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POLICY BRIEF

July 2016

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

CRVS and the Role of Local Government
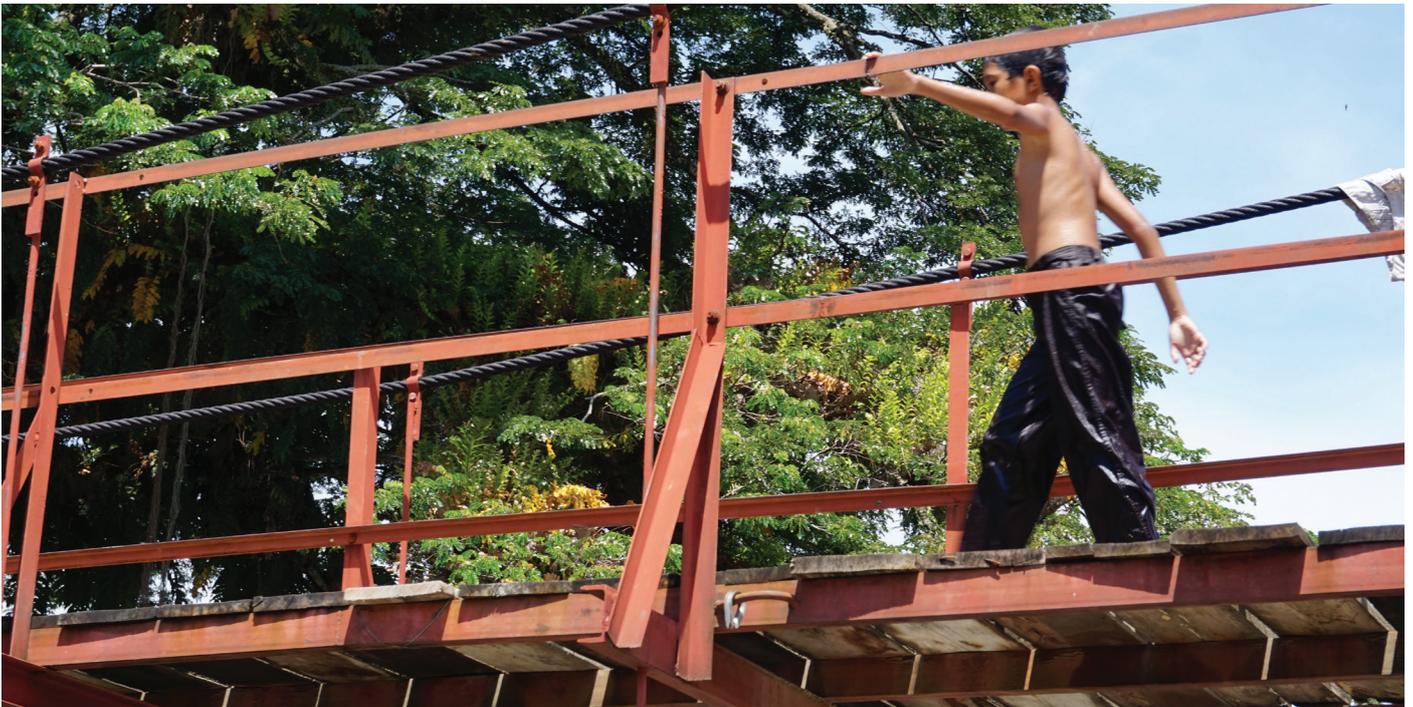
Civil registration and the provision of legal identity are fundamental services that all humans have the right to expect from their governments. Functional civil registration and vital statistics (CRVS) systems[i] also generate population data on fertility, mortality, and cause of death, which are indispensable to good governance and policy-making across sectors. This brief draws on the findings of a study conducted by the Ministry of National Development Planning/BAPPENAS in collaboration with PUSKAPA and *Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan* (KOMPAK) between late 2015 and early 2016 to explore the ways in which decentralization and local governments in Indonesia are implicated in the government's various commitments to improve Indonesia's CRVS, and it recommends ways in which local governance can contribute to an enduring solution.

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[i] This brief refers to Civil Registration and Vital Statistics (CRVS) systems to mean all government mechanisms of recording and/or reporting vital events—including birth, death, marriage, and divorce—and the manners by which those mechanisms relate to certifying vital events; though the research questions focused primarily on birth and death. In Indonesia, there is no single, universal CRVS system, but instead a tangle of mechanisms that intersect or overlap at times, but mostly run in parallel, rarely converging to create a whole.

CRVS in Indonesia

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

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

Although one or two government bodies are typically responsible for managing a country's CRVS, a weak system can have a domino effect across sectors. Following the adoption of the Sustainable Develop Goals (SDGs), for example, the World Bank argued that legal identity coverage for all will "fundamentally support the achievement of at least 10 other SDGs," including strengthening social protections, improving access of the poor to economic resources, ending preventable deaths of newborns, empowering women, and protecting children.[7] A recent global study found that, even after controlling for factors like income and health systems strength, countries with well functioning CRVS systems tend to have better health outcomes, including greater healthy life expectancy and lower rates of maternal and child mortality.[8] Studies in Indonesia have found ownership of legal identities to be associated with the continuation of schooling[9] and increased use of health services.[10]

Recognizing these linkages, the Government has set out to strengthen mechanisms related to CRVS. This figures directly in President Widodo's Medium Term Development Plan, which sets out to improve access to quality basic services, including health, education, social protection, infrastructure, and civil registration as a means of reducing poverty across the country.[11] As part of this plan, the President aims to cover 85 percent of children with birth certificates by 2019. Several regulations have been issued in recent years to simplify birth registration procedures, facilitate outreach to outlying communities, and promote collaborative efforts among ministries for improving death registration. The Ministry of Home Affairs has also made promising investments in modernizing the country's population registry through the Population Administration Information System (SIAK). Yet these initiatives are often uncoordinated, and in the context of decentralization, standardized implementation across the country's remote areas remains elusive. To date, no national plan has been made public detailing the government's strategy for integrating birth, death, and cause-of-death registration in one comprehensive system with the capability of producing certificates for all vital events while also generating valid, continuous, and timely statistics that can be shared across ministries.

The Village Law (2014) and the recent amendment in the Local Autonomy Law (2014) to revitalize sub-district governance present great opportunities to make decentralization work for people's wellbeing through locally available, quality services—including legal identity and civil registration services. If birth and death are the principal vital events in an individual's life, then it follows that planning and budgeting, and the delivery and monitoring of basic services—all of which are shifting to the villages and sub-districts—require reliable civil registration to produce accurate vital statistics that are accessible to these frontline administrations. The Ministry of National Development Planning/BAPPENAS is exploring ways in which the local government and various sectors with a stake in strengthening civil registration and vital statistics can be mobilized to work together towards a unified national CRVS system.

Key Lessons from Other Low- and Middle-Income Countries

From a review of over 500 published reports and studies about CRVS in low- and middle-income countries, we found that civil registration outreach in poor-resource settings is often hampered by the geographical distance, difficult terrain, and poor transportation infrastructure between government providers and

the target population. To respond to this, governments usually employ three types of strategies. The first is mobile registration, as has been used in the Philippines[12] and Ghana,[13] for example, where providers bring the civil registration service down to the community level. Through mobile registration, parents can usually apply for their children's birth certificates from mobile registration authorities in their villages, for free, and on a routine schedule.

Secondly, some governments decentralize the function of registration to a lower level of government by establishing a separate unit, as implemented in India, Argentina, Mexico, and Brazil.[14,15] However, establishing and maintaining a dedicated office at sub-district or village level requires significant human and financial resources. Therefore, some governments, including for example Ghana and Myanmar, opt for simply shifting the responsibility for registration to other institutions, such as the head of village and health workers.[16] This can cut the overhead costs of outreach and—when additional measures to facilitate inter-sectorial collaboration are put in place, such as resource provision and accountability mechanisms—this shifting model may lead to increased coverage.

Thirdly, some governments, such as Brazil and Iran, have employed culturally and linguistically sensitive campaigns to serve marginalized and indigenous communities.[16] In contexts where knowledge of civil registration is lacking, the most common strategy is to work together with community and religious leaders to raise awareness. In India, for example, a campaign sent volunteers door-to-door to identify individuals without appropriate civil registration, to educate them about the judicial and administrative benefits of civil registration, and to encourage them to register their births and deaths.[17] In Afghanistan, local *mullahs* encouraged people to report vital events, while in the Philippines, a local radio talk show and dedicated call centre were employed to disseminate information.[18] In Ghana, local volunteers were mobilized to support service outreach.[13]

A combination of these approaches has also been implemented in Indonesia. For example, PEKKA (the Women Heads of Household Organization) has pioneered its "Yandu" model in seventeen provinces in which paralegals from the organization consulted families about their challenges in accessing legal identity services, identified their needs, and facilitated mobile services for them at the village level.

Key Findings from the 2016 Formative Research

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

One in 10 respondents had applied for a birth certificate in the previous two years and had failed to receive one, mostly because they lacked requirements (32 percent), because the process was too long (30 percent), too expensive (20 percent), or the applicant did not properly understand the application process (16 percent). Most participants (66 percent) believed that a marriage certificate was required for birth registration, though at the time of the study it was only required to print both parents' names on a birth certificate. Over a third (35 percent) of those who understood the regulation said that not being able to include the father's name on a birth certificate would discourage them from applying. Shortly after data collection, Ministry of Home Affairs Regulation No. 9 of 2016 altered the policy, making it easier to include both parents' names on a birth certificate without a marriage certificate.[ii]

Despite the new policies that have been passed to remove obstacles to birth certificate applications and mandating the sharing of data among sectors, these efforts have often been thwarted by inconsistent, under-resourced, and fragmentary implementation within the context of decentralization. Law No. 24 of 2013 on the revision of Population Administration Law (23/2006) marked a paradigm shift in Indonesia's civil registration. It removed the

national administration fee for birth certificates and mandated the provision of outreach services. Where civil registration had been considered a citizen's duty, it became a right whose protection obliged governments to act. Unfortunately, this change in perspective was not equally shared across government bodies, whether horizontally, among sectors, or vertically, among different levels of administrations. Government officials across research sites shared a common sentiment, attributing the lack of coverage to citizen non-compliance with standards, leading some to propose an enforcement-and-punishment approach to increasing coverage, despite evidence suggesting that, to the extent that it has been instituted, this approach is ineffective.

In addition to the revision of the Population Administration Law, several regulations that aimed to improve CRVS have yet to be implemented fully. For example, one of these regulations, Minister of Home Affair Regulation No. 4 of 2010, mandated that all sub-districts implement PATEN by 2015. This policy would ideally delegate permit-granting and administrative authorities from the district to the sub-district for birth and death registration, thereby bringing services closer to the community. None of the three districts visited for this study, however, had implemented PATEN, though Petungkriyono was in the process of doing so as of December 2015. In addition, none of the research sites had established a Technical Implementation Unit (formerly known as UPTD, now named UPT) for civil registration at the sub-district level, which is recommended by Minister of Home Affairs Regulation No. 18 of 2010 as a means of increasing access to services in remote areas. Finally, Law No. 24 of 2013 stipulated that the Ministry of Home Affairs should be the principal source of population data for all development planning and budgeting processes, though many ministries and local government bodies continue to use Central Statistics Agency (BPS) data for these purposes.

Civil registration officers at the district level reported that a lack of training and coordination, especially with regard to budgetary processes, was a key bottleneck in civil registration. As a result, offices were under-resourced to provide mobile services, procure necessary equipment, hire staff, or make use of information and communications technology. The adoption of advanced technology such as SIAK has been central to the current improvement of civil registration service provision at the local level. However, the success of these initiatives has been moderated by the lack of necessary facilities and equipment, Internet connectivity, a lack of clarity with regard to what equipment local agencies can procure, and insufficient human resources capability.

The potential of engaging other sectors to assist with civil registration has not been capitalized on effectively; and in many places, this strategy has not even been considered. The population administration sector is hesitant to share the responsibility, assuming that it would increase errors and enable fraud, whereas other sectors are reluctant to shoulder the additional burden and are afraid to be seen as encroaching on the authority of the civil registration authority (Disdukcapil).

In general, the local provision of basic services in the three research sites was undermined by the lack of capable staff committed to living and serving in these areas. Monetary rewards were the only incentive offered to frontline staff; but according to many of them these did not compensate for the rough conditions they endured, and they were ineffective when not accompanied by non-monetary incentives, such as future career opportunities. According to informants, service personnel from remote areas are frequently transferred to more affluent areas without the consultation or approval of field managers (e.g., heads of sub-district community health centres, or Puskesmas, and heads of Disdukcapil). Finding replacements is difficult, making conditions worse yet for those who remain. Unsurprisingly, villagers are often served by volunteers or untrained staff.

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ii During the completion of the research report, the Minister of Home Affairs issued a number of new regulations whose implications may not be covered systematically in this brief. These new regulations might offer an interim solution to the current CRVS barriers; however, further investigation is needed to measure their efficacy.

Recommendations

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

- Regular outreach through comprehensive mobile registration services should be made a priority by Disdukcapil, especially in remote areas. These services should include registration and the issuance of certificates for all vital events, and should be conducted on consistent, predictable dates and times, allowing for follow-ups, if needed. These regular mobile services could be put in place only if there were clear costing mechanisms and the necessary financial, human, and operational resources. Disdukcapil should consult with sub-district and village governments to agree on the division of authority and responsibilities with regard to financing, planning, and executing integrated and mobile services. They should also work together to determine where and how the Village Fund can contribute to the costs associated with civil registration.

- In order to bring services closer to the community, the Disdukcapil should establish a UPT for civil registration at all sub-districts, as recommended by Minister of Home Affairs Regulation No. 18 of 2010, and should work with UPT from other sectors such as health and education to disseminate information on registration and to identify registration bottlenecks and opportunities.

- The district should also evaluate the possibility of delegating birth and death registration authority to the sub-district through PATEN in accordance with the Minister of Home Affair Regulation No. 4 of 2010. To examine the efficacy of such an approach, this should be trialled in selected Government frontline pilot sub-districts.

- The national government and development partners should invest in comprehensive capacity- and incentive-model-building, prioritizing Disdukcapil operators, and sub-district and village officers. Capacity-building efforts should include dedicated training for budgeting, provision of certificates, data entry and management, and data usage. To complement trainings, personnel should be provided with standardized learning materials and supervisory follow-ups. To motivate

staff, promotions and salary increases should be tied to performance in a meaningful way. More effort should be made to incentivize quality personnel to commit to working in remote locations. To this end, the hardship of working in underserved locations should be factored into incentive models, tying substantial remuneration to long-term commitments.

- Information on the importance of legal identity documents, and their respective application procedures, needs to be made accessible, not only for the targeted population, but also for the service providers and frontline workers that facilitate the processes.

Disdukcapil should collaborate with health and education front points of services, especially: community and village health clinics, Posyandu, family planning clinics, hospitals, and private clinics, early childhood development centres, and primary schools, in registering births and deaths. Providers of these frontline services should also see a clear benefit to cooperating with Disdukcapil, and not see it as a burden to primary service provision. Disdukcapil should also work closely with the religious affairs office and circuit courts to improve access to services related to marriage registration.

- Ministerial, provincial, and district leaders should emphasize the connections between civil registration and the main deliverables of frontline service providers to a greater extent so that frontline staff have a stake in ensuring their clients are registered. When they identify community members without NIK who are therefore ineligible for social protections, providers should systematically refer them to registration authorities and offer information and support. Furthermore, cases in which individuals are missing any type of identity document should be referred to the appropriate service provider.

- Efforts should be made to sensitize local authorities and community members to the removal, under Minister of Home Affairs Regulation No. 9 of 2016, of the marriage certificate requirement for birth certificates to include both parents' names. This should involve a campaign to raise awareness about the rights of all children to an identity that bears their proof of parentage. However, as long as this regulation is not fully implemented and local authorities still require marriage certificates to include a father's names, cases where parents do not have a legal marriage should be referred to an integrated service that includes a circuit court for legalization of marriage and a mobile religious affairs office (KUA) or Disdukcapil for marriage registration and certification.

To enable unified data usage for planning and budgeting, both at subnational and national levels, managers of population data, including birth and death registration, need to improve their recording systems, which in many places remain manual. When technological solutions to replace paper-based mechanisms are instituted, the central government needs to ensure that they are integrated, standardized, and supported by sufficient infrastructure and human resources. Information and communications technology (ICT) initiatives should ensure inter-sectorial linkages between databases so that data can be more readily shared and crosschecked across platforms, without compromising completeness or utility.

The national government should also immediately resolve confusion over the standard official reference of data for programming, such as whether to use SIAK or BPS data as the principal point of reference. Version issues for population administration information management platforms should be resolved as well, and future version upgrades should be rolled out with appropriate support to implementing offices.

Moreover, the subnational government should be supported to:

- Ensure that NIK as a unique identifier for accessing services locally is streamlined and used as the key to promote the interoperability of information management systems relevant to basic services as a way to generate more accurate and complete vital statistics.

- Make the regulations, policies, and procedures for sharing data at every level among sectors as clear as possible. District office employees and frontline staff who work with data should be trained to follow these standards appropriately.

- Reinforce the principle of evidence-based planning and evaluation at every administrative level. Officers with the mandate to plan policies and programs should be trained to recognize quality data, and to utilize it effectively. This is critical to improving local governance accountability.

- Promote Musrenbangdes, and similar mechanisms, in villages and to make them more inclusive. Effective surveillance of vital events depends on the buy-in of communities and their leaders. If conducted properly, planning and budgeting processes at the village level can provide opportunities for village officials to take ownership of registration and data collection and for community members to propose improvements to services.

- Finalize the data entry of all paper-based registration documents into one single version of SIAK by investing more in human resources development at the district level. Priority should be given to digitizing the backlog of registry data since 1997 at Disdukcapil so that data on all children under 18 may be available.

- Make population data on vital statistics readily accessible to relevant local government bodies, with appropriate measures to secure confidential data. Aggregate statistics should be communicated with the public in an accessible manner to improve social accountability.

References

[1] Badan Pusat Statistik [Central Statistics Agency]. (2014). Survei Sosial Ekonomi Nasional (SUSENAS) [National Social and Economic Survey]. [Unpublished dataset].

[2] United Nations Children's Fund (UNICEF). (2013). Every child's birth right: Inequities and trends in birth registration. New York: United Nations Children's Fund.

[3] Rao, C., Soemantri, S., Djaja, S., Adair, T., Wiryawan, Y., Pangaribuan, L., ...& Lopez, A. D. (2010). Mortality in Central Java: results from the Indonesian mortality registration system strengthening project. *BMC Research Notes*, *3*(1), 325.

[4] World Health Organization (WHO). (2011). Monitoring maternal, newborn and child health: understanding key progress indicators. Report.

[5] Fisher, R. P., & Myers, B. A. (2011). Free and simple GIS as appropriate for health mapping in a low resource setting: a case study in eastern Indonesia. *International Journal of Health Geographics*, *10*(11), 10–1186.

[6] Ministry of Health (2014). Laporan Tahunan Direktorat Kesehatan Ibu 2013 [Annual Report Directorate of Maternal Health 2013], Ministry of Health Indonesia, Jakarta.

[7] Dunning, C., Gelb, A., & Raghavan, S. (2014). Birth registration, legal identity, and the post-2015 Agenda. *Center for Global Development Policy Paper* (46).6.

[8] Phillips, D. E., AbouZahr, C., Lopez, A. D., Mikkelsen, L., de Savigny, D., Lozano, R., ... & Setel, P. W. (2015). Are well functioning civil registration and vital statistics systems associated with better health outcomes? *The Lancet*, *386*(10001), 1386-1394.

[9] Sumner, C., & Kusumaningrum, S. (2014). Indonesia's missing millions: A baseline study on legal identity. Jakarta, Indonesia: DFAT.

[10] Jackson, M., Duff, P., Kusumanigrum, S., & Stark, L. (2014). Thriving beyond survival: Understanding utilization of perinatal health services as predictors of birth registration: A cross-sectional study. *BMC International Health and Human Rights, 14*(1), 306.

[11] Government of Indonesia (GoI). (2015). Rencana Pembangunan Jangka Menengah Nasional 2015-2019 (National Medium Term Development Plan), Government Regulation Number 2 of 2015/Peraturan Presiden No 2 Tahun 2015.

[12] Marskell, J. (2014). The Philippines civil registration and vital statistics case study and Indicative Investment Plan 2015–2019. Draft for consultation at CRVS technical consultation meeting, Addis Ababa, 28–29 April, 2014.

[13] Peters, B. G., & Mawson, A. (2015). Governance and Policy Coordination The Case of Birth Registration in Ghana. Office of Research Working Paper, UNICEF.

[14] Office of the Registrar General. (2013). Vital Statistics of India Based on the Civil Registration System 2011. New Delhi, India: Ministry of Home Affairs.

[15] Danel, I., & Bortman, M. (2008). An Assessment of LAC's Vital Statistics System: The Foundation of Maternal and Infant Mortality Monitoring (Discussion Paper). Washington, D.C: World Bank.

[16] Muzzi, M. (2010). UNICEF good practices in integrating birth registration into health systems (2000–2009): Case studies: Bangladesh, Brazil, the Gambia and Delhi. *New York*: UNICEF.

[17] Mony, P., Sankar, K., Thomas, T., & Vaz, M. (2011). Strengthening of local vital events registration: lessons learnt from a voluntary sector initiative in a district in southern India. *Bulletin of the World Health Organization*, *89*(5), 379-384.

[18] Abouzahr, C., Azimi, S. Y., Bersales, L. G. S., Chandramouli, C., Hufana, L., Khan, K., . . . Sauyekenova, L. (2014). Strengthening civil registration and vital statistics in the Asia-Pacific region: learning from country experiences. *Asia-Pacific Population Journal*, *29* (1) 39-73.

[19] Gelb, A. (2015). Labor pains: Birth and civil registration in Indonesia. *Center for Global Development.*

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Research Sites:
The provinces of Aceh, Central Java, and South Sulawesi were selected purposively by a steering committee comprised of the Ministry of National Development Planning/BAPPENAS and KOMPAK to allow for variation in governance, local laws and regulations, legal identity coverage, cultural practices, and other contextual factors. One sub-district was selected in each province based on buy-in from local leaders, low scores on the Ministry of National Development Planning/BAPPENAS's composite poverty index, and geographic variation (Kecamatan Arongan Lambalek in Kabupaten Aceh Barat, Kecamatan Petungkriyono in Kabupaten Pekalongan, and Kecamatan Liukang Tupabbiring Utara in Kabupaten Pangkajene dan Kepulauan). At sub-districts level, villages and households were systematically randomized.

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

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

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