

**DCOF INDONESIA:  
A REPORT ON SAVE THE CHILDREN'S  
URBAN STREET CHILDREN PROGRAM**

**November 2003**

## ABBREVIATIONS AND ACRONYMS

BMS	Bagun Mitra Sejati (NGO)
CRC	International Convention on the Rights of the Child
DCOF	Displaced Children and Orphans Fund
DinKes	Department of Health (Indonesian government)
GOI	Government of Indonesia
IEC	Information, education, communication
IR	Intermediate result
KAKI	Komunitas Aksi Kemanusiaan Indonesia (NGO)
LPA	Lembaga Perlindungan Anak Ja Tim, the provincial counterpart of the NCCP
MOU	Memorandum of understanding
NCCP	National Commission for Child Protection
NGO	Nongovernmental organization
PPAI	Perserikatan Perlindungan Anak Indonesia, The Medan LPA
SCF	Save the Children Federation/USA
SEMAK	Solidaritas Masyarakat Anak (NGO)
USAID	U.S. Agency for International Development
YAKMI	Yayasan Kesejahteraan Masyarakat Indonesia (NGO)

## TABLE OF CONTENTS

<i>ABBREVIATIONS AND ACRONYMS</i>	2
<i>EXECUTIVE SUMMARY</i>	5
<i>INDONESIA DCOF REPORT SUMMARY</i>	7
<i>Principal Observations and Recommendations</i>	7
Promoting Best Practices	7
Measuring Financial Strength	8
Supporting Local Advocacy	8
Limiting Work with Older Girls and Prostitution	8
Expanding Access to Health	8
Defining Vulnerable Children and Prevention Strategies	9
The Care of High-risk / Homeless Children	9
Revisiting Vocational Training	9
Beyond Process Indicators	9
Exit Strategy Comments	11
<i>INDONESIA DCOF REPORT</i>	1
<i>Background</i>	1
<i>Focus, Goals, and Strategies</i>	2
Reduce the Number of Subgrants	2
Support from Save the Children/US	3
Community Mobilization	3
Advocacy and Networking	4
Juvenile Justice and Prostitution	6
<i>Strategies for Vulnerable Children</i>	6
Reducing the Cost of Education	6
Improving the Quality and Scope of Education	7
Improving Parents' Earning Power: Microcredit and Other Programs for Parents	8
Weaknesses of Education Intervention	8
Improved Parenting—Reducing Push Factors	9
Working With Children—Reducing “Pull Factors”	10
<i>Strategies for High-Risk Children and Youth</i>	10
Informal Education	10
Vocational Training, Internships, and Job Placement	10
Shelter and Adult Supervision	12

*Appendix A: Observations by Result Area* \_\_\_\_\_ *1*  
*Appendix B: Contacts* \_\_\_\_\_ *1*  
*Appendix C: Itinerary* \_\_\_\_\_ *1*  
*Appendix D: Highlights of Last Evaluation* \_\_\_\_\_ *1*

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## EXECUTIVE SUMMARY

### **DCOF Indonesia trip November 2003**

Don Whitson, MD, MPH and Cathy Savino, MPH traveled to Indonesia from November 10–21, 2003 to assess the Urban Street Children Empowerment and Support program, managed by Save the Children Federation (SC/US), and funded through the U.S. Agency for International Development's (USAID) Displaced Children and Orphans Fund (DCOF). This grant, awarded competitively, in August 2000 (Cooperative Agreement #497-0393) is a five-year project, with an end date of September 30, 2005, and a total estimated cost of \$4,800,000.

The team's scope of work was to review the progress of the grant to date. This is DCOF's second visit to Indonesia since the grant began (the first visit took place in May 14 2002). This visit was an opportunity to learn about the progress the program has made and to share that information with relevant stakeholders.

### **Summary**

The lives of children and youth whom the program reaches are better off, in measurable ways due to this program. The organizations delivering services or other supporting interventions have benefitted from the training they have received and are thus better able to serve their primary goals.

- Save the Children is to be commended for its progress in the 18 months since the last assessment. Its systemic approach to getting vulnerable children and youth access to health care and education while involving both families and communities is working. Many of Save's accomplishments, too numerous to mention in the executive summary, are detailed in the following pages.
- The initial three-year time frame for this program, while understandable in terms of USAID/Indonesia's existing five-year strategy, does not give the program enough time to accomplish its long-term goals for vulnerable children and youth. A longer time frame, as seen in Save's five-year plan, is necessary to develop the prospects for long-term sustainability.
- Assuming a five-year time frame, it is not too early, with two years remaining, to begin planning an exit strategy that prepares local groups for the inevitable withdrawal of DCOF funds. Save's fundraising workshop is an important contribution in this regard. It might be worth introducing an indicator that captures NGO success in developing a wider funding base.
- Indonesia remains a difficult environment for policy, advocacy, and large-scale advances in programming services. The legacy of block grants from the Asia Development Bank and ensuing NGO territoriality, the lack of Government of

Indonesia (GOI) transparency in how funds are distributed, the fledgling NGO community and their sometimes competitive nature all contribute to a complex situation for vulnerable youth.

- One of Save's strengths has been its ability to try to capitalize on opportunities that become available for vulnerable children, especially in the policy arena. Almost daily, the English language newspaper, *Jakarta Post*, prints articles related to inventions to get young people off the street. There continues to be a lack of leadership in this field, though Save and its partners are making efforts to build a constituency around the issue.
- The new USAID/Indonesia strategy, though still in its initial stage, looks to be a good fit for the Save program. The strategy emphasizes Indonesia's citizen and communities, and working with businesses and local government, the hallmark of Save's interventions. The crosscutting nature of Save's program, in addition to its practical experience will serve the mission well building on its successes and learning from its mistakes. Especially in the area of education, Save's focus on vulnerable children and youth and on drop outs, and its understanding of the barriers to getting kids back to school will enhance the education objective's goals.
- Names are important and the idea that terms like street children, street kids, and even urban youth calls to mind are not positive. Since street children are increasingly not the prime beneficiaries of the program, (preventing children and youth from becoming street children is the primary objective) using the term vulnerable youth where possible might help create a more positive mindset.
- Numbers of beneficiaries stand at approximately 4,300. Interviews with NGO's suggest that this number can be raised in the coming months. Increased numbers, whether through more scholarships or more health consultations would seem to make programmatic sense.

Save the Children's program is currently managed in the Health Office where additional health funds were added to compliment the DCOF strategy. Those funds allowed for reproductive health interventions to be added to DCOF's core activities. Indicators chosen for the project at that time have been overtaken by events. Given the ability of Save and its partner to describe their impact, new indicators that are more indicative of the progress to date should be proposed. These new indicators would likely be centered around scholarships, health and family, and community involvement as well as NGO strengthening. (The work being done at Save headquarters in the area of developing impact indicators is considered to be state of the art.)

The management burden of this program to USAID appears to have decreased over time. Yet a case can be made that its overall contribution to USAID/Indonesia's new strategy has increased. This technical assessment will hopefully contribute to increased understanding of its strategic fit.

## INDONESIA DCOF REPORT SUMMARY

*This section summarizes the content of a detailed report that follows. It is intended for those who want more detail than the executive summary provides but less than the individual analysis of each component of the program.*

### **Principal Observations and Recommendations**

The most important observation made during this visit was that the Urban Street Children Empowerment and Support project has made considerable progress since the last site visit. All of the concerns raised during that visit have been addressed in some way, and some consistent and successful strategies are now evident. NGOs are stronger and have clearer goals and strategies; advocacy; at least at a local level, has produced concrete results; and programs are both broader and deeper. Access to health care has improved dramatically, and all NGOs are more aware of at-risk girls.

It is important to understand that programs to help vulnerable children and youth cannot be expected to achieve sweeping results in the short timeframe of three- or five-year funding cycles. The need to work through local NGOs creates an added delay in project implementation, but eventually allows a greater range of creative solutions and strategies to emerge. Preexisting formulas and best practices simply do not yet exist in this field, and the political and social context is subject to rapid change. The best strategies then need to be encouraged, scaled up, and replicated to achieve meaningful impact. Programs must be agile, flexible, and always on the watch for creative ideas and successful new strategies. Save the Children and its staff have proven they are up to this challenge, especially given the limitations of the current environment in Indonesia.

The following observations and recommendations are not meant so much as criticisms, but as suggestions for further improvement, investigation, or possible interesting directions.

#### *Promoting Best Practices*

Some excellent initiatives and ideas have emerged, but each NGO has only a piece of the puzzle to providing services and advocacy to vulnerable youth, their families, and communities. NGO staff tend to be internally homogeneous (teachers, social workers, activists, ex-street kids, lawyers, etc.), and many NGOs are small, competitive and suffer from “founder syndrome.” None have staff with experience in business, the private sector, health care, or psychology, yet most problems and successful strategies are multidisciplinary. Save the Children should continue to seek ways to encourage cross-fertilization, share best practices, and even encourage NGOs to “contract out” services in areas where others have more expertise. Save may also wish to encourage NGOs to diversify their staff and boards of directors whenever feasible.

### *Measuring Financial Strength*

In spite of many creative initiatives in local fundraising, many NGO subgrant recipients continue to depend heavily on the Save the Children subgrants, causing the sustainability of their activities to be in doubt once that funding ends. Although community-based and local support are very important, they will likely be insufficient to guarantee NGO sustainability in most cases. Save should continue to support efforts to strengthen institutional fundraising (INGO, GOI, business) in parallel with local efforts. This would be an important impact indicator to develop further.

### *Supporting Local Advocacy*

Local and sectoral initiatives have been the most effective (education, health). The focus on small concrete issues such as birth certificates, health cards, school enrollment, and scholarships is most appropriate and is producing immediate results on a scale compatible with the NGO projects themselves. Save's local initiatives to secure Memorandums of Understanding (MOU) with municipal health departments is another very successful such example. The field of vulnerable youth lacks a broad national or regional base and strong leadership. Save and its partner NGOs should continue to identify and capitalize on more defined and local opportunities while staying engaged at the national and provincial levels.

### *Limiting Work with Older Girls and Prostitution*

Still, no successful strategy has emerged for girls already involved in prostitution, either in this project or in programs supported by DCOF in other countries. Prevention strategies for younger girls are not significantly different than those for boys. Prevention should be the primary focus with girls, including a special emphasis on health and reproductive health education, formal education, reducing time on the street, and improving access to health services. Save's choice to continue to fund some limited activities in the area of prostitution, such as advocacy to raise awareness about the problem (e.g., the Banduwangi play) seems appropriate. Much of the issue of prostitution appears to be related more to trafficking and "safe migration" issues than to street kids issues.

### *Expanding Access to Health*

Health has been one of the most successful aspects of this project. Save can build on this effort by improving the quality of services through training of health providers (including informal providers). Such training is especially needed in the area of reproductive health services. The recent qualitative study of reproductive health services will provide an excellent starting point. Other interesting areas that Save is beginning to develop are the systematization of psychosocial support to vulnerable and high-risk youth and the use of positive deviance to reduce risk behavior. Monitoring and documenting these experiences should prove valuable to other programs.

Save should also encourage those NGOs who still depend on project resources to provide health services to seek public and other institutional strategies in order to ensure sustainability of access to health services after the end of the project.



Finally, now that health care access has improved markedly, Save and its partners may wish to consider encouraging better access to dental care, both preventive and curative. Another important area noted by NGOs is improvement in access to health care and reproductive health services for parents and siblings, as well as for street children.

### *Defining Vulnerable Children and Prevention Strategies*

The categorization of street children into “vulnerable” and “high-risk” groups has clearly helped NGOs refine their objectives and strategies. Several different factors contribute to children going to the street, including economic necessity, rural-urban migration (sometimes seasonal), ethnic and cultural factors, recreational and “pull” factors, and geographic “contagion” of the idea to send children to work on the street. Instead of being randomly distributed, however, these factors appear to cluster geographically and help define subpopulations of vulnerable children on the street. Further discussion and analysis of these factors may help Save and NGOs find even more specific and effective strategies for dealing with each of these subgroups.

### *The Care of High-risk / Homeless Children*

As discussed above, most NGOs are allowing homeless youth to sleep at drop-in centers, sometimes for years, with NGO staff assuming roles as foster parents. This is a poor solution to the problem of homelessness, and NGOs should be encouraged to seek more systematic solutions. NGOs should recognize that they should not serve as orphanages or foster care facilities, but rather as facilitators and advocates. Some NGOs have found alternative solutions, including encouraging youth to return home or finding other relatives, foster care, or orphanages or religious boarding schools. These strategies and linkages could be developed further.

### *Revisiting Vocational Training*

Vocational training has not been effective for securing employment for vulnerable children and youth. The cost is relatively high for little return, and NGOs are not especially good at it. Although training programs may be effective for building self-esteem, and NGOs may have expertise with socialization methodologies, they lack the resources, expertise, and contacts necessary to carry out market-oriented, high-quality vocational training on the scale required to have a significant impact.

Internships may emerge as a successful strategy, but at this time the NGOs lack the needed connections with the business community, experience in this area, and scale. In addition, the current economic climate is depressed and competitive. Larger coalitions of NGOs, such as Perserikatan Perlindungan Anak Indonesia (PPAI) may prove effective. Encouraging links between business and the NGOs and their coalitions provides an excellent opportunity for Save the Children and USAID, and it fits neatly into the USAID/Indonesia new Strategic Plan objective, “Economic Development.”

### *Beyond Process Indicators*

The political and social context in Indonesia has evolved since the project was designed. Likewise, experience has led to a refinement of ideas, the emergence of some unexpected strategies, and a shift in the priority of some areas. Although the overall design of the

project continues to be sound, some of the project’s intermediate results appear to be either irrelevant or are not being monitored at all. Others that would seem important today—those related to the improved functioning of the child or young person (e.g., living at home or better school attendance)—are completely absent.

The Outcome Indicators appear to be more relevant and appropriate than the Intermediate Results (IR). However, they do seem to reflect a bias toward assuming that “street kids” live on the street and are not in school, and that the percentage of girl street children who are sex workers is high. Both of these perceptions have not proven to be correct.

There is also a tendency to rely heavily on baseline and final surveys for evaluation. Many of the indicators are therefore not being monitored regularly, and Save risks being surprised by the results of the final survey at the end of the project. Now that rosters of participating children are available, Save should be encouraged to carry out a smaller sample-based survey soon (a simple random sample of about 200 would probably be adequate for most indicators). This would provide some guidance for the final period of the project.

Another potential problem with this survey-based approach is the surprising result of the baseline for some areas. Few children admitted to being sexually active, so the validity of the condom questions is doubtful. Likewise, the percentage of children with no adult support was surprisingly low, and reducing it further will likely prove difficult. The percentage of children claiming to save money (60.5 percent) was surprisingly high, and because few NGOs have organized programs to encourage money management, this is unlikely to improve.

In addition, despite the fact that the lives of vulnerable children are measurably improved with prevention strategies, this improvement is not reflected in the indicators. Reduction of time on the street and formal school attendance are not being captured by the current set of indicators. Finally, the indicator for health of girls focuses disproportionately on sex workers and ignores the vast majority of at-risk girls who are not sex workers.

The development of a completely new USAID strategic plan is an excellent opportunity to review and revise the immediate results and indicators to make them more useful and meaningful.

<b>Suggested Indicators</b>	
NGO Strengthening	<ul style="list-style-type: none"> <li>• Percentage of total funding from local and/or private sources</li> <li>• Percentage of total funding from Save the Children</li> <li>• Average number of children served</li> </ul>
Health	<ul style="list-style-type: none"> <li>• Current indicators appear adequate</li> </ul>
Girls	<ul style="list-style-type: none"> <li>• Percentage of girls attending formal school</li> <li>• Grade pass rate for girls in school</li> <li>• Change the last indicator to include percentage of all girls reached, not just sex workers</li> </ul>

<p>Alternatives to the Street</p>	<ul style="list-style-type: none"> <li>• Percentage of formal school attendance</li> <li>• Grade pass rate for all children in school</li> <li>• Percentage of children reducing time on street</li> <li>• Percentage of children eliminating time on the street</li> <li>• Number and percentage of older children (17-18) successfully transitioning out of programs to jobs and a some formal shelter (home, with friends, etc.) each year</li> </ul>
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**Exit Strategy Comments**

It is not too early to begin plotting an exit strategy. Striving to help NGOs to diversify their funding is clearly important. In addition, as mentioned above, institutionalizing the remaining ad-hoc arrangements in health and education that rely on project resources is also important.

Save can encourage the smaller, more vulnerable organizations to team up with larger entities to guarantee that their beneficiaries continue to receive services after the project ends.

# INDONESIA DCOF REPORT

## Background

The Save the Children Federation's (SC/US) Urban Street Children Program aims to improve the health and welfare of children living and working on the streets in Indonesia's urban areas. It is operating in four cities—Jakarta, Surabaya, Medan and Bandung—through subgrants to 23 organizations, reduced from an initial 39. It is a capacity building program that works through local NGOs and coalitions who, in turn, provide services to street children. As noted in the January-March 2002 quarterly report “the program seeks to expand, strengthen, and mobilize local responses to meet the special medical, behavioral, educational, legal, and social needs of girls and boys living and working on the street.” The program is aiming to achieve four results:

- Result 1: Capacity of NGOs to deliver assistance to street children enhanced
- Result 2: Access to and use of health services by street children increased
- Result 3: Special needs of girl street children addressed
- Result 4: Alternatives to living in the street developed

The programmatic objectives and geographic focus of the program project have remained unaltered since the outset, though the original 43 indicators have been reduced to a more manageable number.

Since the last evaluation in May 2002, a number of events have occurred in Indonesia that have affected the program and its management and oversight:

- The National Child Protection law was passed in August 2002, although the enabling legislation necessary for full implementation has not yet been passed.
- The LPAs (the Lembaga Perlindungan Anak Ja Tim, the provincial counterpart of the National Commission for Child Protection [NCCP]) have not been as effective as originally hoped, and the National Child Protection law mandates the establishment of provincial governmental bodies with a similar mandate, possibly making the LPAs in their present form redundant.
- The Ministry of Education has revised the alternative education packets (Packets “A” and “B,” elementary and middle school) and introduced a Packet “C” for high school.
- Because of the Bali bombing, many expatriate USAID mission staff were evacuated, hampering USAID's ability to closely oversee the program and delaying DCOF's planned site visit from late 2002 until the current visit in late 2003.
- USAID/Indonesia's Strategic Plan is being revised significantly to include a new emphasis on education. Comments on how the Urban Street Children program fits into this new strategic plan are found later in this report.

In addition, although most observers agree that the number of street children has remained roughly stable during this period, qualitative changes have been noted, including an increase in migrant begging families and the appearance of very young children on the street (including infants). Save and its partners have demonstrated agility

and flexibility in addressing these emerging problems within the overall context of the original program strategy.

## **Focus, Goals, and Strategies**

Save the Children and its partner NGOs have shown considerable progress in refining and focusing their approach to helping street children and vulnerable youth. This was most evident in the refinement of definitions and categorization of street children into two groups. “High-risk” children are generally older and not in school. They live and spend most nights sleeping on the street and have lost contact with their families. “Vulnerable” children are those who spend some time on the street but are still in contact with their families. They still sleep most nights at home and are often still in school. This latter group is younger than the “high-risk” group and constitutes the majority of children (75 percent). Both groups require different strategies and interventions. All NGOs visited (and indeed, all the NGO now reporting) use these definitions, which have been codified into the database developed by the project. The NGOs recognize that vulnerable children require interventions focusing on prevention, including reducing time on the street and staying in school. High-risk children are more difficult to reach and need programs for socialization and life-skills training, adult supervision of some kind, job skills, as well as basic needs such as food and shelter. All children and their families need access to health services.

This refinement of definitions and strategies represents a significant change in the past months and has led to improvements in programming and monitoring. A second trend observed almost universally is a broadening of program activities by NGOs. Today nearly all subgrant recipients now include activities that include prevention, education, some work with parents and/or communities, health services, and advocacy. NGOs were observed to be able to articulate their goals clearly: reduce time on the street, get kids back in school, and help older kids transition into productive work.

Some NGOs are even beginning to identify other subcategories of street children, especially among the “vulnerable” group. Solidaritas Masyarakat Anak (SEMAK), for example, distinguishes between those who are on the street “for fun” and those who are on the street due to economic necessity. SEMAK is experimenting with different approaches to these subgroups.

## **Reduce the Number of Subgrants**

Save has reduced the number of subgrant recipients from 39 (32 providing direct services) to 23 (18 providing direct services). The grantees have now had their grants extended to June 2004. In spite of the reduction by 44 percent in the number of service NGOs, the number of recipients fell by only 16 percent from 4,714 to 4,312. Previously, nearly half of the NGOs served fewer than 100 children each. Today, only one NGO serves fewer than 100 children, and only five of 18 NGOs have fewer than 150 beneficiaries.

The current subgrant recipients have increased the number of beneficiaries by 344 children in the third quarter of 2003, and have pledged to nearly double the number of children served by the end of the grant extension period in 2004. At the current rate of expansion, this increase may well be possible, demonstrating the program's ability to not only improve quality but to scale up as well. Girls still remain a focus, representing 45 percent of beneficiaries.

Save the Children appears to be able to manage the 23 existing grants effectively, and there does not appear to be any reason to reduce the number further.

The subgrant funding disbursement is now moving much faster as well, and the project is actually slightly overspent on subgrants when compared with the budget of the no-cost extension. Subgrants still represent less than 50 percent of the total project budget, but the justification that the project itself is supporting most of the technical assistance to NGOs (rather than including this in the subgrant project budgets) appears to be reasonable. The amount of support that the NGOs required was beyond that originally envisioned as well.

### **Support from Save the Children/US**

Save/US has provided significantly more input than in the previous period. In addition to scheduling several visits by staff from Save headquarters and the regional office, Save has coordinated technical input into training in positive deviance, psychosocial support to traumatized youth, and microcredit. Save's country director is an experienced development leader whose innovative ideas and community initiatives help bring attention and support to the program. In addition, Save the Children/Indonesia has expanded the range of its technical staff to include an economic opportunities specialist, a positive deviance advisor, and a health advisor. These technical inputs have enabled NGOs to try new strategies such as microcredit for mothers (three NGOs), structured psychological support for high-risk youth (one NGO to date), and a trial of positive deviance as an approach to increase condom use among prostitutes (one NGO). The effectiveness of these new pilot programs will require some time to be evaluated.

### **Community Mobilization**

Today, nearly all NGOs include some form of community mobilization in their activities. The categorization of children into two subgroups has helped them focus on vulnerable children and devise prevention strategies. In addition, Save the Children sponsored regional workshops on community mobilization, counting on technical assistance from some NGOs that have strong skills in this field. All of the organizations visited cited increased community involvement, though some limited this involvement to home visits to parents or meetings with parents of street children.

Two NGOs that were visited have advanced community mobilization strategies. Bagun Mitra Sejati (BMS) in Jakarta has established preschools in communities with many street children. It has also employed a resource mapping exercise based on the rapid rural appraisal methodology, which has successfully identified resources and mobilized communities. It has also successfully reduced or eliminated the number of children from those neighborhoods who work on the street, and have successfully turned over its

operations to neighborhood volunteers and moved on to other areas. BMS has begun a comparative study between neighborhoods comparing the effects of community-based intervention with child-centered intervention on the number of street children. The results will be forthcoming and have wider significance for similar programs.

SEMAK (Bandung) has intervened in two areas to greatly reduce or eliminate the number of families whose children spend time working on the street. SEMAK is also considering turning activities over to the community itself.

A number of other local community initiatives were cited, such as cleanup campaigns, local fundraising, fostering, and health care provided by community volunteers. Several NGOs (e.g., Komunitas Aksi Kemanusiaan Indonesia [KAKI] in Jakarta) cited parenting classes and Karang (Medan) sponsors a forum between parents and high-risk children that has been effective in getting kids to return home part-time. Other NGOs have engaged the support of local schools (KAKI for scholarships), religious organizations, and civic groups, mostly for fundraising.

Save is in the initial stages of introducing a child-to-child program as a means for mobilizing communities. To date, mobilization of private sector businesses has been slow to start and limited to a small number of job internships for youth and donations for scholarships or food.

### **Advocacy and Networking**

Save the Children and its partner NGOs have continued to support advocacy and networking, although they have found that local and sectoral initiatives are more effective than national and provincial ones. Save the Children's role at the national level has been hampered by a number of factors. The current atmosphere in Indonesia is not conducive to large-scale advocacy for child rights and street children. No effective leader has emerged in the field. The National Child Protection law was passed by presidential decree rather than by Congressional vote. In addition, the enabling legislation has not yet been passed. These factors continue to leave the national and regional agencies tasked with child protection without the legal leverage to effect large-scale policy changes. The Indonesian government continues to focus its efforts for vulnerable children on supporting drop-in center projects and small-scale vocational training. One recent government initiative suggests building a huge dormitory for street children. Finally, NGOs working with street children are small and competitive, making it difficult for them to join forces for advocacy on a provincial or national scale.

There have been some concrete successes in the area of child labor, though not as a direct result of Save's project. Save staff continue to meet regularly with the Ministry of Women's Empowerment, as well maintaining contact with other organizations working in the area of child rights. Save's project is visible and well-known and attracts attention from authorities and USAID that is disproportionate to its modest size.

Save chose not to extend the LPA subgrants in East and West Java. This decision was justified due to the lack of concrete results and doubts about the organizations'

sustainability. In addition, the new national child protection law mandates the establishment of provincial-level government entities with a mandate very similar to the LPAs, making them redundant in their current form. UNICEF, the entity that originally sponsored the establishment of the LPAs, is no longer providing them with financial support. Moreover, the government decentralization process appears to give a greater role to municipal-level administration than to the provincial level. Save's decision to continue supporting the advocacy efforts of the legal aid organizations may help compensate for the loss of the LPAs in the project.

There have been many local and sectoral advocacy successes sponsored by the project. Many street children lack birth certificates, which crucial to accessing other services including health care and school. Save and its partners have been successful in Jakarta, Medan, and Bandung in getting at least 650 birth certificates for children. They have also made authorities aware of the problem and convinced them to streamline the process for future children in Bandung and Medan. Surabaya has been more intransigent, however, and will require more effort.

Elimination, or in some cases reductions, of education expenses has been another successful intervention. National law dictates that education should be free, but fees and other costs continue to serve as barriers to education. In addition, national policy dictates that schools use some of their funds to provide scholarships, and the social safety net fund is also available for the same purpose, in theory. Several NGOs have been successful in having school fees waived (SEMAK), monitoring social safety net scholarships (e.g. Karang), and accessing them for their beneficiaries (YAKMI).

Access to health care is a third area for which Save the Children has been a successful advocate. MOUs (Memoranda of Understanding) with the Departments of Health in Surabaya, Bandung, and Medan have allowed thousands of street children to exercise their right to access health services.

Networking has continued and increased, especially among recipient NGOs. Save the Children has sponsored workshops and retreats to encourage NGOs to share best practices, and Save continues to support PPAI in Medan (the local LPA) which includes 50 NGOs all working with children (though not all involved in street children). In addition, the project sponsored a meeting of organizations involved in juvenile justice in which terminology and definitions for documenting cases of rights violations were standardized using the Convention for the International Rights of the Child as a base. Using this, Pusaka (Medan) will document cases of rights violations of young offenders in the four target cities. Save is also sponsoring the publication of a booklet to guide outreach workers in how to respond when children are arrested. Save the Children continues to sponsor the street children list-serv through a subgrant to KKSP (Medan) and supported the development of database software to help NGOs manage their cases and standardize definitions and indicators.



## **Juvenile Justice and Prostitution**

Save has reduced its support for these two issues as recommended, though it has not been eliminated entirely. According to Save staff, juvenile justice and rights violations are cited by partner NGOs as very important issues for them. Save has not renewed the subgrants with the legal aid organizations in Surabaya and Bandung, and has restricted its support to Pusaka in Medan to the production of a manual for outreach workers on responding to the arrest of juveniles, and the documentation and publication of cases of rights violations in Surabaya, Bandung, and Medan. These activities would seem to be appropriate. They are low cost and of limited duration, involve advocacy rather than support for individual cases, and will likely have broad impact.

In the area of prostitution, Save continues to provide support to two NGOs, though the focus with Banduwanggi has shifted to advocacy and away from direct services. Save supported Banduwanggi and a local theater company in the production of a musical drama about the plight of underage sex workers. It has been presented at several high-level events, where it has reportedly attracted much attention. Although the live production has been suspended due to the high cost, a recorded version is available on video CD. The play is quite good, and the production quality of the video CD is good and includes English subtitles. Continued limited support, especially for activities related to public awareness and advocacy, seems reasonable. (The evaluation team did not visit the other organization with limited activities in the area of prostitution.)

## **Build on Technical Assistance to the NGOs**

Save's large initial investment in technical assistance to NGOs is paying off. The most obvious evidence of this is the improved financial and programmatic reporting to Save the Children. Reporting improved so much that Save needs only one grants compliance officer instead of two as before. In addition, technical assistance has shifted away from individualized institutional technical assistance and toward training sessions and workshops. Assistance has become more technical, including subjects such as fundraising, database use, IEC, microfinance, health care for vulnerable children, community mobilization, and sharing of best practices. This shift has allowed Save to introduce some experimental activities, including positive deviance (with Banduwanggi to increase condom use) and structured psychological support for youth (Karang). Nearly all the NGOs could cite concrete examples of program improvements that resulted directly from each of the types of technical assistance and training provided.

## **Strategies for Vulnerable Children**

The goal of most NGOs is that vulnerable children reduce or eliminate the time spent on the street, continue to live at home, and stay in school. Access to health care, psychosocial support, and recreational opportunities were also cited as important.

## **Reducing the Cost of Education**

Providing children with access to education is a primary strategy for nearly all NGOs, though they have a number of different approaches. In spite of legislation mandating free public education through secondary school, the total cost of education continues to be a

barrier to children continuing to study. Educational expenses include not only fees, but other informal charges (such as a charge to take an examination), books, uniforms, food, and transportation. Even if the government policy of free education for all is eventually implemented, these latter costs will continue to present a significant barrier to education.

As mentioned earlier, almost all NGOs provide some kind of scholarships to children. During the third quarter of 2003, 290 children received scholarships, though the sources varied considerably. These included official government scholarships (YAKMI staff, who are all social workers, are especially adept at tapping this source), Karang is working with the Department of Education to improve monitoring of the award of these scholarships, and BMS uses a grant from World Vision. Many NGOs have found creative ways to raise money for scholarships: KAKI (whose staff are teachers) has tapped into a school student council for student-to-student sponsorships, while other groups have received support from individual sponsors, religious groups, businesses, proceeds from sales of products, special events, and other fundraising activities.

In a related approach, SEMAK lobbied a school to waive fees for some of its vulnerable children, according to government policy, and the Jakarta-based Alliance for Education, an association of street children NGOs, is lobbying the municipal government to do the same.

Many NGOs attach strings to their scholarships and other incentive programs. Some provide scholarships to only one or two children in a single family on the condition that all children attend (Mitanyani). KKSP said that they restrict scholarships to a single year, but that drop-out afterward is unusual. Almost all NGOs require a reduction or elimination of time on the street as a condition for receiving scholarships. All of these approaches seem reasonable and are apparently producing results.

### **Improving the Quality and Scope of Education**

The poor quality of public schools in Indonesia is commonly cited as another factor in high drop-out rates. Children often are uninterested in attending, and poorly paid and equipped teachers do not care enough to invest the extra energy that these children need. Also, being in and out of school may lead to poor grades and loss of self-esteem, leading to drop-out. Finally, as both SEMAK and KAKI pointed out, dropping out of school is usually a gradual process stimulated by “push” factors (parental need for money, high cost) and “pull” factors (the street is fun and cool, they can make pocket money).

KAKI (whose staff are teachers) has been successful in engaging interested schools and teachers to alert KAKI staff to children at risk for dropping out, i.e., those skipping class, not showing interest, or having failing grades. These children are then singled out for special attention in the form of after-school tutoring by volunteer student teachers from the neighboring teachers college. KAKI admits that this strategy has been more successful in some schools than in others, and depends largely on the leadership of the school principal and interest from teachers. Karang, in Medan, has been unsuccessful in its attempts to engage teachers and schools in a similar way, and PPAI (Medan) admits

that its attempts to establish a teachers forum and “child-friendly schools” have not been very successful.

Many NGOs also employ after-school tutoring as a means to encourage children to stay in school and improve their performance, many taking advantage of community volunteers and mothers. Another approach, exemplified by BMS in Jakarta, is the establishment of preschools, which give children a better start in school. BMS’s preschools are established in collaboration with neighborhoods and are eventually fully operated by the communities themselves. KAKI also operates a preschool in its target neighborhood.

### **Improving Parents’ Earning Power: Microcredit and Other Programs for Parents**

School attendance (and attendance at NGO recreational and educational activities) takes children’s time away from begging, which often reduces needed family income. NGOs repeatedly pointed out that children begging can often net several times what a construction worker or bajai driver can earn.

One promising strategy to alleviate this situation is the provision of microcredit to help mothers increase their incomes. Save the Children has sponsored a pilot program to train three NGOs in a microcredit methodology (SPMAA in Surabaya, BMS and Mitanyani in Jakarta). Save the Children’s new economic opportunities advisor provided initial training in the microcredit methodology to the staff of the three NGOs. These staff members, in turn, trained a total of 299 mothers in 15 lending groups during four months, and have now disbursed the first loan funds. Project funds were used to capitalize the loan fund. During the site visit, we had the opportunity to talk to one group during their first meeting to make their first repayment. Loans are small (averaging about US\$35/loan). Most of the mothers we talked to were already in small business for themselves and used the funds to expand, including expansion of cookie and cake sales, tailoring and the like. Most said they would like larger loans and did not think repayment would be a problem. Save the Children is monitoring this effort to judge its success. Save states in its report that competition from other organizations with similar programs is one difficulty it must face.

In addition to providing financial support, other NGOs try to support parents in other ways. SEMAK cited its efforts to provide physical help whenever possible, especially when parents are ill. The NGO was instrumental in negotiating the installation of a well in one of its target neighborhoods (through another program), thus reducing the burden of carrying water. BMS also works on neighborhood improvement, and was able to provide water to about 20 percent of one of its target neighborhoods.

### **Weaknesses of Education Intervention**

In spite of the successes of the scholarships, only a fraction of children needing them actually receive them, and free education is a law that is still not implemented. Expanding school support programs remains a challenge to NGOs. Improving relations between schools, teachers, parents, communities, and NGOs is also an area that requires more

attention, as is the issue of the poor quality of public schools and their perceived lack of relevance. Perhaps a more system-wide approach similar to that used in the health sector would be more effective. Improving the quality of education is fortunately a priority in USAID's new strategic plan.

### **Improved Parenting—Reducing Push Factors**

In addition to the economic factors previously cited, stress, poor parenting skills, and violence at home were cited as factors that lead children to work on the street. Most NGOs now have some program to “engage” the parents, whether through individual home visits, parental meetings, or organized activities such as handicrafts or sewing classes. A few NGOs, like KAKI, have formal parenting classes. Some who offer activities for parents attach conditions to participation, such as the child's school attendance and reduction of time on the street. Some NGOs, like SEMAK and BMS, have mobilized the whole community, both parents and non-parents alike, in organized activities to try to reduce the number of children working on the street.

One interesting observation made by several NGOs, most notably SEMAK and KAKI, is the “contagiousness” of the idea of sending children to the street. In some neighborhoods, parents note that the families of a few street children are able to make extra income from the children working the street, and so they mimic them, sending their own children out. Soon, an entire neighborhood is subsisting on the income of their children. KAKI cited cultural factors, noting that one neighborhood of rural-to-urban migrants of a specific ethnic group, the Indra Mayu, seemed to naturally view their children as economic assets. Save staff pointed out that many of the Banduwanggi sex workers come from this same ethnic group. Except for noticing the phenomenon, the problem of ethnic factors influencing children going to the street has not been addressed by any of the NGOs.

Another observation made in Bandung was the recent appearance of entire “street families,” temporary (or later, permanent) migrants from a small number of rural villages who bring the entire family to beg. Many only stay the season, but some eventually move to the city. Another emerging phenomenon noted in Bandung was that of “renting” young children and infants to other women who would take them out to beg. As with the example in the earlier paragraph, this idea reportedly originated in a single small area and has since spread. In both the “rent-a-baby” cases and those of the rural-urban migrant families, young children and infants were observed lying down on the sidewalk or even in the street together with a collecting can. In all cases, an older sibling or parent was nearby to keep an eye out and collect the money.

These phenomena require community-based solutions, as the street children themselves are not the underlying cause of the phenomenon, but the victims. Programs aimed at “fixing the children” will not solve the problem. More NGOs are addressing such problems through programs aimed at families and communities, though some of these challenges, such as the rural-urban migrant families still challenge NGOs. Examples of some community-based approaches were described earlier in the report.

### **Working With Children—Reducing “Pull Factors”**

Several NGOs, most notably SEMAK, commented that “pull factors” draw children to the street as well. Friends lure children to the street where the opportunity to make money of their own to spend on snacks and video games is a strong incentive. The independence they gain, the perceived “coolness” of street culture, and the lack of alternative recreational opportunities for children in crowded urban slums were also cited as factors. It was commented that, in many cases, the families do not initially need the extra income, but gradually come to rely on it later.

Many NGOs have recreational and training activities aimed at engaging these children and youth to lure them back off the street. SEMAK has begun an experimental community radio project to engage children. Sports and other recreational activities are also used. There is a growing recognition that it is important to limit contact between the “high-risk” street kids and the “vulnerable” ones (both SEMAK and Karang, who do this deliberately), as well as staying alert for those in the latter group who may become bad influences. There seems to be growing recognition that the government and ADB supported drop-in center model (rumah singgah) may actually contribute to vulnerable kids spending more rather than less time on the street if the program is not managed properly. Whereas many NGOs use ex-street kids or even older street kids as outreach workers, SEMAK has found that staff outreach workers are more effective for the reasons cited above.

### **Strategies for High-Risk Children and Youth**

This smaller group of children and youth presents an even greater challenge than the vulnerable group, and successful strategies with systematic concrete results are far harder to identify. This is especially true for older girls, particularly those in the sex industry, where no broad successful strategies have emerged.

### **Informal Education**

NGOs agree that formal schooling is the best solution for all children. For those youth who are out of school and will not return, many NGOs are offering alternatives through equivalency programs. The most common strategy is the application of the Ministry of Education’s “Packets A, B, and C”, which can lead to a secondary-school equivalency diploma. Packet C made its debut during the interim between the first and current site visits. NGO and Save staff also indicate that the “A” and “B” packets have been revised and are now less boring and more relevant than before. About half of the NGOs appear to either use the packets or refer interested youth to other NGOs or government programs that use them. It was not possible to obtain a precise estimate of the number of high-risk youth participating (and eventually concluding the packets), but the numbers appear to be small. KAKI sends its high-risk youth to a government-sponsored alternative education program that uses a different curriculum.

### **Vocational Training, Internships, and Job Placement**

Vocational training is a common activity cited in most programs for vulnerable youth, including this one.

Although many NGOs have classes and training programs for their participants, most are very small scale. These most commonly include sewing, motorcycle or automobile repair, computers, arts and handicrafts, and music or drama. Most NGOs cite self-expression and improved self-esteem as the primary objectives for the courses, and these are legitimate, if unmeasurable, goals.

Vocational training with the aim of imparting youth with job skills that then lead to employment has been successful in only a very few NGOs on a small scale. Of all the organizations visited, KKSP reportedly has the broadest experience with vocational training. It recently offered a driving course after which one graduate got a job. They also reportedly operate a boarding school offering training in leadership, farming, automotive repair, and other areas, and they claim that up to half of the graduates who were street kids find jobs as a result. This was not verified independently and the details were not discussed.

Internships seem to offer a more promising approach to securing employment, though these have met with very limited success. KAKI has had two successful placements (motorcycle repair and a bajai driver). SEKAM has placed none of its sewing course graduates, and other NGOs cite similar problems. In some cases, youth are placed in internships but are either not hired or subsequently quit. PPAI, the Medan LPA, states that it was recently able to find 30 internships with private sector companies, though the final outcome of this effort is not yet known.

Interestingly, a sort of job placement that is not uncommon is for high-risk youth to be hired by their benefactor NGOs as outreach workers once they pass 18 years of age. The team met a number of “ex-street kid outreach workers” during the site visit. Related to this, a few exceptionally well-motivated ex-street children have gone on to found their own NGOs and seek institutional funding!

Several barriers to placing youth in internships mentioned by NGOs include a lack of receptivity by the private sector and the small scale of most local businesses (especially in Medan, unknown in the other cities). In addition, youth often lacked skills, socialization, discipline, and patience. Save the Children offered NGOs a workshop on life skills training, and a few, like Karang, began classes to provide this training to youth. The final impact has yet to be evaluated. Save’s pilot psychosocial support program already described may also prove to be a beneficial tool in helping high-risk youth transition into jobs.

NGOs appear to be best-suited to providing socialization training, securing essential documents (e.g., birth registration) and providing youth with opportunities for formal or alternative education in preparation for internships. However, they lack staff with business experience and do not have the necessary contacts with the business community to successfully place large numbers of high-risk youth. This offers an excellent opportunity for liaison with USAID’s new strategic emphasis on economic development.

As mentioned earlier, two NGOs operate their own businesses (Karang, a café and music studio, Griya Asih, an ice cream business). These NGOs employ a small number of their high-risk youth as a sort of internship and socialization program using the business proceeds to cover the costs. The long-term outcome of these efforts is yet to be seen.

### **Shelter and Adult Supervision**

Housing for homeless youth is an immediate problem for all programs. The most common solution NGOs have found is also the the least satisfactory of all: allowing homeless youth to sleep at drop-in centers. This solves the immediate problem of relatively safe shelter, but creates problems of its own. Facilities, which include sleeping areas and bathrooms, are often inadequate and separation by gender is sometimes impossible. In addition, this practice leads to NGO facilities being transformed into foster care centers for homeless youth, with NGO staff assuming the role of foster parents. There is a tendency for NGOs and their staff to “hold on” to kids for long periods of time, rather than helping them transition out to a more suitable situation. In some of the longer-running NGOs visited, adolescents admitted to being at the NGO for 10 years or more.

Some NGOs have found more systematic approaches to the shelter problem. SPMAA has good relationships with religious boarding schools and regularly refers children to them. Dian Mitra operates an orphanage. KKSP stated that they had found foster parents for four of their youth this year, and one other organization works with parents and children to encourage children to return home. The relative success of each of these approaches has not been systematically evaluated, though several groups stated that the youth often do not adapt well to the religious boarding schools and often run away.

Clearly the issue of shelter for the minority of high-risk youth needs to be addressed more appropriately, systematically, and on a larger scale. Also, a question to address is whether appropriate solutions for shelter and adult supervision for high-risk girls differs from those for boys.

## Appendix A: Observations by Result Area

This section contains observations on the project organized by result area in as far as they have not been adequately discussed above. Where possible, successful (and less successful) strategies that have emerged will be grouped together for analysis and comment.

### Result 1: Capacity of NGOs to deliver assistance to street children enhanced

- Capacity of local NGOs to develop and manage quality programs for street children improved.
- Capacity of provincial government and child protection agencies to support an improved operating environment for NGO street children programs improved.
- Comprehensive national strategy mainstreaming street children issues formulated and implemented.

Much has already been discussed above in this area. NGOs are both institutionally and programmatically stronger than before. The quality of analysis and definition has improved, and they have clarified their goals and strategies. Financial management and reporting seem much improved, and activities and programs are broader in scope but more focused on results. Almost all of the NGOs now address prevention, community mobilization, education, and health. The database software designed through the project is beginning to be used. In all cases that the team observed, data were either complete or nearly so, organizations knew how to use the software, and thought it valuable. The software should help individual NGOs and Save monitor their programs and may help improve inter-institutional collaboration and advocacy through standardization of indicators and definitions. Save reports that it has facilitated its own reporting, and the improved quality of Save's programmatic reports is evidence of this.

One area of concern during the last visit was the sustainability of many of the subgrant recipients. Many were almost exclusively dependent on the project's financing, and few had any local financial support. Now, many organizations are experimenting with small-scale local efforts to mobilize resources as well as continuing efforts to write proposals for institutional funding. Mitanyani is selling clothing, greeting cards, and handicrafts. BMS has donation boxes at sites around the city to support scholarships. In addition, they are selling training workshops on community mobilization to other NGOs. Many organizations are reportedly using direct mail to solicit donations, and others sponsor special events, such as musical productions.

A number of organizations have discovered that school scholarships have proven successful in stimulating local giving by civic and religious groups as well as individuals. Karang has been successful in mobilizing a local student council to organize student-to-student donations for scholarships.

Both Karang (Medan) and Griya Asih (Jakarta) have their own small businesses (a café/music studio and an ice cream business, respectively). These serve as small vocational training programs while also generating income.



Active and diverse boards of directors can also strengthen institutions. Although it is not clear how much the project itself influenced the boards, two organizations (PPAI in Medan and BMS in Jakarta) have boards of directors that actively participate in planning. The former's board even includes a state legislator.

Organizations have also increased the number of beneficiaries served, and most have already made some progress. As mentioned, most have pledged to roughly double their numbers by mid-2004.

### **Weaknesses**

In spite of advances, many organizations suffer from similar weaknesses. Many are small and young and suffer from founder syndrome. In most cases, current staff are made up largely of founding members, usually friends from the same field of expertise. Karang is all teachers; YAKMI, social workers; KKSP, largely 1980's activists, religious activists, and ex-street kids; and SEMAK, ex-street children.

In spite of the observed growth and diversification in local fundraising among NGO subgrant recipients, many continue to be disproportionately dependent on the project. Consequently, their financial sustainability after the project ends is doubtful. There is less concern about the older, well-established organizations. Although local fundraising is important both financially and as a means of stimulating community involvement, it alone is unlikely to be able to sustain the NGOs who have no institutional donations other than Save's subgrant.

Result 2: Access to and use of health services by street children increased.

- Street children's access to formal health services increased.
- Street children's health-care seeking behavior improved.
- Street children's health risk behaviors decreased.
- Street children's knowledge regarding exploitation improved.
- Street children's self-esteem and sense of self-competency improved.

Expansion of access to health services for vulnerable children is one of the unqualified successes of the project. During the previous visit, progress had already been made through the signing of a Memorandum of Understanding with the Department of Health in Surabaya for provision of health services at the NGO sites there. Individual agreements had been reached between public and private health care providers and some NGOs in Jakarta. A few NGOs, like KKSP, continue to maintain their own freestanding clinics as well. Since that visit, similar MOUs with health departments in Medan (including Binjai) and Bandung were signed and implemented. In many of the areas where public health services are now available to participating youth, a system of health cards and referral has been implemented to facilitate access. The chief of public health in Binjai (Medan) was proud to show off the health card in use there and spent a great deal of time explaining the duty of the health care authorities to provide health care as a right of all people, including street kids. The health cards are reportedly working well in most cities where they are used, and although the Indonesian health care system customarily charges a

small fee for curative services, funds from the “Social Safety Net” are reportedly allowing vulnerable children to be seen free of charge in most cases. In most areas, a combination system is in use, with public health doctors and nurses providing scheduled basic services at NGO sites, and public clinics and hospitals opening their doors to children with more complex problems either referred by NGO staff, mobile services, or through spontaneous demand.

Even in Jakarta where NGOs have made individual arrangements with local public health facilities, most of the NGOs interviewed that previously had private arrangements for health care services stated that the public arrangement was much better for their beneficiaries. They explained that children could access a broader range of services as well as more complex services. Access to free medication was cited as one of the greatest benefits of using the public health system over private arrangements. In Binjai, the public health system is coordinating with neighborhood “health posts” run by volunteers out of homes in poor neighborhoods. These centers serve as referral posts specifically designated for vulnerable children and their families. In Bandung, a public health physician (together with a team of nurses, support staff, and medications) was observed providing services to migrant “street families” outdoors in a parking lot.

It is important to highlight the fact that, as most children are too young to be responsible for their own health, referral by an adult to health services is important. All but the oldest of the vulnerable children (and even many of these) are unlikely to spontaneously seek out health services without a referral.

NGO workers, children, and parents interviewed agreed that access to health care had improved dramatically, and that they were using the service more. The success of the MOUs with the public health departments in Medan, Bandung, and Surabaya highlight the potential impact of actions taken at a public policy level by coalitions and larger entities like Save the Children, as opposed to the more limited impact of ad-hoc solutions by individual NGOs. This lesson may be applied to other areas, such as education.

Health issues that are unresolved from the previous site visit included provision of reproductive health services, privacy, psychological support, quality of health education, strategies for behavior change and standards for hygiene at drop-in centers. All but the last of these issues has since been specifically addressed by the project, albeit some in greater depth than others.

Reproductive health services are available through all public health facilities, although actual usage by sexually active youth is unknown and probably not very high. Only Banduwanggi, the NGO working with underage sex workers, has a specific arrangement for reproductive health services through a nongovernmental family planning organization. Save sponsored a small qualitative study of reproductive health services that included investigating youth’s preferences and attitudes as well as using “mystery clients” to investigate service quality. The study identified a number of areas for intervention, including issues relating to service improvement (operating hours, confidentiality) and improvement in provider skills, both in technical areas and

communication skills. This could be applied not only to formal providers, but also informal providers including pharmacies, private clinics, and NGO workers. Fortunately, most of the target children are younger and/or not yet sexually active and are thus in need of only orientation and health education rather than direct services. All NGOs are now providing some reproductive health education, though quality and coverage varies.

Save has addressed the quality of health education by collecting and reproducing a wide range of health education materials and distributing them to NGO partners. The Save health advisor then followed up with a series of workshops and training sessions on their effective use. All NGOs are providing health education of some sort to their target populations and this intervention is likely improving the quality of those services.

The issue of privacy has been tackled at least in part by the increasing use of public health facilities. These facilities are better equipped to provide services in an appropriate environment than the ad-hoc, often cramped or open arrangements at NGO facilities and drop-in centers.

Save the Children has taken initial steps to address the issues of effective behavior change strategies and psychological support through its pilot activities using positive deviance (Banduwanggi) and the 15-step psychosocial support program (KAKI, and later, SIKAP, and YANB). These efforts are still in the early stages and will be evaluated later. If they prove useful, they may be replicated for other NGOs. The applicability of the 15-step psychosocial support program to street youth has come into question. It was originally developed to support war-traumatized children and may need to be modified to be effective for street children.

The issue of hygiene at drop-in centers is a relatively minor one. As participating NGOs move from a focus on high-risk youth and toward a focus on prevention, vulnerable children, and working with families and communities, the role of drop-in centers becomes relatively less important.

## **Weaknesses**

The issue of the quality of health services in general, and specifically reproductive health services has yet to be addressed. Training of key providers in communication skills and even in technical areas of child and adolescent health care provision would be beneficial.

The issue of systematic access to public health services in Jakarta has yet to be tackled as well. The maze of public administration makes addressing this issue difficult at best and it remains a challenge to the project. However, many (if not most) of the NGOs have agreements with local public health clinics for their clients. In some cases, health services are still at least partially dependent on funding from the Save subgrant. NGOs should therefore be encouraged to work to guarantee that services will continue after the end of the grant, either through private voluntary arrangements, or preferably, through arrangements with the public health system.

Monitoring of health care usage could be improved as well. Refinement of indicators of health care usage and referral (by type of service, complexity), and some estimate of coverage would be helpful. In addition, episodes that did not receive services may also be interesting to monitor. Finally, dental health, a more universal need in this population than reproductive services, could be addressed, both as prevention (tooth brushing, sealants, and fluoride treatment) and curative dental treatment. With the exception of services in Binjai, no dental health services are mentioned in reports. Finally, health of the families of vulnerable children, including reproductive health services for parents, could be addressed more systematically across the spectrum of NGOs.

The issues of risk-taking behavior, effective behavior change strategies, and psychosocial support are beginning to receive attention. Careful monitoring and evaluation of the effectiveness of these strategies will be important. If the positive deviance and 15-step program prove effective, they can be replicated and scaled up.

Result 3: Special needs of girl street children addressed

- Girls' knowledge of rights regarding exploitation improved
- Girls' sense of self-esteem and sense of self-competency improved
- Girls' vocational and educational skills improved
- More prostituted children are reached with information, activities and services

A greatly increased attention to the problems of girl street children had already been noted during the first site visit, and the percentage of vulnerable girls participating in programs continues at about the same high level as before. Indeed, girls are over-represented among beneficiaries, making up only about 20 percent of all street children, but 45 percent of program beneficiaries. Girls were cited by almost all NGOs as an area that they had been neglecting prior to participation in this project, and the high percentage of girls in the program can be counted as a success. KKSP cited the recent addition to its staff of its first female outreach worker as a further attempt to reach more girls. The refinement of the definitions of "vulnerable" versus "high-risk" children has helped highlight the observation made in the previous report that the needs of younger ("vulnerable") girls are not significantly different from those of boys.

High-risk girls make up only 18 percent of the total number of girls, in contrast to 30 percent of the boys. And, 229 (65 percent) of the high-risk girls are concentrated in just four NGOs (Banduwanggi, YANB, SEKAM and SEMAK), which, except for the last one, all work in Jakarta. No clear successful strategies have emerged to help older girls (and especially sex workers) other than providing opportunities for continuing their education and improving access to health services. Indicators for these could easily be monitored, especially with the new database software in place. Vocational training that leads to employment has not been successful either for boys or girls (see the following section).

One of the reasons that this specific objective was included in the original proposal was concern over underage sex workers and trafficking. In discussions with Save the Children staff as well as NGO staff, it appears that the link between vulnerable girls (younger girls

working on the street but living with their families) and older but underage sex workers is not strong. Most workers in the field seemed to agree that most younger girls transition off the street at puberty, and that most sex workers did not start as younger “vulnerable” street girls. This line of thinking would be an interesting area to investigate further, either in the context of this project, or some of the many trafficking projects. The recommendation made after the first site visit to reduce the emphasis on services for “prostituted children” eliminates the last intermediate result above.

## **Weaknesses**

In spite of the overall success in addressing the problems of girls, there is room for further work in expanding and improving reproductive health services for older girls, health education, reduction in risk-taking behavior, and psychosocial support. The strategies mentioned above (the pilot 15-step psychosocial support pilot activity and Banduwangi’s experience with a positive deviance approach to increase condom use) are worth watching closely. The knowledge of sexual exploitation and self-esteem IRs is either not being monitored or would be very difficult to monitor.

Result 4: Alternatives to living in the street developed

- More street children reached with IEC and services
- Street children’s criminality decreased
- Financial skills and economic alternatives of street children improved
- Vocational and educational skills of street children improved
- Street children’s self esteem, sense of self-competency and social integration improved
- Adult support for street children improved

This result has evolved during the life of the project to include both prevention strategies as well as “management” strategies, and is the broadest and most difficult aspect of the project. Since the last site visit, growing consensus has emerged on some basic definitions and a minimum set of strategies for vulnerable and high-risk youth. A few organizations were able to point out concrete examples of successes in sharply reducing or eliminating the number of children working on the street.

As discussed earlier, the classification of children into vulnerable and high-risk groups has allowed NGOs to better target their strategies to the specific needs of each group. The former are most amenable to prevention strategies to reduce or eliminate time on the street. The latter need to have their basic needs met (food, shelter) while helping them transition into a productive adult life through education, socialization, and acquisition of some useful skills. Alternatively, younger high-risk children can be encouraged to return to home (or a surrogate) and school.

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## Appendix C: Itinerary

DCOF Assessment of the Urban Street Children Program, November 2003  
 Schedule of Activities for Cathy Savino and Donald Whitson

Dates	Description of activities
Sunday 9 Nov evening	16:00/18:30 arrival Jakarta, Cathy and Don
Monday 10 Nov	9:00 am briefing on progress to date with Save the Children staff, pm review of database, other SCF programs at Save the Children office 13:00 review of database program
Tue 11 Nov	am : site visit Mitayani, Jakarta pm : site visit BMS Jakarta
Wed 12 Nov	8:00-10:00 Travel Jakarta-Medan am : site visit PPAI, Medan pm : site visit Pusaka, Medan
Thurs 13 Nov	All day: site visit Binjai Medan; Karang and DinKes Binjai, Medan
Fri 14 Nov	am : site visit KKSP Medan pm : site visit YAKMI Medan Travel Medan-Jakarta 18:10-20:20
Sat 15 Nov	am : site visit KAKI Jakarta
Sun 16 Nov	Travel Jakarta-Bandung by train; 14:30-17:30
Mon 17 Nov	All day: site visit Bandung SEMAK Evening: return Bandung-Jakarta by train 18:25-21:30
Tue 18 Nov	9:00 Debriefing by USAID Office of Education strategy team pm: Preparation of DCOF de-briefing
Wed 19 Nov	9:00: Debriefing USAID Molly Gingerich, Director HPN and HPN staff, Jon Lindborg, Deputy Director; Save the Children; 10:00 Debriefing for USAID Program department personnel and HPN; 11:00 Meeting with Maria Inining Nurani and Jan Paul Emmert, USAID/DG about Victims of Torture project with ICMC; Ining Nurani, USAID accompanied 14:30: debriefing for Save the Children staff at Save the Children office
Thurs 20 Nov	9:00: visit to Barbara Porter Lauer, Regional Director ICMC / on Victims of Torture program 11:00 Debriefing with Richard Howe, USAID Program and Program/HPN staff pm: report preparation
Fri 21 Nov	13:00: meeting with Theresa G. Tuaño, USAID Education Officer 23:30 Cathy Savino departs Jakarta
Sat 22 Nov – Sat 29 Nov	Report preparation + personal time (Don Whitson) Sat 29 Nov 07:30 Don Whitson departs Jakarta

### Subgrant recipients visited during 2003 site visit

#### Jakarta

Bangun Mitra Sejati (BMS)

Komunitas Aksi Kemanusiaan Indonesia (KAKI)

Mitayani

#### Medan

Karang Komunitas

Yayasan KKSP

Pusaka Indonesia

Yayasan Kesejahteraan Masyarakat Indonesia (YAKMI)  
Perserikatan Perlindungan Anak Indonesia (PPAI)

**Bandung**

Solidaritas Masyarakat Anak (SEMAK)

All subgrant agreements have been extended to June 2004.

## Appendix D: Highlights of Last Evaluation

### Progress to Date

*Site visit 2002—principal observations and recommendations, and Save the Children's response in the interim*

Cathy Savino, DCOF, and Donald Whitson, consultant, visited Save the Children's Urban Street Children Empowerment and Support Program May 14-29, 2002.

The following summarizes the principal observations and recommendations from the final report of that visit, and describes Save the Children and its NGO partners' progress addressing them in the interim.

- Subgrant recipients were not sufficiently focused on the target population and lacked clear goals and objectives against which to measure the impact of their activities. No clear strategy for preventing children from going to the street and improving the lives of those on the street had yet emerged.
- There were too many subgrants, leading to a very high management burden. Less money was disbursed as subgrants than originally proposed, and spending and implementation were behind schedule.
- Although community mobilization was central to the original project design, little was being done.
- Subgrant recipients demonstrated little focus on prevention though most children under 14 years of age
- Save should assume a stronger leadership and networking role locally and nationwide

The main recommendations from the report can be summarized as follows:

- Save should work to increase the project's strategic vision and reduce the number of subgrants. Save should change its approach from a reactive to a more proactive one
- Based on observations on this project as well as street children projects in other countries, prostitution and interventions with juvenile justice are beyond the scope of the DCOF fund
- Save should focus on advocacy, networking, and direct services. Save should build on the extensive technical assistance already given to the subgrant recipients.
- Save's program should take further advantage of Save the Children's worldwide experience. The positive deviance approach with which Save the Children has extensive experience shows promise in its application to community mobilization, for example.