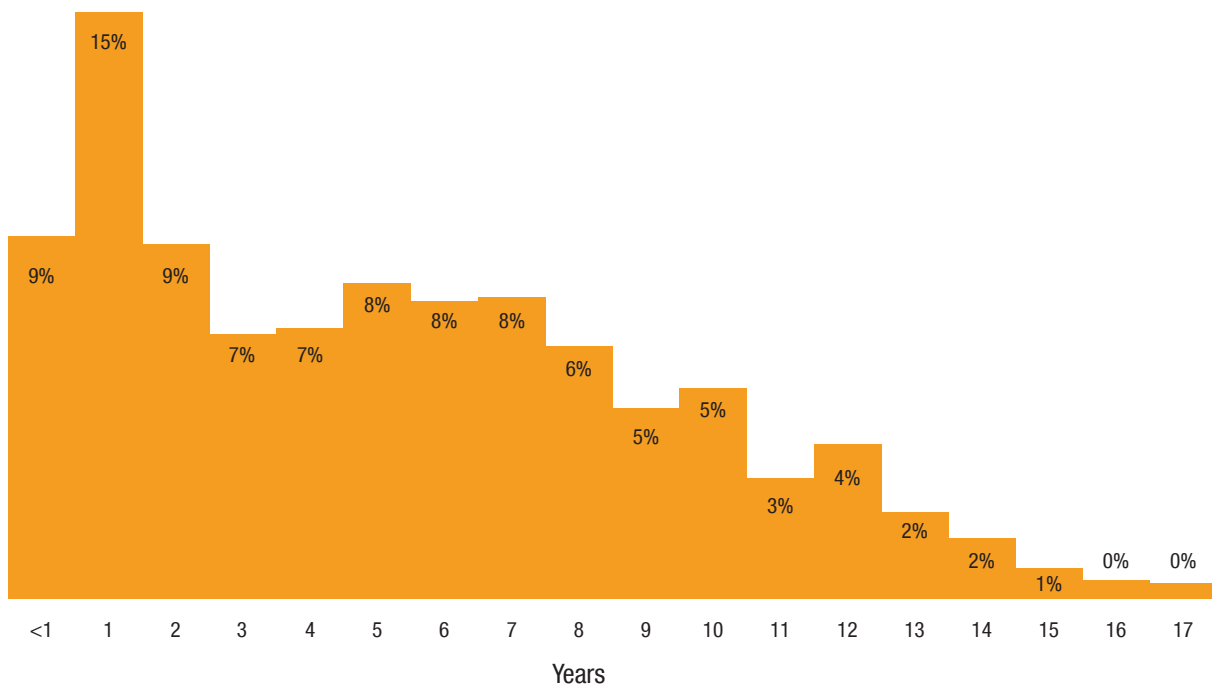


Children below the age of one had birth certificates 20.3% of the time, while one-year-old children had birth certificates 41.8% of the time. After age one, there appeared to be a steady, though incomplete, reduction in the proportional birth certificate gap among older age-groups of children, rather than a sudden reduction at any one age-group, as would be expected if children were primarily registering for the purpose of school enrolment (Figure 4). Indeed, the age at which children received their birth certificates was fairly evenly distributed, especially after age one (Figure 5).

⁶ Not being able to show a given document does not necessarily mean that household members did not own the document. In a few cases, for example, children did not have their birth certificates because schools had not returned the document to their parents. In other cases, lending organizations withheld the documents as collateral for a loan repayment. However, a previous study found that in more than 73% of cases, when respondents in Indonesia reported having a birth certificate but could not show it, they later admitted to not ever having had the document (Sumner & Kusumaningrum, 2014). For the purpose of this present study, we considered being able to show a document as the only evidence that a household member could put that document to use.

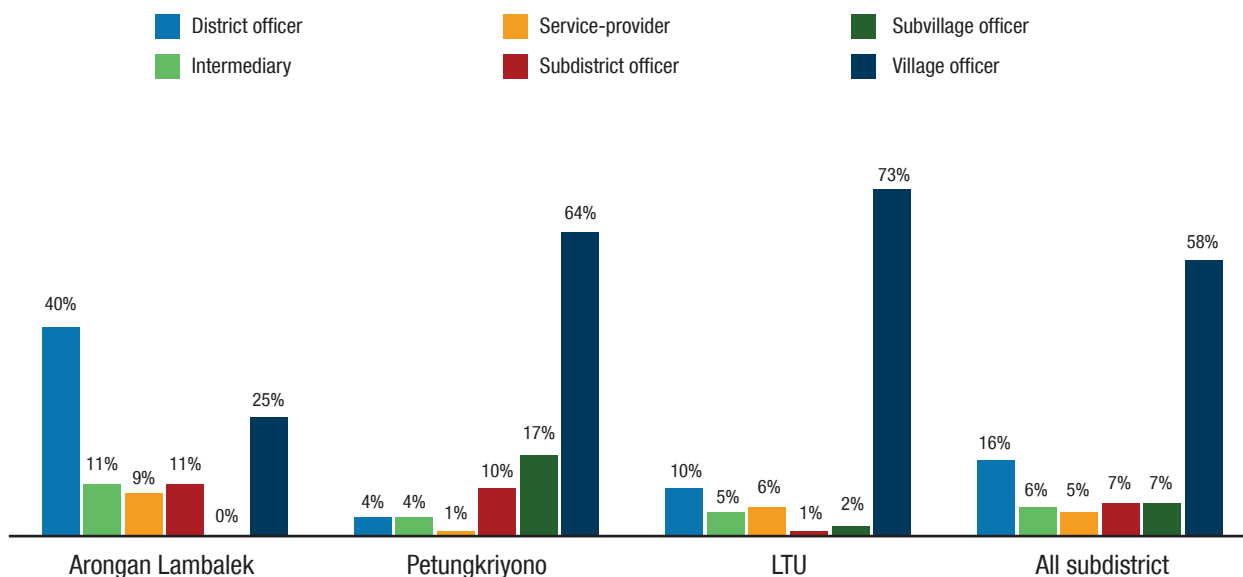
⁷ AOR = 2.2, 95% CI: 1.7 - 3.0 and 2.0, 95% CI: 1.4 - 2.7, respectively

⁸ 95% CI: 2.8-4.9

Figure 4. Percentage of children without birth certificates per age**Figure 5. Age at which children receive birth certificates**

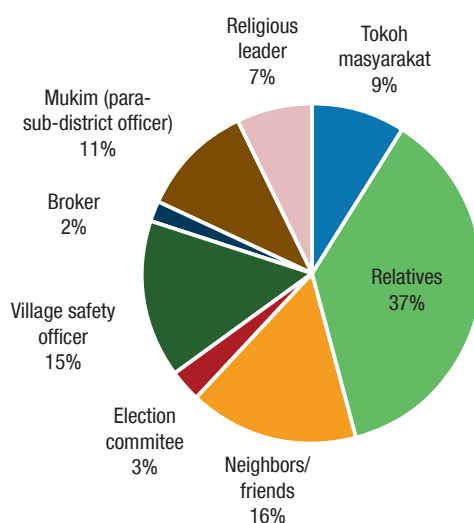
It was rare for household members to receive birth certificates directly from the district office, with only 16.2% of birth certificates being acquired this way. In LTU and Petungkriyono, village offices were by far the most common place that household members applied for birth certificates, accounting for 73.3% of birth certificates in the former case and 63.8% in the latter (Figure 6). In Arongan Lambalek, by contrast, only 25.2% of birth certificates were provided by a village officer. Instead, people tended to go straight to the Disdukcapil, with 43.9% of birth certificates coming from there, compared to just 10% in LTU and 4.1% in Petungkriyono. This might be explained by Arongan Lambalek's relative proximity to the district. In Petungkriyono, an additional 16.5% of birth certificates were provided by sub-village officers, compared to just 0.2% in Arongan Lambalek and 1.5% in LTU. Service providers across all sub-districts, including health providers, TKSK, and educators, only provided 4.6% of birth certificates, though this varied from 0.8% in Petungkriyono to 8.5% in Arongan Lambalek.

Figure 6. Most common sources of birth certificates by sub-district



It was also common practice in Arongan Lambalek and LTU to ask for help from intermediaries⁹ when applying for birth certificates, with 11.1% of birth certificates being acquired this way in the case of the former and 5.2% in the latter, compared to just 3.9% in Petungkriyono. In Arongan Lambalek and LTU, intermediaries mostly consisted of relatives (41.1% and 59% of intermediaries, respectively), while in Petungkriyono, village safety officers (*polisi desa*) were the most common intermediaries (60% of all birth certificates that came from an intermediary) (Figure 7). Common intermediaries in Arongan Lambalek also included *mukim* officers (25%) and *tokoh masyarakat* (19.6%)—usually a successful business person or public figure. In Petungkriyono, religious leaders were also regularly asked for support with applications (30% of intermediaries).

Figure 7. Most common kinds of intermediaries for birth certificates



⁹ Research participants 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, excluding government officials and service providers (for a consideration of the role that government officials play in brokering birth certificates, see Chapter 6, Outreach).

On average, 9.6% of respondents in the sample had applied for birth certificates in the past two years and failed to receive one. Most of these failed applications (62.4%) were in Arongan Lambalek. Among failed applications in the entire sample, the most common places respondents applied were to village offices (35% of cases), Disdukcapil (25.6%), intermediaries (14.5%), and sub-district offices (12.8%). Most respondents said that their applications failed because they were missing required documents (32.5%), while many also said that the process took too long (29.9%), that the process was too expensive (19.7%), or that they did not understand the process (16.2%). The majority of the time an applicant was missing documents, they did not have a marriage certificate (86.8% of cases), while the rest were either missing an SKL or basic identity documents. One respondent could not receive a birth certificate because she did not have a migration letter.

Overall, respondents believed that marriage certificates were a mandatory prerequisite to successful birth certificate applications, with 65.5% of respondents saying that it is not possible to receive a birth certificate for their children without one. An additional 15.4% did not know whether it was possible, indicating a lack of awareness about official processes. The large majority of those who thought marriage certificates were not mandatory (81%) were from LTU, while just 11.3% were from Arongan Lambalek and 7.8% from Petungkriyono.

Those who said it was possible to attain a birth certificate without a marriage certificate were also asked whether not having a father's name present on a birth certificate would prevent parents from applying for a child's birth certificate. The majority (64.9%) across the three sub-districts said this would not discourage them from applying, though in Arongan Lambalek alone, the majority (53.8%) said it would discourage them.¹⁰ Among household members with birth certificates, fathers' names were present on all but nine documents (0.4% of all household members).

Marriage certificates

Of the 2,864 household members that identified as having been married (currently married, separated, divorced, and widowed) across all three sub-districts, 58.5% had and could show their marriage certificates, including 60% in LTU, 59.8% in Petungkriyono, and 55% in Arongan Lambalek (Figure 8). When only currently married and separated household members were taken into account, coverage increased slightly to 61.8% across all three sub-districts. Of all household members identified as divorced or widowed, only 2% had and could show a divorce certificate.

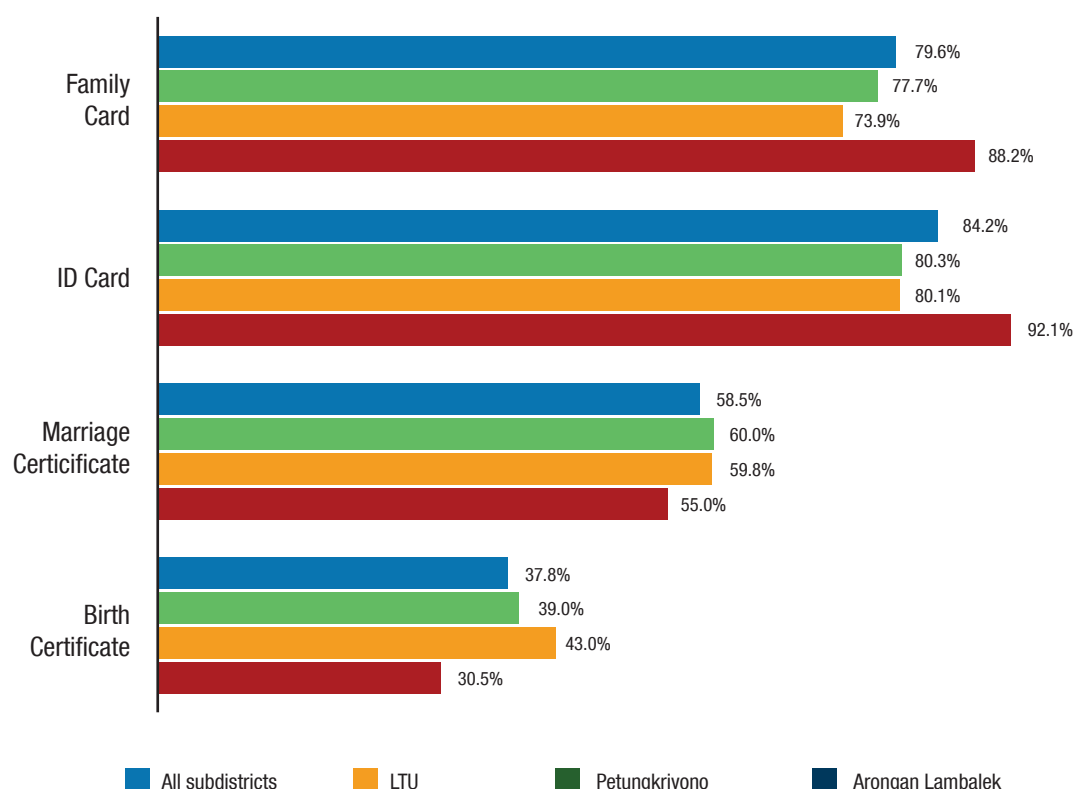
Family cards (KK)

Most respondents in all three sub-districts had and could show their family card (85.3%), although one in five (21.8%) children were not listed on family cards that respondents could show. Family card coverage was greatest in Arongan Lambalek (92.1%), followed by LTU (83.5%), and finally Petungkriyono (80.5%). Most household members (79.6%) were listed on a family card that could be shown¹¹ as well, with coverage being as high as 88.2% in Arongan Lambalek and as low as 73.9% in Petungkriyono.

¹⁰ These figures should be interpreted with caution. Due to the small percentage of people who thought it was possible to apply for birth certificates without a marriage certificate, 231 people were asked these follow-up questions, and only 26 of them were from Arongan Lambalek.

¹¹ Some household members may have been listed on the family card of a different household, and may therefore not have had the family card available during data collection.

Figure 8. Coverage of Identity Documents by sub-district



Note. “Family Card” and “Birth Certificate” correspond to all household members. “ID Card” is only valid for respondents, and “Marriage Certificate” is valid for all household members that identified as married, separated, divorced, or widowed.

There was considerable inconsistency in marital registration status among household members who were considered to be married (Table 5). While 79.7% of people that were identified as married had a family card and were listed as such on it, only about half of all household members had marriage certificates in addition to having a family card with the correct marital status. A full 13% of household members that were considered to be married could show neither a family card nor a marriage certificate identifying them as such.

Table 5. Degree of inconsistency in marital registration among household members identified as married

Document ownership status	% of all household members identified as married
No KK and no marriage certificate	13.0%
Yes KK but no marriage certificate	25.7%
No KK but has a marriage certificate	7.3%
Yes KK and has marriage certificate	54.0%

Note. “No KK” means either that the household member was identified as married but was not listed as married on their family card or did not have a family card at all. “Yes KK” means that the household respondent had a family card and was listed on it as married.

National identity card (KTP)

Ownership of national identity cards was relatively low across sub-districts, with 63.3% of adults being able to show one. Household members in Arongan Lambalek had the highest coverage (77.8%), compared to just 57.7% in Petungkriyono and 57% in LTU. Unlike with the other forms of identity, however, it is common for adults to carry their national ID cards on their person rather than leaving them at home. Because some adult household members were away from home at the time of data collection, and may have had their IDs with them, these figures likely underestimate the true ownership of IDs in the sample. Adult respondents had higher ownership than the general adult sample, with 84.2% being able to show an ID card, and this is likely closer to the true sub-district coverage.

Individuals who claimed to be married were almost always listed as married on their IDs, with only 4.1% of them showing inconsistency. Of those adults who could not show an ID, 32.6% also could not show a family card. That is a full 18.9% of the adult population within the sample.

Death certificates

About one in four (24.8%) households across all three sub-districts had a member die in the five years preceding the study period, resulting in a small sample size of 303 deaths, 123 (40.6%) of which were in Arongan Lambalek, 100 (33%) in LTU, and 80 (26.4%) in Petungkriyono. Some respondents (6.3%) were unaware of the age of the deceased; but when the age was known, the deceased was usually an adult (84.2% of cases), with a median age of 60. Most of the time a child had passed away, they were under five years old (77.8% of childhood deaths).

Across all sub-districts, the majority (83.8%) of deaths took place at home, with the rest mostly taking place in hospitals (12.9%). Public cemeteries were the most common burial sites in all three sub-districts, accounting for almost every death in LTU (97%) and Petungkriyono (98.8%), and a little less than two of every three deaths (62.6%) in Arongan Lambalek, where family cemeteries were also common (37.4% of deaths). It was highly uncommon for written burial permits to be required (1.4% of cases across sub-districts), and in the few cases that they were, there was no one specific authority mandating them. In one case, the village head asked for a burial permit, while in another the sub-village leader did. In the two other cases, a religious leader made the request. In two of these four cases that written burial permits were needed, the families were also required to present police reports, suggesting an unnatural cause of death.

Death certificates were highly uncommon among respondents in all three sub-districts. Of those households that had experienced a death in the past five years, only seven (2.3%) applied for a death certificate, including three in Arongan Lambalek, three in LTU, and one in Petungkriyono.¹² This rarity of death certificates was confirmed by key informants. One Disdukcapil officer from Pekalongan, for instance, said that he could only remember 17 death certificates having been issued throughout the entire district, despite hundreds of deaths.

Survey respondents did not always go to the district for their death certificates. While the three participants in Arongan Lambalek did apply at the Disdukcapil, the two applicants in LTU went to the village office, and another went to the Civil Servant Pension Fund. The one applicant from Petungkriyono went to the sub-district office.

¹² It should be mentioned that 13.9% of respondents with deaths in their households did not know whether someone in the family had applied for a death certificate.

Four of the seven applicants wanted a death certificate so that they could claim the deceased person's pension, while another wanted to close out the deceased's accounts. Other reasons for applying included being asked by a village leader (one case), applying for grief compensation from *Dinas Sosial* (one case), and simply preparing the certificate in case it would be required someday (1 case).

Of the seven applicants, four (57.1%) succeeded in receiving their death certificates. Those who successfully received their documents reported no challenges, while those that did not reported the process taking too much time (one case), the relevant office being too far (one case), and the officer not performing his duties properly (one case).

Those respondents who experienced a death in their households over the past five years but did not apply for death certificates either did not know what death certificates were (43.8%), did not think they were important (40.6%), did not see them as being part of the norm (7.8%), or did not understand the application process (6.3%).

We also asked respondents from households that had not experienced a death over the past five years (75.2% of households) whether they would apply for a death certificate in the event of a household death. The majority (64.8%) said they would not, while about a quarter (23.7%) said they did not know. Only 11.5% of respondents said they would definitely apply for a death certificate. The most common reasons respondents had for wanting to apply for death certificates included the closing of accounts (28.8%), such as bank accounts or health insurance memberships, receiving health insurance payments (18.3%), preparing the document in case it was required (13.5%), receiving pensions (10.6%), and receiving inheritances (9.6%). The most common reasons respondents had for not applying were that death certificates are not important (43.3%), that individuals do not know how to apply (13.7%), and that they are not the norm (13%).

5. Basic Services and Intersections with CRVS



This chapter will draw on results from the survey to provide key indicators of access to basic services, including education, social protection, and health. Findings from key informant interviews, observations, focus group discussions, and the legal review will also help to contextualize the survey findings and shed light on the variables that might determine differences across sub-districts, or from province to province. Furthermore, it will help to frame the discussion around the possibility of institutionalizing civil registration into these basic services.

Health

Background

The health services in the three sub-districts were constrained by understaffing and a lack of adequate facilities. All three sub-districts had a Puskesmas at the capital and village health clinics (Polindes/Poskesdes/PKD) staffed by midwives in many villages. In Arongan Lambalek and LTU, the government built Auxiliary Health Clinics (Puskesmas *Pembantu*, or Pustu)¹³ to monitor groups of two or three villages. For emergency care, Petungkriyono also has an ambulance deployable from the sub-district, as does Arongan Lambalek, while LTU was in the process of acquiring a motorboat for mobile services as of late 2015.

All village health clinics were equipped with accommodations (a simple room and bed) for the health staff, albeit of different qualities, and no inpatient accommodations. Nevertheless, keeping these clinics staffed, with personnel on call 24 hours a day, remained a challenge, especially in the remote villages. In Arongan Lambalek, for example, some midwives only visited their posts on certain days, explaining that the accommodation was inadequate. In LTU, many midwives chose to commute between their homes and duty stations daily, and some islands were only equipped with young volunteer midwives who were paid stipends of a meager 300,000 rupiah per month. In Petungkriyono although the local regulation stipulates that there should be two midwives in each village—and two midwives present for each birth—some of the villages only had one. Over the past decade, the sub-district’s midwife workforce has reportedly fallen from 22 to 13, as midwives frequently asked to be relocated. In response, the midwives have developed a coordination scheme across the sub-district to try and secure two midwives for each birth; but the poor transportation infrastructure makes this difficult, especially in emergency situations.

Midwives also maintain strong partnerships with *dukun* in all three sub-districts. Many *dukun* we met were trained in basic maternal care and referred their patients to midwives regularly, especially for labor and delivery. In Petungkriyono, *dukun* and midwives met regularly to discuss matters in the community and for refresher trainings on maternal and neonatal care.

Apart from inadequate housing, key informants reported that salaries for health staff were inadequate to keep them in remote health posts over the long term. LTU is formally designated an ‘underserved area’ by the district for this reason, meaning that health personnel receive small bonuses and rice to work there; but according to informants these are too small to be very effective. Similarly, Petungkriyono was also designated as underserved until recently, when it was delisted. To earn extra income, midwives sometimes provide services outside of their facility’s operating hours (after 12 am or 1 pm) and charge patients. In LTU and Arongan Lambalek, regulations prohibit pregnant women with government health insurance to deliver outside of health facilities, and women that do deliver outside of health facilities then forgo the insurance coverage they would otherwise be entitled to for an assisted delivery. Usually, patients pay between 600,000-1.3 million rupiah for home deliveries.

¹³ Hereafter, Polindes, Poskesdes, PKD, and Pustu will be referred to collectively as “village health clinics.”

Main Findings

Facilities used

Health facility usage across the three sub-districts varied widely, with Puskesmas being the most commonly visited facility. In Arongan Lambalek, Puskesmas was the most common health facility last visited by households, with individuals in over two-thirds (68.6%) of households having received services from one over the past two years. In Petungkriyono, Puskesmas was also commonly used, but less than a third (30.5%) of households had received services from one over the past two years. It was common for households in Petungkriyono to not have a single member visit any health facility over the past two years (37.9% of households), though members of almost one in five households (19%) had visited a hospital. By contrast, a majority (57.2%) of households in LTU went to village health clinics, with a considerable proportion (13%) not having gone to a health facility at all, but rather having sought the services of a midwife.¹⁴

Family planning

Family planning counselling was relatively uncommon among respondents in all three sub-districts. When asked whether they had received such counselling before or after delivering their youngest child, less than half (44.7%) of respondents said yes. This varied widely by sub-district, with 58.1% of respondents in Petungkriyono having received counselling, compared to 45.8% in LTU and just 29.9% in Arongan Lambalek.

The three most common sources of counselling in all three sub-districts were village health clinics (37.9%), Posyandu (29.3%), and Puskesmas (16.8%), but the patterns of use differed considerably among the three sub-districts. In LTU, for example, 78.5% of respondents used village health clinics for their last family planning visit, while in Petungkriyono over half (51.1%) of respondents went to Posyandu for their last visit, and respondents in Arongan Lambalek used the three almost evenly, with slightly more (30.5% of respondents) having gone to Posyandu.

Delivery

Most mothers (73.1%) in all three sub-districts gave birth to their youngest child outside of health facilities, with 37.6% having been attended to primarily¹⁵ by midwives, and 35.5% having been attended to primarily by a *dukun*. Interestingly, the next most-common place of delivery was the hospital, where 11% of mothers gave birth to their youngest child, though this percentage differs largely by sub-district, with 15.8% of mothers in Arongan Lambalek having gone to a hospital, compared to just 6.4% in Petungkriyono. In Petungkriyono, a full 13.1% of mothers had given birth without an attendant, compared to just 4.9% in LTU and 0.2% in Arongan Lambalek.

¹⁴ "Midwife" in every case refers to a midwife outside of a health facility.

¹⁵ In all sub-districts, midwives and *dukun* tended to work together to deliver births, with one attendant directly delivering the newborn, and the other assisting. When both were present throughout the birth, midwives usually took the primary role, but in many cases, midwives arrived too late – usually because of the distance they had to travel – and only provided postnatal care, and/or signed the required SKL.

Antenatal Care

Antenatal care (ANC)¹⁶ usage was relatively high in all three sub-districts, with 86.2% of mothers having received at least one session during their last delivery. Again, however, source of ANC differed widely across the three areas. In Petungkriyono, for example, 73.5% of mothers received ANC from Posyandu, compared to just 0.3% in LTU and 26.9% in Arongan Lambalek. In LTU, on the other hand, 62.4% of mothers sought ANC from village health clinics, compared to just 6.9% in Petungkriyono and 13.6% in Arongan Lambalek. The most common source of ANC in Arongan Lambalek was Puskesmas (29.6% of mothers), which was also fairly common in LTU (16.7% of mothers), and less so in Petungkriyono (11% of mothers).

Vaccinations

Although this study did not seek to assess the rates of completed vaccination schedules among children, it did identify a high proportion of children (16.4%) that had not received a single vaccine. In LTU, 25.4% of children had not received a single vaccine, according to their mothers. In Arongan Lambalek, 18.7% had not, while in Petungkriyono, a much lower percentage of 1.9% had not. While this may be somewhat expected of neonates and infants, the proportions of children that had not received any vaccinations were distributed roughly evenly among ages 0-17.

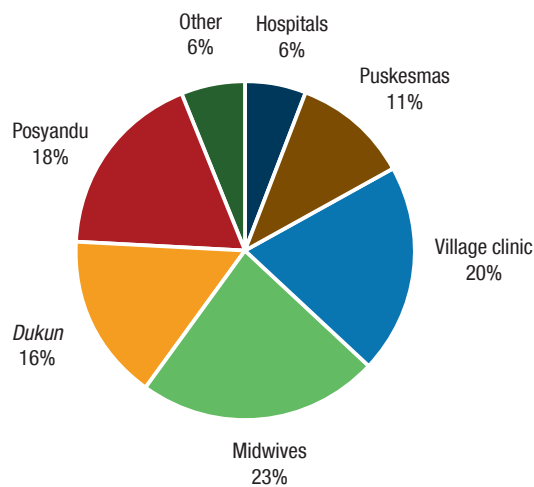
Parents in all three sub-districts tended to go to village health clinics (48.4% of respondents) and Posyandu (32.6% of respondents) to vaccinate their children, with the former being by far the most common source in LTU (89.2% of respondents), and the latter being most common in Petungkriyono (50% of respondents) and Aceh (54.8% of respondents).

Health and civil registration

Combining all forms of reproductive health services mothers used when their youngest children were delivered (birth assistance, ANC, and family planning), we documented 2,806 discrete interactions between households and the health system throughout the sample.¹⁷ Of these, midwives were the most commonly-used providers, being used in 23.2% of instances, followed by village health clinics (19.7% of instances), Posyandu (18.2%), *dukun* (15.9%), and Puskesmas (11.4%) (Figure 9). Hospitals were used in 6% of cases and private clinics in 2% of cases. Independent family planning counselors were used in 15 cases, and independent nurses three times.

¹⁶ This included any care provided to a mother during her pregnancy related to her pregnancy.

¹⁷ We do not presume that this represents all interactions with health services during the pregnancy and neonatal period of respondents' youngest child. Rather, this is a minimum count.

Figure 9. Proportions of providers used for reproductive health services

In many cases, reproductive health providers offered mothers information about birth certificates or support to apply for birth certificates. Hospitals provided information the most consistently, to 32.1% of mothers that they treated in the sample, followed by midwives (21.5% of mothers), Puskesmas (18.7%), private clinics (17.9%), village health clinics (15.6%), and Posyandu (8.6%) (Table 6). This typically involved describing the application process or explaining the importance of birth certificates. Support consisted of providing application forms, helping to complete applications, and helping to deliver completed applications. It should also be noted that, when they were used, independent nurses and independent family planning counsellors did not offer any information or support for registering births.

Providers of vaccinations also offered information or support for birth registration, though this was rare, happening in 8.7% of households the last time a child received a vaccination. Most of the time, when mothers received registration information during a child's vaccination, it was at a village health clinic (48.4%) or Posyandu (32.6%), with the rest being provided by Puskesmas (7.4%), midwives (5.3%), hospitals (1%), or *dukun* (1%).

Table 6. Types of support for birth certificates offered by health service provider (per household using service)

Type of support	Hospitals	Puskesmas	Village clinic	Midwives	Dukun	Private clinic	Posyandu
Information	32.1%	18.7%	15.6%	21.5%	5.6%	17.9%	8.6%
Provided forms	5.4%	2.2%	3.3%	2.3%	0.2%	3.6%	0.6%
Helped to complete application	3.6%	2.5%	2.9%	3.4%	0.7%	3.6%	1.2%
Helped to deliver application	4.8%	2.2%	1.6%	2.9%	0.0%	5.4%	0.6%

According to respondents, those healthcare providers who offered information and support rarely asked for a fee for the extra service, with all types of providers doing so at most 2% of the time they offered services, but usually less. The exception was private clinics, which asked for fees 3.6% of the time, though this is likely simply due to the small proportion of times they provided services.

Notwithstanding these efforts, providers of basic services only brokered 4.6% of all birth certificates in the sample.

On average, mothers that received information or support for registering a newborn's birth from basic services providers were no more likely to own birth certificates for the children in their households. This does not mean, however, that when a service provider supported a mother's birth certificate application for a given newborn they were unsuccessful. It simply means that, in the aggregate, their information and/or support did not significantly increase the odds of children in the household (including the newborn and their siblings) having a birth certificate.

Education

Background

Key informants from the education sector reported human resources constraints, inadequate facilities, both in quantity and quality, and relatively high non-enrolment in high school. In Petungkriyono and LTU, it was difficult to find teachers who wanted to commit to living and teaching in remote villages. Instead, many teachers chose to remain in their home villages, and commute to school on a daily basis. As a result, many parents in the villages considered them outsiders. In LTU, teachers were provided financial incentives for serving remote communities, but some teachers said that the incentives were too little compared to the hardships they endured in order to deliver their services. Inadequate housing was a common grievance among teachers who chose to stay in remote communities.

Preschool was reportedly starting to gain popularity among many of the study villages, with new schools being built in multiple sites, usually under the auspices of PAUD (Early Childhood Education Program). Funding was often lacking, but in several of these cases communities were able to organize their own preschools. In LTU, some parents were even told that graduation from preschool was a prerequisite for enrolling children in primary schools, although the schools' directors denied this.

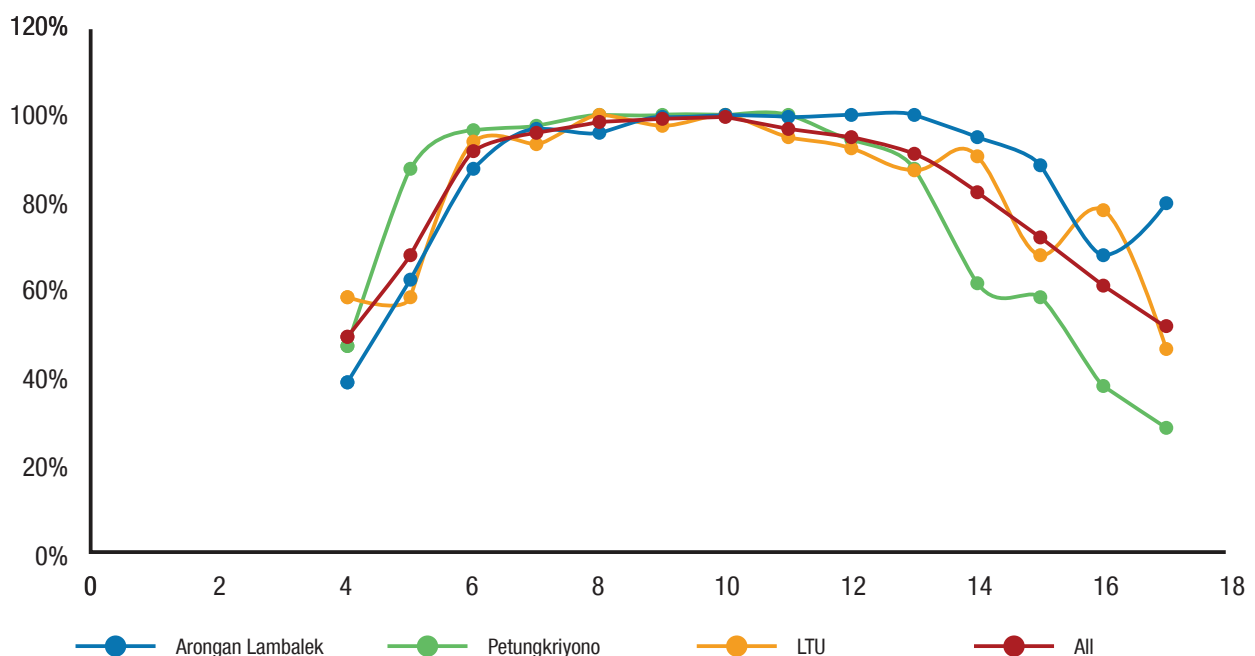
Every village we visited in all three sub-districts had free, public elementary schools. Access to junior high school (or SMP) and senior high school (or SMA) in these areas, on the other hand, was much more limited. In LTU, for instance, there were three senior high schools for all 22 islands. Since there was no public motorboat going from one island to another, students and their parents had to arrange their own transportation. As a result, some parents chose to enrol their children at boarding schools in the district capital, or in Makassar (the capital city of South Sulawesi). Lack of available land to build schools was often cited as a reason for not having more junior and senior high schools in this area. To overcome this, the government piloted remote classes where junior high school teachers were trained to teach senior high school students within the same building.

Conditions were similar in Petungkriyono, where school administrators reported high drop-out rates between elementary and junior high school, particularly for children from remote *dukuh*, who had no transportation to school and would otherwise have to walk multiple hours a day, often in heavy rain. According to multiple informants, these conditions contributed to a higher dropout rate for girls than boys, though this was not borne out by the survey results.

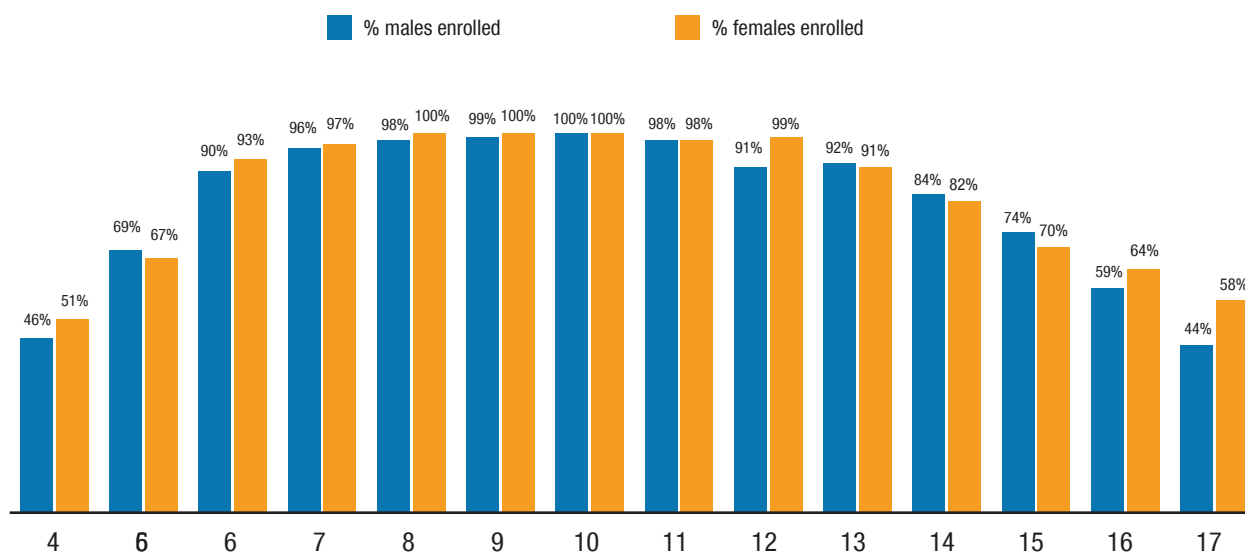
Main Findings

The majority (88.7%) of respondents were reportedly literate, claiming to be able to read Bahasa Indonesia, and 95.3% had attended school, though most (64.9%) never graduated high school. **Respondents from Arongan Lambalek had generally higher educational attainment than those of the other two sub-districts, with 21.2% having gone to high school or beyond, compared to 6.7% in Petungkriyono and 10% in LTU. Among children aged between 4 and 17, 16% (294 children) across all three sites were not currently enrolled in school (Figure 10). Enrolment between four and six, the typical age for preschool, was at 58.7%. Children between six and 12 years old were almost all enrolled in school (97% of children), and children between 13 and 17 years old were enrolled about three-quarters of the time (73.5% of children).**

Figure 10. Percentage school enrolment by age



Non-enrolment in school affected boys (16.6%) and girls (15.4%) similarly, in general (Figure 11), though by the age of 17 it appeared that a higher proportion of boys had dropped out than girls (56% compared to 42%). Petungkriyono had the highest proportion of children not enrolled in school at 21.6%, compared to 12% in Arongan Lambalek and 15.1% in LTU. Reasons for not attending school varied widely, but the most common were that the child did not want to go to school (28.9%), that the child could not afford school (27.2%), and that the school was too far (15%). Most of the rest (22.8%) were children between the ages of four and six whose parents considered them too young for school. A little under half (48.3%) of households had enrolled at least one child in preschool (PAUD/TK), if they had a child four years or older. A small percentage of parents whose children were not in school attributed this to the absence of preschools in their communities, including 6.3% in Petungkriyono and 9.2% in LTU.

Figure 11. School enrolment by age by gender

We also identified 26 married children between the ages of 10 and 17, all girls. Only four of them were enrolled in school at the time of data collection, and three were still in junior high school when they should have been in senior high school. Altogether, 15 (57.7%) had and could show birth certificates.

There was a strong relationship between educational attainment and birth certificate ownership. Adults that had attended elementary or middle school were twice as likely to have a birth certificate as those who had not attended school,¹⁸ and those who attended high school or higher were almost four times as likely¹⁹ to have a birth certificate than those who had not attended school. School-age children that were enrolled at the time of the study were twice as likely²⁰ to have a birth certificate as those who were not enrolled in school.

While some key informants explained that the relationship between birth registration and education stemmed from the current practice of requiring a child's birth certificate for school enrolment, interviews with educators and administrators revealed that this requirement was enforced inconsistently. Therefore, the aforementioned associations should be interpreted with caution. Children without birth certificates could almost always be enrolled with a family card or notification letter in all three sub-districts (see Chapter 6, Increasing Demand for Civil Registration and Simplification of Procedures and Contextual Adjustments). Educators had no formal role in the support or delivery of birth certificates to students (see Chapter 6, Outreach), though we did document some cases of preschool teachers offering information and support. One in five mothers (20%) of children that had graduated from preschool reported that they had received information or support for registering their child's birth from preschool personnel. This usually (98% of the time) consisted of a staff member explaining the importance of birth registration or sharing other types of information with parents, but in a little over a quarter of instances (26.5%) the staff member went further, either providing the necessary application forms, offering to help complete or deliver the application on the parents' behalf, or a combination of these measures of support.

¹⁸ AOR = 2.1, 95% CI = 1.1-3.8

¹⁹ AOR = 3.7, 95% CI = 1.9-7.2

²⁰ AOR = 2.0, 95% CI = 1.6-2.5

Social Protection and Assistance

Background

Because a criterion in site selection was the relative poverty of sub-districts, there was a broad need for, and use of, social assistance among villagers in the three sub-districts. We documented the presence of all the main national programs, as well as a range of local initiatives, though access to these programs differed considerably, as will be seen directly below.

Health insurance options vary considerably across the three sub-districts compared to other types of program, which will be described in more detail below. In Pangkep, everyone is entitled to district health insurance (*Jaminan Kesehatan Daerah* or Jamkesda), which covers limited services. National Health Insurance (*Jaminan Kesehatan Nasional* or JKN) is available to everyone, but the poor may be eligible for a subsidy to cover their premium (PBI-JKN). Residents may also seek private or employer insurance. In Aceh, all residents are entitled to the provincial health insurance program *Jaminan Kesehatan Rakyat Aceh* (JKRA). For both Jamkesda and JKRA, however, patients are not automatically covered, as they are required to establish their residence by presenting their national IDs or family cards when they seek care. What is more, in many health facilities we visited in both sub-districts, providers did not supply proof of Jamkesda/JKRA membership to patients. Sometimes patients that had other health insurance could not provide proof, and these patients were registered with Jamkesda/JKRA so they could receive free services, meaning that they then had overlapping health insurance coverage.

Aceh and South Sulawesi are in the process of integrating Jamkesda/JKRA into JKN, which is managed by BPJS *Kesehatan* nationally. In South Sulawesi, provincial and district governments will share the cost of the premium for those whose premiums are not already covered by the national government, with 60% coming from the district budget and 40% from the provincial budget. In Aceh, the budget will come from the provincial government.

In Pekalongan, Jamkesda is only available for poor residents, which gives them access to village health clinics and hospitals within the district. Throughout the district, Puskesmas services are free to everyone, following a one-time registration fee of 3,000 rupiah.

Main Findings

Social Assistance

Social assistance programs (SAPs) from the national and local governments had a strong presence in the three sub-districts, with 94.8% of households having benefited from at least one SAP sometime within the two years prior to data collection. Rice for Welfare or Rastra, (previously Rice for the Poor or Raskin), which is usually distributed to entire villages instead of being targeted to particular beneficiaries, was by far the most common program, covering 91% of selected households. A little less than one in three respondents (30%) were recipients of Family Welfare Cards (KKS) or Social Protection Cards (KPS), about a quarter (24.7%) had received needs-based scholarships for children (BSM or KIP), and 9.1% had received conditional cash transfers through PKH. It is worth noting that, for all three of these programs, participants in Arongan Lambalek had considerably higher proportions of coverage than the aggregate sample, at 41.8%, 34.7%, and 18.7%, respectively.

All three sub-districts had a comparable coverage of local SAPs, with between 12.9% and 14.1% of households benefitting. In LTU, 91.7% of local SAP beneficiaries received Maritime and Fisheries Office Assistance, while in Petungkriyono, 58.8% of local SAP beneficiaries received microloans from the Family Welfare Improvement through Community Empowerment program (PKKPM), and 37.3% received benefits from the Collective Microloans Program (*Kelompok Usaha Bersama*, or Kube). In Arongan Lambalek, all local SAP beneficiaries received assistance from the Agriculture Office.

Insurance and Payments

About two-thirds (67.6%) of the entire sample had health insurance at the time of the study, although these averages mask great discrepancies among the sub-districts. In Arongan Lambalek, for instance, 94.8% of respondents had insurance, compared to 82.9% in LTU and just 25.2% in Petungkriyono. This corresponds with a high proportion (77.4%) of households in Petungkriyono having paid out of pocket for their latest health facility visit, more than double as many proportionally as in LTU (34.5% of households) and over five times as many proportionally as in Arongan Lambalek (13.5% of households).

Altogether, 93.2% of insured participants received social insurance from either the national or local government or both, with 6.0%²¹ receiving BPJS Kesehatan but paying for their premiums out of pocket. Respondents in Arongan Lambalek and LTU, however, were often confused about their insurance status, with many claiming to not have insurance, despite having received free care from health facilities in the past year upon providing proof of residence (these respondents were classified as insured in the previously-cited figures). Even those who claimed to be insured frequently did not know whether they were covered by the local health insurance or national health insurance. With the ongoing integration of Jamkesda/JKRA into the national JKN scheme, providers in both sub-districts reported that villagers were often unaware about what kinds of services they were entitled to. In Petungkriyono, which has no equivalent locally funded universal scheme, district-level Jamkesda covered about 5.6% of insured respondents.

Private and employer insurance were uncommon throughout the sample, together accounting for about 1.9% of insured respondents, with the exception of Petungkriyono, where employer insurance covered 5.9% of all those insured.

Birth and death certificates are not required for accessing insurance or social assistance programs in any of the three sub-districts (see Chapter 6, Increasing Demand for Civil Registration). Key informants reported that facilitators and administrators of social assistance and insurance programs did not have the responsibility for offering help or support to register the births or deaths of beneficiaries. Children of respondents that received no social assistance from the government had two times the odds²² of having a birth certificate compared to the children of beneficiary parents. This may be partly driven by the positive association between birth certificate ownership and wealth that has been found in previous studies (Sumner & Kusumaningrum, 2014).

²¹ This includes some respondents that also had Jamkesda, so the two numbers are not mutual exclusive.

²² 95% CI: 1.1-3.5

6. Important Aspects of Legal Identity and CRVS



This chapter will present important aspects of legal identity and CRVS that emerged primarily from the key informant interviews, focus group discussions, and participatory ranking methodology (PRM) sessions. In this chapter, we have attempted to represent the multitude of views and voices of our research participants, with minimal interpretation. Although the data were not subjected to thematic analysis, the chapter is subdivided into themes, which emerged from the results of a systematic review of literature conducted prior to data collection, and which were refined through group discussion and the analysis of interview transcripts. These themes were common across interviews and discussions in all research sites and with participants from every administrative level. When doing so is important for contextualizing the findings, results from the legal review will also be brought to bear.

Increasing Demand for Civil Registration

Raising public awareness

In general, respondents considered the level of awareness about the value of recording vital events among their communities to be fairly low, especially with regards to death registration. Usually community members only apply for birth and death certificates when these documents are required for a specific action, which is rare, especially for death certificates.

In response to this lack of awareness, officials in all three field sites have launched campaigns to sensitize community members to the importance of birth certificates (*sosialisasi*). These efforts tend to publicize the fact that the national application fee for birth certificates had been removed. Disdukcapil Pangkep makes announcements about civil registration on the public radio and distributes brochures, while in Pekalongan, PKK cadres have been trained and mobilized to collect data on birth certificate coverage and to disseminate information on the importance of document ownership during data collection (see this chapter, Outreach).

In Aceh Barat, in the past, Disdukcapil communicated information about civil registration through sub-district officials, when they visited the district offices for periodical meetings. However, district officials now consider this indirect method of dissemination to be ineffective, as they believe information could be lost or not convincingly conveyed to communities through sub-district officials. According to them, it would be more effective to draw on traditional practices and expressions (*kearifan lokal*) to engage the community, for example by using local Islamic performances (*nasyid*) to communicate information; but this has not yet been attempted in Aceh Barat because of budgetary constraints.

“We should try to conduct sensitization in the villages. What will speak to people in Aceh? If necessary, we can bring a team of local *nasyid* performers [...]. In that way, we could directly target families. If we just put up a banner, nobody would read it [...].”
-Disdukcapil Officer, Aceh Barat

During our Participatory Ranking Method (PRM) sessions, village and sub-district officers made several suggestions around ways to increase public awareness. Among the top strategies mentioned was for Disdukcapil staff to conduct awareness campaigns engaging the communities directly. Participants suggested that midwives and *dukun* could help inform mothers about the importance of birth registration while imams encourage families to register deaths. In Pekalongan, participants recommended that sensitization take place during regular community gatherings.

Despite many informants readily identifying awareness of death certificates as an important barrier to registration coverage, we did not identify any concerted efforts being taken to increase public awareness about the value of registering deaths. As one village official from Arongan Lambalek put it, “villagers, they don’t consider it important, don’t know where to take [their application]. The deceased, what use do they have [for a death certificate]?”

Valuing legal identity documents

The cost of legal identity documents was often reported as an important barrier to coverage (see Box 2). According to informants from Disdukcapil in Aceh Barat and Petungkriyono, therefore, the removal of application costs following the passage of Law No. 24 in 2013 helped to increase demand on birth certificate. As one Disdukcapil officer in Aceh Barat explained, “With this convenience, people flocked to services.”

Box 2. Common barriers to civil registration document ownership

- Distance of certifying body
- Costs associated with application
- Complicated and obscure process
- Missing requirements
- Lack of awareness about use of documents

Costs remain, however, due to the long distance and limited transportation options between rural communities and the necessary offices. As we have seen, applicants who do not want, or have the time, to travel to the district to deliver their applications often either hire brokers, or file their applications through village or sub-district staff, who typically charge the cost of transportation, as they have no budget allocated for these purposes. To overcome this, PRM participants from the village administration in LTU proposed using the Village Fund (*Anggaran Dana Desa* or ADD) to cover the transportation cost for village officials, while in Petungkriyono they proposed remunerating village officials who helped community members with their applications. From this village office perspective, community members would be saved a cost they cannot afford, and officials would be incentivized to provide assistance.

By contrast, participants from Disdukcapil in one district thought that late fees could increase people’s appreciation of birth certificates, thus increasing adherence to registering vital events (see this chapter, Simplification of Procedure and Contextual Adjustment). This strategy of penalizing non-compliance was also proposed by PRM respondents from a village in LTU. As one participant put it:

“Later, with the new village head, when we can use the new village regulations [Perdes], we will add penalties for those who don’t have a birth certificate. It would not have legal consequences, but it would frighten community members so that they keep in mind that if they don’t have [a birth certificate] there will be sanctions.” –Participant PRM Village LTU

This punitive or deterrence strategy corresponds to the perception shared by some government officials who considered it a citizen’s obligation to register vital life events. One sub-district official, by contrast, considered civil registration to be an individual’s right, and thought that the lack of awareness of this right prevented community members from claiming it:

“First priority, to build the community’s awareness of the importance of their rights. We can provide [birth certificates], but without them realizing their importance, our efforts would be useless [...]. When they are aware, we can fulfill their needs.” –Sub-district Officer

Not only did the costs associated with applying for legal identity documents discourage community members from applying in all three research sites, but birth certificates rarely facilitated access to basic services, and virtually no services or incentives were tied to death certificate ownership. Birth certificates are not required to benefit from popular social assistance programs, such as PKH, the conditional cash transfer program, or Assistance for Poor Students (BSM). Instead, individuals need to be listed in the Unified Database (BDT) as being among the poorest 40% in the country and directly verified as poor either by sub-district TKSK or PKH facilitators. Until recently, they also needed a school recommendation to receive BSM. In Central Java, verification to receive BSM is based on ownership of a Social Protection Card (*Kartu Perlindungan Sosial* or KPS), while in Aceh, individuals must present their national ID card and an official statement of material need (*Surat Keterangan Tidak Mampu* or SKTM). In South Sulawesi, an ID card and a recommendation from the school based on the students’ report cards may be enough.

In one notable exception, the PKH facilitator tried to incentivize birth registration by prioritizing cash transfers for mothers who had registered their newborns, and temporarily withholding these transfers from mothers who had not. The facilitator’s stated reason for this informal policy was to help beneficiaries plan for the future, when birth certificates would be needed for school enrolment.

“In order to add a new member, we obligate the newborn child to have a birth certificate. If not, we will remove the child [from the beneficiary list]. The money will not be transferred, that means [parents] will receive less money. We stress that [...] we prioritize those that have [birth certificates].” –PKH Facilitator

Based on interviews with community and village officials, access to school is the main reason families arrange for birth certificates for their children, although we are not aware of any regulation that specifically stipulates this in any of the three sub-districts. Nevertheless, since some schools have started to ask for birth certificates either for enrolment or graduation, there has been a growing number of parents applying for birth certificates. As one village official in Arongan Lambalek had it, “if they don’t have a [birth certificate], they won’t be able to enrol in school. That’s the point when the communities started to get birth certificates.”

School officials, however, explained that birth certificates were usually requested simply because they provide the highest standard of proof of a student’s basic information, as other documents were more prone to error. In lieu of a birth certificate, most schools enrolled students using their family cards. As one respondent summarized, “Here we motivate children to go to school, not with regulations that require this and that [to be enrolled]. The most important thing is to get them to school first.”

Perceived leniency towards official policy was also brought up by village officers in a PRM in Petungkriyono, where participants commented that the Office of Religious Affairs (*Kantor Urusan Agama*, KUA) allowed parents without birth certificates to register their marriages, which is in violation of the official requirements. Consequently, participants considered the consistent enforcement of regulations to be a top priority for improving civil registration in their village.

“That’s why, KUA needs to make a stern regulation. If getting married needs a birth certificate, for those who don’t have one, [KUA] won’t take their application. This way everyone will process their birth certificates. If a letter from the village is OK, well why bother [obtaining a birth certificate]?” –Participant PRM Village, Petungkriyono

As for social health insurance, neither JKN nor local health insurance schemes typically require birth certificates. JKN and Jamkesda use NIK as the primary identification for beneficiaries, which can be provided through family cards or national IDs.

Birth and death certificates are not tied to worker pensions (excepting civil servants) or work-related death compensation under the new national employment benefit scheme BPJS *Ketenagakerjaan*.²³ Marriage certificates, on the other hand, are a requirement for the surviving spouse to make a claim and to be eligible for the deceased's pension payment. One respondent from BPJS *Ketenagakerjaan* thought that requiring a death certificate for these payoffs could strengthen the validity and legitimacy of claims made by families, thus reducing fraud.

Informants reported that policies the district of Aceh Barat Daya and the municipality of Sabang indirectly incentivized death certificate applications by making grief compensation contingent upon surviving family members being able to produce the death certificate of the deceased. Upon further investigation, however, it appeared that these policies were not fully enforced. Nevertheless, this type of mechanism was put forward as one of the top priorities to increase death registration during PRMs with sub-district officers in Arongan Lambalek. In Pangkep, where grief compensation was also provided, death certificates were not required, but instead the family only needed to provide a death notification letter (SKK) from the village head to *Dinas Sosial*.

Outreach

As we have seen, not only did informants identify a shortage of demand for civil registration, but they also reported that, to the extent that it existed, the supply was often inaccessible. Various efforts are underway to actively reach unregistered populations. As the main provider of civil registration services, Disdukcapil is largely responsible for conducting outreach efforts, including initiating collaborations with other organizations and supporting lower levels of administration by, for instance, placing civil registration operators at the sub-district level. To our knowledge, these efforts in all three sub-districts have concentrated mainly on birth certificate issuance, together with its various requirements, but have excluded death certificate issuance.

Mobile registration

Mobile services have been carried out by Disdukcapil in Pangkep since 2009 as an effort to provide civil registration and administrative documentation services to remote communities, including birth certificates, family cards, and ID cards. Sometimes village offices initiated the request for mobile services from Disdukcapil, and in these cases the village covered some of the costs, such as accommodation, food, and transportation for Disdukcapil staff. By bringing registration services to within walking distance of community members' homes, registration services saved them time and transportation costs. This strategy was popular among village officials, who consistently ranked mobile services among the top three priorities for improving civil registration coverage in all three areas. For example, one PRM participant from LTU proposed:

“Maybe staff from the Disdukcapil office can come to the village yearly, such as before the start of school year, or the fifth month of the current school year. Or maybe the third month, come to the village for ID card, family card, and birth certificate services.” -Participant PRM Village, LTU

In Aceh Barat, the district government has been implementing mobile services for marriage legalization and birth registration in the sub-district since 2014. One respondent, however, noted that many villagers could not access the services, as they could not afford the 350,000 rupiah fee for marriage legalization.

²³ According to Government Regulation No. 60 of 2015 and Regulation No. 46 of 2015 of BPJS *Ketenagakerjaan*, a death certificate is not required to claim a deceased beneficiary's benefit.

Establishment of UPT for civil registration

Although most government officials readily acknowledged the geographical challenges in meeting demand for legal identity documents, none of the three districts have established a technical unit for civil registration, or UPT, to deliver civil registration at the sub-district level. Most informants reasoned that establishing an UPT would create more of a burden than it was worth. As one Disdukcapil officer explained, this “would need to be studied by ABK [*Analisa Beban Kerja*],” an official workload analysis, and then it would need to be reviewed by the Regional Development Planning Agency (*Badan Perencanaan Pembangunan Daerah*, or Bappeda), concluding that altogether this would “take a long time.” Participants from another Disdukcapil went further, saying that establishing an UPT would only increase the workload for the district. The third Disdukcapil wanted to focus on improving services in the district before sending staff to the UPT, explaining that, “we need to fix our temporary operators. That should come first. If we were to build UPT, it would be another burden.”

During PRM sessions across the three areas, sub-district and village officers consistently voted to bring services closer to the community as a top priority, either by delegating the authority to register vital events to one of the lower administrative levels or by posting Disdukcapil staff at the sub-district. The latter model exists, for instance, in Petungkriyono, which has two civil registration operators seconded to the sub-district office. These operators work on recording identifying information, issuing and updating family cards, and issuing migration letters (*surat pindah*). While they have no authority to issue birth certificates, this is expected to change under PATEN, which involves the delegation of authority from one administrative level to the other. Because of the current lack of issuance authority, and its effect of slowing down the registration process, the majority of PRM participants preferred the idea of delegating the authority to issue civil registration documents to sub-district officers. “The sub-district is the extension of the district,” one PRM participant explained, “so if the community trusts the sub-district like it trusts its own, if [the service] were here, it would be easier for the Arongan Lambalek community.”

Without the authority to certify vital events, local sub-district and village leaders in all three areas are left unofficially helping their constituents to complete their requirements, which is often the case in Arongan Lambalek and LTU, or in many cases, delivering the completed application to Disdukcapil on their behalf, as is typical in Petungkriyono. As we saw in Chapter 5, depending on the area, this can include sub-district or village officers, sub-village heads, religious leaders, or other intermediaries. This help tends to come at a price, usually just enough to cover the transportation costs when it comes to sub-district and village leaders, but sometimes more. Despite these costs, however, community members reportedly continue to rely on their local leaders not just out of convenience, but also because they trust them to navigate the bureaucracy at the village and the sub-district.

Measures to increase the coverage of civil registration by increasing the involvement of sub-district and village officials are also underway in Pangkep and Aceh Barat. In Pangkep, for instance, Disdukcapil has proposed appointing village officials to verify that all applications are properly completed before being sent to the district. Meanwhile, Disdukcapil in Aceh Barat has a plan to involve the Village Community Empowerment Agency (*Badan Pemberdayaan Masyarakat Desa*, or BPMD) to increase outreach.

“It is clear, we will utilize the governance section of the district office [for application verifications], moreover in the BPMD, the village community empowerment body, there is a community role there.” –Disdukcapil Officer, Aceh Barat.

Engagement with health sector

Some respondents thought that the health sector's close involvement with childbirth services and mortality makes it potentially important for civil registration. In Petungkriyono, health volunteers such as Posyandu cadres and *dukun* often reach people in remote areas more readily than midwives, not to mention population administration staff. "Sometimes," according to one midwife, for example, "there is a pregnant woman that we do not know of, or maybe the family has hidden her, and we only find out about it from the *dukun*."

Yet *dukun* and cadres do not have the authority to issue an SKL (although in Arongan Lambalek, they work directly with midwives to secure SKL for their patients, sometimes just involving midwives when it comes time to signing the document). As midwives are required to provide an SKL, which is one of the requirements to obtain a birth certificate mentioned above, they play an essential role in birth registration. PRM participants in LTU and Arongan Lambalek drew on this notion to suggest that Puskesmas help sub-district officers to identify parents that need assistance acquiring birth certificates for their newborns.

"Without reports from the midwives, [the process to identify the need for birth certificates] cannot take place. For example, a midwife reports to Puskesmas, then Puskesmas reports to the sub-district team, this many children need birth certificates. . . once the numbers reach a certain level, we [sub-district officials] facilitate the birth certificate." –Participant, PRM Sub-district, Arongan Lambalek

However, we found that a midwife's involvement in birth registration depends on her motivation, access, and resources. For example, in Arongan Lambalek, a midwife helped people to get birth certificates because her husband was a sub-district officer who forwarded applications directly to the Disdukcapil office. In Central Java, a respondent from the provincial health office also said that some midwives help to process birth certificates for children based on request from patients, though as the survey showed in Chapter 5, this is uncommon.

Generally, however, the health sector is reluctant to be involved in civil registration. Some were worried that they would be seen as taking over the village office's responsibilities, while others felt that they could not handle the added work. As one health provider expressed it, helping with birth registration is "too much of a hassle, it's just too many [responsibilities]. I mean, let's just direct them to the village office, because they have staff there and they'd be willing to help. If we're to assist, it means more tasks."

Engagement with education sector

From the education sector, with the exception of a few teachers, we did not find that any school facilitated birth registration in an institutionalized manner or coordinated with village or district authorities. A few teachers in LTU helped their students to obtain birth certificates when they were about to join competitions. In Arongan Lambalek, one PAUD teacher helped families to get students birth certificates. In none of the three sub-districts do schools keep any record of students without birth certificates, and the Dapodik information management system does not capture such information. Interestingly, we found that a primary school operator in LTU maintained his own manual record of students enrolling with and without a birth certificate. According to him, this helped to identify students without birth certificates later when they are about to take national exams.

Although cooperation between Local Government Working Units (SKPD) has not been established, school personnel said that the education system could potentially assist with birth registration. In Arongan Lambalek, a school official said that schools could provide information about birth certificates to parents and students, for example. A school official in Petungkriyono mentioned that schools could help identify students who do not have birth certificates and to further coordinate with village and sub-district officials for follow-ups. In a PRM in LTU, village officers put forward a similar idea of involving schools to identify students without birth certificates and to inform the village staff to facilitate their registration as one of the priorities. However, the idea of mobilizing teachers to help students directly to obtain their birth certificates raised concern among officials at the education office in Pekalongan. They were concerned that, if they got involved in registration activities, educators would meddle with other sectors' functions.

Engagement with other sectors

Across study areas, it was rare to find sectors collaborating, or even coordinating, with one another to increase civil registration coverage. It was not simply that the initiative had not been taken, but many informants were principally opposed to this kind of cooperation. From the point of view of one Disdukcapil informant, for example, it is inappropriate to involve sectors outside of population administration, as they do not have the legal competency to deal with complex registration issues.

“I don't think [other sectors] need to be involved. Why? Because we're talking about legal matters. As I said, maybe [someone] is not the real parent, they want to make their adoptive children [appear to be their] biological children. That's wrong. There's a lot like that [...] that's what we want to anticipate.” –Disdukcapil Officer

In all districts, informants from government sectors outside of population administration felt that civil registration and residential documentation were not their responsibility and that they had no authority to initiate outreach related to it. A district official in Pangkep suggested that direct instruction from the head of district would be needed to make sectors work together effectively to improve civil registration.

“There is urgency to work together, but we have not pursued this because there is no technical regulation to do so [...]. We haven't thought about the boundaries of our authority. If there is an order from the leader maybe we can consider it [...] people would think of it as an order from the leader. Currently, we're still questioning.” –District Officer, Pangkep.

Simplification of Procedures and Contextual Adjustments

Recent years have seen several national efforts to reform legal identity application procedures in order to facilitate the process, notably Law No. 24 of 2013 on the Revision of Population Administration and Civil Registration. However, from the point of view of subnational authorities, and community members, these changes have not been able to accommodate the various needs and challenges of civil registration. At the implementation level, various additional measures are being taken to simplify procedures and to adapt to local contexts.

Circumventing the marriage certificate requirement

In many cases, it appeared that officials considered marriage certificates to be a requirement for issuing children's birth certificates, and not just a requirement for including the father's name on the child's birth certificate—a misconception that as we saw in Chapter 5 is common among community members as well. Informants in two of the three study districts identified this requirement as a significant obstacle to birth certificate coverage.

To overcome this bottleneck, apart from conducting integrated services, some officials accepted a marriage recognition letter issued by village officials in lieu of a certificate. These exceptions were made especially for residents who had been married for a long time and those whose spouses had passed away, although this was not always the case. In addition to this, during mobile registration service in some villages, applicants only needed to present their family cards and ID cards to obtain a birth certificate with both parents' names.

“Officers in the national level, they easily say this and that, if you don't have a marriage certificate, do not worry. Tell them to go to the Religious Court for a marriage legalization. I say it's easy for you to say, “legalize your marriage.” Here in [the periphery], it would take a long time. . . .so we have to outsmart [the regulations], as long as it does not harm or hurt anyone. . . .for example by using a letter from the village head to justify the marriage and the children, I can trust that.”
–Disdukcapil Officer

In Arongan Lambalek, where many spouses had died, or lost their documents, in the 2004 tsunami, similar allowances were made for the surviving spouses.

“Sometimes, the husband or the wife died [. . .] if s/he is remarried, and needs to make a new marriage certificate, but the spouse has passed away, they can just ask the village head for a letter certifying the marriage and the death. The village head knows how.” –Intermediary Arongan Lambalek

Late registration fees

Removal or modification of local regulations that penalize late birth registration has also been a common approach to simplifying application procedures. In Central Java, some at the provincial government have come to believe that these fines discourage birth registration. Though the bylaw (*Peraturan Daerah* or *Perda*) has not been removed, at least one district in Central Java has set the official fine to zero rupiah, so while they are technically fined, late applicants do not have to pay any fees.

By contrast, respondents in another district had the opposite view, believing that late payment fees could raise public awareness and create a more disciplined society. As the Disdukcapil officer put it, “I'd probably try to pass a regulation from the head of district to administer a sanction for anyone who obtains [a birth certificate] late or who lost their copy. Because if not, it's too easy for the community” (see this chapter, Increasing Demand for Civil Registration).

Streamlining verification procedures

The Office of Workforce, Transmigration, and Population (*Dinas Tenaga Kerja, Transmigrasi dan Kependudukan* or *Disnakertransduk*) in Central Java has proposed an online registration process to simplify the birth certificate application and to reduce the need for intermediaries:

“For example, registration could be done from home to reduce the barriers. There would be fewer intermediaries [...]. For online application, we’d have to adjust some regulations [...]. We’re trying to find the balance between quick, easy services and obeying the regulations.” –Disnakertransduk Officer, Central Java.

According to Disnakertransduk informants, some requirements, such as the ID card and family card, should no longer be needed because the relevant information is already available in the civil registry using NIK and does not need to be re-verified manually. Similarly, the informants wanted to remove the requirement that KUA confirm the marital status of applicants, as that information is reportedly also accessible online via the Marriage Information Management System (*Sistem Informasi Manajemen Nikah*, or SIMKAH).

Some informants acknowledged that informal adjustments and leniency conflicted with the law, but they opined that this was sometimes necessary for them to be able to serve their communities, especially those who have difficulties in accessing the services. According to some service providers, during outreach activities to particularly remote locations, they were hard-pressed to reject applicants who did not have the necessary paperwork, as they knew that those applicants would likely not have another opportunity for some time. At times, community members would also exert pressure on these outreach officials to provide them with services.

Capacity of Service Providers

Disdukcapil operators

Providers of civil registration services in all three districts reported obstructive human resources limitations. Despite being instrumental to civil registration, for example, civil registry operators are temporary or honorary employees, and in one district, it is a common part-time job for senior high school students. Disdukcapil Pangkep voiced concerns over the regular rotation or transfer of operators, which it cannot control, and which inevitably disrupts the effectiveness of capacity building efforts.

“We have many personnel, operators, all those people need to be trained. The challenge now is that we have staff who do not stay here permanently, but sometimes only for one or two months, maybe a year, before being replaced. And their replacements need training.” –Disdukcapil Officer Pangkep

In addition, the division of responsibilities in which each sub-district is handled by a different civil registry operator also hinders service delivery, as the mechanism does not allow operators to substitute for one another. As one officer in Pangkep put it, when the operator is not present, his work “cannot be taken over by the other operators, because he’s been given a responsibility for only a certain sub-district.”

In Aceh Barat and Pekalongan, the number of civil registry operators is also insufficient, according to respondents. Disdukcapil Aceh Barat and Pekalongan only have one operator administrating SIAK, despite Disdukcapil Pekalongan recommending that at least five operators be available for this purpose (see this chapter, Technology and Facilities). The lack of sufficient, trained human resources places added work burden on civil registration operators, who sometimes have to work overtime to keep up with applications.

“Yes, this will affect the output, every day we stay in front of the computer. We also have to handle data complaints from community members. I have told the Secretariat that we need five personnel to operate the server.” –Disdukcapil Officer

In Petungkriyono, civil registration operators received training on using the population database in early 2015, though they were not yet authorized to issue birth or death certificates themselves. One respondent speculated that this training was a form of preparation for the delegation of authority to the sub-district.

“The last training was to develop a database for e-KTP [digital ID card]. Before we were only authorized to capture the data, but the document was printed at the national level. Now it’s at the district Disdukcapil. Well, we were told that maybe in the future when [the printing] is done at sub-district, we’ll already know the process.” –Government Officer, Petungkriyono

Sub-district and village officers

Sub-district officers in the three locations appeared to have different perceptions about their capacity to readily carry out civil registration activities. Petungkriyono sub-district officers seemed confident in their capacity to exercise greater registration authority, either as an UPT or under the PATEN program. There are already a number of sub-district officers who verify registration applications, so they believe that issuing certificates would only mean a slight change in their typical duties.

Meanwhile, in one sub-district, officers did not feel that they had adequate training to be authorized to register vital events. In that sub-district, there is a punitive practice of relegating low-performing or misbehaving officers to the remote areas, and one official felt that his staff would need special, dedicated training to prepare them for any further responsibilities. As this official put it, these personnel “can be good though, if they are given authority, but before that we have to change the image that personnel working in [this area] are in exile. If necessary, public servants should only be promoted if they have worked in [this area].”

Death certification was a particularly weak point among most officials, both at the sub-district and village levels. Many did not understand the value or use of death certificates, much less the procedures for issuing one. As one sub-district official from LTU put it, “I personally don’t know whether they are useful or not. I was a village head for seven years and have never provided support for the death certificate process.”

Officers in one sub-district also identified the need for dedicated financial and budgetary training for sub-district and village staff. He indicated that, in order to take advantage of the Village Fund and the opportunities presented by Law No. 6 of 2014 on the Village, these trainings should specifically cover procedures for funding programmatic activities, especially those related to civil registration, rather than the common practice of funding infrastructure projects and material purchases. Village and sub-district officers were reportedly only familiar with budget planning and accountability for infrastructure projects. As one informant phrased it: “But how much is needed in the budget? How to be accountable for the activity? Things like attendance list, food and snacks. These are the things they still don’t understand.” This official also identified a need for programming catered to the community’s particular needs.

Capacity building for the health sector

Health sector involvement in CRVS emerged as a consistent theme in all three sub-districts. Nonetheless, none of the various training sessions with health providers related to birth and mortality reporting include materials on civil registration. Health workers were trained through the Perinatal and Maternal Audit Program (AMP) to undertake rapid reporting of maternal and infant mortality. In Aceh Barat and Pekalongan, midwives were also trained to use the reporting system of maternal and infant mortality through an SMS system that escalates to the central Ministry of Health. In Arongan Lambalek, midwives reported that the program has not yet been implemented. In addition to AMP, midwives in Petungkriyono also received training on reporting that uses an Android-based application as part of the Information System of Maternal and Infant Mortality (SIMKIB) program, which will be implemented throughout Central Java in 2016.

The Sample Registration System (SRS) was initiated in 2006 in Pekalongan and in 2013 in Pangkep. Medical doctors working in Puskesmas and village midwives were trained by the Ministry of Health to conduct verbal autopsies in every village in the area where the pilot Puskesmas were located. According to an officer at district *Dinas Kesehatan*, sometimes midwives leave the autopsy forms incomplete because they do not understand how to complete them. The midwives also reported feeling overwhelmed with their daily tasks resulting in delays in their verbal autopsies report. In Pekalongan, the program was discontinued in 2014, reportedly due to funding issues, and there is only one remaining sub-district (Bojong) whose midwives continue to conduct verbal autopsies. In Pangkep, the program is still running in three Puskesmas in the sub-district of Labbakang.

In Petungkriyono, although midwives try to document cause of death when possible, all the midwives that had been trained to perform verbal autopsies have since moved to other sub-districts. This is also true for other staff trained in death reporting. As one Coordinator Midwife explained, “For verbal autopsy we used to have a programmer but now, the programmer has moved. We no longer have a [data operator]. She’s moved although she’d been trained.”

The rotation and transfer of local health staff was a common concern for Puskesmas. This was a particular problem in Petungkriyono, where midwives regularly ask to be transferred out of the sub-district, and replacements are difficult to find. According to one health provider, 10 years ago, the sub-district “used to have 22 midwives, but now we only have 13. They were not replaced with new midwives.”

Shortage of midwives was also a problem in Pangkep, though to a lesser extent. In 2012, *Dinas Kesehatan* in Pangkep partnered with civil society organizations to develop a pilot program in two sub-districts (LTU was not included) to increase the midwife workforce. Under this program, which is ongoing, senior high school students from remote islands in the sub-districts receive tailored admissions tests to an academy for midwives, as well as full scholarships. Once they graduate, they have to work within their sub-district for a minimum amount of time, after which they are placed on a fast track to being promoted as civil servants. The program has reportedly produced eight midwives thus far.

The head of district has the final sign-off on all staff transfers, but according to procedure the head of Puskesmas should be given a chance to recommend for or against the transfer. According to a *Dinas Kesehatan* officer, however, the practice is more “top down,” and the Puskesmas head has no say. During PRMs with village officers in Petungkriyono, one of the priorities listed by participants was to prepare midwives to examine and determine the cause of every death in the village and to report that information to the village office.

In addition to licensed health care professionals, trainings on maternal health and modern childbirth practices have also been conducted with *dukun* across the three research locations. In Arongan Lambalek and Petungkriyono, midwives and *dukun* meet regularly (one to two times a year) to share knowledge and discuss solutions; though *dukun* and midwives alike reported that they rarely discussed civil registration.

When asked whether they would like to be trained to assist civil registration activities, most health providers responded that they were already overworked and could not perform additional services indirectly related to health.

Technology and Facilities

Capacity building and outreach efforts rely on the state of institutional facilities and information and communications technology (ICT), especially in places like LTU and Petungkriyono, which are characterized by challenging geographic divides. As the first information system for population administration, SIAK represents an important investment in civil registration and vital statistics to many government officials. In it, district Disdukcapil officials—and if given the authority, sub-district operators and UPT—can input and verify birth data, generate NIK for newborns, and close entries in the event of a death. This system, however, has not been entirely streamlined across districts. While Pangkep has started using the latest version, SIAK version 5, Pekalongan still uses version 4. This remains the case, despite the fact that the software is available in Pekalongan and database administration (ADB) staff have been trained to use the new version.

The problem stems from a procedural change instituted in this latest SIAK version in which birth certificate applications and family card updates are processed in tandem. In the old version of SIAK, NIK could only be obtained once a family card was issued, after which the new NIK was used to issue a birth certificate. In SIAK version 5, the reporting of a birth itself prompts a new NIK to be generated. This NIK then becomes the basis for adding new household members to family cards and for issuing birth certificates. This new sequencing was intended to simplify the civil registration process with NIK as the organizing principle. Without adequate training in the new version's procedures, however, Disdukcapil in Pekalongan has been unable to make use of the improvements under SIAK version 5.

In Pangkep, Disdukcapil informants also lamented the fact that to maximize the utilization of SIAK version 5 especially for mobile registration, they needed a larger budget because doing so required the installation of an enhanced antenna to improve Internet connectivity.

As the system was developed after the enactment of Law No. 23 of 2006 on Population Administration and Civil Registration, SIAK does not cover preceding civil registration data. As a consequence, Disdukcapil has also been tasked with the digitalization of these manual backlogs as far back as 2012. However, ADB staff have reportedly not been given the time to dedicate to this activity, and it had not been completed in any of the districts as of December 2015.

Many key informants in all research locations acknowledged that the utility of SIAK is often constrained by poor network connectivity. Some respondents reported that the bidding processes that award contracts to different mobile network operators for SIAK contributes to network problems.

Inadequate means of transportation and insufficient budget for vehicle rentals are consistent challenges found across the three areas. In Pangkep, this challenge is particularly pronounced during mobile registration services. In Petungkriyono, village and sub-district officers regularly ranked the procurement of dedicated vehicles and an increase in transportation budget as being among the top three priorities by during PRM sessions.

“The government can at least consider providing enough [money] for two motorcycles, one for the village head and one for the village officer. If there is only one, the village head will use it to go to Kajen [capital city of Pekalongan]. If the officer cannot afford a motorcycle, the community's needs will have to wait.” —Participant, PRM Village, Petungkriyono.

In addition to this, the improvement of road conditions was mentioned among the top priorities in one PRM with village officers. A Disdukcapil Pekalongan informant voiced the same concerns, particularly pertaining to the implementation of mobile registration. In Petungkriyono, sub-district civil registry operators recommended being given a transportation allowance to facilitate access to the district and villages, but they emphasized that this had to be more than a nominal allowance. As one operator explained, “if we’re paid 300,000 rupiah, it would only be enough to go to Kajen [capital city of Pekalongan] only once a week. That’s the challenge with transportation.”

In Aceh Barat, where there is a car to run mobile services, the absence of an operational and maintenance budget for the vehicle, due to a failure in transferring the funds, has halted the program. The procurement of the car, and the program funds, were once carried out with the support of donors, but authorities were not able to sustain funding when the donor left.

Aside from vehicles and operational budgets to maintain them for mobile registration, lacking equipment, such as computers and certificate-printers, was also identified as a critical bottleneck to birth certificate issuance. One Disdukcapil officer from Pangkep put it this way: “to be mobile, we need a mobile unit. Ours is not yet equipped. It needs a computer. Moreover, the operators should be motivated with added funds.”

The amount of funding was not always the specific constraining factor mentioned by informants, but often it was the discordance between central and local planning. For instance, equipment procured by the central government did not always fit districts’ needs, and proposed revisions by Disdukcapil would have to be submitted to central MoHA, which was time-intensive.

“Under Law No. 24 of 2013, funding comes from the central government. All is arranged centrally. During service provision on the ground, the challenge is that what is provided from the central government does not fit the needs on the ground. The office’s needs do not match with the RKKL [Ministry’s Annual Work Plan], so they have to make revisions, if the output is different, we have to seek approval from the ministry [...]” –Disdukcapil Officer

Disdukcapil officials in all three research locations considered it difficult to budget for services that differed from the norm, and said that in any case, they had no clear rules to guide them. In Pangkep, a budget for operational cars and facilities to reach out to the communities has been proposed through the state budget mechanism, but it had not been approved as of December 2015. A Disdukcapil Pekalongan informant explained that the budget components from APBN do not cover transportation for outreach activities (*jemput bola*), but only for official business trips. As a result, that Disdukcapil has conducted birth certificate coverage assessments in a few sampled villages as “official business trips.”

Data Management and Implications of Vital Statistics for Basic Services

As we have seen, technological innovations, and SIAK in particular, but also SRS, SIMKAH, and SIMKIB, have begun to fill a demand for more effective data coordination and management among different sectors. The potential of NIK, as a single identification number with the ability to link sectorial databases, has only begun to be operationalized, and key informants saw promise in the recent opening of SIAK for use by other sectors that intersect with population administration, such as health and social welfare. This has allowed programs under several agencies to draw on NIK for various uses.

NIK as the basis for accessing services

In order to better serve so-called “people with social welfare issues” (*Penyandang Masalah Kesejahteraan Sosial* or PMKS), the government of Central Java has mobilized TKSK to secure a NIK for all residents that fall within 23 categories of vulnerability. Not only are these PMKS then accounted for in the population database, and made eligible for receiving social protections, but they are also registered in the province’s PMKS database, which warehouses more specific indicators, and can be used by *Dinas Sosial* across districts for programming activities.

Respondents from *Dinas Sosial*, however, reported that not all PMKS could fulfill the requirements for obtaining family cards or IDs, meaning that they could not receive NIK and in turn lost their ability to access much-needed social assistance. As a *Dinas Sosial* officer explained:

“Take our case as an example: there are 4,092 PMKS that we handle in our social rehabilitation institutions. Only 739 are eligible to have a NIK, such as very poor children, deviant youth, ex-drug users, or neglected elderly, only those people can meet the NIK requirements.”

It was unclear, however, what made the remaining 3,353 PMKS ineligible.

Others are using NIK to streamline data verification procedures. Disnakertransduk in Central Java, for example, has established an online communication platform with the Regional Office of the Ministry of Religious Affairs (*Kantor Kemenag*) in Central Java to link SIAK and SIMKAH. According to informants, this could help reduce cases of fraud, such as age falsification, which is an important factor in reducing child marriage.

NIK was also mentioned by several informants as a crucial instrument for integrating Jamkesda/JKRA into the national health insurance scheme (JKN) in South Sulawesi and Aceh. *Dinas Sosial* is responsible for identifying individuals that are eligible for social health insurance using specific criteria, such as residence, current insurance ownership, and NIK. After *Dinas Sosial* generates this list of eligible people, it is relayed to BPJS *Kesehatan*, which uses NIK to validate and clean the list to avoid dual memberships, particularly for those who are already insured through PBI-JKN.

Still, informants from *Dinas Kesehatan* in Pekalongan and Pangkep admitted that they continued to see cases of double memberships, where individuals who are insured through PBI-JKN also use Jamkesda, since to claim local health insurance, individual only need to bring their family card and ID, and health providers cannot usually verify whether a patient is covered under a different plan, such as PBI-JKN.

“The person is registered in Jamkesmas, but when he doesn’t bring his card to the health facility [...] the health facility can provide Jamkesda services only using a family card registered to Pangkep of South Sulawesi.” –*Dinas Kesehatan* Officer, Pangkep.

Because of the transitional state of both JKN and SIAK, key informants had other misgivings about coordinating around NIK. Respondents from BPJS *Kesehatan*, for instance, reported simple input errors in SIAK, which presumably are related to the training and workforce constraints mentioned above. These errors, which must be corrected by Disdukcapil, can have cascading effects on *Dinas Sosial* and *Dinas Kesehatan* program implementation, not to mention community members, who sometimes cannot complete the insurance registration process if their NIK is not validated.

Some Puskesmas are working around the need for proof of insurance coverage (depending on the circumstance this proof may consist of a membership card, the patient's NIK, or documentation of residency). Under JKN, BPJS *Kesehatan* distributes monthly capitation payments to Puskesmas based on the number of people registered with that particular Puskesmas. Providers draw on those funds to cover services, sometimes even for patients who cannot provide proof of insurance ownership and may be technically ineligible for services under JKN. This leniency policy allows Puskesmas to provide care for those who may need it most, but it also takes away from a funding pool that is already limited. Hospitals, on the other hand, which are reimbursed based on diagnosis, have limited options for treating people without proof of insurance who cannot afford to pay out of pocket. A health worker in Pangkep, for example, told stories of patients who were referred to hospitals but denied Jamkesda coverage because they did not have family cards to prove their residency.

Migration also created a problem for using family card and IDs as the basis for services. In Pangkep, which hosts a large migratory population, many move back and forth from Pangkep without carrying a migration letter (*Surat Pindah*). Without this migration letter, residential status on family cards cannot be updated, and without family cards issued by Disdukcapil Pangkep, otherwise eligible individuals cannot receive social assistance. This was also problematic for the integration of Jamkesda and JKN, in Pangkep, as people without family cards were left out of the list of eligible individuals. Schools faced the same situation, where students must be listed in family cards with the correct residency to be eligible for BSM. For children outside of family care, such as homeless children or those within institutional care, acquiring a family card may be especially difficult. To work around this, in Central Java, shelters try to register all children within their care under one institutional family card, allowing them to access basic services at least during their time in the shelter.

Parallel data collection efforts: Redundancies, gaps, and implications

While many of the ongoing data sharing initiatives are being worked out, SKPD continue to maintain their own internal databases, which are usually inaccessible to other SKPD. As we have already seen, *Dinas Kesehatan* and Disdukcapil both manage separate data collection efforts about births and deaths, and the Central Statistics Agency (BPS) also keeps its own database. In South Sulawesi, the Bureau of Public Administration (*Biro Tata Pemerintahan Umum*) and *Dinas Sosial* have independent lists of low-income populations, while *Dinas Pendidikan* maintains Dapodik as the main reference for allocating school budgets, including School Operational Assistance (BOS), and this database is closed to other sectors. Some informants anticipated the waste involved in overlapping efforts to capture data on the same populations, often about similar variables, and tried to adjust for it. As a *Dinas Kesehatan* officer from South Sulawesi said, “we suggested to the province to form an integrated team to verify data in the district level. This was to anticipate the overlapped data and [reach] those populations that have not been covered.”

Not only do these overlapping efforts create redundancies, but according to informants, the different methods used to collect data also create discrepancies between findings. Disdukcapil and *Dinas Kesehatan* in one district, for example, reportedly had inconsistent figures on mortality. “How is it possible that Disdukcapil data only have 2,500 deaths? We have 6,000,” one *Dinas Kesehatan* official asked. He thought possibly this could be due to midwives and hospitals reporting the same data to the Puskesmas, which are difficult to deduplicate because the data cannot be disaggregated by name or NIK. A previous study found similar discrepancies (Rao et al., 2010), leading MoHA and the Ministry of Health to pass a joint regulation on reporting mortality and causes of death in 2010; though many government officials were unaware of this regulation, and some even believed that sharing data would violate regulations.

Data collection efforts by TKSK, PKH facilitators, and health workers also tend to overlap when the BDT list needs to be updated, or new social assistance programs are introduced, as each SAP has different eligibility criteria. This manual verification has also led to the exclusion of vulnerable groups in some cases, according to respondents. As a PKH operator reported in one example, “facilitators didn’t conduct validation duties because of extreme weather conditions [...]. Payment was postponed and we have not heard any updates due to the absence of the validation process.”

Officers in charge of data verification at the community level also complained about the fact that BDT was outdated, and although they found inclusion and exclusion errors in the list, and sometimes village officials were consulted about the completeness of the list, data verification officers themselves did not have the authority to determine who should be eligible, as the final list came from central ministries. Excluded community members also reportedly exerted pressure on data verification personnel, TKSK, and PKH facilitators to add them to the list. At least one TKSK we met with claimed to have recommended new recipients be added to the list as a result.

Confusion over standard official reference of data for programming

Government officials often expressed confusion about whether to use data from BPS or from Disdukcapil for budgetary and planning process, particularly at the provincial level. Informants from Bappeda and SKPD in the three research areas thought they were mandated to use BPS data, referring to Law No. 16 of 1997 on Statistics, but they complained that BPS data are not accurate and comprehensive enough as a basis for budgetary planning. As one officer from Pekalongan explained, “If we use data from BPS, it is not by name and by address, that is the challenge...but in national planning, BPS data are still the only data permitted.”

The health sector shared the same concern over the accuracy of BPS data, and its implications for being the standard reference. In addition to being used for budgetary purposes, though, one *Dinas Kesehatan* officer reported that national BPS data were also used to set annual program targets. As a result, several Puskesmas in the district keep their own data to compute ‘shadow targets’ that are deemed to be more relevant than those of BPS.

“We are also wondering whether these [BPS] data are accurate or not. But back to the responsibility for program planning, the district level recommended that Puskesmas make their own target [based on Puskesmas data] as an addition to projected target. When comparing the two, usually there is a big gap.” – *Dinas Kesehatan* Officer

In another district, *Dinas Kesehatan* uses Disdukcapil data to compute their annual targets, but uses BPS data for end-of-the-year reports and to finalize the annual District Health Profile. One informant complained that BPS tends to calculate larger population sizes than Disdukcapil, which makes *Dinas Kesehatan*’s service coverage appear to miss its target. As one *Dinas Kesehatan* Officer explained:

“We all know that BPS utilizes projection data, so for accurate, real-time data, we use Disdukcapil data. However, according to the regulation, we have to utilize the BPS data. This is a disadvantage, because at the beginning of planning we use population data from Disdukcapil, but at the end use the BPS data for our denominator.” – *Dinas Kesehatan* Officer

Interestingly, a few government officials from Pekalongan and Aceh thought they were obliged to use population data from the Disdukcapil instead of BPS, based on Law No. 24 of 2013 on the Revision of the Population Administration and Civil Registration Law.

“We are also starting to implement the mandate of Article 58 [of Law No. 24/2013] that for all national planning, development, budgeting, DAU [General Budget Allocation] as well as narcotics and criminal prevention, the basis is [Disdukcapil] population data. That’s the mandate of the law.” –Disdukcapil Officer, Aceh Barat

Bappeda in the three areas has different ways of reconciling Disdukcapil and BPS data. In one area, Bappeda used the former to complement the latter for planning budgets, while for specific programs, it allowed SKPD to use their own data. In another area, Bappeda used BPS data for general budgeting and planning, but for many other purposes, it used Disdukcapil variables that allowed for disaggregation by name, NIK, and address.

“For technical things, it’s hard for BPS to come up with the necessary data. So we ask for such data from sectors [SKPD] because they have their own data-collecting mechanism from district to province, and district also reports to central ministries through their respective Data and Information Centres.” –District Head Officer.

In response to this confusion about which data to use for what purposes, a BPS leader stated that BPS and Disdukcapil data are actually incomparable because they draw on different enumeration methodologies.

“Well, the data [from BPS and Disdukcapil] are incomparable. We cannot settle which data is the correct one, Disdukcapil or BPS [...]. According to Disdukcapil they have the correct data. According to BPS, theirs is also correct. For comparison, statistically it’s not wise because the concepts are different. So both should just go their own ways. But it’s true that BPS usually uses the [Disdukcapil’s] data as a general reference.” –Head of BPS.

Data utilization

Despite the general interest in evidence-based planning, informants could not identify any detailed procedure or manual explaining exactly how each sector should use its own data to support program planning and implementation; and it is unclear how data collection systems affect programming decisions.

Pertaining to vital statistics, several agencies expressed their interest in having accurate and timely data on birth and death. An informant from BPJS Ketenagakerjaan in one area, for instance, saw that availability of mortality data would enable her to project annual death claims, while birth data would enable BPJS Ketenagakerjaan to estimate the future labor force. A sub-district officer in Pangkep also found value in real-time mortality statistics, as these could assist sub-district governments to provide valid population lists to *Dinas Sosial* to inform SAP targeting. Similarly, for health workers, accurate population statistics that can be disaggregated by gender, age, and administrative location could reportedly inform better planning, implementation, and evaluation. For example, one *Dinas Kesehatan* officer in Pangkep felt that real-time mortality statistics would allow the health sector to develop targets that are more time-bound and targeted towards subsections of the population.

For their part, officers from *Dinas Kesehatan* in Pekalongan were interested in analyzing major causes of death and making budgetary allotments for an appropriate response. As one officer said, “It would be very good if we could relate budget and planning with health [statistics]; we could then understand causes of death and disease distribution.”

From the perspective of BPS, one respondent welcomed the idea of building a system that could generate reliable, regular, and dynamic vital statistics, enabling them to produce strong estimates rather than extrapolations. This would also, according to the respondent, lower the cost of regular data production. In his words, this would be “easier to administer the data. We would be happy.” The officer, however, cautioned that operational definitions and procedures to collect and update data must be standardized as a first step.

At the same time, the sub-district and village leaders we met reported that they rarely used the data they collected to inform their routine tasks. At the very most, population data from village officers and Puskesmas were used to inform situational briefs when district officials visited villages. This exchange between our researcher and a village official from Petungkriyono is illustrative:

Facilitator: “In terms of the usage of [monthly birth and death data], do you send them to other offices besides Disdukcapil? Are there any other uses for the data?”

Village official: “There are none.”

One sub-district officer argued that the absence of reliable and accurate data had no significant impact on planning at sub-district. He explained that village and sub-district program proposals submitted through Musrenbang were currently being ignored by the district, which imposed top-down programs. He suggested that, should Musrenbang work the way it was intended to – in other words, if village and sub-district proposals were seriously evaluated – the lack of quality data would have more significant implications.

“In the sub-district, we don’t do the planning, so there’s no impact. The plan we put together in Musrenbang is based on the need of the community at the bottom. This is the most important, and in the district the priorities that were suggest never get implemented. If only we could do the planning and execution, or the upper levels of government took notice, it would be better.” -Sub-district Officer.

Plans and recommendation to improve vital statistics

There are a number of obstacles that hinder Bappeda from fulfilling its strategic role in facilitating and integrating existing data. The first challenge was mentioned by officials from Bappeda Central Java, who claimed that they did not have enough human resources to process their data comprehensively; though they had held a meeting inviting all government offices, including Disdukcapil, to share data. According to informants, the second obstacle was the reluctance from offices in different sectors, such as Bappeda and *Biro Tata Pemerintahan Umum*, to work together (*ego sektoral*), which although common to all sampled areas, was particularly evident in South Sulawesi, as explained by one province informant: “Bappeda never coordinates. They feel that we have to coordinate with them. Not the other way around. It should be them, they need the data to streamline development, they should seek data...I think there is still this ‘*ego sektoral*.’”

To address these obstacles, officials in each of the three study areas had plans, which were sometimes in their very early stages, to create a meeting forum and data integration system. *Dinas Kesehatan* and *Biro Tata Pemerintahan* in South Sulawesi have proposed to establish a “integrated team” at the province level to collect and manage data from the district, which would be updated every six months and accessible to all relevant sectors. BPS in Pangkep also plans to establish a data forum to facilitate synchronization and dissemination of data between all government offices. As one officer explained:

“Good planning has to be supported by accurate data. Well collected data are utilized by the government, particularly decision makers in the province or central, to formulate policy. With the forum that I have mentioned, we can combine the many data.”

Meanwhile in Aceh, the coordination of data management has started with a number of meetings between the Office of Population Registration (Disregduk), *Dinas Kesehatan*, and *Dinas Sosial*, which make up a team called *Tim Rentan* (Team for Vulnerable Populations). The future plan is to formalize those meetings under a memorandum of understanding among the agencies involved.

In Central Java, *Dinas Sosial* is now building a PMKS data system and bringing together stakeholders at the province level to undertake data cleaning so as to improve the accuracy of data used as a basis for programming. There is also discussion of issuing a provincial regulation that stipulates coordination between *Dinas Kesehatan* and Disdukcapil to ascertain causes of death through verbal autopsy.

7. Conclusions

Akses ke
Kesehatan

Masyarakat
tidak tercatat

Akses ke
pendidikan
tidak tercatat PT, bea

akses produk
keuangan &
Perbankan.

These findings present clear evidence that civil registration in these three sub-districts is a far cry from universal or compulsory. When one in three children have no legal documentation of their birth, two in five marriages are considered illegitimate by the state, almost one in five adults cannot readily produce an ID or family card with their name on it, and authorities literally laugh at the thought of death certificates, it is clear that many people's rights are not being met. **It also means that the best source of vital statistics for those charged with governing these areas is being fundamentally undermined, reducing the hope of evidence-based planning to projections that many informants admitted they did not understand or have confidence in.**

While government services did have considerable penetration in most villages, especially in terms of social assistance programs, access remained challenging for vulnerable populations. At least a quarter of children would never graduate high school, often because they could not afford to or because they lived too far from one; almost one in five children had not received a single vaccination; and about a third of respondents did not have health insurance—a trend that was much worse in Petungkriyono where usage of health facilities was also abnormally low. And despite national efforts to reduce the risk for maternal and infant mortality, three out of four women gave birth outside of a health facility, with more than a third of mothers being primarily attended to by unlicensed health providers. **Villagers did not often feel capable of engaging with government staff meaningfully to improve the planning or distribution of services, especially when they lived far from the village or sub-district centre.**

Over the course of hundreds of interviews with government officers and service providers, it became clear that many were committed to countering these grim statistics and improving the lives of their constituents. As we saw above, leaders in the sub-district, village, and sub-village went beyond their official responsibilities in order to register children's births, to encourage mortality reporting, or to ensure that unregistered or uninsured individuals could access basic services. Midwives, PKK cadres, teachers, and other frontline providers took advantage of their contact with villagers to explain the importance of civil registration, and sometimes went further, helping them to complete applications or deliver them to the district.

From the higher levels of government, too, new policies have been passed to remove obstacles to birth certificate applications, to mandate the sharing of data among sectors, to expand access to insurance, to cut the distance between rural households and government services, and to strengthen the ability of local governments to develop systems that work for them. **In the context of ongoing decentralization, however, these efforts have often been thwarted by inconsistent, under-resourced, and fragmentary implementation.**

By removing the national administration fee for birth certificates and providing for outreach services, Law No. 24 of 2013 marked a paradigm shift in Indonesia's civil registration. Where civil registration had been considered a citizen's duty, it became a right whose protection obliged governments to act. Unfortunately, this change in perspective was not equally shared across government bodies, whether horizontally, among sectors, or vertically, among different levels of administrations. Government officials across research sites shared a common sentiment, attributing the lack of coverage to citizen non-compliance to standards, leading some to propose an enforcement-and-punishment approach to increase coverage. Our findings suggest that—to the extent that it has been instituted—this approach has been ineffective. With service providers being difficult to reach, application procedures being overly complicated, and certificates providing few benefits, if any, increasing the price of certificates can be seen as adding insult to injury.

While the low levels of public awareness regarding civil registration is a pressing issue to address, so too is the lack of immediate value when it comes to owning birth and death certificates. Among all services, birth certificates are only necessary for school enrolment, and even then, schools enforce this inconsistently so as not to keep children out of school. This accounts for the fact that we found no sizeable spike in registration ahead of primary school enrolment, as would be expected if enrolment requirement were operating as an effective incentive. What is more, death certificates are practically worthless to the majority of families. Death notification letters (SKK) from village offices, are much more valuable to individuals, and easier to procure, though this makes them easier to falsify.

What is more, the incentives that do exist for community members who apply for certificates are insensitive to the complexities of villagers' lives and their contexts. The practice of requiring a birth certificate as the gold standard for verifying children's identities during school enrolment, for example, risks systematic exclusion of the poorest children from school, further marginalizing them. Moreover, until recently, the requirement for marriage certificates to obtain birth certificates with both parents listed did not take into account the inaccessibility of KUA and religious courts to rural populations, or in Aceh, the impacts of natural disaster on document ownership. These discordant policies have left service providers with the dilemma of whether to follow regulations and alienate the most vulnerable or break with regulations to serve them, sometimes incurring additional costs that are not reimbursed. Faced with the immediate needs of their community, many unsurprisingly chose the latter option, which has had the unfortunate side effect of defusing the effect of the incentive.

Policy makers sometimes also failed to factor in the added demands that their reform efforts placed on policy implementers and service providers. Many felt burdened by redundant reporting, which they had limited capacity to translate into improvements in local service delivery, and whose utility for higher levels of government they did not understand. Midwives, teachers, and TKSJ repeatedly complained that inadequate resources, incentives, and facilities already impeded them from delivering services effectively. Yet those who considered civil registration important found time to provide information and support to residents in their areas, sometimes investing their own money to do so. Creating monetary incentives to motivate these staff to contribute to registration efforts may be an effective strategy to build outreach capacity, but this may also create perverse competition for their time, energy, and commitment; and, in the case of health and social assistance personnel, this may deviate them from their primary services.

Subnational officials also struggled with limited budgetary discretions and capabilities. As we've seen, this has impeded important innovations, such as the rollout of the new version of SIAK in Pangkep and Pekalongan, where authorities could not afford to upgrade their facilities or hire new staff. For this reason, successful initiatives, like verbal autopsy trainings for midwives under the SRS or mobile registration services, were unsustainable when external funding ran out. The Village Law presents important opportunities for local leaders to fund appropriate initiatives that meet local civil registration needs, but village personnel often lack the training and guidance to capitalize on these new developments. Increasing the capacity of providers is critical to providing quality services and implementing new procedures on the ground. To this end, training was among the most popular interventions proposed by research participants. The need for more training remains high, and especially trainings designed for the specific needs of officials and their context, together with standardized materials, guidelines, and supervisory follow-ups.

Not only did Disdukcapil officers and heads of Puskesmas struggle to meet the demand for trained personnel, but their best staff were also repeatedly transferred away without their approval, or even consultation. Ironically, trained staff are often the ones with the highest probability of being transferred to more affluent places, thereby undercutting investments in capacity building. This problem is compounded by the common practice of assigning the least capable or most disruptive officials to remote areas as a form of punishment, as if Indonesians in remote areas have less of a need for—or right to—qualified providers.

Without an accurate, universal CRVS system, sectorial agencies expend a tremendous amount of resources to conduct data collection activities and manage reporting mechanisms that run in parallel. Often, this means that each family must take time away from work to be interviewed by several officers across multiple sessions to answer many of the same questions. Apart from inefficiency in financial and human resources, this practice also undermines the effectiveness of strategic targeting. Although there were examples of frontline workers coordinating with one another during data collection, such as TKSK with midwives and village staff, this was more the exception than the rule. Even at higher government levels, for instance during the integration of Jamkesda or JKRA with JKN, coordination between sectors was poorly planned and sloppily executed, leaving officials and community members confused, and creating overlaps in insurance coverage in some cases, and gaps in others.

Much of this has to do with sectorial territoriality over databases, fueled by a distrust regarding the validity of each other's data, or fear over the quality of one's own. Agency officials also feel the need to conduct their own data collection because their programs are based on specific indicators that might not interest other sectors. Even so, in the health sector, for example, national planning and budgeting still often rely on estimation data from BPS, as sector data are deemed to be incomplete and therefore are not considered nationally representative in many cases. As a result of incomplete datasets, most sectors cannot generate valid statistics to inform targeting, planning, monitoring, or evaluation of basic services. Unfortunately, this has the effect of excluding families from targeting lists and contributes to massive under-registration, which leads recursively back to incomplete vital statistics and more costly, inefficient active surveillance activities. Inevitably, those that are the least visible are left out of receiving services.

8. Recommendations



Increasing Access to Civil Registration

This study confirms an alarming deficiency in birth and death registration. Service providers are difficult to reach, application procedures are overly complicated, and application procedures involve crippling costs, all of which reduce the opportunity for those in the poorest households to register vital events in their lives. Increasing access to registration services by addressing these barriers, especially for the ones at risk of falling off the statistical map, remains our number one recommendation.

The GoI needs to reform the current legal and regulatory framework to remove discrimination, fees, and penalties, and to permit delegation of responsibilities for civil registration to services closest to the community, at the village and sub-district level.

- Remove late registration fees starting with waiving these fees for the poor and vulnerable. At the very minimum, proof of poverty and vulnerability can be ascertained by showing proof of benefiting from social health insurance programs (JKN/Jamkesda/JKRA, etc.), or social protection programs, including for instance Rice for Welfare (Rastra, previously Rice for the Poor or Raskin), the Family Hope Program (PKH), Family Welfare Cards (KKS), Social Protection Cards (KPS), or another program that places the individual on the Unified Database (BDT). Because many community members are unable to prove their beneficiary status due to their not owning a membership card, measures should also be taken to allow verification of beneficiary status using NIK.
- Create clear, consistent, and enforced application procedures and requirements for obtaining birth certificates across the country. Birth certificates should be processed together with applications to update family cards with the newborn. NIK should be generated through this combined birth application process.
- With the passage of Minister of Home Affairs Regulation No. 9 of 2016, efforts should be made to sensitize local authorities and community members to the removal of the marriage certificate requirement for birth certificates to include both parents' names. This should involve a campaign to raise awareness about the rights of all children to an identity that bears their proof of parentage. Further policy deliberation is needed to ensure the rights to a complete birth certificate for children born outside of religious marriages.
- Streamline civil registration verification procedures through full utilization of NIK using SIAK. Civil registration processes should minimize unnecessary paper-based work and avoid prompting for different identification documents while all information in theory has already been captured by SIAK.

Increasing Demand for Civil Registration

This study showed that without being directly tied to accessing basic services, birth and death certificates had limited value to communities, thereby lowering demand for these certificates. At the same time, policies that pressure populations to register vital events by requiring certificates to access government services risk denying people their rights, especially when these policies are insensitive to the complexities of different contexts. For example, when schools are strict about only admitting children with birth certificates, they risk violating children's right to education. However, when document requirements for services are not enforced, this defuses the incentive value of the requirement. In short, there is no straightforward solution to this problem.

The long-term consequence of making civil registration documents conditional for other services merits further investigation. Nonetheless, positive incentives that take into account the socio-economic characteristics of targeted population should be explored.

- Creating value for legal identity documents needs to be done in a consistent and thoughtful manner. This may, for example, include making birth certificates required for school registration, to apply for national ID cards or passports, and to access government health insurance, benefits, entitlements, or cash assistance programs. Currently, some schools still allow other documents, such as family cards, for school enrolment. Educators, and frontline providers more generally, believe that strictly requiring a birth certificate would bar many from accessing the services they need most. As such, most social assistance programs require a family card and national ID as opposed to a birth certificate. Another reason given for accepting family cards in lieu of birth certificates is that these programs are considered “family-based” instead of “individual-based.” Yet there are still ways to tie civil registration to the provision of basic services without excluding the vulnerable: First, identify demand for birth certificates through these services. School registration and SAP registration and verification present opportunities to identify the need for birth certificates (and other documents). School and SAPs can bridge the need for civil registration services. The survey used to update the Unified Database in 2015, which for the first time included items related to legal identity document ownership, can also be used to identify individuals in need of civil registration. Second, include civil registration services as part of the benefit package of social assistance programs. Third, work together with frontline workers, especially civil society actors, to facilitate the first and second points.
- Specifically for death registration, more investigation is needed to explore potential incentive models. For example, the literature shows that making death certificates required for burial permission may be effective in increasing death registration in urban areas (AbouZahr et al., 2014; AbouZahr et al., 2015). However, this might not be relevant to many contexts in Indonesia, especially in the case of Muslim burials, which must take place within 24 hours. Other incentive models should be examined, including the National Health Insurance (JKN) scheme, as well as pension and worker’s protection schemes under BPJS *Ketenagakerjaan*.
- Activities to raise public awareness should be built around community-based services, taking the user’s preferences into account, instead of big national campaigns, especially ones that are detached from facilitating behavioral change. At the same time, standard, simple, and appropriate educational materials should be generated at the national level to ensure that information about national policies and procedures related to CRVS are available to officials and community members across the country. Information on the importance of legal identity documents, and their respective application procedures, needs to be made accessible, not only for the targeted population, but also for the service providers and frontline workers that facilitate the processes.

Improving the Quality and Accessibility of Civil Registration Services

This study found that, while new policies have been passed to improve the quality of civil registration services across Indonesia, inconsistent, under-resourced, and fragmentary implementation still pose major challenges.

Bringing services closer to communities while continuously improving the quality of human resources as well as civil registration infrastructure and financial investment should be made part of the ongoing efforts to revitalize sub-district and village governance.

- Regular outreach through comprehensive mobile registration services should be made a priority by Disdukcapil, especially in remote areas. These services should include registration and the issuance of certificates for all vital events, and should be conducted on consistent, predictable dates and time, allowing for follow-up if needed. These regular mobile services can only be rolled out if there are clear costing mechanisms and if the necessary financial, human, and operational resources are made available.
- Establishment of UPT for civil registration at all sub-districts, as recommended by Minister of Home Affairs Regulation No. 18 of 2010, and including the authority to produce all documents related to civil registration, including family card and national IDs.
- More investigation on the efficacy of Minister of Home Affairs Regulation No. 4 of 2010 on PATEN in pilot sub-districts. This, ideally, would delegate permit-granting and administrative authorities from the district to the sub-district for birth and death registration.
- Comprehensive capacity and incentive model building, prioritizing Disdukcapil operators, and sub-district and village officers. Capacity building efforts should include dedicated training for budgeting, provision of certificates, data entry and management, and data usage. To complement trainings, personnel should be provided with standardized learning materials and supervisory follow-ups. To motivate staff, promotions and salary increases should be tied to performance in a meaningful way. More effort should be made to incentivize quality personnel to commit to working in remote locations. To this end, the hardship of working in underserved locations should be factored into incentive models, tying substantial remuneration to long-term commitments.

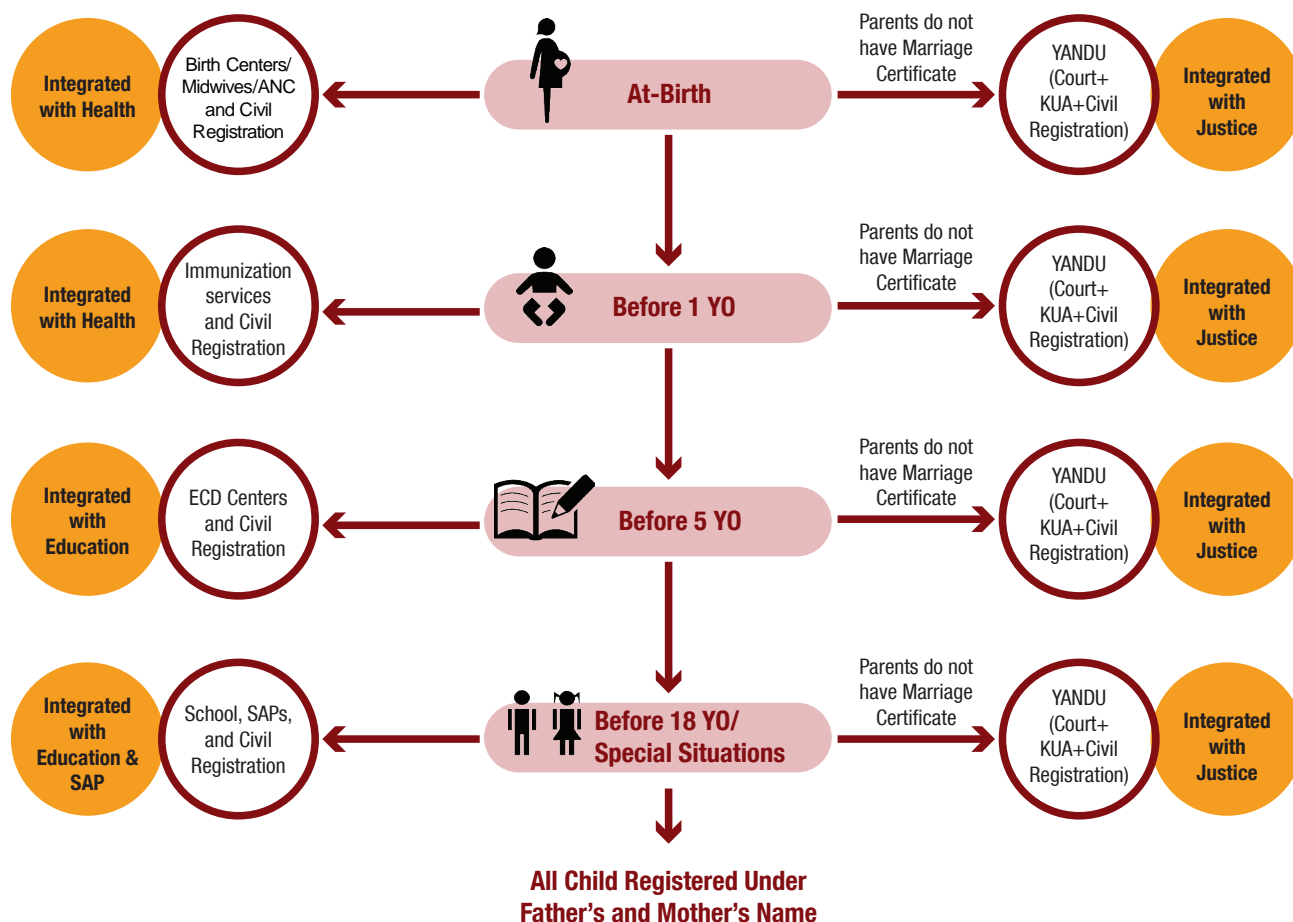
Integrating Civil Registration Processes into Basic Services

This study found a strong presence of basic services in the three research sites, namely health, education, and social protection. Despite that fact, providers of basic services, like teachers and midwives, brokered less than 5% of birth certificates in the sample. This signals unmet potential for frontline services providers to support birth registration.

Civil registration services should be integrated into existing services. In the health sector, birth assistance, ANC, immunization, and family planning services offered the most potential of reaching a wide population. In education, a broader population can be reached by working together with preschools (PAUD/TK) and primary schools. SAPs and social health insurance provider further opportunities.

- Integrated and mobile services (IMS) should primarily target health and education front points of services, especially: birth centres, immunization centres, antenatal care, family planning services, early childhood development centres, and primary schools (Figure 12). Providers of these frontline services should also see a clear benefit to cooperating with IMS, and in any case, IMS should not be seen as a burden to primary service provision.
- More generally, the connections between civil registration and the main deliverables of frontline service providers should be emphasized to a greater extent so that frontline staff have a stake in ensuring their clients are registered. When they identify community members without NIK who are therefore ineligible for social protections, providers should systematically refer them to registration authorities and offer information and support.
- More attention should be focused on the needs of migratory populations, who may have trouble being counted in national estimates, or accessing basic services, owing to the complicated processes needed to maintain updated documentation and insurance status. This merits dedicated research.
- Until Minister of Home Affairs Regulation No. 9 of 2016 is fully implemented and local authorities no longer require marriage certificates to include a father's names on children's birth certificates, cases where parents do not have a legal marriage should be referred to the "Yandu" model, where people can access one-stop services from a circuit court for legalization of marriage and from KUA or Disdukcapil for marriage registration and certification (Ministry of National Development Planning/BAPPENAS, AIPJ, PEKKA, and PUSKAPA, 2015).
- At every stage of this intervention, cases in which parents are missing any type of identity document should be referred to the appropriate service provider.
- More investment is needed to attract quality frontline staff to remote areas, including midwives, educators, social workers, and facilitators of SAPs. Models that support young students to become providers within their own communities should be tested, evaluated, and scaled up to ensure commitment of skilled providers in the long term. Heads of Puskesmas and Disdukcapil should be consulted before any transfer of staff is approved.

Figure 12. Model of CRVS integration with basic services



Supporting Systems-based Innovations

CRVS in Indonesia, including birth and death registration, is mostly built on manual recording systems. This study that found technological solutions were still instituted in an ad hoc manner, unstandardized, implemented by weak infrastructure and unprepared human resources, and therefore CRVS was still dominated by paper-based mechanisms.

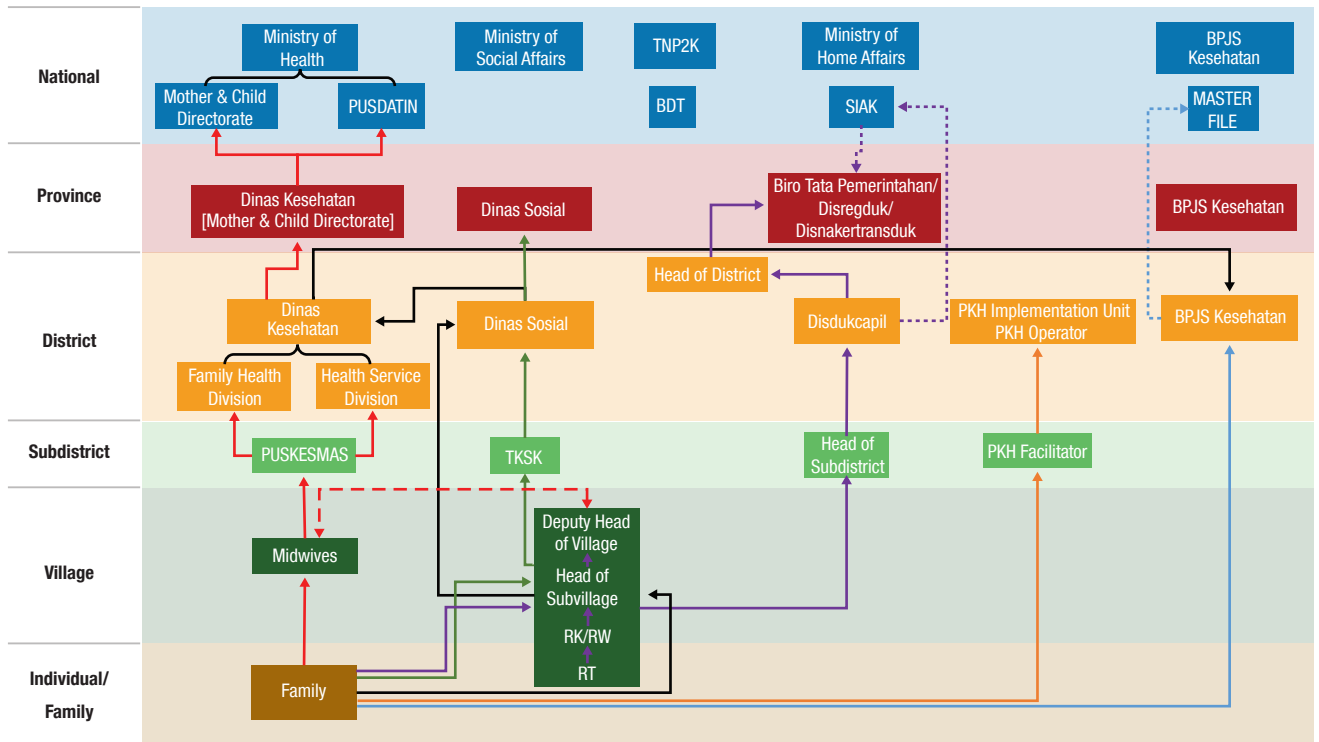
When taken together, innovations based on information and communications technology (ICT) should link subsystems of CRVS, such as civil registration, population statistics, health, and other development sectors. Innovations should enable data sharing across platforms. Strong cooperation among ministries tasked with registration, information management, health, education, and other social services, is critical to ensuring the expansion of CRVS coverage. Parallel registration systems and databases should be integrated as much as possible to reduce the duplication of efforts and resources, and to ensure that all types of identity are valuable to individuals as well as government planners.

- NIK as a unique identifier for accessing services should be streamlined and used as the key to promoting the interoperability of information management systems relevant to basic services as a way to generate more accurate and complete vital statistics.
- Immediately resolve confusion over the standard official reference of data for programming, such as whether to use SIAK or BPS data as the principal point of reference. Version issues for population administration information management platforms such as SIAK and SIMKAH should also be resolved, and future version upgrades should be rolled out with appropriate support to implementing offices.
- The regulations, policies, and procedures for sharing data between sectors should be as clear as possible, and district office employees and frontline staff that work with data should be trained to follow these appropriately. To the extent possible, these regulations, policies, and procedures should enable data sharing at every level.
- The principle of evidence-based planning and evaluation needs to be reinforced at every administrative level, and officers with the mandate to plan policies and programs should be trained to recognize quality data, and to utilize it effectively. This is critical to improving governance accountability.
- Effective surveillance of vital events depends on the buy-in of communities and their leaders. If conducted properly, Musrenbang and the implementation of the Village Fund can be opportunities for village officials to take ownership of registration and data collection and for community members to propose improvements to services. As such, more effort is needed to promote Musrenbang in villages and to make it more inclusive.
- An example from Bangladesh showed that integrating CRVS with election bodies that oversee voter registration systems bolstered interoperability, data-validation, and de-duplication of their National Population Register (WHO, 2014). Initiating dialogues with the Election Body (KPU) would be a worthy investment.
- Finalize data entry process of all paper-based registration into one single version of SIAK by investing more in human resources development. Priority should be given to digitizing the backlog of registry data since 1997 so that all children under 18 may be available.
- The CRVS data architecture has to be a part of, or even a foundation of, the ICT plan. It has to include infrastructure that enables electronic flows of information to and from the CRVS system and relevant agencies, for example, linking health records with civil registries.
- Population data on vital statistics should be readily accessible to relevant government bodies—with appropriate measures to secure confidential data—and aggregate statistics should be communicated with the public in an accessible manner to improve accountability. In principle, providing access to data and information while maintaining trust and security of sensitive data is another powerful incentive for feeding into and maintaining a high quality CRVS system.

Appendices

Birth and Death Reporting Flow Charts

Appendix 1. Birth data reporting across sectors

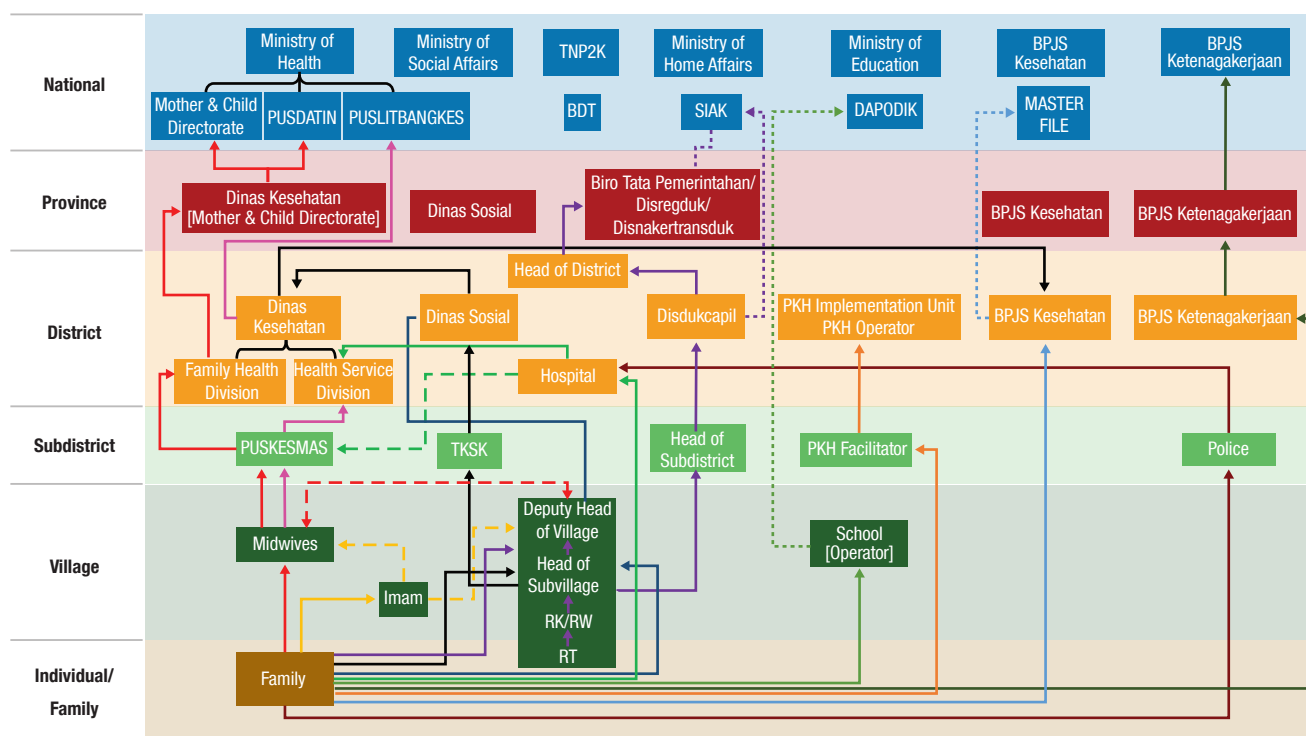


DESCRIPTION

- Aggregate birth reporting in health sector [dash line indicates that sometimes midwives relay information to village]
- Individual births data of newborn member of recipient families of SAP from Central Government [Central Java Only]
- Individual birth reporting to update SIAK database [through updating birth certificate]
- Monthly aggregate data on birth and individual birth reporting from village.
- Individual birth reporting of PKH beneficiaries
- Individual births reporting of newborn member of recipient families of PBI-JKN [Pangkep via Dinas Sosial]
- Individual birth reporting of members of BPJS Kesehatan [without subsidy] in MASTER FILE database

Appendices

Appendix 2. Death data reporting across sectors

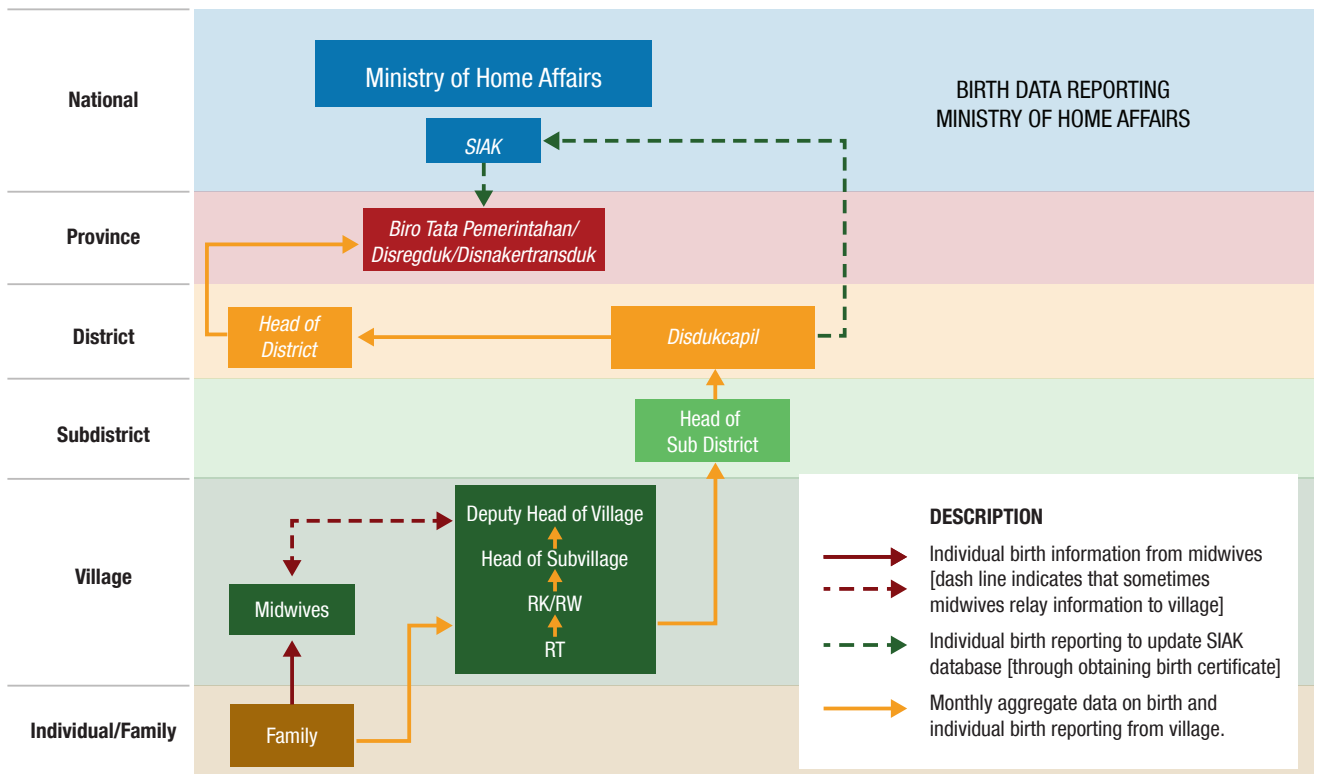


DESCRIPTION

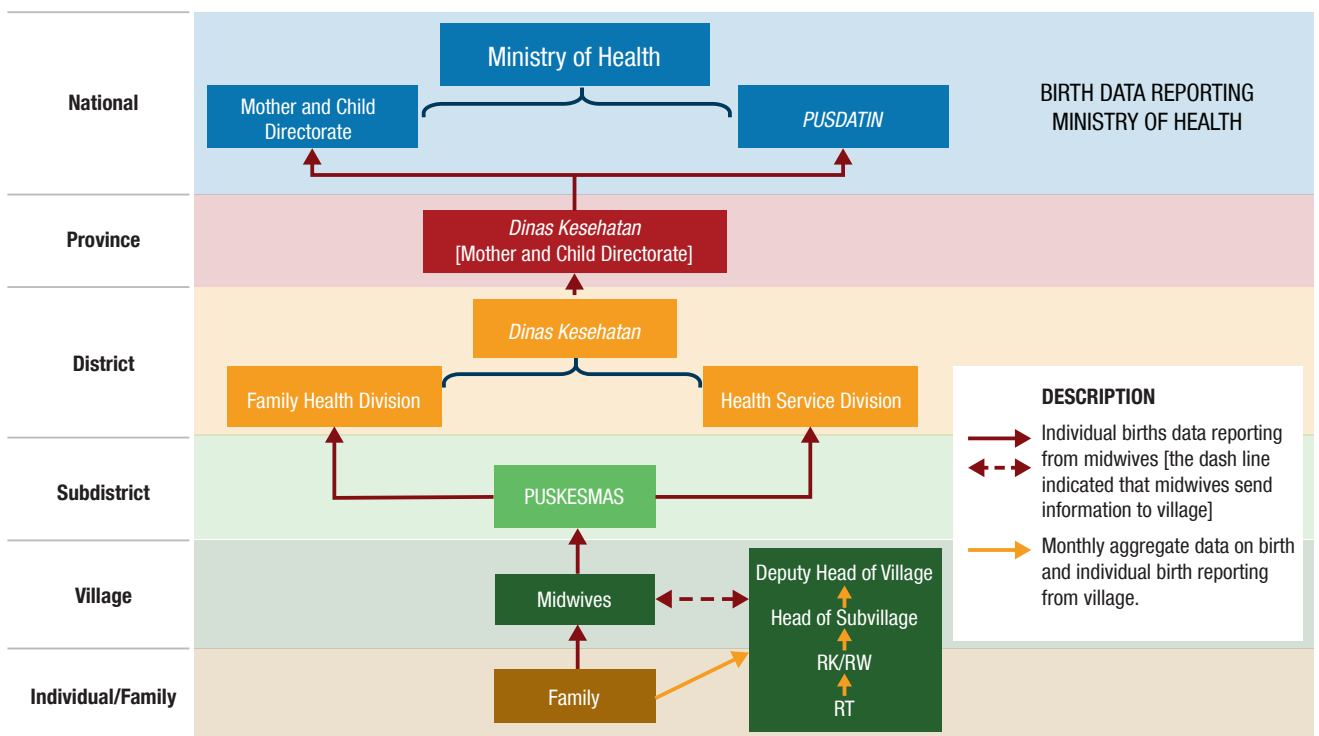
- Aggregate death reporting in health sector
- - - → [dash line indicates that sometimes midwives relay information to village]
- Death reporting under Sample Registration System
- Aggregate death from hospitals [dash line indicates that sometimes hospitals relay information to Puskesmas]
- - - →
- Individual death reporting to access grief compensation from local government
- Individual death reporting to update BPJS Kesehatan financed through local budget [Pangkep]
- Individual death information from imam
- - - → [dash line indicates that sometimes imam relay information to village or midwives]
- - - → Individual death reporting to update SIAK database [through updating family cards]
- Monthly aggregate data on death and individual death reporting from village.
- Individual death of students through periodic update of DAPODIK database
- - - →
- Individual death reporting of PKH beneficiaries
- Individual death reporting of members of BPJS Kesehatan [without subsidy] in Master File database
- - - →
- Individual reporting of cases of unnatural death from police
- Individual death reporting of members of BPJS Ketenagakerjaan

Appendices

Appendix 3. Birth reporting through MOHA

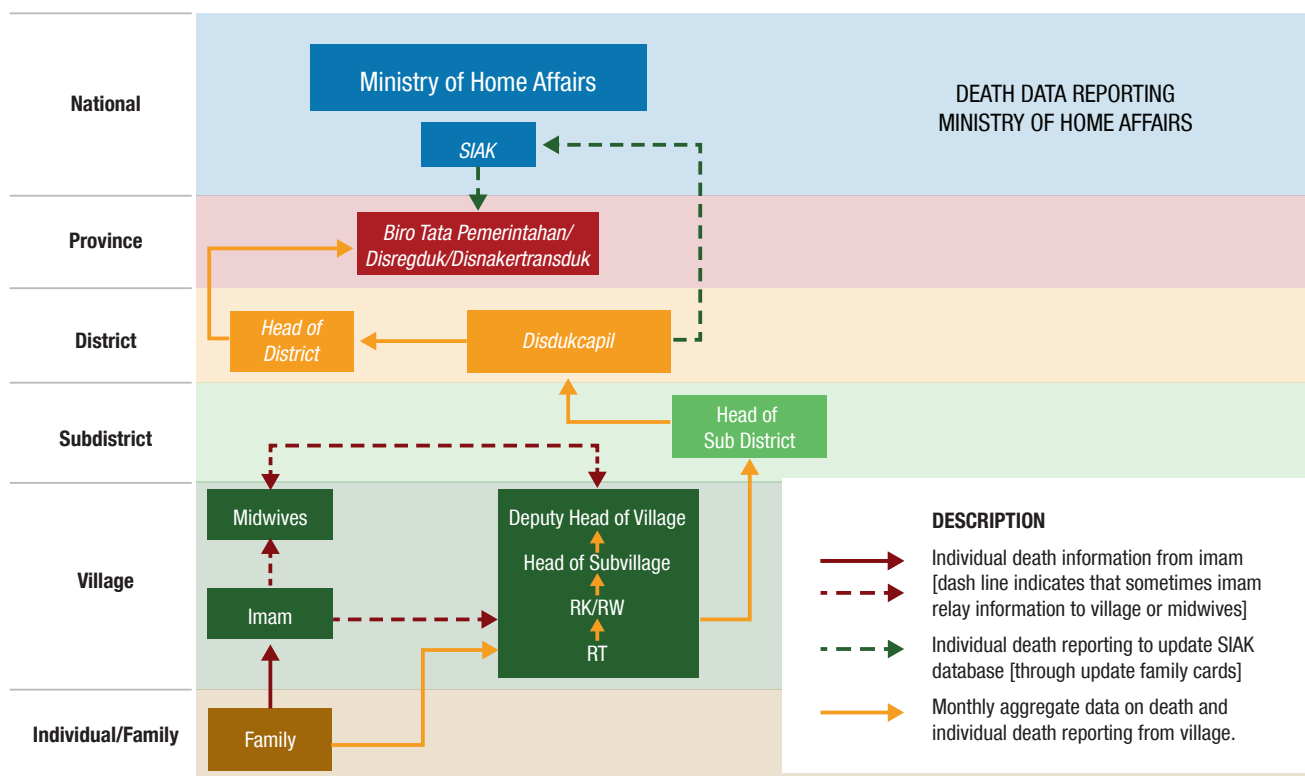


Appendix 4. Birth reporting through the MOH

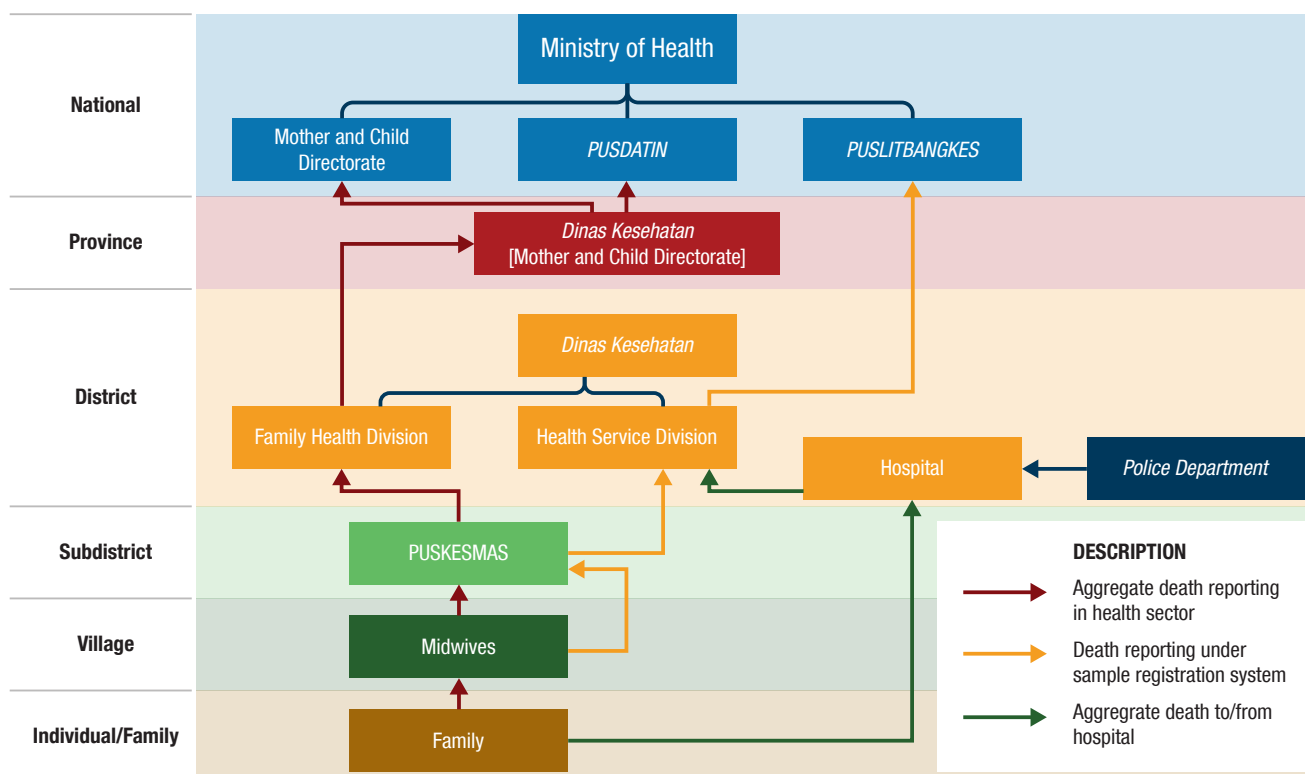


Appendices

Appendix 5. Death reporting through MOHA



Appendix 6. Death reporting through the MOH



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Civil registration is integral to the Indonesian government's current poverty-reduction strategy, both for its ability to confer legal identity to citizens and as the principal source of the country's vital statistics. Unfortunately, ownership of key civil registration documents, such as birth certificates and death certificates, remains exceptionally low, and government ministries and local governments are often unable to access timely, reliable, and comprehensive vital statistics. This study sought to provide the Government of Indonesia with an evidence base of the bottlenecks, gaps, strengths, and opportunities in the existing civil registration and vital statistics systems, and to assess relevant contextual variations within the country to inform planning and implementation of an enduring solution. A multistage cluster sample survey was conducted in three sub-districts across three provinces, covering 1,222 households and 5,552 individuals. An additional 185 semi-structured interviews and 12 focus group discussions were completed with informants from government and civil society. Across study sites, one in three children had no legal documentation of their birth, two in five marriages were considered illegitimate by the state, almost one in five adults could not readily produce an ID or family card with their name on it, and less than 3 percent of households experiencing a death in the past five years had applied for a death certificate. Officials and service providers rarely required community members to provide birth or death certificates, and these documents were considered to have little value. Policy, legal, and technological interventions to improve access to registration services were not implemented systematically, and providers of basic services who were well placed to provide assistance with vital events registration were not supported to do so. The report provides a number of policy and program recommendations for improving access to, and demand for, civil registration documents, while also strengthening vital statistics systems.

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