



BAPPENAS
Kementerian Perencanaan Pembangunan Nasional/
Badan Perencanaan Pembangunan Nasional



KEMENTERIAN
PEMBERDAYAAN PEREMPUAN DAN PERLINDUNGAN ANAK
REPUBLIK INDONESIA

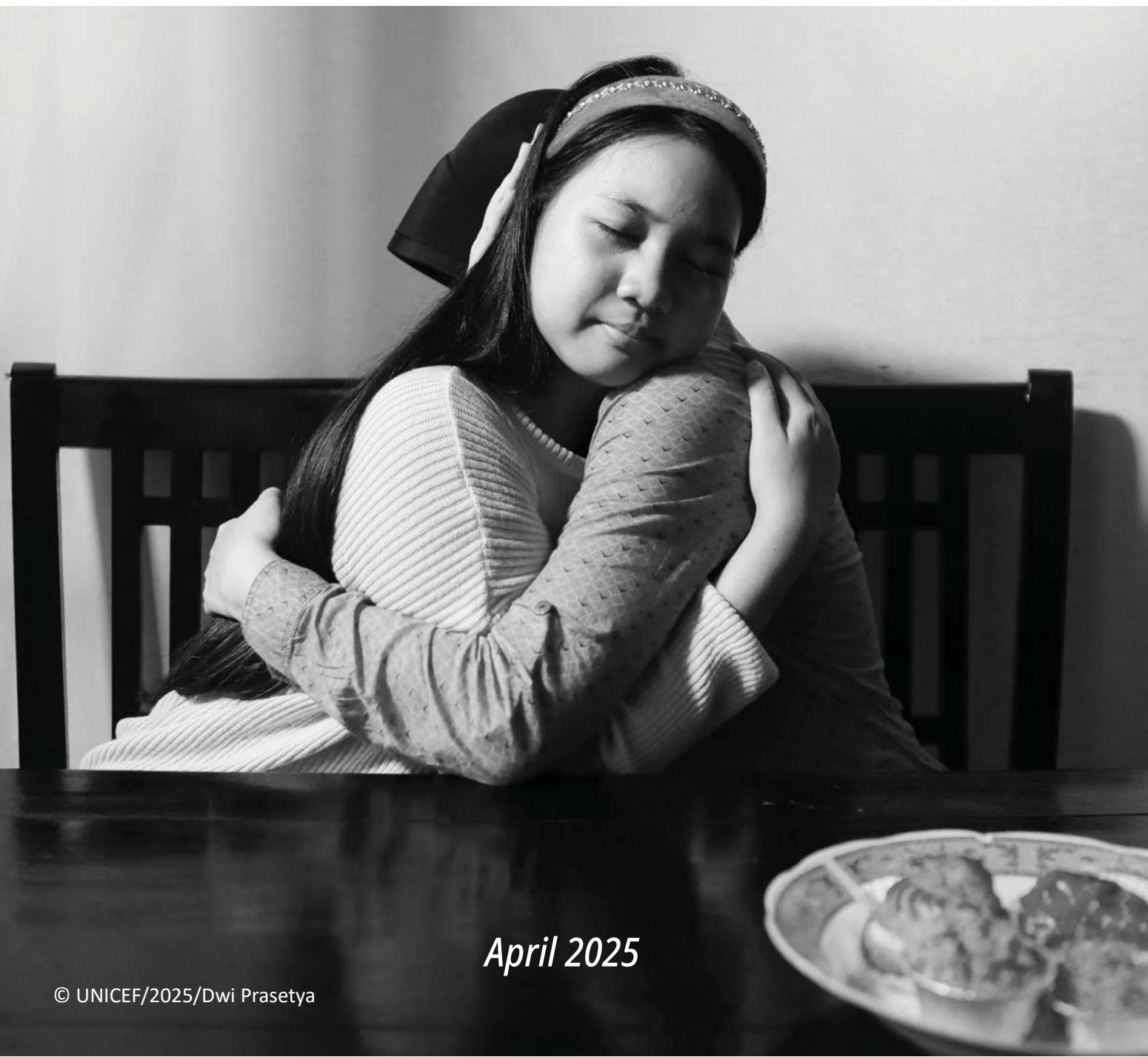
unicef
for every child

Formative Evaluation of Integrated Protection Services for Children and Women in Indonesia 2021-2023



April 2025

Formative Evaluation of Integrated Protection Services for Children and Women in Indonesia 2021-2023



April 2025

Cover photo

© UNICEF/2025

Formative Evaluation of Integrated Protection Services for Children and Women in Indonesia 2021-2023 Final Report

Office of the Representative
United Nations Children's Fund, Indonesia

April 2025

The purpose of publishing this evaluation report is to fulfil a commitment to transparency through the publication of the evaluation. The report is designed to stimulate a free exchange of ideas among those interested in the topic and to assure those supporting the work of the government and UNICEF, as the evaluation rigorously examines its strategies, results, and overall effectiveness.

The contents of the report do not necessarily reflect the policies or views of the collaborating agencies. The text has not been edited to official publication standards, and the agencies accept no responsibility for errors.

The designations in this publication do not imply an opinion on the legal status of any authorities.

The copyright for this report is held by the Ministry of Development Planning [BAPPENAS], the Ministry of Women's Empowerment and Child Protection, and the United Nations Children's Fund. Permission is required to reprint/reproduce/photocopy or in any other way to cite or quote from this report in written form. For non-commercial uses, permission will normally be granted free of charge. Please write to any of the offices at the address below to initiate a permission request.

Office of the Representative
United Nations Children's Fund
(UNICEF)
Indonesia
Email: jakarta@unicef.org

Ministry of National Development
Planning of the Republic of
Indonesia
Jalan Taman Suropati No.2
Jakarta 10310

Ministry of Women's
Empowerment and Child
Protection of the Republic of
Indonesia
Jl. Medan Merdeka Barat No. 15,
Jakarta 10110

This report is available for download at: <https://www.unicef.org/indonesia/resources>

Please cite the work as follows: © United Nations Children's Fund (UNICEF), the Ministry of National Development Planning [BAPPENAS], the Ministry of Women's Empowerment and Child Protection. 2025. *"Formative Evaluation of Integrated Protection Services for Children and Women in Indonesia 2021-2023 Final Report"*. UNICEF Representative Office, Indonesia.

Table of Content

List of Annexes Contained in Volume 2	6
List of Figure	6
Acknowledgements	7
Acronyms	8
1. Executive Summary	11
1.1. Evaluation purpose and intended use	11
1.2. Evaluation methodology	11
1.3. Summary of main evaluation findings	11
1.4. Lessons learned	15
1.5. Main recommendations	15
2. Introduction	17
3. Context of the Evaluation	19
3.1 Governance	19
3.2 Economic and Poverty	19
3.3 Child Protection context	20
3.4 Child protection system	21
4. Object of the Evaluation	25
4.1 UPTD PPA within UNICEF's Child Protection Programme	25
4.2 Programme Beneficiaries and Stakeholders	27
4.3 Theory of Change	28
4.4 Strategies and interventions	28
5. Purpose, Objectives and Scope of the Evaluation	31
5.1 Purpose and Objectives	31
5.2 Intended users of the evaluation	31
5.3 Scope of the evaluation	31
6. Evaluation Criteria and Questions	33
6.1 Evaluation criteria	33
6.2 Evaluation questions	33
6.3 Evaluation matrix	35
7. Methodology	37
7.1 Overall methodological approaches	37
7.2 Data sources, collection methods and sampling	38
7.3 Data Analysis	41
7.4 Limitations and constraints	42
7.5 Ethical considerations	43

8. Evaluation findings	45
8.1 Relevance	45
8.2 Coherence	53
8.3 Effectiveness	59
8.4 Efficiency	85
8.5 Sustainability	92
9. Final Conclusions	95
10. Lessons Learned	96
11. Recommendations	97
1. Strengthening law and policy framework	97
2. Human resource capacity development	98
3. Strengthening service delivery and coordination	98
4. Strengthening information management and monitoring systems	99
5. Financing	99
6. Improving access	100
12. Annexes	103

List of Annexes Contained in Volume 2

- Annex A: Terms of Reference
- Annex B: Ethical Protocol
- Annex C: Data Collection Tools
- Annex D: Evaluation Matrix
- Annex E: Intervention Mapping
- Annex F: Participant List
- Annex G: Preliminary Summary of Findings Tables
- Annex H: Evaluation Site Contextual Profiles
- Annex I: Bibliography
- Annex J: Context of Evaluation
- Annex K: Theory of Change

List of Figures

Figure 1: Laws and regulations relating to the implementation of UPTD PPA.....	22
Figure 2: UNICEF Child Protection Programme outcome and outputs	26
Figure 3: UNICEF Child Protection Programme 2021-2025, Output 5.4, Key performance indicators....	27
Figure 4: Evaluation questions	33
Figure 5: Data collection sites.....	41
Figure 6: Table of limitations and mitigating strategies	42
Figure 7: Number of recorded cases into UPTD PPAs (national), 2016-2023	50
Figure 8: Number of recorded cases into UPTD PPAs by type of case (national), 2023.....	51
Figure 9: UPTD PPA coverage at the city/district level in UNICEF programming provinces, March 2024	61

Acknowledgements

This report was prepared by Kirsten Anderson, Dr. Amelia Smith, and Rebecca Sykes, under the supervision of Professor Dame Carolyn Hamilton of Coram International. Data collection was supported by Didi Ahmani and Anna Sakreti.

We would like to thank the Evaluation Reference Group members for sharing their time and insights and providing invaluable support. The group consisted of Assistant Deputy for Fulfilment of Child Rights and Protection, Coordinating Ministry for Human Development and Culture; Assistant Deputy for Prevention of Violence against Children and Assistant Deputy for Services for Women Victims of Violence, Ministry of women's Empowerment and Child Protection; Director of Synchronization of Regional Government Affairs IV, Ministry of Home Affairs; Director of Human Rights and Humanity, Ministry of Foreign Affairs; Head of the Center for Public Policy Research, National Research and Innovation Agency; Coordinator for Child Protection, KPAPO Directorate, Ministry of National Development Planning; Coordinator for Gender Mainstreaming and Women's Empowerment; Directorate KPAPO, Ministry of National Development Planning; and Director, Center for Child Protection and Wellbeing (PUSKAPA), University of Indonesia.

We would like to thank James Kimani, Astrid Gonzaga Dionisio, Asep Zulhijar, Milen Kidane, Naning Pudji Julianingsih, and Amelia Tristiana from UNICEF Indonesia for their substantial support throughout the evaluation process and Mohammed Shafiqul Islam for final quality checks.

Special thanks also go to the Director for Family, Women, Children, Youth and Sports, Ministry of National Development Planning (BAPPENAS); the Coordinator for Child Protection, Directorate for Family, Women, Children, Youth and Sports, Ministry of National Development Planning (BAPPENAS); and the Assistant Deputy for Prevention of Violence against Children, Ministry of Women's Empowerment and Child Protection.

We are grateful to the UPTD PPA staff in East Java and South Sulawesi and to the DP3AK (Province and district/cities) in East Java and South Sulawesi for their support in data collection and valuable time and insights for this evaluation. We would like to express our gratitude to all of the stakeholders, service providers, parents, and children for their participation in the data collection and for sharing their experiences and invaluable insights.

Acronyms

BAPPEDA	Provincial/District/City Development Planning Agency
BAPPENAS	Ministry of National Development Planning
CICL	Children in Conflict with the Law
CP	Child Protection
CSO	Civil Society Organisation
DAK	Special Allocation Funds
DP3A	Provincial/District/City Women's Empowerment and Child Protection Agency
FBO	Faith Based Organisation
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GoI	Government of Indonesia
INGO	International Non-Governmental Organization
KII	Key Informant Interview
KPAD	Village Child Protection Committees
KPAI	Indonesian Child Protection Commission
LBH APIK	Indonesian Women's Association for Justice
LPA	Child Protection Institution
LPSK	Witness and Protection Agency
MoLHR	Ministry of Law and Human Rights
MoSA	Ministry of Social Affairs
MoV	Ministry of Villages
MoWECP	Ministry of Women's Empowerment and Child Protection
NGO	Non-Governmental Organization
OCSEA	Online Child Sexual Exploitation and Abuse
P2TP2A	Sub-national Integrated Service Centers for Women's Empowerment and Child Protection
PATBM	Integrated Community-Based Child Protection
PKSAI	Integrated Child Social Welfare Programme
PUSPAGA	Family Learning Centre
RPJMN	National Medium-Term Development Plan
SNPHAR	National Survey of Children and Adolescents' Life Experience

SUSENAS	National Socio-Economic Survey
TPKS	Sexual Violence Crime
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPTD PPA	Integrated Service Unit for Women and Child Protection
VAC	Violence against Children
VAW	Violence Against Women



PUSPAGA

Pusat Pembelajaran Keluarga (PUSPAGA)

Menyediakan layanan satu pintu berbasis hak
klik untuk meningkatkan kehidupan keluarga
melalui peningkatan kapasitas orang tua,
keluarga atau orang yang bertanggung
dalam mengasuh dan melindungi

Waktu Layanan

- Senin - Jumat
- Pukul 08.00 - 16.45 WIB

2

Tujuan Pelayanan

- Peningkatan Kompetensi
- Tujuan Pendidikan

3

Jenis Layanan

- Layanan Komunitas
- Layanan Keluarga
- Layanan Anak

Alur Layanan

- Identifikasi
- Pengembangan



1. Executive Summary

1.1. Evaluation purpose and intended use

In April 2024, UNICEF Indonesia engaged Coram International to undertake a formative evaluation of the Integrated Protection Services for Children and Women in Indonesia 2021-2023. The objectives of the evaluation were to: (1) Assess the relevance, coherence, effectiveness, efficiency and sustainability of integrated protection services programming for children and women as part of the Child Protection component in the Country Programme 2021-2025; and (2) Identify lessons learned and good practices and formulate a set of forward-looking and actionable recommendations for the government and UNICEF to enhance the design, implementation and sustainability of the existing services and scale-up of proven interventions.

1.2. Evaluation methodology

The evaluation used a **theory-based approach**, and integrated cross-cutting issues of gender, equality and human rights. Data included a comprehensive desk review of programming documents, data and existing research; and primary qualitative data collection at the national level and subnational provincial and district level in East Java and South Sulawesi. At the district level, qualitative data collection was carried out in four key UNICEF programming areas (Makassar City, Maros Regency, Surabaya City and Sidoarjo Regency), along with two 'comparator' locations (Batu City and Pangkajene Kepulauan Regency), and included key informant interviews with 116 key stakeholders and programme implementers (national and subnational Government, NGOs and CSOs, UNICEF, subnational service providers); focus group discussions (FGDs) with 117 community members and village / local level child protection personnel (including FGDs with groups of adult and child community members); and wrap-around case studies, which involved in-depth interviews with 41 beneficiaries and service providers, supported by case file reviews. Data were analysed thematically and in line with an evaluation matrix that was developed by the team before data collection commenced.

1.3. Summary of main evaluation findings

1.3.1. Relevance

At the national level, the UPTD PPA programme was found to be highly relevant as part of the broader Government of Indonesia (GoI) - UNICEF Child Protection Programme's systems-strengthening in the Indonesian context. The Programme undertook upstream work at the national level, as well as work at the provincial, district and community level, which enabled the programme to provide the comprehensive support required in a highly decentralised context. The Programme effectively responded to the national Government's priorities, fostering strong engagement and ownership. UNICEF's work at the national level ensured a strong legal mandate that was necessary for supporting the development of the UPTD PPAs at the sub-national levels. **The programme was found to be highly responsive to the existing gaps in the child protection system and, therefore, to the needs of stakeholders and service providers at the subnational level.** Stakeholders reported that the development of the UPTD PPA at province and district / city level (enabled by UNICEF's support in the development of standard operating procedures, training and capacity building in particular) gave the MoWECP the necessary structure, mandate and operational autonomy to focus their efforts on

comprehensive response services for victims / survivors of violence. The UPTD PPA model was also found to have adapted to the changing context in the programming environment, in particular, to online protection risks. Support at the village level was also found to be highly relevant given the need to address gaps in reporting and increase referral avenues to UPTD PPA from the local levels.

The increasing rates of reported VAC and VAW cases demonstrate the relevance of the UPTD PPA integrated service model in responding to the needs of beneficiaries. In particular, stakeholders noted that the specialization of the services and increased availability of services under one roof was highly relevant to the needs of rights holders. Despite this, limited meaningful participation of beneficiaries or of children was noted.

1.3.2. Coherence

It was found that strong coordination across the different UNICEF Child Protection output areas/teams within the broader framework of system strengthening—was instrumental in the critical development of the UPTD PPA. There was also a high level of alignment between UPTD PPA and parallel Dinas and other institutions at the subnational level, which has strengthened the overall prevention and response to VAC and VAW. The UPTD PPA is regarded as a key component of DP3A's broader child and women protection efforts, and is not considered a separate, conflicting or duplicative entity.

Findings at the service delivery level demonstrate strong coordination between UPTD PPA and other stakeholder bodies providing protection to women and children to avoid duplication in services. UPTD PPA stakeholders reported that they have strong coordination mechanisms with other stakeholder bodies, including (in some instances) memorandums of understanding and honorariums, as well as meetings and phone conversations to handle cases in a coordinated manner. Coordination to support VAC and VAW cases was reported between UPTD PPA and various stakeholders, including the police, hospitals, Social Services Offices, DP3A institutions (such as PUSPAGA), community-based protection mechanisms and stakeholders, such as PATBM, community shelters, BINMAS and BABINSA, and schools. However, while UPTD PPA stakeholders reported coordinating with the police to some extent, there were frequent reports of challenges to coordination with police, creating barriers to identification and response to violence cases by the UPTD PPA. **Effective coordination between community-level protection mechanisms and the UPTD PPA was found to be crucial for enabling UPTD PPAs to identify and respond to cases at the village level**, and it was indicated that village-level stakeholders frequently refer VAC and VAW cases to the UPTD PPA. However, village-level services require ongoing training and awareness raising to strengthen understanding of protection risks and available services and ensure continuity in coordination.

There were mixed findings in relation to the coherence of the UPTD PPAs with NGO and CSO service providers. A lack of financial resources was noted as a barrier to strengthening coordination and encouraging knowledge exchange between the UPTD PPA and NGOs systemically in all locations. However, there was also evidence of strong coordination with NGOs at the subnational level in some locations, and utilisation of NGOs to support cases where internal UPTD PPA human resources are limited.

1.3.3. Effectiveness

The UPTD PPA component of the Child Protection Programme has been effective in achieving results at the national level. The UPTD PPA component is aimed at strengthening the legal and operational environment for integrated child protection services, in particular, through the development of UPTD PPA Service Standards as set out in MoWECP regulations, mandating the establishment of UPTD PPA at the subnational level, and providing minimum service standards.

UNICEF interventions at the subnational level have been effective in supporting the implementation of the UPTD PPA by employing a systems strengthening approach. The evaluation found that improved case management practices and support to develop the SOPs has facilitated effective coordination between UPTD PPA and connected service providers, particularly in contrast to practices in the 'comparator' evaluation locations. This has ensured victims / survivors are able to access a broad range of services through a system of coordinated case management. Improved coordination has also enabled victims/survivors to access services in a timely manner. Stakeholders who received UNICEF case management and service standards training (CEKATAN) noted that these were key in the improved case management and coordination processes which had been implemented.

However, coordination challenges among key stakeholders persist, limiting the overall effectiveness of the UPTD PPA model. Challenges centre on insufficiencies in information sharing between UPTD PPA staff and staff in other connected services, delaying service provision and limiting the scope and quality of services which victims are able to access as well as undermining opportunities for early risk identification and response. **The quality of case management services was found to be somewhat mixed.** While the development of the UPTD PPA appears to have improved comprehensive assessments and case management in intervention locations, in a number of intervention evaluation sites there were substantial delays noted in response to cases. Delays centered on a lack of human and financial resources, with UPTD PPA staff and connected social workers citing high, and at times unmanageable, caseloads. These challenges have also impeded effective risk identification and response. In addition, across intervention evaluation sites, shortages in legal counselling / legal aid personnel and psychologists were highlighted, limiting the number of legal counselling and psychologist sessions UPTD PPA were able to offer.

In addition to Government training programmes, UNICEF-supported training initiatives **have been effective in increasing the technical capacity of UPTD PPA staff** and service providers in connected institutions, supporting the quality of services provided. Stakeholders, in particular, noted that training on online child sexual exploitation and abuse (OCSEA) – a rapidly growing issue – had been effective in strengthening the capacity of UPTD PPA to respond to such cases. However, the technical capacity of UPTD PPA staff and connected service providers remains a key challenge, limiting the quality and effectiveness of services provided under the integrated protection model. Training and capacity-building exercises did not appear to be sufficient in scope or number to comprehensively address gaps in technical capacity and knowledge of the workforce.

UNICEF has supported interventions aimed at increasing access to the UPTD PPAs, resulting in year-on-year increases in the number of women and children who are referred to the UPTD PPAs. There is evidence that where 'socialization' has been carried out at the village level, this has been effective in increasing the number of cases referred to the UPTD PPA by community members

and bodies, as well as the number of self-referrals. **However, considerable barriers to reporting VAW and VAC and to accessing the UPTD PPA remain and should be addressed**, including a lack of knowledge among community members, personal stigma associated with visiting service centres and response mechanisms and dominant socio-cultural norms also prevent women and children from reporting abuse. A specific group that was found to be under-served by the UPTD PPA were children in conflict with the law, who were not able to consistently access services under the UPTD PPA model.

It was found that, **across evaluation sites, technical capacity is lacking pertaining to gender-sensitive programming, at times inappropriate or harmful outcomes for women and children**. Data indicate a lack of knowledge on how to design and deliver integrated protection services in a gender-sensitive and inclusive manner to ensure access to services by vulnerable or disadvantaged groups. For example, stakeholders held limited knowledge on sexual violence experienced by boys as well as limited understanding on integrating gender-responsiveness beyond providing female staff to female victims of abuse. **It was also found that children and women with disabilities face difficulties accessing UPTD PPA services**, and service providers had little knowledge on the protection risks faced by children with disabilities and limited knowledge on how to ensure services were accessible for women and children with disabilities.

1.3.4. Efficiency

It appears that UNICEF resources were utilised in an efficient and strategic manner which generated further resources by engaging the GoI to encourage Government ownership and further investment. UNICEF investments were regarded as having contributed to substantial change in a short space of time at the subnational level, through the training that was provided and support to developing SOPs. UNICEF has also utilised its resources to strengthen the UPTD PPA integrated services model by **engaging with implementing partners at the subnational level** who are well-embedded into the community. However, **gaps remain**. While the multisectoral nature of UNICEF training can be seen as efficient, subnational data collection indicates that the training was somewhat limited in reach.

From 2021 – 2024, the GoI allocated USD 31.2 million to the special allocation funds, which is a substantial contribution that has supported the establishment of UPTD PPAs. However, a number of inefficiencies were identified with regards to the special allocation funds. Firstly, there have been delays to implementing UPTD PPA in all areas; a number of districts are yet to establish the UPTD PPA model, and as such are yet to receive Special Allocation Funds (as funds are only allocated to districts in which a UPTD PPA is present). Only 70 per cent of the special allocation funds are utilized, demonstrating an incomplete (and, therefore, inefficient) use of funds. The lack of flexibility in special allocation funds was also noted as an inefficiency.

The budget allocated by local governments is also regarded as insufficient. Although legislation requires that subnational governments implement an integrated services model, the decentralization of funds means that the local budget allocation for UPTD PPA varies per location and per year according to local government priorities, and stakeholders reported an overall limited budget for child protection. At the service delivery level, it was found that UPTD PPAs are utilizing their internal resources efficiently, as well as coordinating with their available networks as a means to access additional resources (to the extent possible).

1.3.5. Sustainability

Overall, the UPTD PPA model demonstrates strong sustainability, with integrated service delivery very likely to continue after UNICEF support has ceased. The UPTD PPA model has been firmly embedded within national and subnational Government structures, and the data indicates that there is strong Government ownership of the UPTD PPAs at all levels of government. The UPTD PPA is grounded in a comprehensive law and policy framework at the national level, ensuring programmatic sustainability. According to this legal mandate, the UPTD PPA model is required to be established in each province, city and district. However, in order to sustain the quality and outcomes of the UPTD PPAs in the longer term, it will be necessary to ensure adequate human resourcing and continual capacity building of UPTD PPA staff.

1.4. Lessons learned

The evaluation generated the following broad lessons learned which have relevance to child protection programming in Indonesia and elsewhere.

- In ensuring effective implementation of child protection services in decentralised administrative contexts, it is important that programme interventions are carried out at multiple levels of governance.
- In order to develop and ensure sustained, effective case management services for cases involving violence against women and violence against children, it is important that an embedded programme of continued training and development is in place.
- In order to ensure effective and timely responses in cases where children are identified as at immediate risk, it is important that there is a clear legal mandate and process for identifying risk and providing immediate response services.

1.5. Main recommendations

It is recommended that UNICEF continue to support the implementation of the UPTD PPAs, and to support further institutionalisation of the model into national and sub-national systems and budgets. The following (summarised) recommendations were discussed, refined and validated by the Evaluation Reference Group and other key stakeholders during a validation workshop which took place in Jakarta in January 2025.

Strengthening law and policy framework

- Further develop regulations at the national level which build upon Presidential Decree No. 55 (2024), and mandate the establishment and governance of UPTD PPA by local government.
- Set out an explicit requirement in the new Regulations and Guidelines that Standard Operating Procedures (SOPs) be developed and implemented between the UPTD PPAs, police and prosecutors for children in conflict with the law, to ensure that these children are referred to UPTD PPA from law enforcement bodies and are able to access services of the UPTD PPA.
- Ensure the implementation of the legal mandate that UPTD PPA staff must proactively remove children from situations of harm.
- Further develop and implement (including through a specific budget allocation) a comprehensive minimum package of continual training, coaching and supervision into the UPTD PPA.

Human resource capacity development

- Institutionalise continual capacity building for UPTD PPA staff and associated service providers on case management skills and capacity building on evolving child protection issues (e.g., OCSEA).

- Investments should be made in recruiting and training the social welfare workforce to ensure the sustainability of the UPTD PPA.
- Implement the reporting, monitoring, evaluation, and supervision and mentorship frameworks contained in the Draft Regulation and Standardization Guidelines (BORANG).

Strengthening service delivery and coordination

- Support the UPTD PPAs to establish strong collaborative working arrangements with relevant NGOs and CSOs (e.g., through partnership agreements or MOUs).
- Connections should be strengthened between village/community-based mechanisms and the UPTD PPA, to ensure that all appropriate cases are assessed and provide further support at the village level to increase community trust and knowledge in the UPTD PPAs.

Strengthening information management and monitoring systems

- Information sharing protocols should be developed (or where already developed, strengthened) between the UPTD PPAs and connected service providers.
- Effective mechanisms (including monitoring and evaluation tools and guidance) for overseeing the UPTD PPA functioning and monitoring programme outcomes in UPTD PPAs across the country should be developed and implemented as a component of the SIMFONI-PPA.

Financing

- Carry out a feasibility study for establishing UPTD PPAs in locations in which they have not yet been established, including funding requirements and human resources investments.
- Review existing guidelines for DAK allocations, to ensure all available funding can be used flexibly and tailored to the needs of each UPTD PPA.
- Advocacy, technical guidance and training should be implemented to ensure stakeholders and staff (including UPTD PPA, DINAS PPPA and BAPPEDA stakeholders involved in planning) have sufficient knowledge on how to manage and allocate budgets, and that budgets are available and utilised.

Improving access

- Develop a process to engage beneficiaries and children and adolescents more generally (through the Child Forums, and other avenues) in the development of the UPTD PPA.
- Engage child-led organizations to inform the establishment of child-friendly, safe, respectful, and accessible mechanisms for children, particularly those who have experienced violence or require services.
- There is a need to consider how the UPTD PPA model can be adapted to the needs of women and children in remote contexts.
- Reduce potential stigmatisation of children and women victims of violence, through implementing social and behaviour change interventions in communities and through ensuring UPTD PPA staff are trained to deliver services in a manner that is child-friendly, gender-informed and sensitive to minority groups.

2. Introduction

In April 2024, UNICEF Indonesia engaged Coram International to undertake an independent Formative Evaluation of Integrated Protection Services for Children and Women in Indonesia 2021-2023. The scope of the evaluation was refined during the inception phase to focus on a specific component of UNICEF's Child Protection Programme, namely the development and implementation of Regional Technical Implementation Units for the Protection of Women and Children (UPTD PPA). The UPTD PPA programme is jointly implemented by the Government of Indonesia (GoI) and UNICEF, as well as a diverse range of partners at the national and subnational level.

The primary purpose of the evaluation, as set out in the Terms of Reference (ToR) (Annex A), is to assess the intermediate outcomes and effectiveness of integrated protection services for women and children in terms of its achievements and results, as well as contribution towards meeting UNICEF's priorities in knowledge-generation and lessons learned. The evaluation is intended to provide information for the Government of Indonesia that will enable it to adjust its approach to allow integrated service design to be strengthened and scaled-up. The evaluation will also inform UNICEF Indonesia's next Country Programme, which aims to improve child protection services in an evidence-based manner.

Specifically, the two key **objectives** of the evaluation are to:

1. Assess the relevance, coherence, effectiveness, efficiency and sustainability of integrated protection services programming for children and women as part of the Child Protection component in the Country Programme 2021-2025; and
2. Identify lessons learned and good practices and formulate a set of forward-looking and actionable recommendations for the government and UNICEF to enhance the design, implementation and sustainability of the existing services and scale-up of proven interventions to areas that currently lack the essential protection services for women and children.

The evaluation has been implemented through four phases: an inception phase; a data collection phase; a data analysis phase; and a final reporting phase.

This final report sets out: relevant information on context, including a brief overview of the UPTD PPA model and the child protection environment; a review of the 'object of the evaluation' (what has been delivered within the UPTD PPA component of UNICEF's Child Protection Programme); the purpose, objectives and scope for the evaluation; the evaluation criteria and questions; the methodology, including ethical guidelines; findings and preliminary conclusions; lessons learned; final conclusions and recommendations.



© UNICEF/2024/Dwi Prasetya

3. Context of the Evaluation

The following section sets out a brief contextual profile of the programming context in Indonesia, including child protection challenges and the integrated child protection system. **Annex J contains a full, in-depth, contextual profile which builds on this brief outline and provides critical background information to this evaluation.**

Indonesia is a vast archipelago of over 17,000 islands with a population exceeding 278 million¹, of which over a third (approximately 85 million) are children. Women constitute just under half of the population at 138 million, compared to 140 million men.² Children under the age of five years constitute eight per cent of the total population (approximately 22.5 million), whilst 24 per cent of the population are aged 14 years and below (approximately 66.6 million). It is estimated that 87.2 per cent of Indonesia's population are Muslim, followed by Christians at 7 per cent, and a minority of the population (1.7 per cent) practice Hinduism.³ Ethnically, approximately 41 per cent of the total population are Javanese and 15 per cent are Sundanese,⁴ though in total, the Government recognises 1,128 ethnic groups.

3.1 Governance

Indonesia is a Republic, headed by an elected president at the national level, alongside an elected two-chamber parliament. The country has a decentralised governance structure with subnational governments holding significant power and budgets. Following the ratification of Law No.6/2014 on Villages, Indonesia has a three-tier system of subnational government. The decentralised governance structure of Indonesia means that whilst national bodies oversee child protection, including the production of national level legislation, local government retains significant control over the delivery of protection services for women and children.

3.2 Economic and Poverty

In July 2023, Indonesia re-gained classification as an upper-middle income country by the World Bank and has a Human Development Index (HDI) of 74.39.⁵ Indonesia has undergone substantial economic growth in the last decade, though with a setback in growth during the COVID-19 pandemic. In the period 2015-2019, Indonesia experienced GDP growth at 5 per cent, and displayed strong recovery post-2020 (where GDP growth dropped to 2.1 per cent), reaching 5 per cent GDP growth again by 2023.⁶ Indonesia's economic growth can be attributed to an increase in private consumption and positive terms of trade.⁷

1 BPS-Statistics Indonesia, Population by Age Group and Sex, 2023. Available at <https://www.bps.go.id/en/statisticstable/3/WVc0MGEyMXBKVFUxY25KeE9HdDZkbTQzWkVkb1p6MDkjMw==/population-by-age-groups-and-sex.html?year=2023>.

2 Ibid.

3 Minority Rights Group International, Indonesia. Available at <https://minorityrights.org/country/indonesia/>, accessed 31 October 2024.

4 Minority Rights Group International, Indonesia. Available at <https://minorityrights.org/country/indonesia/>, accessed 31 October 2024.

5 BPS-Statistics Indonesia, Indicator: Human Development Index by Province, 2022-2023.

6 World Bank Group, World Bank East Asia and the Pacific Economic Update, World Bank, Washington, October 2024, p. xxvi. Available at <https://openknowledge.worldbank.org/server/api/core/bitstreams/b881d2ff-9912-4eb6-9698-8f151975abb6/content>.

7 World Bank Group, 'The World Bank in Indonesia: Overview', 20 October 2023. Available at <https://www.worldbank.org/en/country/indonesia/overview>, accessed 31 October 2024.

Despite a set-back following the COVID-19 pandemic, Indonesia has made strong progress in addressing extreme poverty across the last two decades, reducing extreme poverty from 19 per cent in 2002 to 1.5 per cent in 2022.⁸ The rate of people living below the national poverty line has also reduced in recent years, decreasing by 0.33 per cent in March 2024 compared to March 2023.⁹

3.3 Child Protection context

The Child Protection Programme, including the UPTD PPA integrated service component, was designed in response to the ongoing challenges faced by women and children in Indonesia. This section provides a brief outline of the child protection context in Indonesia and the challenges which are faced by women and children. Please refer to **Annex J** for an extended profile of the child protection challenges in Indonesia.

Violence against children

Violence remains a significant challenge faced by women and children in Indonesia, taking place across many settings, including in homes, schools and within communities. Whilst much violence remains underreported,¹⁰ national statistics indicate that the scale of violence experienced by children in Indonesia is significant. The 2018 National Survey of Children and Adolescents' Life Experience (SNPHAR) found that 62 per cent of boys and 63 per cent of girls age 13-17 years had experienced violence throughout their lifetime.¹¹ The 2021 SNPHAR found that whilst these numbers have decreased, the numbers still remain significant at 37 per cent among boys and 46 per cent among girls.¹² As recorded in the SIMFONI-PPA¹³ data base, during the period 1 January 2024 – 5 August 2024, the 13-17 year age group constituted the largest proportion of reported victims of violence by age group at 35.6 per cent, followed by the 6-12 years age group at 20.6 per cent, and the 18-24 years age group at 11.4 per cent.¹⁴

Violence against women and gender-based violence

Across the last decade, statistics have demonstrated that one in four women in Indonesia have been subject to physical or sexual violence.¹⁵ In 2021, the proportion of women and girls (aged 15-64 years) subjected to violence (physical, sexual, or psychological) by a current or former partner in the last 12 months was seven per cent.¹⁶ It is expected that this number is higher, but that underreporting obscures the true number.¹⁷ In 2021, 17 per cent of women and girls who were not married / have never been married aged 15-64 years, were subject to sexual violence by persons other than their

8 World Bank, Pathways Towards Economic Security: Indonesia Poverty Assessment, World Bank, 2023, p.iii. Available at <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099041923101015385>, accessed 31 October 2024. 9 BPS-Statistics Indonesia, Indonesia Poverty Profile in March 2024, Official Statistics News, 1 July 2024, p. 2.

9 UNICEF Indonesia, 'Child Protection: Keeping children safe from violence, neglect and exploitation', <<https://www.unicef.org/indonesia/childprotection#:~:text=Violence%20against%20children%20is%20pervasive,of%20physical%20attacks%20in%20school.>>, accessed 2 July 2024.

10 KII with UNICEF Child Protection Officer, 17 July 2024.

11 National Survey of Life Experiences of Children and Youth (SNPHAR), 2018.

12 SNPHAR, 2021.

13 SIMFONI-PPA is an information management system for the protection of women and children, managed by the Ministry of Women's Empowerment and Child Protection.

14 Ibid.

15 World Health Organization, 'A novel approach to ending violence against women Indonesia: The RESPECT framework', 9 November 2023. Available at <https://www.who.int/indonesia/news/detail/09-11-2023-a-novel-approach-to-ending-violence-against-women-in-indonesia--therespect-framework>

16 BPS-Statistics Indonesia, Indicator: Proportion of Women and Girls (Aged 15-64 years) Subject to Violence (Physical, Sexual, or Psychological) by a Current or Former Partner in the Last 12 Months. Available at: <https://www.bps.go.id/en/statistics-table/2/MTM3NSMy/proportion-of-women-and-girls-aged-15-64-years-subjected-to-violence-physical-sexual-or-psychological-by-a-current-or-former-partner-in-the-last-12months.html>.

17 KII with UNICEF CP Officer, 17 July 2024.

partners in the 12 months prior to survey.¹⁸ As recorded in the SIMFONI-PPA data, sexual violence is the most frequently reported and recorded case type by service providers in the 2024 year to date, at 7,703 cases (1 January 2024 – 5 August 2024).¹⁹ Of the 14,573 cases of violence which were recorded during the same reporting period, 80.2 per cent of victims were female²⁰ underlining the gendered dynamics which drive certain types violence.

Online child sexual exploitation and abuse (OCSEA)

Whilst data are limited, online child sexual exploitation and abuse (OCSEA) is a growing protection challenge. In 2022, two percent of children aged 12-17 years who used the internet were victim to instances of online sexual exploitation and abuse.²¹ According to a survey undertaken in 2020- 2021, between 17 and 56 per cent of online child sexual exploitation and abuse is unreported and not disclosed, with only one child who received unwanted sexual content reporting it to the police.²²

Data limitation: Barriers to reporting VAC

As is explored within the findings of this evaluation, official data on VAC does not capture the scale and nature of the violence, with underreporting a substantial challenge. Influenced by socio-cultural norms centred on structural gender-inequalities, women and community members reported hesitancy to report incidents of violence associated with feelings of shame and stigma, as well as the desire to keep problem ‘in house’ so as not to bring shame onto the household. Financial dependence on male partners also creates a reporting barrier in cases of intimate partner and household violence. Please see Annex J for further details.

Child marriage

The legal age of marriage for girls in Indonesia was raised from 16 to 19 years old without parental permission by an amendment to the Marriage Act in September 2019. However, parents can request special dispensation to the court for their child to marry under the age of 19 years. Data on marriage dispensation at Religious Courts (Peradilan Agama) in 2022 highlighted that 95 per cent of marriage dispensation requests were granted.²³ As a result, many children, predominantly girls, continue to marry below the age of 18 years: in 2023 seven per cent of women aged 20-24 years were married or in union before the age of 18 years.²⁴ A number of studies have also highlighted that a large number of child marriages are unregistered.²⁵

3.4 Child protection system

The following section provides a brief overview of Indonesia’s child protection system. Please refer to Annex J for greater detail.

¹⁸ BPS-Statistics Indonesia, Indicator: Proportion of Women and Girls (Aged 15-64 Years) Subjected to Sexual Violence by Persons Other Than Partner in the Last 12 Months, 2021.

¹⁹ SYMPHONY-PPA, Forms of Violence Experienced by Victims, January 1 2024 – August 5 2024. Available at <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 5 August 2024.

²⁰ SYMPHONY-PPA, Number of Cases, January 1 2024 – August 5 2024. Available at <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 5 August 2024.

²¹ Disrupting Harm, Protecting Children in Indonesia From Online Sexual Exploitation and Abuse: The Way Forward, 2023, p.1. Available at https://safeonline.global/wp-content/uploads/2023/12/DH_Indonesia_advocacy_note_FINAL.pdf

²² ECPAT, INTERPOL, and UNICEF, Disrupting Harm in Indonesia: Evidence on online child sexual exploitation and abuse, Global Partnership to End Violence Against Children, 2022, p. 8.

²³ International NGO Forum on Indonesian Development, ‘Criticizing the Policy and Implementation of the Marriage Dispensation’, 31 May 2024, <<https://infid.org/en/mengkritisi-kebijakan-dan-implementasi-dispensasi-kawin/>>, accessed 4 July 2024.

²⁴ BPS-Statistics Indonesia, Indicator: Proportion of Women Aged 20-24 Years Who Were Married or in a Union Before 18 Years Old by Province (Percent), 2023.

²⁵ UNICEF Indonesia, Revealing the Truth of Marriage Dispensation: An analysis of child marriage practice in Tuban, Bogor, and Mamuju Districts, UNICEF, p. 7. Available at <https://www.girlsnotbrides.org/documents/887/UNICEF-Marriage-Dispensation-Research-Brief.pdf>.²⁶ The Supreme Court of the Republic of Indonesia, Executive Summary: Supreme Court 2023 Annual Report, p. 23.

3.4.1 Laws, regulations and decrees relating to child protection and protection of women

Indonesia's child protection system is underpinned by a legal framework, the basis of which is contained in the Child Protection Law 2002 (amended in 2016). The Child Protection Law (CPL) sets out wide-ranging provisions relating to the rights of children, covering health, education and religion, as well as key child protection issues such as protection from neglect and abuse and alternative care measures. Other key laws include the Law on the Elimination of Domestic Violence (2004), Law on Child Justice (2012), and the Law on Witness and Victim Protection (2006). In 2022, the Law No. 12 on Criminal Acts of Sexual Violence (TPKS) was gazetted, defining and criminalising 10 acts of sexual violence, including violence and abuse perpetrated against children, domestic sexual violence, forced prostitution and human trafficking for sexual exploitation purposes.

In recent years, Indonesia has introduced legislation and regulations which further provide for the protection of women and children, setting out the technical implementation of integrated protection services within the Integrated Service Unit for Women and Children Protection (UPTD PPA) model, and establishing the mandate of the Ministry of Women Empowerment and Child Protection (MoWECP) to coordinate, monitor and implement relevant laws, policies and regulations related to protection services. The UPTD PPA service model has been conceptualized in 2020 by MoWECP with the support of BAPPENAS and UNICEF. UPTD PPA is designed to be a 'one-stop-shop' where protection services for women and children can be accessed through a single institution. UPTD PPAs provide both 'in-house' services and coordinate with the existing service networks to refer beneficiaries to key protection services.

Key legislation relating to the UPTD PPA integrated service model is set out in the table below.²⁶

Figure 1: Laws and regulations relating to the implementation of UPTD PPA

Key regulations regarding UPTD PPA model	Year
Ministerial Decree 4/2018 on Guidelines for the Establishment of Regional Technical Implementation Units	2018
Presidential Decree No. 65 of 2020 on Ministry of Empowerment and Child Protection	2020
Ministerial Decree of the MoWECP No. 2 of 2022 on Women and Child Protection Service Standards	2022
Ministerial Decree No 85 of 2022 on Women and Child Protection Service Standards	2022
Ministerial Decree No. 2 of 2023 on Technical Instructions for the Use of Special Non-Physical Allocation Funds for Women and Child Protection Services Funds	2023
Presidential Decree No. 55 of 2024 Technical Implementation Unit for the Protection of Women and Children	2024
Law No. 12 of 2022 on Criminal Acts of Sexual Violence (TPKS Law)	2022

In 2024, a series of critical Presidential Decrees relating to UPTD PPA, including Presidential Decree No. 55 on the Technical Implementation Unit for the Protection of Women and Children, and Presidential Decree Number 9 of 2024 Providing Education and Training for the Prevention and Handling of Criminal Acts of Sexual Violence, were adopted.

²⁶ Annex J contains the full table including descriptions of the key provision of each law / regulation.

3.4.2 Key stakeholders in protection services for women and children

The responsibilities for child protection in Indonesia are fragmented across bodies at the national-level, and responsibilities for service delivery are highly decentralised, and devolved to subnational Governments at the provincial and district/city levels. Community / village-based mechanisms are also key in preventing and responding to child protection issues and to violence against women.

At the national level, a number of GoI ministries are responsible for key aspects relating to the integrated services for protection of women and children. As set out in the Presidential Decree No. 65 of 2020 on Ministry of Empowerment and Child Protection, MoWECP duties were expanded from developing policies on protection services for women and children to also include the technical aspect of service delivery. As a result, the MoWECP are responsible for overseeing the technical implementation of the UPTD PPA integrated service model. The duties of the MoWECP also extend to national level policy coordination and implementation and national level data management relating to gender and children in Indonesia.²⁷ A number of other key bodies operate at the national level and hold duties with respect to the provision of protection services for women and children. These include: the Ministry of National Development Planning (BAPPENAS); Ministry of Home Affairs (MoHA); the Ministry of Social Affairs (MoSA); National Police, the Ministry of Health (MOH); and the Indonesian Commission for Child Protection (KPAI). Descriptions of the duties and responsibilities of these institutions are contained in **Annex J**.

Other agencies with relevant mandates on child protection at the national level also include the Ministry of Villages (MoV), the Witness and Victim Protection Agency (LPSK) and the Ministry of Law and Human Rights (MoLHR). Due to the decentralised nature of Government and protection services in Indonesia, the MoV is an important stakeholder in managing protection services and is a key partner for UNICEF Indonesia in linking community-based child protection mechanisms to UPTD PPA at the district/city level.²⁸

Key stakeholders at the subnational level include district offices of the MoWECP, along with district level Bappeda (City Regional Development Planning Agency) and the Social Affairs office (Dinsos). NGOs and CSOs are also key implementing partners at the subnational level. At the village level, community-based child protection mechanisms operate under the instruction of the Village Authority. Village protection structures vary by locality but include villagelevel institutions and personnel working in PPA, such as Bhabinkamtibmas (community police), community shelters, and PPA village cadres and facilitators.

3.4.3 UPTD PPA

The key service provider established for the delivery of integrated protection services for women and children are the **Regional Technical Implementation Units for the Protection of Women and Children (UPTD PPA)**. UPTD PPA has been the focus of the GoI's integrated protection service framework in the 2021-2023 period, supported by UNICEF within the scope of the UNICEF Country Programme 2021-2025, and forms the focus of this evaluation.

²⁷ Section 2, Article 3, Presidential Regulation No. 65 of 2022 on Ministry of Empowerment and Child Protection.

²⁸ KII with Ministry of Village representatives, 18 July 2024.

UNICEF Indonesia has coordinated with the MoWECP and BAPPENAS over an extended period, culminating in the development and establishment of the UPTD PPA service model. In 2015, UNICEF assisted MoWECP in undertaking the first survey on the prevalence of violence against children. UNICEF supported another survey in 2018. These surveys formed the basis on which UNICEF advocated at the national level for the inclusion of women and children's protection in Indonesia's National Medium-Term Development Plan (the RPJMN).²⁹ In 2020, Presidential Regulation No. 65 expanded the role of MoWECP to include service provision.³⁰ Following this expanded mandate, the Ministry approached UNICEF to request technical support on how to operationalise service provision. The MoWECP and UNICEF then partnered to develop the UPTD PPA service model delivery.³¹

The UPTD PPA is a technical implementation unit which provides services for women and children, designed to be a 'one stop shop' for integrated protection services at the provincial and city/district. The scope of services provided by UPTD PPAs are set out in Ministerial Decree No. 2 of 2022 on Women and Child Protection Service Standards. These six mandated services are: **reporting and registration services; victim outreach; case management; temporary shelter; mediation; and victim assistance.**³² Furthermore, in 2022, the landmark Sexual Violence Crime (TPKS) Law mandated UPTD PPAs as the primary body to oversee cases relating to victims of sexual violence, handling recovery and assistance of victims of sexual violence within the six baseline services.

Women and children who are identified as at risk or a victim of violence present to, or are referred to, the UPTD PPA, after which the UPTD PPA provide relevant 'in-house' services, or work in coordination with local bodies and relevant institutions to provide appropriate integrated services with a UPTD PPA case manager overseeing the case in collaboration with a case assistant. Coordination and collaboration with other service bodies are critical for UPTD PPA to function effectively and fulfil the service needs of individuals presenting to UPTD PPA (please see Annex J for greater detail).³³

29 KII with UNICEF CP Specialist, 16 July 2024.

30 Chapter 1, Article 3(e), Regulation No. 65 of 2020 on Ministry of Women's Empowerment and Child Protection.

31 Ibid.

32 Chapter 2, Article 3(1), Regulation No. 2 of 2022 on Women and Child Protection Service Standards.

33 KII with former UNICEF technical consultant, 19 July 2024.

4. Object of the Evaluation

4.1 UPTD PPA within UNICEF's Child Protection Programme

The scope of the evaluation narrowed from that presented in the TOR, following consultations during the finalisation of the contract and inception phase. As a result, during the inception phase, it was confirmed that **the evaluation should focus specifically on UNICEF's support for the integrated service model (UPTD PPA)**. The development and implementation of the UPTD PPA integrated service model sits within UNICEF's Child Protection Programme, Outcome Area 5 within the UNICEF Indonesia's Country Programme 2021-2025.

The Country Programme 2021-2025 addresses child rights in six key programme priority areas: nutrition, water, sanitation and hygiene (WASH), health, education, child protection and social policy. The initial projected budget for the current four-year Country Programme is just over 140 million US dollars.³⁴ The overarching vision for of the Child Protection Programme component is: '*by 2030, girls and boys in Indonesia, especially the most vulnerable and those affected by humanitarian emergencies and environmental degradation, are better protected from all forms of violence, exploitation, neglect and harmful practices.*' The Child Protection component of the Country Programme has an allocated budget of 16 million US dollars.³⁵

The Child Protection Programme is aligned to the achievement of several Sustainable Development Goals (SDGs), including SGD 5 (gender equality) and SGD 16 (peace, justice and strong institutions). The Child Protection Programme, and specifically, the support provided to the UPTD PPA integrated service model, aligns with Goal Area 3 within UNICEF's global Strategic Plan 2022-2025.³⁶ Goal Area 3 sets out the goal to ensure that all children are protected from violence and exploitation in all forms, including gender-based violence (GBV), trafficking, sexual exploitation and abuse.

The Child Protection Programme is comprised of five outputs contributing to a single outcome: '*girls and boys are progressively empowered and protected from violence, exploitation, neglect and harmful practices by functioning, quality child protection systems and positive social norms at national and subnational levels including in humanitarian settings.*'³⁷

³⁴ United Nations, Economic and Social Council, United Nations Children's Fund Executive Board, Second regular session 2020, Country Programme Document, Indonesia, 8-11 September, p. 2-4.

³⁵ United Nations, Economic and Social Council, United Nations Children's Fund Executive Board, Second regular session 2020, Country Programme Document, Indonesia, 8-11 September, p. 10.

³⁶ United Nations, Economic and Social Council, United Nations Children's Fund Executive Board, Second regular session 2021, 7-10 September 2021, p. 14.

³⁷ UNICEF, Government of Indonesia, Country Programme Action Plan 2021-2025, December 2020, p. 34.

Figure 2: UNICEF Child Protection Programme outcome and outputs

<p>Outcome: girls and boys are progressively empowered and protected from violence, exploitation, neglect and harmful practices by functioning, quality child protection systems and positive social norms at national and subnational levels including in humanitarian settings</p>				
<p>Output 1: Child Protection Policies - National and subnational governments and stakeholders have improved knowledge, capacity to enact gender-responsive, climatesmart, inclusive and evidencebased laws, policies and budgets on child protection</p>	<p>Output 2: Adolescents engagement on child protection – Girls and boys including children with disabilities have strengthened capacity including digital literacy safety, and opportunities to develop, access and utilize information for enhanced protection from violence, exploitation and child marriage</p>	<p>Output 3: Social norms – Families and communities have strengthened capacities to practice positive behaviours and promote social norms that protect girls and boys from violence, child marriage and family separation</p>	<p>Output 4: Child protection services – Child protection services at national and subnational levels have improved capacities to provide accessible prevention and response to social welfare, justice and civil registration services that meet minimum standards</p>	<p>Output 5: Child protection in emergencies – Government and humanitarian actors at national and subnational level have improved capacity to prevent, mitigate, prepare for and respond to child protection in emergencies in a timely and coordinated manner</p>

As set out in the Country Programme Document, the Child Protection component of the Country Programme supports a systems-building approach, which focuses on strengthening the child protection system. The five outputs are situated within the systems-building framework: all are key components or elements that must be in place in order to reach the single outcome and ensure the children and women are increasingly free from violence, exploitation and abuse. The logic underpinning the Child Protection Programme is that interventions aimed at strengthening the child protection system will result in reduced levels of violence, abuse and exploitation.

The area of focus of the evaluation is Output 4 of the Child Protection Programme on child protection services, which has supported the implementation of the GoI's integrated protection service programming for women and children within the UPTD PPA model. The table below sets out the summary results framework for output 4 of the UNICEF Child Protection Programme as set out in the Country Programme Action Plan (CPAP). The cells highlighted in green denote the aspects of Output 5.4 which the development and implementation of the UPTD PPA model are most closely related to. It should be noted, however, that the UPTD PPA aspect of UNICEF's Programme also supports the strengthening of justice services for children in contact with the law, including children in conflict with the law (CICL).

Figure 3: UNICEF Child Protection Programme 2021-2025, Output 5.4, Key performance indicators.

Child Protection Programme output 5.4			
Programme outcomes and outputs (2020-2025)	Key performance indicators		
	Indicator(s)	Baseline (year)/Means of Verification (MoV)	Target (Year) / MoV
Output 5.4 (Child Protection Services) Child Protection	Number of districts/cities with accessible, child protection services	30 districts/cities (2020)/Government	123 districts/cities in 5 selected provinces (2025)/Government
services as national and subnational levels have improved capacities to provide accessible prevention and response social welfare, justice and civil registration services that meet minimum standards	services with case management in place	policy documents, budgets, regulations, M&E reports	policy documents, budgets, regulations, M&E reports
	Number of districts/ cities with comprehensive facilities and services for child justice system that are in line with the Juvenile Justice Law	0 (2020)/Government policy, budgets, regulations, M&E reports	123 districts/cities in 5 selected provinces (2025)/Government policy documents, budgets, regulations, M&E reports
	Number of provinces that are implementing the civil registration and vital statistics (CRVS) national strategy (birth registration, marriage and divorce registration)	5 selected provinces focusing on birth registrations (2020)/Government policy documents, budgets, regulations	5 selected provinces implementing CRVS national strategy in reference to BR, marriage and divorce registration (2025)/Government policy documents, budgets, regulations

4.2 Programme Beneficiaries and Stakeholders

The **primary beneficiaries** of the UPTD PPA component of the Child Protection Programme are rights holders, including children and women in Indonesia who are at risk of or have experienced any form of violence. As set out in Regulation of the MoWECP No. 2 of 2022 on Women and Child Protection Service Standards, children in conflict with the law are also beneficiaries of the UPTD PPA service model. Other programme beneficiaries include UPTD PPA staff and other child protection staff working within the broader service network. Community members and protection staff working at the community / village level are also beneficiaries, as well as Government stakeholders at the national and subnational level. In particular, MoWECP and BAPPENAS at the national level, and MoWECP, Bappeda and the Department of Social Affairs (Dinas) at the subnational level. The UPTD PPA programme seeks to build the capacity of these institutions to provide protection services.

The UPTD PPA component of the Child Protection Programme collaborates with a diverse range of government and civil society partners at the national and subnational level to implement the integrated protection service model. A mapping of these stakeholders is presented in the section, 'Key stakeholders in protection services for women and children'.

4.3 Theory of Change

The child protection deprivation statement in the Country Programme Strategy Note (PSN) is that a significant number of children in Indonesia experience violence, abuse and exploitation in homes, schools and communities.³⁸ The overall long-term change envisioned is that "*girls and boys in Indonesia, especially the most vulnerable and those affected by humanitarian emergencies and environmental degradation, are better protected from all forms of violence, exploitation, neglect and harmful practices*"³⁹.

In summary, the theory of change (ToC) logic is that children and adolescents, particularly the most vulnerable or disadvantaged, including children with disabilities, are more likely to be protected from all forms of violence, exploitation and neglect: **if** the Government continue to strengthen the social welfare sector including the strengthening of the workforce at the subnational level; and if the Government commit resources to develop and implement law and policy reforms relating to child protection; **and if** reducing violence against children and child marriage continues to be priorities of the Government and partners, and data is available and open discussions on these topics are encouraged; **and finally**, if Government, parliaments, CSOs and private sector partners are interested to engage and partner with UNICEF on innovations to ensure children and families are reached with necessary information, services, and opportunities for prevention and response to child protection.

A specific ToC has not been developed for the UPTD PPA component of the Child Protection Programme, however, UNICEF's work relating to the design and implementation of the UPTD PPA model fits within the wider Child Protection Programme ToC. The UPTD PPA model relates most closely to Output 4 of the ToC: "*Child protection services at the national and sub-national levels have improved capacities to provide accessible prevention and response social welfare, justice civil registration.*" Specifically, the UPTD PPA model seeks to strengthen the capacity of subnational child protection services to provide protection services for women and children victim to violence. UNICEF interventions directly supporting the UPTD PPA model have also sought to improve the knowledge and capacity of national and subnational governments and stakeholders (Output 1 in the Child Protection Programme ToC). **Annex K provides** a visual depiction of the ToC and extended narrative relating to the preconditions and critical risks identified, as well a description as the UPTD PPA component as it relates to the overarching ToC.

4.4 Strategies and interventions

In accordance with the ToC, UNICEF have employed a range of change strategies through specific interventions to support the design and implementation of the UPTD PPA integrated service model. A mapping of all interventions employed by UNICEF Indonesia to support this component of the Child Protection Programme are set out in a table located in **Annex E**. The mapping contained in Annex E contains interventions directly related to the design and implementation of the UPTD PPA model, as well as interventions which fall under the boarder Child Protection Programme which support the UPTD PPA model indirectly, including interventions at the village level.

³⁸ UNICEF Indonesia, Programme Strategy Note, 2021-2025, 7 April 2020, p. 101.

³⁹ UNICEF Indonesia, Programme Strategy Note, 2021-2025, 7 April 2020, p. 103.

With respect to output 1 of the Child Protection Programme, UNICEF have undertaken a number of interventions which relate directly to the UPTD PPA component. These interventions centre on three broad change strategies as set out in the Child Protection Programme ToC: Harnessing the power of evidence and data; advocacy; and developing and leveraging resources for children. Specific interventions to enact these change strategies have included: supporting MoWECP and BAPPENAS to conduct and analyse surveys on violence against children and violence against women and wider surveys (e.g. SNPHAR, SUSENAS); technical assistance provided to MoWECP to strengthen the legal and policy framework for the UPTD PPA model (including Regulation No. 2/2022 on Service Standards); data-led and evidence driven advocacy to strengthen the broader child protection legal framework which relates directly to the UPTD PPA mandate (TPKS Law); supporting the strengthening of data and monitoring indicators to support the implementation of the UPTD PPA model (including the strengthening of SIMFONI-PPA, and the ongoing integration of Primero); and engagement with BAPPENAS to support costing and budget monitoring.

Regarding Output 4, the following change strategies have been employed, as set out in the ToC: Harnessing the power of data and evidence; programming at scale; systems strengthening; leveraging resources for children; and advocacy. Specific interventions to enact these change strategies have included: The development and delivery of service standards training (CEKATAN); the development and delivery of broader child protection trainings to increase the technical capacity of UPTD PPA and connected service providers (including PSEA and OCSEA training); the provision of support for the implementation of minimum quality service standards in the UPTD PPA at the provincial and district level; and supporting increased inter-sectoral coordination under the UPTD PPA model through the development of case management standard operating procedures (SOPs).



© UNICEF/2024/Dwi Prasetya

5. Purpose, Objectives and Scope of the Evaluation

5.1 Purpose and Objectives

The main purpose of the formative evaluation is to assess the intermediate outcomes and effectiveness of integrated protection services for women and children in terms of its achievements and results, as well as contribution towards meeting UNICEF's priorities in knowledge-generation and lessons learned.

As stated in the TOR, the two key objectives of the evaluation are:

1. To assess the **relevance, coherence, effectiveness, efficiency, and sustainability** of integrated protection services programming for children and women as part of the Child Protection component in the Country Programme 2021-2025; and
2. To identify lessons learned and good practices and formulate a set of forward-looking and actionable recommendations for the government and UNICEF to enhance the design, implementation and sustainability of the existing services and scale-up of proven interventions to areas that currently lack the essential protection services for children and women.

5.2 Intended users of the evaluation

As set out in the ToR (Annex A), the primary users of the evaluation are the government agencies who are directly implementing the programme, or who are supporting its implementation, including MoWECP, BAPPENAS, MoHA, MoV, MoSA, and subnational governments. Other users include UNICEF Indonesia Country Office, UNICEF East Asia and Pacific Regional Office, UNFPA, key development partners and donors, and the duty bearers and rights holders (particularly children, women and vulnerable groups). The intended use of the evaluation is to inform advocacy, decision making, and implementation of strategies for child protection programmes and to provide accountability and learning. The evaluation approach is intended to promote and facilitate utilization, whereby primary users can apply the findings of the evaluation before the evaluation report is finalised.

5.3 Scope of the evaluation

5.3.1 Thematic scope

The evaluation primarily assesses UNICEF's support for the Child Protection Programme component of the GOI-UNICEF Country Programme 2021-2025, (though the evaluation will focus on the period 2021–2023) with a specific focus on integrated protection services for children and women within the UPTD PPA model.

The evaluation examines approaches and strategies employed to enhance these services at both national and subnational levels, as well as the quality of UPTD PPA integrated protection services and any existing gaps, assessing UNICEF's contribution to the quality and accessibility of these services. Additionally, the evaluation analyses the results of programme interventions, identifying factors which influence their achievement or non-achievement of objectives, and examines key events, actions, and policies impacting programme implementation.

5.3.2 Geographic scope

The evaluation covers the Programme's work at the national and subnational levels. Following consultation with UNICEF during the contracting process, as confirmed in the inception phase of the evaluation process, the geographic scope of the evaluation was amended to include two provinces: East Java and South Sulawesi. This amendment to the geographic scope, as set out in the ToR, included four provinces (Aceh, Central Java, East Java and South Sulawesi), had been made to allow for sufficient in-depth data collection within the resources available (noting that a key focus of the evaluation was examining practices at the case management level, necessitating an in-depth, rather than overly broad approach).

5.3.3 Time scope

The time scope for the evaluation is the start of the current country programme (2021 to 2023), as part of the GOI-UNICEF Country Programme 2021-2025.

6. Evaluation Criteria and Question

6.1 Evaluation criteria

The evaluation sought to generate evidence in relation to five of the six evaluation criteria of the Organisation for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC), namely: relevance, coherence, effectiveness, efficiency and sustainability. In addition to these criteria, the evaluation methodology incorporated UNICEF's guiding principles of gender, human rights and equity. A set of evaluation questions in relation to each of these criteria is set out below.

As specified in the ToR, the evaluation did not seek to establish the impact of the programme interventions.⁴⁰ However, the evaluation did seek to establish the contribution of the UNICEF's UPTD PPA interventions to the achievement of results and the effectiveness of the UPTD PPA programme in achieving its desired results.

6.2 Evaluation questions

The evaluation was designed to respond to the following key evaluation questions and sub-questions (drawn from the TOR), which have been developed to meet the aims outline above (some questions have been altered or added in terms of what was contained in the TOR; these are *italicised* in the tables below).

Figure 4: Evaluation questions

Questions	Sub-questions
Relevance	
To what extent is the integrated protection services programming approach suited to the needs, priorities, and policies of relevant national and subnational stakeholders, children, women and communities?	To what extent are the interventions aligned with the evolving needs of key national and sub-national stakeholders and beneficiaries and right holders, including girls and women? To what extent is the programme aligned with the objectives, priorities and policies of relevant national and sub-national stakeholders? Do the change strategies, approaches and implementation modalities remain valid and respond to the current and changing context and priorities?
Coherence	
What is the compatibility of the integrated protection services programming with other programmes and interventions and relevant sectors (e.g., Health, Education, WASH, and Social	<i>To what extent does the service delivery component of UNICEF's CP Programme align with and complement other CP outcome areas?</i> To what extent does the integrated protection services programming approach complement, harmonize and coordinate with other interventions delivered by the relevant government partners, other stakeholders, and other UNICEF-supported programmes in the same context, avoiding duplication of effort?
Questions	Sub-questions
Policy/Social Protection)?	

40 The evaluation did not aim to assess the Programme's impact (e.g. on reducing rates of violence), given limited baseline data availability.

Effectiveness	
To what extent has UNICEF's approach for integrated protection services programming contributed to achieving the desired objectives/outputs at the national and sub-national level? Were outputs achieved or likely to be achieved?	To what extent were the desired results achieved/are likely to be achieved, considering potential differential impacts across groups? The desired results include the level of take-up of the service, <i>accessibility of the service for groups who are covered by it</i> and perceived service quality at the subnational level. To what extent and which change strategies and approaches contributed to achieving CP Programme results? What factors influenced the achievement or non-achievement of desired results, including strategies, partnerships, inter-agency collaboration, and coordination across government levels? What are the policy, financial capacity and human resource challenges associated with integrated protection services at the national and sub-national levels? Are there any unintended consequences (<i>positive or negative</i>) of the programme at the national and sub-national levels?
Efficiency	
What are UNICEF's integrated protection services programming outputs in relation to the inputs and have the least costly UNICEF resources possible been used to achieve the desired results?	To what extent is the integrated protection services programming approach efficient in the achievement of desired results in terms of resource utilization (human, technical, financial) and timely delivery? Have there been any significant delays in programme implementation and achievement of results, and if so, why? To what extent did stakeholders efficiently coordinate and utilize resources and capacities to achieve results? To what extent did the coordination and collaboration structure avoid duplication among the key stakeholders?
Sustainability	
To what extent are the benefits of UNICEF strategic approach to integrated protection services programming likely to continue after UNICEF support has ceased?	To what extent are the programme's activities and results likely to continue after UNICEF support ends? What is the likelihood and capacity of the intervention to maintain positive outcomes over the long term, including its adaptability to changing circumstances and needs? What major factors influence the achievement or non-achievement of sustainability? Can the integrated protection services model or approaches be institutionalized and scaled up in areas where services are non-existent?
Equity, gender and human rights	
To what extent were gender, equity and human rights principles integrated into the design, implementation and monitoring of the Child Protection programme? [This question was considered as cross-cutting]	To what extent has the protection service been implemented where the need is greatest? Have equity considerations been integrated at each stage of the programme cycle? What approaches and interventions have yielded results in improving access to protection services for vulnerable or disadvantaged, and less-reached areas/groups, including children with disabilities? Are there concrete lessons that can be replicated to improve equitable access to protection services for the most disadvantaged or vulnerable children?

6.3 Evaluation matrix

An analytical framework for the evaluation was developed during the inception phase, based on the questions set out above. The evaluation matrix (**Annex D**) sets out the specific information (indicators and sub questions) which are necessary to answer the evaluation questions, and methods and data sources for measuring /answering these. The evaluation matrix informed the development of the methodology for the evaluation and guided the analysis. Specifically, the evaluation matrix contains: the questions the evaluation will attempt to answer; qualitative and quantitative indicators which emerge from / relate to the evaluation questions; and data sources for answering evaluation questions and measuring indicators.



© UNICEF/2024/Dwi Prasetya

7. Methodology

7.1 Overall methodological approaches

As noted above, the evaluation applied standard Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency and sustainability, and included an assessment of the Programme's coherence and, as requested in the TOR, the evaluation also mainstreams gender responsiveness, equity and human rights in the evaluation questions across the key criteria. The evaluation methodology was developed according to the UNEG Norms and Standards for Evaluation (updated 2017) and incorporated UNICEF's guiding principles on gender equality, equity, and human rights throughout the process.

These standards were integrated into the methodology, including evaluation questions, evaluation matrix (Annex D), data collection tools (Annex C) and evaluation processes. Based on these standards, the evaluation paid particular attention to evaluating the Child Protection Programme and integrated services for women and children as they relate to gender, the rights of children with disabilities, and women and children from other particularly vulnerable or at-risk disadvantaged groups.

7.1.1 Theory-based

The evaluation was **theory-based and non-experimental**. A theory-based approach was considered appropriate, given the need, as set out in the TOR, to assess the contribution of the UNICEF Child Protection Programme to national-level and sub-national level results in child protection and its effectiveness in achieving its desired results at outcome and output levels. However, the evaluation utilised **comparator districts** in order to identify and isolate outcomes and contributions of UNICEF in districts in which they have been active in supporting the establishment of UPTD PPAs.

7.1.2 Rights-based

The evaluation utilised a **rights-based framework**, which enabled an analysis of the Programme's outcomes in terms of their progress toward the realisation of children's rights. This approach also incorporated equity and gender considerations, which are crucial to a rights-based approach.

7.1.3 Consultative and participatory approach

A **consultative and participatory approach** was employed in the evaluation, involving UNICEF, key Government stakeholders including as MoWECP and BAPPENAS, other NGO/CSO implementing partners, key duty-bearers and service providers, and rights-holders/Programme beneficiaries. Primary users of the evaluation were also engaged during data collection. Including primary users in a participatory approach during the evaluation, including in data collection, has ensured that findings, recommendations and lessons learned are context-appropriate, accurate and practical.

7.1.4 Systems framework

Given the centrality of systems thinking to UNICEF Indonesia Child Protection Programme, a child protection systems framework was applied to interpreting knowledge, data and information generated through the evaluation. A systems approach recognises that programming toward building and strengthening the child protection system as a whole is crucial to the protection of children and

adolescents from violence, abuse, neglect and exploitation, rather than shorter-term projects or narrow policy changes that do not contribute to strengthening the child protection system itself.

7.1.5 Mixed-methods approach

The evaluation employed a mixed-methods approach, including both quantitative and qualitative methods; existing secondary quantitative data was utilised, while primary data collection was qualitative. In particular, quantitative data provided an overall description and numerical measure of programme results, and of the context in which the programme operates, whilst qualitative data provided a more in depth understanding of the evaluation results. Qualitative research methods have greater interpretative and explanatory potential than quantitative approaches and provide the best opportunity for exploring how particular strategies or approaches have, or have not, worked in a given context, and (most importantly) *why*.

The types of qualitative and quantitative data utilised are set out below.

7.2 Data sources, collection methods and sampling

The evaluation drew upon a range of data sources and data collection methods to ensure the reliability of results, promote impartiality, reduce bias, and ensure that the evaluation was based on the most comprehensive and relevant information possible.

Given the qualitative nature of the majority of the data collection methods, a **purposive sampling** technique was utilised for participant selection. This means that all sample members were selected based on their satisfaction of criteria relevant to the evaluation questions, and whose information was likely to be of use for developing and testing emerging analytical ideas. The selection of specific participants was supported by staff in UNICEF's field offices, based on criteria developed by the team.

A full list of evaluation participants is contained in **Annex F**.

7.2.1 Desk review

Throughout the inception stage of the evaluation, the evaluation team reviewed a series of documents from UNICEF and from desk-based research. These documents included: situation analysis reports; evaluations; country programme documents; programme strategy notes; annual management plans; programmatic reviews; progress reports; mid-year and end-year reviews and annual reports; third party monitoring reports from Government, the UN and NGOs; research studies; and relevant press reports. The desk review also included a review of key government documents (laws and policies and action plans) relating to the protection of women and children. This information was critical to the design of the evaluation framework and the methodology more broadly. The desk review was particularly crucial for understanding the inputs and outputs related to integrated service provision, as well as intended outcomes and impacts, with specific focus on identifying inputs and outputs of UNICEF activities.

7.2.2 Key informant interviews / group interviews with national and sub-national stakeholders

Much of the primary data gathered for the evaluation was collected through key informant interviews (KII), conducted in person, or, where this was not possible, virtually (zoom), at both the national and subnational level. The aim of these interviews was to obtain detailed and specific information from experts or key informants who have in-depth knowledge in a particular area relevant to the evaluation. A semi-standardised approach was adopted, guided by a structured tool, but allowing for participant

and response-directed interaction. Group interviews were held in some cases, where it was felt that this would increase the comfort of respondents and enrich the interaction.

National stakeholders who have particular knowledge, expertise and accurate information in relation to indicators in the evaluation framework were selected at the national level. This included: Key UNICEF staff; Key Government representatives; Key national-level NGOs / CSOs; and Consultants involved in development of UPTD PPAs.

Subnational stakeholders were selected who had in-depth knowledge on protection services for women and children, specific knowledge or role relating to the UPTD PPA model and broader Child Protection Programme experience / expertise relating to the implementation and delivery of protection services. This included subnational Government bodies and implementing partners, including: Office of WECP; provincial and district Social Affairs Office; and UNICEF Field Office Staff.

7.2.3 Key informant interviews / groups interviews with protection professionals

The evaluation also involved KIIs / group interviews with service providers, including UPTD PPA staff, referring bodies and connected service providers. The interviews included questions relating to the type of protection services which are provided to women and children, the cases which they handle in practice, the challenges which are faced in providing accessible and quality services, and coordination and collaboration among other service providers. Case management systems and processes were a central theme addressed during these interviews.

Stakeholders were selected who had experience on providing protection services for women and children. This included: UPTD PPA staff, P2TP2A staff (in comparator districts); CSO implementing partners and faith-based organizations (FBOs); connected service providers and institutions (legal aid providers, psychologists, police, social workers, counsellors, shelter staff); and village-level service providers (village cadres).

7.2.4 Wrap-around case studies (involving in-depth interviews with parents / carers; children / women; and social workers)

Wrap around case studies included targeted **in-depth interviews (IDIs)** with women/ children; parents / carers; case managers / case workers; and other key community members in relation to specific cases. The aim of the in-depth interviews was to collect data on the participants' experiences and views of the protection services received and / or their contact with the UPTD PPA system. Children were provided with the option of participating in an individual interview or being accompanied by parent/s / carer/s (where appropriate) or case workers / social workers. Individual interviews were only held with children from the age of 12 years.

Where possible, the case studies were also supported by physical **case file reviews**.⁴¹ IDIs were also carried out with the identified case manager / case worker, along with any other connected persons depending on the case (e.g. police officers, school staff, NGO staff etc.) in order to collect data to assess case management practices and to triangulate data obtained through IDIs and case file reviews.

⁴¹ As set out in the Ethical Protocol (Annex B), physical case file reviews were carried out on site, and identifying information was not recorded on case file notes.

For case studies, a 'typical case sampling' approach was used and the team aimed to conduct three case studies in each of the six evaluation locations. Cases were selected from monitoring data held by UPTD PPA (or P2TP2A in comparator districts) to represent typical child protection cases (e.g., where children have received response services through the UPTD PPA or P2TP2A). UPTD PPA staff were asked to consider what criteria they associated with a 'typical' child protection case. Cases meeting these criteria were selected with a view to achieving diversity in terms of demographic characteristics, such as gender and age, as well as the type of child protection case and the type of service or intervention received. In total, **34 IDIs were undertaken with 41 participants as part of the wrap-around case studies.**

7.2.5 Focus group discussions with community members

The aim of these focus group discussions was to gain a broader understanding of perceptions and attitudes relating to protection challenges faced by women and children in the study locations, as well as gain an understanding of community-based child protection mechanisms at the local / village level. Discussions centred on the main protection issues faced by women and children as perceived by the participants, perceptions relating to access to services and types of services which are provided in the community, and knowledge and attitudes of the community regarding the causes of protection challenges.

Participants from both intervention and comparator sites included community members with knowledge of community-based / village-level child protection mechanisms. FGD groups were also selected to include community members not directly involved in the child protection system; these FGD were utilised to gather information relating to broader understanding and knowledge of child protection in the community. In total, **17 FGDs were completed during data collection across the six district evaluation sites, involving 117 participants.**

7.2.6 Selection of geographical locations

Data collection was carried out at the national and sub-national levels (provincial and district). Following consultation with UNICEF during the inception phase of the evaluation, data collection at the subnational level was undertaken in two provinces: **South Sulawesi** and **East Java**. This amendment to the scope as set out in the ToR, which included four provinces (Aceh, Central Java, East Java and South Sulawesi), was made to allow for sufficient in-depth data collection within the resources available (noting that a key focus of the evaluation was examining practices at the service delivery level, necessitating an in-depth, rather than overly broad, approach).

Districts were selected in consultation with UNICEF on the basis of their **programming presence**. Districts with a well-established UPTD PPA (i.e., those that have received substantial UNICEF interventions) were selected in both East Java and South Sulawesi, plus one comparator district in each province (with no established UPTD PPA i.e. have not received full UNICEF interventions), that is broadly comparable (contextually) with one of the intervention sites. This allowed for a comparison between service delivery in geographical sites which have a significant programming presence and comparator sites. Sites were also selected based on **geographical diversity**, with selected districts covering both rural and urban sites. A detailed contextual profile for each geographical site is located in **Annex H**.

Figure 5: Data collection sites

	South Sulawesi	East Java
District 1	Maros Regency	Sidoarjo Regency
District 2	Makassar City	Surabaya City
District 3 (comparator)	Pangkajene Kepulauan Regency	Batu City

7.3 Data Analysis

A systematic review and analysis of all data was conducted, identifying key themes, patterns, discourses, relationships and explanations relevant to the evaluation questions and indicators set out in the evaluation matrix. The evaluation matrix was used as a framework to organise data and guide analysis.

7.3.1 Data analysis methods

Thematic analysis of qualitative data

All raw qualitative data was reviewed and coded according to the themes that corresponded with the evaluation questions. The evaluation team used a thematic analysis, with focus on understanding how the integrated protection service functions as part of the child protection system, and the role of UNICEF's interventions within that. The analysis sought to identify both anticipated and unanticipated results of the programming, good practices, challenges, and levels of capacity and areas where improvements can be made.

Analysis of quantitative data

A secondary analysis was carried out of available UPTD PPA data. The purpose of this analysis was to gain comprehensive, descriptive and objective picture of the numbers of cases progressing through the system in different locations; the demographic characteristics of children and women receiving support including gender, age and disability; the types of cases referred; referral sources; and case outcomes. However, the team were only able to access administrative data from a small number of locations and data was not available in sufficiently disaggregated form.

Data triangulation

Different types of data and different data sources were triangulated with one another in order to identify any inconsistencies in information. Triangulation helped to ensure the accuracy of findings, analysis and interpretation: drawing on different methods helped evaluators overcome any biases or weaknesses associated with a particular method.

Human rights-based gender sensitive focus

As previously mentioned, the evaluation applied a human rights lens to data analysis, considering all evaluation findings from a conceptual framework which is normatively based on human rights standards and laws. This entailed the consideration of inequalities and structural forms of discrimination and the power dynamics that drive these, within the analysis of people's ideas and experiences of protection systems. All data generated was disaggregated, including by sex, ethnicity, age and disability (where this data is available) and a gender and equity sensitive analytical lens was applied to all evidence.

7.3.2 Validation and oversight

The evaluation findings were presented at a validation hybrid workshop (an in-person workshop in which a number of participants joined online) which took place in Jakarta in January 2025. The workshop engaged the Evaluation Reference Group, other key stakeholders at the national level and in the provinces in which the data collection took place, along with adolescents who were members of the Child Forums in the evaluation provinces. The participants were provided with a space to reflect and provide feedback on the key findings and were involved in participatory, small group exercises to discuss and refine the report's recommendations. Participants were also provided with the opportunity to make written comments on the draft report.

Two rounds of written comments were also provided by key staff at UNICEF Indonesia and integrated into the final version of the report.

7.4 Limitations and constraints

Figure 6: Table of limitations and mitigating strategies

Potential constraints / limitations	Mitigating strategies
Access to respondents The evaluation relied on the participation of key stakeholders and programme beneficiaries. If their participation is not secured, this would have compromised the evidence base on which the evaluation drew.	By communicating with participants well in advance of the data collection we were able to secure their availability; in addition, maintaining a flexible approach to scheduling helped to ensure the availability of key participants.
Potential constraints / limitations	Mitigating strategies
	The team worked with UNICEF and the ERG members to ensure that the necessary permissions are granted at the national and regional levels to enable access to key stakeholder
Reporting bias The evaluation dealt with sensitive issues and also involved evaluating professionals' work. Given these sensitivities, it is likely that the evidence gathered was affected by a degree of reporting bias. Respondents may have been reluctant or unwilling to share sensitive and personal information either about traumatic events in their lives (children and adults) or about aspects of their professional experience which they may have feared might reflect badly either on them or on UNICEF.	To mitigate against reporting bias, evaluators carefully explained to all respondents that this is a learning-based exercise; and explain that their anonymity will be protected, and no negative personal or professional consequences will result from the information they share.
Recall bias As the evaluation involved speaking with respondents about past experiences, it was likely that the evidence may also be affected by recall bias. This may have potentially led to some inaccuracies where respondents have forgotten or misremembered events that happened previously; and respondents' ideas about when, where how and why such events took place may have been coloured by subsequent events.	Evaluators were careful to consider the impact of recall bias in the analysis and interpretation of research data. Evaluators also triangulated objective information through the assistance of other sources of information and documentation (e.g., files, reports, etc.).

7.5 Ethical considerations

The evaluation was carried out in line with the UNEG Ethical Guidelines and the Ethical Principles of Research Involving Children, along with Coram International's own ethical guidelines. A tailored and detailed ethical protocol was developed, and tools, including information sheets, consent forms and checklists and child protection referral protocols were also developed. This protocol and the methodology and tools for the study were submitted to an independent ethical review board in Indonesia at the Atma Jaya Catholic University, with approval granted prior to the commencement of data collection. **The ethical protocol and tools are presented in Annex B and Annex C, respectively.** In summary, the following principles were applied, in order to adhere to the overarching 'do no harm' principle, which guided the evaluation:

Voluntary participation: Participation in the evaluation was undertaken on a voluntary basis, with the evaluation team explaining to the participant in clear, age-appropriate language that participants are not required to participate and that they may stop participating at any time without negative consequences.

Informed consent: Evaluation participants were informed of the purpose and nature of the study, their contribution, and how the data collected from them will be used in the study through an information and consent form, which was provided in Bahasa Indonesian and English. Evaluators explained the contents of the consent form in age-appropriate language, to study participants before commencing the interview. In Focus Group Discussions (FGDs), participants were advised verbally of the purpose of the study and their contribution and verbal consent was provided and recorded before the commencement of the FGD. Where appropriate, consent was also obtained from the child's parent or caregiver.

Managing expectations: Evaluators carefully explained the nature and purpose of the study to participants, and the role that the data will play in the evaluation project. Participants were informed that the purpose of the participant's engagement is not to offer direct assistance in order to avoid raising unfounded expectations.

Anonymity and confidentiality: The identity of all evaluation participants was kept confidential throughout the process of data collection as well as in the analysis and writing up study findings. Strict data protection and storage protocols were followed to protect the confidentiality of evaluation participants and data. Coram International's ethical guidelines set out extensive measures to ensure anonymity including interviewing in private settings; not recording names; ensuring that evaluation findings are presented in such a way as to ensure individuals can't be identified; and safe data storage.

Addressing child protection concerns: A tailored, child protection and safeguarding protocol and tools were developed to support the identification and referral of child protection concerns (Annex B), and all evaluators were trained on the protocol. All team members had expertise in carrying out evaluation with a range of stakeholders, including children, young people and vulnerable groups. All the international evaluators had their criminal-record checked within the UK through the Disclosure and Barring System.



8. Evaluation findings

8.1 Relevance



Question: To what extent is the integrated protection services programming approach suited to the needs, priorities, and policies of relevant national and subnational stakeholders, children, women and communities?

Summary of findings on relevance

The programme appears to be highly relevant to the needs, priorities and policies of key stakeholders at national and sub-national levels, and to the needs of beneficiaries. At both national and sub-national levels, the development of the UPTD PPA responded to a gap in the delivery of comprehensive services within the child protection system. While the UPTD PPA has built upon and typically replaced the previous service for victims of violence against women (VAW) and violence against children (VAC) (the Integrated Service Centers for Women's Empowerment and Child Protection - P2TP2A), findings indicate that the UPTD PPA design was nonetheless highly relevant as it responded well to the fragmentation and limited focus / specialisation among child protection stakeholders under the existing model, by establishing a specialized unit, a case management process for victims / survivors of VAW and VAC, and increasing coordination among service providers. The increase in cases coming into the UPTD PPAs, along with data on the types of cases is an indication that services are meeting the needs of beneficiaries. It was also found that the UPTD PPA has largely retained its relevance in light of new and emerging issues, in particular, the increase in online sexual abuse and exploitation, through support focused on capacity building and awareness raising on how to identify and manage these matters. However, the UPTD PPA could increase its relevance to the needs of beneficiaries by ensuring a mechanism is in place for enabling meaningful participation of beneficiaries / service users and children, adolescents and community members more generally. It was also found that the UPTD PPA design was of more limited relevance in remote contexts where direct access to UPTD PPA physical sites is not always possible.

8.1.1 Alignment with the needs, priorities and policies of national and sub-national stakeholders

The programme was found to be responsive to existing gaps in the child protection system and therefore relevant to the needs of child protection stakeholders at national and sub-national levels. According to key stakeholders in intervention evaluation locations, while an existing service was in place to respond to violence against women and children prior to the establishment of the UPTD PPA (the P2TP2A), the P2TP2A catered to a broad range of matters, was not specialised to address violence against children and women and was not an autonomous unit. The services did not have an established process (e.g., as set out the in standard operating procedures), robust case management system or sufficient and qualified personnel, and service providers were not able to provide comprehensive, coordinated services. Key informants tended to describe the need for the UPTD PPA as 'urgent' or 'vital' for addressing gaps in the existing system and ensuring a more effective response to cases of violence against women and children, as illustrated by the following quotes:

*"[Prior to the establishment of the UPTD PPA], They just said, 'we handle it together' and there is no SOP or standard. Who will take care of the case? There is no case worker. They did the cases based just on feeling. There was a very poor management process."*⁴²

*"The need was highly urgent...by having a UPTD PPA, there is a service specifically catered to handle women and children. In comparison with the previous one, it was functional, but there was no specialty there. It was not strong enough."*⁴³

In South Sulawesi, there was also reported to be limited 'ownership' of cases by government institutions, with services provided largely through NGOs.⁴⁴ This limited ownership extended to budget allocations, with the budget provided for the team, but it did not cover the provision of services to women and children.⁴⁵

The development of the UPTD PPA appears to have been responsive to these gaps and challenges in the child protection system at the service delivery level. According to key informants, the establishment of the UPTD PPA addressed the previous lack of process, autonomy, specialisation and coordination (both among service providers, as well as in relation to the connectedness of the village, city/districts and provincial level services and systems) within existing response services. This has helped increase access to services as well as enabled the provision of more effective service delivery. These outcomes were also largely seen in the case studies that were carried out for this evaluation (see section on effectiveness, below). For example:

*"The problems in terms of handling are gone; it is more sustainable, continuous and comprehensive."*⁴⁶

*"Now we have the UPTD PPA, we can finally focus only on violence to children and women. Previously, we had to handle other programmes. Now that we can stand alone and focus on violence against women and children, this optimises the handling of the cases."*⁴⁷

Key stakeholders across both provinces also reported that the UPTD PPA responded to a lack of coordination in terms of cross-district or cross-city cases, by setting out a process and mandate for these cases to be reported to and handled by the provincial UPTD PPAs.

However, in Sidoarjo district (East Java), a number of key stakeholders did not consider the establishment of the UPTD PPA to have brought about significant changes in case handling. Several stakeholders (typically other dinas sectors, such as health, police services) appeared to be unclear that the UPTD PPA had brought about any particular changes in the handling of VAC and VAW cases. These stakeholders reported that except for the change in name, the UPTD PPA appears to be carrying out a similar function as the P2TP2A service model (i.e., providing services for victims of

42 Key informant interview with UNICEF Indonesia staff member, 16 July 2024.

43 Key informant interview with Provincial Social Services Office, Surabaya, 3 September 2024.

44 Key informant interview with representative of Dinas Provincial Women's Empowerment and Children Division, South Sulawesi, 3 September 2024.

45 Ibid.

46 Key informant interview with representative of Provincial Social Services Office, Surabaya, 3 September 2024.

47 Key informant interview with representative of District Dinas WECP office, Surabaya City, 5 September 2024.

VAC and VAW through collaboration). Stakeholders felt that the UPTD PPA did not necessarily need to supersede the P2TP2A, but with the inception of the UPTD PPA, they could fulfil different, but complementary functions.

In comparator districts, participants who understood the UPTD PPA model considered this model to be relevant to their local context, as what was needed was a more focused, independent unit that would be able to provide quality responses to cases of VAW and VAC (particularly through case management and a more focused mandate allowing connections to be forged with other key institutions).

8.1.2 Relevance of UNICEF's approach and design

The situation of the UPTD PPA programme within UNICEF's broader child protection programme, which is embedded in a child protection system strengthening framework, was found to be highly relevant to the context in Indonesia. The Programme took a multi-level approach, in which support to strengthen different components of the child protection system was provided at different levels of government (national, provincial, district and community). In this way, the Child Protection Programme was able to provide the comprehensive support required to ensure effective service-delivery within a highly decentralized context, in which national legal and policy developments are important in creating mandates at the sub-national (service delivery) level. The programme was supported by strong, coordinated efforts among different sections (outputs) of the child protection team, in particular, through collaboration with the law and policy and social behaviour change outputs / sections.

Relevance of UNICEF interventions to needs and priorities at national level

It is clear that UNICEF's Child Protection Programme engages very well with national partners, through quality partnerships with key stakeholders, and **this has helped to ensure the alignment of the Programme to national Government priorities**. At the national level, UNICEF worked with key partners, in particular, MoWECP and BAPPENAS, to establish a legislative mandate and framework for the UPTD PPA. Evidence generation and advocacy carried out prior to the establishment of the UPTD PPAs laid the foundation for this legislative framework. These efforts led to the development of a robust legal mandate for the establishment of the UPTD PPA. Ministerial Decree No. 2 of 2022 on Women and Child Protection Service Standards set out the structure and framework for the UPTD PPA, along with six mandated services that the UPTD PPA is required to provide: reporting and registration services; victim outreach; case management; temporary shelter; mediation; and victim assistance.⁴⁸ In 2022, the Sexual Violence Crime (TPKS) Law mandated UPTD PPAs as the primary body to oversee cases relating to victims of sexual violence, handling recovery and assistance of victims of sexual violence within the sis baseline services. Presidential Decree 55 of 2024 concerning Regional Technical Implementation Units for the Protection of Women and Children (UPTD PPA), mandates that UPTD PPA must be established by regional governments at the provincial level and districts/cities.⁴⁹ These legal developments were noted by stakeholders as highly relevant to the context in Indonesia, in which national legal mandates are required to facilitate action at sub-national levels.

⁴⁸ Chapter 2, Article 3(1), Regulation No. 2 of 2022 on Women and Child Protection Service Standards.

⁴⁹ Ministry of Women Empowerment and Child Protection, 'Ministry of PPPA: Presidential Decree on UPTD PPA Requires the Establishment of UPTD PPA in the Regions', 4 May 2024, <<https://www.kemenpppa.go.id/page/view/NTE3NA>>, accessed 1 July 2024.

It was noted by government stakeholders at the national level that **these developments had been made possible through the long-term relationships UNICEF has fostered with key Ministries**, in particular MoWECP and BAPPENAS; one key stakeholder noted that the relationship is one of 'equal bargaining power', in which UNICEF take on board government concerns, ensuring that interventions are relevant and adapted appropriately to local context. For example:

"The existence of UNICEF at the national level is very helpful, for example for advocacy for the anti-sexual violence law (TPKS), which mandates the UPTD PPA to provide services for victims of sexual violence...UNICEF has a good working relationship with ministries at the national level which is important for policy advocacy."⁵⁰

"UNICEF always listens to the result of our analysis and our specific needs, and everything is based on the national budget availability...UNICEF has tight supervision together with us, so we fill each other's hole. We have a pretty equal bargaining power on formulating the budget, discussions of strategy, methodologies, and so on with UNICEF."⁵¹

It was also noted that **UNICEF's support for evidence generation and advocacy efforts were crucial in ensuring alignment with government priorities and in supporting the UPTD PPAs**. In 2015, UNICEF assisted MoWECP in undertaking the first survey on the prevalence of violence against children. UNICEF supported another survey in 2018, building momentum at the national level to ensure a government focus on the protection of women and children. These surveys formed the basis on which UNICEF advocated at the national level for the inclusion of women and children's protection in the country's mid-term development plan (RPJMN).⁵² The development and maintenance of strong partnerships with key national government institutions appears to have enabled. In particular, UNICEF Indonesia has coordinated with the MoWECP and BAPPENAS over an extended period, culminating in the development and establishment of the UPTD PPA service model.

The relevance of UNICEF's efforts aimed at supporting implementation of these legal mandates was also noted by stakeholders. This is in light of the challenges experienced by the government in ensuring the implementation of newly developed policies and laws. UNICEF's interventions directly supporting the UPTD PPA model sought to improve the knowledge and capacity of national and sub-national governments and stakeholders. Interventions and strategies designed to support implementation of the UPTD PPA have intended to increase the capacity of MoWECP, BAPPENAS, and other key national GoI institutions to develop and implement an integrated service model for the protection of women and children.

Relevance of UNICEF interventions to needs and priorities of stakeholders at sub-national level

At the subnational level, the UPTD PPA model appears to respond to the priorities and policies of **key stakeholders** and is in strong alignment with broader programmes and objectives in each location. For example, in Surabaya City, strong alignment was noted among the priorities and legacy of the previous Mayor, who had a particular focus on protection issues.

⁵⁰ Key informant interview with representative of Wahana Visi, Jakarta, 18 July 2024.

⁵¹ Key informant interview with representative of MoWECP, Jakarta, 16 July 2024.

⁵² KII with UNICEF Indonesia staff member, Jakarta, 16 July 2024.

There was, therefore, a strong basis on which to build the UPTD PPA model. In South Sulawesi, the UPTD PPA model was found to be in strong alignment with broader Dinas WECP programmes and objectives, in particular, the 'protect your children' programme, with the UPTD PPA viewed as an important component of this.

UNICEF's work at the sub-national level was relevant to supporting the implementation of the UPTD PPA model, as set out in national regulations and standards. The support provided at the sub-national level appears to have been tailored to the needs of the specific locations (though it was noted that some stakeholders across the evaluation locations were not aware of the particular support that UNICEF had provided). This included, in particular, the provision of support in drafting Standard Operating Procedures (SOPs) for the operation of the UPTD PPAs, developing mechanisms (staffing requirements, procedures etc.), the provision of training to UPTD PPA staff, particularly on case management and work at the village level to improve the connection between village mechanisms and the UPTD PPA (see next paragraph). According to key stakeholders, these forms of support were relevant to the need at the provincial, district and city levels:

"It was really correct and appropriate because that gives the basis or foundation for the service implementation...when the UPTD PPA was established, they needed to know how to manage cases - how to conduct assessments, interventions, all the way through to terminating the case."⁵³

"It was very necessary and very comprehensive, for example, providing training to all villages in Maros. It has also been possible to form a group forum to share cases between villages."⁵⁴

However, it should be noted that the training was not sufficiently intensive to support robust case management processes in a context in which many staff do not have the necessary experience in case management practices. **More intensive and regular training on case management and, ideally, coaching would also be highly relevant to establishing and maintaining effective case management within UPTD PPAs, as would ensuring effective supervision practices are implemented.**

Support provided to the village-based protection system also appears to be relevant, given the need to address gaps in reporting and increase referral avenues from the local levels. Relevant work in communities to address demand issues included engagement with the Ministry of Villages to promote and build the capacity of Community-Based Child Protection Service Mechanisms to identify and know how to address / refer child protection and VAW cases. Stakeholders and service providers noted that 'socialization' of UPTD PPA at the village level was very important in creating the linkages between the village and UPTD PPA and in creating opportunities for self-referral, as well as coordination/ referral between community-based protection bodies/community police and UPTD PPA. Several child protection cases were mentioned in FGDs in which referrals had been made to the UPTD

53 Key informant interview with Provincial Social Services Office, Surabaya, 3 September 2024.

54 Key informant interview with service providers, Maros, 3 September 2024.

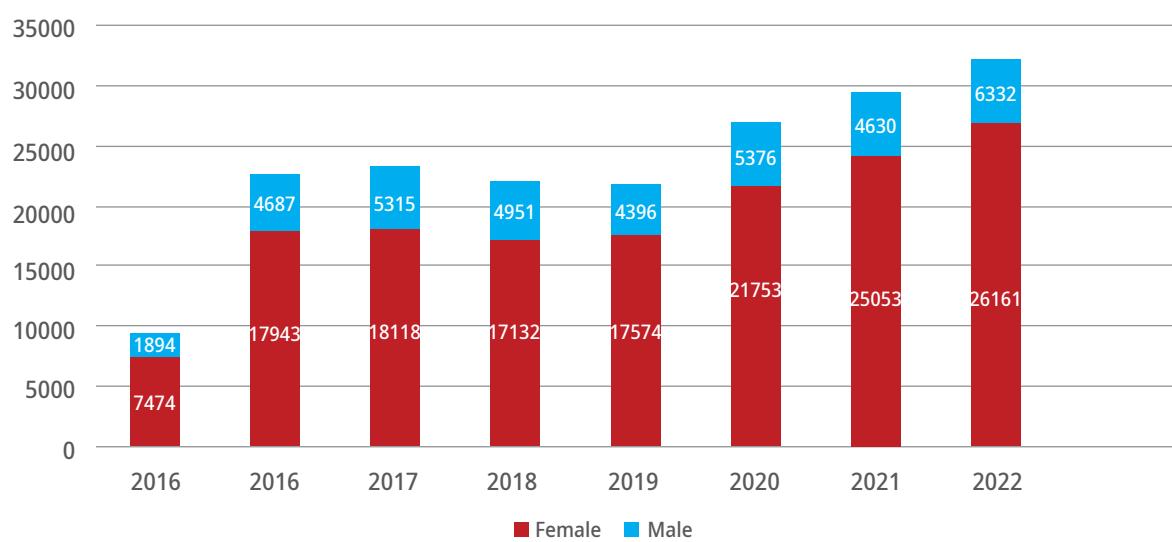
PPA by trained community volunteers. **Village interventions should be increased to further support village trust in the UPTD PPA and expand referral avenues. This is particularly important in more rural and remote areas, in which direct access by children and women to UPTD PPAs may not be possible.**

8.1.3 Relevance to the needs and priorities of beneficiaries / rights holders

The development of the UPTD PPA, with its aim on responding to violence against children and violence against women in all its forms, is highly relevant to the needs of beneficiaries and is grounded on a robust evidence base and a solid understanding of their needs. According to the evidence (which is set out above in Child Protection context, and expanded upon in Annex J), children in Indonesia are routinely exposed to violence, abuse, neglect and exploitation, and rates of gender-based violence, including intimate partner violence, are high. Given the high rates of violence experienced by women and children, reporting rates are very low, indicating challenges in accessing services and support.

Programme data show that, following the development of the UPTD PPAs, the rates of reporting violence cases have increased year-on-year.

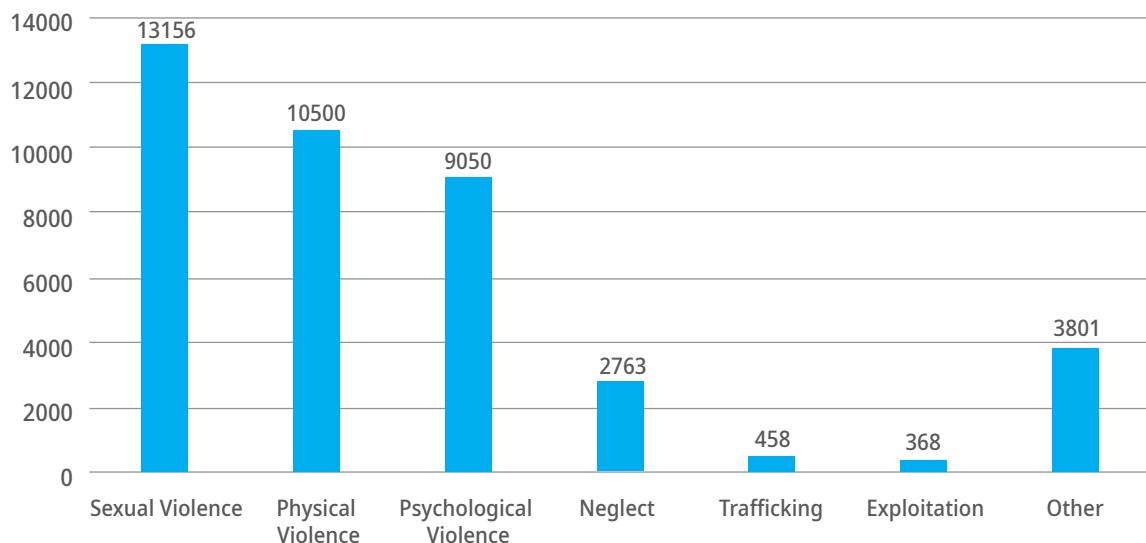
Figure 7: Number of recorded cases into UPTD PPAs (national), 2016-2023



Source: SIMFONI-PPA case data

According to SIMFONI-PPA database, in 2023, the majority of cases received into the UPTD PPAs involved sexual violence, followed by physical violence and psychological violence. The UPTD PPAs received a smaller number of cases involving trafficking or exploitation.

Figure 8: Number of recorded cases into UPTD PPAs by type of case (national), women and children, 2023



These data showing increasing rates of reporting of VAW and VAC cases indicate that the development of the UPTD PPA has been responsive to the needs of beneficiaries (and that efforts to increase access to the UPTD PPA have showed positive results – see effectiveness section for more detail). Among stakeholders, this was attributed to the specialisation of the service and increased availability of different services under the one roof, along with the work supported by UNICEF on building the capacity of village-based mechanisms to identify and refer cases to the UPTD PPA. For example:

"The UPTD PPA is very useful in facilitating the community to report cases. The community is very uncomfortable if they report cases directly to the police, for example. With the UPTD PPA, they feel more at ease and open, because there is more legal assistance and protection."⁵⁵

"[Before the UPTD PPA] the place to complain is disconnected. For example, if they need legal assistance, they stop at the police office and then they have to go somewhere else. Now, having the UPTD PPA in the district or city level, it is handled directly...they are coming now and feel someone can help them."⁵⁶

However, some areas were identified that could be strengthened to ensure the ongoing relevance of the programme design to the needs of key stakeholders and beneficiaries. While UNICEF's support to communities / villages is highly relevant in addressing reporting barriers, it is clear that broad social behaviour change (SBC) interventions would be highly relevant to comprehensively address these barriers. Awareness among communities and families was noted by stakeholders as a key gap (and community norms and beliefs were identified as a gap to service access within

⁵⁵ Key informant interview with representative of Bappeda South Sulawesi, 3 September 2024.

⁵⁶ Key informant interview with representative of Provincial Social Services Office, Surabaya, 3 September 2024.

community FGDs). SBC interventions are also important in addressing barriers among broader service providers that undermine access to UPTD PPA, for example, police and village leaders who appear to have a strong preference for using family mediation, even in response to cases involving violence.

Also, while the majority of cases referred to the UPTD PPAs concern violence, it was reported by UPTD PPA staff across both evaluation provinces that a considerable number of other matters are also referred, including alimony and custody cases that do not involve violence. This undermines the relevance of the model as an integrated service designed to respond to cases of violence against women and children. Cases in which there are parental legal disputes not involving violence could be referred out to a legal service provider, rather than handled by UPTD PPA, which would free up staff time and capacity to focus on VAC and VAW cases. **It is recommended that a process be developed for referring these cases out of the UPTD PPA, for example, to mediation or legal services.**

Also, though various initiatives have been developed to facilitate participation of children and adolescents in subnational governance, **there has been no systematic, meaningful engagement of beneficiaries or of children, adolescents or parents / caregivers more generally in the design and delivery of the UPTD PPA**, limiting the extent to which the service can demonstrate relevance and responsiveness to the needs of rights holders. While Child Forums are in place in the intervention evaluation locations (supported by UNICEF), which provide an avenue for children and adolescents to engage in planning and decision making at the provincial and district / city level, it is unclear whether they are being utilised to enable children and adolescents to feed into UPTD PPA developments. There does not appear to be any process to record the results of engagement by the Child Forums, and therefore no transparency in relation to the extent to which and how feedback from the adolescent and youth engagement initiatives were incorporated into decision making relating to child protection or the programme design. Enabling direct and meaningful engagement by children and adolescents into the development of UPTD PPAs could help ensure their relevance to the changing needs of beneficiaries, including, for example, by identifying new and emerging protection issues and ensuring that access avenues and services respond to the needs of children and families. **It is recommended that a process be developed to engage beneficiaries and children and adolescents more generally (perhaps through the Child Forums, where established) in the development of the UPTD PPAs.**

The UPTD PPA model was also found to have adapted to the changing context in the programming environments through the integration of emerging or worsening protection issues into technical support provided to stakeholders. In particular, online protection risks were cited as a growing area of need among stakeholders in the evaluation locations. While in several locations it was noted that technical support and training had been provided to UPTD PPA staff on addressing online child sexual abuse and exploitation of children (OCSEA), it was noted by a number of key stakeholders that UPTD PPA in-house staff require further training and capacity building in some areas to respond effectively to new and emerging issues.

It was also reported by stakeholders that the UPTD PPA model, which is designed to operate in physical locations within cities and towns and which rely on connection to a range of services to ensure a comprehensive response to VAW and VAC cases, is not as relevant in more remote contexts. For example, according to stakeholders in South Sulawesi and East Java:

"In remote areas, probably they require more assistance. In these places, we need to focus on how we bring the services to the local community...[for example] in Pangkep, it can take six hours for people from remote areas to get to the capital of the district..it is difficult to coordinate in these instances."⁵⁷

"The cases happening in rural areas, they are handled at the community level...if they need follow up, they experience difficulties.⁵⁸

There is a need to consider how the UPTD PPA model can be adapted to the needs of women and children in remote contexts (e.g., through specific process and increased coordination with community-based mechanisms, through the use of ICTs etc.).

8.2 Coherence



Question: What is the compatibility of the integrated protection services programming with other programmes and interventions and relevant sectors?

Summary of findings on coherence

The Programme appears to display strong coherence at the national level, aligning closely within UNICEF and with other Government approaches and initiatives. At the sub-national level, **strong coherence was also found between the UPTD PPA programme and other key institutions and services.** However, some inconsistencies were found in coordination between service providers across the evaluation locations. At the national level, the UPTD PPA Programme aligns strongly with other elements of the UNICEF child protection programme, demonstrating strong coordination with the GoI to make progress within the scope of the CP Programme. The UPTD PPA Programme also aligns strongly with other GoI initiatives that respond to VAC and VAW at the national level, including initiatives incorporated into the Medium-Term Development Plan (RPJMN). At the subnational level, the UPTD PPA Programme has facilitated improved clarity in roles among subnational Government stakeholders, promoting coherent prevention and response services between bodies under Dinas WECP, as well as between Dinas WECP and other dinas, such as Social Affairs. Coordination between service providers appears to also have been strengthened by the UPTD PPA model, minimising the duplication of roles and processes between service providers. Improved strong coordination can be attributed to the use of case management mechanisms, including case conferences, as well strong coordination between village child protection mechanisms and the UPTD PPA. However, there remains a need to strengthen coordination to ensure consistency across all sites. Coordination between the police and UPTD PPA / PPA service providers is an area which requires strengthening, as well as coordination between UPTD PPA and NGOs, with findings demonstrating significant challenges in both intervention and comparator sites.

57 Key informant interview with representative of DINAS Provincial Women Empowerment and Child Division, South Sulawesi, 3 September 2024.

58 Key informant interview with representative of Provincial Social Services Office, Surabaya, 3 September 2024.

8.2.1 Coherence within UNICEF

The support that UNICEF has provided to relevant ministries to implement initiatives through its Child Protection Programme demonstrates a high level of coherence between UPTD PPA and other elements of the UNICEF child protection programme. Strong coordination across the different UNICEF Child Protection output areas/teams, within a broader systems strengthening framework, was key to the critical developments that facilitated and embedded the UPTD PPA into government structures. For example, work carried out under Output 1 [Enabling Environment] was important in advocating for the establishment of the UPTD PPA and the development of a legal mandate to support implementation of the UPTD PPAs across the country. The support provided by UNICEF to: develop laws and policies (such as guidelines for community-based child protection mechanisms with MoV and MoHA); establish service frameworks and mechanisms, such as supporting MoWECP to develop standards for PUSPAGA (family learning centres) and supporting the establishment of quality assurance tool to asses compliance to the national standards (LP2KS,)and; developing and implementing training (such as MHPSS training for PUSPAGA staff) has contributed to coherence between UPTD PPA and other key services.⁶⁰

8.2.2 Coherence at national government level

The UPTD PPA has a high level of coherence with broader government initiatives to prevent and respond to VAC and VAW at national level. UNICEF reported strong coordination and alignment with the GoI in relation to supporting UPTD PPA and strengthening child protection more broadly, noting that UNICEF works within the GoI structure and has a complementary mandate with the government.⁵⁹ Ministries (with the support of UNICEF in several cases) have developed and implemented a range of service frameworks and mechanisms, laws, policies, trainings and interventions that have a key focus on prevention and response to VAC and VAW. To provide a few examples of where other government initiatives have been aligned with UPTD PPA: MoWECP and the MoV have developed community-based mechanisms within the 'Woman-and-Child-Friendly-Village' (DRPPA model); The Ministry of Education has adopted Ministerial Regulation No. 46 / 2023 which address corporal punishment at school and has implemented the 'positive discipline' programme, and; BAPPENAS has incorporated the 'RESPECT' framework for prevention of violence against women into the Technocratic Document of Indonesia's Medium Term Development Plan (RPJMN) for 2025-2029. It was also reported that the Ministry of Health has provided training to staff in hospitals dealing with VAC and VAW cases.⁶⁰ For more information regarding government interventions that are in alignment with UPTD PPA, see Annex E.

8.2.3 Coherence at the sub-national and service delivery level

Stakeholders at the subnational level reported a high level of alignment between UPTD PPA and parallel Dinas and other institutions, which has strengthened overall prevention and response to VAC and VAW. The UPTD PPA's mandate for responding to VAC and VAW cases allows institutions, such as PUSPAGA, to prioritise VAC and VAW prevention and service provision for non-VAC/VAW cases. UPTD PPA is regarded as a key component of DP3A's broader child and women protection efforts, and is not considered a separate, conflicting or duplicative entity. Indeed, strong relationships were evidenced between UPTD PPA and district and provincial level Dinas institutions both in interviews and observations in the field. Parallel interventions undertaken by other stakeholders including P2TP2A (where they remain active, such as in Sidoarjo), the police, hospitals and village-level protection mechanisms have strengthened knowledge of violence and child protection, creating increased demand and referrals to UPTD PPA, allowing UPTD PPA to fulfil its service delivery role.

59 Key informant interviews with UNICEF representatives in the inception phase, July 2024.

60 Key informant interview with representative of Sidoarjo Hospital, Sidoarjo, 6 September 2024.

Stakeholders highlighted that other UNICEF interventions have strengthened their approach to VAC and VAW prevention and response; in particular, the recent OCSEA programme has strengthened referral and integrated response to online sexual violence cases.⁶¹ Details of programmes supported by UNICEF are provided in Annex E.

Findings demonstrated many examples of strong coordination between UPTD PPA and other stakeholder bodies providing protection to women and children to avoid duplication in services. UPTD PPA stakeholders reported that they have strong coordination mechanisms with other stakeholder bodies, including memorandums of understanding and honorariums,⁶² as well as meetings and phone conversations to handle cases in a coordinated manner.⁶³ Although not reported consistently in all locations, there were examples of UPTD PPAs establishing multisectoral case conference functions to ensure a collaborative approach to complex violence cases (for example UPTD PPA Makassar – see 7.3.2 Subnational level outcomes for detail on the use of case conferences).⁶⁴ Some locations reported taking systematic steps to ensure roles and responsibilities do not overlap; for example, Bappeda in Maros reported adjusting regional planning documents and holding coordination meetings with stakeholders when developing annual work plans.⁶⁵ Coordination extends beyond service delivery to capacity building activities.⁶⁶

Coordination to support VAC and VAW cases was reported between UPTD PPA and various stakeholders, including the police, hospitals, DP3A institutions (such as PUSPAGA), community-based protection mechanisms and stakeholders, such as PATBM, community shelters, BINMAS and BABINSA, and schools. Stakeholders reported that the roles and responsibilities of each actor involved in the intersectoral response are clear and distinct, and there are no overlaps in services provided.⁶⁷ UPTD PPAs also reported collaborating with stakeholders who provide mental health and psychosocial support and legal aid where the UPTD PPAs lack the internal resources to provide such support. Findings showed particularly strong coordination between UPTD PPA and other Dinas / D3PA institutions, such as PUSPAGA (for example, UPTD PPA engaging with PUSPAGA educational counsellors to provide information to families, as reported in Makassar).⁶⁸ Effective coordination between UPTD PPA and Social Affairs Departments was evidenced in all locations; there was a clear understanding of cases to be dealt with by each stakeholder to prevent overlap in response⁶⁹, and this coordination enables the Social Affairs Departments to provide longer-term support to victims (such as accommodation, psychological services and rehabilitation programmes) where UPTD PPA services are time-limited.⁷⁰ Stakeholders also commonly reported strong coordination between UPTD PPA and health providers (though in one of the case studies in Surabaya City, poor communication between the

61 For example, focus group discussion with UPTD PPA staff, Makassar, 10 September 2024; Key informant interview with UPTD PPA Staff, Maros, 2 September 2024.

62 Key informant interview with representative of UPTD PPA Makassar, 4 September 2024; Focus group discussion with UPTD PPA staff, Makassar, 10 September 2024; Key informant interview with representative of UPTD PPA Maros, 2 September 2024.

63 Key informant interview with representative of UPTD PPA, Sidoarjo, 2 September 2024.

64 E.g. Key informant interview with representative of WECP, Surabaya City, 6 September 2024; Key informant interview with representative of UPTD PPA, Makassar City, 4 September 2024.

65 Key informant interview with representative of Bappeda, Maros, 3 September 2024.

66 Key informant interview with representative of Dinas, Makassar, 4 September 2024.

67 Eg. Key informant interview with representative of UPTD PPA, Maros, 2 September 2024; Key informant interview with Bappeda, Maros, 3 September 2024.

68 Focus group discussion with UPTD PPA district staff, Makassar, 10 September 2024; Key informant interview with representative of Puspaga, Surabaya City, 5 September 2024.

69 Key informant interview with representative of UPTD PPA, Maros, 2 September 2024.

70 Focus Group Discussion with Social Office UPTD staff, Gowa (South Sulawesi), 6 September 2024; Key informant interview with representative of Provincial Social Services Office, Surabaya, 3 September 2024.

UPTD PPA and health service, who had previous involvement in the case, was noted). Health and Social Affairs stakeholders reported that the SOPs ensure effective coordination with UPTD PPA,⁷¹ and that the process for supporting VAC and VAW cases has become more specialised since the establishment of UPTD PPA.⁷²

Community-based child protection mechanisms (including PATBM and community shelters) are key stakeholders who coordinate with UPTD PPA to refer violence cases, though findings demonstrate that the strength and effectiveness of coordination between UPTD PPA and community-based protection mechanisms varies. Effective coordination between community-level protection mechanisms and UPTD PPA is crucial for enabling UPTD PPA to identify and respond to cases at the village level,⁷³ and it was indeed reported that village-level stakeholders frequently refer VAC and VAW cases to UPTD PPA.⁷⁴ UNICEF interventions have strengthened links between community-based protection mechanisms and UPTD PPA.⁷⁵ For example, UNICEF have supported one of its partners, the Child Protection Council (LPA), to provide training and support to develop SOPs for village-to-district referrals in Surabaya.⁷⁶ However, several instances were identified where village-level protection mechanisms did not refer VAC and VAW cases (rather, they had mediated cases), which is a key gap in coordination that prevents UPTD PPA providing an effective protection response to VAC and VAW cases (this is explored in greater detail in 7.3.2 Subnational level outcomes)⁷⁶ UPTD PPA stakeholders noted that village-level services require ongoing training and awareness raising to strengthen understanding of protection risks and available services and ensure continuity in coordination.⁷⁷ Indeed, some village-level protection stakeholders were unaware of UPTD PPA as an institution.⁷⁸ **Increased efforts should be made to improve the capacity and the connections between community/village-based mechanisms and the UPTD PPAs.**

While UPTD PPA stakeholders reported coordinating with the police to some extent, there were frequent reports of challenges to this, creating barriers to identification and response to violence cases by the UPTD PPA (see effectiveness section below for more detail). The police have an influential role in the decision to mediate cases at the village level, and it appears that they do not always refer cases of VAW and VAC to the UPTD PPA or cooperate with the UPTD PPA to support the response to all VAC and VAW cases. It was also reported that police do not always take action on UPTD PPA referrals, which limits the legal support UPTD PPA can provide.⁷⁹ Stakeholders held the perception that violence cases are not always taken seriously or prioritised by the police, particularly household violence cases.⁸⁰ Other challenges to coordination between the UPTD PPA and the police were noted, including both groups of stakeholders failing to share the information and documentation required to proceed with VAC and VAW cases in a timely manner, and delays to police investigating cases. Delays

71 Key informant interview with representative of UNICEF Indonesia, 2 September 2024; Key informant interview with representative of Dinas health office, Surabaya City, 6 September 2024; Key informant interview with representative of Hospital, Sidoarjo, 6 September 2024.

72 E.g. Key informant interview with representative of Dinas health office, Surabaya City, 6 September 2024; Key informant interview with representative of Hospital, Sidoarjo, 6 September 2024.

73 Key informant interview with representative of UPTD PPA, Maros, 2 September 2024; Key informant interview with representative of WECP, Sidoarjo, 2 September 2024.

74 Key informant interview with representative of WECP, Makassar, 4 September 2024; Key informant interview with representative of Bappeda, Maros, 3 September 2024; Focus group discussion with service providers, Makassar, 10 September 2024; Case review, Maros, 3 September 2024. 77 Key informant interview with representative of Dinas Provincial Women empowerment and children division, South Sulawesi, 3 September 2024; Key informant interview with representative of Unit at WECP, Sidoarjo, 2 September 2024.

75 Focus group discussion with community service providers, Surabaya City, 10 Sept 2024; Key informant interview with representative of NGO implementing partner, Surabaya, 4 September 2024.

76 Key informant interview with representative of Bappeda, Maros, 3 September 2024.

77 Key informant interview with UPTD PPA district staff, Maros, 2 September 2024.

78 E.g. Focus group discussion with community leaders, Makassar, 6 September 2024.

79 Key informant interview with case manager, Surabaya City, 9 September 2024.

80 E.g. Key informant interview with representative of UPTD PPA, Makassar, 4 September 2024; Key informant interview with representative of police, Makassar, 9 September 2024.

in police reporting were also attributed to delays to UPTD PPA coordinating rehabilitation services for victims through Social Affairs UPTDs.⁸¹ At national level, UNICEF recognised the lack of an official programme with the Ministry of Home Affairs (MOHA) as a barrier to strengthening countrywide police coordination at UPTD PPA.⁸² **It is important that efforts are made to increase effective coordination between the UPTD PPAs and provincial and district/city police units to improve response services for VAW and VAC cases.**

There were mixed findings in relation to the coherence of the UPTD PPAs with NGO and CSO service providers. At the national level, UNICEF reported that there is strong coordination with CSOs, whereby CSOs have a good structure/base at the community/micro level for UNICEF to coordinate with while UNICEF's interventions are largely 'upstream' (focused at the national level).⁸³ However, national level interviews highlighted a number of NGOs and CSOs operating at the subnational level have met aspects of the Government ownership of UPTD PPA with resistance. Prior to the establishment of UPTD PPA, service provision, including case handling, was largely undertaken by NGOs/CSOs at the local level. As a result, NGO/CSO personnel are highly experienced in these areas, and hold concerns regarding the experience of Government civil servants placed into UPTD PPA, and feel like the integrated services model is not inclusive of NGOs.⁸⁴ A lack of financial resources was noted by UNICEF as a barrier to strengthen coordination and encourage knowledge exchange between UPTD PPA and NGOs systemically in all locations; it was perceived that **in order to keep NGOs' knowledge up to date and ensure their effective service delivery and coordination with UPTD PPA, resources need to be in place to involve NGOs in trainings.**⁸⁵⁸⁸

However, there was also **evidence of strong coordination with NGOs at the subnational level** in some locations, and utilisation of NGOs to support cases where internal UPTD PPA human resources are limited. For example, Surabaya UPTD PPA coordinates with NGOs to fill gaps in services such as psychological support.⁸⁶ NGOs in Surabaya reported utilising UPTD PPA resources (such as transport) to support UPTD PPA cases, indicating strong coordination.⁸⁷ It appears that NGOs in Surabaya continue to carry out some case management functions and receive referrals from other stakeholders (rather than cases being directly referred to UPTD PPA),⁸⁸ and UPTD PPA representatives recognised that community members know and feel more comfortable referring to NGOs, and have therefore been working to ensure synergy and collaboration in this context.⁸⁹ Comparatively, in locations where UPTD PPA has higher internal capacity than NGO service providers, UPTD PPA staff manage cases and coordinate with NGOs to provide services and consult on expert opinions. For example, the UPTD PPA in Makassar has established MOUs with a large number of NGOs to support victims' access to services but maintains overall case management responsibility. Indeed, strong relationships and coordination between UPTD PPA Makassar and local NGOs have resulted in partnerships whereby foundations provide in-house human resources within UPTD PPA; in particular, the legal aid foundation LBH has appointed paralegals to reside within UPTD PPA part-time.

81 Key informant interview with representative of district UPTD PPA, Makassar, 4 September 2024.

82 Key informant interview with UNICEF Indonesia staff member, East Java, 2 September 2024

83 Key informant interview with UNICEF Indonesia staff member, Jakarta, 16 July 2024.

84 Key informant interview with UNICEF Indonesia staff member, online, 17 July 2024.

85 Key informant interview with UNICEF Indonesia staff member, online, 18 July 2024.

86 Key informant interview with representative of NGO implementing partner, Surabaya City, 6 September 2024; Key informant interview with representative of Dinas Surabaya City, 6 September 2024.

87 Key informant interview with representative of NGO implementing partner, Surabaya City, 6 September 2024; Key informant interview with representative of Dinas, Surabaya City, 6 September 2024.

88 Key informant interview with representative of NGO implementing partner, Surabaya City, 5 September 2024.

89 Key informant interview with representative of NGO implementing partner, Surabaya City, 6 September 2024; Key informant interview with representative of Dinas, Surabaya City, 6 September 2024.

Several factors appear to impact the strength of coordination between UPTD PPA and other stakeholders.

Coordination differs by location; for example, while few examples of coordination with education institutions arose in Makassar, stakeholders in Sidoarjo identified strong coordination between the UPTD PPA and schools, including through MOUs to respond to bullying cases.⁹⁰ It was also reported that, in general, the UPTD PPA is better able to coordinate with services in urban areas, whereas links with service providers are weaker in rural areas (which may link to availability of resources; see efficiency section below), and coordinating with mental health services is regarded as a challenge in general.⁹¹ The strength of coordination between UPTD PPA and other stakeholders is somewhat dependent on the knowledge and attitudes of personnel in relation to VAC and VAW, relationships between staff across the institutions, efforts to establish MOUs, human and logistical resources and physical proximity to the UPTD PPA offices. In addition, differences in individual stakeholders' SOPs for responding to cases was noted as a barrier to coordination and ensuring a timely response.⁹² **It is recommended that all UPTD PPAs be supported to establish strong collaborative working arrangements with relevant NGOs and CSOs (e.g. through partnership agreements or MOUs); within these relationships, it is important that the UPTD PPAs retain 'ownership' of cases and case management).**

Assessing the level of coordination between stakeholders in comparator districts can help shed light on if and how UPTD PPA has strengthened alignment and coordination between stakeholders. There was evidence that comparator districts have established some effective coordination mechanisms with similar bodies to those established within UPTD PPA.⁹³ For example, PT2PTA stakeholders in Batu city reported synergy and coordination between stakeholders, including Dinas PPPA and the local RPPA (woman and child protection house).⁹⁴ In PangKep, there were case examples of effective coordination between case workers, the police, hospitals, health providers and social services.⁹⁵ Service providers in comparator districts were also aware and part of broader coordination circles,⁹⁶ as were community members (as evidenced in FGDs).⁹⁷ However, it was recognized that there is no institutionalized integrated protection system in comparator districts,⁹⁸ and that coordination is dependent on individual case workers' and service providers' initiatives on a case-by-case basis, which was seen as a limitation.⁹⁹ Comparatively, UPTD PPA districts demonstrated systematic, institutionalized coordination.

⁹⁰ Key informant interview with representative of WECP, Sidoarjo, 2 September 2024.

⁹¹ Key informant interview with representative of national child protection NGO, online, 18 July 2024.

⁹² Key informant interview with representative of provincial UPTD PPA staff, Surabaya City, 3 September 2024.

⁹³ Key informant interview with representative of PPA Office, Pangkep, 6 September 2024.

⁹⁴ Key informant interview with representative of P2TP2A, Batu City, 6 September 2024.

⁹⁵ In depth interview with case worker, Pangkep UPTD PPA, 6 September 2024.

⁹⁶ Key informant interview with PPA service providers, Pangkep, 9 September 2024.

⁹⁷ Focus group discussion with community members, Pangkep, 9 September 2024.

⁹⁸ Key informant interview with PPA service providers, Pangkep, 9 September 2024.

⁹⁹ Key informant interview with PPA service providers, Pangkep, 9 September 2024.

8.3 Effectiveness



Key evaluation question: To what extent has UNICEF's approach for integrated protection services programming contributed to achieving the desired objectives/outputs at the national and sub-national level? Were outputs achieved or likely to be achieved?

Outcome: Child Protection services at national and subnational levels have improved capacities to provide accessible prevention and response services.

Objective: Child protection service providers at the national and sub-national levels are adequately resourced and coordinated to provide accessible, inclusive and child-friendly, gender-responsive and quality prevention and response services.

Summary of findings on effectiveness

The UPTD PPA Programme has been effective in strengthening the enabling legal and operational environment at the national level, in particular through the provision of advocacy and technical assistance to develop Ministerial Decree No. 2/2022 on Service Standards, and the strengthening of national data collection systems (SIMFONI-PPA). This programming at the national level has enabled the establishment of UPTD PPA at the subnational level, which, whilst not consistent across the country, has resulted in significant progress in the legal and programmatic environment at the subnational level.

At the subnational level, results in relation to the effectiveness in the functioning and quality of the UPTD PPA services and processes, along with outcomes for beneficiaries, were mixed. The UPTD PPA service demonstrated strong effectiveness in increasing the scope and breadth of services available for women and children at risk of, or victim to, violence through the strengthening of case management processes to enable inter-sectoral coordination between service providers. Stakeholders noted that UNICEF's capacity-building interventions, supported by Child Protection Officers in UNICEF's Field Offices, were highly effective at facilitating this progress, in particular the development of Service Standards Training (CEKATAN) including technical guidance on the development of case management SOPs, as well as capacity-building training sessions. However, services were not reported as functioning effectively across all evaluation sites. A number of stakeholders reported challenges in coordination within the UPTD PPA, limitations in the quality and scope of services provided (in particular with respect to legal aid and psychological support), challenges associated with repeat assessments and challenges in risk identification, as well as very restricted access to services for children in conflict with the law (CICL). These challenges appear to centre on financial and human resource limitations, insufficiencies in the technical capacity of UPTD PPA staff, strained institutional relationships, and a lack of clarity surrounding the UPTD PPA's legal obligations in child protection cases. Broader barriers and challenges, including dominant socio-cultural norms and structures, also limit the effectiveness of the UPTD PPA model, and access to services by women and children, particularly those from more vulnerable or disadvantaged groups.

8.3.1 National level outcomes

According to the desk review and qualitative data collection, progress in strengthening the enabling legal and operational environment for integrated service delivery has been substantial. UNICEF has achieved important results at the national level, with interventions contributing to the substantial progress which has been made in the legal and policy framework, enabling the implementation of the integrated protection service model and increasing the capacity of national stakeholders to respond to protection challenges through upstream advocacy and technical consultation work. The use of evidence-based advocacy and technical assistance has been particularly effective. Following the expansion of MoWECP's mandate to include PPA service delivery in Presidential Decree No. 2/2020, UNICEF provided technical consultancy to MoWECP to develop the UPTD PPA integrated service model framework, utilising the evidence in the 2015 and 2018 violence against children surveys. Specifically, in 2021, UNICEF advocated for and provided technical assistance to the development of Ministerial Decree No. 2/2022 on Women and Children Protection Service Standards. UNICEF's support in developing the UPTD PPA framework and minimum service standards were noted as highly effective by stakeholders in facilitating the roll-out of the UPTD PPA model at the subnational level by linking national level advocacy and policy to subnational governance structures.¹⁰⁰ UNICEF's technical support helped to enable MoWECP to fulfil its new mandate as the institution responsible for PPA service provision by facilitating the design and implementation of a relevant integrated service model.

UNICEF-supported developments in the national legal framework have effectively facilitated the establishment of UPTD PPAs at the subnational level. UNICEF had fostered effective partnerships with Government ministries, including the MoWECP and BAPPENAS, to advocate for, and provide technical assistance on, the development of an integrated PPA service policy and legal framework. Specifically, UNICEF have provided technical assistance in the development of Ministerial Decree No. 2/2022 on Women and Children Protection Service Standards, which established the legal mandate for sub-national provincial and district governments to establish UPTD PPA, and provided the standard framework for the integrated service model. This Regulation was noted as effective by stakeholders in accelerating the establishment of UPTD PPA at subnational levels by creating a legal mandate to drive implementation.¹⁰¹ The impact of the legal mandate is clear when looking at the number of UPTD PPAs which have been established at the provincial level in a short space of time. **As of March 2024, 34 out of 38 provinces have established UPTD PPA.**¹⁰² In addition, Presidential Regulation 55 of 2024 concerning Regional Technical Implementation Units for the Protection of Women and Children (UPTD PPA) reaffirms Regulation No. 22/2022, mandating that UPTD PPA must be established by regional governments at the provincial level and districts/cities. Whilst 2024 lies outside the time scope of this evaluation, Regulation No. 55/2024 is evidence of the continued results of UNICEF's work in supporting the strengthening of the legal framework for the UPTP PPAs. UNICEF provided technical assistance on the preparation of Regulation No. 55/2024 which has further strengthened the national level legal and policy framework for the establishment and functioning of integrated services for women and children at the subnational level.

¹⁰⁰ Key informant interview with representatives of MoWECP, 16 July 2024.

¹⁰¹ Key informant interview with UNICEF Indonesia staff member, 15 July 2024.

¹⁰² Data provided by UNICEF, March 2024.

However, there is considerable regional variation in the implementation of UPTD PPAs at the district/city level. Whilst Ministerial Decree No. 2/2022 effectively established a mandate for the subnational implementation of UPTD PPAs, affirmed by Presidential Decree No. 55/2024, a significant number of districts / cities are yet to establish a UPTD PPA. Nationally, of the 511 districts / cities mandated to establish a UPTD PPA, 324 have done so, with 187 yet to establish a UPTD PPA.¹⁰³ These inconsistencies are visible not only on the national scale, but also within UNICEF programming provinces, namely East Java, South Sulawesi, Aceh, Central Java, Papua and East Nusa Tenggara. The table below highlights these limitations and geographic variation.

Figure 9: UPTD PPA coverage at the city/district level in UNICEF programming provinces, March 2024.¹⁰⁴

Province	No. of established UPTD PPA	Districts / cities without UPTD PPA	Coverage (%)
Aceh	10	13	43%
Central Java	20	15	57%
East Java	28	10	74%
South Sulawesi	18	6	75%
Papua	3	6	33%
East Nusa Tenggara	7	15	32%

East Java and South Sulawesi, the sites of this evaluation, are highlighted in green in the table above, displaying similar outcomes in UPTD PPA coverage at the subnational level. Whilst both provinces have made significant progress in UPTD PPA coverage, approximately a quarter of districts / cities are yet to establish UPTD PPAs. **This highlights limitations in the translation of the national mandate down to the district / city level.** Factors impacting the implementation of the UPTD PPA model at the subnational level centre on the human and financial capacity of sub-national governments, as well as challenges in government coordination between the national and subnational level. Disparities in subnational child protection budgets are largely present along urban-rural lines,¹⁰⁵ as identified by stakeholders at the national level, acting as a key barrier to the implementation of the UPTD PPA model in rural districts / cities. UNICEF are currently working in coordination with the MoHA on planning and budgeting for child protection at the subnational level in order to address this gap in the future and close the funding gap between provinces in Indonesia.

Stakeholders at the national level also noted that service quality was not consistent at the subnational level, with case management processes and SOPs yet to be established across all district UPTD PPA.¹⁰⁶ Case handling practices were noted as “*very poor*”¹⁰⁷ in some areas, highlighting the inconsistent establishment of UPTD PPA nationally (case management progress and challenges at the subnational level are explored in greater depth in the sections below). Key national stakeholders noted that the challenges in implementing the national policy and legal framework at the subnational

¹⁰³ Data provided by UNICEF, March 2024.

¹⁰⁴ Data provided by UNICEF, March 2024.

¹⁰⁵ Key informant interview with UNICEF Indonesia staff member, online, 17 July 2024.

¹⁰⁶ Key informant interview with representative of Child Fund, Jakarta, 18 July 2024.

¹⁰⁷ Ibid.

level were most acute in areas located furthest away from central Government, and that legal and policy developments at the national level had not been sufficiently 'contextualized' in these areas. **It is recommended that a needs assessment be carried out in locations in which the UPTD PPAs have not yet been established, which identifies gaps and barriers and determines the support required to ensure further roll out of the UPTD PPAs, particularly at district/city levels.**

At the national level, UNICEF has effectively supported the strengthening of data collection and information management systems which have supported the UPTD PPA model. UNICEF has provided ongoing support which has effectively strengthened the SIMFONI-PPA information management system, ensuring linkages between SIMFONI-PPA and reporting victims of violence using the MoWECP SAPA 129 helpline. Supporting the strengthening of SIMFONI-PPA has helped to generate evidence to encourage investment by the GoI.¹⁰⁸ More recently, MOWECP have worked with UNICEF to integrate the Primero case management system into SIMFONI-PPA, and the second User Acceptance Test (UAT) is being prepared to take place in August 2024.¹⁰⁹ Once this is successfully integrated, it is hoped that SIMFONIPPA system will function as both a case management system and an information management platform, making it as SIMFONI-PPA version 3.

8.3.2 Subnational level outcomes

Outcomes at the subnational level cover the functioning and quality of the UPTD PPA services and processes, along with access to services and outcomes for beneficiaries.

Quality of coordinated prevention and response services

A key objective of the UPTD PPA model is to enable coordination and collaboration between service providers in the UPTD PPA network in order to facilitate the delivery of comprehensive integrated services to women and children. UNICEF utilised a systems strengthening approach to improve coordination, employing interventions and change strategies to increase the strength of PPA services through the UPTD PPA model. **Results in this area were mixed. Whilst the UPTD PPA model appears to have streamlined coordination within the UPTD PPA network, there remain challenges between service providers collaborating on UPTD PPA cases.**

In general, the **UPTD PPA appears to have supported a coordinated response to VAC/VAW within UPTD PPA and the UPTD PPA service network, improving the capacity of protection services to respond to protection cases.** It was noted across all evaluation sites that the UPTD PPA model has enabled a more effective coordinated response to VAC/VAW, with the UPTD PPA establishing a clear mandate over service provision, enabling coordinated efforts under a single network. In contrast to comparator districts, where stakeholders reported fragmentation and more limited coordination in service delivery, due to a lack of formalised coordination mechanisms, interventions sites displayed clear coordination pathways. Stakeholders across all evaluation sites reported that internal coordination within the UPTD PPA network had improved under the new model, directly related to UNICEF-supported interventions. In particular, stakeholders noted that SOPs had facilitated clear coordination pathways and distribution of responsibilities, as set out in the information box below.

¹⁰⁸ Key informant interview with UNICEF Indonesia staff member, online, 16 July 2024.

¹⁰⁹ KII with UNICEF Indonesia staff member, 16 July 2024.

INFORMATION BOX: Examples of improved coordination in VAW and VAC cases in intervention evaluation locations

In Makassar City (South Sulawesi), for example, service providers working in the trauma centre and Dinas safe house reported that UPTD PPA SOPs for case handling and service provision has enabled coordination between their services on UPTD PPA managed VAC/VAW cases.¹¹⁰ SOPs formalised coordination between service providers within the UPTD PPA service network, facilitating effective collaboration and service provision. UPTD PPA staff and service providers in Makassar also noted the use of case conferences in complex cases where coordination required greater attention across a number of bodies providing services.¹¹¹ For example, case conferences were organised to coordinate on a complex case in Makassar involving two children. One child exploited the second child, and both children had been victim of exploitation by a family member. Due to the complexity of the case, and the involvement of the police, legal aid service provider, Dinas shelter, UPTD PPA counsellors and staff, the UPTD PPA set-up a case conference in order to bring together the service providers working on the UPTD PPA case.¹¹² This effectively facilitated a coordinated response within the UPTD PPA network and enabled the victims to receive a range of services working in collaboration under the UPTD PPA case manager.

Another case in Makassar, involved sexual violence perpetrated by a 9 year old to an 8 year old victim. Following the initial assessments, the UPTD PPA found that the children were from a family experiencing socio-economic challenges and the father was in prison. As the case was complex, with a number of factors and a challenging contextual background, the UPTD PPA initiated a case conference involving a number of connected service providers and stakeholders, including the Social Office (Dinas), welfare, police, religious institutions and the head of the neighbourhood / urban village.¹¹³

In Surabaya City (East Java), a case manager who worked in PPA service delivery under the P2TP2A model and the new UPTD PPA model, noted that coordination had improved substantially – *'the cases are more well organised... coordination is much better and simpler'*¹¹⁴ compared to the previous system. In addition, as found in Makassar City, stakeholders in Surabaya noted that improved coordination pathways have facilitated case conferences involving a range of connected professionals, ensuring victims can access multi-sector services whilst their case is under the UPTD PPA.¹¹⁵ Similarly, in Maros, UPTD PPA staff, network service providers, and referral bodies, reported high confidence in the ability of the UPTD PPA to coordinate internally and with the UPTD PPA network to ensure cases are responded to comprehensively and in a timely manner.

This more formalised coordination mechanism developed under the UPTD PPA model contrasts to data drawn from the comparator evaluation sites. P2TP2A staff in Pangkep Regency (comparator site) reported that coordination with service providers is undertaken on an ad hoc basis, in which communication takes place directly with individual service providers via WhatsApp, and staff / service providers are assigned to cases based on their personnel capacity. Coordination is not standardised

110 Key informant interview with service providers, Makassar, 4 September 2024.

111 Key informant interview with service providers, Makassar, 4 September 2024.

112 Key informant interview with service providers, Makassar, 4 September 2024.

113 Key informant interview with UPTD PPA staff, Makassar, 4 September 2024.

114 Key informant interview with UPTD PPA case manager, 9 September 2024.

115 Key informant interview with representative of NGO, Surabaya City, 5 September 2024.

through a set of SOPs or formal pathways between institutions, and as a result cases often undergo serious delays with information sharing hindered by the insufficiency of coordination pathways. The UPTD PPA model effectively counteracts this shortcoming in the P2TP2A model by establishing clear coordination mechanisms set out in SOPs developed at the subnational level.

Improved case management processes under the UPTD PPA have been the main driver of effective coordination. Case management is one of the six services set out in Ministerial Decree No.2/2022 on Service Standards, developed by MoWECP supported through technical consultation from UNICEF. UNICEF provided assistance in the development of SOPs to formalise case management approaches at the national level, feeding into the Service Standards framework, and, in conjunction with MoWECP, UNICEF have developed training modules on the development of SOPs to guide case management at the subnational level. Service standards (CEKATAN) training modules developed with support from UNICEF were delivered in the 2021-2022 period to 97 districts and 11 provinces by UNICEF and partners, and 103 districts and 8 provinces by the GoI.¹¹⁶ UNICEF effectively formed partnerships with NGO implementing partners to deliver these trainings. CEKATAN training has been delivered by implementing partners in South Sulawesi and East Java at the provincial level, as well as in all intervention sites in this evaluation (Maros Regency, Makassar City, Sidoarjo City, and Surabaya City). Support provided by Child Protection Officers in UNICEF's Field Offices (in East Java and South Sulawesi) was key in the achievement these results.

Stakeholders at the national and subnational level reported that UNICEF-supported CEKATAN training, and the development of SOPs guiding case management processes, had been highly effective in improving coordination and therefore service delivery within the UPTD PPA model. For example, as reported by key stakeholders:

***"In the UPTD PPA, there are people who have received training with case management established to be able to build coordination and synergy with the sources of solution, like hospitals with the witness protection agency."**¹¹⁷*

***"It is really, really helpful [the new case management system]. Back before, we were working blind, we were entering the jungle walking blind. We used to debate a lot on how to handle cases; now we know how to solve a case and we work side by side with equal knowledge of a case. For cases that need services, we will make a case conference involving other institutions (education, police, we invite all of them), it can be face to face meeting or zoom"**¹¹⁸*

These findings regarding improved case management to facilitate effective coordination were present across all intervention evaluation sites. UPTD PPA staff and connected service providers, including social workers under Dinas Sosial, noted that case management processes facilitated efficient coordination within the UPTD PPA network, and speed up referral processes between service providers.

¹¹⁶ Data provided by UNICEF, CEKATAN roll out 2021-2022, updated November 2023.

¹¹⁷ Key informant interview with representatives of Child Protection Commission, Jakarta, 18 July 2024.

¹¹⁸ Key informant interview with representative of provincial UPTD PPA staff, East Java, 3 September 2024.

However, despite the overall improvement in case management and coordination, stakeholders noted that there remain a number of coordination challenges within the UPTD PPA network impacting the overall effectiveness of the model. These challenges centre largely on insufficiencies in information sharing between UPTD PPA staff and connected service providers. Stakeholders reported that challenges in information sharing inhibit a coordinated response and delay the period between UPTD PPA case presentation and service delivery. UPTD PPA staff in Maros Regency, for example, highlighted that whilst coordination was effective within the UPTD PPA network and generally worked well to provide coordinated services, there had been recent examples where assessment information and case files had not been shared in a timely manner between connected service providers and UPTD PPA case managers.¹¹⁹ As a result of these coordination challenges, cases became delayed and victims were unable to access services quickly. Stakeholders in Maros noted that these challenges were heavily linked to human resourcing gaps in the UPTD PPA and connected service providers, citing that social workers and case managers had high and at times unmanageable caseloads, which slowed down case progress and hindered coordinated information sharing.¹²⁰ These challenges were particularly acute in Maros UPTD PPA which had only three permanent staff at the time the evaluation was undertaken, with the majority of service outsourced within the connected network. **Information sharing protocols should be developed (or where already developed, strengthened) between the UPTD PPAs and connected service providers.**

In addition, **effective coordination appears at times to be reliant on the technical capacity of individual personnel and individual institutional relationships.** Whilst coordination mechanisms have been formalised under the UPTD PPA model, this has not effectively combatted the P2TP2A reliance on individual institutional relationships to ensure effective PPA service coordination. Social workers in Sidoarjo, for example, cite '*sectoral egos due to differences in leadership*'¹²¹ as a key obstacle to effective coordination on UPTD PPA VAC/VAW cases. The head of WECP in Sidoarjo also cited a lack of '*institutional commitment*' as a barrier to coordination between the UPTD PPA and service providers within the UPTD PPA network, including Dinas institutions and the police. Whilst evidence of poor coordination between police and UPTD PPA was present across all evaluation sites, **the severity of coordination challenges between UPTD PPA and police varied**, underlining the influence of individual institutional relationships on overall coordination.

In Makassar City, coordination between the police and UPTD PPA was found to be effective in the overall approach to cases, but that coordination at times broke down on a case-by-case basis. District UPTD PPA staff highlighted that police were regularly involved in multi-sectoral case conferences, supporting coordination on a formalised basis: "*So far there are no obstacles in coordination as we always have regular meetings every three months and if there is a case conference then we will involve PUSPAGA, police, Bappas, and UPTD (social office), and NGOs.*"¹²² However, at times stakeholders noted that this coordination broke down on a case-by-case basis, largely centred upon inefficiency in case information being shared. A prosecutor interviewed during data collection highlighted these challenges and the impact on cases of VAC and VAW, noting that at times they received assessment and case forms in a delayed fashion from UPTD PPA, impeding the initiation and progress of police investigations for victims/survivors of VAC and VAW.¹²³

¹¹⁹ Key informant interview with UPTD PPA staff, Maros, 2 September 2024.

¹²⁰ Key informant interview with UPTD PPA staff, Maros, 2 September 2024.

¹²¹ Key informant interview with social worker, Sidoarjo, 3 September 2024.

¹²² Focus group discussion with UPTD PPA district staff, Makassar, 10 September 2024.

¹²³ Key informant interview with prosecutors, Makassar, 9 September 2024.

In Sidoarjo, stakeholders noted that relations between the UPTD PPA and the PPA police desk had broken down, undermining formal case management processes and coordination on cases involving victims/survivors of VAC and VAW. UPTD PPA staff reported delays with the police desk, noting that *“the synergy between the UPTD PPA and the police is not running well, due to long waiting times for the cases to be processed by the police.”*¹²⁴ An absence of coordination between police and UPTD PPA impacts the effectiveness of service delivery and case outcomes, and exposes women and children to risks of secondary traumatisation due to repeat assessments and interviews; police noted that social workers were often not present during the assessment stage of police investigations, resulting in repeat assessments and risks of secondary traumatisation (this is explored in more detail below). Notably, underlining the breakdown in relationship between the UPTD PPA and police in Sidoarjo, the police chose not to attend UNICEF training on service standards delivered to Sidoarjo UPTD PPA and partners; training was attended by all other invitees.¹²⁵ Furthermore, a particular case in East Java was noted by a lawyer working within the Sidoarjo UPTD PPA network. In this case, the UPTD PPA withdrew the case from the police due to significant delays at the police end, and the handling of the police case was reported to Propam.¹²⁶ The police case was ultimately suspended and the relationship between the police and the UPTD PPA continues to be strained.¹²⁷

Therefore, whilst all evaluation sites in East Java and South Sulawesi reported challenges in coordinating with the police on VAC and VAW cases, regional differences in the scale of these challenges were evident in qualitative data collection, highlighting the limitations of case management under the UPTD PPA when faced with strained institutional relationships.

The effectiveness of the UPTD PPA in delivering services was limited in cases where police were not engaged in an active investigation. UPTD PPA staff highlighted that at times they felt unable to provide services to victims/survivors in instances where there was no live police investigation. It appeared that UPTD PPA stakeholders were unsure of their legal obligations and mandate, and ability to provide services in cases where police had not opened an investigation, or victims had withdrawn their complaint from the police. As such, across evaluation sites, case studies indicated that UPTD PPA support often ended with the closure of a police case / once a trial had reached its conclusion. For example, in a case involving a girl in Maros who had been sexually abused by her stepfather, the social worker assigned to the case reported that UPTD PPA services were ended once the court case closed: *“after the court decision...we carry out termination or closure”*¹²⁸ of the case. The social worker highlighted that the provision of UPTD PPA services, and the involvement of the child in engaging with services, was directly linked to the trajectory and timeline of the court case. As a result, there was no indication in the case file review or interviews with the child, parent and social worker, that the child received critical services beyond the end of the trial.

In addition to the provision of medium to long-term services, **UPTD PPA stakeholders reported they did not feel they had the mandate to proactively remove children from situations of immediate risk without the involvement of the police.** This uncertainty surrounding UPTD PPA's legal mandate has the potential to expose children to extended periods of risk, with the ability of the UPTD PPA to act proactively remove children from situations of risk was limited. Key stakeholders in comparator sites

¹²⁴ Key informant interview with UPTD PPA staff member, Sidoarjo, 5 September 2024.

¹²⁵ Key informant interview with UPTD PPA staff member Sidoarjo, 5 September 2024.

¹²⁶ Propam (Divisi profesi dan pengamanan) is a division within the police that fosters and organizes the functions of professional accountability and internal security, enforcement of discipline and order within the police environment, as well as public complaint services regarding irregularities in the actions of police members.

¹²⁷ Key informant interview with UPTD PPA staff member, Sidoarjo, 5 September 2024.

¹²⁸ Key informant interview with case manager, UPTD PPA, Maros, 4 September 2024.

and intervention sites both noted these concerns, and provided examples of cases where they felt unable to remove women and children from households where violence was taking place due to the reluctance and / or refusal of the police to act. It should be noted that possible police corruption was also noted by key stakeholders in East Java, highlighting instances where community members felt that the police refused to act or dropped cases against alleged offenders (including in cases of sexual violence against children) at the will of the victim or their parent / family member, impeding the ability of the UPTD PPA to act in these cases.

Limitations in police coordination with the UPTD PPAs, and challenges within police responses to cases of VAW and VAC more generally, have led to negative case outcomes. For example, the preference for mediation by police in cases of VAW and VAC was noted at both the provincial and district / city level, as well as the village level. At the village level, the preference for mediation among local police and community leaders involved in community-based child protection mechanisms was highlighted by community stakeholders across intervention and comparator sites. Mediation was identified by community members as a mechanism through which protection cases could be resolved whilst keeping cases within the local community. It was noted that mediation is used in cases of family violence, even when the violence is quite severe, including cases of sexual violence. Socio-cultural norms in the community support this preference for mediation, with community members reporting that it is preferred for cases to be dealt with within the close community, *“as the community doesn’t want to share the information for use to identify the case,”*¹²⁹ as it may bring shame on households and community members. The preference for mediation among police and within the community is illustrated by key stakeholders:

*“If the incident involves persecution between children, we don’t report it to UPTD PPA but will conduct mediation among local community figures who referred the case to police...also there are cases where adults are involved. So, for example if a teacher persecutes a child, sometimes we mediate rather than proceeding the case to court level...we can mediate with the local level police and the community...for the mediation agreements, we don’t involve UPTD PPA.”*¹³⁰

“Q. What about cases where the violence is really bad, by the dad, and you’re worried about the child and mum getting hurt?

*In every village, they have community police, and then they will handle this. In the end, I think they don’t want to act, and it will end in mediation anyway. Sometimes from the family or the police, they suggest mediation. Because they don’t want to have complicated things and they say, ‘let’s make peace’. That’s how we see it, the police don’t want things to be hard. They want problems to be immediately resolved. After all, this is a family problem.”*¹³¹

The preference for mediation among police and community leaders, as highlighted above, prevents cases from being referred from the village level up to district UPTD PPA, limiting the ability of women and children to access the integrated protection model. **The implementation of the UPTD PPA model, therefore, has not effectively bridged the gap between community-based child**

129 Key informant interview with representative of Dinas, Makassar,

130 Key informant interview with representative of police PPA unit, South Sulawesi, 3 September 2024.

131 Focus group discussion with child protection community leaders, Surabaya, 10 September 2024.

protection mechanisms at the village / urban village level, and the UPTD PPA integrated model at the district level. UNICEF interventions supporting the implementation of the UPTD PPA model have focussed largely on capacity-building activities and SOP support at the provincial and city / district level, with broader CP interventions at the village level not sufficiently linking to the UPTD PPA model. Interventions have not effectively supported the consistent strengthening of pathways across the village and district level to facilitate consultant referrals to UPTD PPA. **Connections should be strengthened between village/community-based mechanisms and the UPTD PPA, to ensure that all appropriate cases are assessed and, where required, that the case is managed by the UPTD PPA. Efforts should be made at the national level (with MOHA and the Ministry of Village) and the provincial, district/city and community levels to engage with police and ensure they are aware of the UPTD PPA and the reporting mechanisms for cases of VAW and VAC. Efforts made at the national level to improve collaboration between MoWECP and the police should be strengthened through multilateral agreements such as MOUs, to ensure police and UPTD PPA coordinate effectively and consistently across cases.**

Process quality: Assessments, response time and risk identification

Across intervention sites, UPTD PPA assessment processes appear to be quite comprehensive, with immediate (healthcare, accommodation, legal access) and broader needs (psychotherapy, drug rehabilitation, identity documents, education access etc.) identified and responded to by UPTD PPA. Stakeholders reported that the assessments were conducted in a timely manner and were critical in identifying the needs of victims / survivors and facilitating appropriate service provision: “*An assessment is carried out before providing intervention. To conduct an in-depth assessment, sometimes home visits are also carried out, for handling cases of child rescue. Service planning is made per individual according to the problems and needs of the victim. The plan is developed together between the victim and the counsellor. Also [in collaboration] with other sectors/services needed by the victim.*”¹³² These initial assessments appear to be effective in determining immediate and broader needs. For example, in Makassar, for a case involving a 17 year old girl victim/survivor of domestic abuse, an initial assessment was undertaken within 24 hours of the UPTD PPA being notified. The initial assessment determined her immediate legal needs, and UPTD PPA personnel accompanied her to the police station and provided legal aid counselling services. The initial assessment also determined her broader needs for counselling and socio-economic support.

However, **risks of secondary traumatisation were noted by evaluators across all intervention sites, which found examples of repeat assessments undertaken by connected service providers.** Challenges regarding information sharing within the case management process created circumstances where assessments were repeated by service providers, asking for information from victims/survivors that had already been gathered by the UPTD PPA / social worker conducting the initial assessment. Repeat assessments require victims/survivors to re-live their experiences, creating unnecessary risks of secondary traumatisation and emotional / psychological distress. For example, regarding a domestic violence case of an adult woman, service providers in Surabaya reported undertaking assessments within each institution/service provider that she was referred to by the UPTD PPA. Stakeholders from the community health centre (Puskesmas), as well as a psychologist, noted they undertook their own assessments of the woman, in addition to the initial assessment undertaken by the UPTD PPA.¹³³ The

¹³² Key informant interview with UPTD PPA staff member, Sidoarjo, 5 September 2024.

¹³³ Key informant interview with case study service providers, Surabaya, 9 September 2024.

reasons for this appear to centre on a breakdown in the case management processes, with initial UPTD PPA assessment information not shared with connected service providers until after the secondary assessments were undertaken. Additionally, initial assessments undertaken by the UPTD PPA may not be sufficient in scope, and as a result, connected service providers feel they need to undertake further assessments in order to obtain the necessary information to provide comprehensive services. In dealing with a case in Makassar involving a girl subject to domestic violence, the legal assistant and police undertook repeat assessments of the girl, during which they obtained information relating to child marriage which had not been reported by the UPTD PPA's initial assessment.¹³⁴

It should be noted **that there were a minority of examples where case planning had been done in a manner to proactively reduce the possibility of repeat assessments.** For example, in a case taken by the Sidoarjo UPTD PPA involving a child victim of sexual abuse by his biological father, a lawyer and counsellor were invited to attend the initial assessment alongside the UPTD PPA case manager. The initial assessment included social, psychological and legal components in order for all parties attending to receive the necessary information to support the case.¹³⁵ This coordinated approach ensured the child did not undergo repeat assessments, which significantly reduced the risk of secondary traumatisation. **In order to avoid instances of secondary victimisation of women and children, it is important that coordinated / collaborative assessments are carried out between connected service providers where appropriate.**

At times, **UPTD PPA case response times were noted as slower than desired**, due to limited human resources which did not align with the growing case load entering the UPTD PPA. The workload of UPTD PPA staff was noted as heavy across all intervention sites, as illustrated by the following stakeholders:

"Every year we have an increasing number of cases and every case has its own difficulty level. If you ask at the moment if we have difficulty, it is under our control, we can manage. But if we see the data then the cases are increasing. We have increasing cases of sexual violence and sexual harassment. But we have the same number of resources"¹³⁶

"For us here, by having UPTD PPA, this has been really helpful to us but indeed we need to add still. By having cases, they are overwhelmed and frankly speaking, to handle child cases is not only just two of us; there has to be others."¹³⁷

As a result of high workloads, UPTD PPA staff and connected social workers do not have the capacity to respond to cases in a quick timeframe. These challenges were most acute in Maros, where the UPTD PPA has very limited permanent staff members and the number of qualified social workers under Dinas who could be outsourced were also limited in number. **It is crucial that the UPTD PPAs are sufficiently staffed to enable an effective response to the increasing number of VAW and VAC cases being referred to the services.**

134 Key informant interview with case study service provider, Makassar, 5 September 2024.

135 Case file review, Sidoarjo, 5 September 2024.

136 Key informant interview with UPTD PPA staff, Makassar, 3 September 2024.

137 Key informant interview with UPTD PPA staff, Surabaya, 9 September 2024.

While the UPTD PPA model has in general improved case management of VAW and VAC cases, the identification of and response to child protection risks was found to be a critical gap.

Across all sites, there were similar concerns relating to failures in risk identification by staff as well as personnel engaged in service delivery within the broader service network. Whilst there are examples of the UPTD PPAs acting quickly in cases to remove children from situations of risk, this was not found to be consistent across all cases and was quite limited in complex cases involving more than one victim or in which there was a lack of compliance by the beneficiaries or their families. The wrap around case studies indicated that protection risks were not always identified for the victim and their family. This includes risks to the immediate service beneficiary (e.g. failure to identify risk of placement back in the family home), or risks to relatives of the immediate service beneficiary (e.g. a child reported that their sibling also experiences violence, but this was not acted upon / investigated further by the UPTD PPA). For example, in a case taken by the provincial UPTD PPA in East Java, a pregnant 15 year old girl was placed back in the same house as her step-father, who is the alleged perpetrator in the case. Two very young biological children also live in the household; it appeared the risks posed to the siblings were not sufficiently identified nor followed-up on by the UPTD PPA when this information came to light through the 15 year old girl's case. Limited cooperation of city police was also noted as a key challenge in this case.

Additionally, **in some of the case studies, there appeared to be no consideration of risk-based on case history** (see case example below). These insufficiencies were present in both South Sulawesi and East Java. There were failures during initial assessments to follow-up with personnel where previous cases had been taken by the UPTD PPA. As a result, ongoing risks were not identified, and victims/ survivors of VAC and VAW were not provided with the necessary interventions and services. These instances were most common in cases involving more than one victim.

Case review Makassar City: Challenges in risk identification

Case outline: A case review in Makassar City highlighted inadequacies in risk identification. A boy (aged 9 years) was referred to the UPTD PPA by a social worker under Dinas, with a case history of previous UPTD PPA involvement following violence perpetrated by the father within the home. It was disclosed by the boy that his siblings were also victims to this violence; however, this was not followed-up by UPTD PPA, and services were not provided to the boy's siblings. Additionally, case file history highlighted the mother was also victim to this violence; however, she was not placed into a shelter or provided with services as a result of this.

Outcome: The boy who was the direct recipient of the referral was placed into a UPTD PPA shelter, but his younger sister, older brother and mother returned to the family home. It was cited by staff that his sister was 'too young' (three years old) to be removed from the family. The mother did not receive services from the UPTD PPA through this case referral, despite her case file history being highlighted during the case management process.

Gaps in risk identification may be linked to a lack of clarity regarding the legal mandate of UPTD PPA staff to act proactively and respond to child protection issues when a direct referral has not been made. There was an apparent misconception that coordination with, and referrals from, other institutions were a prerequisite for UPTD PPA to provide a response. As a result, UPTD PPA staff reported that at times they felt unable to respond to women and children who required immediate interventions to ensure their safety despite the early identification of risks. In addition, it appeared the capacity of UPTD PPA to identify risks and respond effectively to complex cases involving both a mother and child(ren) was limited. In addition, reviews of case files and accompanying interviews with beneficiaries and service providers on specific cases highlighted that UPTD PPA staff, at times, lacked the technical capacity to identify and respond to risks in cases involving multiple victims who presented under a single case. The impact of these insufficiencies surrounding risk identification and response were most acute in cases where violence had taken place in the home, perpetrated by family and / or other household members.

Despite this, **there was evidence of individual cases across intervention sites where the UPTD PPA had identified risks and responded quickly to remove the child/woman from situations of risk.** These included examples of complex cases, involving multiple victims. For example, in Surabaya City, a mother reported domestic violence directly to the UPTD PPA, reporting that both herself and her 8 year old child were victims. In this case, the UPTD PPA staff acted quickly and proactively in response to the risks presented and identified. The UPTD PPA attended the school of the child on the day the mother reported the case, accompanied by the police, removing the child and placing both the mother and child in the UPTD PPA connected shelter.

The seemingly ad hoc nature of when and where protection risks are successfully identified and responded to sufficiently suggests that risk assessment has not been effectively institutionalised within the UPTD PPAs. The confidence and proactivity of individual staff members, and the strength of coordination between the UPTD PPA and other service providers appears to influence the capacity of UPTD PPA to respond to identified risks. For example, due to the unclear legal mandate of UPTD PPA to act proactively without police involvement, coordination with the police is often key to responding swiftly to identified risks and removing victims from contexts of risk (as outlined in the case study above). **It is critical that, in cases in which it is suspected that a child/children are at significant risk of harm, there is a clear legal mandate that the UPTD PPA staff must proactively remove the child from the situation of harm (even without the consent of the child or their family) and carry out an assessment, initiating case management processes if required.**

Scope and quality of services

The UPTD PPA model has effectively increased the scope of services which victims / survivors of VAC and VAW are able to access; a key objective of the UPTD PPA model and supporting UNICEF interventions. Across intervention sites, UPTD PPA staff reported that the range of services they were able to provide to victims / survivors of VAC and VAW has expanded under the new integrated service model, facilitated through improved coordination.

Effective coordination and linkages with other stakeholders appear to have created a strong system in which children and women can access the broad range of services within the connected service network, coordinated by the UPTD PPA. In all intervention sites beneficiaries reported they had received a range of services, including access to legal aid providers, clinical psychologists, counsellors and hospital services / healthcare providers, with cases overseen by a social worker. For example, one

case in Makassar involved a 17 year old girl who was victim to domestic violence. The girl presented to the police station who in turn contacted the UPTD PPA. The UPTD PPA staff member assigned to the case to the police station and brought the girl to the UPTD PPA to carry out an assessment. Following the assessment, the girl was referred to a connected legal service provider and also offered in-house counselling and psychological services with a connected psychologist at PUPSAGA; a referral was also made to the hospital for a medical examination. The UPTD PPA also supported the girl through the police process, coordinating with the PPA police desk throughout the ongoing investigation. According to an interview conducted with the girl, the UPTD PPA have supported her in coordinating with the police and she has received support from the legal counsellor. However, communication between the case worker and the victim appears to be insufficient, and the girl seemed unaware of the services she had been referred to and was awaiting.

Another case example in Maros displays effective coordination and collaboration to provide a broad range of services. The case involved a 14 year old girl victim to sexual abuse and exploitation by her father. The police referred the case to the UPTD PPA where the girl was referred to the following services within the connected network: shelter/accommodation, social services, legal assistance, psychological counselling and psychiatric support at the local hospital.¹³⁸

Effective case collaboration (as outline in the coordination section) appears to have contributed to these improved practices by facilitating efficient referrals between UPTD PPA and connected service providers. Stakeholders in both East Java and South Sulawesi highlighted that the UPTD PPA has facilitated effective inter-sectoral referrals to ensure victims / survivors can access a broad range of services, as illustrated by several key stakeholders involved in the qualitative research:

*"It is visible that there is progress from what they used to do [under the new case management system] – they can do case conference involving more professionals, multi-sector services during the case conference. So the referral system is stronger."*¹³⁹

*"Since UPTD PPA established, where we have created the regulation and mandatory steps – if victims report – there are follow up steps. The victims are able to get better services and also referral to the health, education, police."*¹⁴⁰

However, the accessibility of services offered was not consistent across the UPTD PPAs. The scope of services offered to victims is linked to the financial and human capacity of each UPTD PPA. In larger UPTD PPAs, with greater human and financial resources, a broader range of services were offered in-house, eliminating the need to refer cases to external service providers which can incur waiting times and delays. Makassar UPTD PPA, for example, reported significant financial and human resources compared to the other evaluation sites, with a high number of staff and a long-standing local government budget; Makassar has four counsellors, two legal counsellors, one clinical psychologist and eight case workers, as well as administrative staff and two safe house employees. In contrast, Maros UPTD PPA has limited human resources, with only three permanent staff members – the UPTD PPA head, one administrative staff member and one case worker. Due to the greater need for referrals to connected service providers in Maros, UPTD PPA service beneficiaries faced delays in

¹³⁸ Case file review, Maros, 3 September 2024.

¹³⁹ Key informant interview with representative of NGO, Surabaya, 5 September 2024.

¹⁴⁰ Key informant interview with representative of Bappenas, Jakarta, 17 July 2024.

accessing services. Limitations in human resources, and high workloads placed on UPTD PPA staff and connected social workers (from Dinas), were also highlighted as factors delaying referral processes to connected service providers. These challenges were most evident in Maros where human resources were noted as limited, as illustrated by key stakeholders:

"Obstacles occur in the waiting time required to complete the referral process such as from the police, psychologists, due to a lack of personnel at the UPTD PPA."¹⁴¹

The availability of psychologists was a key challenge cited by stakeholders across intervention sites. Shortages were noted in UPTD PPA with 'in-house' psychologists, as well as in UPTD PPA who outsourced psychologist services. In Makassar, psychological support was noted as the weakest service area in the UPTD PPA despite the presence of permanent UPTD PPA psychologists. Stakeholders highlighted that this did not meet the case load and demand coming into the UPTD PPA and as a result, a portion of psychological services were outsourced. Challenges in outsourcing psychological services were highlighted across intervention sites. UPTD PPAs reported agreements with university institutions providing psychologists on a voluntary basis, as well as contracts with individual external psychologists. However, the availability of these personnel was noted as limited by their university and professional commitments, creating delays and challenges for UPTD PPA beneficiaries to access such support. Stakeholders illustrated these challenges:

"Psychologists – we have enough counsellors already, but we don't have enough psychologists – to ensure that the client is taken care of properly as soon as possible. This was about mental health issues, molestation, domestic violence – clients can't wait any longer than 24 hours. So, we need more psychologists. Especially clinical psychologists."¹⁴²

"Psychologists are still not settled, they are only available when called, the system is contract-based work."¹⁴³

"Psychological examination still takes longer time in handling cases. Reporting to UPTD PPA, taken to the Police, assistance with a post-mortem, requesting a psychological examination process to us, the process for psychological stage in particular takes longer time."

In addition to the availability of psychologists, it was noted across all evaluation sites that the number of **psychological and counselling sessions offered were generally limited to 2-3 sessions per case.** Stakeholders and beneficiaries emphasised that they did not feel this was a sufficient number of sessions, and many cases required psychological support for a longer period.

Possible challenges relating to the quality of psychological services provided by UPTD PPA were also noted. Stakeholders in a number of evaluation sites cited the use of alternative therapies as examples of psychological support, including hypno-sleep and tapping therapies. The quality of psychological services and therapies needs to be further investigated to understand the type and

¹⁴¹ Key informant interview with UPTD PPA staff, Maros, 2 September 2024.

¹⁴² Key informant interview with UPTD PPA staff, Surabaya, 5 September 2024.

¹⁴³ Key informant interview with representative of UPTD PPA, Maros, 2 September 2024.

quality of services provided under this component, and the effectiveness of such services to provide support in an appropriate manner.

Access to legal aid was also cited as limited in some evaluation sites. UPTD PPA staff reported significant delays in cases involving legal counsellors outsourced from within the broader service network, citing a lack of coordination and the diminished capacity of UPTD PPA staff had to effectively implement case management processes due to significant workloads. In addition, access to legal aid services were noted as limited in some evaluation sites due to the tendency for police to mediate/close cases. The quality of legal counselling and legal aid services were noted by stakeholders as lacking at times, preventing children and women victim to VAC and VAW from pursuing legal cases. A lawyer providing services connected to the UPTD PPA in Sidoarjo highlighted that legal aid and litigation was an area which required improvement in order to ensure access to justice for victims.¹⁴⁴ UPTD PPA beneficiaries also highlighted instances where UPTD PPA staff or connected social workers had not accompanied them during legal proceedings, despite this being offered or requested.

It is important that gaps in provision of sufficient and quality services (in particular legal services and clinical psychological services) are addressed, to ensure that women and children who are victims/survivors of violence can access a full range of services, as needed.

Quality of case outcomes

Overall, the **quality of services provided under the UPTD PPA model was generally considered good by beneficiaries.** Beneficiaries across intervention sites reported that they were pleased with their decision to come to the UPTD PPA, and that services had been helpful for them and that they felt well supported by the UPTD PPA. In particular, a number of beneficiaries who were engaged in a legal process/investigations with the police, reported that they felt supported by the UPTD PPA staff who accompanied them to legal proceedings. For example, an adult woman whose case was taken by UPTD PPA Maros, reported that the services were helpful, and she was 'very satisfied' with the services provided by the UPTD PPA in response to the domestic abuse experienced by herself and her children. In particular, she cited the UPTD PPA accompaniment throughout the trial process as particularly useful, and that UPTD PPA support throughout the legal proceedings ensured she stayed informed on the stages of the legal process¹⁴⁵.

In addition, across intervention sites, **beneficiaries who participated in data collection highlighted that they felt listened to and included in service planning** processes at the UPTD PPA. Participants responded to questions about whether they had felt heard and listened to by UPTD PPA staff in a positive manner, as illustrated by the following beneficiaries:

"I was listened to well. For example, during a consultation, the officer/counsellor asked me what I needed"¹⁴⁶

"All our opinions are welcome...for example, they listened to us when we needed someone to take us to the hospital"¹⁴⁷

¹⁴⁴ Key informant interview with UPTD PPA staff member, Sidoarjo, 5 September 2024.

¹⁴⁵ Key informant interview with parent of child beneficiary, Maros, 4 September 2024.

¹⁴⁶ Key informant interview with UPTD PPA beneficiary, Sidoarjo, 4 September 2024

¹⁴⁷ Key informant interview with parent of child beneficiary, Maros, 4 September 2024.

A case example in Surabaya City, involving domestic violence perpetrated against a mother and her 8 year old son, highlights that **the UPTD PPA effectively provided services in a participatory manner in collaboration with beneficiaries**, providing information and options to victims / survivors to make informed decisions. In this case, the UPTD PPA staff undertook an initial assessment and responded to the client's immediate needs, following which the UPTD PPA staff explained a number of options to the mother, regarding future living options and the options to pursue a police case, as well as counselling and psychological services. The mother reported that she felt listened to and that the UPTD PPA staff provided her with informed and well-explained options. This is an important component in delivering effective services under the UPTD PPA model as ensuring beneficiaries feel heard creates 'buy-in' from victims / survivors, and is likely to create strong engagement with the service provided, increasing the likelihood of positive case outcomes.

Despite this, a number of beneficiaries across intervention sites noted that they were, at times, unaware of the case planning process and the services they had been referred to, indicating that **communication between case managers and UPTD PPA beneficiaries was, at times, insufficient**. Communication gaps may also indicate that victims/survivors have not been sufficiently included in their care planning processes. This appeared to be a challenge across all intervention sites on a case-by-case level. In Makassar, a 17 year old girl victim to domestic abuse by her father, told researchers, "*I am not clear about the classifications of services available,*"¹⁴⁸ and appeared to be unsure as to the next steps in her case. The legal assistant assigned to the case, however, was clear on the steps which were planned and taken for the girl, highlighting that whilst appropriate services were planned, these were not effectively communicated to the child.

The use of mediation by UPTD PPA in inappropriate cases was highlighted in intervention sites; an indication of insufficiencies in the quality of services provided, and **the limited capacity of UPTD PPA at times to ensure adequate outcomes in cases of sexual violence**. The decision to use mediation to resolve cases of violence between victims and perpetrators in severe cases highlights serious challenges surrounding the knowledge and technical capacity of UPTD PPA staff. In Makassar, UPTD PPA district staff explained how they had sought to use mediation in a case of sexual assault perpetrated against a woman by her husband:

"The new sexual violence law says if man forces wife to have sexual intercourse, then it will be categorised as violence.

[researcher] So in these cases when the man is not having his needs met but the woman reports rape, how do you resolve these cases?

If the wife reports the case, we call the husband to clarify. First, we ask if she is willing to mediate and we listen to the explanation and clarification from the husband, and then we will convey the clarifications from the husband to the wife and then bring both sides to the mediation room. During the mediation room, they will be assisted by the case worker in UPTD PPA, and we will try to clarify and mediate. Usually it works, they can reach an agreement.

During mediation the case worker will inform them about the consequence if they report the case to the police. If both clients agree with each other, then we also explain what the outcome will be, and then they can agree."

148 Key informant interview with child beneficiary, Makassar, 5 September 2024.

The approach outlined above highlights **challenges in the technical capacity and knowledge of UPTD PPA staff, as well as broader barriers which limit the effectiveness of the UPTD PPA to respond to cases of sexual violence**, namely, socio-cultural norms (including patriarchal norms) and the legal framework (these limiting factors are explored further below). The use of mediation in cases of violence, including in sexual violence, results in early case closure and a lack of support to victims. Another common form of support to sexual violence is to facilitate marriage and support in obtaining official marriage registration. This prevents victims from accessing services and may also result in the victim remaining at risk from the perpetrator. These challenges surrounding the quality of responses to cases of sexual violence do not appear to have been effectively addressed by the UPTD PPA model. Qualitative data drawn from comparator sites displays similar challenges surrounding responses to cases of sexual violence, highlighting the influence of broader barriers which limit the effectiveness of the UPTD PPA model (explored further below).

Technical capacity of service providers

In order to effectively deliver the UPTD PPA model, UNICEF collaborated with MoWECP and NGOs to deliver training to UPTD PPA staff and service providers to increase the technical capacity of protection personnel delivering integrated services. In addition to the CEKATAN training outlined above, with the assistance of NGO implementing partners, UNICEF have delivered Prevention of Sexual Abuse and Exploitation (PSEA) training, Mental Health and Psychosocial Support training (in conjunction with PUSPAGA) and training on Online Child Sexual Exploitation and Abuse (OCSEA). Results in this area were mixed. **Whilst stakeholders noted that trainings were effective in supporting personnel to deliver services, it was also highlighted that trainings were limited in number and scope, and technical capacity limitations remain a sizeable challenge.**

Stakeholders noted that where UNICEF-supported training was received, sessions were effective in improving the capacity of staff to deliver integrated services. In particular, it was reported that case management training and service standards training (as outlined above) had effectively improved the capacity of UPTD PPA staff to deliver integrated services within new SOPs. Additionally, training delivered on child protection principles, PSEA and OCSEA were noted as effective in strengthening the technical capacity of UPTD PPA staff and service providers in the connected network, including police, psychologists, hospitals and legal aid providers. In East Java, UPTD PPA staff reported that they had received multiple trainings from LPA (an NGO partner of UNICEF) which has been helpful in improving their capacity to respond to cases, from assessment and service provision to reintegration.¹⁴⁹ Notably, stakeholders who had received OCSEA training from UNICEF NGO partners (including the Bakti Foundation in South Sulawesi) highlighted that these trainings were highly effective in increasing the knowledge and technical capacity to respond to cases of OCSEA.

However, qualitative data has underlined that training was not sufficiently intensive nor wide-reaching to support robust case management processes and substantially improve the knowledge and technical capacity of staff. Stakeholders across evaluation sites noted that case management training was limited to a small number of personnel, and as a result did not effectively increase the capacity of all UPTD PPA staff and connected service providers. Whilst in Sidoarjo, it was reported that connected service providers were provided with case management training (including UPTD PPA staff, prosecutors and social workers from the Social Office), Surabaya stakeholders noted that case management training was limited in its reach and only provided to UPTD PPA staff.¹⁵⁰ At

¹⁴⁹ Key informant interview UPTD PPA staff, East Java, 3 September 2024.

¹⁵⁰ Key informant interview with representative of WECP office, Surabaya, 5 September 2024.

the provincial UPTD PPA in South Sulawesi, stakeholders noted the following when asked about case management training:

"It has helped us a lot – but not everyone could join. In relation to case management training, we really need it. Our friends from the district UPTD PPAs, they tell us they need training, some attended but there needs to be more. There needs to be more training and more quota for staff to join (i.e. more spaces for people to attend)"¹⁵¹

Further UNICEF-supported protection training and capacity-building activities were also noted as **effective** for personnel who received them, but were again highlighted as significantly limited in number. For example, whilst stakeholders in Makassar noted the relevance of OCSEA training, it was emphasised that this training was small in scale and did not reach enough service providers working in UPTD PPA cases:

"We have support from UNICEF through the OCSEA programme – this is very useful for us especially during these digital days...But it was limited. There are 85 shelter workers in Makassar, but only 6 received OSCEA support"¹⁵²

Overall, in light of the limited number of OCSEA training and capacity-building activities, it was noted by UPTD PPA staff across evaluation sites, as well as national stakeholders, that **UPTD PPA often lack the capacity to deal with online cases of sexual abuse against children**.¹⁵³ As a growing issue within protection challenges for women and children, the capacity of UPTD PPA staff and connected service providers to respond to these cases in an effective manner is critical and must be addressed. Key stakeholders and service providers recommended that further trainings be delivered in order to reach a larger number of service providers, as well as 'refresher training sessions' for stakeholders who have already attended a training.¹⁵⁹ **In order to ensure the effective functioning of case management systems under the UPTD PPA model, case management training should be delivered to UPTD PPA staff (civil servants) and connected service providers in order to facilitate a coordinated response to cases. Continuous refresher training should be provided and this should incorporate capacity-building exercises on evolving child protection issues (e.g. OCSEA).**

At the national and subnational level, stakeholders expressed **concerns over a lack of technical capacity among UPTD PPA staff and connected service providers, highlighting that capacity-building interventions have not been sufficient in reach and depth to effectively improve the technical capacity of the workforce**. In particular, stakeholders from NGOs at the national and subnational level noted that the technical capacity of government staff in UPTD PPA was insufficient. Prior to the establishment of the UPTD PPA in the intervention evaluation locations, NGOs played a significant role in the provision of services and informal case management, and as such built-up considerable knowledge and technical capacity in delivering protection services for women and children. It was noted by a number of NGO personnel that UPTD PPA staff hired under the new

¹⁵¹ Key informant interview with UPTD PPA staff, South Sulawesi, 3 September 2024.

¹⁵² Key informant interview with connected service providers, Makassar, 4 September 2024.

¹⁵³ Key informant interview with UPTD PPA staff, East Java, 2 September 2024.

model do not match this technical capacity, and lack the knowledge and expertise required to deliver services effectively and comprehensively.¹⁵⁴ In order to combat these limitations, stakeholders suggested that there should be minimum standard requirements / criterion for UPTD PPA staff, relating to technical knowledge and expertise. At the provincial level in East Java, the head of the UPTD PPA acknowledged his background was not in social work or child protection, and this proved challenging at the beginning of his post at UPTD PPA. She noted that initially, none of the civil servants placed into the UPTD PPA had social work or child protection experience due to the rotating nature of civil service posts.¹⁵⁵ **It is suggested that, in areas in which NGOs offer strong child protection programmes and specialised personnel, a programme be developed where NGO staff provide case management support (e.g. through case collaboration approaches).**

Finally, the high turnover of UPTD PPA staff was noted as an ongoing challenge, impacting the technical capacity of the UPTD PPA workforce and limiting the effectiveness of the integrated service model. Stakeholders cited the turnover of personnel as being quite high, due to the demand placed on individuals operating in a system with a severe lack of human resources. As a result, staff do not remain in posts for a substantial amount of time and do not acquire the experience and technical expertise required to operate effectively: *"The biggest challenge is the HR-numbers and capacity... the turnover of people is very high. When we train someone and they later on move. This is also the challenge of head of Dinas and UPTD PPA. They frequently rotate"*¹⁵⁶

Access to UPTD PPAs

As noted above (see section on relevance), **UNICEF has supported interventions aimed at increasing access to the UPTD PPAs, resulting in year-on-year increases in the number of women and children who are referred to the UPTD PPAs.** There is evidence that where 'socialization' has been carried out at the village level, this has been effective in increasing the number of cases referred to the UPTD PPA by community members and bodies, as well as the number of self-referrals.

However, considerable barriers to reporting VAW and VAC and to accessing the UPTD PPA remain and should be addressed. There was reported to be a lack of knowledge among community members, including children, on child protection issues and response mechanisms, limiting the number of women and children who are able to access the UPTD PPA. The parent of child victim to violence in Maros, for example, reported that community members and parents do not know how to identify and report cases of abuse: *"They still don't really understand what to do if child abuse occurs. In my child's case, the perpetrator had actually been doing it for a long time, but no one reported it. Maybe they know where to report it, but the community tends to be hesitant and afraid."*¹⁵⁷ Beneficiaries and community members also noted that children had limited knowledge of their rights and child protection issues, and would have little understanding of how and who to report incidents to.

In addition to insufficient knowledge and awareness of child protection issues, **socio-cultural norms also prevent women and children from reporting abuse**, citing feelings of shame and embarrassment at experiencing violence. In particular, feelings of shame and embarrassment were referred to in cases of sexual violence by family members, preventing victims / survivors from reporting abuse. Shame was noted not only noted on a personal basis by victims / survivors of VAC and VAW, but also on a community level. Community members and key stakeholders highlighted that the sense of

154 Key informant interview with representative of Child Fund, Jakarta, 18 July 2024.

155 Key informant interview with UPTD PPA staff, East Java, 2 September 2024.

156 Key informant interview with UNICEF consultant, online, 15 July 2024.

157 Key informant interview with parent of child beneficiary, Maros, 4 September 2024.

shame which victims may feel reporting cases will bring on a family and community act as a key barrier to reporting: *“the community also still feels that the case process is something embarrassing or exposing the family’s shame.”*¹⁵⁸ As a result, socio-cultural norms which drive feelings of shame for victims / survivors prevent reporting by both individuals and the community, leading to instances where the community cover up cases, as highlighted by a number of key stakeholders, community members and beneficiaries:

*“People do not want to report cases because child abuse is considered a family disgrace.”*¹⁵⁹

“In the cases of household violence, because the perpetrator is the family member, the social factor makes it more difficult. In the Indonesian context we are still being hampered by the values in the community itself.

*They don’t want other people knowing private family issues. There is a strong patriarchy here.”*¹⁶⁰

*“There is still a sense of shame in the community if there is a case approach visit from the UPTD PPA.”*¹⁶¹

*“There are a lot of cases that don’t show up because they might consider the sexual violence case as something embarrassing that they don’t want other people to know. If the perpetrator is close to the family, or they could be the family, the parents, uncles, it might even be grandparents. In these cases, the community doesn’t want to share the information for use to identify the case, and so we need to educate the community about changing their mindset, so they report cases.”*¹⁶²¹⁶³

In order to effectively bridge the gap between the village and city / district level, further support at the village level should be provided in order to increase community trust and knowledge in the UPTD PPAs, including further ‘socialization’ activities. UNICEF-supported Ministry of Village guidelines on community-based child protection should be developed further and disseminated widely across all villages to ensure communities at the village-level have the structures and capacities in place to respond to protection cases. Broader capacitybuilding activities and trainings should also be expanded at the village level in order to increase the capacity of community child protection leaders to respond to protection cases in an appropriate manner, with a focus on moving away from the use of mediation in cases of family violence. This is particularly important in more rural and remote areas, in which direct access by children and women to UPTD PPAs may not be possible.

A specific group that was found to be under-served by the UPTD PPA were children in conflict with the law. Children in conflict with the law (CICL) were not able to consistently access services under the UPTD PPA model, highlighting that the UPTD PPA model and supporting UNICEF interventions have not effectively addressed this shortcoming in the child protection system. At the national level, stakeholders highlighted that provision of services for CICL was a key weakness in the implementation of the UPTD PPA model. Whilst a mandate for UPTD PPA to provide services to CICL was successfully established at the national level in Regulation No./2022 on Service Standards (to which UNICEF

158 Key informant interview with representatives of Bappeda Maros, 3 September 2024.

159 Focus group discussion with community service providers, Sidoarjo, 5 September 2024.

160 Key informant interview with service provider, Makassar, 4 September 2024.

161 Key informant interview with representative of UPTD PPA, Maros, 2 September 2024.

162 Key informant interview with representative of Dinas, Makassar, 4 September 2024.

provided technical support), there remain challenges to the implementation of this mandate at the subnational level. In particular, national stakeholders highlighted that subnational UPTD PPA were reluctant to fulfil this duty, in part due to the perception of CICL as the responsibility of the Ministry of Law and Human Rights (MoLHR) and the justice system, rather than an area to be addressed under the child protection system and MoWECP. This is illustrated by a number of key stakeholders:

"This is the most challenging thing. Many UPTD PPAs – especially at the provincial level, and some districts, they refuse to work with children in conflict with the law and say it's not their mandate and that they are only there for victims of violence not perpetrators... [however] For child protection, you can't make a distinction between child protection and children in conflict with the law – this should be done in one place...Some districts respond but most say it is a conflict of interest as they are taking care of victims"¹⁶³

"UPTD PPA who would like to handle children in conflict with the law are still very rare...their perspective is that the UPTD PPA is only for victims...The UPTD PPAs need to strengthen services for children in conflict with the law. Currently, children in conflict with the law are perceived as 'naughty kids' so it is not understood as an aspect of child protection – viewed as something that should be processed legally under the justice system"¹⁶⁴

Therefore, whilst **UNICEF has effectively supported the inclusion of CICL under the UPTD PPA model** (as noted by a number of Government and UNICEF key stakeholders), **interventions at the subnational level have not effectively increased the capacity of UPTD PPA to fulfil this mandate**. Capacity-building interventions have not sufficiently addressed service provision for CICL nor improved the knowledge of UPTD PPA service providers on CICL and the need for CICL to be included under the child protection system.

The effectiveness of UPTD PPAs to provide services to CICL, in accordance with MoWECP Regulation No. 2/2022, is influenced by a number of factors, including the individual willingness of UPTD PPA, the capacity of local child justice intuitions, the strength of relationships with other institutions, and the financial and human resources of UPTD PPA. Strengths and weaknesses in these areas have created inconsistencies in CICL service provision across intervention sites.

In Surabaya City (East Java), stakeholders reported relatively strong provision of services for CICL. The Surabaya City UPTD PPA routinely handles cases of CICL, hosting a rehabilitative centre facility for boys in conflict with the law. The UPTD PPA provides psychological support, training and activities to CICL whilst they are in the rehabilitative centre. The routine handling of cases by the UPTD PPA appeared to be unusual compared to the other intervention sites included in the scope of the evaluation. It should be noted, however, that the provision of services to CICL in Surabaya City was typically attributed to the Dinas WECP managing a rehabilitative shelter for CICL, rather than necessarily the interventions of UNICEF in the development of the UPTD PPA. In addition, the Surabaya City PPA police desk appeared to have a relatively good relationship with the UPTD PPA, referring CICL to the UPTD PPA to receive services and support, as well as an understanding of the services

¹⁶³ Key informant interview with UNICEF Indonesia staff member, Jakarta, 17 July 2024.

¹⁶⁴ Key informant interview with representatives of Child Protection Commission, online, 18 July 2024.

which should be provided to CICL. Despite these provisions, a key stakeholder in East Java noted that providing services for CICL *"is the most challenging thing"*¹⁶⁵ in the UPTD PPA.

In South Sulawesi, however, key stakeholders reported that UPTD PPA in the province provide minimal/no services for CICL, beyond referrals to other institutions.¹⁶⁶ In Maros Regency, stakeholders reported that the UPTD PPA does not provide services directly for CICL,¹⁶⁷ indicating no improvement under the UPTD PPA model compared to the comparator site in South Sulawesi (Pangkep Regency). In Makassar City, the UPTD PPA handles cases of CICL, but only if the parents refer the case to the UPTD PPA once the child has been detained by police. There is no automatic referral between the police and the UPTD PPA for CICL, and CICL are instead handled by bodies under vertical agencies such as the Ministry of Law. A key stakeholder in Makassar, South Sulawesi, highlighted that stakeholders required training/capacity-building on how to support and follow-up with CICL, and that this should be an area of focus for UNICEF to ensure that UPTD PPA and connected service providers (including police, prosecutors and legal aid providers) have a shared perspective on how to provide services for CICL.¹⁶⁸

Financial and human resource limitations were cited as reasons for the limited services provided to CICL across intervention sites. Stakeholders in East Java report that *"they are already overwhelmed working with victims, so how can they take on CICL?"*¹⁶⁹ Within the available finding, it was found that UPTD PPA had a tendency to focus on services for victims/survivors of VAC and VAW, rather than CICL. For example, as explored above, Maros Regency UPTD PPA has particularly limited financial and human resources and does not currently provide direct services for CICL. This is despite the understanding amongst the community and child protection stakeholders that CICL *"must still receive services, such as psychiatric support,"*¹⁷⁰ and that *"society must ensure the safety of children in conflict with the law."*¹⁷¹ Whilst there is a desire to work with CICL in Maros, the capacity of the UPTD PPA is limited. Another contributing factor was reported to be the belief that CICL are less deserving of UPTD PPA protection services than victims, and should be dealt with under the legal system. As a result, this stigma which CICL face impacts their rehabilitation and reintegration into society by preventing them from accessing support services under the UPTD PPA model, with punitive approaches often considered the appropriate course of action by law enforcement bodies.

In addition, stakeholders identified capacity gaps in the justice sector which hinder the ability of UPTD PPA to provide effective services for CICL in coordination with justice institutions. Poor coordination between the police and UPTD PPAs (as explored in further depth in the coordination section above) impedes the ability of CICL to access UPTD PPA services. Poor coordination stems in part from a lack of resources and high caseloads at PPA police desks, as well as the preference for police to deal with cases in-house at the police station through mediation, preventing cases from reaching UPTD PPA. A lack of child protection knowledge among prosecutors was also noted during data collection, impeding CICL referrals to UPTD PPA. Prosecutors in Makassar, for example, explained that they do not refer CICL cases to the UPTD PPA as this type of assessment and services are not required; rather, referrals are only made to the UPTD PPA concerning CICL with mental disabilities.¹⁷²

¹⁶⁵ Key informant interview with UNICEF Indonesia Staff Member, Central and East Java, 16 July 2024.

¹⁶⁶ Key informant interview with UNICEF Indonesia staff member, South Sulawesi, online, 18 July 2024.

¹⁶⁷ Key informant interview with UPTD PPA staff, Maros. 2 September 2024.

¹⁶⁸ Key informant interview with prosecutors, Makassar, 9 September 2024.

¹⁶⁹ Key informant interview with UNICEF Indonesia staff member, Central and East Java, 17 July 2024.

¹⁷⁰ Focus group discussion with community members, Maros, 5 September 2024.

¹⁷¹ Focus group discussion with community members, Maros, 5 September 2024.

¹⁷² Key informant interview with prosecutors, Makassar City, 9 September 2024.

Providing services for CICL is a key challenge which UPTD PPA faces, and an area which UNICEF and the GoI should seek to address moving forward. Capacity-building activities should be undertaken at the subnational level for UPTD PPA and connected service providers in order to increase the technical capacity of key stakeholders regarding service provision for CICL. SOPs formalising referrals between police/prosecutors and UPTD PPA should also be an area of focus, to ensure services to CICL are not undertaken on an ad hoc basis when police/prosecutors choose to refer on a case-by-case basis, but rather all CICL are presented with the opportunity to receive services under the UPTD PPA.

Gender-responsiveness of the UPTD PPA

It was reported that gender-based hierarchies, inequalities and social norms relating to gender and gender roles create challenges for women and children in accessing the UPTD PPAs. Community members and key stakeholders highlighted that women are often hesitant to report domestic violence by their spouse due to their economic dependence on their husband. Victims/ survivors normalise the violence experienced within the household as they are afraid of losing the economic support their husbands provide for them and their children.

These patriarchal norms also, at times, limit the effectiveness of the UPTD PPA to respond to cases of sexual violence once a case has been reported. At times, UPTD PPA do not respond in an appropriate manner in cases of sexual violence, with the use of mediation facilitated by ingrained patriarchal views of the role of women within a marriage. As highlighted in the Makassar case study in the 'quality of services' section, service providers noted that when they receive cases of sexual abuse against a woman within a marriage, they speak to the husband in order to get his views.

Mediation is utilised in order to understand how both parties are 'contributing' to the challenges within the marriage, including seeking to understand whether the wife is fulfilling her 'duties' under Law No. 1 of 1974 on Marriage. Stakeholders in Makassar highlighted these **gaps in the legal framework**, and drew attention to the tension in applying Law No. 1 of 1974 on Marriage, detailing the obligation of the wife to provide 'physical' support to her husband¹⁷³, and Law No. 12 of 2022 on Criminal Acts of Sexual Violence (TPKS Law) as well as the Law No. 23 of 2004 on the Elimination of Sexual Violence. Socio-cultural norms, supported by Law No. 1 of 1974, understand that it is the duty of the wife to provide physically for her husband, and therefore intermarital rape perpetrated by a husband against his wife is not necessarily treated as sexual assault in the same manner as sexual violence which takes place outside a marriage. These perceptions of marriage and the duties of women are manifestations of patriarchal norms, as noted by a number of key stakeholders: "[there is a] strong patriarchal culture. Women must prioritize men in many things."¹⁷⁴

Primary qualitative data across evaluation sites highlighted areas where technical capacity is lacking pertaining to gender-sensitive programming. Responses by stakeholders and service providers in interviews indicated a lack of knowledge on how to design and deliver integrated protection services in a gender-sensitive and inclusive manner to ensure access to services by vulnerable or disadvantaged groups. In relation to gender-responsiveness, service providers demonstrated little understanding of service design and delivery which takes into account gender-

¹⁷³ Article 33, The Marriage of Law of the Republic of Indonesia, Law No. 1 of 1974.

¹⁷⁴ Focus group discussion with community service providers, Maros, 3 September 2024.

responsive programming. Responses from UPTD PPA staff and connected service providers indicated a belief that providing the same services to boys and girls was evidence of positive gender-responsiveness in service delivery:

*"We don't differentiate the services, but especially for sexual cases, the assessor will also be female. Because there are some complaints if it is a male – then they would just stay silent. E.g. if specifically, a girl comes in and the person receiving her is a male and she is asked about the sexual violence case, they will try to swap them for a female."*¹⁷⁵

Whilst there is evidence that UPTD PPA personnel understand the importance of providing female staff to female victims of VAC and VAW, including sexual exploitation and abuse, **participants demonstrated very limited knowledge of further programme design and delivery which integrates gender-responsiveness**. UNICEF-supported CEKATAN training includes modules address gender-based violence,¹⁷⁶ and include an emphasis on the need to deliver services on the principle of non-discrimination on the basis of gender;¹⁷⁷ however, there is scope for more in-depth CEKATAN training which addresses how to tailor programme design and service delivery in a gender-responsive manner.

In addition, service providers held limited knowledge on sexual violence experienced by boys. As stated by a UNICEF staff member: there is *"a low level of gender perceptions among practitioners – [they] don't understand that boys can also be victim to sexual violence and exploitation (including OCSEA) – UNICEF need to strengthen this area."*¹⁷⁸ It is noted, however, that stakeholders across evaluation sites (including comparator sites), had strong understandings of the increased risks faced by girls in relation to sexual violence, demonstrating an understanding of the structural gender inequalities and social norms which place girls at greater risk of certain protection challenges.

Socio-behavioural change interventions should be implemented in order to tackle underlying gender norms and perceptions which both prevent women and girls from reporting sexual violence and undermine the capacity of UPTD PPA staff and service providers to respond to cases of sexual violence. UPTD PPA staff should receive training and support in responding to cases of violence against women and children in a gender-responsive way, processes which should also be reflected in the SOPs for case handling.

Access and responsiveness of the UPTD PPA to children and women who are disadvantaged or in vulnerable situations It was found that children and women with disabilities face difficulties accessing services in some evaluation sites. Stakeholders at the national level noted service provision for children and women with disabilities as a significant area which must be improved under the UPTD PPA model moving forwards. National stakeholders highlighted gaps in both the assessment and case handling processes, as well as the provision of 'in-house' and connected services.¹⁷⁹

¹⁷⁵ Key informant interview with UPTD PPA staff, Surabaya, 3 September 2024.

¹⁷⁶ UNICEF, MoWECP, Service Standards Training Manual, Module 2.

¹⁷⁷ UNICEF, MoWECP, Service Standards Training Manual, Module 2 & 3.

¹⁷⁸ Key informant interview with UNICEF Indonesia staff member, Jakarta, 17 July 2024.

¹⁷⁹ Key informant interview with UNICEF technical consultant, online, 19 July 2024; Key informant interview with representative of Wahana Visi, Jakarta, 18 July 2024.

At the sub-national level, it was found that **service providers had little knowledge on the protection risks faced by children with disabilities**. When asked about the protection challenges faced, participants often reported that children with disabilities do not face particular protection challenges as they remain in the home with their families. Secondly, beyond the provision of sign language, **subnational stakeholders demonstrated limited knowledge on how to ensure services were accessible for women and children with disabilities**. In particular, there was limited knowledge among staff on children with non-physical disabilities. Responses concerning the provision of specialised services centred predominantly on the use of sign language across intervention and comparator sites.

In addition to insufficient knowledge and technical capacity, **constrained human and financial resources were noted in some evaluation sites as limiting factors in providing accessible and inclusive services for women and children with disabilities**. In Makassar, for example, despite a relatively large permanent staff body, stakeholders noted that UPTD PPA staff did not have the capacity to undertake specialised assessments and service provision in-house:

*"Yes we didn't make any differentiations, we provide the same services for all. We have collaborations with NGOs and CSOs concerning CWD. So, in these cases we will facilitate – they can provide sign language etc to help us collaborate to do the assessments and counselling...Actually our challenge at UPTD, we have no sign language interpreter and we don't have the skills to fulfil the assessments."*¹⁸⁰

Whilst Makassar UPTD PPA is able to coordinate with NGOs/CSOs specialising in supporting CWD to support service provision, **the need to outsource personnel to undertake assessments displays a marked difference to assessment processes undertaken for children and women without disabilities**. These pathway differences create opportunities for case delays for women and children with disabilities and may create an environment where people with disabilities feel unable to access help at the UPTD PPA, impacting self-referral and engagement. Furthermore, connected service providers in Makassar also noted their limited capacity to ensure accessible services for children and women with disabilities. As this stakeholder illustrates, connected service providers in Makassar often rely on UPTD PPA to support and ensure their services are accessible, however the UPTD PPA has not always fulfilled this function effectively:

*"For physical disabilities as well it is an issue. For deaf and mute persons, they have not provided sign language so they are supposed to get support during the investigation during the court process, we need this support too. UPTD is supposed to provide with sign language and they do not."*¹⁸¹

Despite these challenges, there were **examples of effective coordination with the connected service network to ensure access to children with disabilities on individual cases**. For example, stakeholders in Maros reported strong links with NGOs and CSOs which facilitated collaboration on cases involving children and women with disabilities; NGOs and CSOs undertook outreach activities to

180 Focus group discussion with UPTD PPA staff, Makassar, 10 September 2024.

181 Key informant interview with prosecutors, Makassar, 9 September 2024

children and women with disabilities identified as victims / survivors of VAC and VAW to initiate UPTD PPA case assignment. In Surabaya at the provincial East Java UPTD PPA, one case involved a 4 year old child with autism and ADHD. In this case, the UPTD PPA coordinated with services at the hospital to facilitate communication between the child and social worker. The UPTD PPA also organised for counselling to be undertaken at the child's home rather than at UPTD PPA offices, ensuring accessibility for the child in a familiar environment.¹⁸² Therefore, whilst there were found to be systemic challenges to women and children with disabilities accessing UPTD PPA services, individual cases identified illustrated that UPTD PPA had the capacity to provide accessible services through inter-institutional coordination. Nonetheless, **it is important to ensure that UPTD PPA staff and connected service providers have the knowledge and skills to provide suitable comprehensive services for children and women with disabilities who are victims / survivors of violence.**

Stakeholders and beneficiaries also noted that **victims/survivors in rural areas faced challenges in accessing and travelling to UPTD PPA.** Key stakeholders noted that due to the constraints of Special Allocation Funds for non-physical resources, UPTD PPA lacked a sufficient number of vehicles to ensure individuals travelling from rural areas were able to access the UPTD PPA. In Surabaya, a key stakeholder expressed their concerns: "*we need money for the transportation to reach these places [villages]*"¹⁸³ Financial limitations impact the ability of UPTD PPA to effectively provide accessible services to communities living in rural/remote areas. In Maros, during a wrap-around case study interview involving a woman victim to domestic violence, the woman highlighted that many in her village community have "no means of transportation, no vehicles; because they are embarrassed to ask neighbours", and the UPTD PPA do not have sufficient transport to be able to overcome this challenge.¹⁸⁴

8.4 Efficiency



Question: What are UNICEF's integrated protection services programming outputs in relation to the inputs and have the least costly UNICEF resources possible been used to achieve the desired results?

Summary of findings on efficiency

Whilst findings on efficiency were limited by some data gaps, it appears that there was high efficiency in the utilisation of UNICEF resources to support the UPTD PPA model. UNICEF resources were utilised in an efficient and strategic manner which generated further resources by engaging the GoI to encourage Government ownership and further investment. UNICEF also utilised resources to engage in capacity-building activities with Government and nongovernmental stakeholders. **Government resources, however, do not appear to have been utilised in an efficient manner.** While the special allocation funds are important to support the establishment and operationalisation of UPTD PPAs, only 70 per cent of the special allocation funds are reported to have been utilized, demonstrating an incomplete (and therefore inefficient) use of funds. Special allocation funds were also noted as being inflexible, impacting the manner in which UPTD PPAs were able to

182 Key informant interview with UPTD PPA provincial staff, Surabaya, 3 September 2024.

183 Focus group discussion with service providers, Surabaya, 10 September 2024.

184 Key informant interview with UPTD PPA beneficiary, Maros, 4 September 2024.

utilise resources, creating misalignment between funding and UPTD PPA financing gaps. The lack of human and financial resources was reported across evaluation sites, impacting the effectiveness of service delivery.

8.4.1 Efficiency of UNICEF investments

Key informant interviews with national stakeholders indicate **high efficiency with regard to the utilisation of UNICEF resources to support the UPTD PPA integrated services model.**

Unfortunately, it was not possible to determine the exact UNICEF expenditure on supporting the establishment of the integrated services model, as there is no specific budget within UNICEF for integrated services. However, in total, UNICEF provided \$1,677,383.40 (USD) from 2021 – 2024 through partnerships with MOWECP, which includes activities at the national and subnational level.¹⁸⁵ The limited resources within UNICEF and finite period for which they are available (three years) have meant that UNICEF have been strategic with their approach, providing 'stimulating resources to give breath to the government.'¹⁸⁶ The inputs provided by UNICEF were found to support greater investment and ownership of the UPTD PPA by the Government.¹⁸⁷ UNICEF inputs promote long-term sustainability through empowering the government to lead implementation and be accountable for achieving results, and can therefore be regarded as highly efficient.¹⁸⁸

The key investments that UNICEF has made include the provision of technical support to the government and advocacy for the establishment of UPTD PPA, capacity building, supporting evidence generation to encourage continued government investment (SIMFONI-PPA and the establishment of a case management data system). **UNICEF investments were regarded as having contributed to substantial change in a short space of time at subnational level, through the training that was provided and support to developing SOPs.**¹⁸⁹

UNICEF has also utilised its resources to strengthen the UPTD PPA integrated services model by **engaging with implementing partners at the subnational level** who are well-embedded into the community. UNICEF has provided funding to these partners to support the strengthening of UPTD PPA and child protection systems, including through the provision of training and capacity building. UNICEF has worked to strengthen integrated protection services through partnerships with Yayasan Bakti (South Sulawesi); Yayasan Setara (Central Java); LPA¹⁹⁰¹⁹¹ Jatim (East Java and Pusat Kajian Pendidikan dan Masyarakat (Aceh).¹⁹² For example, through Bakti, UNICEF was able to provide training to UPTD PPA employees and multisectoral partners at provincial, district and village level on OCSEA, which was reported to strengthen stakeholders' capacity to respond to cases of online sexual abuse,¹⁹³ demonstrating an efficient and effective use of UNICEF resources. In East Java, LPA NGO reported that with the support provided by UNICEF, they were able to support UPTD PPAs to develop SOPs, strengthen case management, and strengthen coordination between key stakeholders, as well as ensure consistent application of standards despite staff turnover. In some instances, local-level stakeholders were unaware of UNICEF's relationship with these organisations; for example,

¹⁸⁵ Expenditure data provided by UNICEF Indonesia Country Office, November 2024.

¹⁸⁶ Key informant interview with national level UNICEF stakeholders during inception phase, Jakarta, July 2024.

¹⁸⁷ Key informant interview with national level UNICEF stakeholders during inception phase, Jakarta, July 2024.

¹⁸⁸ Key informant interview with national level UNICEF stakeholders during inception phase, Jakarta, July 2024.

¹⁸⁹ Key informant interviews with UNICEF and Government of Indonesia stakeholders during inception phase, Jakarta, July 2024.

¹⁹⁰ Key informant interview with NGO implementing partner, Surabaya City, 4 September 2024

¹⁹¹ Key informant interview with NGO implementing partner, Surabaya City, 4 September 2024.

¹⁹² Information on subnational partners provided by UNICEF, November 2022.

¹⁹³ Group key informant interview with service providers, Makassar, 4 September 2024.

stakeholders in Maros reported that they have no engagement in UNICEF programmes but are engaged in programmes with Bakti (without knowledge that this is supported by UNICEF).¹⁹⁴

While there has been efficient use of limited funding available within UNICEF, gaps remain.

While the multisectoral nature of UNICEF training can be seen as efficient, as it targeted diverse stakeholders involved in implementation of the integrated services with minimum resources, subnational data collection indicates that the training was somewhat limited in reach. A number of individuals within UPTD PPA have not received case management training, and in all locations, stakeholders indicated that further capacity of UPTD PPA staff and partners is needed to ensure effective protection for VAC and VAW cases. Several stakeholders stated that they have not received training since the establishment of the UPTD PPA, indicating that the resources allocated to training and capacity building have been insufficient to support all individuals implementing the integrated services model.

8.4.2 Efficiency of government investments

From 2021-2024, the GoI allocated USD 31.2 million to the special allocation funds, which is a substantial contribution that has supported the establishment of UPTD PPAs. However, a number of inefficiencies were identified with regards to the special allocation funds. Firstly, there have been delays to implementing UPTD PPA in all areas; a number of districts are yet to establish the UPTD PPA model, and as such are yet to receive Special Allocation Funds. It appears that the regulation may present a barrier to establishing UPTD PPA in all locations, as the regulation provides for local authorities to make existing integrated services agencies more effective instead of establishing new agencies.¹⁹⁵

While the special allocation funds are important to support the establishment and operationalisation of UPTD PPAs, only 70 per cent of the special allocation funds are utilized, demonstrating an incomplete (and therefore inefficient) use of funds.¹⁹⁶ The evaluators have not been able to access detailed data relating to resource allocation for established UPTD PPAs (either local government budget or special allocation funds), making it difficult to ascertain the efficiency of fund utilisation. However, it is understood that the overall underspend of special allocation funds is partly because newly-established UPTD PPAs are unable to spend the resources, as they are yet to implement all activities. In locations where UPTD PPAs are well-established, the special allocation funds appear to be fully utilized and were regarded as insufficient for UPTD PPA to fulfil all functions outlined in the regulations; for example, the special allocation funds cover less than one third of the total cost in the UPTD PPA in Makassar. The total underspend in the special allocation fund indicates that funds are not allocated according to the required budget for each UPTD PPA. While there are slight differences in the distribution of funds between districts and provinces, stakeholders noted that funding distribution is not proportionate to the number of cases received by the units, meaning some units are required to respond to a high number of cases with very limited funding.¹⁹⁷

The lack of flexibility in special allocation funds was also noted as an inefficiency. Multiple stakeholders highlighted that the inability to spend the funds on physical resources or training is a key gap which could impact the long-term sustainability of the service. Limitations on the use of special allocation funds on physical resources have impacted the infrastructure of UPTD PPA as there

194 district UPTD PPA, Maros, 2 September 2024.

195 Key informant interview with representatives of Child Protection Commission, Jakarta, 18 July 2024.

196 Key informant interview with representative of Bappenas, Makassar, September 2024.

197 Key informant interview with representative of UPTD PPA, Makassar, 4 September 2024.

are strict requirements to spend the special allocation funds according to the specified budget lines. While guidelines allow a shift between budget lines by 20 per cent, this is not flexible enough, and it prevents UPTD PPA from allocating funding to where it is needed, hampering its ability to focus on service provision and coordination. For example, in 2024, 144 regency / city UPTD PPA were classified by the MoWECP as having 'inadequate infrastructure', and only 14 per cent of UPTD PPA reported that they had a budget for physical maintenance costs in the year of reporting.¹⁹⁸ However, national level KIIs indicate that from 2025 there will be additional special allocation funds for physical infrastructure, including office buildings; a decision that was made based on the need for this being identified in a previous evaluation supported by UNICEF.¹⁹⁹

The budget allocated by local governments is also regarded as insufficient. Although legislation requires that subnational governments implement an integrated services model, the decentralization of funds means that the **local budget allocation for UPTD PPA varies per location and per year** according to local government priorities. In a year of local elections, stakeholders reported that the 2024-2025 fiscal year has seen a reduction in the budget for UPTD PPA (and Dinas women and child protection more broadly).²⁰⁰ Stakeholders reported an overall limited budget for child protection. For example, it was reported that In eastern part of Indonesia, the annual budget for Child protection is 1 million IDR for prevention and handling of cases for Dinas Women and Child Protection Division, which includes a range of activities at the local level in addition to the integrated services model; this makes it challenging to develop an effective protection system.²⁰¹ UPTD PPA Maros reported that the local government has not provided a specific budget line or UPTD PPA, and that the functioning of UPTD PPA is reliant on '*hitchhiking on other government offices*'.²⁰²

A common theme in all locations was that there is insufficient human, financial and physical resources. It was noted that neither the special allocation funds nor local budgets factor the increasing number of cases received by UPTD PPAs each year; UPTD PPAs are expected to provide a greater number of services to more children and women without additional resources.²⁰³ UPTD PPA sites reported that a lack of funding reduces the quality of services they are able to provide victims and the speed and comprehensiveness of assistance.²⁰⁴ Instances were identified of UPTD PPA staff utilizing their personal resources to carry out their work. In terms of physical infrastructure, BAPPENAS reported that UPTD PPAs are often make-shift spaces within existing government offices, and that some buildings lack equipped and suitable rooms to support victims.²⁰⁵

Specific areas in which funds were frequently noted as insufficient in all UPTD PPA sites included a lack of transport, appropriate facilities and other physical resources. While there is a budget line for transportation in the special allocation funds, this was noted as insufficient, and in some cases, staff reported using their own money to pay for fuel.²⁰⁶ Stakeholders also reported that victims / survivors lack the financial resources to travel to receive the support,²⁰⁷ indicating that UPTD PPA staff are unaware of how the special allocation fund transportation budget can be used to assist victims

198 MoWECP and Bappenas, Rapid Assessment of Completeness and Quality of Facilities and Infrastructure at UPTD PPA, summary presentation, 11 June 2024.

199 Group meeting with UNICEF Indonesia staff, Jakarta, 15 July 2024.

200 Bappeda Makassar, 10 September 2024.

201 Key informant interview with representatives of Child Protection Commission, Jakarta, 18 July 2024.

202 Key informant interview with representative of district UPTD PPA, Maros, 2 September 2024.

203 E.g. Key informant interview with representative of district UPTD PPA, Sidoarjo, 2 September 2024; Key informant interview with representative of UPTD PPA, Makassar, 4 September 2024.

204 Key informant interview with representative of district UPTD PPA, Sidoarjo, 2 September 2024.

205 Key informant interview with representatives of Bappenas, Jakarta, 17 July 2024.

206 Focus group discussion with district UPTD PPA staff, Makassar, 10 September 2024.

207 Key informant interview with district UPTD PPA staff, Maros, 2 September 2024.

who need to travel to services, or that these funds are insufficient. Staff also reported insufficient IT devices which are needed to ensure timely and accurate monitoring and support efficient processing of cases.²⁰⁸ Some UPTDs have insufficient resources to provide practical items that children require when they come to the unit in an emergency, such as clothes and shoes.²⁰⁹ A rapid assessment undertaken by MoWECP and Bappenas in 2024 underlined these findings on physical resource gaps. The assessment found that the level of appropriate physical resources and facilities varied significantly across UPTD PPAs. For example, only 67 percent of UPTD PPAs had the following rooms in 'good condition': public complaints workroom; UPTD PPA headroom; and a reception room for guests. Less than 35 per cent of UPTD PPA reported to have a children's playroom and only 33 per cent reported to have a toilet for use by service beneficiaries.²¹⁰

A lack of human resources was indicated as a significant barrier in all locations. It was reported that UPTD PPA staff have to work outside their working hours without additional remuneration due to human resource shortages.²¹¹ While it was not possible to obtain data on the workforce all established UPTD PPAs in Indonesia, in the evaluation sites alone, it was clear that there is a high level of variability in human resources between UPTD PPAs in different districts / cities. This likely reflects substantial variation in local government resource allocation and UPTD PPA approach to expenditure. For example, while UPTD PPA Makassar had more than 30 staff,²¹² including legal assistants, psychological counsellors, case managers, case workers and administrative and management staff, Maros had only three in-house employees.²¹³ High variability in human resourcing will inevitably lead to variability in the availability and quality of service provision and limit the extent to which an integrated services approach can be implemented and positive outcomes sustained.

In UPTD PPAs where this is only one member of staff, this individual is required to carry out administrative and monitoring processes, manage the hotline, and provide legal advice, psychological support and case management.²¹⁴ Maros UPTD PPA did not yet have a social worker or in-house psychologists,²¹⁵ which meant that the Social Affairs Department remained the primary case management team in Maros. A lack of clinical psychologists was a primary concern in Sidoarjo.²¹⁶ In Surabaya UPTD PPA, staff noted that the same staff manage administrative tasks, provide support to victims and manage the safe house, with insufficient staff numbers to accept and process new cases.²¹⁷ Conversely, Makassar has established a 24-7 quick response unit and has adequate staff to manage the safe homes.

Several factors impact the availability and quality of human resources, including high staff turnover, which requires continuous investment to train new employees.²¹⁸ Some UPTD PPAs employ staff under different contracts; there are government civil service employees and informal employees on temporary contract (as well as volunteers on some occasions).²¹⁹ Some UPTD PPAs rely

208 Focus group discussion with district UPTD PPA staff, Makassar, 10 September 2024.

209 Group key informant interview with provincial PPA staff, Surabaya East Java, 2 September 2024.

210 MoWECP and Bappenas, Rapid Assessment of Completeness and Quality of Facilities and Infrastructure at UPTD PPA, summary presentation, 11 June 2024.

211 Key informant interview with provincial UPTD PPA staff, South Sulawesi, 3 September 2024.

212 Key informant interview with representative of UPTD PPA, Makassar, 4 September 2024.

213 district UPTD PPA, Maros, 2 September 2024.

214 Key informant interview with provincial UPTD PPA staff, Surabaya City, 3 September 2024.

215 Key informant interview with representative of district UPTD PPA, Maros, 2 September 2024.

216 Key informant interview with representative of WECP, Sidoarjo, 2 September 2024.

217 Key informant interview with provincial Social Services Office representatives, Surabaya, 3 September 2024; Key informant interview with provincial UPTD PPA staff, Surabaya City, 3 September 2024.

218 Key informant interview with representative of Bappeda, Maros, 3 September 2024.

219 Key informant interview with former consultant to UNICEF, online, 19 July 2024.

on temporary staff to provide services and lack the resources to cover salaries in accordance with minimum living wage.²²⁰ Moreover, stakeholders flagged that some UPTD PPA staff do not have a background in VAC or VAW (this lack of technical capacity among UPTD PPA staff is explored in further detail in 7.3 Effectiveness).²²¹ Staff can be placed in UPTD PPAs without experience due to unspecified requirements as a government employee.²²² The loss of experienced non-government staff operating in P2TP2A during the establishment of UPTD PPA was a concern in some locations,²²³ and was a fear in comparator locations. However, in others (for example Makassar), UPTD PPAs have hired past P2TP2A employees,²²⁴ which supports efficiency of UPTD PPA services, due to these individuals having some of the required skills and experience without receiving training.

A lack of monitoring of outcomes for UPTD PPA means there are challenges to assessing input relative to output. While is responsible for monitoring and evaluating the Women Empowerment and Child Protection Divisions at provincial and district level, UPTD PPA activities are subsumed under the monitoring of women and child protection activities more broadly. There are no specific indicators or mechanisms (beyond monitoring case numbers through SIMFONI-PPA) to monitor implementation of UPTD PPA or the contributions of special allocation funds to outcomes. Regulations are not in place to ensure the effective monitoring of integrated services for women and children. Bappeda stakeholders highlighted that the 2022 Decree which outlines the management structures of UPTD PPA (MoWECP Regulation No. 2 of 2022 on Service Standards) does not outline the specific activities to be monitored by Bappeda, providing the example that they are unaware of the number of coordination meetings occurring between stakeholders who should be involved in the integrated services model.²²⁵ In some locations, Bappeda was unaware of the length of time for which the special allocation funds have been available.²²⁶ **Effective mechanisms for overseeing the UPTD PPA functioning and monitoring programme outcomes in UPTD PPAs across the country should be developed and implemented; for example, ensuring that indicators and monitoring frameworks specific to UPTD PPA are developed for BAPPEDA to monitor, as opposed to UPTD PPA activities being subsumed under broader D3PA monitoring.**

While lack of resources is an issue for UPTD PPAs, resources appear to be greater in comparison to locations without an established UPTD PPA. Stakeholders in intervention locations felt that districts and cities without an established UPTD PPA have even fewer resources to address VAC and VAW.²²⁷ Data from comparator districts highlight that, while some of the challenges to P2TP2A functioning were similar to those of UPTD PPAs (such as limited resources for transportation and challenges to reaching people at the village level), it appears that issues are exacerbated in comparator districts.²²⁸ The lack of special allocation funds was seen as a key barrier to P2TP2A functioning as effectively as UPTD PPA.²²⁹ The lack of available resources in comparator districts has contributed to the absence of a clear service mechanism/flow from case acceptance to termination (i.e. ineffective case management)²³⁰ and the speed and comprehensiveness of services.²³¹ P2TP2A

220 Key informant interview with representative of UPTD PPA, Makassar, 4 September 2024.

221 Key informant interview with UNICEF Indonesia staff member, Jakarta, 15 July 2024.

222 Key informant interview with provincial NGO implementing partner, Surabaya, 4 September 2024.

223 Key informant interviews with national stakeholders during inception phase, July 2024.

224 Key informant interview with representative of WECP, South Sulawesi, 3 September 2024.

225 Key informant interview with representatives of Bappeda Pangkep, 9 September 2024.

226 Bappeda Makassar City, 10 September 2024.

227 Key informant interview with healthcare service providers, Surabaya City, 9 September 2024.

228 Key informant interview with representative of district PPA Office, Pangkep, 6 September 2024; Key informant interview with representative of WECP and staff, Batu City, 6 September 2024; Key informant interview with representative of Police Office, Batu City, 9 September 2024.

229 Key informant interview with representative of Bappeda Pangkep, 9 September 2024.

230 Key informant interview with P2TP2A service providers, Batu City, 7 September 2024.

231 Key informant interview with representative of PTP2A, Batu City, 6 September 2024.

in Batu felt that other Dinas PPA activities are prioritized with regards to budget allocation, and that P2TP2A activities are regarded as less important because they do not have UPTD PPA status.²³² Other resources lacking in comparator districts includes safe houses (for example, in Pangkep).²³³ Moreover, human resources are a key concern in comparator districts; a lack of certified staff with educational qualifications and the absence of employment guarantee through government contracts were regarded key barriers to effective and efficient operation of P2TP2As, contributing to a turnover of staff who do not have the required specialisation.²³⁴

While positive outcomes have been achieved from financial inputs into UPTD PPAs, it is important that stakeholders and staff have sufficient knowledge on how to manage and allocate budgets and that budgets are available and utilised in order to ensure a sufficient number of qualified and skilled staff; BAPPENAS and UNICEF should focus on advocacy, training and the development of guidelines to support for local governments, BAPPEDA and UPTD PPA to allocate and manage funds (both DAK and local authority budget allocations) which build upon the guidelines for planning and budgeting provided by the Ministry of Home Affairs.

8.4.3 Efficiency and resource utilization at the service delivery level

On the whole, it appears that UPTD PPAs are utilizing their internal resources efficiently, as well as coordinating with their available networks as a means to access additional resources (to the extent possible; see coherence section). For example, in UPTD PPA where there are few in-house staff, these units have been able to establish coordination relationships with external legal aid providers and psychologists.²³⁵ In UPTD PPA sites, stakeholders reported efficiency with regards to ensuring all stakeholders had a distinct role to limit duplication of services.²³⁶ For example, in Surabaya where both UPTD PPA and P2TP2A exist, it was reported that while there was initially some overlap in roles and services provided, over time, a shared understanding of the role each stakeholder plays has been established, which has supported efficiency and helped avoid duplication.²³⁷ However, some inefficiencies were identified. As an example, poor coordination and / or distrust in information provided by various stakeholders appears to have resulted in multiple individuals both within and outside of UPTD PPA carrying out duplicative assessments of victims as opposed to utilizing readily available information.²³⁸ A lack of human resources within UPTD PPA was noted by stakeholders as a key factor slowing down the speed at which case workers are able to coordinate with other stakeholders and respond to cases of violence refer cases to police and psychologists etc.²³⁹

Challenges to coordination in comparator districts highlight some of the strengths of UPTD PPA resources in terms of facilitating efficient coordination. For example, stakeholders in Maros reported that the limited budget to carry out effective case management extended to an inability to implement case conferences and engage multisectoral stakeholders in decision-making regarding children's cases.²⁴⁰ Conversely, there was evidence of effective coordination mechanisms in UPTD

²³² Key informant interview with representative of PTP2A, Batu City, 6 September 2024.

²³³ Key informant interview with representative of PPA Police Unit, Pangkep, 6 September 2024.

²³⁴ Key informant interview with representative of PPA Office, Pangkep, 6 September 2024; Key informant interview with P2TP2A service providers, Batu City, 7 September 2024.

²³⁵ E.g. Key informant interviews with key stakeholders in Maros, September 2024.

²³⁶ Key informant interview with representative of at WECP, Sidoarjo, 2 September 2024; Key informant interview with representative of district UPTD PPA, Maros, 2 September 2024.

²³⁷ Key informant interview with Provincial Social Services Office representatives, Surabaya, 3 September 2024.

²³⁸ Information indicated across case studies in intervention locations.

²³⁹ Key informant interview with representative of district UPTD PPA, Maros, 2 September 2024; Key informant interview with representative of provincial Police PPA Unit, South Sulawesi, 3 September 2024.

²⁴⁰ Key informant interview with representative of PPA Office, Pangkep, 6 September 2024

PPA locations such as Makassar.²⁴¹ In the comparator district of PangKep, stakeholders also highlighted a lack of coordination with provincial level stakeholders, which was seen as a barrier to knowledge sharing and capacity building.²⁴² Moreover, while comparator districts highlighted coordination between some of the same stakeholders as UPTD PPA locations, coordination mechanisms were identified as primarily informal.²⁴³ In the comparator district PangKep, stakeholders reported a lack of coordination as a reason for victims being provided with concurrent, similar services, increasing the risk of duplication / overlap in services, and providing evidence of a less efficient and integrated approach to protecting women and children from violence.^{244 245}

The maturity of the wider child protection system and provision of resources by Dinas PPA was also recognized as a barrier to an efficient integrated services model. In particular, it was noted that it is difficult to implement an integrated services model and provide protection to women and children where village-level services and protection programmes are lacking.²⁵¹ This was also identified as an issue in comparator districts, with stakeholders noting that district authorities are responsible for providing services across a large area, and a lack of services in rural areas and lack of transportation are barriers to ensuring women and children experiencing violence can access required support.²⁴⁶ Stakeholders also recognised challenges to coordinating with village-level protection stakeholders (see coherence section).

8.5 Sustainability



Question: To what extent are the benefits of UNICEF's strategic approach to integrated protection services programming likely to continue after UNICEF support has ceased?

Summary of findings on sustainability

Overall, the UPTD PPA model demonstrates strong sustainability, with integrated service delivery very likely to continue after UNICEF support has ceased. The UPTD PPA model has been firmly embedded within national and subnational Government structures, and the data indicates that there is strong Government ownership of the UPTD PPAs at all levels of government. The major factors influencing the achievement of sustainability are the legal mandate that has been established at the national and subnational levels; the allocation of a special budget for the operation of the UPTD PPAs and integration of the model in provincial, district and city government budgets; and national ownership of components that support the programme's functioning (e.g. the SIMFONI-PPA data collection system). However, in order to sustain the quality and outcomes of the UPTD PPAs in the longer term, it will be necessary to ensure adequate human resourcing and continual capacity building of UPTD PPA staff.

²⁴¹ Key informant interview with representative of UPTD PPA, Makassar, 4 September 2024; Key informant interview with representative of district Social Office, Makassar (Gowa), 11 September 2024.

²⁴² Key informant interview with representative of PPA Office, Pangkep, 6 September 2024

²⁴³ Group key informant interview with representative of PPA and social worker, Pangkep, 9 September 2024.

²⁴⁴ Group key informant interview with representative of PPA and social worker, Pangkep, 9 September 2024.

²⁴⁵ Key informant interview with representative of WECP, Sidoarjo, 2 September 2024

²⁴⁶ Key informant interview with representative of PPA Office, Pangkep, 6 September 2024; Key informant interview with representative of Bappeda, Pangkep, 9 September 2024.

8.5.1 Sustainability of the UPTD PPA model

The UPTD PPA is grounded in a comprehensive law and policy framework at the national level.

UNICEF has worked with the Government of Indonesia to generate an evidence base, advocate for and support a number of legal and policy developments that have established a strong mandate for the UPTD PPAs. In particular, Ministerial Decree No. 2 of 2022 on Women and Child Protection Service Standards sets out a framework and scope of services for the UPTD PPAs.²⁴⁷ In 2022, the Sexual Violence Crime (TPKS) Law mandated UPTD PPAs as the primary body to oversee cases relating to victims of sexual violence, handling recovery and assistance of victims of sexual violence within the sis baseline services. In 2024, a series of critical Presidential Decrees relating to UPTD PPA, including Presidential Decree No. 55 on the Technical Implementation Unit for the Protection of Women and Children, and Presidential Decree Number 9 of 2024 Providing Education and Training for the Prevention and Handling of Criminal Acts of Sexual Violence, were adopted. These decrees mandate that UPTD PPA must be established by regional governments at the provincial level and districts/cities.²⁴⁸ Key stakeholders at the subnational level noted that they 'have no choice but to act' when a legal mandate is established at the national level. This firmly contributes to the programme's sustainability – according to the legal mandate at the national level, the UPTD PPA model is required to be established in each province, city and district. For example:

"The Sexual violence crime law really made a difference in terms of budget allocation. The law has a big impact – it creates a strong imperative for implementation, but it has to be a budget attached."²⁴⁹

"The UPTD PPA is included in the laws...It has a strong legal basis, so this is why we are supposed to work with stakeholders to ensure we can provide comprehensive services. It's in the policies."²⁵⁰

The UPTD PPAs have also been embedded into the local government structures and are largely funded by local government sources, including through being incorporated into Dinas budgets and through the provision of special allocation funds by MoWECP to districts and provinces to support the operation of the UPTD PPAs (though there are challenges – see efficiency section). The special allocation fund provides for operational costs of the UPTD PPA, including capacity building of employees, service standard improvement and so on. According to stakeholders in South Sulawesi, the special allocation fund is designed to cover the operational cost of the UPTD PPA until districts are able to integrate these costs into their own budgets.²⁵¹ It was also reported that, next year, additional special funds will be allocated to UPTD PPAs for 'physical' expenses – e.g. the development of buildings or infrastructure (renovations), equipment, computers etc. In Surabaya City, a Mayors Decree was issued which sets out a mandate for the establishment of the UPTD PPA, along with an organizational structure. In the comparator sites, it was noted that the budget allocated to the PT2P2A and the funding of related service providers was limited, and was likely to create challenges relating to sustainability. Stakeholders in these locations cited turnover of personnel as being quite high, due to the demand placed on individuals operating in a system with a severe lack of human resources.

²⁴⁷ Chapter 2, Article 3(1), Regulation No. 2 of 2022 on Women and Child Protection Service Standards.

²⁴⁸ Ministry of Women Empowerment and Child Protection, 'Ministry of PPPA: Presidential Decree on UTPD PPA Requires the Establishment of UPTD PPA in the Regions', 4 May 2024, <https://www.kemenppa.go.id/page/view/NTE3NA>, accessed 1 July 2024.

²⁴⁹ Key informant interview with UNICEF staff member, Jakarta, 19 July 2024.

²⁵⁰ Key informant interview with representative of Dinas, Makassar City, 4 September 2024.

²⁵¹ Key informant interview with representative of Dinas Provincial Women Empowerment and Children Division, South Sulawesi, 3 September 2024.

Government ownership also extends to the monitoring mechanisms and data systems utilised within the programme. Data recorded by UPTD PPA at the district / regency and provincial level is recorded in the MoWECP owned SIMFONIPPA online database. Monitoring activities also display strong government ownership, with direct reporting lines established between UPTD PPA and WECP at the subnational level; WECP in turn report to MoWECP at the national level.

Other UNICEF interventions, such as those at the village-level, are also likely to positively impact the sustainability of the UPTD PPA integrated service model. Stakeholders noted that capacity-building activities delivered to community-based child protection bodies were key in creating referral links between the village and district level. It was noted that a continuation of interventions at the village level is key to ensuring the sustainability of the UPTD PPA programme.

8.5.2 Sustainability of programme outcomes

However, the effective/quality functioning of the UPTD PPAs and the sustainability of results over time will depend on continued investments in staff training and support. Stakeholders noted across all sites that funding was limited, and the sustainability of comprehensive and high-quality service delivery within the UPTD PPA model centres upon the availability of future funding (see section 7.4 above). **Insufficient budgets, low staff salaries and high turnover can impact negatively in terms of sustaining positive outcomes of the programme**, as illustrated by the following key stakeholders:

"The service is already quite good, but...capacity building needs to be continuously increased, especially since job and staff turnover often occurs. So further learning and adjustments are needed."²⁵²

"The UPTD PPA development is an ongoing process and cases for women and children are quite diverse and there is a lot of variation. Therefore, all of the staff training needs to be renewed and refreshed...sometimes there is new staff and in terms of ethical issues with child protection, this needs to be reinforced. This requires more training, not just once or twice."²⁵³

There is a need to ensure that a minimum package of continual training, coaching and supervision is institutionalised into the UPTD PPA structure (e.g., through a government decree and dedicated budget) to ensure the sustainability of the programme's outcomes in the longer term.

²⁵² Key informant interview with representative of Bappeda, Maros, South Sulawesi Province, 3 September 2024.

²⁵³ Key informant interview with representative of Child Protection Agency (LPA), Surabaya Province, 7 September 2024.

9. Final Conclusions

The development of the UPTD PPA was found to have responded to a demonstrated need within the child protection system in Indonesia for improved coordinated and comprehensive response services for victims/survivors of violence against women and children. UNICEF's support at the national level in developing the legal mandate and operational framework for the model was key to its implementation and sustainability. The support provided by Field Offices staff at the sub-national level (to provincial and district/city government partners) was critical in supporting the localisation and implementation of the model, and this approach was found to be highly relevant to the need and decentralised context in Indonesia and largely effective in improving integrated, comprehensive responses for cases of VAW and VAC. However, some challenges were noted, including coordination challenges with police and UPTD PPA service providers, at times impairing effective and efficient responses to cases of VAW and VAC; shortages in key personnel (in particular clinical psychologists and legal advisors/representatives) and challenges in risk identification and response, placing women and children in situations in which they may be at risk of harm. Limited, sustained training, coaching and supervision also appears to have impaired the effectiveness of case management services (though it should be noted that, overall, substantial improvements in case management and coordination was found in the intervention locations). While case data indicates that the establishment of the UPTD PPAs have improved access for women and children who are at risk of or have experienced violence, substantial access challenges remain including limited knowledge in communities, reluctance to report violence within families and a preference for resolving cases in the community (typically using mediation), even in more serious cases of violence. Children and women with disabilities and children in conflict with the law were found to face considerable barriers to access.

10. Lessons Learned

The evaluation of UNICEF's support to the Integrated Protection Services for Women and Children in Indonesia 2021-2023 generated several broader lessons learned which have relevance to child protection programming in Indonesia and elsewhere (particularly in contexts in which there are similarities to the political, administrative and social context in Indonesia).

1. **In ensuring effective implementation of child protection services in decentralised administrative contexts, it is important that programme interventions are carried out at multiple levels of governance.** UNICEF Indonesia's support for the UPTD PPAs at the national level (e.g. in advocating for a comprehensive legal mandate and financing) and at the sub-national levels (e.g. through supporting the development of localised Standard Operating Procedures, carrying out capacity building and through support in connecting village-based mechanisms with the UPTD PPA) helped to ensure that a supportive structure was in place for the effective implementation of the service and for sustaining the service in the longer term.
2. **In order to develop and ensure sustained, effective case management services for cases involving violence against women and violence against children, it is important not only that initial training is delivered to key staff but that an embedded programme of continued training is in place.** In addition, it is important that more intensive coaching opportunities are available (e.g. through collaboration with more experienced social workers in NGOs, where they exist), and that effective supervision systems are in place.
3. **In order to ensure effective and timely responses in cases where children are at identified as at immediate risk, it is important that there is a clear legal mandate and process for identifying risk and providing an immediate response services (including in cases in which families do not consent).** It is important that the duties and process for responding to cases of immediate risk is clearly set out in the legal regulations / SOPs for case handling. It is also important that effective coordination processes are established between child protection services and local police services.

11. Recommendations

It is recommended that UNICEF continue to support the implementation of the UPTD PPA, and to support further institutionalisation of the model into national and sub-national systems and budgets. The following recommendations were discussed, refined and validated by the Evaluation Reference Group and other key stakeholders during a validation workshop which took place in Jakarta in January 2025. It should be noted that the Ministry of Women's Empowerment and Child Protection (MoWECP) is updating the regulation related to UPTD PPA following the issuance of Presidential Decree Number 55 in 2024 on the Regional Technical Implementation Unit for the Protection of Women and Children.

It is expected that the regulation will be finalized by the first semester of 2025. This Regulation includes Standardization Guidelines (BORANG), which set out a comprehensive reference for developing the integrated protection services. The recommendations below are aligned to this new development.

In particular, the following recommendations are made to strengthen the UPTD PPA:

1. Strengthening law and policy framework

- 1.1 Ensure the implementation of the legal mandate set out in the new Draft Regulation and Standardization Guidelines (BORANG), that UPTD PPA staff must proactively remove children from situations of harm (even without the consent of the child or their family) and carry out an assessment, initiating case management processes if required. This should include clearly mandating local governments to establish the necessary structure to support the legal mandate.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments; National, Provincial and District Police
Priority: High

- 1.2 While formalisation of referral mechanisms (including between the UPTD PPA and the police) has already been made a requirement in the 2025 Draft Regulation and Standardisation Guidelines, it is recommended that an explicit requirement be set out in the new Regulations and Guidelines that Standard Operating Procedures (SOPs) be developed and implemented between the UPTD PPAs, police and prosecutors for children in conflict with the law, to ensure that these children are able to access services of the UPTD PPA, for example, as a diversionary measure, in order to reduce the deprivation of liberty of children.

Lead agency: MoWECP

Supporting agencies: National Police, MoLHR
Priority: Medium

- 1.3 Further develop, in the 2025 Draft Regulation and Standardisation Guidelines, and implement (including through a specific budget allocation) a comprehensive minimum package of continual training, coaching and supervision into the UPTD PPA. This should include training relating to topics and skills set out in recommendation 2.1 below.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments

Priority: High

2. Human resource capacity development

2.1 Institutionalise continual capacity building for UPTD PPA staff and associated service providers on case management skills and capacity building on evolving child protection issues (e.g., OCSEA) through the National and Provincial Training Centres (BPSDM) and other training platforms (e.g. e-learning). This should include structured onboarding programmes, regular and refresher training to ensure all personnel remain equipped with the necessary skills and knowledge. Specific training on responding to the needs of children and women with disabilities should be integrated into training and capacity building initiatives.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments; National and Provincial Training Centres

Priority: High

2.2 Investments should be made in recruiting and training the social welfare workforce to ensure the sustainability of the UPTD PPA. This should include: Defining Optimal Workforce Ratio and Competency Standards; Conducting a costing analysis to determine an optimal ratio of social workers, psychologists, and legal support per case/child served; Promoting community-based para-social workers as a complementary workforce to support outreach efforts in remote or under-resourced areas and connecting services from village level; Development of a roster of potential workers to provide support or temporarily fill vacant positions.

Lead agency: MoWECP

Supporting agencies: Ministry of Social Affairs, Provincial and District Governments.

Priority: Medium

2.3 Implement the reporting, monitoring, evaluation, and supervision and mentorship frameworks contained in the Draft Regulation and Standardization Guidelines (BORANG); ensure counselling services and psychological support is available for UPTD PPA staff to enhance job satisfaction and avoid 'burn out'; and incorporate a client satisfaction feedback mechanism is developed as part of the UPTD PPA's monitoring process.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments; National, Provincial and District Police

Priority: Medium

3. Strengthening service delivery and coordination

3.1 Support the UPTD PPA to establish strong collaborative working arrangements with relevant NGOs and CSOs (e.g., through partnership agreements or MOUs and the allocation of capacity building resources for community-based protection mechanisms); within these relationships, it is important that the UPTD PPA retain 'ownership' of cases and case management).

Lead agency: Provincial and District Governments (UPTD PPAs)

Supporting agencies: MoWECP, NGOs, CSOs

Priority: Medium

- 3.2 Connections should be strengthened between village/community-based mechanisms and the UPTD PPA, to ensure that all appropriate cases are assessed and, where required, that the case is managed by the UPTD PPA and provide further support at the village level to increase community trust and knowledge in the UPTD PPA, including further awareness raising activities and broader capacity-building activities and trainings at the village level.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments; Ministry of Village

Priority: High

4. Strengthening information management and monitoring systems

- 4.1 Information sharing protocols should be developed (or where already developed, strengthened) between the UPTD PPAs and connected service providers. In the further development of the SIMFONI-PPA child protection information management system (CPIMS), ensure data protection protocols are developed and put in place.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments

Priority: High

- 4.2 Effective mechanisms (including monitoring and evaluation tools and guidance) for overseeing the UPTD PPA functioning and monitoring programme outcomes in UPTD PPAs across the country should be developed and implemented as a component of the SIMFONI-PPA development and the monitoring of compliance with national service standards and the utilization of the special funding allocation (DAK).

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments

Priority: Medium

5. Financing

- 5.1 Carry out a feasibility study for establishing UPTD PPAs in locations in which they have not yet been established, including funding requirements and investment aligned with Human Resource Recommendation 2.2 above.

Lead agency: MoWECP

Supporting agencies: Ministry of Finance, BAPPENAS, Ministry of Home Affairs

Priority: Medium

5.2 Review existing guidelines for DAK allocations, to ensure all available funding can be used flexibly and tailored to the needs of each UPTD PPA, including optimising the consultation mechanism for DAK through MoWECP, utilising the Bureau of Planning and Finance and the Inspectorate General.

Lead agency: MoWECP

Supporting agencies: BAPPENAS, Ministry of Finance

Priority: Medium

5.3 Advocacy, technical guidance and training should be implemented to ensure stakeholders and staff (including UPTD PPA, DINAS and BAPPEDA stakeholders involved in planning) have sufficient knowledge on how to manage and allocate budgets and that budgets are available and utilised in order to ensure a sufficient number of qualified and skilled staff (regarding both the DAK and local-level government funding), with reference to the following regulations: Ministry of Finance Regulation No. 11/KepMen 7/2024 on Budget Allocation for Education, which can be leveraged for UPTDPPA training programs; Ministry of Finance Regulation No. 11/KepMen/2024 on Public Infrastructure; Ministry of Home Affairs Regulation on Guidelines for the Regional Annual Development Plan (RKPD); and Ministry of Home Affairs Guidelines on Planning and Budgeting for Child Protection at the subnational level.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments, Ministry of Finance, Ministry of Home Affairs

Priority: Medium

6. Improving access

6.1 Develop a process to engage beneficiaries and children and adolescents more generally (through the Child Forums, and other avenues) in the development of the UPTD.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments, Child Forums

Priority: Medium

6.2 Engage child-led organizations (beyond just children's forums) to inform the establishment of child-friendly, safe, respectful, and accessible mechanisms for children, particularly those who have experienced violence or require services. Consideration should be given to utilizing preferred communication channels for children (e.g., phone, chat, social media etc.), and to ensuring the active monitoring of these channels by UPTD PPA staff.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments, Child Forums

Priority: High

6.3 There is a need to consider how the UPTD PPA model can be adapted to the needs of women and children in remote contexts (e.g., through specific process and increased coordination with community-based mechanisms, through the use of ICTs etc.)

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments, Ministry of Village

Priority: Medium

6.4 Reduce potential stigmatisation of children and women victims of violence, through implementing social and behaviour change interventions in communities and through ensuring UPTD PPA staff are trained to deliver services in a manner that is child-friendly, gender-informed and sensitive to minority groups.

Lead agency: MoWECP

Supporting agencies: Provincial and District Governments

Priority: High



12. Annexes

Table of Annexes

Annex A: Terms of Reference	3
Annex B: Ethical Protocol	25
Annex C: Data collection tools	35
Annex D: Evaluation matrix	77
Annex E: Intervention Mapping	99
Annex F: Participant List	105
Annex G: Summary of Findings Tables	110
Annex H: Research Site Contextual Profiles	130
Annex I: Bibliography	143
Annex J: Context of the Evaluation	147
Annex K: Theory of Change	157
Annex L: Ethical Approval Letter, Institute of Research and Community Service	159

Introduction

These Terms of Reference (ToR) set out the purpose, objectives, scope, and proposed methodology of evaluating integrated protection services for children and women in Indonesia between 2021 and 2023 as part of cooperation between the Government of Indonesia and UNICEF. The programme is part of the entire United Nations system support to Indonesia's development objectives guided by the 2030 Agenda for Sustainable Development, defined in United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025, in support of the targets and priorities of the Government's Medium-Term National Development Plan (RPJMN) 2020-2024.

The ToR has been developed in line with the 2023 Revised Evaluation Policy, which emphasises the importance of evaluation in guiding the development and implementation of UNICEF country programmes. The primary purpose of the evaluation is to assess the intermediate outcomes of integrated protection services and their effectiveness. The evaluation will support the government to refine its approach to strengthen the design and scale-up strategy and to allocate resources more efficiently for the remaining programming period of the current Country Programme. The evaluation will also inform the development of the next UNICEF Country Programme, ensuring evidence-based strategies for improving child protection services.

Background

Indonesia, a vast archipelago and the world's largest island nation, has over 17,000 islands. Spanning over 1.9 million square kilometres, it is the 14th-largest country by area. With a population exceeding 275 million, Indonesia ranks as the world's fourth most populous country and the most populous Muslim-majority country. Nearly a third of the population, around 85 million, are children, making it the country with the third-highest number of children in the world.

Over the past decade, Indonesia has demonstrated a robust economy, averaging a 5.5% annual growth rate in its gross domestic product. Extreme poverty rates were successfully reduced to 9.2% in September 2019. However, the COVID-19 pandemic caused a slight setback, raising the figure to 9.4% in March 2023.

Child Protection Challenges in Indonesia

In Indonesia, millions of women and children endure pervasive vulnerabilities to violence and exploitation, including prevalent child marriage. The 2018 Indonesian Violence Against Children Survey (SNPHAR) found high rates of violence, with up to 49 million children affected. 62 per cent of girls and 61.7 per cent of boys reported experiencing one or more forms of violence throughout their lives, including online abuse. Child marriage remains a pressing concern, with approximately 1.2 million girls marrying before 18 annually, perpetuating cycles of poverty. Access to legal identity poses challenges, too, as only 65 per cent of children under 18 and 56 per cent under 5 were registered in 2018. Despite progress, such as increased reporting of violence cases and decreased child marriage rates, substantial barriers persist, requiring sustained efforts to protect the rights and well-being of Indonesia's children and women.

COVID-19 Impact

The pandemic has amplified child protection concerns. Lockdowns and quarantines, while necessary, contributed to increased domestic violence and sexual abuse, which endangered children's physical and emotional health. In addition, children's increased online engagement during isolation rendered them more vulnerable to online predators and Online Child Sexual Exploitation and Abuse (OCSEA). According to the latest data, 3 out of 10 children experienced OCSEA during the pandemic (ECPAT, DtZ 2020).

Government Commitment and UNICEF Collaboration

Aligned with the Government of Indonesia (GOI)'s National Medium-Term Development Plan (RPJMN) 2020-2024 and its commitments to the Sustainable Development Goals, UNICEF Indonesia integrated Child Protection as a core element in its five-year Country Programme (2021-2025). The programme, with a planned budget of USD 16 million, is progressing into its fourth year of implementation.

Indonesia's Medium-Term National Development Plan 2020-2024 aims to achieve ambitious goals for children, including 100% birth registration, a significant reduction in child marriage (down to 8.7%), and a decrease in violence against children. To achieve these targets, the government is taking a multi-pronged approach.

First, the GOI is strengthening the legal framework around child protection, including the recent implementation of the 2022 Sexual Violence Crime Law. Additionally, they are focusing on improving the provision of comprehensive protection services through the establishment of specialized protection units (UPTDPPA) at the subnational level. These units, initiated following a 2022 regulation, aim to offer integrated and responsive child protection services.

Collaboration plays a crucial role in these efforts. Following the issuance of Presidential Decree Number 65 in 2020, which expanded the Ministry of Women's Empowerment and Child Protection (MoWECP)'s mandate to include the establishment of referral, MoWECP, with UNICEF's support, developed the National Service Framework, which outlines service delivery processes for UPTDPPAs and capacity building strategies.

This collaborative effort between the government and UNICEF led to the issuance of the Decree of the Minister of Women's Empowerment and Child Protection Number 2 in 2022 on the National Service Framework. Since then, 216 districts and cities (out of 514) and twenty-three provinces (out of 38) in Indonesia have initiated efforts to establish UPTDPPA.

In accordance with this effort, the government has allocated IDR 132 billion (approximately USD 8.8 million) from the 2023 Special Allocation Fund and conducted training sessions to support the operation and build capacity within MoWECP with UNICEF's support.

To ensure effective implementation and resource utilization, UNICEF also collaborated with the Ministry of National Development Planning (Bappenas) and MoWECP to develop a monitoring and evaluation tool.

Legal Framework

Indonesia's legal framework for children comprises a set of laws enacted over two decades.

Law No. 23 of 2002, with amendments and subsequent laws, establishes the guiding policies on child protection and safeguards children's rights, including protection from violence.

Relevant laws:

- Law No. 23 of 2002 on Child Protection (amended by Law No. 35 of 2014 and Law No. 16 of 2017)
- Law No. 23 of 2004 on the Elimination of Domestic Violence
- Law No. 13 in 2006 on Witness and Victim Protection
- Law No. 11 of 2012 on Child Justice
- Law No. 12 of 2022 on Sexual Violence Crime

These laws:

- Define child protection as safeguarding children's rights, including from violence.
- Mandate the Ministry of Women Empowerment and Child Protection (MoWECP) to coordinate, monitor, and implement relevant policies and services to protect children from all forms of violence and ultimately to realize all children's rights across national and sub-national levels.
- Assign responsibilities to provincial and district governments for providing essential services, including child protection, as per Law No. 23 Year 2014 on Local Government.
- Ensure community participation in demanding quality services through Village Governments (Law No. 6 Year 2014).

Governance and Oversight

The Ministry of Home Affairs (MoHA) is responsible for providing general supervision to provincial, district, and village governments, ensuring the quality of services and meaningful community participation.

While MoWECP provides child protection services for inter-provincial and international child protection cases, service delivery falls primarily to provincial and district governments, with the Office of the Women's Empowerment and Child Protection (district government) handling within-district cases and provincial governments handling cross-district cases. Law enforcement agencies, including police, prosecutors, judges, and correctional social workers, operate under the direct supervision of national agencies/ministries.

Alignment with Sustainable Development Goals (SDGs)

The Indonesian government's (GOI) program and UNICEF Indonesia's Country Programme Action Plan (CPAP) are aligned with several SDGs. The most relevant to Child Protection include:

- SDG Target 5.2: Eliminate all forms of violence against women and girls.
- SDG Target 5.3: End harmful practices, such as child marriage.
- SDG Target 16.2: End abuse, exploitation, and trafficking of children.
- SDG Target 16.3: Promote the rule of law and access to justice.
- SDG Target 16.9: Ensure legal identity for all, including birth registration.

GOI-UNICEF Programme Priorities and Design

Informed by the government priorities, the Child Protection Programme focuses on strengthening the protection system for women and children at national, provincial, and district levels. All interventions promote human rights, child rights and gender equality adhering to international instruments ratified by the GOI; the Convention on the Elimination of All Forms of Discrimination against Woman (September 1984), the Convention on the Rights of the Child (September 1990).

Based on their magnitude, urgency and negative impact on children, the programme prioritizes:

- Children and women vulnerable to or affected by violence and sexual exploitation and abuse, both online and offline
- Child marriage
- Access to legal identity

Programme Outcome, Outputs and Targets

The envisioned outcome of the Child Protection Programme states that *"By 2025, girls and boys will be progressively empowered and protected from violence, exploitation, neglect and harmful practices by functioning, quality child protection systems and positive social norms at national and subnational levels including in humanitarian settings"*. To realize this outcome, UNICEF works on five outputs through the detailed Outcome Theory of Change¹ :

- Output 5.1 National and subnational governments and stakeholders have improved knowledge, capacity, data and clear accountability to enact and implement gender-responsive, climate-smart, inclusive and evidence-based laws, policies and budgets on child protection.
- Output 5.2 Girls and boys including children with disabilities have strengthened capacity including digital literacy and safety, and opportunities to develop, access and utilize information for enhanced protection from violence, exploitation, and child marriage.
- Output 5.3 Families and communities have strengthened capacities to practice positive behaviours and promote social norms that protect girls and boys from violence, child marriage and family separation.
- Output 5.4 Child protection services at national and subnational levels have improved capacities to provide accessible prevention and response social welfare, justice and civil registration services that meet minimum standards.
- Output 5.5 Government and humanitarian actors at national and subnational level have improved capacity to prevent, mitigate, prepare for and respond to child protection in emergencies in a timely and coordinated manner.

¹ Programme Strategy Note 2021-2025 (PSN) UNICEF Child Protection Theory of Change, page 101-102.

The overall Theory of Change (TOC) presents the vision and multi-year change pathway for how each output will be achieved. The Theory of Change stipulates that:

- **If** child protection systems governance continues to improve and become more evidence-and equity based with improved accountability of duty-bearers; and
- **If** there is investment to ensure more equitable, accessible and quality child and family welfare services are available at subnational level, for both prevention and response services for the most marginalized girls and boys, including adolescents; and
- **If** knowledge, motivation and engagement of parents, children and other duty bearers to promote protection of children including in humanitarian emergencies is enhanced

Then more children and adolescents, particularly the most marginalized, including children with disabilities, are more likely to be protected from all forms of violence, exploitation, neglect and harmful social norms.

Assumptions

- Government will continue to prioritize strengthening of the social welfare sector including implementation of minimum service standards at subnational level, strengthening of the social welfare workforce by investing in professional standards, supervision, capacity building, and conditions of service
- Government will commit resources to develop and implement law and policy reforms including the implementation of the Social Worker Act, the implementation of the amended Marriage Act and strategy on child marriage, the strategy on Civil Registration, and the Child Care Regulation through development and adoption of implementing regulations
- Government, parliaments, CSOs and private sector partners are interested to engage and partner with UNICEF on innovations to ensure children and families are reached with necessary information, services, and opportunities for prevention and response for child protection
- Reducing violence against children and child marriage will continue to be priorities of the Government and partners, data is available and open discussion on these issues is encouraged.

Risks

- Continued influence of conservative groups and increased intolerance negatively impacts on the articulation of child rights in law and policy reform. A key risk is the passing of the amendments to the Penal Code and the rejection of the reforms to the Sexual Offences Act
- Economic shocks that limit fiscal space, particularly at subnational level, will directly impact on resource allocation to child protection services, which are mandated and delivered at district and village levels
- Government does not adequately invest in building capacity to prepare for and respond to disasters, thus stretching capacity of partners during large scale disasters to meet humanitarian needs.

Change Strategies and Programme Partners

The adopted change strategies consist of

- Evidence generation
- Leveraging business
- Change in social norms
- Partnership and coordination across multiple agencies and levels of government
- Adolescent participation
- Innovations for children

- Working together with other UN agencies
- Gender-responsive programming
- Strengthening social service workforce and
- Bridging humanitarian and development

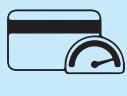
Geographical coverage and scale-up strategies

The UNICEF Child Protection section focuses on five provinces: Central Java, East Java, Sulawesi, Aceh and West Nusa Tenggera. This selection leverages the UNICEF field presence, combines a UNICEF SDG-aligned child deprivation index with a child poverty weighting and considers ongoing programmes and risk analysis.

Within these focus provinces, successful interventions from selected districts will be scaled up utilizing the implementation strategies towards effective and efficient multisectoral fulfilment of child rights. UNICEF supports subnational governments in assuming ownership of the scale-up of proven interventions in other districts, following consultation with provincial and district partners. Intense advocacy, knowledge sharing, technical capacity strengthening, and public financial management advocacy at both the province and district levels will assist the scale-up. Additionally, dedicated UNICEF funds will be provided to provincial authorities (Bappedas) through the Ministry of Home Affairs (MoHA) to facilitate provincial coordination and monitoring.

The strategic partners involve national and sub-national governments, civil society organizations (CSOs), and other UN agencies. Key national partners include the Ministry of Women Empowerment and Child Protection (MoWECP), the Ministry of National Development Planning (Bappenas), the Ministry of Social Affairs (MoSA), the Ministry of Home Affairs (MoHA) and the Ministry of Villages (MoV) and the National Police. At the subnational level, the Child Protection Programme closely collaborates with provincial and district offices of the Women's Empowerment and Child Protection, along with the Planning Office/ Bappeda, Social Affairs, Civil Registration and CSO implementing partners and faith-based organizations (FBOs).

UNICEF Indonesia Child Protection Theory of Change 2021-2025

 <p>Outcome: By 2025, girls and boys are progressively empowered and protected from violence, exploitation, neglect and harmful practices by functioning, quality child protection system available at national and sub-national level including in humanitarian settings</p>		<p>National and local laws, policies, and budgets progressively promote and enforce strengthened child protection system</p> <p>Girls and boys, especially adolescents, are empowered with information and skills from both online and offline platforms to better protect themselves from violence, exploitation and child marriage</p> <p>Families and communities practice social norms that protect girls and boys from violence, child marriage and family separation</p> <p>Child protection service providers at national and sub-nationals level are adequately provide accessible, inclusive, child-friendly, gender-responsive and quality preventive and responsice service including in humanitarian situations</p>												
Change														
 <p>Decentralization</p>	 <p>Disasters</p>	 <p>Limited fiscal space</p>	 <p>Poverty will decline</p>	 <p>Commitment to human rights</p>										
<p>Output 1: National and sub-national governments and stakeholders have improved knowledge, capacity and clear accountability to enact/amend and implement gender responsive, inclusive and evidence based laws, policies and budgets on child protection.</p>	<p>Output 2: Girls and boys including children with disabilities have strengthened capacity including digital literacy and participation, to develop, access and utilize information for enhanced protection.</p>	<p>Output 3: Families and communities in selected districts and cities have strengthened capacities to protect girls and boys from violence, child marriage and family separation.</p>	<p>Output 4: Child protection services at national and sub-national levels have improved capacities and coordination to provide accessible, quality, prevention and response social services, justice and civil registration that meet minimum standards.</p>	<p>Output 5: National and sub-national humanitarian actors have improved capacity to prepare and respond to child protection in emergencies in timely and coordinated manner.</p>										
Change														
 <p>Intolerance</p>	 <p>Corruption</p>	 <p>Political Stability</p>	 <p>Funding for Human</p>											
<p>Evidence</p>	<p>Leveraging Business</p>	<p>Social norms</p>	<p>Partnerships</p>	<p>Adolescent participation</p>	<p>Innovation</p>	<p>UN working together</p>	<p>Gender</p>	<p>Social service workforce strengthening</p>	<p>Bridging humanitarian & development</p>					
<p>Violence</p>	<p>Child Marriage</p>	<p>Family Separation</p>	<p>Legal Identity</p>	<p>Access to Justice</p>										

4. The Focus of the Evaluation (Object of Evaluation)

The focus area that this evaluation will be dedicated to is child protection services, Output 5.4. As a contribution to the GOI's expressed goal of providing quality child protection services, the Country Programme Action Plan (CPAP) sets specific targets for child protection services:

- 123 districts/cities in 6 selected provinces with accessible child protection services, with case management in place.
- 30 districts/cities in 6 selected provinces with comprehensive facilities and services for the child justice system that is in line with the Juvenile Justice System (focusing on shelter, legal assistance, the child-friendly justice system, correctional centre, and community).
- 5 selected provinces implementing [Civil Registration and Vital Statistics \(CRVS\) national strategy](#) in reference to birth registration, marriage, and divorce registration.

The GOI has made significant investments in establishing protection services for women and children since 2020. However, less than 50 percent of districts have initiated efforts to establish these service units. Additionally, MoWECP had identified that not all service units adapt to national standards. As the programme enters 4th year of its implementation, this year will be the best time to review the effectiveness of UNICEF's support in developing these services and understand the obstacles to adopting the service and adherence to national standards so that UNICEF can better assist the government in refining their strategy to strengthen existing services and further scale up in other districts.

5. Purpose, Objectives, Audience, Expected Use

This country-led formative evaluation will focus on generating learning from the implementation and results of the **integrated protection services** programming for children and women **from 2021 to 2023**, which were supported as part of the Child Protection Programme.

The evaluation is expected to assess the intermediate outcomes of integrated protection services, which is crucial to understanding the effectiveness of the service units in responding to the needs of children and women. By identifying 'what works' and 'does not work' in the pathway from the output level to intermediate outcomes, UNICEF can assist the government to refine its approach to strengthen the design and scale-up strategy and to allocate resources more efficiently. The evaluation will also support the development of the next Country Programme, ensuring evidence-based strategies for improving child protection services.

The evaluation is expected to address the following overarching questions:

- What did UNICEF-GoI intend (or plan) to do?
- What actually happened/what results were achieved? The evaluation team is required develop a sub-Theory of Change, including intermediate outcomes, specific to the Integrated Child Protection Services, which will help answer this question.
- What went well (and/or what did not go well), and why?
- What can be improved (and why), and what should we change in the next Country Programme?
 - Will the intervention last?
 - Can the intervention easily be implemented in other areas?

Insights and lessons learned derived from this evaluation are crucial for shaping UNICEF's programmatic direction, particularly how to support Government-led strengthening of the system for child protection services.

Evaluation Objectives

The evaluation seeks to achieve the following key objectives.

1. To assess the **relevance, coherence, effectiveness, efficiency, and sustainability** of integrated protection services programming for children and women as part of the Child Protection component in the Country Programme 2021-2025.

To identify lessons learned and good practices and formulate a set of forward-looking and actionable recommendations for the government and UNICEF to enhance the design, implementation and sustainability of the existing services and scale-up of proven interventions to areas that currently lack the essential protection services for children and women.

Key Users and Intended Use

The table below shows the primary and secondary users of the evaluation and the intended use of the results. The primary user of the evaluation is the government agencies, including MoWECP, Bappenas, MoHA, MoV, MoSA, and subnational governments, who are implementing the programme. Other users include UNICEF Indonesia, UNICEF East Asia and Pacific Regional Office, UNFPA, key development partners and donors, and the duty bearers and rights holders (particularly children, women and vulnerable groups).

The table below shows the primary and secondary audience of the evaluation and the intended use of the findings

Audience of the Evaluation and Intended Use	
Audience of Evaluation	Intended Use of Evaluation
Primary MoWECP, Bappenas, MoHA, MoV, MoSA, Sub-national governments implementing the programme	<ul style="list-style-type: none">• Be informed on progress towards established targets for child protection services.• Identify strategic interventions to design more effective, efficient, accelerated and sustainable programmes.• Inform the process of finalizing the RPJMN 2020-2024 and RPJP 2020-2045 and drafting the GOI's work plan.• Inform the development of the next GOI and UNICEF Country Programme 2026-2030.
UNICEF Indonesia Country Office	<ul style="list-style-type: none">• Inform the development of GOI and UNICEF Country Programme 2026-2030.• Refine strategies and approaches to support the government in strengthening the existing integrated protection services for women and children and accelerating its implementation across all districts.
Right holders – Women and children; Children's forum	<ul style="list-style-type: none">• Use findings to inform actions and participation to increase the demand for quality protection services.

Secondary UNICEF Country Offices in similar contexts; UNICEF East Asia and Pacific Regional Office UNICEF Regional Office; HQ	<ul style="list-style-type: none"> Contribute to strategic thinking around integrated approaches to Child Protection programming. Inform the Regional Office's planning and areas of support to Indonesia Country Office's strategies and approaches to Child Protection programming activities
UNFPA	<ul style="list-style-type: none"> Inform UNICEF-UNFPA collaboration to strengthen integrated protection services for women and children and improve for more cost-effective and sustainable results.
Development agencies working in the Indonesia Child Protection Sector	<ul style="list-style-type: none"> Inform funding decisions on areas that need support and improvements to better support results for women and children. Obtain objective evidence and learning for improving the design and implementation of child protection policies and programming initiatives in Indonesia
Civil Society Organizations working in the Indonesia Child Protection sector and implementing partners	<ul style="list-style-type: none"> Inform advocacy and implementation strategies for child protection programmes.

6. Scope of Evaluation

Thematic scope

The evaluation will primarily assess UNICEF's support for the Child Protection Programme component of the GOI-UNICEF Country Programme (2021-2023) with a specific focus on integrated protection services for children and women. It will examine:

- Approaches and strategies used to support the government in improving these services at national and sub-national levels.
- Quality and gaps in integrated protection services. This will primarily rely on interviews and focus group discussions with beneficiaries and rights holders to understand their experience and perceptions. This evaluation will not directly evaluate the effectiveness of the integrated services themselves, but rather how well UNICEF's support has contributed to their quality and accessibility.
- Results of the programme interventions and factors influencing their achievements or non-achievements of the objectives, particularly at the intermediate outcome level.
- Key events, actions and policies that enabled or hindered programme implementation.

The evaluation is expected to provide useful insights and lessons to enhance the sustainability of existing services and offer a strategy for establishing child protection services in areas where they are currently non-existent. While the focus of the evaluation, as with the GOI-UNICEF programme, remains on children, integrated protection services are designed for both women and children. Therefore, the evaluation also explores the effect of the services on women.

Given the complexity of the Child Protection programme and the multiple partners working on the programme, the evaluation will not seek to establish the impact of the programme interventions at this stage. However, the evaluation will assess, to the extent possible, the contribution of the UNICEF Child Protection Programme to national-level results in child protection and its effectiveness in achieving its desired results at outcome and output levels.

Geographical scope

The evaluation covers the integrated protection services at both the national and sub-national levels. At the sub-national level, the focus will be on Aceh, Central Java, East Java and South Sulawesi provinces.

Chronological scope

The evaluation focuses on the Child Protection Programme implemented from 2021 to 2023 as part of the GOI-UNICEF Country Programme 2021-2025.

7. Evaluation Criteria and Questions

The evaluation will employ the OECD-DAC criteria of **Relevance, Coherence, Efficiency, Effectiveness, and Sustainability**. In addition to these criteria, Gender, equity, and human rights will be mainstreamed in the evaluation questions across the five key criteria and throughout the process.

Preliminary Evaluation Questions

These preliminary evaluation questions will be finalized during the inception phase can be adjusted by bidders in their technical proposals.

Relevance – extent to which the integrated protection services programming approach is suited to the needs, priorities, and policies of relevant national and subnational stakeholders, children, women and communities

- To what extent are the interventions aligned with the evolving needs of key national and sub-national stakeholders and beneficiaries and right holders, including girls and women?
- To what extent is the programme aligned with the objectives, priorities and policies of relevant national and sub-national stakeholders?
- Do the change strategies, approaches and implementation modalities remain valid and respond to the current and changing context and priorities?

Coherence – compatibility of the integrated protection services programming with other programmes and interventions and, relevant sectors (e.g., Health, Education, WASH, and Social Policy/Social Protection)

- To what extent does the integrated protection services programming approach complement, harmonize and coordinate with other interventions delivered by the relevant government partners, other stakeholders, and other UNICEF-supported programmes in the same context, avoiding duplication of effort?

Efficiency – measures UNICEF's integrated protection services programming outputs in relation to the inputs and whether it used the least costly UNICEF resources possible to achieve the desired results

- To what extent is the integrated protection services programming approach efficient in the achievement of desired results in terms of resource utilization (human, technical, financial) and timely delivery? Have there been any significant delays in programme implementation and achievement of results, and if so, why?
- To what extent did stakeholders efficiently coordinate and utilize resources and capacities to achieve results?
- To what extent did the coordination and collaboration structure avoid duplication among the key stakeholders?

Effectiveness – extent to which UNICEF's approach for integrated protection services programming contributed to achieving the desired objectives/outputs at the national and sub-national level, were outputs achieved or are likely to be achieved?

- To what extent were the desired results achieved/are likely to be achieved, considering potential differential impacts across groups? The desired results include the level of take-up of the service and perceived service quality at the sub-national level.
- To what extent and which change strategies and approaches contributed to achieving CP Programme results?
- What factors influenced the achievement or non-achievement of desired results, including strategies, partnerships, inter-agency collaboration, and coordination across government levels? What are the policy, financial capacity and human resource challenges associated with integrated protection services at the national and sub-national levels?
- Are there any unintended consequences of the programme at the national and sub-national levels?

Sustainability – whether the benefits of UNICEF strategic approach to integrated protection services programming is likely to continue after UNICEF support has ceased

- To what extent are the programme's activities and results likely to continue after UNICEF support ends? [Examine the likelihood and capacity of the intervention to maintain positive outcomes over the long term, including its adaptability to changing circumstances and needs].
- What major factors influence the achievement or non-achievement of sustainability?
- Can the integrated protection services model or approaches be institutionalized and scaled up in areas where services are non-existent?

Equity, gender equality and human rights

- To what extent has the protection service been implemented where the need is greatest? Have equity considerations been integrated at each stage of the programme cycle?
- What approaches and interventions have yielded results in improving access to protection services for disadvantaged, marginalized, and less-reached areas/groups, including children with disabilities?
- Are there concrete lessons that can be replicated to improve equitable access to protection services for the most disadvantaged or vulnerable children?

Note: Gender, equity and human rights, will be mainstreamed in the evaluation questions across the five criteria.

Bidders are encouraged to propose changes to the questions and sub-questions and even to add sub-questions in their proposals. The technical proposals should also include a preliminary evaluation matrix linking evaluation criteria and questions/sub-questions with appropriate indicators, the proposed methods of data collection and analysis as well as and data sources for answering each evaluation question (and exploring the sub-questions).

The selected evaluation team will develop a detailed evaluation matrix during the inception phase. In consultation with the Evaluation Reference group, and in agreement with the management team, the above-mentioned questions can be prioritized and modified by the evaluation team during the inception phase. The evaluation matrix will include:

- Tailored evaluation questions and sub-questions and indicators/measures of success
- Data collection methods, data analysis techniques, and data sources

8. Evaluation Design and Methodology

The evaluation employs a utilization-focused approach, combining theory-based and mixed methods to ensure the findings are relevant and actionable for stakeholders. Mixed methods will be incorporated as far as possible. The evaluation will rely on quantitative and qualitative data methods that will be triangulated. Evidence will be collected primarily through desk review of documents, secondary data analysis and complemented by information gathered directly from key stakeholders at national and subnational levels through key informant interviews, focus group discussions, and other appropriate means.

With a strong focus on utilization, the engagement of the principal users of the evaluation throughout the process is paramount. This includes the involvement of the stakeholders in the evaluation design (inception phase), in the validation of data collected and emerging results, and in the formulation and validation of recommendations. This approach will increase the relevance of the evaluation questions, the data appropriateness as well as the level of actionability and usefulness of recommendations.

To strengthen the data collection process, the evaluation team is expected to partner with a local institution or team with appropriate technical and operational expertise.

A comprehensive desk review of programme documentation and other relevant materials is expected. The desk review should culminate in a synthesis of the documents reviewed and be included as an annex to the Inception Report.

Key informant interviews (KII): Discussions with key stakeholders might involve face-to-face and remote modalities. The Inception Report will discuss the number of participants and the nature of the KII. An initial consultation with mostly Government and UNICEF focal points will be undertaken at the inception phase to shape the inception process.

Focus group discussions (FGD): As appropriate, inputs from rights holders including children, women or parents and caregivers and duty bearers will be gathered through focus group discussions. While survivor participation in FGDs is important, it should be entirely voluntary. We will only include survivors who feel comfortable sharing their experiences. The number of participants and nature of the FGDs will be articulated in the Inception Report.

Data triangulation will ensure the validity, comprehensiveness, and robustness of findings, conclusions and recommendations. Three types of triangulation methods could be adopted:

- Cross reference of various data sources, including KII, FGDs, and document reviews
- Investigator triangulation through the deployment of multiple evaluators
- Participant review through validation meetings with respondents and consultations with key respondents from UNICEF and the government during the report drafting process.

The triangulation efforts will be tested for consistency of results, recognizing that inconsistencies may not necessarily weaken the credibility of results but could reflect the inherent complexities and nuances captured by different data collection methods. This ensures validity, establishes common themes and trends, and identifies divergent views.

Methodological rigour will be given significant consideration in the assessment of proposals. Hence, bidders are invited to critically assess the approach and methodology outlined in the terms of reference and propose improvements or alternative approaches they deem more suitable. Proposals should clearly address data collection, sampling strategy and selection criteria, triangulation, ethical considerations², and methodological limitations with corresponding mitigation measures. This will be further specified and finalized by the selected evaluation team in collaboration with UNICEF and the Evaluation Reference Group during the inception phase.

Data analysis plan

Bidders are expected to demonstrate strong evaluative thinking throughout their proposals, particularly regarding data analysis. The proposals should clearly articulate plans for:

- Specific tools and approaches for analyzing and synthesizing data collected from various methods, including:
 - Qualitative data: This may involve using tools like transcription software and employing analytical techniques such as thematic analysis and narrative analysis.
 - Quantitative data: Depending on the nature of the data, appropriate statistical methods will be applied.
- Strategy for drawing together different analyses to develop comprehensive and cohesive findings and conclusions.

Norms and Standards

The evaluation will follow the [UNEG Norms and Standards for Evaluations](#) and the [UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis](#). It must also consider [UNEG Guidance on integrating Human Rights and Gender Equality in Evaluation](#) and [UN-SWAP Evaluation Performance Indicators](#). The final evaluation report should comply with [UNICEF-Adapted UNEG Evaluation Reports standards](#) and [UNICEF's Global Evaluation Reports Oversight System \(GEROS\)](#) review criteria and be prepared according to the UNICEF Style Guide, UNICEF Publication Toolkit and UNICEF Brand Toolkit. Overall quality ratings and evaluation reports are available on the UNICEF website: <https://www.unicef.org/> evaluation.

Limitations

The evaluation limitations should be considered in the technical proposal and in the design of the methodology and approach to be followed. Bidders are encouraged to identify the limitations of the proposed methods and any risks related to evaluation conduct as well as mitigating measures for these limitations and risks in the proposal.

Ethical Considerations

UNICEF requires evidence generation conducted to fully comply with ethical considerations, including during evaluations, research, and data collection. Ethical considerations will be assessed and documented, and clearance will be sought before data collection can commence. The evaluation team will prepare documentation for ethical clearance in accordance with the requirements of UNICEF and UN guidance, including but not limited to [UNEG Ethical Guidelines for Evaluation \(2020\); UN Evaluation Group Code of Conduct for Evaluation in the UN System, 2007/8](#); and the [UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis](#). Ethical review from an Independent Review Board (IRB) should be considered in the proposal and in the timeline and are the consultant's responsibility. Good practices not covered herein are also to be followed. Any sensitive issues or concerns should be raised with the Evaluation Manager as soon as they are identified.

² clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal

During the evaluation process, full compliance with all UNEG and UNICEF ethical guidelines will be required. All informants should be offered the possibility of confidentiality for all methods used. Dissemination or exposure of results and any interim products must follow the rules agreed upon in the contract. In their proposals, bidders should describe their data and document protection protocols. Unauthorized disclosure is prohibited.

9. Evaluation Timeline and Deliverables

This evaluation unfolds in three distinct phases, each designed to ensure clarity, stakeholder engagement, and robust findings.

Inception phase

An initial inception phase will start with preliminary desk review and discussions with key stakeholders, leading to an inception report. The Inception Report (IR) will be key in confirming a mutual understanding of what will be evaluated, including additional insights into executing the evaluation. The IR presents the complete methodology approach, with all tools fully drafted. All design issues under discussion are finalized in the IR, including any revisions to the questions, the role of the evaluation reference group and supervisory arrangements and quality assurance.

The report will include, among other elements:

- Evaluation purpose and scope, confirmation of objectives of the evaluation and geographical focused area
- Evaluation criteria and questions
- Evaluation methodology (including sampling criteria), along with a description of data collection methods and data sources (including a rationale for their selection), advanced draft data collection instruments, for example questionnaires, an evaluation matrix that identifies descriptive and normative questions and criteria for evaluating evidence, data analysis methods and a data analysis plan, a discussion on how to enhance the reliability and validity of evaluation conclusions, a description of the quality review process, a discussion on the limitations of the methodology and ethical considerations
- Proposed structure of the final report
- Evaluation of work plan and timeline, including a revised work and travel plan (where applicable) and deliverables timeline
- Annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework).

This will allow the evaluation team to fully understand the evaluation criteria and the objectives of the evaluation, as well as the limitations of the evaluation and will help refine the evaluation purpose, scope and questions. The inclusion of key users in this stage will be key to ensuring a participatory and effective utilization approach. Preliminary findings will lead to the refinement of the evaluation methodology in close agreement with the evaluation managers. An inception report will capture all the changes and include tools for the collection of data, an evaluation matrix, and a more detailed and up-to-date evaluation timeline.

Data collection, analysis, report drafting and validation phase

Ethical clearance: Before data collection, the evaluation shall have an ethical clearance that can be issued either by an external or internal board, depending on the case and as required by UNICEF rules and regulations (see ethical clearance section).

The second phase will entail a more in-depth desk review, data collection, triangulation, and analysis. UNICEF will support the evaluation team to identify key stakeholders. After the data collection process is completed and the draft report is established, a face-to-face validation workshop will be conducted to present a draft evaluation report to the Evaluation Reference Group and relevant stakeholders as invited by UNICEF for inputs and comments. The draft report should include findings from the desk review and data collection (primary and secondary) with an initial attempt to triangulate findings, conclusions and recommendations. The presentation should also present a matrix of data collected for responding to each evaluation question and point to gaps that challenged the data collection phase.

The draft report will fully conform to the Global Evaluation Report Oversight System of ideally 40-60 pages but not more than 70 pages, plus an executive summary and annexes that will be revised until approved.

Finalization phase – Completion of Final report and evaluation briefing

A draft final report will be prepared incorporating all comments and findings. A four to five-page evaluation briefing note will include key findings, conclusions and recommendations. The evaluation briefing note is distinct from the executive summary in the evaluation report, and it is intended for a broader, non-technical and non-UNICEF audience. A PowerPoint presentation of the final report should be developed to share the final evaluation findings, conclusions, and recommendations with the Evaluation Reference Group and for future dissemination events. The evaluation team is expected to produce English and Bahasa versions of the final report, evaluation briefing notes, and PowerPoint slide-deck.

Bidders are invited to reflect on each outline and make the necessary modifications to enhance their coverage and clarity. Products are expected to conform to the stipulated number of pages where that applies.

Important notes:

- Monitoring deliverables about work progress are not listed but will be periodically required.
- Page limits, if any, to be established during the inception period. Generally, the final report should not exceed 70 pages and aim for conciseness, readability, and visual appeal.

Reports will be prepared according to the UNICEF Style Guide, UNICEF Brand Toolkit and UNICEF Publication Toolkit (to be shared with the winning bidder) and UNICEF-Adapted UNEG Evaluation Reports Standards as per GEROS guidelines (referenced before). All deliverables must be in professional-level standard English, and they must be language-edited/proofread by someone who is proficient in English.

Proposed Evaluation Timeline

Phase/Activity	April	May	Jun	Jul	Aug	Sep	Oct
Inception phase							
Kick-off meeting							
Draft inception report (including initial desk review and discussions with key UNICEF focal points)							
Review of/QA of inception report by Evaluation Reference Group (ERG)							
Ethical approval							
Final inception report							

Data collection, analysis, report drafting, and validation phase						
In-depth desk review						
Conduct key informant interviews and focus group discussions						
Zero draft final evaluation report						
Review of/QA of draft final report by ERG (round 1)						
Validation workshop (presentation of preliminary findings and recommendations to ERG)						
Finalization phase						
Review of/QA of draft final report and evaluation briefing note by ERG (round 2) following the validation workshop						
Revise draft final report and evaluation briefing note based on feedback from ERG						
PowerPoint slide-deck that can be used for dissemination purposes						
Final report and evaluation briefing note						

10. Timing/duration of contract

The overall consultancy is expected to last for 7 months starting in mid-April 2024 and completed by October 2024.

11. Dissemination Plan

The evaluation findings will be shared with the relevant stakeholders in the Child Protection sector in Indonesia particularly the identified primary and secondary audience of the evaluation including national and local government partners, CSO partners, other development agencies, INGOs, and the wider development community.

An evaluation brief summarizing the key findings, conclusions, lessons learned, and recommendations will be developed and disseminated to the key partners through various means such as email roster of relevant partners, UNICEF website posting, distribution at UNICEF and partner key events.

Within UNICEF Indonesia, the evaluation will be presented to the staff, preferably through a special session or regular office meetings. The evaluation will be shared as well with the East Asia Pacific Regional Office (EAPRO) for dissemination to other countries in the region and with headquarters for a larger scale dissemination.

Once approved, the evaluation report will be electronically submitted to the UNICEF Global Evidence Information System Integration (EISI) within 15 days from the date of completion. The UNICEF Country Office (CO) management is expected to develop and implement a two-year action plan in response to the evaluation recommendations. The CO will also upload the action plan to EISI for quarterly progress monitoring and reporting.

12. Deliverable and payment schedule

Deliverables/ Reporting Requirements and Payments		
Deliverables/ Reporting Requirements	Indicative Dates (assumes start date of April 2024)	Payment Terms
1. Inception Report* (after incorporation of feedback from Evaluation Reference Group) including methodology, final evaluation matrix, and evaluation instruments/tools	Mid-June 2024	20% of contract cost upon acknowledgement by UNICEF that the deliverable has been completed and meets minimum quality standards
2a. Zero Draft Final Evaluation Report*	July 2024	50% of contract cost upon acknowledgement by UNICEF that the deliverable has been completed and meets minimum quality standards
2b. Validation Workshop	July 2024	
2c. Draft Evaluation report and evaluation brief* (after incorporation of feedback from Evaluation Reference Group and Validation workshop comments)	August 2024	30% of contract cost upon acknowledgement by UNICEF that the deliverable has been completed and meets minimum quality standards
3. Final Evaluation report, evaluation brief and PPT slides*(after incorporation of feedback from Evaluation Reference Group	September - October 2024	30% of contract cost upon acknowledgement by UNICEF that the deliverable has been completed and meets minimum quality standards

* For review by the Evaluation Reference Group (allow 2 weeks for the ERG to review) and provide feedback
All the deliverables must be compliant with UNICEF-Adapted UNEG Evaluation Report Standards, UNEG Norms and Standards for Evaluations and GEROS Evaluation Quality Assurance Tool

13. Qualifications Required

The core evaluation team may comprise up to 3-4 experts with one senior-level evaluation expert as Team Leader to lead the evaluation. The lead organization is expected to partner with a **local institution or team to undertake the evaluation**. The team should have complementary expertise in evaluation and Child Protection. A gender-balanced and culturally diverse team composition, including national team members, is strongly encouraged. The presence of a conflict of interest of any kind (e.g., having worked for one of the integrated Child Protection Services implementing partners in Indonesia on the design or implementation of integrated Child Protection Services) will disqualify prospective candidates from consideration.

Examples of profiles are highlighted below.

Team Leader

- Strong team leadership and management track record and commitment to delivering timely and high-quality evaluation outputs.
- Extensive evaluation expertise (at least 10 years) of comprehensive scope with strong mixed-methods evaluation skills and flexibility in using non-traditional and innovative evaluation methods.
- Background in Child Protection, particularly in protection service, including sound knowledge of policy and system aspects; familiarity with other sectors, namely health, education and social protection, including the role of the UN system, partnerships, results-based management, planning and monitoring, policy, advocacy, upstream programming and sustainable development issues.

- Demonstrated experience in engaging with government stakeholders in a participatory manner throughout the evaluation process.
- Familiarity with development programming, policy and advocacy work, and experience evaluating multi-sectoral initiatives would be an asset.
- Knowledge of the UN's human rights, gender equality and equity agendas and experience in applying these to evaluation.
- Good interpersonal and communication skills; ability to interact with various stakeholders and to concisely express ideas and concepts in written and oral form.
- Language proficiency: Fluency in English is mandatory.

As team leader, S/he is responsible for preparing the overall work plan and overseeing its implementation, ensuring coherence of the analytical approach, and ensuring that all evaluation outputs are produced in an acceptable and timely manner. S/he will also be responsible for ensuring cross-cutting issues, e.g., gender equality, equity and human rights, including child rights, are well considered; ensuring ethical conduct of evaluation; and also ensuring integration of the inputs of the other team members into a coherent evaluation report.

Team members – international/national

- Significant experience in evaluation and/or policy research with a background in Child Protection or relevant areas (at least 5 years relevant experience); Experience in evaluating multi-sectoral programmes or initiatives (familiarity with the socio-economic context of Southeast Asian countries preferred).
- Demonstrated strong work experience and network in the Child Protection sector in Indonesia (preferred).
- Strong conceptualization, analytical and writing skills and ability to work effectively in a team.
- Demonstrated experience in engaging with government stakeholders in a participatory manner throughout the evaluation process.
- Hands-on experience in collecting and analyzing quantitative and qualitative data.
- Knowledge of the UN's human rights, gender equality and equity agendas and application in evaluation
- Commitment and willingness to work in a challenging environment and ability to produce quality work under limited guidance and supervision.
- Good communication and people skills; ability to communicate with various stakeholders and to express ideas and concepts concisely and clearly in written and oral form.
- Language proficiency: Fluency in English is mandatory; good command of Bahasa Indonesia is desirable.

National technical experts

- Hands-on experience in research, collecting and analyzing quantitative and qualitative data, ideally with some experience in Child Protection.
- Good understanding of Indonesia institutions and of economic, political, social and cultural issues.
- Understanding of equity, gender equality and human rights-based approaches.
- Ability to speak, read and write both Bahasa Indonesia and English.

Research coordinator – tasked with supporting coordination, data collection, organizing and documentation of evaluation meetings, including the validation event, and all administrative and logistical support required to implement the evaluation. Should be an Indonesian national.

Any other named persons in the proposal will have experience and skills that complement the Team Leader. Knowledge and experience with Child Protection will be necessary. If the Team Leader does not have experience in Indonesia, the senior supporting consultant must have this experience.

Note: All members of the team should have:

- Strong interpersonal skills and ability to engage effectively with senior stakeholders.
- Bringing a strong commitment to delivering timely and high-quality results, i.e., credible evaluations for improving strategic decisions.
- Commitment and willingness to work independently, with limited regular supervision; s/he must demonstrate adaptability and flexibility, client orientation, proven ethical practice, initiative, concern for accuracy and quality.

The ability to concisely and clearly express ideas and concepts in written and oral form, as well as the ability to communicate with various stakeholders in English.

Important Note:

The institution is responsible for obtaining any necessary permits and covering all associated expenses, including legal fees, for obtaining and maintaining work requirements in Indonesia, including ethical clearance for research activities. UNICEF will not be responsible for such arrangements.

14. Evaluation Criteria³

The technical and financial proposals shall be given a weight of 70% and 30%, respectively, for a total score of 100%. The minimum score required for the technical proposal is 49 points. Technical proposals scoring less than 49 points will be considered non-responsive and will be rejected. Financial proposals shall only be assessed for organizations that pass the minimum required score for the technical component.

The technical and financial proposals shall be given a weight of 80% and 20%, respectively, for a total score of 100%. The minimum score required for the technical proposal is 64 points. Technical proposals scoring less than 64 points will be considered non-responsive; therefore, will be rejected. Financial proposals shall only be assessed for organizations that pass the minimum required score for the technical component.

The submitted proposal shall be assessed using the following matrix. Hyperlinks to supporting documentation should be provided, please do not share hard copies.

³ See Annex 1 for Detailed Breakdown of Evaluation Criteria for Technical Proposal

CATEGORY	MAX POINT	MIN PASSING POINT
1. ORGANIZATIONAL CAPACITY	10	7
1.1 Detail of relevant experience and list of clients in the last five years, including contact details (name, email address, and phone numbers that can be used as reference)		
1.2 Financial Statement and Balance Sheet (audited preferably) for the last 3 years.		
2. QUALITY OF THE TECHNICAL PROPOSAL	25	18
2.1 Proposed methodology and approach with reference to objectives in TOR		
2.2 Implementation timeline: identify key tasks and timeline, focal person for each activity/deliverable should be identified.		
2.3 Anticipated project risks and mitigation measures as well as quality assurance		
3. KEY PERSONNEL	35	24
3.1 Names and full CVs of the institution personnel that will be directly involved in the consultancy (see TOR).		
3.2 Adequate and appropriate staff combination in relation to the respective tasks and deliverables (see TOR); and relevant prior experiences of similar scope and complexity.		
TOTAL TECHNICAL PROPOSAL	70	49
*The bidder has to meet this minimum passing point for the Technical Evaluation in order to be considered further for the Financial Evaluation		
PRICE/FINANCIAL PROPOSAL	30	
Financial proposals should be all-inclusive, including costs for fees, travel, sub-contracts and other necessary expenses.		
TOTAL MARKS	100	

15. Evaluation Management and Quality Assurance

The Evaluation Managers will be the UNICEF Planning, Monitoring and Evaluation (PME) Specialist and UNICEF Multi-Country Evaluation Specialist in close coordination with the Chief of Child Protection (UNICEF Indonesia), Child Protection Specialist (UNICEF Indonesia), Child Protection Officer (UNICEF Indonesia), UNICEF EAP Regional Office (EAPRO) Evaluation Advisor, and UNICEF EAPRO Child Protection Advisor, under the overall guidance and responsibility of the UNICEF Indonesia Representative.

The evaluation managers will be responsible for the day-to-day oversight and management of the evaluation, including management of the evaluation budget, ensuring the quality and independence of the Evaluation and its alignment with UNEG Norms and Standards and Ethical Guidelines.

An evaluation reference group (ERG) will be created to provide guidance/technical inputs to the evaluation and quality assure all evaluation deliverables (from a technical point of view), which include the inception report, draft report, and final report. Specifically, the ERG will have the following roles:

- Contribute to the preparation and design of the evaluation, including providing feedback and comments on the Inception Report and on the technical quality of the work of the consultants.
- Provide comments and substantive feedback to ensure the quality – from a technical point of view – of the draft and final evaluation reports.
- Assist in identifying internal and external stakeholders to be consulted during the evaluation

process; provide documentation as needed to the evaluation team.

- Participate in review meetings organized by the Evaluation Management Team and with the Evaluation Team as required.
- Play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and participate in the drafting and validation of recommendations.

The reference group will include selected senior government representatives from MoWECP, Bappenas, MoHA, and other relevant government ministries and agencies, development partners, such as UNFPA, selected experts from the academia (PUSKAPA, University of Hasanuddin) and research institutes (BRIN, SMERU) as well as from UNICEF Indonesia Senior Management, Chief of Child Protection, Child Protection Specialist, PME Specialist, Multi-Country Evaluation Specialist, Chief of PME, UNICEF EAPRO Evaluation Adviser, and UNICEF EAPRO Child Protection Adviser, with UNICEF-PME as the secretariat. TOR of the Evaluation Reference Group will be developed.

The Evaluation team should adhere to all the above-mentioned UNEG and UNICEF evaluation guidance documents throughout the evaluation process. The team is also responsible for ensuring that all the deliverables comply with UNICEF-Adapted UNEG Evaluation Report Standards, UNEG Norms and Standards for Evaluations and GEROS Evaluation Quality Assurance Tool before the submission to UNICEF.

16. Supply Plan Ref. No:

7.3.1.5

Annex 1 – Detailed Breakdown of Evaluation Criteria for Technical Proposal

Technical Evaluation Criteria	Required Supporting Documents	Rating	Scaling	Max Score
Company Experience (maximum 10 points)				
Track record and technical expertise in Child Protection; multi-sectoral approaches; and understanding of Indonesia context and with government/ international institutions	Project reports, reference letters etc.	15 years or more experience	4	4
		10 - 14 years of experience	3	
		5 - 9 years of experience	2	
		Less than 5 years of experience	1	
Work experience in Southeast Asia or more specifically in the Indonesia	Location details, partners in the region etc.	Coverage in 4 or more countries including Indonesia	3	3
		Coverage in 2-3 countries	2	
		Coverage in 1 country	1	
		Coverage in 0 country	0	
		No	0	
Track record and technical expertise in conducting high quality in evaluations in line with UNEG criteria and/or other globally agreed evaluation standards	Reports / examples of projects	3 or more relevant examples	3	3
		1-2 relevant examples	1	
		No example(s) provided	0	

Technical Evaluation Criteria	Required Supporting Documents	Rating	Scaling	Max Score
Proposed Team Experience (maximum 35 points)				
Experience of the team leader in similar focus areas as presented in the ToR (e.g., in evaluations/reviews of country programmes, including expertise in systems strengthening, strategy formulation, results-based management, engaging with government stakeholders in a participatory manner throughout the evaluation process)	Team leader profile and CV as well as sample of previous work	The team leader having combined relevant work experience of 15 years or more in similar activities	15	15
		The team leader having combined work experience of 10-14 years in similar activities	10	
		The team leader having combined work experience of 5-9 years in similar activities	5	
		The team leader having combined work experience less than 5 years or more in similar activities	0	
Experience of the 3 other most experienced team members (excluding team lead) in similar activities (e.g., evaluations, assessments, reviews, research, engaging with government stakeholders in a participatory manner throughout the evaluation process) and Child Protection and related sectors	CVs of team members	The team members having combined work experience of 15 years or more in similar activities	10	10
		The team members having combined work experience of 10-14 years in similar activities	8	
		The team members having combined work experience of 5-9 years or more in similar activities	5	
		The team members having combined work experience less than 5 years in similar activities	0	
National partner to support the evaluation activities at the national and sub-national level	Company profile of the local institution and CVs of national technical experts	Number of years of combined work experience in similar activities, knowledgeable of institutional issues related to development of Child Protection programming in Indonesia		10
		10 years or more experience	10	
		8-9 years of experience	8	
		6-7 years of experience	6	
		4-5 years of experience	4	
		3 years or less experience	2	
Methodology (maximum 25 points)				

Technical Evaluation Criteria	Required Supporting Documents	Rating	Scaling	Max Score
The key elements to be considered are demonstrated understanding of the context and TOR, structure, quality, and completeness of the proposal, and demonstrated ability to conduct data collection ethically. This will entail providing a detailed description of the proposed methodology, describing the approach that will be taken to deliver the outputs for each of the phases as outlined in the TORs), including a description of the design and activities, ethical considerations, envisaged working modalities, which stakeholders are sought to be involved, selection criteria, and how stakeholder involvement will be secured (the methodology shall be in accordance with the Terms of Reference). This section also includes the proposed internal arrangements for ensuring the quality of all evaluation products submitted to UNICEF for review.	A description of the proposed methodology and quality assurance arrangements	The proposed methodology thoroughly describes the envisaged approach taken to deliver the outputs, including a detailed description of evaluation design, activities, working modalities, stakeholders and strategies to secure stakeholder involvement, and quality assurance of all evaluation products	25	
		The proposed methodology mostly provides a satisfactory description of the envisaged approach taken to deliver the outputs, including a broad description of activities, working modalities, stakeholders and strategies to secure stakeholder involvement, and quality assurance of all evaluation products	20	
		The proposed methodology provides a partial description of the envisaged approach taken to deliver the outputs, including a partial description of activities, working modalities, stakeholders and strategies to secure stakeholder involvement; and quality assurance of all evaluation products	10	
		No methodology or description of activities provided	0	
TOTAL TECHNICAL SCORE				70

Annex B: Ethical Protocol

1. Introduction

According to UNICEF's Procedure for ethical standards in research, evaluation, data collection and analysis,⁴ as the research will involve human subjects, it will be necessary for the methodology, data collection tools and ethical protocol and tools to undergo an internal ethical review. For this evaluation, it has been decided that the ethical review will be carried out by the Research and Community Service Center at Atma Jaya Catholic University of Indonesia.

The research project will be carried out in compliance with UNICEF's *Ethics Charter and Guidance for Ethical Research Involving Children*⁵ developed by UNICEF and others and Coram International's *Ethical Guidelines for Field Research with Children*.⁶ This includes the following guiding principles.

Do no harm and best interests of the child

It is of paramount importance that evaluators protect the physical, social and psychological wellbeing, and the rights, interests and privacy of participants. This means that the welfare and best interests of participants are the primary consideration guiding the design of the methodology and data collection methods. This applies to adults and child research participants.

In relation to child participants, all research is guided by the CRC, in particular Article 3.1 which states: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts or legislative bodies, the best interests of the child shall be a primary consideration."

The 'do no harm' principle applies throughout the evaluation process, including in the selection and recruitment of participants, the development of the research methodology and tools and in the analysis, reporting and publication of data and findings.

It is the obligation of the evaluators to identify and avoid harmful effects. If evaluators identify that they are causing harm to a participant/s, the evaluation will be stopped and the Team Leader informed.

Particular care will be taken to ensure that questions are asked sensitively and in a child-friendly, manner that is appropriate to the age, gender, ethnicity and social background of the participants. Clear language will be used which avoids victimisation, blame and judgement. Where it is clear that the interview is having a negative effect on a participant, the interview will be stopped. Any child protection or other safeguarding concerns are identified and dealt with appropriately (as detailed in this ethical protocol).

Interviews may cover particularly sensitive or traumatic material, and it is important to ensure that participants feel empowered and not like 'victims.' Steps will be taken to ensure this, as set out in this ethical protocol.

4 UNICEF, UNICEF procedure on ethical standards in research, evaluation, data collection and analysis (2021), Document Number PROCEDURE/OOR/2021/001.

5 Graham, A., Powell, M., Taylor, N., Anderson, D. and Fitzgerald, R. Ethical research involving children (2013), UNICEF Innocenti: Florence.

6 Berman, G., Ethical considerations for evidence generation involving children on the COVID-19 pandemic (2020), UNICEF Innocenti: Florence, DP 2020:01; The Market Research Society, MRS Post-Covid-19 lockdown guidance: undertaking safe face-to-face data collection, 14 July 2020.

Inclusion and non-discrimination

The evaluation design and process will adhere to the principle of non-discrimination, as required by article 2 of the CRC. This means that all children have an equal right to participate in the research without discrimination or bias. Specific groups of children will be targeted for inclusion in this evaluation as per the focus of the Programme; however, this will only be done where and to the extent required for the purposes of the evaluation (as set out in the inception report).

The selection and recruitment of participants will be done in an inclusive way and a manner which avoids entrenching existing vulnerability, inequality or marginalisation of particular groups. Evaluation methods and tools must enable the participation by diverse groups of persons.

2. Harm / benefit analysis

A fundamental principle of ethical research with human (and in particular children and youth) participants is 'do no harm'. This means that the welfare and best interests of participants are the primary consideration guiding the design of the methodology and data collection methods.

UNICEF's and Coram International's ethical guidelines require a consideration of whether the research needs to be done, if children need to be involved in it, and, if so, in what capacity. An analysis of potential harms of the research on children and other participants, is required, along with an assessment of the benefits of the research. Strategies are required to ensure that children are not harmed as a result of their participation in the research, and that distress due to their participation is minimised.

Benefit analysis

It is important to establish that the research will bring benefit to children and their communities more generally and that it is necessary (the research process will bring about new information or knowledge). It must also be demonstrated that it is necessary for children to be involved in the research as participants.

UNICEF Indonesia is in the process of implementing its Child Protection Programme, 2021-2025. The object of this evaluation is Output 5.4 of the Child Protection Programme, with a specific focus on the development of the UPTD PPA integrated service model. At this stage, conducting an assessment and evaluation of the Programme's outcomes and implementation methods with regard to UPTD PPA is crucial in ensuring the Programme's relevance to the context, coherence with national and global development goals, that it is achieving its goals in an effective and efficient manner, and that interventions are sustainable. This evaluation will reflect on results achieved so far, address previously identified weaknesses, and identify remaining gaps in the development and implementation of the UPTD PPA service model.

The knowledge and data generated through the evaluation will support learning and decision-making to improve integrated services for women and children in Indonesia, and inform a set of forward-looking and actionable recommendations for the government and UNICEF to enhance the design, implementation and sustainability of the existing services and scale-up of proven interventions to areas that currently lack the essential protection services for children and women.

The ultimate beneficiaries of the UPTD PPA service model are women and children who are in need of protection services, particularly those who are at risk of, or victim to, violence, abuse and neglect. These include women and children with disabilities and other vulnerable or marginalized groups of women and children. In order to understand the outcomes of the UPTD PPA development and implementation as part of UNICEF's Child Protection Programme, it is important to listen to the experiences and views of these

women and children and their families. In addition, for certain interventions implemented to support the implementation of the UPTD PPA model, direct beneficiaries include various categories of professionals and practitioners, including frontline professionals and practitioners (e.g. as recipients of trainings). The views and experiences of these stakeholders are also essential in order to evaluate the results and likely impact of the Programme.

The evaluation will therefore involve primary data collection, consisting of KIIs, semi-structured individual/group interviews with key stakeholders and frontline workers, and focus groups discussions and in-depth interviews with children and their parents/legal guardians and women. The research will involve primary qualitative data collection at the national and subnational level, including key informant interviews, in-depth/group interviews with children and women, in-depth/group interviews with service providers and frontline workers and a survey of UNICEF staff and partners. Primary data collection will be conducted at the national level in Jakarta for training, piloting and national level data collection, as well as in six districts at the subnational level, and provincial level sites. The districts will be sampled from across two intervention provinces (Java and South Sulawesi), including two urban districts, two rural districts and two comparator districts where UPTD PPA service units have not yet been established. The research will also collect and analyse existing data that provides insight into UPTD PPA service units. This will include literature made available by UNICEF Indonesia Country Office, existing raw and collated administrative data held by UNICEF and the Government of Indonesia, survey data sets, service case database, policy and legislation, programme reports, work-plans, monitoring frameworks, existing evaluations, and other documentation of relevance.

It is important that, in evaluating the UPTD PPA model within UNICEF's Child Protection Programme, including in relation to rights holders / beneficiaries, that rights holders / beneficiaries are included in the data collection. This is essential for evaluating the program based on the feedback from those it directly impacts. Additionally, it ensures that any recommendations for program adjustments take into account the views and perspectives of the children and women the program aims to benefit. It is also important to include children in the evaluation, as child participation in decisions affecting them is a fundamental right.⁷

Harm analysis

Children and women involved in the evaluation could face secondary trauma, as they will likely be discussing quite sensitive material (personal experiences of protection harms). It should be noted that the data collection will be carried out according to the 'do no harm' principle – that, where the data collection is likely to cause harm to participants, the needs of the participants will be paramount. Nonetheless, the importance of children's and women's participation in the data collection is recognised; it is also recognised that, provided the right conditions are in place, children and women can find it empowering to discuss their experiences and understand that this may contribute to improved programming for children and women at risk of harm.

Front-line professionals and experts could face negative repercussions, including risks to their employment, should it be discovered that they have expressed views that are considered negative or contrary to dominant social norms, values and beliefs. However, this risk will be mitigated through an informed consent process, reminding participants they are free to withdraw from interviews or not answer questions, and through strict anonymity and data protection protocols (see below).

⁷ See article 12 of the UN Convention on the Rights of the Child.

Strategies to mitigate the risk of harm

By taking the following strategies to mitigate these risks of harm, the evaluators consider that the benefits of the evaluation outweigh the potential risks of undertaking primary data collection with the planned list of participants.

Selection and training of researchers

All evaluators undertaking primary data collection have the necessary qualifications, knowledge and considerable experience of primary data collection with professionals, government representatives, children, women, and service providers, including on sensitive topics including protection of women and children. In addition, the Team Leader will deliver an orientation involving all researchers involved in primary data collection to ensure a shared understanding of the purpose and objectives of the evaluation, general context, methodology and tools, field plan, division of roles and responsibilities, ethical and data protection protocol, procedure for reporting any child protection concerns, and the procedure for taking notes, transcribing interviews, sharing and destroying data. The orientation is also an opportunity for the national evaluator to double check that the data collection tools have been translated accurately and are culturally appropriate.

All evaluators attend trainings relevant to their areas of expertise to ensure that their knowledge and skills are up to date.

The international evaluators (evaluators who are employees of Coram International, namely, Dame Carolyn Hamilton, Ms Kirsten Anderson, Dr Amelia Smith, Ms Madison Charlton and Ms Rebecca Sykes) all undergo regular criminal history checks and clearance from the UK's Disclosure and Barring Service, according to Coram International's Safer Recruitment Policy and Coram's human resource procedures. The national evaluators, Anna Sekreti and Didi Ahmadi, have been engaged by Coram International as a consultant according its Safer Recruitment Policy involving identity and reference checks according to that procedure.

All international evaluators are employed by Coram International and have a duty to follow this ethical protocol. The national evaluator is required to agree to comply with Coram International's Code of Conduct and the ethical protocol for the evaluation when signing the consultancy agreement.

Any interpreters accompanying the evaluators will be contracted by the evaluators and must sign a contract confirming that they will comply with this ethical protocol.

Testing tools

The data collection tools, along with the ethical tools (information sheets and consent forms) will be piloted on a small sample of research participants, in order to test the understanding and utility of the tools and their cultural appropriateness, allowing for tools to be adjusted before data collection commences.

Recruitment of research participants

Researchers will need to ensure that recruitment of participants does not increase the risk of them

suffering from harm through the experience through re-traumatisation (through, for example, discussion of traumatic experiences).

With regard to women and children, and their parents / legal guardians, due to the risks associated with participating in the evaluation, participants will only be accessed through UPTD PPA service providers, NGO service providers and community institutions. Selection of participants will be done through consultation with UNICEF and NGO/CSO service implementing partners, to ensure participants are only involved where they are unlikely to experience secondary trauma through the interview process. Participants will only be recruited from the age of 12 years old.

National and regional / district experts / stakeholders will be selected on the basis of their knowledge or experience of the child protection system and UPTD PPA service model within UNICEF's child protection programme and are unlikely to be put at risk, given they are already recognised as experts in this area. These stakeholders will be identified by UNICEF, and formal interview requests will be sent by UNICEF to relevant institutions, including MoWECP at the national and subnational level. Similarly, 'front-line professionals' will be selected on the basis of them having an existing role in the child protection system and UPTD PPA service model and will therefore already be known to the community in this capacity. However, it is important to note that in accordance with the principles of anonymity and data protection that form the basis of this evaluation, the research findings will be presented in a manner to ensure that individuals remain identifiable, to the extent possible (see below for more).

Design of data collection tools and data collection approaches and processes

The topics covered in the research may cause stress or distress to some participants, particularly those that have experienced types of violence or other treatment that are stigmatised (e.g. sexual abuse or exploitation). Throughout interviews, evaluators will be led by the 'do no harm' principle, which requires that the data collection be considered secondary to the need to avoid harm to participants. This will be covered in the orientation session, with practical examples being given, though it is noted that the only researchers who will speak with children will be the Team Leader and an international evaluator who trained and experienced in interviewing children and vulnerable adults, including children with disabilities and survivors of (sexual) violence.

Where it is clear that the interview is having a negative effect on a participant (e.g. the participant breaks down, becomes very quiet and withdrawn, becomes shaky etc.), evaluators will be advised to suggest stopping the interview and will suggest follow up support to the participant. Where participants reveal current or past experiences of violence or exploitation, researchers will convey empathy, but will not show shock or anger, as this can be harmful to persons who have experienced violence. These matters will be covered during the orientation session.

In order to reduce the risk of stress or distress to participants:

- Participants will be informed about the purpose and objectives of the data collection and how their responses will be stored and used. Interviews will not proceed without the informed consent of the participant.

- Data collection tools have been designed in a manner that avoids direct, confronting questions, judgement and blame. The learning purpose of the evaluation will be emphasized for professionals and practitioners.
- No children under the age of 12 will be interviewed for the evaluation.
- The tools have been developed and consulted upon to ensure that they are relevant to the cultural context and, for children, are child-sensitive. Pre-testing these tools will ensure that they are relevant and appropriate and that they avoid confronting or culturally insensitive ways of asking the questions.
- For children and parents/legal guardians, interviews may cover particularly sensitive topics, and it is important to ensure that participants feel empowered and not like 'victims'. Interviews will finish on a 'positive or empowering note' (e.g. asking questions about what would improve the situation of children in their community; asking about their future hopes). This approach will help to ensure that participants do not leave the interview focusing on past experiences which may be (dis)stressful for them.
- In order to reduce the risk of (dis)stress caused to children and parents/legal guardians, they will be provided with the opportunity to participate in the interview with a trusted adult. For children, flexibility will be retained over whether the child is interviewed in the presence of the parent/legal guardian; the child will be asked for his/her views / preference regarding this in the first instance. In addition, where it appears to the evaluator that there may be a conflict of interest between the child and parent/legal guardian or where the parent/legal guardian is hindering or dominating the discussion, the evaluator will not proceed with any questions which may place the child in a conflicting situation and will instead inquire into the possibility of undertaking the interview with the child without the presence of a parent/legal guardian.
- The evaluators will remind participants that they can refuse to answer any or all questions without any negative consequences.

Ensuring the safety of participants and Researchers

All data collection will take place face to face in daylight hours. Coram International will take measures to support the mental wellbeing of Researchers. Interviews will be held in person in a safe space that allows for private conversation that cannot be overheard but where the participant and evaluator is not placed at risk by, for example, being interviewed in a locked room.

For online KIIs, researchers will ask participants to ensure that they are comfortable that their responses cannot be overheard. Online interviews will take place either on Zoom or Microsoft Teams using a password protected link that only the evaluation team and participants have access to.

Coram International will take measures to support the mental wellbeing of its evaluation team. Coram International has a Mental Health First Aid focal point within its staff for its employees and a confidential mental health helpline. The national evaluator will be provided with the Team Leader's direct telephone number so that she can consult and/or debrief with her as she feels necessary. Evaluators will also be sign-posted to counselling services if required.

Responding to trauma, distress and protection disclosures

As participants will be accessed through service providers (UPTD PPA, NGO service providers), it is likely that they will already have accessed necessary services and support for past child protection issues. However, in the event that the evaluator receives information that a child is suffering or at high risk of suffering immediate harm, the evaluator will take the following measures:

- The evaluator will immediately fill in a 'safeguarding incident report form' which will be emailed immediately to the Team Leader (see the Appendix to this Ethical Protocol). If written notification cannot be provided immediately (e.g. because the evaluator is in the field with no internet connection), notification will be made orally by telephone, followed by written notification as soon as possible.
- The Team Leader will notify the Director of Coram International of the report immediately and consult with her on whether or not the matter meets the criteria for reporting. If so, the Team Leader will refer the matter to the designated child protection focal point in UNICEF for appropriate action.

Safeguarding incident reporting criteria:

- The issue concerns a new case, i.e. a case/child that is not already known to a child protection agency; and
- The threshold of harm has to be high, i.e. significant harm;⁸ and
- The abuse is ongoing or highly likely to occur, such that the child is suffering or is likely to suffer significant harm.

- As a matter of good practice, where possible and appropriate, the child's informed consent should be prioritised before reporting the matter to UNICEF. However, this is unlikely to be possible in practice and risks raising the child's expectations on the course of action to be taken.
- Ms. Astrid Gonzaga Dioniso, Child Protection Specialist, will act as focal point within UNICEF who will receive referrals of reportable cases by the Team Leader. Astrid Gonzaga Dioniso will then consider the report and respond to it appropriately according to the child's best interests (e.g. whether to report the matter to national child protection authorities, refer the matter to an appropriate NGO service provider).

All evaluators will be provided with training on the child protection protocol during the orientation. All children will be informed, before commencing the interview, about this exception to keeping the child's identity confidential. The interview will only proceed with the child's informed consent.

It is also possible that adult participants disclose information which indicates that they may be at risk of significant harm / experiencing significant harm. In these cases, it is essential that participants provide consent to any protection referrals. In these cases, participants will be given a list of service providers that they are able to contact to receive support or assistance if they so wish.

⁸ 'Significant harm' includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following (this list is non-exhaustive): a potentially life-threatening injury; serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.

3. Principle of respect: informed consent, privacy and confidentiality

The evaluators will ensure that all participation in the research is voluntary and takes place only if informed consent is given by each participant.

Informed consent and voluntary participation

Evaluators will ensure that participation in the evaluation is on a voluntary basis. Evaluators will explain to participants in clear, age-appropriate language that participants are not required to participate in the research, and that they may stop participating in the research at any time. Evaluators will carefully explain that refusal to participate will not result in any negative consequences. Evaluators will explain that incentives will not be provided to participants to ensure that participation in the research has not been induced. However, evaluators may provide refreshments (drink and biscuits) during the interviews. Any reimbursements for travel costs to attend the research interview will be agreed between UNICEF and the stakeholder through which children are accessed. Participants will be clearly advised that their participation or lack of participation in the study will not lead to any direct benefits or sanctions / removal of benefits.

All research participants will be required to give positive informed consent in order to participate in the study. Researchers will use information and consent forms with interviews with national stakeholders and front-line professionals / service providers and adult service beneficiaries, and where possible and where this would be appropriate and not intimidating for young people. All participants will be given an information sheet containing information about the study and ethical protocol, along with the contact details of service providers in case the participant requires access to services following the interview. These information sheets will be translated into Bahasa Indonesia prior to the commencement of data collection. Where a participant is unable to provide written consent (e.g. due to an inability to read and write), researchers will verbally go over key information in the information sheet and ensure that the participants understand it. The researcher will receive verbal consent, which will be recorded on the interview transcript, before proceeding with the interview.

At the start of each interview, participants will be informed of the purpose and nature of the study, their contribution, and how the data collected from them will be stored, used and destroyed, verbally and through an information sheet, which will be made available in Bahasa Indonesia. The information sheet explains, in clear, age-appropriate language, the nature of the study, the participant's expected contribution and the fact that participation is entirely voluntary. Evaluators will recap the information sheet before the interview and check that the participant understands it before asking for informed consent to proceed. If the evaluator is unsure that the participant has understood the information sheet, the evaluator will request the participant to relay the key information back to them to ensure that they have understood it. Participants will also be advised that the information they provide will be held in strict confidence (see below).

Special care will be taken to ensure that especially vulnerable participants give informed consent. In this context, vulnerable participants may include those with disabilities or learning difficulties or those mental health issues. Informed consent could be obtained through the help of the parent/legal guardian.

Anonymity, confidentiality and data protection

The identity of all research participants will be kept confidential throughout the process of data collection as well as in the analysis and writing up study findings. The following measures will be used to ensure anonymity:

- Interviews will take place in a secure, private location ensuring that the participant's answers are not overheard.
- Evaluators will record interviews on password protected mobile phones (or laptops for online KIIs) that only the research team has access to. As soon as the interview is complete, the evaluators will password protect the recording file and upload it to a dropbox folder which only Coram International staff and the evaluators have access to. The Project Manager will download the audio files and use Fireflies software to transcribe the interview. Interviews transcribed in Bahasa Indonesia will be translated.
- Once transcripts have been prepared, the Project Manager will move all audio recordings to Coram International's secure work drive (only accessible to relevant Coram staff) and instruct all evaluators to delete the audio files from their phones. The evaluators will delete the audio recordings from their password-protected phones as soon as the Project Manager confirms safe receipt of the audio file.
- The Project Manager will anonymise the transcripts so far as possible (i.e. ensuring that names are redacted) before saving the transcripts in the dropbox folder, which only Coram International staff and the evaluators have access to.
- Audio recordings saved on Coram International's secure drive will be destroyed as soon as the evaluation is complete (which is expected to be in December 2024). The transcripts will be moved to Coram International's secure drive (only accessible to relevant Coram staff) and held for 7 years, after which they will be destroyed or fully-anonymised.
- Evaluators will keep any typed or written notes from interviews confidential either in a locked drawer or password-protected laptop that only the evaluator has access to. As soon as the transcripts have been prepared, the Project Manager will inform the evaluators to destroy these written notes, which they will do immediately upon receiving this instruction.
- Research findings will be presented in such a way so as to ensure that individuals are not able to be identified (see further above).

All participants will be informed of their rights to anonymity and confidentiality throughout the research process, verbally and in information sheets.

Appendix: safeguarding incident report form

TYPE OF DATA COLLECTION (TICK RESPONSE)	KII Semi-structured interview with key stakeholder Semi-structured interview with frontline worker In-depth interview with a child In-depth interview with a parent/legal guardian Other (Please specify):
LOCATION	City/ region: District: Mahalla:
CHILD (OR OTHER PARTICIPANT WHO REPORTED THE MATTER) ACCESSED THROUGH	
DESCRIPTION OF INCIDENT REPORTED	<ul style="list-style-type: none"> • Include any questions asked and the answers given in the child's own words • Include details of any visible injuries • Include details of any action taken (if any) • Include details of where the child is now/ where the child returned to after the data collection
EVALUATOR SIGNATURE	Signed _____ First name..... Last name..... Date.....
CORAM INTERNATIONAL TEAM LEADER DECISION ON CASE REFERRAL	Yes, the case meets the three conditions for further action (as outlined in the Coram international referral protocol) and will be referred No, the case does not meet the three conditions for further action (as outlined in the Coram international referral protocol) and will not be referred

CORAM INTERNATIONAL TEAM LEADER OBSERVATIONS AND JUSTIFICATION FOR REFERRAL DECISION	
CORAM INTERNATIONAL TEAM LEADER SIGNATURE	<p>Signed _____</p> <p>First name..... Last name.....</p> <p>Date.....</p>
CORAM INTERNATIONAL DIRECTOR SIGNATURE	<p>Signed _____</p> <p>First name..... Last name.....</p> <p>Date.....</p>

Annex C: Data collection tools

1. Question guide: KII / group interview with UPTD staff [Provinces and Intervention Districts]

Name of evaluator(s):	
Date of interview:	
Stakeholder entity:	
Administrative level (provincial; city / district; or village)	
Name of the province / city / district / village:	
Number of participants:	
Gender of participants:	
Has the information sheet been provided and explained?	
Has each participant provided their verbal/written informed consent?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard.

Introduce yourself.

Introduce study: We are conducting an evaluation of the GOI-UNICEF Indonesia's 2021-2025 Child Protection Programme, looking specifically at output 5.4 which aims to improve the capacities of integrated child protection services at the national and subnational levels to provide accessible prevention and response services. In particular, this research is evaluating the development and implementation of the UPTD PPA integrated service model in the 2021-2023 period, assessing the relevance, coherence, efficiency, effectiveness and sustainability of the UPTD PPA model. The evaluation is intended to provide information for the Government of Indonesia that will enable it to adjust its approach to allow integrated service design to be strengthened and scaled-up. The evaluation will also produce information for UNICEF to develop their next Country Programme to improve child protection services in an evidence-based manner.

Go through the information sheet and consent form and ask if there are any questions. In particular, explain that participation is voluntary and that participants may discontinue their involvement at any time. Gain informed consent and advise participants about anonymity.

Ask if any of the participants have any questions before commencing.

Section 1: Introduction and context

1. Please can you introduce yourself and your organisation and provide a brief explanation of your professional roles and responsibilities as they relate to protection services for women and children?
2. What are the main types of violence faced by women and children in your province/district/city/village?
 - a. Are there any particular groups of women and children who are most at risk? If so, which groups?
 - b. Do boys and girls face different risks? If so, how?
 - c. In your opinion, what are the main causes of the violence / abuse / neglect / exploitation against women and children?
3. What are the most common types of cases involving women / children that you handle in practice?
 - a. What are the common issues of violence against women and children that you see in your work?
 - b. What tends to be the child's situation and characteristics? (Age, gender, family situation etc.)
4. Do you think the UPTD PPA model addresses the most pressing protection concerns for women and children in Indonesia?
 - a. Why/ why does it not address these concerns?
 - b. Are there any gaps that the UPTD PPA model does not address?
 - c. Are the objectives of the UPTD PPA programme still valid? Do they respond to the current needs, priorities and policies of the relevant national and sub-national stakeholders, and rights holders? How?

Section 2: Establishment of the UPTD PPA model

UNICEF's child protection Programme aims to strengthen the child protection system and deliver gender-responsive and inclusive child protection services. UNICEF have provided support to the MOWECP to develop and implement the UPTD PPA model to strengthen integrated service delivery for women and children in Indonesia.

5. Have you been involved in the child protection Programme / development and implementation of the UPTD PPA?
 - a. If so, please describe your involvement / role and go to question 5.
 - b. If not, go to section 3.
6. Can you please describe how UNICEF's CP Programme has supported you in playing a role in the UPTD PPA service delivery?
[prompt: training, supporting case work, funding, coordination]

7. Can you please describe how UNICEF's CP Programme has supported you in playing a role in the UPTD PPA service delivery?
[prompt: training, supporting case work, funding, coordination]
8. In your opinion, were UNICEF interventions relating to the establishment of the UPTD PPA needed by your organisation / service?
 - a. *Did service providers need the UPTD PPA model to be established in order to carry out their work effectively?*
9. What challenges are there in implementing UPTD PPA model supported by UNICEF? Please give examples.

Section 3. UPTD PPA model, process and services

10. Can you please describe the UPTD PPA model operating in your district / province?
 - a. *How many staff are there? What are their qualifications / backgrounds?*
 - b. *How are cases assigned?*
 - c. *Can you describe the supervision process?*
 - d. *What do you do with particularly complex cases (please provide examples)?*
11. Please can you describe the process and your involvement in a protection matter from the point at which you first become involved to the end of your involvement? [Prompt as relevant]
 - a. *How do cases come into the UPTD PPA? Who do you accept referrals from?*
 - b. *How do you decide whether or not to accept a referral? Who decides this?*
 - c. *Is an assessment carried out? If so, what is assessed? Who carries out the assessment? How? Does anyone ever visit the child's home?*
 - d. *Is a plan developed for the woman / child? Is it individualised or do all women / children follow the same plan? Who develops the plan? Is the woman / child involved in developing the plan? What does the plan normally contain?*
 - e. *What types of interventions or services are you able to provide for women and children? What are the gaps?*
 - f. *Are cases reviewed? If so, how? How often?*
 - g. *What other stakeholders are involved in the process? What is their role and how do they report back to you as the case manager?*
 - h. *Who decides when to close the case? How / what criteria is used to decide this? What follow up is provided?*
12. What do you see as the strengths and weaknesses of moving to the UPTD PPA model from a case management perspective?
 - a. *How has this case management system changed under the UPTD PPA model? What factors do you think have facilitated these changes? [Prompt: staffing, training, case management system]*

- b. What are the coordination mechanisms in place to facilitate effective case management between case managers and service providers / individuals reporting back to the case managers?*
- c. What aspects of the case management system within the UPTD PPA model have been most beneficial to you undertaking case management effectively?*
- d. How has the UPTD PPA case management system positively impacted the women and children receiving protection services?*
- e. What, if any, challenges have you faced in implementing the new case management system?*
- f. What further support do you require to implement the case management system?*

- 13. Do you see any differences in terms of the protection risks that boys and girls face? If yes, how? How do you address the different needs of boys and girls?**
- 14. How do you address the unique needs of children with disabilities? Are there any particular processes, adjustments or specialised services? What are the gaps?**
- 15. How do you address the different needs of women and children who come into the service together (e.g. following family violence?)**
- 16. Are there any types of cases involving violence against women and children that are not well suited to the UPTD PPA? Please provide examples.**
- 17. In your opinion, how well do service providers collaborate / coordinate to provide integrated services within the UPTD PPA model?**
 - a. If well, please provide examples of coordination mechanisms.*
 - b. If coordination is a challenge, please outline what the biggest obstacles to effective collaboration / coordination are.*
- 18. How does the UPTD PPA coordinate with child protection systems at the village level to ensure rights holders in rural areas / at the village level can access UPTD PPA?**
 - a. What do you think are the biggest enabling factors / challenges that influence whether village level community-based child protection mechanisms link effectively with district UPTD PPA?*
- 19. Does the UPTD PPA receive sufficient funding to be able carry out its function effectively?**
 - a. Where does your organisation receive funding from?*
 - b. What impact does this funding / lack of funding have on your ability to deliver services to women and children?*
 - c. In your opinion, what factors hold the biggest influence over where funding is allocated?*
- 20. In your opinion, has the UPTD PPA model benefited children and women you work with? If so, who and why?**
 - a. Please provide examples.*

21. Do you think the services provided through UPTD PPA are of a high quality for women and children?
 - a. *If not, what do you see as the biggest obstacle that hinders the quality of services?*
22. What aspects of the UPTD PPA programme approach, if any, have improved access to services for disadvantaged, marginalized, and less-reached areas/groups?
23. Do you provide services for children in conflict with the law?
 - a. *If yes, what types of services do you provide to CICL? And do you believe these services are accessible and of high quality?*
24. Has the establishment of the UPTD PPA led to any extra challenges for your work or the children and women you work with? If so, what? Why?
 - a. *Please provide concrete examples.*
25. What monitoring mechanisms are in place / who do you report case progress / data / monitoring reports to?

Section 6: Closing

26. Overall, what are the main challenges in ensuring that the UPTD PPA provides a quality service?
27. What recommendations do you have to address these challenges and strengthen the protection systems for women and children going forwards?
 - a. *Are any adjustments or changes of approach needed in order to prevent and respond effectively to violence, abuse, exploitation and neglect of children in Indonesia, particularly with regards to gender, disability and the needs of other groups of children?*
 - b. *How do you think UNICEF best support these reforms?*
28. Would you like to add anything else?

Thank the participant for their time.

2. Question guide: KII / group interview with service providers connected to the UPTD PPAs at the sub-national level [Province and Intervention Districts]

Name of evaluator(s):	
Date of interview:	
Stakeholder entity:	
Administrative level (provincial; city / district; or village)	
Name of the province / city / district / village:	
Number of participants:	
Gender of participants:	
Has the information sheet been provided and explained?	
Has each participant provided their verbal/written informed consent?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard.

Introduce yourself.

Introduce study: We are conducting an evaluation of the GOI-UNICEF Indonesia's 2021-2025 Child Protection Programme, looking specifically at output 5.4 which aims to improve the capacities of integrated child protection services at the national and subnational levels to provide accessible prevention and response services. In particular, this research is evaluating the development and implementation of the UPTD PPA integrated service model in the 2021-2023 period, assessing the relevance, coherence, efficiency, effectiveness and sustainability of the UPTD PPA model. The evaluation is intended to provide information for the Government of Indonesia that will enable it to adjust its approach to allow integrated service design to be strengthened and scaled-up. The evaluation will also produce information for UNICEF to develop their next Country Programme to improve child protection services in an evidence-based manner.

Go through the information sheet and consent form and ask if there are any questions. In particular, explain that participation is voluntary and that participants may discontinue their involvement at any time. Gain informed consent and advise participants about anonymity.

Ask if any of the participants have any questions before commencing.

Section 1: Introduction and context

1. Please can you introduce yourself and your organisation and provide a brief explanation of the services your organisation provides and your roles and responsibilities as they relate to protection services for women and children?
2. What are the main types of violence faced by women and children in your province/district/city/village?
 - a. Are there any particular groups of women and children who are most at risk? If so, which groups?
 - b. Do boys and girls face different risks? If so, how?
 - c. In your opinion, what are the main causes of the violence / abuse / neglect / exploitation against women and children?
3. What are the most common types of cases involving women / children that you handle at your service?
 - c. What are the common issues of violence against women and children that you see in your work?
 - d. What tends to be the child's situation and characteristics? (Age, gender, family situation etc.)
4. Do you think the UPTD PPA model addresses the most pressing protection concerns for women and children in Indonesia?
 - a. Why/ why does it not address these concerns?
 - b. Are there any gaps that the UPTD PPA model does not address?
 - c. Are the objectives of the UPTD PPA programme still valid? Do they respond to the current needs, priorities and policies of the relevant national and sub-national stakeholders, and rights holders? How?

Section 2: Establishment of the UPTD PPA model

UNICEF's child protection Programme aims to strengthen the child protection system and deliver gender-responsive and inclusive child protection services. UNICEF have provided support to the MOWECP to develop and implement the UPTD PPA model to strengthen integrated service delivery for women and children in Indonesia.

5. Have you been involved in the child protection Programme / development and implementation of the UPTD PPA?
 - a. If so, please describe your involvement / role and go to question 5.
 - b. If not, go to section 3.
6. Can you please describe how UNICEF's CP Programme has supported you in playing a role in the UPTD PPA service delivery?
[prompt: training, supporting case work, funding, coordination]

7. Can you please describe how UNICEF's CP Programme has supported you in playing a role in the UPTD PPA service delivery?
[prompt: training, supporting case work, funding, coordination]
8. In your opinion, were UNICEF interventions relating to the establishment of the UPTD PPA needed by your organisation / service?
 - b. *Did service providers need the UPTD PPA model to be established in order to carry out their work effectively?*
9. What challenges are there in implementing UPTD PPA model supported by UNICEF? Please give examples.

Section 3. UPTD PPA model, process and services

10. Please can you describe the process and your involvement in a protection matter from the point at which you first become involved to the end of your involvement?
 - a. *What is your profession as a service provider / what protection services to you provide?*
 - b. *Are you positioned within the UPTD PPA structure, Or are you part of the wider service network?*
 - c. *How do cases come to you? Who do you receive referrals from? [prompt: this may be from the UPTD PPA case manager; for service providers in the service network this may self-referrals or referrals from institutions]*
 - d. *Do you carry out an assessment? If so, what is assessed? Who carries out the assessment?*
 - e. *How do you record the case? Is this online or on paper? Who has access to this information within your service?*
 - f. *Are there systems in place which allow you to share information and monitoring with the UPTD PPA case manager?*
 - g. *What coordination pathways and mechanisms are in place between you as the service provider, and the UPTD PPA? How often do you report back to / have contact with the case manager?*
 - h. *What coordination pathways and mechanisms are in place between you and other service providers that a woman / child is accessing within the same case?*
11. Do you see any differences in terms of the protection risks that boys and girls face? If yes, how? How do you address the different needs of boys and girls?
12. How do you address the unique needs of children with disabilities? Are there any particular processes, adjustments or specialised services? What are the gaps?
13. Are there any types of cases involving violence against women and children that are not well suited to the UPTD PPA? Please provide examples.
14. In your opinion, how well do service providers collaborate / coordinate to provide integrated services within the UPTD PPA model?

- a. *If well, please provide examples of coordination mechanisms.*
- b. *If coordination is a challenge, please outline what the biggest obstacles to effective collaboration / coordination are.*

15. How does your service / organisation coordinate with child protection systems at the village level to ensure rights holders in rural areas / at the village level can access UPTD PPA?

- a. *What do you think are the biggest enabling factors / challenges that influence whether village level community-based child protection mechanisms link effectively with district UPTD PPA?*

16. In your opinion, has the UPTD PPA model benefited children and women you work with? If so, who and why?

- a. *Please provide examples.*

17. What aspects of the UPTD PPA programme approach, if any, have improved access to services for disadvantaged, marginalized, and less-reached areas/groups?

18. Do you provide services for children in conflict with the law?

- a. *If yes, does the UPTD PPA work with children in conflict with the law? How?*

19. Do you think the services provided through UPTD PPA are of a high quality for women and children?

- a. *If not, what do you see as the biggest obstacle that hinders the quality of services?*

20. Has the establishment of the UPTD PPA led to any extra challenges for your work or the children and women you work with? If so, what? Why?

- a. *Please provide concrete examples.*

21. What monitoring mechanisms are in place / who do you report case progress / data / monitoring reports to?

Section 6: Closing

22. Overall, what are the main challenges in ensuring that women and children in your province / district receive quality protection services?

23. What recommendations do you have to address these challenges and strengthen the protection systems for women and children going forwards?

- a. *Are any adjustments or changes of approach needed in order to prevent and respond effectively to violence, abuse, exploitation and neglect of children in Indonesia, particularly with regards to gender, disability and the needs of other groups of children?*
- b. *How do you think UNICEF best support these reforms?*

24. Would you like to add anything else?

Thank the participant for their time.

3. Question guide: KII / group interview with referring bodies (police, social services, judiciary, schools, healthcare providers etc.) [Province and Intervention Districts]

Name of evaluator(s):	
Date of interview:	
Stakeholder entity:	
Administrative level (provincial; city / district; or village)	
Name of the province / city / district / village:	
Number of participants:	
Gender of participants:	
Has the information sheet been provided and explained?	
Has each participant provided their verbal/written informed consent?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard.

Introduce yourself.

Introduce study: We are conducting an evaluation of the GOI-UNICEF Indonesia's 2021-2025 Child Protection Programme, looking specifically at output 5.4 which aims to improve the capacities of integrated child protection services at the national and subnational levels to provide accessible prevention and response services. In particular, this research is evaluating the development and implementation of the UPTD PPA integrated service model in the 2021-2023 period, assessing the relevance, coherence, efficiency, effectiveness and sustainability of the UPTD PPA model. The evaluation is intended to provide information for the Government of Indonesia that will enable it to adjust its approach to allow integrated service design to be strengthened and scaled-up. The evaluation will also produce information for UNICEF to develop their next Country Programme to improve child protection services in an evidence-based manner.

Go through the information sheet and consent form and ask if there are any questions. In particular, explain that participation is voluntary and that participants may discontinue their involvement at any time. Gain informed consent and advise participants about anonymity.

Ask if any of the participants have any questions before commencing.

Section 1: Introduction and context

1. Please can you introduce yourself and your organisation and provide a brief explanation of your professional roles and responsibilities as they relate to protection services for women and children?
2. What are the main types of violence faced by women and children in your province/district/city/village?
 - a. Are there any particular groups of women and children who are most at risk? If so, which groups?
 - b. Do boys and girls face different risks? If so, how?
 - c. In your opinion, what are the main causes of the violence / abuse / neglect / exploitation against women and children?
3. What are the most common types of cases involving women / children that you see or handle in practice?
 - a. What are the common issues of violence against women and children that you see in your work?
 - b. What tends to be the child's situation and characteristics? (Age, gender, family situation etc.)
4. Do you think the UPTD PPA model addresses the most pressing protection concerns for women and children in Indonesia?
 - a. Why/ why does it not address these concerns?
 - b. Are there any gaps that the UPTD PPA model does not address?
 - c. Are the objectives of the UPTD PPA programme still valid? Do they respond to the current needs, priorities and policies of the relevant national and sub-national stakeholders, and rights holders? How?

Section 2: Establishment of the UPTD PPA model

UNICEF's child protection Programme aims to strengthen the child protection system and deliver gender-responsive and inclusive child protection services. UNICEF have provided support to the MOWECP to develop and implement the UPTD PPA model to strengthen integrated service delivery for women and children in Indonesia.

5. Have you been involved in the child protection Programme / development and implementation of the UPTD PPA?
 - a. If so, please describe your involvement / role and go to question 5.
 - b. If not, go to section 3.
6. Can you please describe how UNICEF's CP Programme has supported you in playing a role in the UPTD PPA service delivery?
[prompt: training, supporting case work, funding, coordination]

7. Can you please describe how UNICEF's CP Programme has supported you in playing a role in the UPTD PPA service delivery?
[prompt: training, supporting case work, funding, coordination]
8. In your opinion, were UNICEF interventions relating to the establishment of the UPTD PPA needed by your organisation / service?
 - a. *Did service providers need the UPTD PPA model to be established in order to carry out their work effectively?*
9. What challenges are there in implementing UPTD PPA model supported by UNICEF? Please give examples.

Section 3. UPTD PPA model, process and services

10. Please can you describe the process and your involvement in a protection matter from the point at which you first become involved to the end of your involvement?
 - a. *Are you positioned within the UPTD PPA structure, Or are you part of the wider service network?*
 - b. *How do you refer cases to the UPTD PPA? Please describe the process.*
 - c. *Do you carry out or are you involved in case assessment? If so, what is assessed? Who carries out the assessment?*
 - d. *How do you record the case? Is this online or on paper? Who has access to this information within your service?*
 - e. *Are there systems in place which allow you to share information and monitoring with the UPTD PPA case manager?*
 - f. *What coordination pathways and mechanisms are in place between you as a service provider, and the UPTD PPA? How often do you report back to / have contact with the case manager?*
 - g. *What coordination pathways and mechanisms are in place between you and other service providers that a woman / child is accessing within the same case?*
11. Do you see any differences in terms of the protection risks that boys and girls face? If yes, how? How do you address the different needs of boys and girls?
12. How do you address the unique needs of children with disabilities? Are there any particular processes, adjustments or specialised services? What are the gaps?
13. Are there any types of cases involving violence against women and children that are not well suited to the UPTD PPA? Please provide examples.
14. In your opinion, how well do service providers collaborate / coordinate to provide integrated services within the UPTD PPA model?
 - a. *If well, please provide examples of coordination mechanisms.*

b. *If coordination is a challenge, please outline what the biggest obstacles to effective collaboration / coordination are.*

15. How does your service / organisation coordinate with child protection systems at the village level to ensure rights holders in rural areas / at the village level can access UPTD PPA?

a. *What do you think are the biggest enabling factors / challenges that influence whether village level community-based child protection mechanisms link effectively with district UPTD PPA?*

16. In your opinion, has the UPTD PPA model benefited children and women you work with? If so, who and why?

a. *Please provide examples.*

17. What aspects of the UPTD PPA programme approach, if any, have improved access to services for disadvantaged, marginalized, and less-reached areas/groups?

18. Do you provide services for children in conflict with the law?

a. *If yes, does the UPTD PPA work with children in conflict with the law? How?*

19. Do you think the services provided through UPTD PPA are of a high quality for women and children?

a. *If not, what do you see as the biggest obstacle that hinders the quality of services?*

20. Has the establishment of the UPTD PPA led to any extra challenges for your work or the children and women you work with? If so, what? Why?

a. *Please provide concrete examples.*

21. What monitoring mechanisms are in place / who do you report case progress / data / monitoring reports to?

Section 6: Closing

22. Overall, what are the main challenges in ensuring that women and children in your province / district receive quality protection services?

23. What recommendations do you have to address these challenges and strengthen the protection systems for women and children going forwards?

a. *Are any adjustments or changes of approach needed in order to prevent and respond effectively to violence, abuse, exploitation and neglect of children in Indonesia, particularly with regards to gender, disability and the needs of other groups of children?*

b. *How do you think UNICEF best support these reforms?*

24. Would you like to add anything else?

Thank the participant for their time.

4. Question guide: KII with women and child protection case personnel and service providers [Comparator Districts]

Name of evaluator(s):	
Date of interview:	
Stakeholder entity:	
Administrative level (provincial; city / district; or village)	
Name of the province / city / district / village:	
Number of participants:	
Gender of participants:	
Has the information sheet been provided and explained?	
Has each participant provided their verbal/written informed consent?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard.

Introduce yourself.

Introduce study: We are conducting an evaluation of the GOI-UNICEF Indonesia's 2021-2025 Child Protection Programme, looking specifically at output 5.4 which aims to improve the capacities of integrated child protection services at the national and subnational levels to provide accessible prevention and response services. In particular, this research is evaluating the development and implementation of the UPTD PPA integrated service model in the 2021-2023 period, assessing the relevance, coherence, efficiency, effectiveness and sustainability of the UPTD PPA model. The evaluation is intended to provide information for the Government of Indonesia that will enable it to adjust its approach to allow integrated service design to be strengthened and scaled-up. The evaluation will also produce information for UNICEF to develop their next Country Programme to improve child protection services in an evidence-based manner.

Go through the information sheet and consent form and ask if there are any questions. In particular, explain that participation is voluntary and that participants may discontinue their involvement at any time. Gain informed consent and advise participants about anonymity.

Ask if any of the participants have any questions before commencing.

Section 1: Introduction and context

1. Please can you introduce yourself and your organisation and provide a brief explanation of your professional roles and responsibilities as they relate to protection services for women and children?
2. What are the main types of violence faced by women and children in your province/district/city/village?
 - a. Are there any particular groups of women and children who are most at risk? If so, which groups?
 - c. Do boys and girls face different risks? If so, how?
 - b. In your opinion, what are the main causes of the violence / abuse / neglect / exploitation against women and children?
3. What are the most common types of cases involving women / children that you see or handle in practice?
 - a. What are the common issues of violence against women and children that you see in your work?
 - b. What tends to be the child's situation and characteristics? (Age, gender, family situation etc.)

Section 2: Establishment of the UPTD PPA model

4. Please can you outline the protection system within your district / city as it relates to women and children?
 - a. Which institution is primarily responsible for handling case management in your district? How are they staffed (how many staff, qualifications etc.)?
 - b. How are women and children referred to this institution?
 - c. What other bodies / institutions are involved in the protection system? What are their roles?
 - d. What SOPs or guidelines (if any) are in place which set out the protection system?
5. [Case management social workers only]: Please can you describe the process and your involvement in a protection case from the point at which you first become involved to the end of your involvement?
 - a. Who do you accept referrals from?
 - b. How do you decide whether or not to accept a referral? Who makes this decision and what criteria are followed to make this decision?
 - c. Is an assessment carried out? If so, what is assessed? Who carries out the assessment? How? Does anyone ever visit the child's home?
 - d. Is a plan developed for the woman / child? Is it individualised or do all women / children follow the same plan? Who develops the plan? Is the woman / child involved in developing the plan? What does the plan normally contain?
 - e. How do you manage and coordinate the case? Is a case manager allocated? Please explain the case management system and your role within it and how it relates to other institutions in the community.

- f. *What types of interventions or services are you able to provide for women and children? What are the gaps?*
 - g. *Are cases reviewed? If so, how? How often?*
 - h. *What other stakeholders are involved in the process? What is their role and how do they report back to you as the case manager?*
 - i. *Who decides when to close the case? How / what criteria is used to decide this? What follow up is provided?*
- 6. **What challenges does your institution / team face in delivering quality protection services to women and children? What drives these challenges?**
- 7. **[Connected service providers only]: Please can you describe the process and your involvement in a protection case from the point at which you first become involved to the end of your involvement?**
 - a. *What types of protection cases do you see most frequently?*
 - b. *What services do you provide to women and children?*
 - c. *Who do you accept referrals from? [prompt: this may be social workers, community members, community bodies etc]*
 - d. *How do you decide whether or not to accept a referral? Who decides this and what criteria is this based on?*
 - e. *Is an assessment carried out? If so, what is assessed? Who carries out the assessment? How? Does anyone ever visit the woman / child's home?*
 - f. *Is a plan developed for the woman / women / child? Is it individualised or do all children follow the same plan? Who develops the plan? Is the woman / child involved in developing the plan? What does the plan normally contain?*
 - g. *Who do you report case progress to? Do you liaise with a social worker / case manager who is responsible for the overall case management?*
 - h. *What mechanisms are in place for you to coordinate with other service providers on the same case?*
 - i. *Is the case referred to anyone else after your involvement? Who? Why?*
- 25. **[Referring bodies only]: Please can you describe the process and your involvement in a protection matter from the point at which you first become involved to the end of your involvement?**
 - a. *What actions are your able or required to take when you identify or receive a case involving a child and / or woman at risk of or having experienced violence, abuse or exploitation?*
 - b. *How do you refer cases to protection services? Please describe the process and key institution/s.*
 - c. *Do you carry out or are you involved in case assessment? If so, what is assessed? Who carries out the assessment?*
 - d. *How do you record the case? Is this online or on paper? Who has access to this information within your service?*
 - e. *Are there systems in place which allow you to share information and monitoring with the case manager?*
 - f. *What coordination pathways and mechanisms are in place between you as a service provider, and the*

protection services? How often do you report back to / have contact with the case manager?

g. *What coordination pathways and mechanisms are in place between you and other service providers that a woman / child is accessing within the same case?*

26. Do you see any differences in terms of the types of violence, abuse and exploitation that boys and girls face? If yes, how? How do you address the different needs of boys and girls?

27. How do you address the unique needs of children with disabilities? Are there any particular processes, adjustments or specialised services? What are the gaps?

28. Are there any types of cases involving violence against women / children that are hard to address by the existing protection system? Please provide examples.

29. In your opinion, how well do service providers collaborate / coordinate to provide protection services to women and children?

a. *If well, please provide examples of coordination mechanisms.*
b. *If coordination is a challenge, please outline what the biggest obstacles to effective collaboration / coordination are.*

30. How does your service / organisation coordinate with child protection systems at the village level to ensure rights holders in rural areas / at the village level can access protection services?

a. *What do you think are the biggest enabling factors / challenges that influence whether village level community-based child protection mechanisms link effectively with district protection services?*

31. In your opinion, how does the protection system and services in your district benefit children and women you work with? If so, who and why?

a. *Please provide examples.*

32. [For police, judiciary, justice-connected SWs and justice SPs]: What services are available for children in conflict with the law?

a. *How are cases of CICL typically deal with? What are the gaps and challenges?*
b. *Do diversion options exist in practice? If yes, how often are they utilised? If no, why not?*

33. Do you think the protection services available to women and children in your district are of a high quality for women and children?

a. *If not, what do you see as the biggest obstacle that hinders the quality of services?*

34. What monitoring mechanisms are in place / who do you report case progress / data / monitoring reports to?

Section 6: Closing

35. Overall, what are the main challenges in ensuring that women and children in your province / district receive quality protection services?
36. What recommendations do you have to address these challenges and strengthen the protection systems for women and children going forwards?
 - a. *Are any adjustments or changes of approach needed in order to prevent and respond effectively to violence, abuse, exploitation and neglect of children in Indonesia, particularly with regards to gender, disability and the needs of other groups of children?*
 - b. *How do you think UNICEF best support these reforms?*
37. Would you like to add anything else?

Thank the participant for their time.

5. Question guide: KII with sub-national stakeholders [Province and Intervention Districts]

Name of evaluator(s):	
Date of interview:	
Stakeholder entity:	
Administrative level (provincial; city / district; or village)	
Name of the province / city / district / village:	
Number of participants:	
Gender of participants:	
Has the information sheet been provided and explained?	
Has each participant provided their verbal/written informed consent?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard.

Introduce yourself.

Introduce study: We are conducting an evaluation of the GOI-UNICEF Indonesia's 2021-2025 Child Protection Programme, looking specifically at output 5.4 which aims to improve the capacities of integrated child protection services at the national and subnational levels to provide accessible prevention and response services. In particular, this research is evaluating the development and implementation of the UPTD PPA integrated service model in the 2021-2023 period, assessing the relevance, coherence, efficiency, effectiveness and sustainability of

the UPTD PPA model. The evaluation is intended to provide information for the Government of Indonesia that will enable it to adjust its approach to allow integrated service design to be strengthened and scaled-up. The evaluation will also produce information for UNICEF to develop their next Country Programme to improve child protection services in an evidence-based manner.

Go through the information sheet and consent form and ask if there are any questions. In particular, explain that participation is voluntary and that participants may discontinue their involvement at any time. Gain informed consent and advise participants about anonymity.

Ask if any of the participants have any questions before commencing.

Section 1: Introduction

1. Please can you introduce yourself and provide a brief explanation of your professional roles and responsibilities within your ministry / organisation?
 - a. How long have you been in this position?
 - b. What is the main focus of your work in relation to protection for women and children?
2. What is your understanding of the UPTD PPA model and what it is seeking to achieve?
 - a. What is your understanding of how the UPTD PPA model is seeking to achieve this?
3. How does your work connect to the development and implementation of the UPTD PPA model as part of UNICEF's child protection programme?

Section 2: Relevance and coherence / alignment

4. Do you think the development of the UPTD PPA model addresses the most pressing protection concerns or challenges in the protection system in Indonesia at present?
 - a. Why / how does it / does it not address these concerns?
 - b. Are there any gaps that the UPTD PPA does not address?
 - c. Are the objectives of the UPTD PPA model still valid? Do they respond to the current needs of women and children?
5. Do the aims / interventions associated with the UPTD PPA model align with the aims and priorities of your ministry / organisation in providing protection for women and children?
 - a. How / how are the aims and priorities misaligned?
 - b. Does the UPTD PPA model overlap / duplicate work which your ministry / organisation undertakes (outside of the work you do to support implementation of the model, if relevant)?
6. Do you think that the UPTD PPA model, developed at the national level, is relevant to / adaptable to the local context?

- a. *Why / why is it not relevant / adaptable to the local context?*
 - b. *How was your ministry / organisation consulted during the establishment and implementation of the UPTD PPA in this province/district/city?*
 - c. *Is there evidence of programme adjustments at the sub-national / local level (e.g., change in strategy and implementation methods) to ensure UPTD PPA are relevant to the local context?*
7. **How has your ministry / organisation collaborated / worked with UNICEF to develop and implement the UPTD PPA in this province / district / city?**
 - a. *Can you give examples of key interventions where you have collaborated with UNICEF as part of implementation of this model?*
 - b. *Does your ministry / organisation receive funding from UNICEF for this? If not, how are the activities funded?*

Section 3: Efficiency

8. **What support did you receive from the national level in implementing the UPTD PPA at the sub-national level?**
 - a. *Can you give examples of this support?*
 - b. *In what areas is this support most lacking?*
 - c. *Have you received guidance in terms of developing SOPs that are appropriate to the local context? Was this guidance sufficient?*
9. **Has your ministry / organisation received sufficient resources to fulfil its role related to the development and implementation of the UPTD PPA?**
 - a. *If not, what is missing? (prompt human / financial / infrastructure)*
10. **In your opinion, have there been any significant delays in the establishment and implementation of the UPTD PPA in this province / district / city?**
 - a. *What have these delays been?*
 - b. *In your opinion, how could these delays have been avoided?*
11. **Is there a clear division of roles between your ministry / organisation and other stakeholders in implementing the UPTD PPA model?**
 - a. *If so, please can you outline these roles?*
 - b. *If not, what do you believe is the biggest obstacles to achieving a clear division of roles?*
 - c. *Are these roles defined at all levels? (village, district/city and provincial level)? How does this work in practice? Are there challenges?*

12. Have there been any changes to the ways in which your ministry / organisation allocates or uses financial or material resources towards women and children protection issues?

- If so, in what ways has it changed? Please can you provide concrete examples? (e.g. re reallocating resources)*
- What led to these changes?*

13. In your opinion, is there strong collaboration and coordination between stakeholders in the implementation of the UPTD PPA in this province / district / city?

- What other partners do you work with in relation to the UPTD PPA / protection services for women and children?*
- Can you give examples of collaboration/coordination mechanisms?*
- If not, what do you see as the biggest obstacles to effective collaboration/coordination?*

14. Are there coordination / collaboration mechanisms in place with stakeholders at the village-level?

- What stakeholders are you in coordination with at the village level?*
- Can you give examples of coordination with village-level stakeholders that has strengthened protection service linkages to the district / city level?*
- What are the challenges to coordination at village level?*
- What about coordination between village, district and provincial level? How often is this applicable and is it effective?*
- Are there certain services that cannot be accessed / provided at the local level that require referral and coordination between stakeholders? How does this work? What are the challenges?*

Section 4: Impact (outcomes) and effectiveness

15. In your opinion, to what extent has the UPTD PPA model achieved desired results in increasing access to, and quality of, services for women and children?

- (if not already covered) what are the services being provided to women and children in your location through the UPTD PPA model?*
- In what area do you think the UPTD PPA model has made the biggest impact for service users?*
- In your opinion, has the UPTD PPA model improved case management, and if so, how?*
- In what areas do you believe progress is lacking in quality service provision for women and children? What are the barriers to ensuring high quality of the services available?*

16. How have UNICEF contributed to development and implementation of the UPTD PPA?

- In your opinion, has this contribution been sufficient?*
- What aspects of UNICEF's contribution have been most important in implementing the UPTD PPA?*

17. How are the results of the UPTD PPA monitored?

- How have the results of these monitoring activities informed decision-making relating to integrated*

service programming? Do you have a monitoring framework and individuals responsible for maintaining data on the implementation and outcomes of the UPTD PPA model? What does this look like?

- b. Do you think it is sufficient? Who do you have to report the monitoring results to and how often?
- c. Do any challenges arise in monitoring the results and what steps were taken to address these challenges?

18. Does the UPTD PPA adequately address the gender-related causes of violence against women and children (e.g. views and attitudes that the community have about the roles of men and women)?

- a. Why / why not? how?
- b. Can you give examples of how gender outcomes are monitored in UPTD PPA cases?

19. Do all women and children who require these services have access to them?

- a. Are there any particular groups who struggle to access the services? What are the barriers to accessing these services?
- b. Does the UPTD PPA model take steps to ensure that the most vulnerable children are reached? (including women and children with disabilities and other marginalized groups, and CICL)? Why / why not? How?
- c. What aspects of the UPTD PPA service model, if any, have improved access to services for marginalized groups?

20. How does the UPTD PPA model compare to the pre-existing P2TP2A service model?

- a. What is different?
- b. Do you think the UPTD PPA has addressed gaps in the P2TP2A model? If so, what gaps were / are these?
- c. Where UPTD PPA and P2TP2A exist within the same province, how do these institutions work together? Are there coordination mechanisms in place between the two institutions?

Section 5: Sustainability

21. To what extent do you think the UPTD PPA in your province / district / city is likely to maintain positive outcomes over the long term?

- a. What strategies / plans are in place within your ministry / organisation to ensure the sustainability of the UPTD PPA?
- b. Does your ministry / organisation have the human and financial capacity to maintain its role related to UPTD PPA in the short- and long-term?
- c. In your opinion, what is the capacity of other stakeholders to continue their role in the short- and long-term?

22. What factors do you think are likely to influence the sustainable delivery of high quality and accessible services within the UPTD PPA in the future?

- a. In your opinion, how can these challenges be avoided to ensure the sustainability of services?

23. In your opinion, what support could UNICEF provide to ensure long-term sustainability and support government ownership?

Section 6: Closing

24. In your opinion, what challenges or gaps remain in the protection system for women and children? Why?

25. What recommendations do you have for women and children protection programming going forward?

- a. *Are any adjustments or changes of approach needed in order to prevent and respond effectively to violence, abuse, exploitation and neglect of women and children in Indonesia, particularly with regards to gender, disability and the needs of other groups of children?*
- b. *In your opinion, how can UNICEF best support these reforms?*

26. Is there anything else that you would like to add?

6. Question guide: KII with subnational stakeholders [Comparator Districts – i.e. no UPTD PPA]

Name of evaluator(s):	
Date of interview:	
Stakeholder entity:	
Administrative level (provincial; city / district; or village)	
Name of the province / city / district / village:	
Number of participants:	
Gender of participants:	
Has the information sheet been provided and explained?	
Has each participant provided their verbal/written informed consent?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard.

Introduce yourself.

Introduce study: We are conducting an evaluation of the GOI-UNICEF Indonesia's 2021-2025 Child Protection Programme, looking specifically at output 5.4 which aims to improve the capacities of integrated child protection services at the national and subnational levels to provide accessible prevention and response services. In particular, this research is evaluating the development and implementation of the UPTD PPA integrated service

model in the 2021-2023 period, assessing the relevance, coherence, efficiency, effectiveness and sustainability of the UPTD PPA model. The evaluation is intended to provide information for the Government of Indonesia that will enable it to adjust its approach to allow integrated service design to be strengthened and scaled-up. The evaluation will also produce information for UNICEF to develop their next Country Programme to improve child protection services in an evidence-based manner.

Go through the information sheet and consent form and ask if there are any questions. In particular, explain that participation is voluntary and that participants may discontinue their involvement at any time. Gain informed consent and advise participants about anonymity.

Ask if any of the participants have any questions before commencing.

Section 1: Introduction

1. Please can you introduce yourself and provide a brief explanation of your professional roles and responsibilities within your ministry / organisation?
 - a. How long have you been in this position?
 - b. What is the main focus of your work in relation to protection for women and children?

Section 2: Protection mechanisms

2. What role does your organisation / ministry play in the provision of protection services for women and children in your district?
3. What institution(s) is responsible for delivering protection services for women and children in your district?
 - a. What services are provided for women and children within this institution(s)?
 - b. How are women and children referred to this institution?
 - c. Do you think the services provided by this institution are accessible, high quality and sufficient to meet the protection needs of the community?
4. What services are provided by other service providers? Please specify which bodies / institutions provide which services.
5. Is there sufficient collaboration and coordination between the broader service network and the main institution(s) responsible for protection services?
 - a. What mechanisms are in place to facilitate coordination / collaboration? Please provide examples.
 - b. What are the enabling factors which facilitate coordination / communication?
 - c. What are the main barriers impacting coordination / communication?

6. What case management systems are in place for the protection services in your district?
 - a. Who is responsible for case management?
 - b. Please can you describe the case management system?
 - c. Are there any gaps in the case management system? If so, what are these and how do you think they should be addressed?
7. In your opinion, is the current protection system in your district sufficient to meet the needs of women and children?
 - a. If so, why?
 - b. If no, why not? What are the gaps?
8. What do you think are the main barriers that prevent women and children from accessing services?
 - a. Do you think particular groups face greater barriers to accessing services? (e.g. women and children with disabilities)
 - b. How do you think these barriers should be addressed?
9. What do you think are the main barriers and challenges faced by stakeholders and service providers in implementing integrated service for women and children?

Section 3: Relevance and coherence / alignment

10. Have you heard of the UPTD PPA model?

[prompt: if no, researcher to briefly explain model so that participant can consider the following questions]

11. What is your understanding of the UPTD PPA model and what it is seeking to achieve?

- a. What is your understanding of how the UPTD PPA model is seeking to achieve this?
- b. What is your understanding on why the UPTD PPA model was developed / what gaps is the UPTD PPA model trying to fill?

12. What is your understanding of how the UPTD PPA model differs to the pre-existing P2TP2A service model?

- a. Do you think that UPTD PPA model is a necessary / relevant model that is needed to replace P2TP2A? Why?
- b. What aspects, if any, of the P2TP2A service model are lacking?
- c. What barriers do the P2TP2A face in case management, coordination with service providers, and service delivery?

13. Do you think that the UPTD PPA model is relevant to the context and protection needs within your district?

- If no, why?*
- If yes, why?*
- What benefits do you think the UPTD PPA would bring to service providers?*
- What benefits do you think the UPTD PPA would bring to service users (i.e. women and children)*

Section 5: Sustainability

14. What support would be required by your organisation / ministry to assist in implementing the UPTD PPA model?

- Who do you think should provide this support? [prompt: UNICEF or Government]*

15. What factors do you think are likely to influence the sustainable delivery of high quality and accessible services within a UPTD PPA were it to be established?

- In your opinion, how can these challenges be avoided to ensure the sustainability of services?*

Section 6: Closing

16. In your opinion, what challenges or gaps remain in the protection system for women and children? Why?

17. What recommendations do you have for women and children protection programming going forward?

- Are any adjustments or changes of approach needed in order to prevent and respond effectively to violence, abuse, exploitation and neglect of women and children in Indonesia, particularly with regards to gender, disability and the needs of other groups of children?*
- In your opinion, how can UNICEF best support these reforms?*

18. Is there anything else that you would like to add?

7. Question guide: Focus group discussion with community members [Intervention and Comparator Districts]

Name of evaluator(s):	
Date of interview:	
Stakeholder entity:	
Administrative level (provincial; city / district; or village)	
Name of the province / city / district / village:	
Number of participants:	
Gender of participants:	
Has the information sheet been provided and explained?	
Has each participant provided their verbal/written informed consent?	

Introduce yourself.

Introduce the study – we are working with UNICEF on a study to understand how it is helping to protect women and children in Indonesia. The study will help UNICEF, the Government of Indonesia and its partners, to improve the way that they protect women and children. We have invited you to speak with us because we would like to learn from you about what should be done to protect women and children. We would like to ask you questions about protection challenges which women and children face within your community.

Ask if the participants have read the information sheet regarding the purpose and objectives of the FGD and how the information from the FGD will be used. Recap the key points of the information sheet - You do not have to speak to us if you don't want to and you do not have to answer any questions that you do not want to answer. You can also stop the discussion at any time. Nothing bad will happen to you if you don't want to speak with us or answer a question. We will not give your name to anyone or share our notes or audio recording with anyone outside of our team (Coram International). We will not write your name or any other information on our notes which might reveal who you are. Once we have typed our notes, we will destroy the audio recording. We will keep our notes safe for seven years and then destroy them.

Introduction and context

1. Can you tell me a bit about your community?
 - a. What are some of the positive things for children in your community?
2. What do you think are the main risks faced by children in this community?
[prompt: violence against children, child marriage, sexual violence and exploitation, neglect]

- a. Do you think particular risks affect boys more than girls? If so, what are these?
 - b. Do you think particular risks affect children with disabilities more than other children? If so, what are these?
 - c. What are the main drivers / causes of these risks?
3. What do you think are the main risks faced by women in this community?
[prompt: domestic violence, sexual violence, abuse and exploitation]
 - a. Do you think particular risks affect certain groups of women more? (e.g. women in marriage or union, young women)
 - b. What are the main drivers / causes of these risks?

Awareness about child protection

4. Has anyone ever spoken to you about 'child protection'? Do you know what this means? What does it mean to you?
5. Do you know any organisations in the local area who are working on child protection? Who are they? What do they do? What is your view about the work you are doing? Why?

Protection mechanisms

6. What would happen in your community if a child was being harmed or in danger of being hurt / harmed?
 - a. Who would you / they tell? Why?
 - b. Would you ever tell the police? Why / why not?
 - c. Do you know how to get in touch with [UPTD PPA; P2TP2A; social workers; child protection committees]?
7. What about for women? What would happen if, for example, they are experiencing violence in their family?
 - a. Who would you / they tell (if anyone)? Why?
 - b. Would you ever tell the police? Why / why not?
 - c. Do you know how to get in touch with [UPTD PPA; P2TP2A; social workers; child protection committees]?
8. What role do you think the Government should play in protecting women and children?
 - a. Do you think the Government should play a bigger or smaller roll than they currently do in your community? Why?
 - b. What types of services do you think the Government should or should not provide to women and children who face protection risks?
9. What role should the community play in protecting women and children?
 - a. What role do you think you play in protecting women and children?

- b. *What role do religious leader and community leaders play in protecting women and children?*
- c. *Are there any other people or groups in your community that protect women and children? [prompt: NGOs, CSOs, FBOs]*

UPTD PPA [Intervention districts]

10. Have you heard of the UPTD PPA?

- a. *Do you know what types of services they provide?*
- b. *Do you think the types of services they provide are what is needed by women and children and the wider community? Why / why not?*
- c. *Do they provide quality services?*
- d. *Are they easy for women and children to access? Is not, why not?*
- e. *What would make these services better?*

11. Do you think the UPTD PPA has any negative consequences in women and children and the community?

- a. *What do you think these are? Please provide examples if you can.*
- b. *How do you think these negative consequences could be avoided?*

12. Do you think children in conflict with the law should receive protection services?

- a. *If so, what type of services do you think they should receive? And what type of services / support do they receive in your community already?*
- b. *What processes are followed in the community to handle children in conflict with the law?*

Section 5: Recommendations

13. What do you think would make your community safer and better for your children and other children? Do you have any recommendations for what the [government] should do to make things safer for children?

Thank the participants for their time. Explain again that the study will help understand what risks children face in the community, and what actions can be taken to improve the situation for children in the future.

Tools for wrap-around case studies [Intervention and Comparator Districts]

1. File review check-list

Name of researcher(s):	
Date:	
Time:	
Province / District / Commune	
Age and gender of child/children:	

Record the following key details from the file:

- **Details of referral**

Reasons for referral; how child / woman identified; how referral made; from which agency

- **Initial assessment**

Was an initial assessment carried out? If yes, who did it? what information was collected and by whom?

- **Placement decision (if relevant)**

Was a decision made to place the woman / child into temporary shelter or alternative care? If yes, where? Who made this decision? How was the decision made? Was a best interests determination carried out? How?

- **Care planning and service provision**

What services were / are being provided to the woman / child? By which agencies? Does the woman / child have a key worker / social worker assigned to their case? What is the role of the key worker / social worker and how have they been involved in the case?

Does the woman / child have a care plan? If so, what is in the care plan?

- **Coordination with other agencies**

How have other agencies been involved?

Which ones and how have they been involved?

- **Case management**

Describe the case management processes (forms, recording of data etc.) – what are the gaps?

- **[If relevant]: Reintegration**

What was the case management process for reintegration?

What support is being provided?

2. Question guide – In-depth interview with social worker assigned to the case [wrap-around case study]

Name of evaluator(s):	
Date of interview:	
Name of the province / district / city in which the interview is being conducted:	
Gender and age of the participant:	
Has the information sheet been provided and explained?	
Is a signed consent form / verbal consent provided by the participant?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard. Introduce yourself.

Introduce study – we are working with UNICEF on a study to understand how it is helping to protect women and children in Indonesia. The study will help UNICEF, the Government of Indonesia and its partners, to improve the way that they protect women and children. We have invited you to speak with us because we would like to learn from you about what should be done to protect women and children. We would like to ask you questions about the services and support you provide as a social worker to women and children.

Ask if the participant has read the information sheet regarding the purpose and objectives of the interview and how the information from the interview will be used. If the participant has not read the information sheet, go through the sheet. If they have read the information sheet, recap the key points - You do not have to speak to us if you don't want to and you do not have to answer any questions that you do not want to answer. You can also stop the discussion at any time. Nothing bad will happen to you if you don't want to speak with us or answer a question. We will not give your name to anyone or share our notes or audio recording with anyone outside of our team (Coram International). We will not write your name or any other information on our notes which might reveal who you are. Once we have typed our notes, we will destroy the audio recording. We will keep our notes safe for seven years and then destroy them.

1. General information and risks

- 1. Can you please tell me about the woman / child / family in this case: background information, why the referral was made / case opened.**
 - What protection issues were being faced by the woman / child?*
 - How did you determine what types of protection issues were taking place?*
 - Is this quite a typical case in terms of the types of issues and context?*
- 2. How was the woman/ child / family identified (by whom)? What referral mechanism was used?**
 - Did the woman / child / family self-refer? If so, how? [i.e. presenting in person, filing a phone report]*
 - If the woman / child / family was referred, who / what organisation made this referral? b. How did the*

woman / child / family come into contact with the person / body who referred the case to you?

- c. *Is this a typical referral route? In what other ways are cases referred to you?*

3. Please go through the steps that were taken on referral / presentation. In particular:

- a. *How was an initial assessment carried out? Who carried out the initial assessment? What was the time frame?*
- b. *How was information collected for the initial assessment?*
- c. *At what point was a file opened? Digital and / or hard copy?*
- d. *What information was and was / not recorded on the woman / child's file?*
- e. *Was a full assessment carried out? Why? How was this undertaken and in what timeframe?*

4. [For social workers in / connected to UPTD PPA]: How has the case recording and case management process changed since the establishment of the UPTD PPA?

- a. *Do you think these changes are positive? If so, why?*
- b. *Have there been any barriers or obstacles to implementing this case management process?*

5. What was decided in the case in terms of immediate needs? What services were provided?

- a. *Was the woman / child placed into immediate temporary shelter / care? If so, where, and how was this decided?*
- b. *On what basis were these immediate needs determined? [i.e. in consultation with the woman / child, in consultation with other service providers]*
- c. *On what basis were the services selected?*
- d. *[If a case of women and child referred together]: How were the individual needs of the woman and child assessed and provided for?*

6. What was decided and what steps were taken in terms of care planning beyond immediate needs?

- a. *What services were selected [e.g. psychological support, mediation, legal counsel, rehabilitation etc] and why?*
- b. *Was the woman / child provided this support within the family? if yes, please explain the nature of this support and the decision making about what support was needed and how it was to be delivered.*
- c. *Was the women / child provided this support outside the family i.e. in shelter / alternative care placement? if yes, please explain the nature of this support and the decision making about what support was needed and how it was to be delivered.*
- d. *Were there any gaps in terms of services that should have been provided but were not?*

7. How was the woman / child / family referred to relevant services following the initial assessment?

- a. *How was the case file shared with the relevant service providers?*
- b. *Were further assessments undertaken by the relevant service providers? If so, how were these reported back to the social worker / recorded in the case file?*

8. How was the woman / child's case monitored throughout the period in which they received services?

- What pathways / mechanisms are in place for service providers to make monitoring reports to the social worker assigned to the case?
- How frequently is the case reviewed to ensure the woman / child is receiving appropriate services?
- What pathways / mechanisms are in place for women / children to provide feedback to the social worker / case manager on the services they are receiving?
- To whom do you report to / provide case monitoring updates to within your organisation?

9. What process was undertaken when the case was closed?

- How was it decided that the case should be closed?
- Who took the decision to close the case?
- Was the women /child / family involved in this decision? If so, how?

10. What were the next steps following closure of a case is closed?

- Are follow-up meetings / check-ins set up to monitor the progress made by a woman / child once the case file is closed?
- What, if any, referrals are made to community-support / other types of support / programmes? [e.g. welfare and socio-economic support programmes]

11. What challenges do you face in your obligations as a social worker?

- How do these challenges impact your ability to fulfil your duties as a social worker?
- Do you feel there are sufficient coordination mechanisms in place between social workers and other service providers?

12. What further support is needed for you to be able to implement your obligations as a woman and child protection social worker?

3. Question guide – In-depth interview with woman who has received protection services [wrap-around case study]

Name of evaluator(s):	
Date of interview:	
Name of the province / district / city in which the interview is being conducted:	
Has the information sheet been provided and explained?	
Is a signed consent form / verbal consent provided by the woman?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard.

Introduce yourself.

Introduce study – we are working with UNICEF on a study to understand how it is helping to protect women and children in Indonesia. The study will help UNICEF, the Government of Indonesia and its partners, to improve the way that they protect women and children. We have invited you to speak with us because we would like to learn from you about what should be done to protect women and children. We would like to ask you questions about the services that you have received and whether they have helped you and your family. We would also like to ask you for your opinion on what other support you think should be given to women in a similar situation as you to protect them.

Ask if the participant has read the information sheet regarding the purpose and objectives of the interview and how the information from the interview will be used. If the participant has not read the information sheet, go through the sheet. If they have read the information sheet, recap the key points - You do not have to speak to us if you don't want to and you do not have to answer any questions that you do not want to answer. You can also stop the discussion at any time. Nothing bad will happen to you if you don't want to speak with us or answer a question. We will not give your name to anyone or share our notes or audio recording with anyone outside of our team (Coram International). We will not write your name or any other information on our notes which might reveal who you are. Once we have typed our notes, we will destroy the audio recording. We will keep our notes safe for seven years and then destroy them.

Section 1: Introduction

- 1. Please can you tell me a bit about yourself and your family?**
 - a. Are you married / do you have a partner?
 - b. Do you have any children? How old are they?
- 2. Please can you tell me about who you live with?**
 - a. [if not living with children] Would you like to tell me why you are not living with your children?

Section 2: Experience of protection services

- 3. What led you to come to this service?**
 - a. How did you know about the service provider?
 - b. OR – were you referred to the service provider by someone else / another organisation? If so, who and how did this referral happen?
- 4. Were you able to come to the service at the time you wanted?**
 - a. How long was the period between the point at which you contacted the [service provider] / were referred to the [service provider], and the point at which you received services / support?
 - b. If there was a delay in accessing services, what was the impact of this delay on you?

5. How do you feel about the decision to come to the [service provider] now? Why?
6. What help or services were they able to provide to you?
 - a. How did they assess what help was needed by you and / or your child?
 - b. Did these services help you and / or your child? If not, why not? If so, how?
 - c. Did you like the social worker? Why / why not?
7. Was there anything else you needed but weren't able to access with the [service provider]?
8. Was the support that you received from the [service provider] helpful to you? Why / why not?
 - a. What did you like most about the services you received?
 - b. What did you like these least?
9. Do you feel that your opinion and views were listened to by the [service provider]?
 - a. Why / why not?
 - b. Please can you give me an example? [e.g. discussion on the case plan]
10. Did the service provider refer you to / signpost you to any other services?
 - a. If so, what further services / service providers were these?
 - b. How was it decided that you required these further services?
 - c. If not, how was it decided that you did not require referral to other service providers?
11. Overall, were you happy with the way that your case was handled and the decisions that were made?
 - a. Why / why not?
 - b. In your opinion, how could your case have been handled differently in a way that would have benefitted you and improved the services you received?

Section 3: Awareness-raising and social and behavioural change

12. In general, do you think that there is good knowledge in your community of what to do when a woman experiences violence, abuse or exploitation?
 - a. Why / why not?
13. In general, in your community, what do people do if they find out that a woman has a problem, like violence, abuse, or exploitation? Why?
 - a. Are there any barriers to them reporting the problem? To them accessing services?

3. Recommendations

14. Do you think that there are barriers that prevent women from accessing protection services such as the ones that you have received?

a. What are these barriers?

b. How do you think these barriers can be addressed by service providers and community members?

15. What do you think would improve life for women and children in your community?

4. Question guide – In-depth interview with parent / carer of child who has received protection services [wrap-around case study]

Name of evaluator(s):	
Date of interview:	
Name of the province / district / city in which the interview is being conducted:	
Gender and age of the participant:	
Has the information sheet been provided and explained?	
Is a signed consent form / verbal consent provided by the participant?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard. Introduce yourself.

Introduce study – we are working with UNICEF on a study to understand how it is helping to protect women and children in Indonesia. The study will help UNICEF, the Government of Indonesia and its partners, to improve the way that they protect women and children. We have invited you to speak with us because we would like to learn from you about what should be done to protect children. We would like to ask you questions about the services your child has received and whether they have helped your child. We would also like to ask you for your opinion on what other support you think should be given to children and families in a similar situation as you.

Ask if the participant has read the information sheet regarding the purpose and objectives of the interview and how the information from the interview will be used. If the participant has not read the information sheet, go through the sheet. If they have read the information sheet, recap the key points - You do not have to speak to us if you don't want to and you do not have to answer any questions that you do not want to answer. You can also stop the discussion at any time. Nothing bad will happen to you if you don't want to speak with us or answer a question. We will not give your name to anyone or share our notes or audio recording with anyone outside of our team (Coram International). We will not write your name or any other information on our notes which might reveal who you are. Once we have typed our notes, we will destroy the audio recording. We will keep our notes safe for seven years and then destroy them.

1. Introduction

1. Please can you tell me a bit about yourself and your family?
 - a. *Do you have any children?*
 - b. *How old are they?*
2. Please can you tell me about who you live with?
 - a. *[If not living with children] Would you like to tell me why you are not living with your children?*

Section 2: Experience of child protection services

3. How did you and / or your child come to the service provider?
 - a. *How did you know about the service provider?*
 - b. *OR – how was the child referred?*
4. How do you feel about the decision to come to the [service provider] now? Why?
5. What help or services were they able to provide to you and / or your child?
 - a. *How did they assess what help was needed by you and / or your child?*
 - b. *Did these services help you and / or your child? If not, why not? If so, how?*
 - c. *Did you like the social worker? Why / why not?*
6. Was there anything else you and / or your child needed but weren't able to access?
 - a. *If so, what were the gaps?*
7. Was the support that you and / or your child received from the [service provider] helpful to you and / or and your child? Why / why not?
 - a. *What do you like most about the services you received?*
 - b. *What do you like the least?*
8. Do you feel that your opinion and views were listened to by the [service provider]? Why/why not? Please can you give me an example?
9. Do you feel that your child's opinion and views were listen to by the [service provider]? Why/why not? Please can you give me an example?
10. Overall, are you happy with the way the case was handled and the decisions that were made? Why/ why not?

Section 3: Awareness-raising and social and behavioural change

11. In general, do you think there is good knowledge of what to do when a child experiences violence, abuse, neglect or exploitation in your community?
 - a. *Why / why not?*
12. Do you think that children in your community have good knowledge about their human rights? Why/ why not?
13. In general, in your community, what do people do if they find out that a child or a family has a problem, like violence, abuse, neglect or exploitation? Why?
 - a. *Are there are the barriers to them reporting the problem? To them accessing services?*

Section 4: Recommendations

14. What do you think would improve life for children and families in your community?

15. What do you think should be done to make sure that children in your community are safe and happy?

5. Question guide – In-depth interview with child who has received protection services (aged 12-18 years) [wrap-around case study]

Name of evaluator(s):	
Date of interview:	
Name of the province / district / city in which the interview is being conducted:	
Gender and age of the child:	
Gender and relationship of the trusted adult present (if no adult is accompanying the child, write N/A)	
Has the information sheet been provided and explained?	
Is a signed consent form / verbal consent provided by the child?	
Is a signed consent form provided by the child's parent or legal guardian (for children under [14])?	

Interviews will be carried out in a secure, quiet place, where the participant's responses cannot be overheard.

Introduce yourself.

Introduce study – we are working with UNICEF on a study to understand how it is helping to protect women and children in Indonesia. The study will help UNICEF and its friends improve the way that they protect children. We have invited you to speak with us because we would like to learn from you about what should be done to protect children. We would like to ask you questions about the services that you have received and whether they have helped you and your family. We would also like to ask you for your opinion on what other support you think should be given to children in a similar situation as you to protect them.

Ask if the participant has read the information sheet regarding the purpose and objectives of the interview and how the information from the interview will be used. If the participant has not read the information sheet, go through the sheet. If they have read the information sheet, recap the key points - You do not have to speak to us if you don't want to and you do not have to answer any questions that you do not want to answer. You can also stop the discussion at any time. Nothing bad will happen to you if you don't want to speak with us or answer a question. We will not give your name to anyone or share our notes or audio recording with anyone outside of our team (Coram International). We will not write your name or any other information on our notes which might reveal who you are. Once we have typed our notes, we will destroy the audio recording. We will keep our notes safe for seven years and then destroy them.

Ask if any of the participants have any questions before commencing?

Section 1: Introduction

- 1. Please can you tell me a bit about yourself? How old are you? What are your hobbies?**

- 2. Do you go to school? Do you enjoy school? Why/ why not?**

- 3. Can you tell me a bit about your family?**
 - a. Do you have any brothers or sisters?**
 - b. How old are they?**

- 4. Can you tell me about who you live with?**
 - a. [If not living with your parents] Do you know why you are not living with your parents? [If so] would you like to tell me why?**

Section 2: Experience of child protection services

- 5. Can you tell me how you came to [service provider]?**
 - a. Did anyone refer you to the [service provider]?**
 - b. Did you have to come to the [service provider] or was it your choice?**
 - c. Did anyone ask you if you wanted to come here? If so, who? What did they ask you?**

6. How do you feel about the decision to come to the [service provider]?
7. What help or services did you receive at the [service provider]?
 - a. How often did you receive this support or help? [Ask for details e.g. 1 hour every week.]
 - b. How long did you receive this support/help for?
 - c. Did anyone ask you for your opinion on what support/help you would like?
8. Did you receive services on your own or with a parent / family member?
 - a. Which family member did you receive services with? [prompt – mother, parent, sibling]
9. Do you have an individual plan setting out your goals and how you will achieve those goals?
 - a. Who developed the plan?
 - b. Were you involved in developing the plan? If so, how?
10. Was the support that you received from the [service provider] helpful to you? Why / why not?
 - a. What did you like most about the services you received?
 - b. What did you like the least?
11. Do you feel that your opinion and views were listen to by the [service provider]? Why/why not?
Please can you give me an example?
12. Overall, are you happy with the way the case was handled and the decisions that were made? Why/ why not?
13. Was there any other type of services or support that you think that you needed that you did not get?
 - a. What support do you think you needed?
 - b. Why?

3. Recommendations

14. Do you have any recommendations on what should be done to make sure children in your community can receive these services?
15. What are your dreams for the future? Can you tell me one thing that you are looking forward to after this discussion?

Annex D: Evaluation matrix

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method				
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ casedata	Wrap-around case studies
Relevance: To what extent is the integrated protection services programming approach suited to the needs, priorities, and policies of relevant national and subnational stakeholders, children, women and communities?	To what extent are the interventions aligned with the evolving needs of key national and sub-national stakeholders and beneficiaries and rights holders, including girls and women?	<ul style="list-style-type: none"> - Stakeholder perceptions on alignment of interventions with stakeholder needs (national and subnational) (qual) - Perception of service users and beneficiary groups on the alignment of interventions and their needs (qual) - Perception of community members on alignment of interventions with community needs (qual) - Perception of service providers (including UPTD PPA service network) on the alignment of interventions to the needs of service users (qual) - Documented use of statistics / data relating to need to inform development of programme 	<ul style="list-style-type: none"> Descriptive analysis of programme strategies and design and results achieved. Thematic analysis (content analysis, thematic coding). Policy and legal analysis. 	<ul style="list-style-type: none"> UNICEF programme documentation from 2020 – present. Government policy documentation and legislation relating to protection services. KIIs with UNICEF, government and other stakeholders at the national and subnational level. Programme data. Wrap-around case studies and FGDs with community members and programme beneficiaries. 	x	x	x	x	x

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method				
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies
	To what extent is the programme aligned with the objectives, priorities and policies of relevant national and sub-national stakeholders?	<ul style="list-style-type: none"> - Stakeholder perceptions on the alignment of the programme with key policies etc. (qual) - alignment of language between the programme and key stakeholder CP documents and frameworks (qual) - Alignment of interventions with the GoI RPJMN (qual) - no. and type of instances where CP programme objectives reflect stakeholder objectives/policies/ priorities (quant and qual) 	<p>Descriptive analysis of programme strategies and design and results achieved.</p> <p>Thematic analysis (content analysis, thematic coding).</p>	<p>UNICEF programme documentation from 2020 – present.</p> <p>Government policy documentation and legislation relating to integrated protection services.</p>	<p>×</p> <p>×</p>	<p>×</p> <p>×</p>	<p>×</p> <p>×</p>		

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method					
					Lit/ desk review	Legis	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies
	Do the change strategies, approaches and implementation modalities remain valid and respond to the current and changing context and priorities?	<ul style="list-style-type: none"> - Extent to which programme outcomes are still relevant and beneficial to the target population amidst changing conditions. - Level of satisfaction with programme efforts amongst key stakeholders (qual) - Evidence of programme adjustments (e.g., changes in strategy, implementation methods) in response to external changes (qual) - Evidence of the mapping of service need at the national and subnational level prior to the establishment of UPTD PPA/allocation of DAK (qual) 	<p>Descriptive analysis of programme implementation modalities and design and results achieved.</p> <p>Thematic analysis (content analysis, thematic coding).</p> <p>Policy analysis.</p>	<p>UNICEF programme documentation from 2020 – present.</p> <p>Government policy documentation and legislation relating to integrated protection services.</p> <p>KIIs with UNICEF, government and other stakeholders at the national and subnational.</p>	x	x	x	x	x	x

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data collection method				
				Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies
Coherence: What is the compatibility of the integrated protection services programming with other programmes and interventions and, relevant sectors (e.g., Health, Education, WASH, and Social Policy/ Social Protection)?	To what extent does the service delivery component of UNICEF's CP Programme align with and complement other CP outcome areas?	- Degree of coordination between activities of different CP Programme output areas	Legal and policy analysis of key connected sectors (e.g. health, WASH, education etc.). Thematic analysis (content analysis, thematic coding).	UNICEF CP programme documentation from 2020 – present; UNICEF programme documents from other areas (WASH, education, social policy / social protection).	x	x	x	

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method					
					Lit/ desk review	Legis	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies
	To what extent does the integrated protection services programming approach complement, harmonize and coordinate with other interventions delivered by the relevant government partners, other stakeholders, and other UNICEF-supported programmes in the same context, avoiding duplication of effort?	<ul style="list-style-type: none"> - Degree of alignment between UPTD PPA programming and the work of other UN agencies (UNFPA, IOM) and other UNICEF interventions in the Country Programme (qual) - Number and type of interventions implemented in collaboration with key stakeholders (inc. Govt, UN agencies etc) - Examples of reported mechanisms for coordination which UNICEF are involved in - Degree of duplication in activities between CP partners 	<p>Legal and policy analysis of key connected sectors (e.g. health, WASH, education etc.).</p> <p>Thematic analysis (content analysis, thematic coding).</p>	<p>UNICEF programme documentation from 2020 – present.</p> <p>Implementing partner programme documentation.</p> <p>Government policy documents .</p>	x	x	x	x	x	x

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method					
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies	FGD community members
Efficiency: What are UNICEFs integrated protection services programming outputs in relation to the inputs and have the least costly UNICEF resources possible been used to achieve the desired results?	To what extent is the integrated protection services programming approach efficient in the achievement of desired results in terms of resource utilization (human, technical, financial) and timely delivery?	<ul style="list-style-type: none"> - Budget and expenditure for CP programming at the national and subnational level (quant) - Examples of planning and implemented resource mobilisation (qual) - Evidence of gaps in human, material and financial resourcing (quant and qual) - Stakeholder perspectives on resource utilization to achieve intended results (qual) 	<p>Budgetary analysis.</p> <p>Descriptive qualitative analysis.</p> <p>Thematic analysis (content analysis, thematic coding).</p>	<p>National and subnational Government and UNICEF budgets and actual expenditures from 2020-present, including secondary analysis where available.</p> <p>Polices, SOPs and guidance on the allocation and utilisation of resources</p>	x	x	x	x	x	

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data collection method				
				Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap- around case studies
	Have there been any significant delays in programme implementation and achievement of results, and if so, why?		<ul style="list-style-type: none"> - Examples of delays in programme implementation and outcomes (qual) - Number of UPTD PPA established per year (2021-2023) (quant) [to look at service timeline/ delays] - Number of service users/cases at UPTD PPA per year (2021-2023) (quant) [to look at service timeline/ delays] 	<p>workers, para-social workers and administrative staff employed by NGOs, INGOs and Un agencies working on protection services .</p>	<p>Government and UNICEF budgets and actual expenditures from 2020-present, including secondary analysis where available</p>	<p>Descriptive analysis of programme strategies and results achieved</p>	<p>Thematic analysis (content analysis, thematic coding)</p> <p>Quantitative analysis of programme data</p>	<p>UPTD PPA programme data</p> <p>KIIs with UNICEF and other key stakeholders at the national and subnational level</p>

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method					
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies	FGD community members
To what extent did stakeholders efficiently coordinate and utilize resources and capacities to achieve results?	<ul style="list-style-type: none"> - Examples of collaboration and coordination among key stakeholders to implement to the programme (qual) - Stakeholder perceptions on efficiency of coordination (qual) - Stakeholder perceptions on the efficiency of resource and capacity use in the programme (qual) 	<ul style="list-style-type: none"> Budgetary analysis. Thematic analysis (content analysis, thematic coding). Descriptive analysis of programme strategies and results achieved. 	<ul style="list-style-type: none"> KIIs with UNICEF and other key stakeholders at the national and subnational level. Government and UNICEF budgets and actual expenditures from 2020-present, including secondary analysis where available. 		x	x	x		x	
To what extent did the coordination and collaboration structure avoid duplication among the key stakeholders?	<ul style="list-style-type: none"> - Examples of collaboration and coordination among key stakeholders to implement to the programme (qual) - Degree of duplication in activities between CP partners/stakeholders 	<ul style="list-style-type: none"> Descriptive analysis of programme strategies and results achieved. Policy analysis. Thematic analysis (content analysis, thematic coding). 	<ul style="list-style-type: none"> KIIs with UNICEF and other key stakeholders at the national and subnational level. UNICEF, NGO, INGO and CSO programme documents and reports. SOPs, guidelines and policies stipulating coordination mechanisms at the national and subnational level. 		x	x	x	x		

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method			
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ case data
Effectiveness: To what extent has UNICEF's approach for integrated protection services contributed to achieving the desired objectives/ outputs at the national and sub-national level? Were outputs achieved or likely to be achieved?	To what extent were the desired results achieved/are likely to be achieved, considering potential differential impacts across groups? The desired results include the level of take-up of the service and perceived service quality at the sub-national level.	<ul style="list-style-type: none"> - No. of districts with accessible UPTD PPA services inc. case management (quant) - No. of districts using SIMFONI database (quant) - No. of cases where CICL have accessed services (quant) - No. of cases at provincial and city/ district level UPTD PPA (disaggregated by type of case, gender, age, services provided) (quant) - Perceptions of service users on the quality of service provided by UPTD PPA at the district/city level (qual) - Perception of community members 	<ul style="list-style-type: none"> Quantitative analysis of programme data. Thematic analysis (content analysis, thematic coding). Descriptive analysis of programme strategies and results achieved. 	<ul style="list-style-type: none"> Minutes from meetings of cross-sector groups. Reports on integrated service provision with a focus on cooperation and coordination across sectors. 	<ul style="list-style-type: none"> x x x 			

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method				
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies
		<ul style="list-style-type: none"> - on access and quality of services (qual) - Perceptions of frontline service providers on the quality of services - No. of UPTD PPA who have adopted national level SOPs (quant) 							
		<p>To what extent and which change strategies and approaches contributed to achieving CP Programme results?</p>	<ul style="list-style-type: none"> - Perception of stakeholders on which change strategies and approaches were most significant in achieving CP Programme results (qual) 	<p>Descriptive analysis of programme strategies and results achieved.</p> <p>Thematic analysis (content analysis, thematic coding).</p>	<p>UNICEF Programme documents 2020-present.</p> <p>Key informant interviews with UNICEF staff at the national and subnational level.</p>	<p>Government programme data.</p> <p>Key informant interviews with key non-UNICEF stakeholders.</p>	<p>x</p>	<p>x</p>	<p>x</p>

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method				
					Lit/ desk review	Legis	KIIs national	KIIs / group interviews subnational	Gov stats/ case data
		<ul style="list-style-type: none"> - Perception of stakeholders on what factors had greatest influence over achievement or non-achievement of intended results (qual) - Examples of partnerships and collaborations at the national, subnational and field level which have influenced desired results (positive and negative) (qual) 	<p>Descriptive analysis of programme strategies and results achieved.</p> <p>Policy analysis.</p> <p>Thematic analysis (content analysis, thematic coding).</p>	<p>Key informant interviews with UNICEF, Government and NGO/CSO stakeholders at the national and subnational level.</p> <p>UNICEF programme documents 2020-present.</p> <p>Existing evaluations/ assessments/ reviews on collaboration in the delivery of UPTD PPA services.</p> <p>MOUs between Government, UNICEF and NGOs/CSOs.</p> <p>SOPs, policies, guidelines developed at the subnational level.</p> <p>Meeting minutes of cross-sectoral/ cross-institutional meetings.</p>	x	x	x	x	x

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method					
					Lit/ desk review	Legis	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies
	What are the policy, financial capacity and human resource challenges associated with integrated protection services at the national and sub-national levels?	<ul style="list-style-type: none"> - Perception of stakeholders at the national and subnational level on the policy, financial capacity and human resource challenges (qual) - Perception of service providers at the subnational level on the policy, financial capacity and human resource challenges (qual) - No. of qualified service providers within UPTD PPA at the district level (quant) - Financial capacity of district level UPTD PPA, inc: amount of national MoWECP Special Allocation Funds received by district level UPTD PPA; other local funding streams; annual cost of running the service (quant) 	<ul style="list-style-type: none"> Budgetary analysis. Descriptive analysis of programme strategies and results achieved. Policy analysis. Thematic analysis (content analysis, thematic coding). 	<ul style="list-style-type: none"> Programme case data (national and subnational) disaggregated by age, gender, case typology, services received, location. National and subnational budget allocations and actual expenditure. - Key informant interviews with UNICEF, Government and NGO/CSO stakeholders at the national and subnational level. Administrative data on the number of social workers, para-social workers and administrative staff working in UPTD PPA. 	x	x	x	x	x	x

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method					
					Lit/ desk review	Legis	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies
Are there any unintended consequences of the programme at the national and sub-national levels?	<ul style="list-style-type: none"> - Perceptions of stakeholders (UNICEF, Government, other UN agencies and implementing partners) on unintended consequences of the programme (qual) - Perceptions of service providers on unintended consequences (qual) - Perceptions of service users and community members on any unintended consequences (qual) 	<p>Descriptive analysis of programme strategies and results achieved.</p> <p>Thematic analysis (content analysis, thematic coding).</p>	<p>Key informant interviews with UNICEF, Government and NGO/CSO stakeholders at the national and subnational level.</p> <p>FGDs and interviews with case workers, service beneficiaries, parents and community members.</p>		x	x	x	x	x	x
Sustainability: To what extent are the benefits of UNICEF strategic approach to integrated protection services likely to continue after UNICEF support has ceased?	<ul style="list-style-type: none"> - To what extent are the programme's activities and results likely to continue after UNICEF support ends? What is the likelihood and capacity of the intervention to maintain positive outcomes over the long term, including its adaptability to changing circumstances and needs? 	<p>Number, type and scope of new/amended law/regulations/policies on child protection that came about as a result of the programme (qual and quant)</p> <p>Number and types of strategies, plans, SOPs and other related materials introduced to operationalize the programme's approach to integrated services (qual and quant)</p>	<p>Policy and legal analysis.</p> <p>Budgetary analysis.</p> <p>Thematic analysis (content analysis, thematic coding).</p>	<p>National and subnational Government legislation, policies, regulations 2020-present.</p> <p>SOPs, regulations, policies developed by subnational Government and UPTD PPA.</p> <p>Key informant interviews with UNICEF, Government and NGO/CSO stakeholders.</p>	x	x	x	x	x	

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method					
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies	FGD community members
		<ul style="list-style-type: none"> other partners) on the likelihood and capacity of the intervention to maintain positive outcomes over the long term (qual) - Perceptions of service providers on the capacity of UPTD PPA at to maintain positive outcomes and services (qual) 	<ul style="list-style-type: none"> Interviews with UPTD PPA staff and connected services providers. Government UPTD PPA data. 						x	
		<ul style="list-style-type: none"> What major factors influence the achievement or non-achievement of sustainability? 	<ul style="list-style-type: none"> Thematic analysis. (content analysis, thematic coding). Budgetary analysis. Policy analysis. 	<ul style="list-style-type: none"> Key informant interviews with UNICEF, Government and NGO/CSO stakeholders. Interviews and FGDs with service providers. National and subnational Government budgets, budget allocations, and actual expenditure. 		x	x	x	x	

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method				
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ cased data	Wrap-around case studies
	Can the integrated protection services model or approaches be institutionalized and scaled up in areas where services are non-existent?	<ul style="list-style-type: none"> - Financial capacity and human resources of districts where UPTD PPA have not yet been established/are not fully developed (qual and quant) - Perception of subnational government on whether UPTD PPA can be scaled up within their district (qual) - Perception of stakeholders at the national and subnational level on whether the UPTD PPA model and approaches can be scaled up in areas where services are yet to be established (qual) - Perception of service providers in pre-existing service structures (non-UPTD PPA) on whether the new model can be established (qual) 	<ul style="list-style-type: none"> Budgetary analysis. Thematic analysis. (content analysis, thematic coding). 	<ul style="list-style-type: none"> National and subnational Government budgets, budget allocations, and actual expenditure. Key informant interviews with UNICEF, Government and NGO/CSO stakeholders. Interviews and FGDs with service providers. 	<ul style="list-style-type: none"> × × 				

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method				
					Lit/ desk review	Legis	KIIs national	KIIs / group interviews subnational	Gov stats/ case data
Equity, gender and human rights: To what extent were gender, equity and human rights principles integrated into the design, implementation and monitoring of the Child Protection programme? ⁹	To what extent has the protection service been implemented where the need is greatest? Have equity considerations been integrated at each stage of the programme cycle?	<ul style="list-style-type: none"> - Examples of equity considerations within planning and development documentation at the national and subnational level at all stages of programme cycle (qual) - Evidence of the mapping of service need at the national and subnational level prior to the establishment of UPTD PPA/ allocation of DAK (qual) - Correlation between national statistics on needs and implementation statistics, gaps in implementation in areas with high need - Availability of information relating to gender, equity and human rights in implementation, reporting and M&E documentation - Stakeholder perceptions relating to gender, equity and human rights considerations in implementation and monitoring 	<ul style="list-style-type: none"> Policy analysis Quantitative analysis of programme data and population data Thematic analysis (content analysis, thematic coding) 	<ul style="list-style-type: none"> Programme case data (national and subnational) disaggregated by age, gender, case typology, services received, location. Existing mappings and assessments on the need of populations in relation to protection services. UNICEF and Government programme documents (national and subnational level). SOPs, regulations and policies on the operationalisation of the UPTD PPA. Programme Monitoring and Evaluation frameworks and results. KIIs with programme key stakeholders. Interviews with case workers and service beneficiaries. 	<ul style="list-style-type: none"> x x x x x x 				

⁹ This question is overarching / cross-cutting and that findings and analysis will be integrated throughout the evaluation report across the five evaluation criteria.

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method					
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ cased data	Wrap-around case studies	FGD community members
	What approaches and interventions have yielded results in improving access to protection services for disadvantaged, marginalized, and less-reached areas/groups, including children with disabilities?	<ul style="list-style-type: none"> - No. of cases at UPTD PPA of women and children from marginalized groups, including children with disabilities (quant) - No. of cases where CICL have accessed services (quant) - Perception of service users in marginalized groups on whether service provision has been accessible (qual) - Perception of service providers on what aspects of the programme approach, if any, have improved access to services for disadvantaged, marginalized, and less-reached areas/groups (qual) - Perception of stakeholders on what aspects of the programme approach, if any, have improved access to services for disadvantaged, marginalized, and less-reached areas/groups (qual) 	<ul style="list-style-type: none"> Thematic analysis (content analysis, thematic coding). Descriptive analysis of programme strategies and results achieved. 	<ul style="list-style-type: none"> Programme case data (national and subnational) disaggregated by age, gender, case typology, services received, location. Interviews with service providers, case workers and service beneficiaries. 	x	x	x	x	x	x

Main evaluation question	Sub-questions	Indicators (quant, qual, both)	Data analysis techniques	Data sources	Data collection method					
					Lit/ desk review	KIIs national	KIIs / group interviews subnational	Gov stats/ case data	Wrap-around case studies	FGD community members
	Are there concrete lessons that can be replicated to improve equitable access to protection services for the most disadvantaged or vulnerable children?	<ul style="list-style-type: none"> - Perception of service users in marginalized groups on whether service provision has been accessible, and what made/or did not make these services accessible (qual) - Perceptions of service providers on what lessons can be learned (qual) - Perceptions of other stakeholders on what lessons can be learned (qual) 	<ul style="list-style-type: none"> Thematic analysis (content analysis, thematic coding). Descriptive analysis of programme strategies and results achieved. 	<ul style="list-style-type: none"> Key informant interviews with UNICEF, Government and NGO/CSO stakeholders. Interviews with service providers, case workers and service beneficiaries. 		<ul style="list-style-type: none"> × × 			×	

Annex E: Intervention Mapping

Activity type	UNICEF intervention	Key UNICEF partners	Geographic scope	Other stakeholder activities
Develop service frameworks & mechanisms	UNICEF supported MoWECP in formulating the service framework and SOPs for UPTD PPA integrated protection services (2021) - fed into Regulation 2/2022 on Women and Children Protection Service Standards	MoWECP	Subnational: Provincial and district/city level	Regulations on UPTD PPA service standards and implementation issued by GoI & MoWECP: - Regulation 2/2022 on Women and Children Protection Service Standards - Presidential Decree No. 55 of 2024 Technical Implementation Unit for the Protection of Women and Children
UNICEF supported the development of further UPTD PPA regulations in 2024 which expand the role of UPTD PPA to 11 services				
Supported the development of child protection service mechanisms in 398 villages (2021)	MoV, local government	Subnational: Village level	Community based mechanisms are developed within the framework of the Woman-and-Child-Friendly Village, a joint program of MoWECP and the Ministry of Village (DRPPA model)	
Integrated TPKS into national service standards – districts and cities drafted/adapted service standards to incorporate these changes in UPTD PPA (2022)	MoWECP	National and subnational		
Supported the MoWECP in the development of standards for Family Learning Centers (PUSPAGA) (2022)	MoWECP	Subnational		
Supported 197 villages across 4 provinces to develop community-based mechanisms for early detection and response to vulnerable and at risk children to GBV, child marriage and OCSEA (2023)	MoV	Subnational		
Supported the establishment of a model response mechanism through the establishment of a Service Centre for Sexual Violence (LP2KS) with referral pathways to UPTD PPA in two pesantrens		Subnational: South Sulawesi Province		Various legislations were enacted promoting prevention and response to violence against children, including: - Criminal Acts of Sexual Violence Law (2022) - Regulation No. 25 of 2021 on Policy for Child-Friendly Regencies/Cities - National Strategy on Elimination of Violence against
Advocacy and technical support to strengthen development of polices, regulations, guidelines, law	Supported the Ministry of Villages in drafting the guidelines for community-based child protection, which include mechanisms for early detection, prevention and early response at the village level and include referral pathways to integrated service	MoV	Subnational: village level	

	Supported the MoHA to develop guidelines for planning and budgeting for child protection services at subnational level	MoHA	Subnational	Children is signed by the President & adopted as a Presidential Regulation (2022)
	Provided advocacy on the development of the Sexual Violence Crime Bill (TPKS) (2021-2022), in which UPTD PPA are mandated as responsible for providing response services	MoLHR, MoWECP	National	Efforts to integrate planning, program implementation, monitoring and reviews across agencies and departments have been pursued through the Child Friendly District/City program in all regions.
	With MoV and MoHA, developed guidelines for community-based child protection mechanisms (2022)	MoV, MoHA	Subnational	The Ministry of Education has adopted Ministerial Regulation No. 46 / 2023 which address corporal punishment at school.
	Supported MoWECP in a review of national standards for the protection of women and children that were developed in 2021 (2022) (regulation No. 2/ 2022)	MoWECP	National	The Ministry of Home Affairs issued a circular letter to local governments to establish the integrated services (2023).
	Policies, regulations and guidelines that UNICEF have supported include: <ol style="list-style-type: none"> the draft presidential decree on the roadmap on Child Online Protection; regulation for the implementation, coordination and monitoring of the Sexual Violence Crime Law; amendment of the decree of the minister of education on eliminating violence in schools, which expanded the types of violence in line with the Sexual Violence Crime Law Ministry of Home Affairs (MOHA) guidelines for the planning and budgeting of integrated services for the protection of women and children (UPTDPPA) the Ministry of Village's guidelines for community-based child protection, to establish mechanisms for child protection, including budget allocation 	MoWECP, Ministry of Education; MoV, MoHA	National and subnational	RESPECT - Preventing Violence Against Women – Bappenas has incorporated RESPECT into the Technocratic Document of Indonesia's Medium Term Development Plan (RPJMN) for 2025-2029.
	Support the implementation of programmes	MoWECP	Subnational	Under MoWECP guidance, CP service standards and framework have been adopted and rolled out to all regions along with the strengthening of the integrated services model and strengthening of the service institutions, budgeting, and service governance.

<p>UNICEF have supported the national Child-Friendly Islamic Boarding Schools initiative. It has reached more than 200,000 children in 63 Islamic boarding schools (30 in Aceh, 25 in South Sulawesi, 4 in Central Java and 4 in East Java) - launched in 2022</p> <p>As part of the P-OCSEA Programme, UNICEF piloted workshops in 10 pesantren in Central Java and East Java districts to help children protect themselves from online abuse and exploitation (2023)</p>	<p>National and subnational</p>	<p>MoWECP fully supported the establishment and functioning of children's forum at national and sub-national level, encouraging local government to support the establishment of children's forum down to community level, equipped with regulation and guidelines. Children's forums have been actively participating in development plan process at all levels, encourage to be pioneer and reporters to any CP issues and enable them to discuss issues and provide feedback to service providers.</p> <p>MoWECP has provided the special allocation funds to districts and provinces to support the operation of the integrated services for the protection of women and children. Simultaneously, local governments also allocated budgets to support the services.</p> <p>Positive discipline programme also expanded by the Ministry of Education across Indonesia in secondary school level, targeting teachers.</p> <p>MoWECP launched the Prevention of Online Child Sexual Exploitation and Abuse (P-OCSEA) programme in 2022.</p>
--	---------------------------------	---

	<p>Development of training for service professionals</p> <p>Developed and delivered service standards training (CEKATAN) to PPA / UPTD PPA staff (including SOPs on case management processes) in collaboration with MoWECP (2021-2023)</p> <p>MoWECP; NGO/CSO implementing partners (LPA; Bakti Foundation)</p> <p>Training developed and carried out by subnational MoWECP offices on the use of SIMFONI PPA e.g. Training in Yogyakarta attended by UPTD PPA reps, Regency/City Police, Regency/City MoWECP Office, local hospitals.</p> <p>Ministry of Women Empowerment and Child Protection (MoWECP) have delivered training sessions and workshops conducted between August and November 2023 on the RESPECT framework.</p> <p>Development of a "Training Module for the Prevention of Violence Against Women Based on the RESPECT Framework" by MoWECP - offers a detailed guide for facilitators to educate others on the prevention of violence against women.</p> <p>The Supreme Court has conducted certification training on the integrated juvenile justice system with a focus on restorative justice through the implementation of diversionary measures. In 2023, this training was delivered to 170 professionals working in the juvenile justice system.</p>
--	---

Development of training for service professionals	Supported the training of 28 master trainers. 881 frontline workers from 300 government and non-government institutions across 10 provinces (2021)	Subnational (provincial)	Training developed and carried out by subnational MoWECP offices on the use of SIMFONI PPA e.g. Training in Yogyakarta attended by UPTD PPA reps, Regency/City Police, Regency/City MoWECP Office, local hospitals.
	1,043 front-line service providers were trained on adaptive service provision to enhance case management in 21 districts (2021)	Subnational (provincial)	Ministry of Women Empowerment and Child Protection (MoWECP) have delivered training sessions and workshops conducted between August and November 2023 on the RESPECT framework.
	Supported MoWECP in the development of training modules on mental health and psychosocial support for PUSPAGA – trained at least 25 facilitators within this intervention (2022)	MoWECP	National and subnational
	Supported MoWECP in the review of CEKATAN training modules for integrated services for protection of women and children developed in 2021 (2022)	MoWECP	National
	UNICEF organised an orientation session for 29 (18 female; 11 male) managers and frontline workers of the provincial and 12 districts /cities service centres for the protection of women and children on handling SEA cases in East and Central Java (2022)	Subnational: East and Central Java	The Supreme Court has conducted certification training on the integrated juvenile justice system with a focus on restorative justice through the implementation of diversionary measures. In 2023, this training was delivered to 170 professionals working in the juvenile justice system.
	UNICEF supported UPTD PPA service providers to address PSEA through training (including services provided in the connected network e.g. police; psychologists; healthcare providers) (2023)	MoWECP	Subnational
	Supported capacity building for correctional officers handling children in contact with the law	MoLHR	Subnational
	UNICEF hosted training of teachers in South Sulawesi in the Child-Friendly Pesantren Programme – teachers learned about GBV, sexual abuse and exploitation		Subnational

<p>UNICEF delivered training to staff at community shelters in 20 villages in South Sulawesi on interventions to help prevent online child sexual exploitation and abuse, child marriage and gender-based violence (2023)</p> <p>Development of online data collection, case management, and M&E systems</p>	<p>MoWECP, Family Welfare Movement (PKK), Family Learning Center (Puspaga), Children's Forum and village-level government</p> <p>Technical assistance to the MoHA led to the adoption of a new set of performance indicators for programme coordination and monitoring by provincial governments and enhanced reporting to national intersectoral programming bodies (2021)</p> <p>Supported MoWECP to integrate case management Primero system into SIMFONI PPA (2021; 2022/2023) <i>-this is ongoing, in the piloting phase</i></p>	<p>MoHA</p> <p>National and subnational</p> <p>MoWECP</p> <p>National</p> <p>Bappenas</p> <p>National</p> <p>MoLHR</p>	<p>Development of SIMFONI PPA by MoWECP.</p> <p>Training developed and carried out by subnational MoWECP offices on the use of SIMFONI PPA e.g. Training in Yogyakarta attended by UPTD PPA reps, Regency/City Police, Regency/City MoWECP Office, local hospitals.</p> <p>MoWECP</p> <p>National</p> <p>National</p> <p>MoLHR</p>	<p>Law No. 14 of 2019 on Social Workers passed by GoI</p>
--	---	--	--	---

		IAISW	Subnational
Supported IAISW to establish social work learning centres in 11 provinces as a learning hub for social workers at sub-national levels			
Training of social workers on service standards and case management, including service provision in the context of COVID-19 (2022)			
Supported the publication of ASEAS Social Work Journal Vol. 2 No. 1, to strengthen the knowledge and capacity of the SSWF (2023)		National	

Annex F: Participant List

Key Informant Interviews (KIs)

Participant Organisation	No. of participants	Gender of participants	Date
Inception interviews – National level			
Wahana Visi (NGO)	1	M	18/7/2024
Child Fund (NGO) & Institute for Criminal Justice (NGO)	2	1 M; 1F	18/7/2024
MoWECP	4	4 F	16/7/2024
Child Protection Commission	3	1 M; 2 F	18/7/2024
Bappenas	2	2 F	17/7/2024
UNICEF	1	M	15/7/2024
UNICEF	1	F	19/7/2024
UNICEF	1	M	15/7/2024
UNICEF	1	M	15/7/2024
UNICEF	1	F	16/7/2024
UNICEF	1	M	17/7/2024
UNICEF	1	F	19/7/2024
South Sulawesi provincial level			
Police PPA Unit	1	M	3/9/2024
DINAS	1	F	3/9/2024
BAPPEDA	7	3 F; 4M	3/9/2024
UPTD PPA	2	1 M; 1 F	3/9/2024
UNICEF	1	F	18/7/2024
Maros Regency			
UPTD PPA	2	2 M	2/9/2024
UPTD PPA	2	2 F	2/9/2024
Bappeda	2	2 F	3/9/2024
PATBM	1	F	3/9/2024
PPA Police Unit; UPTD RPTC	2	M	3/9/2024
Makassar City			
Bappeda	1	M	10/9/2024
DINAS – Women's Division	1	F	4/9/2024
Prosecutors	2	F	9/9/2024
LBH (legal aid provider)	1	M	4/9/2024
NGO	1	F	9/9/2024
Police	1	F	9/9/2024

Community shelter	2	1 M ; 1 F	4/9/2024
DINAS	1	M	4/9/2024
UPTD PPA	1	M	4/9/2024
WECP	1	F	4/9/2024
DINAS	3	2 M ; 1 F	11/9/2024
Pangkajene Kepulauan Regency (comparator site)			
PPA Office; LBH APIK	2	2 F	9/9/2024
PPA Office	1	F	6/9/2024
Police	1	M	6/9/2024
Bappeda	2	2 M	9/9/2024
DP2KBP3A; PPA Office	2	2 F	9/9/2024
East Java provincial level			
UNICEF	1	F	16/7/2024
LPA (NGO)	1	M	4/9/2024
Provincial Social Services Office	2	1 M; 1 F	3/9/2024
UPTD PPA	3	1 M ; 2 F	3/9/2024
Surabaya Children's Crisis Centre (NGO)	2	2 M	3/9/2024
DINAS; UPTD PPA	6	1 M; 5 F	2/9/2024
Sidoarjo Regency			
WECP	1	F	2/9/2024
UPTD PPA	1	F	2/9/2024
Police	2	2 F	3/9/2024
Sidoarjo Hospital	2	1 M; 1 F	3/9/2024
Social Worker office; UPTD PPA; Child Forum	3	1 M ; 2 F	3/9/2024
UPTD PPA	1	M	5/9/2024
Surabaya City			
Dinas (WECP office)	3	3 F	6/9/2024
UPTD PPA	1	M	6/9/2024
Dinas (WECP office)	3	3 F	5/9/2024
Police	1	F	5/9/2024
Puspaga	1	M	5/9/2024
Embun (NGO)	1	M	6/9/2024
Dinas (social affairs office)	1	F	6/9/2024
Dinas (health office)	2	2 F	6/9/2024
Wahana Visi (NGO)	1	F	5/9/2024
Plateau Foundation (NGO)	1	F	5/9/2024
Social worker office	1	F	9/9/2024
Batu City (comparator site)			

P2TP2A	4	1 M ; 3 F	7/9/2024
WECP	3	3 F	6/9/2024
P2TP2A	1	M	6/9/2024
Police	2	2 M	9/9/2024
Hospital	1	M	9/9/2024
Social Office	2	2 M	8/9/2024
TOTAL: 67 KIIs	116	47 M; 69 F	

Focus Group Discussions (FGDs)

Participant Organisation / role	No. of participants	Gender of participants	Date
Maros Regency			
Community members	6	6 F	5/9/2024
Community members	6	6 M	5/9/2024
Community members (children)	8	3 M; 5 F	5/9/2024
Makassar City			
UPTD PPA	5	3M; 2 F	10/9/2024
Community members	12	7 M; 5 F	6/9/2024
Community members & community protection personnel	9	3 M; 6 F	6/9/2024
Community shelter volunteers	12	3 M; 9 F	6/9/2024
Pangkajene Kepulauan Regency (comparator site)			
Community members (children)	8	1 M; 7 F	9/9/2024
Community members	4	4 F	9/9/2024
Community members	3	3 M	9/9/2024
Sidoarjo Regency			
PATBM Cadres	6	2 M; 4 F	5/9/2024
PATBM Cadres	4	4 F	5/9/2024
Surabaya City			
Community protection personnel	7	7 F	10/9/2024
Community protection personnel	7	7 F	10/9/2024
Batu City (comparator site)			
Community protection personnel; Puspaga; Children's Forum; PKK	7	7 F	10/9/2024
RPPA; KOMNAS; SPD	6	2 M ; 4 F	11/9/2024
Community religious leaders	7	1 M ; 6 F	11/9/2024
TOTAL: 17 FGDs	117	34 M; 83 F	

In-depth Interviews (IDIs) for wrap-around case studies

Role / position	No. of participants	Gender of participants	Date
Maros Regency			
Adult beneficiary (case 1 & 3)	1	F	4/9/2024
Social worker (case 1)	1	F	4/9/2024
Parent of child beneficiary (case 2)	1	F	4/9/2024
Child beneficiary (case 2)	1	F	4/9/2024
Police (case 2)	1	F	4/9/2024
Social worker (case 2)	1	F	4/9/2024
Child beneficiary	1	M	4/9/2024
Parent of child beneficiary	1	F	3/9/2024
Makassar City			
Social worker (case 1)	1	M	5/9/2024
Adult beneficiary	1	F	5/9/2024
Social worker (case 2)	1	F	5/9/2024
Counsellor; Safe house worker (case 2)	2	1 M; 1 F	5/9/2024
Pangkajene Kepulauan Regency (comparator site)			
Child beneficiary (case 1)	1	M	6/9/2024
Parent of child beneficiary (case 1)	1	F	6/9/2024
Social worker (case 1)	1	F	6/9/2024
Adult beneficiary (case 2)	1	F	6/9/2024
Social worker (case 2 & 3)	1	F	6/9/2024
Child beneficiary (case 3)	1	F	6/9/2024
Parent of child beneficiary (case 4)	1	F	6/9/2024
Sidoarjo Regency			
Parent of child beneficiary	1	F	5/9/2024
Adult beneficiary	1	F	4/9/2024
Child beneficiary	1	F	4/9/2024
Parent of child beneficiary	1	F	4/9/2024
Surabaya City			
Health service provider (case 1)	3	1 M; 2 F	9/9/2024
Adult beneficiary (case 1)	1	F	9/9/2024
Case managers (case 1, 2 & 3)	3	1 M ; 2 F	9/9/2024
Adult beneficiary (case 2)	1	F	9/9/2024
Child beneficiary (case 3)	1	F	9/9/2024
Case manager (case 3)	1	M	9/9/2024
Counsellors (case 4)	3	2 M ; 1 F	9/9/2024

Batu City (comparator site)			
Adult beneficiary (case 1)	1	F	9/9/2024
Parent of child beneficiary (case 2)	1	F	9/9/2024
Child beneficiary (case 2)	1	F	9/9/2024
Adult beneficiary (case 3)	1	F	9/9/2024
TOTAL: 34	41	9 M ; 32 F	

Annex G: Summary of Findings Tables

East Java provincial level and Surabaya City

Evaluation area	
Relevance	<ul style="list-style-type: none"> As at the national level, stakeholders were largely in agreement that the development of the UPTD PPA responded to a gap in the delivery of comprehensive services within the CP system. Stakeholders in Surabaya Province and City tended to report that the UPTD PPA was relevant to the need / gaps in the system as it aims to bring at times disparate services and institutions together to respond more comprehensively to the needs of women and children. Stakeholders tended to report that the UPTD PPA enabled a better 'focus' on cases involving violence; these cases previously tended to get 'lost' in the broader system of women and children-focused service delivery. In Surabaya City, strong alignment was noted among the goals of the previous Mayor, who had a particular focus on protection issues. The Surabaya Children's Forum (UNICEF supported) provides an avenue for children and adolescents to provide feedback into the UPTD PPAs functioning; however, the extent to which their views are acted upon is unclear. Several stakeholders (typically other dinas sectors – health, police) appeared to be unclear that the UPTD PPA had brought about any particular changes in the handling of VAC and VAW cases. The interventions provided by UNICEF were found to be relevant to need: technical assistance in the development of the SOPs and training (though it was noted that training was not sufficiently intensive to support robust case management processes). Integration of emerging and worsening protection issues into technical support provided to stakeholders (in particular, OCESA interventions) demonstrates adequate adjustment to need. Support to the village-based protection system also appears to be quite relevant, given the need to address gaps in reporting and referrals and increase referral avenues to from the local levels.
Coherence	<ul style="list-style-type: none"> While the UPTD PPAs appear to have supported a coherent response to VAC and VAW at the provincial / city levels, through improved coordination in case management and the establishment of coordination mechanisms, there was some evidence of inadequate connections to some service providers (e.g. dinas health and key health facilities – e.g. in one of the case study involving a person with a mental health condition who had been violent to his mother, the dinas health reps who were interviewed – who had previously worked with this client – were unaware of the ongoing protection case at the UPTD PPA). While coherence between the UPTD PPA and local key NGOs is generally strong, there was evidence that NGOs are still at times 'leading' CP cases, rather than referring them into the UPTD PPA for case management; and then providing service when needed. Oversight / monitoring of NGOs providing relevant services (e.g. shelters) does not always appear to be carried out.

Effectiveness:	<ul style="list-style-type: none"> • Results on effectiveness were mixed. • The UPTD PPAs appear to be addressing appropriate cases (cases involving violence – other cases, requiring preventive work, are channelled to Pushpaga). However, it was noted that a large number of cases coming into the Provincial UPTD PPA involve custody cases where there is no violence. These cases could be referred out to a legal service provider, rather than handled by UPTD PPA, which would free up their time and capacity to focus on VAC and VAW cases. The City UPTD PPA handles cases of CICL (which appears to be unusual); however, this was typically attributed to the dinas WECP managing a rehabilitative shelter for CICL, rather than necessarily the interventions of UNICEF. • Stakeholders noted that the development of the UPTD PPA enabled improved, and more comprehensive responses to VAW and VAC. This was achieved by creating a strong legal mandate, which improved the UPTD PPAs ability to focus in on violence cases (rather than being part of a broader service responding to more general needs of women and children). This also improved response time, with more efficient (and internal) approval processes. • Linkages with key dinas institutions (pushpaga, social services, police, health, education), NGO service providers, and universities (for mobilizing psychology students as volunteers) appears to have created a strong system in which children and women are able to access a range of services. • Assessment processes appear to be quite timely and comprehensive, with immediate (accommodation, healthcare, legal) and broader needs (psychotherapy, drug rehabilitation, identity documents, education access etc.) of women and children identified and responded to. Though in some cases, needs were not identified (e.g. in one of the case studies involved DV, in which the woman and child were at continued risk of harm as the husband was still in the community, pending a criminal investigation, the client had not been referred to a legal service provider who could have assisted in exploring preventive / protective courts orders, to enable her and her child to be in the community as she had given up her job, her child was not in school and they were effectively 'hiding' in the shelter). • The availability and quality of psychological services is a challenge, with no in-house clinical psychologists. Typically, only one or two sessions are able to be provided and the quality of therapy provided should be further examined. Though, in one case study involving severe and sustained physical violence of a 9 year old girl, the girl had been able to access routine therapy sessions provided by a psychologist. • Lack of in-house lawyers was also noted as a challenge – while clients are able to be referred to a legal services NGO, they did not always have capacity to take on cases. Also, as noted above, legal solutions in cases do not always appear to be identified. • Case management is provided, including counselling / follow up, though participants noted the need for more in-depth case management training / support. • At times, risk identification was lacking (e.g. in one case, a pregnant 15 year old girl was placed back in the same house as her step-father, who is the alleged perpetrator, where his two very young biological children also live. The 15 year-old girl's baby was noted to have been 'sent' to Jakarta but there was no follow up on his/her situation and also, while considerable efforts had been made to ensure the prosecution of the step-father, he remains in the community). • There was evidence that, in some cases, the UPTD PPA staff had acted swiftly, removing a child from a situation of risk / harm quickly and placing the child into care (usually the UPTD PPA-managed shelter) – e.g. a mother reported DV to the UPTD PPA, with herself and 8 year old child both victims; the UPTD PPA staff acted quickly, going to the school on the day the mother reported. The mother and a police officer attended the school and removed the child, placing both mother and child into the shelter).
-----------------------	---

	<ul style="list-style-type: none"> • However, it appears that, in complex cases, particularly for cases in which the consent of a parent and / or is not attained, and police do not wish to get involved, the UPTD PPA staff feel unable to act. This has at times placed children in situations of considerable risk. It is unclear whether the staff lack the legal mandate to remove children from situations of risk / harm or whether there is a mis understanding of their legal mandate. • Other challenges in the child protection and justice systems more generally have also undermined the effectiveness of the programme. This includes unwillingness of police to get involved in 'family matters', possible police corruption and a preference among stakeholders in the village/ community (and also among police) for using mediation to address cases of family violence, even where the violence is quite severe.
Efficiency:	<ul style="list-style-type: none"> • UNICEF investments have achieved some positive outcomes in a short timeframe, and this has been assisted by government funding sources (provincial and city governments and the special allocation funds). <p>[Will have to think more about efficiency – funding gaps were not typically mentioned as big challenges]</p>
Sustainability:	<ul style="list-style-type: none"> • The UPTD PPA have been firmly embedded into the local government structures and are largely funded by local government sources. • Having a legal mandate established at the national level has firmly contributed to the programme's sustainability (stakeholders noted that they 'have no choice but to act' when a legal mandate is established at the national level). • However, the effective functioning of the UPTD PPAs will depend on continued investments into staff training and, ideally, coaching.

Evaluation area		
Relevance	<ul style="list-style-type: none"> As UPTD PPA has existed in Makassar since 2017 (and they emphasized that it was a flagship area), there were some challenges in identifying gaps that have been responded to during the evaluation period. However, when asking to compare to previous P2TP2A system and asking about the value UPTD brings to the community, stakeholders and province and district level highlighted that it brings services and institutions together to respond more comprehensively to the needs of women and children and facilitates case coordination. UPTD is in strong alignment with broader DINAS MECP programmes and objectives – they have the 'protect your children' programme, and UPTD is seen as an important component of this. Strong focus on OCSEA, sexual violence and restorative justice in the city and province, and UPTD is seen as in alignment with this. Several stakeholders (typically other dinas sectors – health, police) appeared to be unclear that the UPTD PPA had brought about any particular changes in the handling of VAC and VAW cases – though they noted good collaboration. However, it appears that community shelters play a more active role in day to day protection and they are more widely understood. Several stakeholders and individuals supporting community shelters were unaware of UPTD despite its long establishment – also often still referred to as P2TP2A Stakeholders had limited knowledge of UNICEF contributions – and when asked about UNICEF support, stakeholders most commonly reported OCSEA programme, vaccinations or education. However, within UPTD, the SOPs and case management training were noted as valuable (though it was noted that training was not sufficient in terms of reach – more needed). Integration of emerging and worsening protection issues into technical support provided to stakeholders (in particular, OCESA interventions) demonstrates adequate adjustment to need. Support to the village-based protection system also appears to be quite relevant, given the need to address gaps in reporting and referrals and increase referral avenues to from the local levels. All stakeholders very aware of the 'stop Kakarassan' message. 	
Coherence	<ul style="list-style-type: none"> While the UPTD PPAs appear to have supported a coherent response to VAC and VAW at the provincial / city levels, through improved coordination in case management and the establishment of coordination mechanisms, there was some evidence of inadequate connections to some service providers. In Makassar and S S province, there appear to be strong connections with health facilities, legal aid agencies, clinical psychologists, NGOs, DINAS Community shelters and Social Ministry UPTs. Although national level KIIs highlighted that the establishment of UPTD created challenges with regards to a loss of NGO case management experience, at Province and city level, it was reported that the establishment of UPTD in 2017 involved hiring an experienced workforce and recruitment of NGO workers to support the establishment of UPTD. Limited NGOs were able to be consulted during data collection so unclear if they continue to carry out their own case management, but UPTD reported strong connections with NGOs and stated that they are available as an important source of support and referral for UPTD cases (particularly in the case of persons with disability). 	

<ul style="list-style-type: none"> Although strong coordination was reported between UPTD and community shelters, there is a key gap; it appears that VAC and VAW cases are often not referred from community shelters to UPTD, rather they are dealt with internally by the community shelters There are challenges to coordination between UPTD and the police – delays from both sides with regards to provision of necessary documents to proceed with VAC and VAW cases, and the tendency for police to work with community shelters and local military veteran body to mediate cases that should be dealt with by UPTD (or mediating cases without UPTD involvement, even when UPTD is handling the case). Only the occasional mention of role of schools for identification 	<p>Effectiveness:</p> <ul style="list-style-type: none"> Results on effectiveness were mixed. The UPTD PPAs appear to be addressing appropriate cases (cases involving violence – other cases, requiring preventive work, are channeled to Pushpaga or community shelters). However, it was noted that a large number of cases coming into the Provincial UPTD PPA involve custody cases where there is no violence. These cases could be referred out to a legal service provider, rather than handled by UPTD PPA, which would free up their time and capacity to focus on VAC and VAW cases. Also lack of community understanding of role of UPTD, meaning they come for unrelated cases and family disputes which do not constitute violence Provincial appear to handle only cross-district cases, or particularly complex cases that district level struggle to address – meaning in meetings they had quite strong focus on trafficking. The City UPTD PPA handles cases of CICL, but only if parents refer the case to UPTD once the child has been detained by police, or if the court orders a psychological assessment during court proceedings. UPTD Safe house can be used for CICL once they have exceeded the maximum 13 days of detainment in the police station. Reported that strong links with NGOs + UPTs enable support for CWD, though it was noted that there are challenges to providing legal support / assessing justice for this group Limited gender lens – same support provided for all cases, though strong focus on SV means good understanding of risk to girls Stakeholders noted that the key strength of UPTD and SOPs is that it enables coordinated case management – noted the success of the establishment of cases conferences, which enables them to deal with complex cases more effectively. Linkages with other stakeholders (Community shelters, clinical psychologists, health care services, social office and UPT, LBH) appears to have created a strong system in which children and women are able to access a range of services, coordinated by UPTD. However, it appears that duration, quantity and quality of services both within UPTD and provided externally has some limitations: <ul style="list-style-type: none"> Counselling and psychological support generally limited to maximum 3 sessions A strength is that there is an in-house clinical psychologist, but only 2 days per week (and can only see 4 clients per day) – though they have coordination links with external clin psychs also. Legal aid hindered by tendency for police to mediate / close cases, though there is good coordination with LBH org and also in-house paralegals
--	--

- o Links with Social ministry UPT leads to longer-term support, and strong links to social office + birth registration services
- o Outcome for violence cases (sexual and physical) is often mediation, which results in case closure and lack of support to victims. Another common form of support to sexual violence is to facilitate marriage and support obtaining official marriage registration, which can result in victim remaining at risk from perpetrator
- o Evidence of some cases where children identified as at risk are not supported by UPTD and full risk assessments not being carried out (e.g. 1 child referred to UPTD, siblings were not assessed or supported despite child disclosing the siblings experienced abuse and exploitation from father) – the perceived requirement for parental permission appears to be a gap in some cases. In addition, no consideration of risk based on case history – in this case, the mother was a previous household violence case due to physical abuse from the partner, but the risk to the mother had also not been assessed.
- o Reports of bribery in mediation cases, and community shelters reported that often there are repeat abuse offences after mediation and no action – it appears that support is often only provided while the police case remains open (though there were reports that UPTD do continue to monitor in some instances). It is unclear whether the staff lack the legal mandate to remove children from situations of risk / harm or whether there is a mis understanding of their legal mandate.
- Assessment processes appear to be quite comprehensive, with immediate (accommodation, healthcare, legal) and broader needs (psychotherapy, drug rehabilitation, identity documents, education access etc.) of women and children identified and responded to. However, it appears that there are some delays to certain processes – for example it can take more than a week for the child to receive an assessment from the psychological counsellor, and 2 weeks for the first home assessment to be carried out by the case worker. Some delays are attributed to delays in communication from the police regarding the status of the perpetrator. Community shelters and police reported that UPTD response can be slow.
- Case management is provided and seen as strong. Case conferences seen as a key strength of UPTD.
- Delays to updating case files – but have developed online Google sheet (also delays to completing); much detail of cases only on the UPTD whatsapp
- There was evidence that, in some cases, the UPTD PPA staff had acted swiftly, removing a child from a situation of risk / harm quickly and placing the child into care (usually the UPTD PPA-managed shelter). Many cases identified through 'viral' news on social media
- Other challenges in the child protection and justice systems more generally have also undermined the effectiveness of the programme. This includes unwillingness of police to get involved in 'family matters', possible police corruption and a preference among stakeholders in the village/ community (and also among police) for using mediation to address cases of family violence, even where the violence is quite severe.
- Training needs to be provided to community-based mechanisms to ensure they always refer violence cases – DINAS message is that the children are South Sulawesi's children and is community responsibility to protect, and communities are very invested and proud of the support they have established. This provides the foundation for support, but lack of knowledge or true understanding of child and woman protection

Efficiency: <ul style="list-style-type: none"> Difficult to ascertain the contributions of UNICEF investments due to long term establishment of UPTD in South Sulawesi and Makassar – already had high number of staff and long-standing local government budget. Special allocation funds account for less than 1/3rd of cost. Noted that there are a lack of resources – transport, cuts to staff salary (non-contract staff). Noted that the presidential decree has increased the responsibilities of UPTD, and the special allocation fund is not sufficient to meet these increased demands Noted that special allocation fund provided to each district / city and province is not proportionate to number of cases, and it appears that local government funding also does not consider case numbers in fund allocation Pointed out that newly established UPTDs have few cases where Makassar has had more than 300 in 2024 so far, but there is little different in SAFs between these different UPTDs Lack of flexibility in Special allocation funds – while guidelines allow a shift in budget between budget lines by 20%, this is not enough – in Makassar, most of the activities relate to services, not prevention, but SAF has to have a certain value assigned to prevention. Noted that prevention is the responsibility of DINAS more broadly and UPTD should be able to focus on services. 	Sustainability: <ul style="list-style-type: none"> The UPTD PPA have been firmly embedded into the local government structures and are largely funded by local government sources (1 billion per year – though noted that this needs to increase to accommodate increasing case numbers). Legal mandate – even without SAFs they would have to make it work and be innovative and resourceful – been working for a long time so would be okay and know how to make it work
--	---

Evaluation area	
Relevance	<ul style="list-style-type: none"> - UPTD PPA aligns well with aims of other institutions: Dinas, MoWEC, PKPAI, PUSPAGA – UPTD PPA in alignment with aims and programmes provided by these institutions, as well as with NGOs (UPTD PPA workplans have been coordinated through cross-OPD and NGO meetings run by Bappeda to ensure alignment) - A number of stakeholders and service providers noted that they did not recognise that the UPTD PPA model had created any significant changes in the way that WAC and VAW cases are handled. However, these personnel (Dinas personnel and LPA) noted that the UPTD PPA has supported coordination and collaboration effectively between stakeholders) - Stakeholders and limited to no knowledge of UNICEF involvement and contributions – when asked about UNICEF support, stakeholders most commonly reported the Bakti foundation - Support to village-based protection system is noted as very relevant – stakeholders, service providers, FGDs all noted that 'socialization' of UPTD PPA at the village level was very important in creating the linkages between the village and UPTD PPA; created opportunities for self-referral (Case 1 adult woman sites UPTD PPA outreach in the village as facilitating her self-referral) as well as coordination/referral; between community-based protection bodies/community police and UPTD PPA. Village interventions should increase to further support village trust in UPTD PPA and increase referral avenues - Online protection risks cited as a growing area of need among children in the community – unclear in interviews whether this has been adjusted to in programming; noted by a number of key stakeholders that UPTD PPA in-house staff require further training and capacity building in some areas to professional deal with complex cases (likely that this includes OSCESA)
Coherence	<ul style="list-style-type: none"> - Challenges in coordination between the village and district level: whilst referral between village protection systems and UPTD PPA has strengthened (with many examples given of referral up from the village level), there are still gaps in the referral system between village and UPTD PPA – cases often not referred up from shelters / community police, which means cases are dealt with through mediation as a first port of call, rather than through UPTD PPA services. - Coordination between existing mechanisms (social workers and social service) i.e. cases may be referred to DP3A and Dinas as well as UPTD PPA, coordination between these institutions and PTD PPA has been strengthened and has created positive outcomes for individuals (receive social assistance from Dinas and social services, and victims response services from UPTD PPA). - While the UPTD PPAs appear to have supported a coherent response to VAC and VAW at the provincial / city levels, through improved coordination in case management and the establishment of coordination mechanisms, there was some evidence of inadequate connections to some service providers

	<p>E.g. at times, service providers in case studies cited insufficient information sharing created instances of repeated assessments for the same child, exposing the child to risks of secondary trauma by repeated recounting of their case (this occurred in both cases involving a police investigation and cases without). E.g. in one case of a girl who had been sexually assaulted, psychological assessment files carried out by an outsourced psychologist were not shared with UPTD PPA staff overseeing/managing the case, and the assessment was therefore re-done by UPTD PPA staff.</p> <ul style="list-style-type: none"> - At times, a lack of coherence over ownership of protection cases: LPA rep expressed the LPA (sits under KPAI) do not feel they are sufficiently included in UPTD PPA protection processes, and LPA should be more greatly involved in protection cases under UPTD PPA model - Coordination challenges between police and UPTD PPA – police cited working directly with shelters rather than UPTD PPA, and protection decisions at times are cited as dependent on police investigation being initiated (which delays/inhibits protection service delivery).
Effectiveness	<p>Results on effectiveness were mixed.</p> <ul style="list-style-type: none"> - The UPTD PPAs appear to be addressing appropriate cases (cases involving violence–other cases, requiring preventive work, are channelled to Puspaga, PAUD or community shelters). However not all cases involve violence e.g. case study 1 of adult woman presented does not cover violence <ul style="list-style-type: none"> - case cites UPTD PPA provided legal support in a divorce process and socio-economic support for children, but did not cite involvement of violence. Such cases could be referred to legal service provider and Dinas to free-up UPTD PPA capacity. - Linkages between UPTD PPA, Dinas and police (as well as outsourced service providers e.g. psychologists) appears to have created a system where children and women under UPTD PPA receive a range of multi-disciplinary services - UPTD PPA support in legal processes challenges: <ul style="list-style-type: none"> o Case study 2 (girl victim to SV) cited that UPTD PPA staff accompanied throughout legal process and trial, and cited as very positive support. o However, head of UPTD PPA also expressed difficulties of working on legal cases where the legal proceedings are not resolved and as a result UPTD PPA feel unable close a case / provide other types of services for victim. o Lack of legal mandate: UPTD PPA support stops when victims withdraw legal complaint from police- UPTD PPA do not have mandate to proceed with protection in these cases. - Response time following referral cited as very good in the three case studies, however more generally, key UPTD PPA staff and Bappeda cited delays in completion of referral process due to lack of inhouse staff i.e. awaiting referral /assessment forms from third parties; delays also when working with police (under resourcing created significant delays) o Case management not always well coordinated between third parties, creating delays in decisions which need to be made quickly e.g. shelter decisions. - Stakeholders also cited significant workloads for UPTD PPA staff due to continual take-up of cases (impacting quality of case management and service delivery due to overlap of cases being managed by single staff member).

<ul style="list-style-type: none"> - Challenges due to insufficient number of inhouse UPTD PPA personnel: <ul style="list-style-type: none"> o Availability of psychologists cited as the biggest gap/challenge – work on a contractual basis and have minimal availability, creating significant delays for cases o Absence of in house social worker – refer to social service who are also understaffed o Coordination between external services is at times lacking, in particular in relation to assessments and information sharing to prevent secondary trauma. - Do not directly work with CICL yet. - Stakeholders cited that capacity-building and further training is needed for UPTD PPA staff in order to respond to cases professional and effectively - Access also an issue for women and children living in remote areas – insufficient number of UPTD PPA vehicles for transport due to limited funding for physical equipment - Limited gender lens: <ul style="list-style-type: none"> o Service providers cited that all victims are treated the same; though understanding that girls are at greater risk of SV - Other challenges in the child protection and justice systems more generally have also undermined the effectiveness of the programme. This includes the preference at the village level to deal with all protection cases through mediation, and the hesitancy to refer upward out of the village (including in severe cases), with police at the village level often supporting mediation in place of formal proceedings. - Common theme across FGDs and KIIs: socio-cultural barriers hinder work of UPTD PPA - participants cited feelings of shame in the community associated with referral to protection services and UPTD PPA, preventing access to services. o Key stakeholders and FGD participants cited the need for further training in the community, and 'socialization' of CP among community members to combat these norms. 	<ul style="list-style-type: none"> - Lack of information on UNICEF investments across transcripts – will need to take deeper dive into data to ascertain impact. - Budget of UPTD PPA has been reduced/decreased (Bappeda) despite the number of cases reaching UPTD PPA increasing each year. - Insufficient funding mentioned by key stakeholders as a challenge for UPTD PPA for physical resources (limitation of special allocation fund) <ul style="list-style-type: none"> o Lack of physical equipment, including cars, cited by head of UPTD PPA, to which they explicitly linked to DAK limitations o Often prevents victims from being able access services at UPTD PPA as unable to reach the site (limited number of UPTD PPA vehicles or money assigned for transport costs) - Lack of human resources – 'Currently, if 1 of our personnel provides assistance and services, we no longer have personnel available in the office' (head of UPTD PPA Maros, line 18)
Efficiency	

	<ul style="list-style-type: none"> o As cited above, no in house social workers; no in house psychologists; at Maros UPTD PPA. o head of UPTD PPA expressed that they require at least: 2 psychologists, 2 social workers, 2 legal consultants, 2 additional general staff, 1 driver (head of UPTD PPA Maros, line 60) o significant case delays cited by UPTD PPA staff and Bappeda rep due to lack of human resources e.g. outsourced social workers are also undertaking work for Dinas, DP3A etc on prevention, alternative care etc.
Sustainability	<ul style="list-style-type: none"> - The UPTD PPA have been firmly embedded into the local government structures and are largely funded by local government sources - However, the effective functioning of the UPTDPPAs will depend on continued investments into staff training and, ideally, coaching: <ul style="list-style-type: none"> o Key stakeholders cited that the following is needed to ensure future effectiveness and sustainability: Development/strengthening of SOPs; - Legal mandate needs to be addressed with regard to protection when legal cases have been dropped.

Relevance	<ul style="list-style-type: none"> - Interventions provided by UNICEF were found to be relevant to need/ gaps in the CP system: preparation of SOPs (umbrella SOP and SOP on the 6 services delivered by UPTD PPA) - Several stakeholders (typically other dinas sectors–health, police) appeared to be unclear that the UPTD PPA had brought about any particular changes in the handling of VAC and VAW cases. These stakeholders reported that except for the change in name, the UPTD PPA appears to be carrying out a similar function as the P2TP2A service model (ie providing services for victims of VAC and VAW through collaboration). E.g. KII with hospital staff reported no change in their role in service delivery under UPTD PPA compared to P2TP2A, with funding and communications/ coordination showing no change. - Of note, stakeholders posited that the UPTD PPA did not necessarily need to supersede the P2TP2A, but that with the inception of the UPTD PPA, they could fulfil different, but complementary functions <ul style="list-style-type: none"> o Head of WECP identified UPTD PPA as the 'government arm' of PPA services, and the P2TP2A as the 'community arm'- suggestion that the P2TP2A is re-named to LPA or functions as an NGO - Sidoarjo Children's Forum provides an avenue for children/adolescents to feedback to UPTD PPA and dinas social services on their functioning. It is unclear how/to what extent this feedback is acted upon
Coherence	<ul style="list-style-type: none"> - It appears that UPTD PPA have established formal links between PATBM operating at the village level and the UPTD PPA at the district level (as well as UPTD PPA providing support to PATBM to fulfil its functions as a service provider at the district level) <ul style="list-style-type: none"> o Vertical coordination is multi-direction: <ul style="list-style-type: none"> • UPTD PPA provide support to PATMB cadres to disseminate information and the village level • PATMB refer up to UPTD PPA of cases cannot be handled at the village level - PATBM cadres reported that these referral pathways were in effect o However, these links have not been established across all villages (353 in the regency) – PATBM cadres reported that not all villages know how to access UPTD PPA / understand the coordination mechanisms and there is a need for greater 'socialization' at the village level - Parallel interventions undertaken by dinas institutions, P2TP2A, police, hospitals and village-level UNICEF interventions have undertaken successful socialization / outreach, creating increased demand on UPTD PPA as CP/VAC/VAW awareness is increasing. Enables victims to access UPTD PPA to seek services for relevant needs. Demonstrates good coherence with other interventions, allowing UPTD PPA to fulfill its service delivery role, with dinas, police etc fulfilling the parallel outreach role. - Coordination and collaboration supported by honorariums given by Regency Government to service providers in UPTD PPA network: supports/ encourages coordination between institutions/bodies.

<ul style="list-style-type: none"> - Stakeholders also reported limitations in coordination creating instances where payments were duplicated by service providers e.g. lack of information sharing between police and social services created instances of repeat interviews on the same case (KII with head of PPA desk at police) - There may be some misalignment in stakeholders understanding of the positioning of the UPTD PPA. As outlined in relevance section above, stakeholders observed that P2TP2A is positioned as the PPA service provider connected to the community / with community input, whereas the UPTD PPA is positioned as the government arm of PPA services. It appears there is a lack of coherence regarding the roles of these respective institutions among key stakeholders. - NGOs were not consulted in data collection in Sidoarjo so it is unclear whether there are challenges in coordinating with NGOs. - Parallel UNICEF interventions have aided referrals UPTD PPA – UNICEF PSEA Programme 	<p>Effectiveness</p> <p>Results on effectiveness were mixed.</p> <ul style="list-style-type: none"> - UPTD PPA appears to be addressing relevant cases (VAC and VAW). E.g. Social workers reported that UPTD PPA provide case management and handling in cases involving women and children victim to violence, but that children in need of alternative care (without VAC component), for examples, were dealt with by relevant social workers under dinas institution. Other cases display similar findings; victim to VAW also wanted to peruse at divorce case – UPTD PPA only dealt with the protection component, and dinas provided guidance on divorce aspect of the case. - Stakeholders noted that the UPTD PPA has been beneficial for women and children by improving coordinated and comprehensive response to VAC and VAW. - Stakeholders reported improved case management (implemented through Service Standards training) which has facilitated delivery of a range of services through building referral pathways in the service network - e.g. children are accompanied at hospitals due to improved inter-sectoral coordination <ul style="list-style-type: none"> o Case management has also enabled better case recording for monitoring purposes (as reported by head of UPTD PPA) - Effective linkages with key Dinas institutions, NGOs and universities appears to have created a system in which women and children can access a range of services (e.g. links with university to provide psychological counselling; psychological services provided under dinas bodies) - Lack of inhouse psychologists noted as a key challenge – work on a contractual basis and thus have limited hours. - Challenges in coordinating with district police due to strained institutional relationship between UPTD PPA and PPA Polres <ul style="list-style-type: none"> o Long waiting time for police to process cases has created frustration in UPTD PPA. Example of previous case where the case was withdrawn from the police due to long wait time (removing legal mandate of UPTD PPA to act and provide services), and the handling of the case was reported to Propan (internal police division which addresses police accountability) – created a strained relationship between Polres and UPTD PPA.
---	---

	<ul style="list-style-type: none"> o UNICEF delivered training on service standards under UPTD PPA model: police were invited but chose not to attend (other service providers from across the network attended).
-	<ul style="list-style-type: none"> Response time from the point of application were noted as mixed: <ul style="list-style-type: none"> o There is evidence that in some cases the UPTD PPA responded quickly to cases and provided assistance as soon as victims made contact via the police. E.g. (file 8) VAW case, when victim presented to police station she was immediately referred to UPTD PPA where she received services. o However, stakeholders also reported delays in service delivery, linked to both limited human resources and UPTD PPA personnel capacity, as well as poor coordination between police and UPTD PPA. E.g. Parent of child VAC victim (file 13 – child victim to SA from father) noted significant delays in the case.
-	<ul style="list-style-type: none"> At times, UPTD PPA services offered were noted as being of narrow scope. The lack of diverse psychological services was consistently cited by stakeholders, reporting that in some cases victims who had cases with the UPTD PPA looked elsewhere for psychological services (e.g. from dinas institutions) as they were not offered these services at the UPTD PPA.
-	<ul style="list-style-type: none"> Whilst comprehensive assessments appear to be taking place once a child is in contact with UPTD PPA staff, there appears to be repeat assessments across service providers.
-	<ul style="list-style-type: none"> It was noted by stakeholders that services were often delivered for a short period and did not necessarily address the medium to long-term needs of the victims, including reintegration (both in UPTD PPA service delivery and referral to other dinas programmes once UPTD PPA support ends). E.g. Wrap around case study (file 14 – concerning child victim to SA by a stranger), social worker reported that the child received not intervention to services beyond the conclusion of the legal case, and was not provided with, or referred to, any reintegration support programmes.
-	<ul style="list-style-type: none"> o Counselling sessions generally limited to 3 sessions
-	<ul style="list-style-type: none"> At times, coordination between service providers within the UPTD PPA service network was noted as insufficient, creating delays in cases and delivery of services to victims. In particular, coordination between the police and social workers / social services was noted as lacking in a number of cases.
-	<ul style="list-style-type: none"> Lack of funds has impacted quality of service provision: <ul style="list-style-type: none"> o Delays in the service delivery reported due to limited human resources o Services are also less 'comprehensive' as a result (as outlined above)
-	<ul style="list-style-type: none"> Limited gender lens or disability lens – lack of understanding among stakeholders on how to integrate gender-responsive and inclusive practices into the service in order to increase access.
-	<ul style="list-style-type: none"> Participants noted that there is a need for more training of personnel / greater support, as well as review of service standards for service providers outsourced by UPTD PPA.
-	<ul style="list-style-type: none"> Evidence that in some cases risk identification was insufficient – child and parent presented in case of VAC (including SA) where other siblings were also in the household, case file made no indication that siblings needs were assessed or supported by UPTD PPA. Similarly, when children were supported by UPTD PPA regarding domestic violence by father, risk to mother was not comprehensively addressed.

	<ul style="list-style-type: none"> - Delays to information sharing / insufficiency in updating case files noted by some stakeholders e.g. case file reviews on one case did not contain any information in relation to service planning and assessment despite the social worker stating this had been undertaken in practice. - As reported across other data collection sites, broader barriers in the CP system centre on attitudes towards reporting, preference for mediation among some stakeholders at the village level
Efficiency	<ul style="list-style-type: none"> - Lack of funding was noted as a challenge by stakeholders. Special Allocation Funds (DAK) are not sufficient, and their limitations in use create specific resourcing issues for the procurement of physical resources and training materials - Number of cases coming into the UPTD PPA are increasing (due to outreach / socialization undertaken by other institutions / interventions), DAK and local budget does not reflect this increase <ul style="list-style-type: none"> o As a result, the number of victims coming to the UPTD PPA has increased but the number of human resources has remained the same - UNICEF investments have achieved some positive outcomes in a short timeframe (stakeholders reported UNICEF support on SOPs and the delivery of training has been valuable and aided delivery of services), and this has been assisted by government funding sources (provincial and city governments and the special allocation funds)
Sustainability	<ul style="list-style-type: none"> - UPTD PPA staff involved in the development of SOPs and service standards training undertaken by UNICEF: strong sense of ownership over development and implementation of the system by UPTD PPA staff - Stakeholders noted that due to increased socialization of VAC and VAW, greater number of cases were reaching UPTD PPA – financial and human resources must increase in line to ensure that UPTD PPA is able to meet increasing demands. <ul style="list-style-type: none"> [limited data on sustainability were captured in these transcripts)

Pangkajene and Islands Regency (comparator site)

Evaluation area	
Relevance <ul style="list-style-type: none"> - The PT2P2A model in Pangkep undertakes both outreach and service provision – as noted by key informants, the UPTD PPA would provide greater focus on service provision (outreach can be continued by other institutions, including DINAS, PUSPAGA) o Head of PPA services and Bappeda rep cited that the UPTD PPA model is of greater relevance for handling cases of women ad children due to this narrowed focus / remit - Stakeholders and FGDs reported that the types of services which would be accepted under the UPTD PPA model are relevant to the needs of the community (VAC/VAW/SA) o The current types of cases accepted under PT2P2A model differ to those that are proposed under the UPTD PPA model – under the PT2P2A model, cases which do not involve VAC/VAW are accepted (e.g. providing support to women applying for divorces where VAW has not taken place) – the UPTD PPA would free up capacity of PPA service providers by streamlining the types of cases accepted under the service, allowing non VACVAW cases to be handled by parallel institutions (e.g. Dinos and LBH) - Support to village-based protection system is required: <ul style="list-style-type: none"> o Potential future interventions under UPTD PPA model which would support strengthening at the village level are noted as very relevant – stakeholders, service providers, FGDs all noted that 'socialization' of CP at the village level was very important in creating the linkages between the village and PPA services which are currently lacking under the PT2P2A model - Current PT2P2A model does not meet the needs of the population within the geography of Pangkep Regency <ul style="list-style-type: none"> o Pangkep Regency includes communities in remote rural communities, including on a number of islands; the current PT2P2A model does not have staff located in these remote regions / the capacity to deploy staff to these areas / sufficient coordination between service providers located in these areas o The UPTD PPA model does not necessarily address this gap / may not be relevant to this specific context: implementation of the UPTD PPA model in Pangkep will require the establishment of strong coordination mechanisms between the central UPTD PPA and service networks located on the islands, in addition to well-established referral SOPs between village level community-based protection mechanisms and and district level UPTD PPA 	
Coherence <ul style="list-style-type: none"> - Significant challenges in coordination / collaboration between village level protection bodies / mechanisms and district PT2P2A; PT2P2A has not effectively reached the village level and there are a lack of vertical SOPs / referral procedures between institutions <ul style="list-style-type: none"> o In theory, UPTD PPA should address this gap, and establish greater linkages / referrals systems between village / community-based mechanisms and district level – however, under UPTD PPA in Maros, similar challenges in coordination between the village and district were present 	

	<ul style="list-style-type: none"> - Whilst there is effective coordination in terms of bringing a diverse range of institutions into the PPA sphere (Dinas, LBH, hospitals/health centres, police), stakeholders reported significant coordination challenges between service providers, PT2P2A and social workers <ul style="list-style-type: none"> o Absence of an integrated coordination and case management system – coordinate directly via WhatsApp / phone with relevant institutions – no centralised system nor clarity on who leads on case management o No formalised case management system – service providers reported communicating via WhatsApp to decide who leads in a case, this was reported as dependant on capacity of personnel / institutions, rather than based on an established set of procedures <ul style="list-style-type: none"> o No formalised referral system / unified knowledge in the community of where to self-refer: FGDs and case studies all cited a number of different institutions which they would self-refer to (including PT2P2A, Dinsos, community police, PPA desk at police station), highlighting lack of unified approach to VAW/VAW response, reflected in community knowledge/understanding. In addition, once a referral is received by one of these intuitions, stakeholders cited a lack of coordination on information sharing and referring to further services. o UPTD PPA model theoretically addresses these gaps under the old PT2P2A model, by establishing case management procedures and coordination mechanisms between service providers 'in-house' and in the outsourced service network - Coordination challenges between PPA service providers and the police <ul style="list-style-type: none"> o A number of participants reported coordination challenges between police and social workers / PPA service providers, creating delays in delivery of support whilst police assessments / reports were waited upon o When observed against the intervention sites, this is a challenge which does not seem to have been adequately address by the UPTD PPA model, where case delays have been noted as linked to communication delays / breakdowns between UPTD PPA and police and prosecutors. - Collaboration between organisations cited as lacking / excluding key institutions <ul style="list-style-type: none"> o Head of Bappeda division cited that under the current PPA service model in Pangkep (PT2P2A), the number of institutions involved in PPA prevention and service delivery was limited. Of note among stakeholders is the absence of disability protection institutions in current planning and delivery of services.
Effectiveness	<ul style="list-style-type: none"> - PPA services often dependent on opening of police investigation <ul style="list-style-type: none"> o There appear to be significant challenges in progressing cases and providing protection services for women and children if a police investigation has not been initiated / has been dropped. Furthermore, once a police investigation reaches its conclusion it appears PPA services also end under the PT2P2A model. E.g. Case study of a young boy victim to VAC in school was sent back to school by social worker as the police investigation was dropped, citing a lack of evidence, after which the school undertook 'mediation' and the boy received no further types of support / services (PPA services received consisted of accompaniment to police station before case was dropped) o UPTD PPA model has not addressed this gap – as reported in intervention districts, UPTD PPA are limited by lack of legal mandate to act and remove children from abusive context if a police investigation has not been initiated / has been dropped

	<ul style="list-style-type: none"> - Lack of technical capacity among service providers <ul style="list-style-type: none"> o Reported by a number of participants that personnel operating in the PPA service system require further training, impacting the quality of service delivery o UPTD PPA: UNICEF interventions to establish UPTD PPA should include delivery of training and capacity-building activities; however, insufficient technical capacity and need for training was also reported by service providers and UPTD PPA staff in intervention sites (see Maros) - Lack of systematic case management approaches reported as a challenge by stakeholders and service providers, at time preventing the delivery of multiple services on a single case <ul style="list-style-type: none"> o Stakeholders expressed that they believed the UPTD PPA model would address this by establishing case management processes, facilitating more effective case handling and service delivery for women and children o Lack of human resources and the case load of social workers and PPA service providers was also reported to create delays in accessing services - Focus on mediation at the village/community level and by PT2P2A service providers in cases involving VAC/VAW: <ul style="list-style-type: none"> o The PT2P2A model and related service institutions appear to be providing relevant services (referrals to psychologists, health centers, LBH etc.), however a number of cases were highlighted where mediation was selected as appropriate by social workers (e.g. case study of boy victim to VAC) o UPTD PPA model should prevent mediation from being used in inappropriate cases by PPA service providers, with SOPs and technical guidance formalising case management and service selection - Services for CICL are lacking under the PT2P2A model. <ul style="list-style-type: none"> o Stakeholders noted that CICL are not sufficiently provided with support and supervision from protection services throughout legal processes o UPTD PPA regulations require that services are provided for CICL, and therefore should address this gap; however, in practice, the application of this in intervention sites is varied - Wider barriers to accessing services center on socio-cultural norms / associations of shame with reporting VAC/VAW. <ul style="list-style-type: none"> o A number of FGD and case study participants reported that community members were unlikely to report to police or PPA service providers due to the shame associated with doing so in the community; community members prefer to deal with protection issues within the home/ community o In addition, both stakeholders and FGD participants noted that community knowledge on where to access services, and where to self-refer, is lacking – ‘socialization’ of PPA services at the community level is needed o These same themes were mirrored in data from intervention sites, underlining the need to undertake SBC interventions alongside the implementation of the UPTD PPA model
--	---

Efficiency	<ul style="list-style-type: none"> - PT2P2A not in receipt of DAK (special allocation funds) [according to Head of PPA Desk KII] <ul style="list-style-type: none"> o Stakeholders expressed that they believe the UPTD PPA will facilitate a focussing of resources from regional government, as currently the PT2P2A makes up one component of a broader/disparate system and so regional government funding is split between the PT2P2A and other bodies, creating resourcing gaps - Lack of human resources under PT2P2A model, at both the regency level and within community-based protection organisations <ul style="list-style-type: none"> o In particular, the number of social workers operating in the PPA service system is limited – number of cases individual social workers take on is high, and creates delays in o UPTD PPA: data from intervention sites indicated that lack of human resources continues to be an issue under the UPTD PPA model. Institutions in the service network do not receive greater DAK funding (this goes 'in-house' to UPTD PPA) – capacity of the SSWF must developed alongside the implementation of the UPTD PPA - Lack of physical resources (infrastructure and transportation) <ul style="list-style-type: none"> o As reported by Head of PPA services as well as Bappeda, current model has significant funding gaps which have created a shortage of vehicles / transportation for staff to reach victims / for victims to reach service providers. o UPTD PPA will not receive DAK for these aspects due to limitation of the non-physical DAK
Sustainability	<ul style="list-style-type: none"> - Data on the sustainability of the current model appears mixed. <ul style="list-style-type: none"> o The PT2P2A model is well embedded in local government, and functions alongside other local government institutions, including Dinsos etc. o However, as outlined above, the budget allocated to the PT2P2A model and the funding of related service providers is limited, and is likely to create challenges relating to sustainability. Stakeholders cited turnover of personnel is quite high, due to the demand placed on individuals operating in a system with a severe lack of human resources. - Stakeholders noted that in order for the UPTD PPA to be implemented and sustained, UNICEF would need to provide technical guidance on the implementation of the model and case management system, as well as deliver training and capacity-building interventions to increase the technical capacity of PPA personnel and prevent high turnover of staff. - Stakeholders highlighted that UNICEF technical support would ideally cover: case management; preparation of technical instructions; and technical charts for handling cases. - Stakeholders consistently cited the need for greater budget allocation from both Government (national and Regional) and UNICEF. <ul style="list-style-type: none"> o Stakeholders recognised the limitations of the regional/local Government budget – look to UNICEF for financial assistance, in particular with respect to the potential delivery of training and capacity-building activities; and to central Government for an increase in DAK - Recognition that the UPTD PPA must be firmly embedded into the local government structures and be largely funded by local government sources, not UNICEF, in order to be sustainable in the long term

Batu City (comparator site)

Evaluation area	
Relevance <ul style="list-style-type: none"> - As in Pangkep (comparator site), stakeholders and FGDs reported that the types of services which would be accepted under the UPTD PPA model are relevant to the needs of the community (VAC/VAW/SA) <ul style="list-style-type: none"> o The current types of cases accepted under PT2P2A model differ to those that are proposed under the UPTD PPA model – under the PT2P2A model, cases which do not involve VAC/VAW are accepted (e.g. providing support to women applying for divorces where VAW has not taken place) – the UPTD PPA would free up capacity of PPA service providers by streamlining the types of cases accepted under the service, allowing non VAC/VAW cases to be handled by parallel institutions (e.g. Dinosos and LBH) - The PT2P2A model in Pangkep undertakes both outreach and service provision – as noted by key informants, the UPTD PPA would provide greater focus on service provision (outreach can be continued by other institutions, including DINAS, PUSPAGA) - The UPTD PPA model appears to be very relevant to the gaps in the current CP service model in Batu City (P2TP2A), as explored below. These gaps centre on coordination challenges and overlapping mandates which limit the delivery of high quality and comprehensive services <ul style="list-style-type: none"> o UPTD PPA model is relevant to these gaps – provides a clear mandate / division of roles, and provides for effective case management and coordination within the connected network / inter-sectoral coordination 	
Coherence <ul style="list-style-type: none"> - At times, a lack of coherence between P2TP2A was noted by key stakeholders and community members: <ul style="list-style-type: none"> o Participants noted that there was an overlapping mandate between the two institutions, with P2TP2A often providing services / dealing with cases that can be handled by Puspaga, and vice versa - Coordination / communication between PT2P2A and the WECP office works well (KII with head of P2TP2A) <ul style="list-style-type: none"> o Coordination mechanisms between institutions involved in PPA have been established, including inter-sectoral coordination meetings and cross-community coordination (e.g. with community shelters and protection houses) - However, there is a lack of coordination between P2TP2A and other service providers (health, police, NGOs etc), as there is no policy or legal framework in place to draw together the fragmented services under a single and coordinated structure <ul style="list-style-type: none"> o Key stakeholders noted that this has created a lack of focus in response services, due to: overlapping roles and coordination challenges that stem from the fragmented nature of the PPA system o Head of P2TP2A noted that cross-sectoral coordination must be improved – a joint strategy and joint commitment is needed [in theory, the UPTD PPA model addresses these challenges by drawing together cross-sectoral service providers within the UPTD PPA network, as set out in key regulations] o Key stakeholders form the Social Office notes that P2TP2A rarely / never makes referrals to the Social Office shelter 	

Effectiveness	<ul style="list-style-type: none"> - Quality + scope of services provided under P2TP2A is, at times, lacking: <ul style="list-style-type: none"> o Currently, there is not services standard for P2TP2A in Batu City – as a result, victims do not always receive the broad range of services which they may require e.g. key stakeholder noted that in legal cases, the legal aspect is often resolved with the support of P2TP2A, but that other aspects e.g. counselling and psychological support and not addressed in the same case o P2TP2A does not have its own safehouse – they are able to connect with a shelter under the social service office, however the spaces are limited and duration of stays are short o In addition, Key stakeholders form the Social Office notes that P2TP2A rarely / never makes referrals to the Social Office shelter o Key stakeholders reported challenges in responding to 'complex cases' involving more than one victim / survivors: challenges in providing separate and responsive services for women and children who present in a single case - Despite these challenges, it appears initial assessments undertaken by P2TP2A are fairly comprehensive, and seek to determine a victim/survivors needs and match these to relevant interventions, including: medical; legal; mediation; counselling; psychological support; shelter. - Challenges occur after the assessment, stage, with challenges in linking with other institutions and service providers to respond to the identified needs - Absence of formal case management processes impacts the quality of services provided: <ul style="list-style-type: none"> o "gaps still occur in case management in the field" (KII with P2TP2A Head) – need a uniformed case management process that facilitates coordination between service providers – o Currently, due to insufficiencies in this area, there are challenges in communication between stakeholders when cases come in through the SAP 129 hotline under MoWECP, as this is not directly linked to P2TP2A o P2TP2A staff noted that there is no case management system – cases are handled by individuals on a case-by-case basis. It should be noted that the P2TP2A has 6 staff, none of whom have the distinct role of case manager / social worker assigned to oversee cases. o "There are still many shortcomings in the service. Obstacles to achieving quality service are that there is no clear service mechanism/flow, case acceptance to termination (P2TP2A staff KII) o Use of mediation in inappropriate cases in P2TP2A, including instances of violence which are quite severe. In particular stakeholders noted that mediation / agreements are sought between adult victims and perpetrators of domestic violence. o Critically, one stakeholder noted that they believed these decision to mediate on severe cases stemmed in part from the lack of case management processes and service standards – leaving decisions to be made by individual staff on a case-by-case basis - P2TP2A does not provide services for CICL. <ul style="list-style-type: none"> o Stakeholders noted that CICL are not sufficiently provided with support and supervision from protection services throughout legal processes in Batu o UPTD PPA regulations require that services are provided for CICL, and therefore should address this gap; however, in practice, the application of this in intervention sites is varied
----------------------	--

<ul style="list-style-type: none"> - Limited gender lens or disability lens – lack of understanding among stakeholders on how to integrate gender-responsive and inclusive practices into PPA services in order to increase access. <ul style="list-style-type: none"> o This was evident among both P2TP2A personnel, as well as service providers in broader institutions, including among medical staff providing services / response on PPA cases, who, in particular did not appear have knowledge of gender-responsive practices o P2TP2A has not coordinated with the Social Service regarding victims with disabilities – this was identified as an area requiring improvement under P2TP2A, as currently they do not have this capacity and cases involving children with disabilities must be handled by Social Office or NGOs - Broader challenges that impact the effectiveness of the P2TP2A + PUSPAGA include: <ul style="list-style-type: none"> o Limited community knowledge of PPA institutions, preventing self-referrals and reporting of cases to P2TP2A and other institutions (e.g. PUSPAGA) o Limited community knowledge on child protection and violence against women – socialization programmes are required to increase community knowledge and awareness o These challenges were noted as particularly acute in rural areas - Service response time is, at times, slow – key stakeholders attributed this to a lack of human and financial resources as well as challenges in coordination 	<p>Efficiency</p> <ul style="list-style-type: none"> - P2TP2A budget allocated by the local Government (Batu City Regional Budget) is insufficient (KII with P2TP2A Head) <ul style="list-style-type: none"> o Stakeholders reported that this impacted the speed and comprehensiveness of services the P2TP2A was able to provide on cases o Workload of P2TP2A staff is too high and at times unmanageable - Lack of physical resources (infrastructure and transportation) <ul style="list-style-type: none"> o As reported by Head of PPA services as well as Bappeda, current model has significant funding gaps which have created a shortage of vehicles / transportation for staff to reach victims / for victims to reach service providers. - Stakeholders reported instances where P2TP2A staff had utilised their personal finances to cover gaps in funding 	<p>Sustainability</p> <ul style="list-style-type: none"> - Data on the sustainability of the current model appears mixed. <ul style="list-style-type: none"> o The P2TP2A model is well embedded in local government, and functions alongside other local government institutions, including Dinsos etc. o However, as outlined above, the budget allocated to the P2TP2A model and the funding of related service providers is limited, and is likely to create challenges relating to sustainability. Stakeholders cited turnover of personnel is quite high, due to the demand placed on individuals operating in a system with a severe lack of human resources.
--	---	---

- Stakeholders consistently cited the need for greater budget allocation from both Government (national and Regional) and UNICEF.
- Stakeholders consistently cited
- Recognition that the UPTD PPA must be firmly embedded into the local government structures and be largely funded by local government sources, not UNICEF, in order to be sustainable in the long term

Annex H: Research Site Contextual Profiles

Contextual profile of research sites

South Sulawesi and East Java comprise the research sites for the Formative Evaluation of Integrated Protection Services for Children and Women in Indonesia 2021-2023. Primary data collection was carried out in six districts: two interventions districts (as determined by the presence of a UPTD PPA) and one comparator district (as determined by the absence of a UPTD PPA) in each province.

In South Sulawesi, the selected research sites are Makassar City, Maros Regency, and Pangkaiene Kepulauan Regency. In East Java, the research sites are Surabaya City, Surabaya City, Sidoarjo Regency and Batu City.



South Sulawesi

South Sulawesi is located in the southern region of the Sulawesi Peninsula in central Indonesia, with a population of 9,463,390 as of 2024. The province has 21 regencies and three cities, and covers an area of 46,717 kilometres squared.¹⁰ South Sulawesi has a relatively young demographic profile, with Children and adolescents aged 0-19 years making-up 32% of the total population at 3,048,080. The population largely belong to three ethnic groups, Bugis, Makassarese, and Toraja, and the majority of the population practices Islam, with Christianity constituting the second largest religion in the province. Hinduism is practiced by a minority of the population.

Agriculture is one of the dominant sectors in South Sulawesi, contributing the largest proportion of Gross Regional Domestic Product (GRDP) in the province, valued at over 109 billion rupiah. The province is a key source of rice production for the eastern regions of Indonesia, producing 5,054,167 tons of rice in 2020.¹¹ As such, in 2023, over 1.6 million people aged 15 years and over worked in the formal agricultural economy in South Sulawesi.¹² Significantly fewer households rely on the manufacturing industry as their source of income across the province, with 791,482 working individuals aged 15 years and over in the manufacturing

¹⁰ Nugraha, F. D., 'Analysis of the Carrying Capacity of Agricultural Land in South Sulawesi Province', BIO Web of Conferences, No. 80, 2023, p.1. Available: <https://doi.org/10.1051/bioconf/20238002004>, accessed 3 September 2024.

¹¹ Ibid., p. 1.

¹² BPS-Statistics Indonesia South Sulawesi Province., Population 15 Years of Age and Over who Work by Main Industry and Regency/City (People), 2021-2023. Available: <https://sulsel.bps.go.id/en/statistics-table/2/MTc3NCMy/population-15-years-of-age-and-over-who-work-by-main-industry-and-regency-city--people-.html>, accessed 3 September 2023.

sector.¹³ Finally, a significant number of households in urban sites generate their income through services activities. It is important to note, as outlined below, the proportion of workforce by main industry varies significantly by province, in a particular across rural and urban regencies and cities.

South Sulawesi has undergone a period of economic growth above the national average across the last ten years. In 2022, South Sulawesi's Gross Regional Domestic Product (GRDP) reached 359,136.62 billion rupiahs, increasing to 375,378.16 billion rupiahs in 2023,¹⁴ a continuation of the growth displayed across the previous ten years. Of note, are the type sectors which experienced a decrease in GRDP in the 2022-2023 period. Agriculture (livestock, hunting and agriculture services), for example, saw a reduction in GRDP in 2023, whereas manufacturing, construction and wholesale trade activities underwent a sizeable increase in GRDP in the same period.¹⁵ This highlights the process of urbanisation which has characterised aspects of South Sulawesi's period of economic growth across the last decade. Makassar City, for example, has undergone rapid population growth and spatial expansion during this period.

Whilst multi-dimensional poverty has decreased substantially across the last 10-15 years in South Sulawesi,¹⁶ reflecting the province's economic growth, a significant number of people continue to **live in relative poverty**. In 2024, 8.1 per cent of the population have been classified as 'poor' by the central Government statistics institution.¹⁷ There are significant disparities across urban and rural regions in the province. The percentage of rural the population who are categorised as living below the poverty line is over two times that of urban regions, at 10.7 per cent and 5.1 per cent respectively.¹⁸ Processes of urbanization and rural-urban migration, as outlined above, exacerbate these spatial socio-economic inequalities. Poverty is not only experienced by a larger percentage of people in rural areas, but poverty is also experienced more acutely in these regions. As measured in March 2023, the Poverty Severity Index for urban areas was 0.72, while in rural areas it reached an index value of 2.31.¹⁹ As outlined below in each research site location, poverty is experienced at different rates across regencies and cities in South Sulawesi.

The labour force participation rate has narrowly decreased across the last three years in South Sulawesi, reflecting the decline in poverty rates over the last 10 years. In 2022, the labour force participation rate stood at 66.2 per cent, decreasing to 65.7 per cent in 2023, with forecasts predicting a further decrease by the end of 2024, with current data at 65.4 per cent.²⁰ Notably, the labour force participation rate displays significant disparities by sex, reflecting structural gender norms which are present across Indonesia. The labour force participation rate for women, for example, was recorded at 49.62 per cent in 2023, compared to 82.2 per cent for men in the same year.²¹ These data are reflective of national labour force participation rates across Indonesia, with **gender inequalities** persisting despite national efforts to address these gaps. Gender inequalities are reportedly wider in rural areas across in Indonesia, particularly in conservative remote areas where women fulfil traditional household roles divided along gendered lines.²² In line with these findings,

¹³ Ibid.

¹⁴ BPS-Statistics South Sulawesi., Annual GRDP by Business Field (Billion Rupiahs), 2022-2023. Available: <https://sulsel.bps.go.id/en/statistics-table/2/MTc0NCMy/-series-2010--annual-grdp-by-business-field--billion-rupiahs-.html>, accessed 9 September 2024.

¹⁵ BPS-Statistics South Sulawesi., Annual GRDP by Business Field (Billion Rupiahs), 2022-2023. Available: <https://sulsel.bps.go.id/en/statistics-table/2/MTc0NCMy/-series-2010--annual-grdp-by-business-field--billion-rupiahs-.html>, accessed 9 September 2024.

¹⁶ Prakarsa Welfare Initiative for Better Societies., South Sulawesi: Multidimensional Poverty Profile of South Sulawesi Province. Available: <https://www.theprakarsa.org/en/ikm/sulawesi-selatan/>, accessed 4 September 2024.

¹⁷ BPS-Statistics Indonesia, Percentage of Poor Population (PO) by Province and Area (Percent), 2024

¹⁸ BPS-Statistics Indonesia, Percentage of Poor Population (PO) by Province and Area (Percent), 2024

¹⁹ BPS-Statistics South Sulawesi Province., Poverty Data and Information for South Sulawesi Province 2023, 2024, Vol 7., p. 24.

²⁰ BPS-Statistics Indonesia South Sulawesi Province., Labor Force Participation Rate (Percent), 2022-2024. Available at: <https://sulsel.bps.go.id/en/statistics-table/2/NDcwIzI=/labor-force-participation-rate--percent-.html>, accessed 3 September 2024.

²¹ BPS-Statistics Indonesia South Sulawesi Province., Labor Force Participation Rate by Sex (Percent), 2021-2023. Available: <https://sulsel.bps.go.id/en/statistics-table/2/MTkyMCMy/labor-force-participation-rate-by-sex.html>, accessed 3 September 2024.

²² Giannopoulos, G., Roadblocks to gender equality remain in Indonesia, East Asia Forum, 4 September 2024. Available: <https://eastasiaforum.org/2024/09/04/roadblocks-to-gender-equality-remain-in-indonesian-schools/#:~:text=Despite%20Indonesia's%20national%20reforms%20to,in%20conservative%20and%20remote%20areas.>, accessed 4 September 2024.

therefore, rural areas across South Sulawesi are likely to display higher gender disparities in labour force participation than urban areas.

In addition to the socio-economic challenges outlined above, specific protection issues faced by children and their families cover a number of key areas. **Child marriage** in Indonesia impacts a significant number of girls each year. In 2022, the incidence of child marriage was 8.1 per cent per cent, as captured in official statistics.²³ Rates vary significantly across the country, with Aceh, for example, recording a relatively low incidence rate of 3.2 per cent in 2023.²⁴ In comparison, South Sulawesi has a relatively high rate of child marriage in Indonesia, increasing in 2022 from 2021 rates to reach 9.3 per cent. This is reflective of rates across Sulawesi Island which are above the national average. Recent studies have found that drivers of child marriage in South Sulawesi are multi-faceted, and include a range of mutually reinforcing factors such as household financial insecurity, poverty and dowry payments, and sexual and gender-based violence.²⁵

South Sulawesi has notable levels of violence as recorded in the SYMPONY-PPA online database. In 2023, 1,500 cases of violence against adults and children were recorded in the system.²⁶ Only four of Indonesia's 38 provinces recorded higher levels of violence as recorded in the SYNPHNY-PPA data base in 2023. Of the 1,500 recorded cases, 701 included incidents of violence against women and 1,344 included incidents of violence against children. The most common place where violence took place within these cases was in the home, at 850 recorded cases (over half of the total number of cases of violence recorded in 2023),²⁷ pointing to the prevalence of domestic violence perpetrated against women and children by family members or other household members. By type of violence, in 2023, 616 cases of physical violence were recorded in the MoWECP SYMPHONY-PPA database in South Sulawesi, followed by 535 cases of psychological violence and 556 cases of sexual violence. Amongst children, however, cases of sexual violence were the most prevalent in 2023.²⁸

The demographic, economic and social profiles display variation across the three research sites within South Sulawesi: Makassar City (the capital), Maros Regency, and Pangkaiene Kepulauan Regency (the comparator site).

²³ BPS-Statistics Indonesia, Proportion of Women Aged 20-24 Years Who Were Married on in a Union Before 18 Years Old by Province (Percent), 2022.

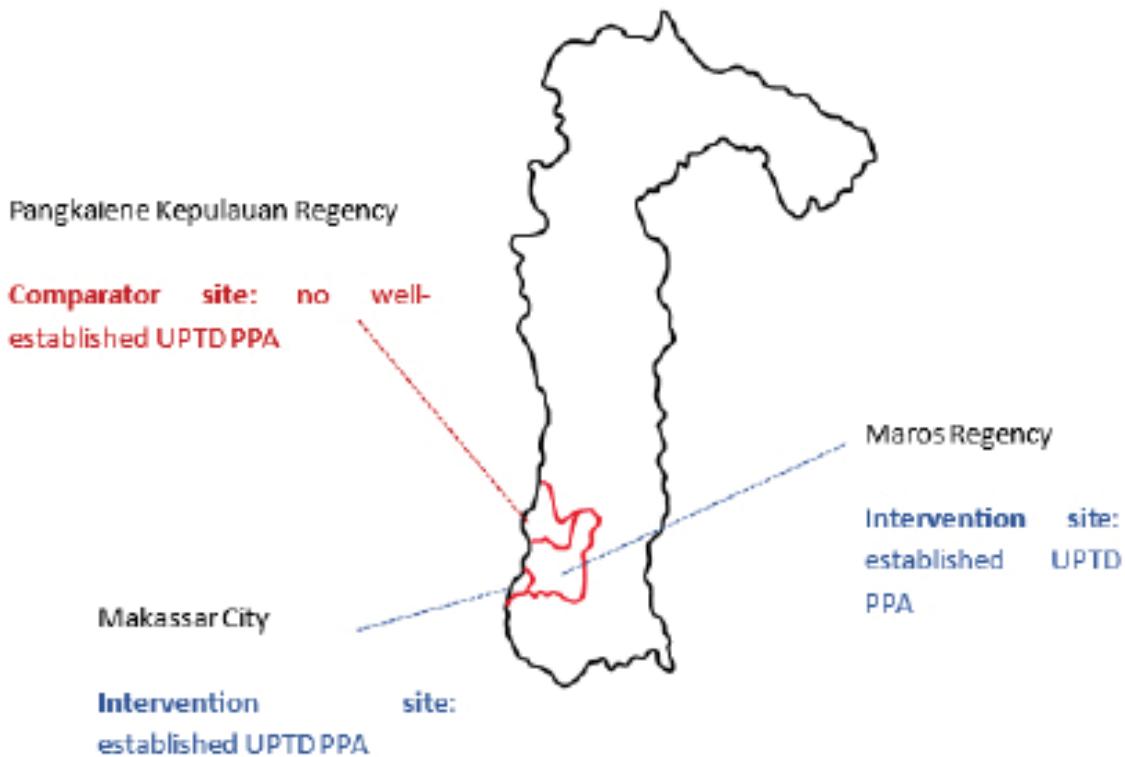
²⁴ Ibid., 2023.

²⁵ Muliani Ratnaningsih et al., 'Child Marriage Acceptability Index (CMAI) as an essential indicator: an investigation in South and Central Sulawesi, Indonesia', Global Health Research and Policy, Vol. 7, No. 32, 2023. Available: <https://doi.org/10.1186/s41256-022-00252-4>.

²⁶ SYMPHONY-PPA., Comparison of the Number of Violence Cases, 2023, South Sulawesi. Available: <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 9 September 2024.

²⁷ SYMPHONY-PPA., South Sulawesi Province, 2023. Available: <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 9 September 2024.

²⁸ SYMPHONY-PPA., South Sulawesi Province, 2023. Available: <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 9 September 2024.



Makassar Municipality has a population of 1,474,393 as of 2023, of which 505,609 are children and adolescents between the ages of 0-19 years, equating to 34.3% of the population.²⁹ The 15-19 years age group constitutes the largest group within the child and adolescent age bracket at 135,173, followed by the 10-14 years age bracket at 133,533.³⁰

As an urban site, the service industry constitutes the main source of income for households in Makassar City. In 2023, 582,708 individuals aged 15 years and over worked in the service industry in Makassar City, a substantial increase from 2022 of nearly 850,000.³¹ However, a significant proportion of Makassar City's working population engage in informal economic activities which are largely unregulated.³² In addition, there are significant gender disparities in employment in Makassar City. According to the most recent data, in 2023, 415,136 men aged 15 years and over were economically active, compared to 236,696 women in the same age group.³³

Makassar City has notable poverty levels, with one of the highest number of individuals living in poverty across the Regency / Cities in South Sulawesi. In 2024, 79,530 people in Makassar City lived below the poverty line.³⁴ In the preceding years, 2022 – 2023, a significant increase in the number of people living in

²⁹ BPS-Statistics Makassar City., Population by Age Group and Gender in Makassar City, 2023. Available: <https://makassarkota.bps.go.id/en/statistics-table/3/WVcOMGEyMXBkVFUxY25KeE9HdDZkbTQzWkVkb1p6MDkjMw==/population-by-age-groups-and-sex-in-makassar-municipality.html?year=2023>, accessed 6 September 2024.

³⁰ Ibid.

³¹ BPS-Statistics South Sulawesi Province., Population 15 Years of Age and Over who Work by Main Industry and Regency/City (People), 2021-2023.

³² Andi Samsir et al., 'Impact of income on Household Patterns if Consumption of Street Vendors in Makassar City', *Advances in Social Science, Education and Humanities Research (ASSEHR)*, Vol. 127., 2017, p. 103.

³³ BP-Statistics Indonesia Makassar City., Population Aged 15 Years and over by Type of Activity During the Previous Week and Sex in Makassar municipality (People), 2022-2023.

³⁴ BPS-Statistics Makassar Municipality., Total of Poor Population in Makassar Municipality (Thousand People), 2022-2024. Available: <https://makassarkota.bps.go.id/en/statistics-table/2/NTEjMg==/total-of-poor-population-in-makassar-municipality.html>, accessed 4 September 2024.

poverty occurred, increasing from 71,830 to 80,320 within the space of a year.³⁵ This spike in the number of people living in poverty in Makassar City took place despite the drop in unemployment rates in the same period; unemployment rates in Makassar City fell from 13.18 per cent in 2021, to 11.82 in 2022, reaching 10.6 per cent by 2023.³⁶

In line with the increase in poverty levels outlined above, there has been an increase in the number of children living on the streets in Makassar City in recent years.³⁷ Poverty in urban contexts is multi-faceted, and is often associated with the growth of urban areas over a relative short period of time, creating economic inequality and pockets of economic deprivation. Makassar City is no exception to this pattern, and has been characterised by a process of relatively rapid urbanization and urban-migration flows in recent years, driving economic inequalities in an increasingly sprawling city.³⁸ In this landscape, children end up in street situations by result of a number of factors which compound one another. In Makassar, families who are living below the poverty line may send children into the streets to engage in informal economic activities.³⁹ It is important to note that begging and street work are classed as the 'worst forms' of child labour by the International Labour Organization.⁴⁰ Furthermore, children living in street situations face risks of being dragged into crime.⁴¹

Children in Makassar City also face reported incidents of violence well above the provincial average. According to data drawn from the SYMPHONY-PPA online database, in 2023, 974 cases of violence against children were reported and recorded in the central database; 348 of these cases occurred in Makassar City.⁴² The majority of cases recorded in 2023 were incidents of violence which took place in the home, and sexual violence was the most recorded offense, followed by physical violence. It is important to note, however, that underreporting obscures the scale of violence experienced by children, in particular with respect to sexual violence. A recent study illustrated links between poverty in Makassar City and violence against children perpetrated within the home.⁴³ According to interviews conducted as part of the study, over 33 per cent of the cases of violence against children examined as part of the study were influenced, in part, by economic factors within the family.

Maros Regency has a population of 407,920, of which are 137,900 children and adolescents in the 0-19 years age bracket, constituting 34 per cent of the total population.⁴⁴ The 0-4 year age group makes up the largest proportion of the 34 per cent, at 35,910, followed by the 5-9 year age group at 34,270.⁴⁵

In 2023, 34,960 people in Maros Regency lived below the poverty line, constituting 9.65 per cent of the population, an increase from 33,900 in 2022.⁴⁶ To date in 2024, 9.32 per cent of the population have been

³⁵ Ibid.

³⁶ BPS-Statistics Makassar City., Unemployment Rate in Makassar Municipality (Percent), 2021-2023. Available: <https://makassarkota.bps.go.id/en/statistics-table/2/NTIJMg==/unemployment-rate-in-makassar-municipality--percent-.html>, accessed 6 September 2023.

³⁷ Galank Pratama et al., 'Sociological Review of Factors Causing the Increase of Street Children in Makassar City', International Journal of Future Studies, Vol. 7, No. 1, 2024, p. 188. Available: <https://endless-journal.com/index.php/endless/article/view/264/251>.

³⁸ Batara Surya et al., 'Informal Economic Dynamics and Strategies on Urban Sprawl Handling in Manggala Suburban of Makassar City', Research Journal of Applied Science, Vol. 14, No. 12, 2020, p. 425.

³⁹ Ibid., p. 189.

⁴⁰ International Labour Organization., Worst Forms of Child Labour Convention No. 182, 1999.

⁴¹ Mappaselleng, N. F., 'Street Children Phenomenon in Makassar City: A Criminological Analysis', Jurnal Ilmu Hukum, Vol. 15, No. 1, 2021, pp.6-7

⁴² SYMPHONY-PPA., South Sulawesi Province, 2023. Available: <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 9 September 2024.

⁴³ Ashar Fahri et al., 'Factors That Cause Violence in Children in Makassar City, South Sulawesi Province, Indonesia', Res Militaris, Vol. 12, No. 5, 2022, pp. 787-793.

⁴⁴ BPS-Statistics Maros Regency., Population by Age Group and Gender in Maros Regency, 2023. Available: <https://maroskab.bps.go.id/en/statistics-table/3/WVc0MGExMxBkVFUxY25KeE9HdDZkbTQzWkVkb1p6MDkjMw==/population-by-age-groups-and-sex-in-maros-regency.html?year=2023>, accessed 9 September 2024.

⁴⁵ Ibid.

⁴⁶ BPS-Statistics Indonesia., Number of Poor Population (Thousand People), 2021-2023. Available: <https://wajokab.bps.go.id/en/statistics-table/2/OTEjMg==/jumlah-penduduk-miskin.html>, accessed 9 September 2024.

classed as living below the national poverty line.⁴⁷ 51 per cent of the population living below the poverty line are employed, including 31 per cent of the poor population who work in the informal sector; only 17 per cent of the poor population are employed in the formal sector.⁴⁸ In addition, reflective of broader trends across South Sulawesi and Indonesia, men are employed at a significantly higher rate than women in Maros, with 118,641 male individuals aged 15 years and over classed as 'working' compared to 61,989 females in the same age bracket.⁴⁹ Of women and girls aged 15 years and over who are classed as '*not economically active*', 73,701 are engaged in housekeeping,⁵⁰ illustrating the structural gender inequalities which inform employment and household tasks in Maros Regency.

A significant number of people are employed in the agricultural sector across rural regions in Maros Regency. In 2023, 41,041 households were classified as 'agricultural households', working across a range of subsectors including food crops, horticulture and livestock.⁵¹ However, recent studies have highlighted the changing nature of employment in rural regions in Maros Regency. The economic development of South Sulawesi has seen the expansion of transportation links and the increasing urbanisation of rural regions. These developments have reduced agricultural land space and increased the number of people seeking employment in urban areas, with an increasing number of jobs in manufacturing and services available.⁵² Young people of working age are increasingly seeking employment in urban areas, seeking to move away from their parents' traditional agricultural roles. This has created a number of challenges for policy-makers, including the need to strengthen education in rural areas to ensure children are equipped for such future work. The socio-economic disparities between rural and urban areas in Maros Regency are

In 2023, 33 cases of violence against children were recorded in the SYMPONY-PPA online database.⁵³ It is likely that these numbers are substantially impacted by underreporting, in particular from rural areas where access to services and thus reporting mechanisms are limited. Child marriage in Maros Regency has also been the focus of research in recent years, as one of the regencies in South Sulawesi with a high rate of early marriage.⁵⁴ Rates of child marriage vary across Maros Regency, and numbers have shown to be higher in rural areas, with Baru District displaying the highest number of child marriage.⁵⁵ The practice of child marriage is driven by a multiplicity of factors, including economic drivers, access to education and cultural norms which govern when a child is viewed as an adult.

Pangkaiene Kepulauan Regency is the comparator research site in South Sulawesi. Pangkaiene Kepulauan Regency is primarily on the mainland of South Sulawesi, but also includes a number of small islands, and is made-up of 13 administrative districts. Pangkaiene Kepulauan Regency has a population of 359,160 of which 119,070 are children and adolescents in the 0-19 years age bracket.⁵⁶ The 15-19 year age group constitute the largest group amongst children and adolescents, at 32,090, followed by the 0-4 year age group.

⁴⁷ BPS-Statistics Indonesia., Percentage of Population Living Below the National Poverty Line by Regency/Municipality (Percent), 2022-2024. Available: <https://www.bps.go.id/en/statistics-table/2/NjIxIzI=/percentage-of-population-living-below-the-national-poverty-line-by-regency-municipality.html>, accessed 9 September 2024.

⁴⁸ BPS-Statistics South Sulawesi Province., Poverty Data and Information for South Sulawesi Province 2023, 2024, Vol 7., p. 33.

⁴⁹ BPS-Statistics Maros Regency., Maros Regency in Figures, 2024, p. 48. Available: <https://maroskab.bps.go.id/en/publication/2024/02/28/030dbff909e8e0afd3015515/kabupaten-maros-dalam-angka-2024.html>, accessed 9 September 2024.

⁵⁰ Ibid., p. 48.

⁵¹ BPS-Statistics Maros Regency., Complete Enumeration results of the 2023 Census of Agriculture, Edition II, 2023, p. 69.

⁵² Brown, H., 'Indonesian local government policymakers to receive regular updates on Australian-Indonesian Centre research', The Australia-Indonesia Centre, 25 April 2022. Available: <https://pair.australiaindonesiacentre.org/news/indonesian-local-government-policymakers-to-receive-regular-updates-on-australia-indonesia-centre-research/>, accessed 9 September 2024.

⁵³ SYMPHONY-PPA, South Sulawesi Province, 2023. Available: <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 9 September 2024.

⁵⁴ Idrus, N. I., 'Problematizing the Minimum Age of Marriage: The State and Local Perspective on Marriage Dispensation in South Sulawesi', *Humaniora*, Vol. 34, No. 2, 2022, p. 161. Available: <https://media.neliti.com/media/publications/560056-problematizing-the-minimum-age-of-marria-20773133.pdf>, accessed 9 September 2024.

⁵⁵ Ibid., p. 48.

⁵⁶ BPS-Statistics South Sulawesi Province., Total Population by Regency/City and Age Group (Thousand People), 2022-2024. Available: <https://sulsel.bps.go.id/en/statistics-table/2/MTc5OCMy/jumlah-penduduk-menurut->, accessed 9 September 2024.

Pangkajene Kepulauan Regency has a notably high poverty rate. According to the most recent official data, 12.41 per cent of the population live below the poverty line.⁵⁷ Whilst this shows a decrease from preceding years (13.9 per cent in 2022, and 13.4 per cent in 2023), this is the highest rate in South Sulawesi in 2024. Poverty is a particularly acute issue in rural villages, a challenge which is targeted by the Independent Village Programme which seeks to tackle unemployment and poverty at the village level.⁵⁸ Drivers of household poverty in Pangkajene Kepulauan Regency are multi-faceted, and include access to education as a key influence.⁵⁹ The quality of education, as well other basic services, is insufficient in many areas in the Regency, with many individuals of working age having only completed elementary school.⁶⁰ In 2023, only 20.4 per cent of the population aged 15 years and over held an education at the high school level or above, 63 per cent completed junior high school, and 76 per cent completed elementary school.⁶¹

Deprivation in Pangkajene Kepulauan Regency is multi-dimensional, and displays significant inequalities between rural and urban areas. Food and water insecurity, for example, are concerns for households in the Regency. An in-depth study undertaken in 2020 evidences these deprivations, and highlights the inequalities between rural and urban areas; 44.1 per cent of rural respondents in the research cited concerns over food security, compared to 27.5 per cent of urban respondents.⁶² Similarly rural respondents were more likely to drink untreated water compared to their urban counterparts.⁶³ Basic infrastructure is not only poorer in rural areas, but household incomes are lower, with employment in farming, agriculture, fishing dominating the rural regions, compared to manufacturing, service and business sectors in urban areas. In 2023, 52,784 people aged 15 years and over worked in crop farming, gardens, livestock farming, fishing and forestry,⁶⁴ industries where pay often leaves households experiencing socio-economic insecurity.

East Java

East Java covers the eastern third of Java, located in southern Indonesia with a population of 41,814,500 in 2024.⁶⁵ The Province has 29 districts and 9 cities, of which the capital is Surabaya City. Beneath the district level, the province is divided into 664 subdistricts and 8,505 villages, covering 74,922 km². Children and adolescents aged 0-19 years constitute approximately 28 per cent of the total population in East Java.⁶⁶ The majority of the population are Javanese, with Madurese and Sundanese making-up smaller proportions of the population, and Islam is the dominant religion.

⁵⁷ BPS-Statistics South Sulawesi Province

⁵⁸ K. A. Rivai et al., 'The role of youth in developing village', *Earth and Environmental Science*

⁵⁹ Djam'an, F. F., 'Determinants of Expenditure in Low Income Households in Pangkep District', *Proceedings of the 8th International Conference on Accounting, Management and Economics*, May 2024, p. 751. Available: <https://www.atlantis-press.com/proceedings/icame-23/126000057>, accessed September 9 2024.

⁶⁰ Sjarlis, S., 'Sociopreneurship to Reduce Extreme Poverty in the Coastal Areas of Pangkajene Islands: A literature Review', *Entrepreneurship and Small Business Research*, Vol 1., No. 3, December 2022, p. 72. Available: <https://ecsis.org/index.php/esber/article/view/68/88>, accessed 9 September 2024.

⁶¹ Ibid.

⁶² Angie Bexley et al., *The Individual Deprivation Measure: Indonesia Country Study Pangkajene and Islands Regency*, Canberra: ANU, Crawford School of Public Policy, 2020, p. 1.

⁶³ Ibid, p.1.

⁶⁴ BPs-Statistics Pangkajene Kepulauan Regency., *Population Aged 15 Years and Over Who Worked During the Past Week by Gender and Standard Classification of Job Type in Pangkajene and Kepulauan Regency (People)*, 2023. Available: <https://pangkepkab.bps.go.id/en/statistics-table/2/MTIwIzI=/penduduk-berumur-15-tahun-keatas-yang-bekerja-selama-seminggu-yang-lalu-berdasarkan-jenis-kelamin-dan-klasifikasi-baku-jenis-pekerjaan-di-kabupaten-pangkajene-dan-kepulauan--people-.html>, accessed 9 September 2024.

⁶⁵ BPS-Statistics East Java Province., *Population, Population Growth Rate, Population Percentage Distribution, Population Density, Population Sex Ratio by Regency/City in East Java Province*, 2024. Available: <https://jatim.bps.go.id/en/statistics-table/3/V1ZSbFRUY3ITbFpEYTNsVWNGcDZjek53YkhsNFFUMDkjMw==/population--population-growth-rate--percentage-distribution-of-population--population-density--and-population-sex-ratio-by-regency-municipality-in-jawa-timur-province.html?year=2024>, accessed 9 September 2024.

⁶⁶ BPS-Statistics East Java Province., *Population by Age Group and Gender in East Java Province*, 2023. Available: <https://jatim.bps.go.id/en/statistics-table/3/WVc0MGEyMXBkVFUxY25KeE9HdDZkbTQzWkVkb1p6MDkjMw==/population-by-age-groups-and-sex-in-jawa-timur-province.html?year=2023>, accessed 9 September 2024.

East Java has notable **poverty rates**. In 2023, 9.79 per cent of the population were classified as living below the poverty line.⁶⁷ By number of people, rather than by percentage of population, East Java has the highest absolute poverty rate in 2024 in Indonesia, at 3.98 million people living in poverty.⁶⁸ Urban-rural economic inequalities are particularly stark, with 7.12 per cent of urban populations classified as poor, compared to 13.3 per cent of the province's rural population.⁶⁹ In the first quarter of 2024, the poverty line sat at 551,702 rupiah per capita per month in urban areas and 516,684 rupiah per capita per month in rural areas.⁷⁰

Labour force participation rates in East Java also display disparities across rural and urban lines. In February 2024, the labour force participation rate measured at 71.1 per cent in urban regions of East Java, whereas in rural areas the labour force participation rate reached 75.6 per cent in the period.⁷¹ It is of note that despite a higher labour force participation rate, poverty in rural areas remains higher than in urban areas (as outlined above), highlighting the inequalities in payment by sector across rural and urban communities. As measured in 2023, the average monthly net income for informal agricultural workers sits substantially below that of individuals working in sectors located in urban areas. The average monthly net income for agricultural workers across East Java is 1,262,964 Rp, compared to 1,834,985 Rp for industrial workers, and 1,862,536 for workers in the service industry;⁷² highlighting the inequalities between sectors.

Beyond the socio-economic challenges which are associated with poverty and employment, particularly in rural areas, children and families face specific social challenges in East Java. Parental migration is a subject which appears throughout secondary literature, as well as during the primary data collection undertaken as part of this evaluation. Labour migration out of East Java is resulting in many children growing up with either one or both parents absent. **Parental migration** to seek employment opportunities outside of East Java is more commonly utilised by rural households than urban families,⁷³ reflecting the rural-urban socio-economic inequalities outlined above. Children who are part of households where parental migration occurs may face a number of social and protection challenges. For children who have both parents engaging in economic migration, they may either be cared for in kinship arrangements, or, due to the absence of a well-established foster care system, be placed into institutional care. Child home institutions in Indonesia often lack official accreditation, and thus are not subject to independent monitoring and oversight, and as such often have staff without strong skills and knowledge on child welfare and protection.⁷⁴ Children, therefore, are subject to protection risks including violence within such institutions.⁷⁵ In addition, for children impacted by the economic migration of a single parent, risks of economic insecurity and resultant household stress may increase risks of violence in the home as well as engagement in child labour.

⁶⁷ BPS-Statistics Indonesia., Percentage of Poor Population (P0) by Province and Area (Percent), 2024.

⁶⁸ Indonesia Investments., Poverty in Indonesia, 14 July 2024. Available: <https://www.indonesia-investments.com/finance/macroeconomic-indicators/poverty/item301>, accessed 10 September 2024.

⁶⁹ Ibid.

⁷⁰ BPS-Statistics Indonesia., Poverty Line (Rupiah/Kapita/Month) By Province and Area, 2024. Available: <https://www.bps.go.id/en/statistics-table/2/MTk1IzI=/poverty-line--rupiah-kapita-month--by-province-and-area.html>, accessed 9 September 2024.

⁷¹ BPS-Statistics East Java Province., The Labor Force Participation Rate by Urban/Rural Region (Percent), 2024. Available: <https://jatim.bps.go.id/en/statistics-table/2/NjIwIzI=/the-labor-force-participation-rate-by-urban-rural-region--percent-.html>, accessed 25 September 2024.

⁷² BPS Statistics East Java Province., Average Monthly Net Income of Informal Workers 1 by Regency/City and Main Field of Employment in East Java Province (rupiah), 2023. Available: <https://jatim.bps.go.id/en/statistics-table/3/VWhCTlptdExibkpyV25WM2NFnWFXa3czVDFvdmR6MDkjMw==/average-of-net-income-per-month-of-informal-employee-sup-1--sup--by-regency-municipality-and-main-industry-in-jawa-timur-province--rupiahs-.html?year=2023>, accessed 25 September 2024.

⁷³ Somaiah, B. C., & Yeoh, B. S. A., 'Grandparenting left-behind children in Javanese Migrant-sending villages: Trigenerational care circuits and the negotiation of care', *Geoforum*, Vol. 143, July 2023, p. 1. Available: <https://www.sciencedirect.com/science/article/pii/S0016718523000933#:~:text=As%20transnational%20labour%20migration%20out,one%20or%20both%20migrant%20parents.>, accessed 9 September 2024.

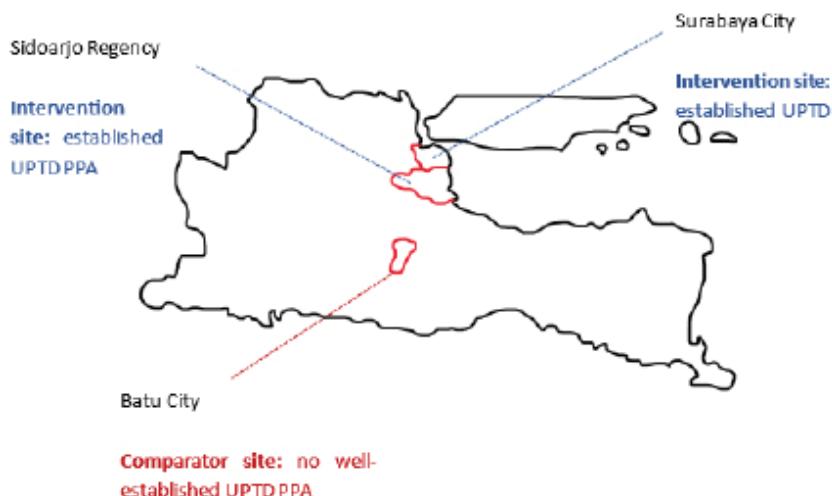
⁷⁴ UNICEF Indonesia., Children Living Outside of Parental Care, Jakarta, p. 1. Available: <https://www.unicef.org/indonesia/media/5641/file/Infographic%20on%20Children%20Living%20Outside%20Parental%20Care.pdf>, accessed 13 September 2024.

⁷⁵ UNICEF Indonesia., Child protection in Indonesia – Developing strong policy and regulations for every child, Jakarta, 2020, p. 5. Available: <https://www.unicef.org/indonesia/media/5611/file/Child%20Protection%20in%20Indonesia.pdf>, accessed 13 September 2024.

Rates of school attendance in East Java have increased in recent years, however complete attendance in compulsory secondary school years is yet to be reached. In particular, there are inequalities by gender, as well as across rural and urban areas. School attendance in primary school in the 7-12 year age group is nearing 100 per cent, with 99.27 per cent of boys aged 7-12 years attending school, and 99.29 per cent of girls in the same age group.⁷⁶ However, according to the SUSENAS undertaken in March 2023, attendance drops in later years, with 96.87 per cent of boys aged 13-15 years attend junior secondary school, and 98.44 per cent of girls in the same age group.⁷⁷ In addition, there are disparities by district / city across East Java, often falling along rural-urban lines. For example, Jember Regency has a school attendance rate of just 91.8 per cent among boys in the 13-15 year age group, as a Regency dominated by rural areas, compared to 99.94 per cent in Surabaya City.⁷⁸

In 2023, 2,534 cases were reported in East Java province relating to the protection of children and parents in the SYMPHONY-PPA online database.⁷⁹ The distribution of cases varies substantially by regency / city, with Surabaya City, Sidoarjo Regency and Banyuwangi recording the highest number of cases at 274, 211, and 197 respectively.⁸⁰ When disaggregated by gender and age, 972 cases relate to 1,003 women victims, compared to 64 cases concerning adult male victims. Cases of violence relating to women overwhelmingly take place in the home, with 779 out of 972 cases occurring in the household,⁸¹ highlighting the prevalence of domestic violence within the cases recorded. For cases involving children, the home is also recorded as the most common site of violence or abuse by a significant margin. Schools also make-up a significant number of the cases including children as victims, with 183 cases relating to incidents that have taken place within schools.⁸² Of note are the data relating to the perpetrators of violence and abuse against children, with boyfriend/friend recorded as the most common perpetrator in 341 cases, parents in 310 cases, and teachers recorded in 81 cases.

In East Java, the research sites in which data collection has been undertaken for this evaluation are Surabaya City, Sidoarjo Regency and Batu City (the comparator site).



⁷⁶ BPS Statistics Indonesia., Percentage of Population Aged 7-12 Years in Jawa Timur Province Specified By Region, Sex and School Participation, 2023. Available: <https://jatim.bps.go.id/en/statistics-table/1/MzA5NiMx/percentage-of-population-aged-7-12-years-in-jawa-timur-province-specified-by-region--sex-and-school-participation--2023.html>, accessed 13 September 2024. ⁷⁷ Indonesia Investments., Poverty in Indonesia, 14 July 2024. Available: <https://www.indonesia-investments.com/finance/macroeconomic-indicators/poverty/item301>, accessed 10 September 2024.

⁷⁷ BPS-Statistics East Java Province., Percentage of Population Aged 13-15 Years in east java Province Specified By Region, Sex and School Participation, 2023. Available: <https://jatim.bps.go.id/en/statistics-table/1/MzA3NSMx/percentage-of-population-aged-13-15-years-in-east-java-province-specified-by-region--sex-and-school-participation--2023.html>, accessed 13 September 2024.

⁷⁸ BPS-Statistics East Java Province., Percentage of Population Aged 13-15 Years in east java Province Specified By Region, Sex and School Participation, 2023.

⁷⁹ SYMPHONY-PPA., East Java Province, 2023. Available: <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 26 September 2024.

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² Ibid.

Surabaya City has the largest population in East Java at 3,009,300, hosting the largest proportion of East Java's total population.⁸³ As the second most populous city in Indonesia, Surabaya City is a multi-cultural urban centre, hosting a population made-up of Javanese, Chinse, Madurese and Arabs. An expanding urban centre, Surabaya's population is continuing to grow and has an annual population growth rate of 0.45 per cent and a population density of 8,958 people/km².⁸⁴

Surabaya's economy has undergone a period of significant growth across the last decade, with the diverse economy dominated by six industries: wholesale and retail trade, vehicle and motorcycle repair, manufacturing, accommodation and food services, construction, and information and communication sectors. Economic growth has been supported by infrastructural developments which have centred on transportation, energy and water. As such, Gross Regional Domestic Product (GRDP) continues to rise year-on-year at a substantial rate, with economic growth rate recorded at 5.7 per cent in 2023,⁸⁵ based on GRDP. By sector, the motorcycle and car industry are the largest GRDP contributors, followed by the manufacturing industry and the construction industry.⁸⁶

Despite this pattern of sustained economic growth, a substantial number of people remain below the poverty line in Surabaya. Whilst the percentage of the population living below the poverty line has decreased in the 2021-2023 period (from 5.23 per cent in 2021, to 7.72 per cent in 2022, reaching 4.65 per cent in 2023⁸⁷), a substantial number of households remain in poverty: 136,370 people were classed as living below the poverty line in 2023.⁸⁸ Furthermore, extreme poverty continues to exist in Surabaya, with an estimated 0.8 per cent of the population living in extreme poverty.⁸⁹ In addition, the labour force participation rate in Surabaya of persons aged 15 years and over is relatively low compared to districts / cities across East Java, at 68.7 per cent in 2023, with the unemployment rate at over 6.7 per cent.⁹⁰

Children face a number of social challenges and protection issues in Surabaya City. Education participation rates among children in Surabaya are relatively low. Whilst elementary school net participation rates sit at 97 per cent in 2023, participation drops significantly in junior high school to 86.4 per cent. Participation is lower in senior high school, with net participation rates at just 57.2 per cent.⁹¹ Children who are not in school are at greater risk of a number of protection issues, including child labour which disproportionately impacts boys, and CEFM which disproportionately impacts girls. Reflective of this size of its population, Surabaya City had the highest number of reported cases of violence inputted into the SYMPHONY-PPA database, totalling 274 cases in 2023.⁹² Of the total number of cases recorded in 2023, 160 related to cases of children, 111 of which were girls.⁹³

⁸³ BPS-Statistics East Java Province., Population, Population Growth Rate, Population Percentage Distribution, Population Density, Population Sex Ratio by Regency/City in East Java Province, 2024.

⁸⁴ BPS-Statistics Surabaya Municipality., Surabaya Municipality in Figures 2024, Volume 36, p. 42. Available: <https://surabayakota.bps.go.id/en/publication/2024/02/28/38c76de6074beea6951be69e/kota-surabaya-dalam-angka-2024.html>, accessed 26 September 2024.

⁸⁵ BPS-Statistics Surabaya Municipality., Surabaya Municipality in Figures 2024, Volume 36, p. 1.

⁸⁶ BPS Statistics Surabaya Municipality., Gross Regional Domestic Product at Constant 2010 Prices by Industry** in Surabaya City (billion rupiah), 2023.

⁸⁷ Ibid., p.1.

⁸⁸ BPS-Statistics East Java Province., Number of Poor People (Thousand People), 2022-2024.

⁸⁹ Ibid.

⁹⁰ BPS-Statistics Surabaya Municipality., Open Unemployment Rate (TPT) and Labor Force Participation Rate (TPAK) According to Regency/City in East Java Province, 2023. Available: <https://surabayakota.bps.go.id/en/statistics-table/2/Mjc1IzI=/open-unemployment-rate--tpt--and-labor-force-participation-rate--tpak--according-to-regency-city-in-east-java-province.html>, accessed 26 September 2024.

⁹¹ BPS-Statistics Surabaya Municipality., Surabaya Municipality in Figures 2024, Volume 36, p. 108.

⁹² SYMPHONY-PPA., East Java Province, 2023. Available: <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 26 September 2024.

⁹³ Ibid.

Sidoarjo Regency borders Surabaya City with a land size of 719 km² and has a population of 1,996,825, of which 28.4 per cent are children and adolescents between the ages of 0-19 years.⁹⁴ The 10-14 year age group constitutes the largest proportion of children and adolescents at 158,149, followed by the 5-9 year age group at 146,240.⁹⁵

Sidoarjo Regency displays the highest unemployment rate across the three research sites in East Java as well as the highest percentage of people living below the poverty line. In 2024, 4.53 per cent of Sidoarjo's population were classed as living below the poverty line which rose from 571,696 Rupiah/month/capita to 597,284 Rupiah/month/capita in the 2023-2024 period.⁹⁶ The increasing poverty line highlights the growing cost of living for households in Indonesia and Sidoarjo Regency. Despite this, the measure of the severity of poverty has decreased annually in recent years. Sidoarjo Regency's Poverty Depth Index (P1) has fallen as per the following data: 0.95 in 2021, 0.84 in 2022, 0.71 in 2023, and 0.64 in 2024.⁹⁷ The decrease in Poverty Depth Index (P1) shows that the average distance between per capita monthly expenditure levels of residents below the poverty line is getting closer to the poverty line.

Women and children face protection risks in Sidoarjo Regency, including violence and abuse which takes place across a number of settings including within households, schools and other public institutions such as children's homes. Sidoarjo Regency records the second highest number of cases recorded in the SYMPHONY database for the 2023 period in East Java, at a total of 211 cases.⁹⁸ Of these 211 cases, 118 related to cases where children were the victim of violence, abuse or neglect, 84 of these cases related to girls.⁹⁹ To date in 2024 (1 January 2024 – 26 September 2024), 122 cases have been recorded in the SYMPHONY-PPA database across all ages.¹⁰⁰

Batu City has a relatively small population of 222,714, of which 64,126 are children and adolescents aged 0-19 years, constituting 29 per cent of the population.¹⁰¹ Batu City is situated on the southern slopes of Mount Arjuno-Welirang and covers a land area of 136.7km², and hosts the greatest population density across East Java province.

In recent years, as an urban area, Batu City has experienced a period of economic growth and accompanying increased employment rates. The unemployment rate in Batu City decreased substantially in the 2022-2023 period, from 8.4 per cent in 2022 to 4.5 per cent in 2023.¹⁰² Unemployment remains the lowest among the population aged 15 years and over who have the highest level of educational attainment (level 3), and highest among those with the second highest level of education attainment (level 2).¹⁰³ Batu City's economy relies heavily on the tourism industry, creating a substantial number of jobs in the service sector which dominates employment in the local population. In 2021, 65,905 individuals aged 15 years and over worked in the service industry, over double those working in primary / agricultural sector at 30,193.¹⁰⁴ The

⁹⁴ BPS Statistics Sidoarjo Regency., Population by Age Group and Gender in Sidoarjo Regency, 2023. Available: <https://sidoarjokab.bps.go.id/en/statistics-table/3/WVc0MGEyMXBkVFUxY25KeE9HdDZkbTQzWkVkb1p6MDkjMw==/population-by-age-groups-and-sex-in-sidoarjo-regency.html?year=2023>, accessed 26 September 2024.

⁹⁵ Ibid.

⁹⁶ BPS Statistics East Java Province., Poverty Line by Regency/Municipality in Jawa Timur (Rupiah/Month/Capita), 2022-2024.

⁹⁷ BPS Statistics East Java Province., Poverty Depth Index (P1) by Regency/City in East Java. Available: <https://jatim.bps.go.id/en/statistics-table/2/NDk4IzI=/poverty-depth-index--p1--by-regency-city-in-east-jawa.html>, accessed 26 September 2024.

⁹⁸ SYMPHONY-PPA., East Java Province, 2023. Available: <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 26 September 2024.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ BPS-Statistics Batu Municipality., Population by Age Group and Gender in Batu City, 2023.

¹⁰² BPS Statistics Batu Municipality., Open Unemployment Rate Batu Municipality (Percent), 2023. Available: <https://batukota.bps.go.id/en/statistics-table/2/MTM4IzI=/open-unemployment-rate-batu-municipality--percent-.html>, accessed 25 September 2024.

¹⁰³ BPS-Statistics Batu Municipality., Batu Municipality in Figures 2024, Volume 22, 2024. Available: <https://batukota.bps.go.id/en/publication/2024/02/28/ecb3b64275c332d8b2f067d5/batu-municipality-in-figures-2024.html>, accessed 25 September 2024.

¹⁰⁴ BPS Statistics Batu Municipality., Population Aged 15 Years and Over Who Worked During the Previous Week by Main Industry and Sex in Batu Municipality, 2021. Available: <https://batukota.bps.go.id/en/statistics-table/1/MTEyNyMx/population-aged-15-years-and-over-who-worked-during-the-previous-week-by-main-industry-and-sex-in-batu-municipality--2021.html>, accessed 26 September 2024.

secondary / manufacturing sector recorded the fewest number of employees at 19,128.¹⁰⁵ The growth of the service industry has underpinned Batu City's economic growth in recent years, with Gross Domestic Regional Product (GDRP) rising year on year, reaching 20,524,320 billion Rp in 2023.¹⁰⁶

Despite this economic growth, and the drop in unemployment, poverty continues to impact parts of Batu City's population. Whilst poverty has decreased in recent years, reflecting GDRP growth, 65,900 people in Batu City continue to live below the poverty line in 2024.¹⁰⁷ Families living below the poverty line are at greater risk of experiencing household stress and violence perpetrated within the home, disproportionately impacting women and children.

A number of social protection issues impact children in Batu City. For example, Batu City has a notably lower school attendance rate among boys of compulsory school age compared to Surabaya City and Sidoarjo Regency. In Batu City, 1.4 per cent of boys aged 7-12 years (compulsory school years) are not attending school or have never attended school, compared to 0.7 per cent in Surabaya and 0.3 per cent in Sidoarjo.¹⁰⁸ Of note, are the disparities between boys and girls in Batu City; girls in the same age group recorded 100 per cent attendance rates in the 2023 academic year.¹⁰⁹ Boys who are out of school are at greater risk of engaging in child labour,¹¹⁰ in particular boys from households living below the poverty line.

In addition, of note, are the number of orphanages in Batu City. As published in 2021, the city has 17 orphanages despite having a population of less than 230,000. Critically, it is the size of the institutions which presents challenges, with a capacity of 1,127 across the 17 institutions.¹¹¹ It has been well documented by UNICEF that children who live in large scale institutions are at increased risk of neglect, abuse and exploitation, including emotional and physical violence.¹¹² It is important to note that children in orphanages in Indonesia are not necessarily without parents. Children from single parent households or households living below the poverty line are often placed into orphanages. Additionally, children who have experienced abuse or neglect within the home are placed into institutions due to the absence of an established foster care system in Indonesia.

¹⁰⁵ Ibid.

¹⁰⁶ BPS Statistics Batu City., Batu Municipality Gross Regional Domestic Product by Expenditure 2019-2023, 30 April 2024, Volume 8, p. 28. Available: <https://batukota.bps.go.id/en/publication/2024/04/30/41dfe0343b6d15d6613666a0/batu-municipality-gross-regional-domestic-product-by-expenditure-2019-2023.html>, accessed 26 September 2024.

¹⁰⁷ BPS Statistics East Java Province., Number of Poor People (Thousand People), 2022-2024. Available: <https://jatim.bps.go.id/en/statistics-table/2/NDIxIzI=/number-of-poor-people-thousand-people-.html>, accessed 26 September 2024.

¹⁰⁸ BPS-Statistics East Java Province., Percentage of Population Aged 7-12 Years in Jawa Timur Province Specified By Region, Sex and School Participation, 2023.

¹⁰⁹ Ibid.

¹¹⁰ UNICEF, 'Child labour rises to 160 million – first increase in two decades', 9 June 2021, press release. Available: <https://www.unicef.org/press-releases/child-labour-rises-160-million-first-increase-two-decades#:~:text=Nearly%2028%20per%20cent%20of,than%20girls%20at%20every%20age>, accessed 26 September 2024.

¹¹¹ BPS Statistics Batu City., Number of Orphanages and Their Capacity by Subdistrict in Batu Municipality, 2021. Available: <https://batukota.bps.go.id/en/statistics-table/1/MTI5NyMx/number-of-orphanages-and-their-capacity-by-subdistrict-in-batu-municipality--2021.html>, accessed 26 September 2024.

¹¹² UNICEF, 'Nearly half a million children in Europe and Central Asia live in residential care facilities', 18 January 2024, press release. Available: <https://www.unicef.org/eca/press-releases/nearly-half-million-children-europe-and-central-asia-live-residential-care>, accessed 26 September 2024.

Annex I: Bibliography

International Conventions and International Documents

1. Committee on the Elimination of Discrimination against Women, *Concluding observations on the eighth periodic report of Indonesia*, 24 November 2021. (CEDAW/C/IDN/CO/8)
2. Committee on the Rights of the Child, *Combined fifth and sixth periodic reports submitted by Indonesia under article 44 of the Convention*, due in 2019, 21 July 2023. (CRC/C/IDN/5-6)
3. Committee on the Rights of Persons with Disabilities, *Replies of Indonesia to the list of issues in relation to its initial report*, 16 May 2022. (CRPD/C/IDN/RQ/I)

UNICEF Indonesia Programme Documents

4. UNICEF Indonesia, *Programme Strategy Note*, April 2020.
5. UNICEF Indonesia, *Country Programme Action Plan 2021-2025*.
6. UNICEF Indonesia, *Country Programme Document 2021-2025*, retrieved from: https://sites.unicef.org/about/execboard/files/2020-PL11-Indonesia_CPD-EN-ODS.pdf?_gl=1*1htomzt*_ga*NDgxOTI4NzA1LjE3MDkzMDY4MDA.*_ga_ZEPV2PX419*MTcyMjI1MzI0OS43Mi4xLjE3MjIyNTMyNjMuNDYuMC4w
7. UNICEF Indonesia, *UNICEF Programme of Cooperation 2021-2025: Annual Work Plan 2024*.
8. UNICEF Indonesia, *Annual Management Plan*, 2022, 2023.
9. UNICEF Indonesia, *Country Programme Management Plan 2021-2025*, June 2020.
10. UNICEF Indonesia, *Country Office Annual Report 2021*, retrieved from: <https://www.unicef.org/media/117061/file/Indonesia-2021-COAR.pdf>
11. UNICEF Indonesia, *Country Office Annual Report 2022*, retrieved from: <https://www.unicef.org/media/135981/file/Indonesia-2022-COAR.pdf>
12. UNICEF Indonesia, *Country Office Annual Report 2023*, retrieved from: <https://www.unicef.org/media/152116/file/Indonesia-2023-COAR.pdf>
13. UNICEF Indonesia, *Combined Outcome/Output Reports and End-Year Summary Narrative*, 2021, 2022, 2023.
14. UNICEF Indonesia, *Gender Action Plan 2024-2025*.

Government of Indonesia Documents

15. Republic of Indonesia, *The National Medium-Term Development Plan for 2020-2024*.

16. Ministry for Women's Empowerment and Child Rights (MoWECP), *National Strategy: Elimination of Violence Against Children 2016-2020*, MoWECP, 5 January 2016.
17. Ministry for Women's Empowerment and Child Rights, *Performance Report of the Ministry of Women's Empowerment and Child Protection*, 2021.
18. Bappenas, MoWECP, *Details of Non-Physical Special Allocation Funds by Province/District/City in Fiscal Year 2022*.
19. Bappenas, MoWECP, *Details of Non-Physical Special Allocation Funds by Province/District/City in Fiscal Year 2023*.
20. Bappenas, MoWECP, *Details of Non-Physical Special Allocation Funds by Province/District/City in Fiscal Year 2024*.
21. MoWECP, UNICEF, *Training Modules Prepared by Ministry of Women's Empowerment and Child Protection in Collaboration with UNICEF*.
22. BAPPENAS, MoWECP, *Rapid Assessment of Completeness and Quality of Facilities and Infrastructure at UPTD PPA*, ppt. delivered June 11 2024.
23. Directorate of Family, Women, Children, Youth and Sports, *Background Study: 2020-2024 National Medium Term Development Plan (RPJMN) Field of Child Protection*, BAPPENAS, 2018.
24. MoWECP, *Supervision Results Report: Follow-up Technical Guidance UPTD PPA Service Standards*, ppt. delivered June 11 2024.
25. Supreme Court of the Republic of Indonesia, Executive Summary: Supreme Court 2023 Annual Report, 2023, retrieved from: https://kepaniteraan.mahkamahagung.go.id/images/laporan_tahunan/FA_RINGKASAN_EKSEKUTIF_2023-EN-low.pdf
26. MoWECP, *Violence Against Women Survey 2021*, December 2022.
27. MoWECP, *Children and Youth Life Experience Survey 2021*, BPS-Statistics Indonesia, retrieved from: <https://kemenpppa.go.id/index.php/page/view/NDMyMg==>
28. MoWECP, *Children and Youth Life Experience Survey 2018*, BPS-Statistics Indonesia, retrieved from: <https://kemenpppa.go.id/index.php/page/view/NDMyMw==>
29. Directorate of Family, Women, Children, Youth and Sports, *Background Study: 2020-2024 National Medium Term Development Plan (RPJMN) Field of Child Protection*, BAPPENAS, 2018.

Training documents

30. UNICEF, MoWECP, Service Standards Training (CEKATAN), modules 1-5.
31. UNICEF, Prevention of Sexual Abuse and Exploitation Training, modules 1-3.

Indonesia Laws, Regulations and Decrees

32. Instructions of the President of the Republic of Indonesia No. 5 of 2024 on National Movement Against Sexual Crimes Against Children.
33. Laws No. 14 of 2019 on Social Workers.
34. Laws No. 11 of 2012 on Juvenile Criminal Justice System.
35. Regulation of the Minister of Women's Empowerment and Child Protection No. 1 of 2021 on Technical Instructions for the Use Non-Physical Allocation Protective Services Fund.
36. Regulation of the Minister of Women's Empowerment and Child Protection No. 2 of 2023 on Technical Instructions for the Use of Special Non-Physical Allocation Funds Women and Children Protection Services Budget Year 2023.
37. Regulation of the Minister of Women's Empowerment and Child Protection No. 4 of 2018 on Guidelines for the Establishment of Regional Technical Implementation Units for Protection of Women and Children.
38. Regulation of the President of the Republic of Indonesia No. 65 of 2020 on Ministry of Women's Empowerment and Child Protection.
39. Regulation of the Minister of Women's Empowerment and Child Protection No. 2 of 2022 on Women and Child Protection Service Standards.
40. Law No. 12 of 2022 on Sexual Violence Crimes.

BPS-Statistics Indonesia & SYMFONY-PPA data

41. BPS-Statistics Indonesia, Executive Summary of Consumption and Expenditure of Population of Indonesia, October 2022, retrieved from: <https://www.bps.go.id/en/publication/2022/06/23/48606f83d645fd3565002b2b/executive-summary-of-consumption-and-expenditure-of-indonesia-september-2021.html>
42. BPS-Statistics Indonesia, Welfare Statistics 2018, retrieved from: <https://www.bps.go.id/en/publication/2018/11/26/81ede2d56698c07d510f6983/welfare-statistics-2018.html>
43. BPS-Statistics Indonesia, Population by Age Group and Sex, 2023.
44. BPS-Statistics Indonesia, Proportion of Women and Girls (Aged 15-64 years) Subject to Violence (Physical, Sexual, or Psychological) by a Current or Former Partner in the Last 12 Months, 2021.
45. BPS-Statistics Indonesia, Proportion of Women Aged 20-24 Years Who Were Married or in a Union Before 18 Years Old by Province (Percent), 2023.
46. BPS-Statistics Indonesia, Proportion of Children Under 5 Years of Age Whose Births Were Registered by The Civil Registration Office by Province (Percent), 2021-2023.
47. BPS-Statistics Indonesia, Indonesian Poverty Profile in March 2024, Official Statistics News, 1 July 2024, p. 11.

48. BPS-Statistics Indonesia, Proportion of Children Under 5 Years of Age Whose Births Were Registered by The Civil Registration Office by Province (Percent), 2021-2023

Other documents / sources

49. Coram International, Situational Analysis of Children, Adolescents and Women in Indonesia, April 2019.
50. Wulczyn, et. al., Adapting a systems approach to child protection: Key concepts and considerations, 2010, UNICEF New York.
51. UNICEF, The State of Children in Indonesia: Trends, Opportunities and Challenges for Realizing Children's Rights, May 2020, retrieved from: <https://www.unicef.org/indonesia/sites/unicef.org.indonesia/files/2020-06/The-State-of-Children-in-Indonesia-2020.pdf>
52. UNICEF Indonesia, Strengthening the Social Service Workforce, 2019, retrieved from: <https://www.unicef.org/indonesia/media/5626/file/Infographic%20on%20Social%20Services%20Workforce%20Strengthening%20.pdf>
53. Wahana Visi Indonesia, Child Protection: Capacity Statement, 2022.
54. ECPAT, INTERPOL and UNICEF, Disrupting Harm in Indonesia: Evidence on online child sexual exploitation and abuse, Global Partnership to End Violence Against Children, 2022.
55. Minority Rights Group International, Indonesia, retrieved from: <https://minorityrights.org/country/indonesia/>, accessed 31 October 2024.
56. World Bank Group, World Bank East Asia and the Pacific Economic Update, World Bank, Washington, October 2024, p. xxvi, retrieved from: <https://openknowledge.worldbank.org/server/api/core/bitstreams/b881d2ff-9912-4eb6-9698-8f151975abb6/content>, accessed 31 October 2024.
57. World Bank, Pathways Towards Economic Security: Indonesia Poverty Assessment, World Bank, 2023, p.iii, retrieved from: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099041923101015385>
58. International NGO Forum on Indonesian Development, Criticizing the Policy and Implementation of the Marriage Dispensation, 31 May 2024, retrieved from: <https://infid.org/en/mengkritisi-kebijakan-dan-implementasi-dispensasi-kawin/>, accessed 4 July 2024.
59. US Department of State, Indonesia 2022 Human Rights Report, February 2023, retrieved from: https://www.state.gov/wp-content/uploads/2023/02/415610_INDONESIA-2022-HUMAN-RIGHTS-REPORT.pdf.
60. Brigatta I. Rahayoe & Partners, Sexual Violence Law, 25 May 2022, retrieved from: https://www.brigitta.co.id/wp-content/uploads/2022/06/BIRP-Draft-Client-Alert-re-Sexual-Violence-Law-2022-05-19_Rev-clean1.pdf, accessed 2 July 2024.

Annex J: Context of the Evaluation

1. Context of the Evaluation

Indonesia is a vast archipelago of over 17,000 islands with a population exceeding 278 million¹¹³, of which over a third are children at approximately 85 million. Women constitute just under half of the population at 138 million, compared to 140 million men.¹¹⁴ Children under the age of five years amount to eight per cent of the total population (approximately 22.5 million), whilst 24 per cent of the population are aged 14 years and below (approximately 66.6 million).

It is the world's fourth most populous country with a majority Muslim population. It is estimated that 87.2 per cent of Indonesia's population are Muslim, followed by Christians at 7 per cent, and a minority of the population (1.7 per cent) practising Hinduism.¹¹⁵ Ethically, approximately 41 per cent of the total population are Javanese and 15 per cent are Sundanese,¹¹⁶ though in total the Government recognises 1,128 ethnic groups.

1.1 Governance

Indonesia is a Republic, headed by an elected president at the national level, alongside an elected two-chamber parliament. The country has a decentralised governance structure with subnational governments holding significant power and budgets. Following the ratification of Law No.6/2014 on Villages, Indonesia has a three-tier system of subnational government. The regional tier is composed of provinces (of which there are 38), regencies and cities make up the intermediate tier, and villages constitute the most local form of government. Provincial government consists of a governor and regional legislative body. The decentralised governance structure of Indonesia means that whilst national bodies oversee child protection, including the production of national level legislation, local government retains significant control over the delivery of protection services for women and children.

Indonesia has ratified key international conventions and agreements that provide for the rights of women and children. The country ratified the Convention on the Rights of the Child (CRC) in 1990, and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1984.

1.2 Economic and Poverty

In July 2023, Indonesia re-gained classification as an upper-middle income country by the World Bank and has a Human Development Index (HDI) of 74.39.¹¹⁷ Indonesia has undergone substantial economic growth in the last decade, noting a setback in growth during the COVID-19 pandemic. In the period 2015-2019, Indonesia experienced GDP growth at 5 per cent, and displayed strong recovery post-2020 (where GDP growth dropped to -2.1 per cent), reaching 5 per cent GDP growth again by 2023.¹¹⁸ Indonesia's economic growth can be attributed to an increase in private consumption and positive terms of trade.¹¹⁹

¹¹³ BPS-Statistics Indonesia, Population by Age Group and Sex, 2023. Available at <https://www.bps.go.id/en/statistics-table/3/WVc0MGEyMXBkVFUxY25Ke9HdDZkbTQzWkVkb1p6MDkjMw==/population-by-age-groups-and-sex.html?year=2023>.

¹¹⁴ Ibid.

¹¹⁵ Minority Rights Group International, Indonesia. Available at <https://minorityrights.org/country/indonesia/>, accessed 31 October 2024.

¹¹⁶ Minority Rights Group International, Indonesia. Available at <https://minorityrights.org/country/indonesia/>, accessed 31 October 2024.

¹¹⁷ BPS-Statistics Indonesia, Indicator: Human Development Index by Province, 2022-2023.

¹¹⁸ World Bank Group, World Bank East Asia and the Pacific Economic Update, World Bank, Washington, October 2024, p. xxvi. Available at <https://openknowledge.worldbank.org/server/api/core/bitstreams/b881d2ff-9912-4eb6-9698-8f151975abb6/content>.

¹¹⁹ World Bank Group, 'The World Bank in Indonesia: Overview', 20 October 2023. Available at <https://www.worldbank.org/en/country/indonesia/overview>, accessed 31 October 2024.

Despite a set-back following the COVID-19 pandemic, Indonesia has made dramatic progress in addressing extreme poverty across the last two decades, reducing extreme poverty from 19 per cent in 2002 to 1.5 per cent in 2022.¹²⁰ The rate of people living below the national poverty line has also reduced in recent years, decreasing by 0.33 per cent in March 2024 compared to March 2023.

¹²¹ However, whilst there has been a period of economic growth and extreme poverty has declined, a significant number of people continue to live below the poverty line, with poverty rates also varying significantly by province. In the first quarter of 2024, 9.03 per cent of Indonesia's population lived below the national poverty line.¹²² When disaggregated along rural-urban lines, 11.8 per cent of Indonesia's population live below the poverty line, compared to 7.1 per cent of the urban population.¹²³

1.3 Child Protection context

The current Child Protection Programme, including the UPTD PPA integrated service component, was designed in response to the ongoing challenges faced by women and children in Indonesia. In particular, the UPTD PPA model is designed to provide integrated services for women and children subject to violence, including psychological, physical and sexual violence. This section outlines the child protection context Indonesia and the challenges which are faced by women and children.

Violence against children

Violence remains a significant challenge faced by women and children in Indonesia. Whilst much violence remains underreported,¹²⁴ national statistics indicate that the scale of violence experienced by children in Indonesia is significant. The 2018 National Survey of Children and Adolescents' Life Experience (SNPHAR) found that 62 per cent of boys and 63 per cent of girls age 13-17 years have experienced violence throughout their lifetime.¹²⁵ The 2021 SNPHAR found that whilst these numbers have decreased, the numbers still remain significant at 37 per cent among boys and 46 per cent among girls.¹²⁶ Violence against children takes place across many settings in Indonesia, in homes, schools and within communities.¹²⁷ In recent years, particular attention has been drawn to the perpetration of violence against children in Islamic boarding schools, with reports of '*pervasive violence, including bullying and violent discipline*'.¹²⁸

As recorded in the SIMFONI-PPA data base, during the period 1 January 2024 – 5 August 2024, the 13-17 year age group constituted the largest proportion of victims of violence by age group at 35.6 per cent, followed by the 6-12 age year age group at 20.6 per cent, and the 18-24 age group at 11.4 per cent.¹²⁹ These statistics underscore the nature of violence against children, though of course do not represent the full scale of violence, given levels of underreporting.

¹²⁰ World Bank, Pathways Towards Economic Security: Indonesia Poverty Assessment, World Bank, 2023, p.iii. Available at <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099041923101015385>, accessed 31 October 2024.

¹²¹ BPS-Statistics Indonesia, Indonesia Poverty Profile in March 2024, Official Statistics News, 1 July 2024, p. 2.

¹²² BPS-Statistics Indonesia, Percentage of Poor Population (P0) by Province and Area (Percent), 2024. Available at <https://www.bps.go.id/en/statistics-table/2/MTkyIzI=/percentage-of-poor-population--p0--by-province-and-area--percent-.html>.

¹²³ Ibid.

¹²⁴ KII with UNICEF Child Protection Officer, 17 July 2024.

¹²⁵ National Survey of Life Experiences of Children and Youth (SNPHAR), 2018.

¹²⁶ SNPHAR, 2021.

¹²⁷ UNICEF Indonesia, 'Child Protection: Keeping children safe from violence, neglect and exploitation', <<https://www.unicef.org/indonesia/child-protection#:~:text=Violence%20against%20children%20is%20pervasive,of%20physical%20attacks%20in%20school.>>, accessed 2 July 2024.

¹²⁸ UNICEF Indonesia, 'Islamic Boarding Schools in Aceh Combat Violence with Compassion', 03 May 2024, <<https://www.unicef.org/indonesia/stories/islamic-boarding-schools-aceh-combat-violence-compassion>>

¹²⁹ Ibid.

Violence against women and gender-based violence

Gender-based violence (GBV) impacts a significant number of women and girls each year in Indonesia. Across the last decade, statistics have demonstrated that 1 in 4 women in Indonesia have been subject to physical or sexual violence.¹³⁰ In 2021, the proportion of women and girls (aged 15-64 years) subjected to violence (physical, sexual, or psychological) by a current or former partner in the last 12 months was 7 per cent.¹³¹ It is expected that this number is higher, but that underreporting obscures the true number of women and girls impacted by domestic and intimate partner violence.¹³² Within the scope of domestic violence, incest is the most common form of sexual violence, of which girls are particularly vulnerable to.¹³³ In 2021, 17 per cent of women and girls who were not married / have never been married aged 15-64 years, were subject to sexual violence by persons other than their partners in the 12 months prior to survey.¹³⁴ Women are also increasingly vulnerable to gender-based violence, including sexual violence, within emergency and disaster contexts.¹³⁵

As recorded in the SIMFONI-PPA data, sexual violence is the most frequently reported and recorded case type by service providers in the 2024 year to date, at 7,703 cases (1 January 2024 – 5 August 2024).¹³⁶ Furthermore, of the 14,573 cases of violence which have been recorded in the database during the same reporting period, 80.2 per cent of victims are female, and 19.8 per cent of victims are male,¹³⁷ underlining the gendered dynamics which drive violence.

Online child sexual exploitation and abuse (OCSEA)

Whilst data are limited, online child sexual exploitation and abuse (OCSEA) is a growing protection challenge in Indonesia with an increasing number of children using the internet. In 2023, two percent of children aged 12-17 years who used the internet were victim to instances of online sexual exploitation and abuse.¹³⁸ In 2022, a report was published by ECPAT, INTERPOL, and UNICEF Office of Research entitled 'Disrupting Harm in Indonesia'. According to a survey undertaken as part of the report in the 2020- 2021 period, between 17 and 56 per cent of online child sexual exploitation and abuse is unreported and not disclosed, with only one child who received unwanted sexual content reporting it to the police.¹³⁹ According to the report, the reasons given by children for not disclosing OCSEA include 'a lack of awareness of where to report or whom to talk to; a sense of having done something wrong; thinking nobody would understand them; concerns about getting into trouble; feelings of shame and embarrassment and concern that it would cause trouble for the family'.¹⁴⁰

¹³⁰ World Health Organization, 'A novel approach to ending violence against women Indonesia: The RESPECT framework', 9 November 2023. Available at <https://www.who.int/indonesia/news/detail/09-11-2023-a-novel-approach-to-ending-violence-against-women-in-indonesia--the-respect-framework>

¹³¹ BPS-Statistics Indonesia, Indicator: Proportion of Women and Girls (Aged 15-64 years) Subject to Violence (Physical, Sexual, or Psychological) by a Current or Former Partner in the Last 12 Months. Available at: <https://www.bps.go.id/en/statistics-table/2/MTM3NSMy/proportion-of-women-and-girls-aged-15-64-years--subjected-to-violence--physical--sexual--or-psychological--by-a-current-or-former-partner-in-the-last-12-months.html>.

¹³² KII with UNICEF CP Officer, 17 July 2024.

¹³³ RPJMN 2020-2024, p. iv.12.

¹³⁴ BPS-Statistics Indonesia, Indicator: Proportion of Women and Girls (Aged 15-64 Years) Subjected to Sexual Violence by Persons Other Than Partner in the Last 12 Months, 2021.

¹³⁵ Ibid.

¹³⁶ SYMPHONY-PPA, Forms of Violence Experienced by Victims, January 1 2024 – August 5 2024. Available at <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 5 August 2024.

¹³⁷ SYMPHONY-PPA, Number of Cases, January 1 2024 – August 5 2024. Available at <https://kekerasan.kemenpppa.go.id/ringkasan>, accessed 5 August 2024.

¹³⁸ Disrupting Harm, Protecting Children in Indonesia From Online Sexual Exploitation and Abuse: The Way Forward, 2023, p.1. Available at https://safeonline.global/wp-content/uploads/2023/12/DH_Indonesia_advocacy_note_FINAL.pdf

¹³⁹ ECPAT, INTERPOL, and UNICEF, Disrupting Harm in Indonesia: Evidence on online child sexual exploitation and abuse, Global Partnership to End Violence Against Children, 2022, p. 8.

¹⁴⁰ Ibid., p. 9.

Data limitation: Barriers to reporting VAC AND VAW

As is explored within the findings of this evaluation, official data on VAC and VAW does not capture the scale and nature of the violence, with underreporting a substantial challenge. Influenced by socio-cultural norms centred on structural gender-inequalities, women and community members reported hesitancy to report incidents of violence associated with feelings of shame and stigma, as well as the desire to keep problem 'in house' so as not to bring shame onto the household. The qualitative data collected as part of this evaluation consolidated the findings of a recent study published in 2024 on the criminal justice system's response to domestic violence, which found that victims of domestic violence believed that violence should not be reported outside of the home nor reported to the justice system, and instead regarded domestic violence as a form of private violence that should remain hidden.¹⁴¹

Child marriage

Child marriage continues to impact girls in Indonesia. The legal age of marriage for girls was raised from 16 to 19 years old with parental permission by an amendment to the Marriage Act in September 2019. The age of marriage without parental permission is 21 years for men and women. However, parents can request special dispensation to the court for their child to marry under the age of 19 years; as a result, many children continue to marry below the age of 18 years. Data on marriage dispensation at Religious Courts (Peradilan Agama) in 2022 highlighted that 95 per cent of marriage dispensation requests were granted.¹⁴² As a result, many children, predominantly girls, continue to marry below the age of 18 years. According to the most recent data published by the government institute BPS-Statistics Indonesia, seven per cent of women aged 20-24 years were married or in union before the age of 18 years.¹⁴³ Furthermore, a number of studies have highlighted that a significant number of underage marriages take place outside of the courts, without special dispensation, creating a large number of unregistered child marriages.¹⁴⁴ A study conducted by the Australian Indonesia Partnership for Justice (AIPJ2) found that only three per cent of marriages involving underage girls came before the court in dispensation cases.¹⁴⁵ It is important to note that child marriage rates also show significant variation by province. In 2023, West Nusa Tenggara displayed the highest rate of child marriage, with 17 per cent of women aged 20-24 married or in union before the age of 18 years, whereas Kepulauan Riau had a rate of under one per cent.¹⁴⁶

Access to legal identity

Access to legal identity also poses continued challenges. Birth registration rates have improved in recent years. In 2021, 77 per cent of children under 5 years of age had their births registered by the Civil Registration Office, increasing to 81 per cent in 2022 and 83 per cent in 2023.¹⁴⁷ However, this

¹⁴¹ Martitah, M. et al. Insufficient criminal justice system response to the severity of domestic violence during the pandemic in Indonesia, *Heliyon*, vol. 10, no. 14, 2024, p. 8. Available at <https://doi.org/10.1016/j.heliyon.2024.e33719>.

¹⁴² International NGO Forum on Indonesian Development, 'Criticizing the Policy and Implementation of the Marriage Dispensation', 31 May 2024, <<https://infid.org/en/mengkritisi-kebijakan-dan-implementasi-dispensasi-kawin/>>, accessed 4 July 2024.

¹⁴³ BPS-Statistics Indonesia, Indicator: Proportion of Women Aged 20-24 Years Who Were Married or in a Union Before 18 Years Old by Province (Percent), 2023.

¹⁴⁴ UNICEF Indonesia, Revealing the Truth of Marriage Dispensation: An analysis of child marriage practice in Tuban, Bogor, and Mamuju Districts, UNICEF, p. 7. Available at <https://www.girlsnotbrides.org/documents/887/UNICEF-Marriage-Dispensation-Research-Brief.pdf>

¹⁴⁵ Cate Sumner, Ending Child Marriage in Indonesia: The Role of the Courts, Centre for Indonesian Law, Islam and Society, Melbourne University, Policy Paper 19, 2020, p. 6.

¹⁴⁶ BPS-Statistics Indonesia, Indicator: Proportion of Women Aged 20-24 Years Who Were Married or in a Union Before 18 Years Old by Province (Percent), 2023. Available at <https://www.bps.go.id/en/statistics-table/2/MTM2MCM/portion-of-women-aged-20-24-years-who-were-married-or-in-a-union-before-18-years-old-by-province--percent-.html>

¹⁴⁷ BPS-Statistics Indonesia, Indicator: Proportion of Children Under 5 Years of Age Whose Births Were Registered by The Civil Registration Office by Province (Percent), 2021-2023.

remains significantly below the 100 per cent birth registration the Government of Indonesia (GoI) set out to achieve in the Government of Indonesia's National Medium-Term Development Plan (RPJMN) 2020-2024. Furthermore, birth registration rates vary significantly by province, with lowest rates in East Nusa Tenggara (at 51 per cent) and Papua (at 48 per cent), correlating with high poverty rates at 19.48 per cent and 17.26 per cent respectively.¹⁴⁸

Children in conflict with the law

Children in conflict with the law (CICL) between the ages or 12-18 years are dealt with in the juvenile justice system as set out in Law No. 11 of 2012 on the Juvenile Justice System. The Juvenile Justice System Law enables diversion, decriminalises status offences and includes the use of detention only as a measure of last resort. As set out in the Law, children must have legal representation at all stages of the criminal justice process; however, in practice children are not always able to access legal representation in criminal cases, and access varies considerably by province. In 2023, 5,190 juvenile criminal cases were brought to District Courts.¹⁴⁹ Of these cases, 12.7 per cent were processed as diversion cases, exposing a significant number of CICL to the formal criminal justice system. Furthermore, as outline in the background study to the Government of Indonesia's National Medium-Term Development Plan (RPJMN) 2020-2024, little progress has been made to address the number of children in detention,¹⁵⁰ and despite the Juvenile Justice System Law which sets out that children should serve sentences in juvenile prisons, some juveniles are detained in adult facilities.¹⁵¹

1.4 Child protection system

Laws, regulations and decrees relating to child protection and protection of women

Indonesia's child protection system is underpinned by a legal framework, the basis of which is contained in the Child Protection Law 2002 (amended in 2016). The Child Protection Law (CPL) sets out wide-ranging provisions relating to the rights of children, covering health, education and religion, as well as key child protection issues such as protection from neglect and abuse and alternative care measures. Other key laws include the Law on the Elimination of Domestic Violence (2004), Law on Child Justice (2012), and the Law on Witness and Victim Protection (2006). In 2022, Law No. 12 on Criminal Acts of Sexual Violence (TPKS) was gazetted, defining and criminalising 10 acts of sexual violence, including violence and abuse perpetrated against children, domestic sexual violence, forced prostitution and human trafficking for sexual exploitation purposes.

In recent years, Indonesia has introduced legislation and regulations which further provide for the protection of women and children, setting out the technical implementation of integrated protection services within the Integrated Service Unit for Women and Children Protection (UPTD PPA) model, and establishing the mandate of the Ministry of Women Empowerment and Child Protection (MoWECP) to coordinate, monitor and implement relevant laws, policies and regulations related to protection services. The UPTD PPA service model has been developed by MoWECP with the support of BAPPENAS and UNICEF. UPTD PPA is designed to be a 'one-stop-shop' where protection services for women and children can be accessed through a single institution. UPTD PPAs provide both 'in-house' services and coordinate with the existing service network to refer beneficiaries to key protection services.

¹⁴⁸ BPS-Statistics Indonesia, Indonesian Poverty Profile in March 2024, Official Statistics News, 1 July 2024, p. 11.

¹⁴⁹ The Supreme Court of the Republic of Indonesia, Executive Summary: Supreme Court 2023 Annual Report, p. 23.

¹⁵⁰ Directorate of Family, Women, Children, Youth and Sports, Background Study: 2020-2024 National Medium Term Development Plan (RPJMN) Field of Child Protection, BAPPENAS, 2018, p. 17.

¹⁵¹ US Department of State, Indonesia 2022 Human Rights Report, February 2023, <https://www.state.gov/wp-content/uploads/2023/02/415610_INDONESIA-2022-HUMAN-RIGHTS-REPORT.pdf>.

Key legislation relating to the UPTD PPA integrated service model is set out in the table below.

Figure 1: Laws and regulations relating to the implementation of UPTD PPA

Key regulations regarding UPTD PPA model	Description / key provisions
Law No. 12 of 2022 on Criminal Acts of Sexual Violence (TPKS Law)	<p>The Sexual Violence Crimes Law (SVCL) defines and criminalizes 10 acts of sexual violence, including sexual violence and abuse perpetrated against minors, domestic sexual violence, forced prostitution and human trafficking for sexual exploitation purposes.¹⁵²</p> <p>The Law provides for the criminalization of online sexual abuse and exploitation. Online sexual violence, and online attempts to extort, threaten, force or mislead related to sexual violence, receive penalties of 4 years (and/or one billion Rupiahs) and 6 years (and/or three hundred million Rupiahs respectively).¹⁵³</p> <p>The Law sets out sanctions that can be applied to individual perpetrators and corporations who commit sexual violent crime.</p> <p>The TPKS Law appoints UPTD PPA as the primary body to oversee cases relating to victims of sexual violence.¹⁵⁴</p>
Regulation 4/2018 on Guidelines for the Establishment of Regional Technical Implementation Units	<p>Sets out the guidelines for the establishment of UPTD PPA at the provincial and city/district level, including the planning and consultation stage.</p> <p>Sets out the six functions of a UPTD PPA: public complaints, victim outreach, case management, temporary shelter, mediation, and victim assistance.¹⁵⁵</p> <p>The classifications of UPTD PPA into Type 'A' and Type 'B' are set out at the provincial and district/city level, with the UPTD PPA personnel and service structure provided for by classification. The duties of personnel in UPTD PPA are set out.</p>

¹⁵² Brigatta I. Rahayoe & Partners, 'Sexual Violence Law', 25 May 2022, <https://www.brigitta.co.id/wp-content/uploads/2022/06/BIRP-Draft-Client-Alert-re-Sexual-Violence-Law-2022-05-19_Rev-clean1.pdf>, accessed 2 July 2024.

¹⁵³ Ibid.

¹⁵⁴ Nurlaila Hafidzoh et al, 'Presidential Regulation Policy Paper: Establishment of a Regional Technical Implementation Unit for the Protection of Women and Children (UPTD PPA)', International NGO Forum for Indonesian Development (INFID), December 2022, p.42, <<https://infid.org/en/policy-paper-peraturan-pemerintah-dan-kONSEPsi-uptd-ppa/>>, accessed 2 July 2024.

¹⁵⁵ Chapter 2, Article 5, Regulation No. 4 of 2018 on Guidelines for the Establishment of Regional Technical Implementation Units.

Regulation No. 65 of 2020 on Ministry of Empowerment and Child Protection	<p>Sets out the positions, duties and functions of the MoWECP.</p> <p>These including: the formulation and establishment of policies; policy coordination and implementation; and the coordination of national, cross-provincial and international protection cases for women and children. The MoWECP is responsible for data management relating to gender and children in Indonesia.¹⁵⁶</p> <p>The Regulation also provides for the individual responsibilities and duties of Deputies within the MoWECP, including the Deputy for Gender Equality, Deputy for Fulfilment of Child's Rights, Deputy for Community Participation, Deputy for the Protection of Women's Rights and the Deputy for Special Protection of Children.</p>
Regulation of the MoWECP No. 2 of 2022 on Women and Child Protection Service Standards	<p>Service standards has three aims: 1. Determine the size of implementation of the 6 functions of UPTD PPA; 2. Improve the quality of UPTD PPA services by providing consistent, accurate, comprehensive, integrated and fast services, and 3. Serve as the basis for conducting quality assessment services and UPTD PPA quality accreditation.¹⁵⁷</p> <p>Defines the functions and services provided by UPTD PPA: Public Complaints, Victim Outreach, Case Management, Temporary Shelter, Mediation, and Victim Assistance.</p>
Regulation No 85 of 2022 on Women and Child Protection Service Standards	Service standards are guidelines for UPTD PPA to carry out integrated services in a quick, accurate and comprehensive manner. ¹⁵⁸
Regulation No. 2 of 2023 on Technical Instructions for the Use of Special Non-Physical Allocation Funds for Women and Child Protection Services Funds	Provides technical instructions on the use of DAK (Special Allocation Funds) by the MoWECP.
Presidential Decree No. 55 of 2024 Technical Implementation Unit for the Protection of Women and Children.	<p>Mandates the establishment of a Technical Implementation Unit for the Protection of Women and Children (UPTD PPA) in all provinces and cities/municipalities.</p> <p>UPTD PPAs are to provide support services for children and women who are in need or protection and are victims of violence and abuse.</p>

¹⁵⁶ Section 2, Article 3(a-i), Regulation No. 65 of 2020 concerning Ministry of Women's Empowerment and Child Protection.

¹⁵⁷ Section 2, Article 2(a-c), Regulation of the Minister of Women's Empowerment and Child Protection No. 2 of 2022 on Women and Child Protection Service Standards.

¹⁵⁸ Section 2(1), Regulation No 85 of 2022 on Women and Child Protection Service Standards.

In 2024, a series of critical Presidential Decrees relating to UPTD PPA, including Presidential Decree No. 55 on the Technical Implementation Unit for the Protection of Women and Children, and Presidential Decree Number 9 of 2024 Providing Education and Training for the Prevention and Handling of Criminal Acts of Sexual Violence, have been adopted. Whilst the 2024 period lies beyond the scope of this evaluation, it is relevant to consider the impact of the 2021-2023 programming period on these recent legislative enactments which relate to the functioning and sustainability of the UPTD PPA.

Key stakeholders in protection services for women and children

The responsibilities for child protection in Indonesia are fragmented across bodies at the national-level, and responsibilities for service delivery are highly decentralised to subnational Governments at the provincial and district/city level.

At the national level, a number of GoI ministries are responsible for key aspects relating to the integrated services for protection of women and children. As set out in Regulation No. 65 of 2020 on Ministry of Empowerment and Child Protection, MoWECP duties were expanded from developing policies on protection services for women and children to also include the technical aspect of service delivery. As a result, the MoWECP are responsible for overseeing the technical implementation of the UPTD PPA integrated service model. The duties of the MoWECP also extends to national level policy coordination and implementation and national level data management relating to gender and children in Indonesia.¹⁵⁹

A number of other key bodies operate at the national level and hold duties with respect to the provision of protection services for women and children. These include:

- The **Ministry of National Development Planning (BAPPENAS)**: responsible for development planning and budgeting for social protection and poverty alleviation. BAPPENAS' role includes coordinating the development assistance that comes into Indonesia and overseeing donors' programmes. BAPPENAS works in close conjunction with the Ministry for Women's Empowerment and Child Protection (MoWECP) in areas relating to women and children.
- The **Ministry of Home Affairs (MoHA)**: As per the decentralisation provided for under Law No. 23 of 2014 on Regional Government, the MoHA is responsible for providing supervision to decentralised governments and services in order to ensure high quality service delivery and community participation at provincial, district and village level.
- The **Ministry of Social Affairs (MoSA)**: responsible for developing and implementing a number of social assistance programmes which relate to integrated protection services for women and children. MoSA are a key implementing partner for MoWECP within UPTD PPA at the provincial and city / district level.
- The **Indonesian Commission for Child Protection (KPAI)**: a key institution which holds a wide range of roles and responsibilities that overlap and interplay with other GoI bodies. As established by the CPL, the KPAI play a role in public awareness-raising and receiving tips/ complaints in relation to child protection issues. The KPAI is also responsible for monitoring progress on implementing the Child Protection Law and other relevant legislation relating to the protection of children, and providing policy recommendations to the President.

¹⁵⁹ Section 2, Article 3, Presidential Regulation No. 65 of 2022 on Ministry of Empowerment and Child Protection

Key UNICEF partners in child protection at the national level and subnational level also include the Ministry of Villages (MoV), the National Police, the Witness and Victim Protection Agency (LPSK) and the Ministry of Law and Human Rights (MoLHR). The LPSK and MoLHR are key partners concerning children in CICL who fall within the scope of services that are provided within the UPTD PPA service model. Due to the decentralised nature of Government and protection services in Indonesia, the MoV is an important stakeholder in protection services and key partner for UNICEF Indonesia in linking community-based child protection mechanisms to UPTD PPA at the district/city level.¹⁶⁰

MoWECP is the mandated Government Ministry at the national level for child protection, and is responsible for the implementation of UPTD PPA across Indonesia. However, due to the decentralised nature of Indonesia's governance structure, services are highly decentralised at the provincial and city/district level. Key stakeholders at the subnational level include district offices of the MoWECP, along with district level Bappeda (City Regional Development Planning Agency) and the Social Affairs office (Dinas). UPTD PPA at the provincial and district/regency level sit under WECP, and coordinate and collaborate with Dinas in both service provision and referral pathways between agencies. NGOs and CSOs are key implementing partners at the subnational level, coordinating with UPTD PPA to provide protection services within the UPTD PPA service network.

At the village level community-based child protection mechanisms operate under the instruction of the Village Authority, centred on early detection and prevention. Protection structures at the village level vary by locality, but include village-level institutions and personnel working in PPA, such as Bhabinkamtibmas (community police), community shelters, and PPA village cadres and facilitators who report local incidents to the PPA taskforce. In theory, community-based child protection mechanisms refer protection cases up to the regency/district UPTD PPA.

UPTD PPA

The key service provider established for the delivery of integrated protection services for women and children are the **Regional Technical Implementation Units for the Protection of Women and Children (UPTD PPA)**. UPTD PPA have been the focus of the GoI's integrated protection service framework in the 2021-2023 period, supported by UNICEF within the scope of the UNICEF Country Programme 2021-2025, and forms the focus of this evaluation.

UNICEF Indonesia has coordinated with the MoWECP and BAPPENAS over an extended period, culminating in the development and establishment of the UPTD PPA service model. In 2015, UNICEF assisted MoWECP in undertaking the first survey on the prevalence of violence against children. UNICEF supported on another survey in 2018, building momentum at the national level to ensure a government focus on the protection of women and children. These surveys formed the basis on which UNICEF advocated at the national level for the inclusion of women and children's protection in the RPJMN.¹⁶¹ Presidential Regulation No. 65 of 2020 expanded the role of MoWECP to include service provision;¹⁶² previously MoWECP's role was limited to a coordinating role. Following this expanded mandate, the Ministry approached UNICEF to request technical support on how to operationalise service provision. The MoWECP and UNICEF then partnered to develop the UPTD PPA service model delivery.¹⁶³

¹⁶⁰ KII with Ministry of Village representatives, 18 July 2024.

¹⁶¹ KII with UNICEF CP Specialist, 16 July 2024

¹⁶² Chapter 1, Article 3(e), Regulation No. 65 of 2020 on Ministry of Women's Empowerment and Child Protection.

¹⁶³ Ibid.

UPTD PPA, as set out in Regulation No. 2 of 2022 on Women and Child Protection Service Standards, is a regional technical implementation unit which provides services for women and children, designed to be a 'one stop shop' for integrated protection services at the provincial and city/district. The scope of services provided by UPTD PPAs are set out in Regulation No. 2 of 2022 on Women and Child Protection Service Standards. These six mandated services are: **public complaints services; victim outreach; case management; temporary shelter; mediation; and victim assistance.**¹⁶⁴ Furthermore, in 2022, the landmark Sexual Violence Crime (TPKS) Law mandated UPTD PPAs as the primary body to oversee cases relating to victims of sexual violence, handling recovery and assistance of victims of sexual violence within the sis baseline services.

The UPTD PPA model has been developed at the national level but is designed to be implemented at the provincial level and at the city / district level to provide protection services for the women and children at risk of, or victim to, violence, abuse and exploitation.¹⁶⁵ Presidential Regulation 55 of 2024 concerning Regional Technical Implementation Units for the Protection of Women and Children (UPTD PPA), mandates that UPTD PPA must be established by regional governments at the provincial level and districts/cities.¹⁶⁶

Women and children who are identified as at risk or a victim of violence present to, or are referred to, the UPTD PPA, after which UPTD PPA provide relevant 'in-house' services, or work in coordination with local bodies and relevant institutions to provide appropriate integrated services with a UPTD PPA case manager overseeing the case in collaboration with a case assistant. Coordination and collaboration with other service bodies are critical for UPTD PPA to function effectively and fulfil the service needs of individuals presenting to UPTD PPA.¹⁶⁷ The box below sets out the key coordinating partners for UPTD PPA at the local level, allowing UPTD PPA case managers to refer individuals to relevant services within a broad service network.

Table 1: UPTD PPA coordinating service partners

UPTD PPA district/city coordinating partners at the local level:¹⁶⁸

- Community health centres, hospitals and other health facilities
- Social Services
- Police
- District attorney's office and high prosecutor's office
- District court and high court
- Special Children's Development Institute
- Regional Office of the Ministry of Religion
- Regional Office of the Ministry of Law and Human Rights
- Social Welfare Implementation Institution

¹⁶⁴ Chapter 2, Article 3(1), Regulation No. 2 of 2022 on Women and Child Protection Service Standards.

¹⁶⁵ Chapter 2, Article 3(1), Regulation No. 2 of 2022 on Women and Child Protection Service Standards.

¹⁶⁶ Ministry of Women Empowerment and Child Protection, 'Ministry of PPPA: Presidential Decree on UTPD PPA Requires the Establishment of UPTD PPA in the Regions', 4 May 2024, <<https://www.kemenpppa.go.id/page/view/NTE3NA>>, accessed 1 July 2024.

¹⁶⁷ KII with former UNICEF technical consultant, 19 July 2024.

¹⁶⁸ Chapter V, Article 21(2), Regulation No. 4 of 2018 on Guidelines for the Establishment of Regional Technical Implementation Units.

As set out in Regulation of the MoWECP No. 2 of 2022 on Women and Child Protection Service Standards, beneficiaries who are referred to the UPTD PPA service can include: Women and children who experience violence, discrimination, special protection and other problems; women victims to GBV; victims of domestic violence; victims of human trafficking; women in conflict with the law; children who need special protection and require child protection services (AMPK); and children in conflict with the law (CICL).¹⁶⁹ Individuals may self-refer to UPTD PPA by presenting to / contacting the UPTD PPA office; however referrals can also be made by other institutions and local bodies, such as NGOs and CSOs, schools, community-members, and health centres. In principle, community-based child protection mechanisms at the village level also make referrals to UPTD PPA at the district level within the new integrated service model through established SOPs. This referral process is established and overseen by the Village Authority.

¹⁶⁹ Training Module prepared by the MoWECP in collaboration with UNICEF, Module 2: PPA Service Concepts and Mechanisms-CEKATAN.

Annex K: Theory of Change

In summary, the child protection ToC is that children and adolescents, particularly the most marginalized, including children with disabilities, are more likely to be protected from all forms of violence, exploitation and neglect: if the Government continue to strengthen the social welfare sector including the strengthening of the workforce at the subnational level; **and if** the Government commit resources to develop and implement law and police reforms relating to child protection; **and if** reducing violence against children and child marriage continues to be priorities of the Government and partners, and data is available and open discussions on these topics are encouraged; and finally, if Government, parliaments, CSOs and private sector partners are interested to engage and partner with UNICEF on innovations to ensure children and families are reached with necessary information, services, and opportunities for prevention and response to child protection.

The ToC sets out several pre-conditions that are necessary to achieve the long-term vision:

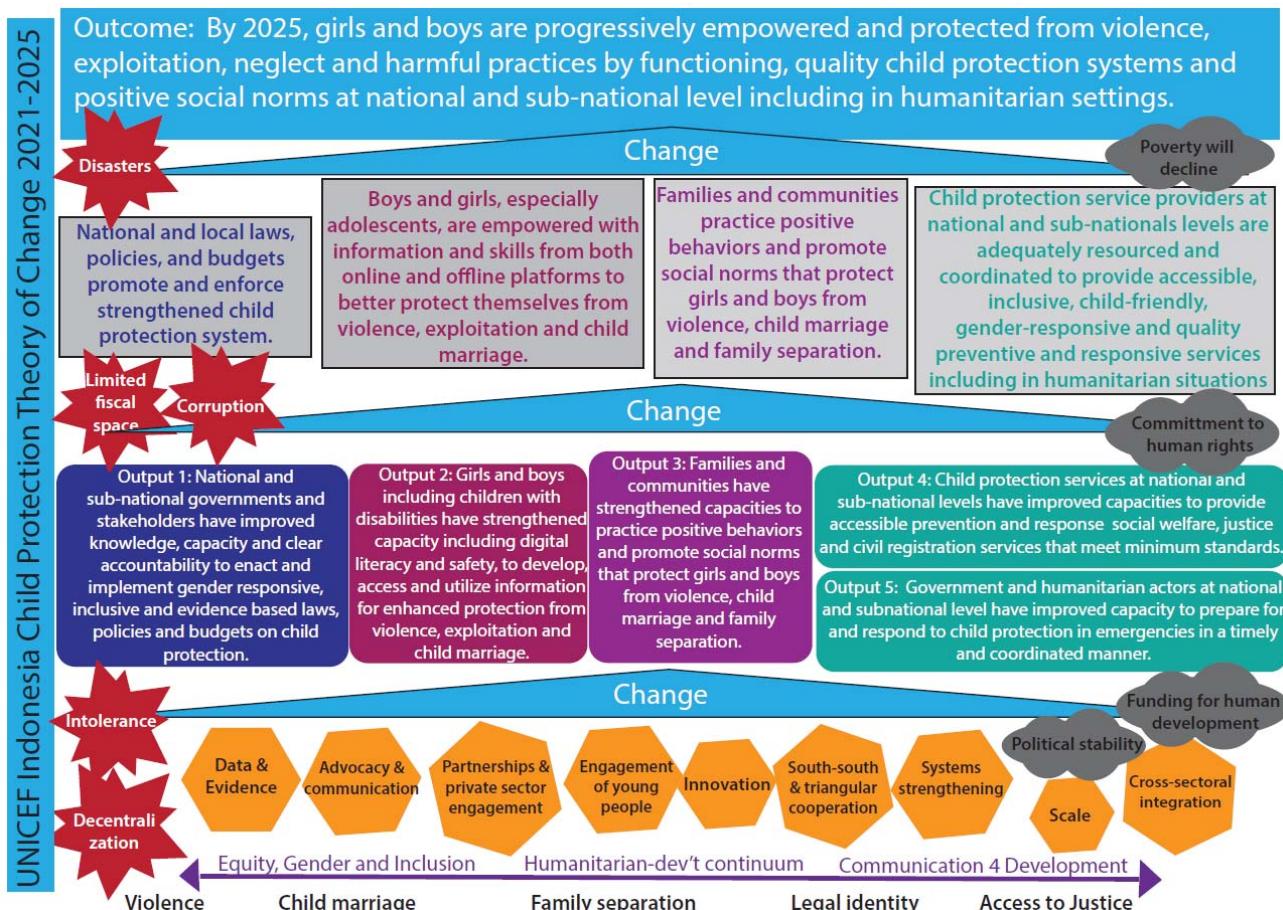
Precondition 1	Children and families have access to equitable, gender-responsive, quality child protection prevention and response services, access to legal identity and justice, including in emergencies.
Precondition 2	Parents, caregivers and communities and capacity to provide nurturing care, skills to prevent violence and abuse and promote positive non-violent and gender-responsive norms.
Precondition 3	Children and adolescents have improved access to information, skills and capacities to promote protection, build resiliency and practice behaviours that promote positive social norms.

The ToC also identifies three critical risks, these are:

1. The continued influence of conservative groups and increased intolerance negatively impacts on the articulation of child rights in law and police reform.
2. Economic shocks that limit fiscal space, particularly at the subnational level, will directly impact on resource allocation to child protection services, which are delivered at the subnational level.
3. Government does not adequately invest in building capacity to prepare for and respond to disasters, thus stretching the capacity of partners during large scale disasters to meet humanitarian needs.

A visual representation of the ToC for the UNICEF Indonesia Child Protection Programme is illustrated below, as drawn from the Country Programme Strategy Note:¹⁷⁰

¹⁷⁰ UNICEF Indonesia, Programme Strategy Note, 2021-2025, 7 April 2020, p. 113.



A specific ToC has not been developed for the UPTD PPA component of the Child Protection Programme, however, UNICEF's work relating to the design and implementation of the UPTD PPA model at the national and subnational level fits within the wider Child Protection Programme ToC. The UPTD PPA model relates most closely to output 4 of the ToC: "Child protection services at the national and sub-national levels have improved capacities to provide accessible prevention and response social welfare, justice civil registration". Specifically, the UPTD PPA model seeks to strengthen the capacity of subnational child protection services to provide protection services for women and children victim to violence.

UNICEF interventions directly supporting the UPTD PPA model have also sought to improve the knowledge and capacity of national and sub-national governments and stakeholders, output 1 in the Child Protection Programme ToC. Interventions and strategies designed to support output 1 have intended to increase the capacity of MoWECP, Bappenas, and other key national GoI institutions, to develop and implement an integrated service model for the protection of women and children.

Annex L: Ethical Approval Letter, Institute of Research and Community Service



UNIVERSITAS KATOLIK INDONESIA

ATMA JAYA

LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT

Jalan Jenderal Sudirman 51, Jakarta 12930, Indonesia
Telepon : +62 21 570-3306, 572-7615, ext. 139 / 427
Website : <http://www.atmajaya.ac.id> E-mail : ippm@atmajaya.ac.id

Number : 0007U/III/PPPE.PM.10.05/08/2024
Subject : Ethical Clearance

August, 23 2024

Dear,
Kirsten Anderson
Coram International, Coram Community Campus,
41 Brunswick Square, London WC1N 1AZ

After conducting a peer review of the research proposal entitled:

Formative Evaluation of Integrated Protection Services for Children and Women in Indonesia 2021-2023.

We are pleased to inform you that the Research Ethics Committee of Atma Jaya Catholic University of Indonesia hereby grants the ethical approval for the above-mentioned proposal, in accordance with the recommendation provided by the team from the Research Ethics Committee, as attached.

We hope that upon completion of the project, you will be able to provide us with a report and relevant description in relation to the assurance of the ethical aspects of the research.

We thank you for your attention and cooperation.

Sincerely yours,



Ignatius Praptoraharjo, Ph.D
Chairperson of Research Ethics Committee of Atma Jaya
Catholic University of Indonesia

Febiana Rima Kainama, M.Hum
Secretary

United Nations Children's Fund

Email: jakarta@unicef.org

Website: www.unicef.or.id

