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Out of Sight, Out of Reach: Breaking the Cycle of Invisibility

CRVS and Social Protection Program

Legal Identity, CRVS, and Basic Services Policy Brief Series

Civil registration and the provision of legal identity are fundamental services that all humans have the right to expect from their governments. Functional civil registration and vital statistics (CRVS) systems also generate population data on fertility, mortality, and cause of death, which are indispensable to good governance and policy-making across sectors. This brief draws on the findings of a study conducted by the Ministry of National Development Planning/BAPPENAS in collaboration with PUSKAPA

and *Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan* (KOMPAK) between late 2015 and early 2016 to explore the ways in which Social Protection Programs, which includes Social Assistance Programs (SAPs) as well as social health insurance, are implicated in the government's various commitments to improve Indonesia's CRVS.[i] It also recommends ways in which SAPs can contribute to an enduring solution.

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[i] This brief 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 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 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.

CRVS in Indonesia

Indonesia currently has no single, consolidated mechanism for collating birth and death statistics across sectors, and mortality estimates are projected from the decennial census. The authority for registering births and deaths lies solely within the Ministry of Home Affairs, but several government bodies are positioned to contribute to registration activities, and many collect, analyze, and use data related to vital events.

Only 56 percent of Indonesian children (under 18 years old) have a birth certificate,[1] and Indonesia is among the countries with the largest number of unregistered children under five.[2] Death registration is almost non-existent, and data on the causes of death are completely unavailable in many parts of the country.[3,4] Without comprehensive, timely, and accurate vital statistics, ministries have reported being unable to accurately plan, target, or monitor their services.[5,6]

Although one or two government bodies are typically responsible for managing a country's CRVS, a weak system can have a domino effect across sectors. Following the adoption of the Sustainable Develop Goals (SDGs), for example, the World Bank argued that legal identity coverage for all will "fundamentally support the achievement of at least 10 other SDGs," including strengthening social protections, improving access of the poor to economic resources, ending preventable deaths of newborns, empowering women, and protecting children.[7]

Recognizing these linkages, the Government of Indonesia (GoI) has set out to strengthen mechanisms related to CRVS. This figures directly in President Widodo's Medium Term Development Plan, which sets out to improve access to quality basic services, including health, education, social protection, infrastructure, and civil registration as a means of reducing poverty across the country.[8] As part of this plan, the GoI seeks to extend the coverage of SAPs and the universal health coverage program JKN (*Jaminan Kesehatan Nasional*). By 2019, the GoI plans to increase beneficiaries of conditional cash transfers through the Family Hope Program (PKH) from 2.8 million families in 2014 to eight million, the beneficiaries of national health insurance subsidies (KIS/PBI-JKN) from 86.4 million individuals to 107.2 million, and the recipients of national scholarships for low-income students (KIP/BSM) from 11.9 million school-aged children to 21.6 million. In addition to these targets, the GoI aims to expand birth certificate ownership to 85 percent of children in the general population and 77.4 percent of the poorest 40 percent of the population by 2019.

To inform poverty alleviation efforts, the government's National Team for the Acceleration of Poverty Reduction (TNP2K)[ii] maintains a registry of the country's poorest 40 percent (Unified Data Base or UDB) that consists of information at the individual and household level. A wide array of SAPs, from both national and local government, use the UDB as their main reference for potential beneficiaries. Although the latest UDB is still based on the Data Collection on Social Protection Program (PPLS) of 2011, the government has just finalized a nation-wide survey (PBDT 2015) to update the UDB in late 2015.

The delivery of SAPs in Indonesia has been marred by inclusion and exclusion errors for program beneficiaries.[9] Although there are many factors that contribute to inclusion and exclusion errors, the lack of a continuous procedure to update the UDB is one of the main underlying causes.[9] To overcome this, the GoI is implementing several pilot programs to develop and test an appropriate updating system for the UDB at the district level. The basic principle of the model is to capture feedback from communities and changes in beneficiary information that may affect their eligibility status. Through this model, when an individual's eligibility status is modified, their case is referred to the national and district levels, creating a more continuous source of data for SAP targeting.

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ii The management of UDB has recently been moved to the Ministry of Social Affairs.

In an attempt to synchronize the existing UDB with the Population Administration and Information System (SIAK), TNP2K has used Indonesia's Single Identity Number (NIK) to link individual entries between databases. In theory, individuals are provided a NIK at birth or when they are added to SIAK during civil registration. This NIK is then included in every new birth certificate, family card, and national ID issued by the Ministry of Home Affairs. By cross-referencing UDB entries against SIAK using NIK, TNP2K found that around 15 percent of beneficiaries in UDB still did not have a NIK, indicating a continuing need for basic registration among this vulnerable population.[iii] Although the previous UDB did not include data on identity document ownership, the 2015 update includes entries for ID card, family card, birth, and marriage certificate.

Key Lessons from Other Low- and Middle-Income Countries

From a review of over 500 published reports and studies about CRVS in low- and middle-income countries, we found a range of approaches employed by developing countries in building linkages between CRVS systems and SAPs. A common theme has been to use national IDs or other kinds of legal identity documents as prerequisites to accessing programs, such as has been done, for example, in Vietnam, the Philippines, Bolivia, and Ecuador.[10,11,12] This is especially pronounced for countries with means-tested SAPs, and in which access to benefits is rigidly tied to citizenship and residential status. Consequently, in settings where civil registration is not universally accessible, the requirement of a legal identity document may systematically exclude the most marginalized populations, which are by definition the most in need of SAPs.

Nevertheless, in countries where SAPs are not coordinated with one another, efforts to streamline the segmented programs depend on a single means of individual identification to integrate their databases of beneficiaries.[13] Likewise, some countries have used civil registration as an opportunity to identify populations entitled to receive SAP benefits. In Uganda, for instance, individuals who are identified as being eligible for the Social Assistance Grants for Empowerment program during birth registration are automatically added to the beneficiary list.[14] Furthermore, when deaths are registered, the deceased individuals are automatically removed from the beneficiary list. This model is not without its issues, however, as it depends on a reliable civil registration system with high coverage and timely updating. Measures to use civil registration as the basis for a single beneficiary database also require a considerable degree of standardization across different contexts within one country. This has been a challenge for countries like Brazil, where the federalist system has each state being responsible for its own civil registration.[15]

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iii Interview with TNP2K, 16 March 2016 at TNP2K's main office, Jakarta.

In order to avoid creating structural barriers for people without legal identity who are otherwise eligible social assistance, countries are experimenting with incorporating birth certificate services into the delivery of national SAPs. For example, birth registration has been integrated into cash transfer programs in countries as different as Panama, Madagascar, Mozambique, and Peru.[16] A similar approach has been suggested in the context of Indonesia, where SAPs have a wider and more extensive reach than civil registration, though this would demand stronger coordination among different sectors of government.[17]
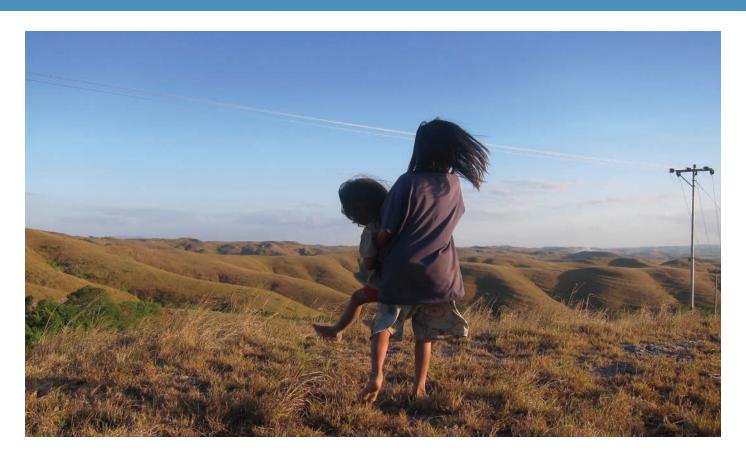
Key Findings from the 2016 Formative Study

This study found that civil registration in the three selected sites was far from universal or compulsory. One in three children had no legal documentation of their birth, and 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.

Communities enjoyed considerable access to SAPs, with 95 percent of households having benefited from at least one SAP sometime within the two years prior to data collection. Children of respondents who received no social assistance from the government had two times the odds 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.[18]

About two-thirds of respondents reported having health insurance at the time of the study, and of those, 93 percent received subsidized health insurance through the national or local government, or both. Respondents, 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. 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 local health insurance schemes into JKN, providers reported that community members were often unaware about what kinds of services they were entitled to.

Currently, only subsidized health insurance (i.e., PBI-JKN, JKRA in Aceh, and Jamkesda in South Sulawesi) requires NIK, which is generated by SIAK and shown in one's ID card, family card, and birth certificate. As part of the expansion of PBI-JKN to vulnerable population, the Office of Social Affairs in Central Java has been helping People with Social Welfare Issues (PMKS), such as homeless people, to get NIK by referring them to legal identity services. However, the district government also identified a group of PMKS without NIK who lack basic prerequisites to apply for any legal identity documents. These people are potentially further excluded by the system from health services they urgently need.

There are reports about inclusion and exclusion errors from the staff on the ground who are tasked with verifying eligible recipients and delivering services. Furthermore, there is no single, clear reporting channel and routine updating mechanism for SAPs, as different programs manage their own reporting and updating procedures separately. Newborn babies of PBI-JKN recipients, for example, are not automatically added as new beneficiaries. Newborns must be added to a waiting list, and parents are required to pay the insurance premium while the newborn waits to be approved for a subsidy. Theoretically, the list of eligible PBI-JKN recipients is updated once every semester, but none of the study areas updated

their beneficiary lists this regularly at the time of data collection. On the supply side, the absence of a clear updating mechanism for JKN's membership may undermine the financing system for primary health care. Under the current capitation-based financing system, the budget for primary health care facilities such as Puskesmas is issued prospectively, based on the number of JKN members registered with that facility, rather than retrospectively, based on diagnoses or services rendered. Without being able to update births and deaths in JKN's membership database in a sufficiently timely manner, the government risks underestimating or overestimating its budgetary allocations.

Death reporting is even less common and consistent than birth reporting. Families and individuals who receive different types of SAPs must report a death to each program through separate mechanisms. Due to the lack of updating mechanisms for beneficiary lists, or means of sharing data across programs, every time a new SAP is introduced, or an old one expanded, the program has to spend resources to update information on beneficiaries directly with the communities. This wastes resources in that multiple programs collect data on the same beneficiaries, often with overlapping indicators. It also makes it difficult for the Ministry of Social Affairs to ensure that all those who are entitled to receive benefits are reached effectively.

Recommendations

Civil registration services should be included as a core component of social assistance, especially within those programs with direct and intense interaction with beneficiaries, such as PKH, KIS, and KIP.

- The current pilot programs to improve UDB- and local SAP-targeting at several districts should start trialling the delivery of legal identity as part of social service benefits for the poor and to capture eligible non-beneficiaries whose access to SAPs (especially JKN) are hampered by the lack of a NIK and other legal identities.

- Campaigns to increase understanding of the right to legal identity should include information on how civil registration may directly and indirectly facilitate the rights to social welfare and assistance. Likewise, social protection program campaigns should disseminate standardized information materials detailing official registration processes, and providing tips for preparing registration applications and contact information for registration officers and other government or community resources.

- More generally, the connections between civil registration and the main deliverables of administrators and facilitators of SAPs should be emphasized to a greater extent so that SAP staff have a stake in ensuring their clients' vital events are registered. To this end, the Ministry of Social Affairs should develop guidelines for civil registration and increase the capacity of the operators and facilitators of various SAPs to deliver information on civil registration to beneficiaries, to capture vital-events data (including death), to identify beneficiaries without proper legal identity, and to refer this information to civil registration service providers. This information should be followed up with civil registration outreach.

- To mitigate the risk of exclusion, as part of the updating mechanism, operators and facilitators of SAPs should be able to identify non-beneficiaries without a NIK (and legal identities) who are otherwise eligible for SAPs and to refer this information to civil registration providers.

Since the new UDB will include information on legal identity ownership for the poorest 40 percent of the population, this should be used to identify and serve individuals without proper identification.

- As a start, the national government should analyze the distribution of the unregistered population living in poverty based on useful indicators for service provision, such as income quintile, geographic area, age, and gender. Based on this analysis, the relevant sectors of the central and local government should partner to deliver appropriate civil registration services and policy changes. For instance, in places with a high number of religiously married couples without marriage certificates, programs should start with integrated services involving the religious court, the Office of Religious Affairs, and Disdukcapil.

- Once these identified individuals are provided with proper civil identification, this information should be synchronized with the UDB and program-specific membership registries. Those who had been unable to access certain social protections because they lacked proper identification should be automatically added to the eligibility list.

As part of the objective to create an updating mechanism for SAP beneficiaries, the government should invest in developing interoperability between the different SAP beneficiary registries, UDB, SIAK, and other related information systems.

- All service databases should use NIK as the basis for interoperability, as this unique number provides a simple and efficient opportunity to minimize duplication of individual entries. It is encouraging that the UDB has already integrated NIK, and continued efforts should be made to develop lasting interconnectivity between the newly updated UDB and SIAK. This is expected to contribute to significant improvements in SAP targeting, while also enabling the synchronization of data on birth, death, and migration captured by UDB, local SAP registries, and SIAK.

- SIAK should be integrated with registries maintained by individual government programs, such as BPJS *Kesehatan*'s Master File database of health insurance memberships. Interconnectivity between SIAK, UDB, and the Master File could assist BPJS *Kesehatan* to register new PBI-JKN members, to remove ineligible members due to death, and to adjust beneficiary projections due to in- and out-migration. It would also enable BPJS *Kesehatan* to accurately calculate its budget for primary care facilities.

- Since many SAPs are managed and financed by local governments, registries for these local SAPs should also be connected to SIAK.

- These integration initiatives will require strong ministerial leadership from the various sectors involved. This will involve actively promoting the benefits of data sharing and interoperability across administrative levels, including decision makers, data managers, and service providers.

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Research Sites:
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 based on buy-in from local leaders, low scores on the Ministry of National Development Planning/BAPPENAS's composite poverty index, and geographic variation (Kecamatan Arongan Lambalek in Kabupaten Aceh Barat, Kecamatan Petungkriyono in Kabupaten Pekalongan, and Kecamatan Liukang Tupabbiring Utara in Kabupaten Pangkajene dan Kepulauan). At sub-districts level, villages and households were systematically randomized.

Methodology:
Three-part systematic desk review, key informant interviews, focus group discussions, a cross-sectional, multi-stage cluster survey at the sub-district level, and national consultations to validate findings.

Sample Size:
Data of 5,552 household members, in which 2,361 were children, were collected from a sample of 1,222 respondents.

This series of policy briefs "Out of Sight, Out of Reach - Breaking the Cycle of Invisibility" is part of a study to institutionalize civil registration and vital statistics in basic services. The main report from this study can be accessed from the KOMPAK and PUSKAPA websites.