

COMPREHENSIVE, TRANSFORMATIVE, INCLUSIVE, AND GENDER RESPONSIVE SOCIAL PROTECTION: THE EXPERIENCE OF MAMPU PARTNERS AND ITS RELEVANCE TO THE COVID-19 CONTEXT

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COMPREHENSIVE, TRANSFORMATIVE, INCLUSIVE, AND GENDER RESPONSIVE SOCIAL PROTECTION: THE EXPERIENCE OF MAMPU PARTNERS AND ITS RELEVANCE TO THE COVID-19 CONTEXT

Almost a third of Indonesia's population lives in, or is vulnerable to poverty. Since the early years of this millennium, the Government of Indonesia has grown a social protection regime to protect its vulnerable citizens, and to help them to move out of poverty. Considerable progress has been made, with the official poverty rate halving over this period (World Bank 2019), but now, the pace of poverty reduction has slowed (TNP2K 2018). The COVID-19 pandemic will certainly impact negatively on this recent progress; Indonesia's economic growth is estimated to slow by between one and four percent. Even with the milder impact, the poverty rate is calculated to increase from 9.2 percent in September 2019 to 9.7 percent by the end of 2020. This implies that 1.3 million more people will be pushed into poverty (Suryahadi, Al Izzati and Suryadarma 2020). The all but cessation of tourism and hospitality sectors will leave many without an income; labour migration now comes with additional risks; and informal and home-based workers face uncertain materials supply and unknown demand for their products.

As many governments around the world have expanded their social protection systems with both welfare and economic stimulus objectives, Indonesia too is facing new and potentially extraordinary pressure to provide a safety net for the poor and near – or now suddenly poor. The Indonesian government has put together a comprehensive action plan to mitigate the effects of COVID-19, including by significantly expanding the number of households reached by cash transfers from 10 to 15 million households, electricity subsidies to help the micro, small, and medium sized enterprises, health sector support, and other actions such as opening up options for using *dana desa*, the village fund. However, history shows that access to social protection, or any social safety net, is constrained by the very factors that make people need it – lower levels of education and literacy; limits to mobility; geographic isolation; and missing paperwork.

This paper explores the experience of women's civil society organisations involved in the Australia-Indonesia Partnership for Gender Equality and Women's Empowerment, known as MAMPU, in increasing access to social protection, and what this means for the reach of such programs in Indonesia. The experience is particularly relevant in the new context. Women's civil society organisations that have engaged in social protection policy, monitoring, and information provision are poised to play a significant and useful role in the rapid expansion of social protection throughout Indonesia.

SOCIAL PROTECTION AND MAMPU



Access to social protection, and through this, to government services, particularly for women and women headed families, has been one of MAMPU's core themes since its inception in 2011. This experience is the foundation for MAMPU partners advocating for a social protection system that is:

- Inclusive, in that all have the right to social protection as and when they need it, regardless of sexuality, geography, religion, civil status, or disability,
- Comprehensive, with coherent and coordinated efforts to overcome poverty, vulnerability, inequality and marginalisation, and
- Transformative, to overcome injustices that cause vulnerability by incorporating a rights-based approach and seeking to empower those that participate.

Critical to each of these three elements, MAMPU partners emphasise that social protection must be gender aware. To be inclusive social protection requires specific identification of, and outreach to, women and other potentially marginalised groups; to be comprehensive, it must acknowledge and respond to life-cycle differences in women's and men's roles and opportunities and link people to the various services they need; and to be and to be transformative, women can be involved as active participants, not just as passive recipients or channels for family assistance.



What is social protection?

Social protection is a system of regular and predictable transfers, either as cash or goods, that aims to protect poor and vulnerable citizens from income shocks and health and employment related risks across the life cycle. As is the case in Indonesia, this generally has two approaches (i) social assistance or social safety net schemes, and (ii) social insurance schemes. Social assistance is provided by the government with no contribution from the recipient, whereas social insurance, consisting of health insurance and employment insurance, is financed through the contributions of its members. Indonesia's social health insurance scheme is currently a hybrid, with a government-financed component for the poor and a contributory component for those who can afford it (TNP2K 2018).

In Indonesia, social assistance includes is a rice subsidy for the poor and near poor (*Beras Sejahtera*, *Rastra*) (the largest program), conditional cash transfers for poor families (*Program Keluarga Harapan*, *PKH*), education cash assistance program (*Program Indonesia Pintar*, *PIP*), and the fully subsidised iteration of national health insurance (*Jaminan Kesehatan Nasional - Penerima Bantuan Iuran*, *JKM-PBI*).

I. WOMEN AND POVERTY VULNERABILITY



An analysis of Indonesia's large data sets including the Indonesia Family Life Study (IFLS) and the National Socio-economic Survey (Susenas) commissioned by MAMPU in its first year found that while women headed households are not disproportionately represented amongst the poor, they are more vulnerable to poverty and rely more heavily on assistance from family and social protection programs (Schaner 2012, 6). A follow-up assessment comparing 2011 and 2018 Susenas data found that female headed households are no longer less likely to be poor, based on per capita household consumption, but the vulnerability gap remains, as does women's higher dependence on social protection (Schaner 2020). In the interim, the baseline of MAMPU's longitudinal study,¹ mobilised to explore the lives of poor women across five themes, including access to social protection, found that overall, women-headed households had lower access to government programs and assistance than male-headed households (SMERU 2015). The surge into poverty that comes with economic and social shocks can be particularly threatening to these households. And where previously shocks had often been characterised as family based – illness or death, sudden unemployment, or family break-ups, as in the case of all widespread disasters the safety nets that come with social capital – neighbours and extended family helping each other, are no longer an option.

Within households, the particular and changing vulnerability of women and girls over their lifecycle is widely acknowledged. The effects of earlier inequality in education completion rates are declining, but continue to be felt amongst older Indonesians, and the gap in Indonesian women's labour force participation compared to men is one of the larger differences observed globally. Sexual and reproductive health challenges, including barriers to women, particularly poor women and those in under-resourced areas, to control their own fertility and access specialist women's health services have ongoing ramifications (OECD 2019). Women have increased risk of family and community violence, exacerbated with lockdown policies; greater restrictions on their free participation in public and professional life; and face generally higher expectations related to reproductive and care roles, again all exacerbated in the current context. Compounding all of these factors, male dominated family structures, institutionalised through emphasis on a usually male family head, can leave women, particularly older women, less visible in the planning and implementation of government programs, including social protection, basic services, and relief efforts.

The two organisations featured in this paper both work with women who are poor and marginalised. Most of the more than 60,000 members of the Foundation for Empowering Female Household Heads, or PEKKA, have faced discrimination,

¹ This is a non-representative study, focusing on five districts in Indonesia (Deli Serdang, Cilacap, Timor Tengah Selatan, Kubu Raya, and Pangkajene and its archipelago). It has been implemented by the SMERU Research Institute in 2014 (baseline), 2017 (midline) and 2019-2020 (endline).

isolation and exclusion, as well as a high vulnerability to poverty. PEKKA works with its members to improve their livelihoods and to give them the knowledge, skills and confidence to be active in social and political life. Over the past five years, PEKKA has expanded its services, information and consultation clinic (*Klinik Layanan Informasi dan Konsultasi*) or 'KLIK' as a key mechanism for promoting comprehensive, inclusive, and transformative social protection.

The KAPAL Perempuan Institute and local partners work to increase grassroots women's leadership and strengthen evidence-based advocacy for gender-focused policy. A key part of their approach is *Sekolah Perempuan* (Women's School), a program of seven modules starting with the basics of social analysis and introducing the potential of women's leadership, and culminating with developing gender and socially inclusive data for community and policy advocacy. Social protection, community organisation, and women's economic empowerment and livelihoods all feature within the curriculum. *Sekolah Perempuan* members monitor implementation of health insurance and health services from the perspective of the poor people who need them. KAPAL emphasises the centrality of gender analysis to social protection policy, planning, and budgeting. Both KAPAL and PEKKA are active in areas that have recently been affected by or have ongoing vulnerability to disasters.

II. MONITORING ELIGIBILITY AND TARGETING, ADDRESSING EXCLUSION



The Ministry of Social Affairs is responsible for producing social welfare data used to guide disbursement of poverty reduction and social protection programs. Ministry regulations on the verification and validation of data (Permensos No.28/2017, later renewed with Permensos No.5/2019), allow for community level verification of the poor. The village head can also register missing households. Both PEKKA and KAPAL Perempuan assist communities and local governments to take advantage of this formalised opportunity by implementing activities to monitor, verify, and address exclusion in social protection eligibility data.

KAPAL Perempuan has implemented a series of initiatives to address social protection related data collection and access issues observed in their operational areas. Community-based monitoring of JKN-PBI was conducted in villages in South Sulawesi (Pangkajene dan Kepulauan (PangKep) district), Nusa Tenggara Barat (NTB) (North and East Lombok districts), East Java (Gresik), Nusa Tenggara Timur (NTT) (Kupang district) and DKI Jakarta (East Jakarta) in late 2017 – early 2018.² It

² This monitoring reached 1,311 participants (678 male / 556 female) through surveys and group interviews. Results were presented in district meetings involving representatives of BPJS, district health, social affairs, and women's empowerment agencies; BPS; and representatives of local governance structures (Deputy Regent, sub-district, village and sub-village heads); as well as academics, journalists, civil society and women's organisations, and interested citizens.

uses a purpose developed gender audit methodology, including surveys and in-depth interviews, and focuses on the three domains of participation, socialisation (government information outreach about eligibility and access), and use of and satisfaction with public services. The methodology is led by local civil society partners,³ and brings together government officials, academics, and community monitoring teams made up of mostly women from households eligible for fully subsidised health insurance (JKN-PBI) who have participated in *Sekolah Perempuan*.

The institutional component of the monitoring found that there were a number of data issues, including that the eligibility data had not been updated; and the data in use was from 2011. In Gresik district, inadequacies in socialisation and inaccuracies in social assistance cards identified through this monitoring were followed up with expanded services from BPJS. This included allocating a budget to *Sekolah Perempuan* for outreach in four villages and implementation of Mobile Customer Service visits so that those with damaged, lost, incomplete, or incorrect cards did not have to travel to the sub-district or district office, incurring transport costs of 50-200,000 rupiah. 205 people accessed the first of these visits at Kesamben Kulon village, 77 of whom were able to have their issue fully resolved at that time. The involvement of *Sekolah Perempuan* has considerably expanded the demand for the service – when BPJS coordinated only with the sub-district and village heads, only a few people accessed the service. With *Sekolah Perempuan*'s community mobilisation, more than 800 people were reached in a four-month period. Over 2018 and 2019 KAPAL Perempuan recorded that they had assisted an additional 2,170 women and 2,075 men experiencing poverty in Gresik district to access government health insurance.

In Kupang local social affairs and health offices have used the monitoring data in service planning. This has included following up on gaps in service coverage with the transition to JKN-PBI. The monitoring team provided information on poor residents who had not received their JKN-PBI cards to BPJS and the health office which was then followed up. In 2019 953 additional poor women in Kupang city and 1,953 in Kupang district, along with 865 poor men in Kupang city and 2166 in the district were able to access national health insurance – 5,967 people in total.

KAPAL Perempuan also focuses on social protection and access to health services for the elderly because KAPAL's experience and observation is that this group is often excluded from access to social protection and the government services that they need. The community monitoring initiative found that only one or two elderly persons in each hamlet were able to access any form of social protection, when 1-200 people in each area may be eligible. In Bantaeng in South Sulawesi, KAPAL's work on access to social protection for the elderly has resulted in a district regulation

³ These are the Foundation for Community Studies and Development (YKPM) in Pangkajene and Kepulauan districts of South Sulawesi, the Women and Livelihood Resources Group (KPS2K) working in Gresik district East Java; Institute for Partner Resource Development (LPSDM), working in East Lombok and North Lombok in NTB province; Yayasan Alfa Omega (YAO) working in Kupang City, NTT, and PBT in Padang, West Sumatra.

(No.4/2020) on social protection for elderly and persons with disability, to formally prioritise assistance to these groups.

PEKKA's *KLIK* is a one-day clinic held at the village level with the aim to increase the access by poor women and their families to a range of government services. Data on access to social protection, particularly JKN, persons with disabilities, and cases of violence against women and children collected through the *KLIK* process are provided to relevant government agencies to inform policy, planning, and program implementation. PEKKA uses this information as a basis for its advocacy to relevant government agencies (either directly or through multi-stakeholder forums) about measures that would improve village and district-level policy and services. For example, *KLIK* in Asahan district in 2017 included health insurance consultations and checking of cards that appear to be inactive; in 2018 *KLIK* in Mempawah included verifying data and adding missing families to eligibility lists for the conditional cash transfer Hopeful Family Program (*Program Keluarga Harapan*, PKH). In October 2018 approximately 1000 families were added to the program in the area. In 2019 Bone, 80 individuals living in poverty gained access to health insurance in Bone district because of advocacy using data collected through *KLIK*. These, and other similar examples are in addition to those who are able to access assistance directly through *KLIK* events.

PEKKA is now piloting collaboration between *KLIK* and the Integrated Services and Referral System (*Sistem Layanan dan Rujukan Terpadu*, SLRT). SLRT is a priority national program of the Ministry of Social Affairs designed to facilitate poverty related data collection and referrals to programs and services. SLRT offices are now operational in over 130 districts or cities, and the Indonesian government intends to expand this to 514 districts and cities by 2024. PEKKA's engagement with SLRT has been supported by MAMPU in collaboration with MAHKOTA⁴ since 2017, and is underway in six districts - Sukabumi, Bantul, Tanjung Balai, Karawang, Dompu, Bangkalan, and Kendal.

III. ACCESSIBLE, PROXIMATE, COMMUNICATION FOR INCLUSIVITY



MAMPU partners have found that formalising poverty status and thus eligibility for social assistance is one step, but others are needed to ensure actual receipt of that assistance. Women's and civil society organisations have a critical role in ensuring transparency and accountability of village processes, and in ensuring their eligible constituents are aware of what is happening and are not excluded.

⁴ MAHKOTA is an Australian Aid initiative to support TNP2K in its work to enhance the efficiency and effectiveness of social protection programs, and to help Indonesia advance its agenda for developing a comprehensive social protection framework.

The need for proximate, credible information is extended in the COVID-19 context. All MAMPU partners have recently raised concerns about information flows, and are consolidating and simplifying information about protective measures and assistance available from official sources so it can be understood by grassroots communities.

For social protection, understanding and being supported to complete enrolment procedures are particularly important. For example, the endline of MAMPU's longitudinal study found that the main reasons families have not joined the national health insurance program (JKN) is either because they do not know the requirements (26 percent) or procedures for registering (18 percent of 824 respondents).

Similarly, KAPAL's monitoring of JKN-PBI showed that while many have formal access to health insurance (almost 90 percent have some kind of health insurance eligibility card), most have not received any information on how to access this mechanism, and what it can be used for. This has led to a range of problems, but also an inability for people to lodge queries or complaints (almost no-one surveyed had done this). A strong finding was that most women surveyed (87 percent) did not present for reproductive health checks, not knowing that JKN-PBI could be used for this purpose.



Sri Bulan from Gresik district married and had a child at 17. At 19 she required treatment for cancer which left her with ongoing health issues and a precarious, sometimes violent marriage. At 24 she cautiously started attending her local *Sekolah Perempuan* where she learnt to document and discuss the issues for the poor in her area. She has assisted her neighbours to access health insurance and health services, helping them to understand and complete the necessary paperwork, from family cards, to personal identification cards (KTP) and health insurance eligibility cards. Her actions encouraged community members to use their health cards, whereas previously they had no faith in being able to access services without payment. Sri Bulan expanded her catchment to neighbouring villages, disseminating information about women's rights to social protection how these rights can be fulfilled. She emphasises '*Perempuan penting memiliki BPJS agar terjamin kesehatannya. Perempuan Indonesia harus sadar kalau ini adalah pemenuhan hak dasar bernegara agar warga Indonesia sehat*' (For women it's important to have BPJS to insure their health. Indonesian women must realize that this is the fulfilment of basic rights for healthy Indonesian citizens). Sri Bulan herself had to navigate the local bureaucracy to obtain a BPJS-PBI card when these were introduced, made more difficult by her own gaps in various documents. She now shares this experience with others facing the same predicament, helping them to fulfil the background requirements which can otherwise feel prohibitive in time, money, and complexity, especially for the poor.

PEKKA's *KLIK* addresses barriers to access that are geographic – that is people not being able to travel to district centres, and those that are information based. Women and men in communities need the opportunity to ask questions and to be accompanied through the various bureaucratic processes core to accessing social protection and other services. Without *KLIK* many do not understand the assistance they may be entitled to, how to get it, and what to do if they are left off the list.

'Sangat bagus dengan adanya KLIK PEKKA ini, masyarakat bisa mengerti dengan penjelasan narasumber dari Dinas Dukcapil, Dinas Sosial, BPJS Kesehatan dan Dinas Kesehatan. Karena selama ini banyak masyarakat (desa) yang belum mengerti cara mendapatkan program-program perlindungan sosial seperti PKH, KIP, KIS serta cara membuat akta kelahiran, BPJS dan isbat nikah. Melalui KLIK kami jadi paham' (It is so good to have *KLIK* PEKKA here, people can understand the explanations from the civil registration, social affairs, health insurance and health offices. Because many from the village didn't understand how to get the social protection programs like PKH, KIP, KIS and how to get a birth certificate, health insurance, and marriage certificate. Through *KLIK* we come to understand).

(Feedback from *KLIK* participant from Mempawah district, 2018).

From 2017 until the end of 2019, *KLIK* has been implemented 286 times across 96 districts or cities in 20 provinces. It has reached almost 44,000 women and 17,000 men. Each *KLIK* was attended by an average of just over 150 women and almost 60 men. The largest *KLIK* saw more than 3000 people. This demand evidences that people need localised help.

The Ministry of Social Affairs is also facilitating the establishment of village level social welfare centres (*Puskesmas*) in districts or cities with an SLRT. These are intended to bring the services to the people, however capacity is limited. Fifty facilitators are assigned to each district, regardless of the number of villages; budget constraints mean that there is insufficient incentive for facilitators to complete the large task many of them face – the facilitator fee is approximately AUD\$30 per month. There are many opportunities for closer collaboration between agencies at a district level, but often understandably, these are not acted on. Thus the collaboration between *KLIK* and SLRT is an important strategy for increasing government reach, bridging the gap with remote and poor populations, and also facilitating cooperation with local service providers.

Rahma thought of herself as a housewife, with the same routine every day. In 2016 she joined her first PEKKA community organising class in Tanjung Balai city. She went on to train, again with PEKKA, as a citizen journalist. Rahma became increasingly involved in community activities. This activity made her increasingly known amongst local government agencies, representing her community at various events. While growing her knowledge about social protection programs and the process for registering, Rahma herself faced difficulties with the process. The early setbacks left her resigned to not getting any support. But with ongoing engagement with PEKKA and the implementation of *KLIK* in her area, she was able to access the relevant cards for her own family, and for others as well. She has since become a well-known and often called upon resource to her peers, providing information, advice, and accompaniment to those eligible for the various programs so that they can complete the registration requirements and the receive assistance they need.

IV. CONNECTING WITH SUB-NATIONAL GOVERNMENT INITIATIVES FOR COMPREHENSIVE SERVICE DELIVERY



Women's civil society organisations such as PEKKA and KAPAL Perempuan can operate in the space between under-resourced communities and a government structure which can become stuck or diluted at the district level. They provide a bridge between government agencies and service providers and individuals and groups that need specific outreach. They help to bring services together in a way that creates efficiencies for the agencies involved and reduces costs to the poor.

PEKKA's *KLIK* most commonly involves local social, health, population and civil registry, and social insurance agencies, the local department for the empowerment and protection of women and children, and representatives of the village governance structures and local religious and traditional (*adat*) institutions. In some areas, additional services have been provided, such as free medical examinations by doctors and midwives in North Halmadere district; offering pap smears (Baubau Central Sulawesi) and providing health consultations and pharmacy services (Ogan Ogan Iilir, South Sumatra) (2018). *KLIK* held in 2018 in Lombok Utara, East Flores and Asahan involved personnel from the civil registry office who were able to record information for issuing electronic identity card (e-KTP). In North Lombok (NTB), Mempawah (West Kalimantan), Asahan (North Sumatra), Baubau (Southeast Sulawesi) and Bone (South Sulawesi) the civil registry officials received documentation directly at *KLIK* events required for issuing legal identity documents, took them for processing in the

office, and returned them documents at subsequent *KLIK*. This negated the need for village residents to travel to district centres multiple times for various steps in processing, saving money and time.

Most commonly *KLIK* assists women and men with their social protection enquiries (61 percent of cases between 2017 and 2019), followed by legal identity cases (28 percent). Men are more likely to consult on legal identity, and women on social protection. PEKKA estimates that about 90 percent of legal identity cases are resolved, either through services present on the day of the *KLIK* event, or through PEKKA's post event-advocacy to relevant authorities about service needs and blocks. The integration of *KLIK* and SLRT mentioned above is gaining increased attention and commitment from government agencies. The innovation is most established in Sukabumi district in West Java, where SLRT was established in 2015. However insufficient community engagement meant that SLRT was not progressing beyond the district centre. PEKKA's experience implementing *KLIK* in communities was recognised as an opportunity by the district government and a relationship was established. *PerBup* 41 of 2018 includes a provision for *KLIK* to be implemented biannually by *Puskesmas* in the district's 381 villages, using government funds. In 2019 the Social Affairs Department allocated Rp163 million (approximately \$11,300 USD) for PEKKA to provide technical training for SLRT facilitators to implement the model. This training commenced in late 2019. PEKKA continues to advocate for allocation of village funds to support *KLIK* implementation.

The Ministry of Social Affairs is also facilitating the establishment of village level social welfare centres (*Puskesmas*) in districts or cities with an SLRT. These are intended to bring the services to the people, however in many cases the service does not reach the village. Local communities also do not know about the *Puskesmas*. *Puskesmas*, including the number of officers, do not yet offer sufficient coverage of their designated service areas. *Puskesmas* can also benefit directly from the skills developed through women's involvement in and skills developed through civil society led programs such as *KLIK*. Prior to COVID-19 restrictions, in the *KLIK* / SLRT collaboration areas *Puskesmas* officers had started to be involved in *KLIK* events. Although the number of villages where this happened are small (13 out of 385 villages in Sukabumi district and one village in Banguntapan district Yogyakarta), SLRT involvement in *KLIK* has: facilitated an open mechanism for data validation through public and civil society participation; brought social services closer to community, enabling social protection related queries and complaints on to be heard; (3) addressed community reluctance to visit the village office to deal with their administrative needs. Local government planning and budget allocation remain a challenge, and PEKKA is monitoring implementation of the district regulation. COVID-19 restrictions are however affecting PEKKA, and other organisations', ability to engage in direct advocacy and community level. AS much as possible information continues to flow through the extensive on-the-ground networks.

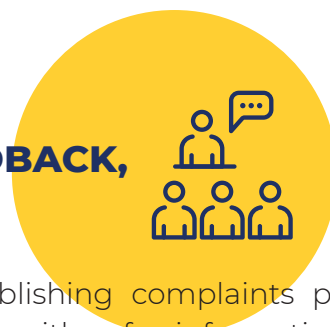
Marlia joined PEKKA in Dompu district in 2018, soon after becoming involved in the first *KLIK* held in her village. She was active in supporting and motivating other women with similar personal circumstances to hers (for example, who had been through divorce or were raising children alone) in her village. After *KLIK* Marlia began to get support from the community and the village head for various village activities. She was then recruited by the village head to become the chief coordinator of the *Puskesmas*. In this role Marlia help the community to access social protection or to obtain legal identity documents. She has also advocated for Social Affairs / SLRT for free electricity assistance, free toilets for the poor in her village.

KAPAL Perempuan prioritises implementation of *Sekolah Perempuan* in disadvantaged areas with high poverty levels and complex social issues. These include areas that have experienced disasters (earthquakes in Lombok and drought in Kupang, environmental damage in Padang, and flood prone areas of East and South Jakarta), the remote islands of Pangkajene and Kepulauan, South Sulawesi, and the underdeveloped islands of Gresik, East Java.

Iyen lives in Timbulun, a remote area of West Sumatra that had previously been excluded from local data collection, being considered outsiders. Access between villages was via a rough path, with several river crossings. Following her participation in *Sekolah Perempuan* Iyen worked with other local residents and the local government to advocate successfully for road access that enables access to markets for agricultural harvests; electricity has been connected; and social protection initiatives including subsidised rice, cash transfers (*Program Keluarga Harapan*) and free health care have reached the area. This experience demonstrates the value of local knowledge and commitment to solve local problems.

After the 2018 North Lombok earthquake *Sekolah Perempuan* mobilised to establish 'women's posts' to serve affected populations, including more than 700 of the school's members. The posts served 61 hamlets in 13 villages, reaching 12,542 people. *Sekolah Perempuan* members managing the posts advocated for careful rather than rushed distribution of aid, and collected information on those not being reached. They compiled administrative population data under the coordination of the civil registry office that was used to allocate recovery allowances, including for housing repairs. The civil registry office found the pre-established *Sekolah Perempuan* community monitoring team to provide the most accurate and efficient data in the challenging post-disaster conditions.

V. PROVIDING OPPORTUNITIES FOR FEEDBACK, AND ACTION



KAPAL Perempuan's methodology also includes establishing complaints posts which can be easily accessed by community members either for information or to lodge grievances related to social protection or access to basic services. They function as a centre for advocacy on women's issues, social protection programs and population administration. KAPAL Perempuan develops the skills of the complaints post personnel through dedicated capacity development activities. This starts with placing the complaint within an understanding the importance of public services, types of complaints, procedures for receiving, documenting, and verifying complaints and reporting on complaints resolution.

There are 10 complaints posts across each island in PangKep district where KAPAL is operating, managed by *Sekolah Perempuan* community monitoring teams of between two and five women. In 2018 *Sekolah Perempuan* members concentrated on advocating for health workers and services, first securing support from the district government to follow up on a recommendation of the JKN-PBI monitoring for an inter-island mobile service to enable people in remote small islands to seek treatment. The Local health department and village head subsequently initiated *ambulance laut*, or sea ambulance, posted midwives to Sabangko and Bangko-Bangkoang Islands, and committed to closer monitoring of the health workers often absent from their post on Sagara Island.

Within the first two months operation, 297 complaints were lodged via complaints posts in Kupang city. In the first quarter of 2019, 1550 complaints were lodged by women and 1471 by men, mostly related to securing birth and marriage certificates and accessing social protection. The Kupang complaints posts were able to work with community health centres to expand access to screening tests for early detection of cervical cancer, with KAPAL Perempuan reporting facilitating access for 30 women over a six-month period from April 2019. The launch of the posts has been used as an opportunity to disseminate information about services for reproductive and sexual health.

Following the Lombok earthquake a number of complaints were lodged related to unexpected cuts to *Program Keluarga Harapan* payments for 'donations to those affected by the earthquake'. Other complaints included that the PKH cards and account books were held by the facilitator rather than the recipient, something that potentially is disempowering and less transparent. In other cases, *Sekolah Perempuan* members have accompanied complainants to access the services they need. In the last quarter of 2019 this included supporting three women to access medical services and report to police after experiencing domestic violence. KAPAL Perempuan worked closely with the local administration directorate to collect data on PKH fraud and to restore access where necessary.

IV. THE TRANSFORMATIVE POWER OF INVOLVING GRASSROOTS WOMEN IN PROGRAM DELIVERY



Women and representatives of marginalised or vulnerable groups, such as persons with disability, the elderly and informal workers generally do not have much influence in external decisions that affect their lives. They are not involved in determining the nature of social protection, and do not have opportunities to provide feedback, ask questions, or make complaints. As discussed earlier they often do not have enough information about the existence of social protection, eligibility, or how to register.

Women who are in the eligible group for social protection programs can also play important roles in implementation, providing them with valuable skills and experience, but also offering to government agencies a first-hand perspective on social protection policy implementation. Previously marginalised women have become vocal in advocating for changes to policy and practice to reach more of the right people.

Through PEKKA's grassroots women's leadership development activities, many PEKKA members have become cadres and paralegals and implement community level programs to assist their peers and the wider community to access social protection and legal identity services. This has evolved from more informal information and advice, coupled with lobbying local governments and services to expand, improve, or make free their assistance to poorer members of society, to their centrality to *KLIK* implementation.

Each *KLIK* event requires approximately 13 officers for adequate preparation and coordination. These officers - PEKKA cadres and paralegals - conduct the background planning and organisation for *KLIK*. They set up consultation booths and information tables in the village, and staff them alongside representatives of services and government agencies. They bring connections to the local community, enabling them to facilitate coordination with local structures, and understanding of *KLIK*'s core issues of social protection, legal identity, and referral of violence against women and children cases. They connect with resource persons from government services, along with lawyers or paralegals for legal advice.

KLIK is most effective when the *KLIK* officers are dedicated to the basic ideas of *KLIK*, particularly the right of the poor and vulnerable to be able to access the basic services they need, and can communicate about these issues in ways that community members easily understand, and can support the appropriate follow up (Solidaritas 2018). Their often-disadvantaged backgrounds enable them to operate with empathy, patience, and respect. *KLIK* also provides an opportunity for the local government to hear directly what the issues facing their populations are.

KAPAL Perempuan has operated more than 200 *Sekolah Perempuan* across nine districts or cities in six provinces, with almost 7000 women graduating. In 55 of these villages the school was supported with funds from village or district governments. This expertise of *Sekolah Perempuan* has become a useful resource to governments and other agencies, both for social protection outreach and to facilitate access to basic services. In 2020, KAPAL Perempuan and the Ministry of Villages are processing a Memorandum of Understanding for the next three years as part of the Ministry's human resource development strategy for disadvantaged and transmigration areas.

WHAT DOES THIS MEAN FOR FUTURE EXPANSION OF SOCIAL PROTECTION?



Community organisation plays an important role, not only for monitoring implementation of government social protection programs, but also to assist local governments to verification and validate the data of poor individuals, families, and vulnerable groups in the community. This is particularly important in periods of rapid change.

MAMPU partners have found that formalising poverty status and thus eligibility for social assistance is one step, but others are needed to ensure actual receipt of that assistance. Women's and civil society organisations have a critical role in ensuring transparency and accountability of village processes, and in ensuring their eligible constituents are aware of what is happening and are not excluded.

1. Recommendation: _____

MAMPU and partners recommend that expansion of social protection prioritises reaching a larger proportion of vulnerable households – those headed by women, dependent on informal sector or migrant labour opportunities, and those with members with disability or who are elderly. To reach these groups, information must be disseminated through proximate channels accessible to these populations, such as local service providers and specialist civil society organisations and networks.

Both PEKKA and KAPAL Perempuan, along with other MAMPU partners, emphasise the centrality of women's empowerment activities to social protection, and that gender aware social protection recognises the contribution of women (and men) as agents of the programs. It is therefore not just what social protection provides, but how it is done. The experience of both KAPAL Perempuan and PEKKA shows that **training and involving women who are poor – and often from the social protection catchment groups – to be agents in program delivery brings benefits to the women themselves, those they assist, and to government agencies and**

basic services that they connect more effectively to community members. This is a transformative role that goes beyond the increased opportunities for access to basic services that well designed and implemented social protection can bring.

The experiences of KAPAL Perempuan and PEKKA across a range of geographic areas show that local governments are open to civil society partnerships, where, as in the case of these women's civil society organisations, their actions provide constructive input. PEKKA's observation from *KLIK* is that the direct contact with poor constituents brings out compassion, sensitivity and greater accountability from these officials. On-the-ground cross sectoral or multi-stakeholder connections are invaluable for delivery of a comprehensive system.

2. Recommendation: _____

MAMPU and partners recommend that district and village governments allocate funds to support engagement of civil society organisations, particularly those focused on women, persons with disabilities, the elderly, or other marginalised groups, to complement government social protection initiatives. Priority areas include training and support to local government officials (SLRT, *Puskesmas*), community focused information and outreach, data validation, and facilitating monitoring and grievance processes.

The experience during MAMPU **demonstrates the dual role played by women's civil society organisations: as a bridge between central and district agencies and the communities they serve, and secondly, as monitoring agents, increasing the accountability of, and providing feedback on the implementation of government policy.** They offer both efficiency, through a ready-made network, and effectiveness, in that they bring a perspective, skills, and tools to promote a system that is comprehensive, transformative, inclusive, and gender responsive.

3. Recommendation: _____

MAMPU and partners recommend that particularly in this time of rapid scale up, social protection stakeholders proactively seek to work with established women's civil society organisations that have on-the ground experience working with local governments to improve access to social protection for the people that need it.

The experience of these and other MAMPU partners highlights that transformative social protection about how social protection is delivered and who is involved. **Grassroots women, who themselves may be in the eligible group for social protection, can be a valuable resource in program implementation. They have first-hand experience and a personal investment in getting it right.** The experience of MAMPU partners KAPAL Perempuan, PEKKA, and others demonstrate the significant contribution that these women can make.

4. Recommendation: _____

MAMPU and partners recommend that social protection stakeholders acknowledge and make use of the skills and personal attributes of grassroots women who have developed leadership, advocacy, and community engagement skills through their involvement in women's civil society organisation led programs.

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