

National Program for Community Empowerment (PNPM)
towards a



SUPER GENERATION

Quarterly Update Issue No. 6



Updates

During 2010, PNPM Generasi will expand to 48 new sub-districts in a new province, West Nusa Tenggara (NTB). The expansion has taken place in 2 phases: 25 sub-districts in early 2010 with an additional 23 joining mid-year. By year's end, PNPM Generasi will operate in 212 sub-districts across 6 provinces: West Java, East Java, North Sulawesi, Gorontalo, NTT and NTB.

Since June 2009, PNPM Rural has been implemented in PNPM Generasi locations. Communities conducted an integrated planning process for PNPM Rural and PNPM Generasi to maximize coordination of village activities. Starting from cycle 4 2010, PNPM Generasi will use an incentives intervention in all locations. This intervention has been effectively proven through CCT Final Impact Study and has been spur the communities on selecting activities that support the achievement of 12 indicators.

In February 2010, 25 new Sub-District facilitators joined the pre-service training for 11 days followed by 5 days In-Service training (IST) in March 2010. Training for the additional 23 new Sub-District facilitators took place in September 2010. Training material included a general introduction to PNPM Generasi, including program cycles, issues related to basic education and health problems,



program operations, and monitoring and evaluation. The training also provided a general overview of PNPM Mandiri Rural. The first 25 Sub-District Facilitators began the program planning process in new location by April 2010. The remaining 23 will join their locations in October 2010. In the near future, Government of Indonesia plans to recruit a PNPM Generasi Provincial Program Specialist.

In March 2010, the Government of Indonesia through the Secretariat of Community Empowerment (PMD) conducted the first PNPM Generasi National Evaluation Workshop in Puncak, Bogor, West Java. This 4 day event included PNPM Generasi facilitators from the provincial and district levels, representative of provincial BPMDs, representative from district level health and education agencies, PNPM Mandiri National Management Consultant (NMC), Bappenas, Department of Health, representatives from donors and the World Bank. The purpose of this workshop was: to discuss and to evaluate findings from field supervision by government and The World Bank; to evaluate the performance of implementing actors; strengthen the understanding of PNPM Generasi program among the stakeholders; and provide re-recommendations on further program planning and implementation.

Also in this issue. . .

- *Summary of Year Three Implementation* pg. 2
- *Summary of Final Impact Evaluation* pg. 3
- *Story from the Field* pg. 4
- *Upcoming Activities* pg. 4

Summary of Third Year Implementation

Funds Disbursement

During the third year approximately USD 35,750,000 block grants were disbursed or 100% of the total funds. Approximately 25% of the total block grants were allocated to those not yet receiving the relevant health and education services across Java and outside of Java.

In addition, villagers' contributions equaled 2% of the total block grants. A total of 1,968 villages and 3,1 million villagers benefited from the program in the third year.

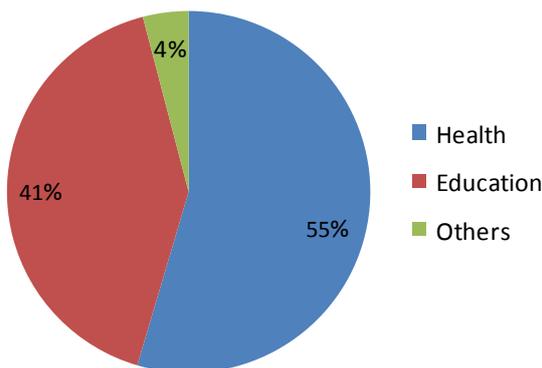


A nurse measuring a little boy at a Posyandu in TTU district.

Activities Funded

Educational activities consumed 41% of the total funds, while 54% was spent on health activities (see Diagram 1). Meanwhile 4% of the total block grants was used for other activities. In the third year, the most notable change was increased funds allocated for health activities, which increased 8% from the second year of implementation while funding allocated for education activities decreased by 12%. Other activities were also increased by 3.8%.

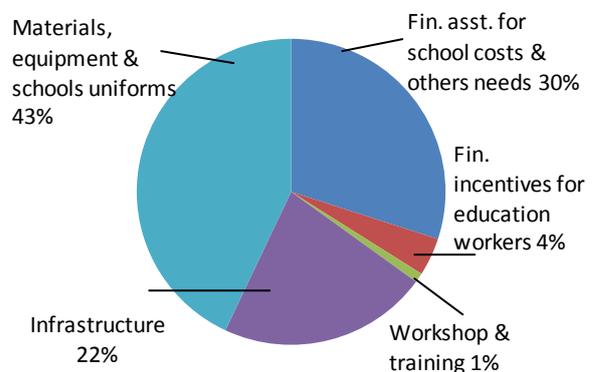
Diagram 1: Funds Disbursement for Health Education Activities



Education

Educational activities funded in the third year fall into five categories: materials, equipment and school uniforms (43%); financial assistance for school costs and other needs (30%); infrastructure (22%); financial incentives for education workers (4%); and workshops and training (1%). In the third year the most notable changes were funding for materials, equipment and school uniforms activities, which decreased by 10% while funding for infrastructure increased by 11%. (See Diagram 2).

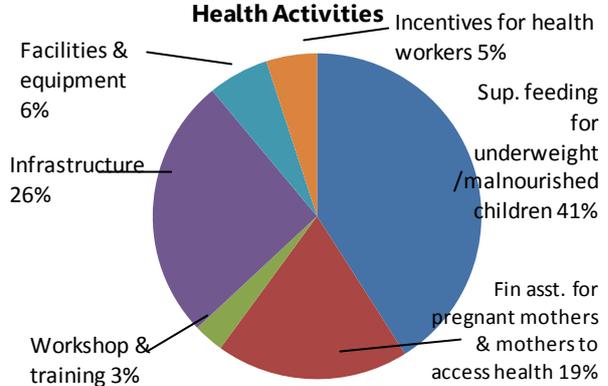
Diagram 2: Funds Disbursement for Education Activities



Health

Health activities funded in the third year fall into six categories: supplementary feeding for underweight or malnourished children (41%); financial assistance for pregnant women and mothers to access health services (19%); infrastructure (26%); facilities & equipment (6%); incentives for health workers (5%); and workshops and training (3%). In the third year the most notable changes were funding for health infrastructure activities, which increased by 7% while funding for financial assistance for pregnant women and mothers decreased by 4%. (See Diagram 3)

Diagram 3: Funds Disbursement for Health Activities



Summary of Final Impact Evaluation

PNPM Generasi was designed to be rigorously evaluated by randomly selecting which kecamatans would receive *Generasi* and which would remain as a control group. The impact of community incentives can also be assessed by comparing the two versions of PNPM *Generasi*: the incentivized version and the non-incentivized version that does not link village performance to fund distribution. The baseline survey was conducted in June–September 2007, followed by an interim evaluation survey conducted in October–December 2008, and a final evaluation survey conducted in October–December 2009, after the program had been in operation for 27–30 months. Respondents for the survey totaled 100,800 households and 13,800 health and education facilities. The following are the main findings of the final PNPM *Generasi* impact evaluation:

Generasi had a statistically significant positive impact on the 12 indicators it was meant to address. The strongest improvements among the health indicators were in the frequency of weight checks for young children. The program also increased the number of iron sachets pregnant mothers received through antenatal care visits. These improvements were supported by dramatic increases in mothers and children participating in *Posyandu* activities to receive the targeted maternal, neonatal and child health services. Education indicators also saw improvements in the final evaluation, reversing the 0 or negative impact found at the interim evaluation. The improvement in education indicators was most notable in the increased school participation rate among the primary school-age group.

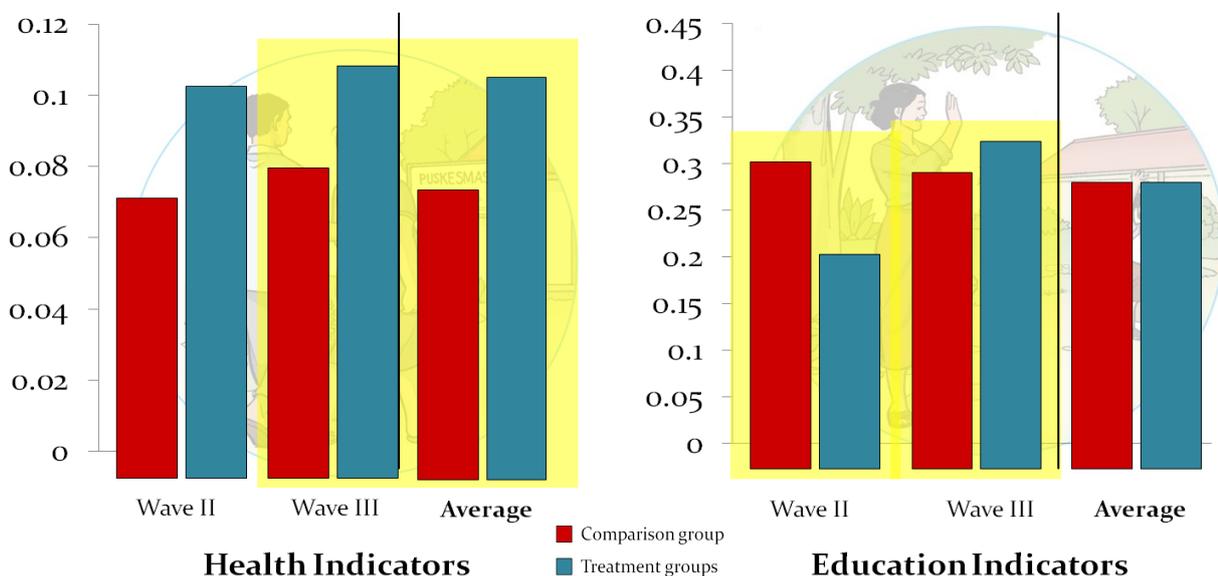
The main long-term impact was decrease in malnutrition. On average, over the two year im-

plementation, childhood malnutrition was reduced by 2 percentage points, about a 10 percent reduction from the baseline level. This reduction in malnutrition was stronger in areas with higher malnutrition rate prior to project implementation, most notably in the Nusa Tenggara Timur (NTT) Province. Although reductions in infant and child mortalities were observed in the interim evaluation, the same levels of reduction in mortality were not sustained in the final evaluation. The program did not improve childhood test scores.

Making grants conditional upon performance improves program effectiveness in health. On average, the incentivized group outperformed the non-incentivized group in improving health indicators, particularly in increasing antenatal care services and improving coverage of childhood immunization. However, for education indicators the incentivized group did not appear to do better than the non-incentivized group.

Generasi had the greatest impact in areas with low baseline health and education indicators. Areas with lower pre-project level of health and education indicators imply that they have more room for improvements. The greater impacts in areas with lower baseline appear more prominently in the final evaluation survey than the interim results, with stronger improvements found in education indicators in these areas. These improvements in health and education indicators in areas with low baseline coverage however, did not appear to have resulted in improving long-term health and education outcomes in these areas. Furthermore, the greater impacts observed in health and education indicators were not simply correlated with pre-project levels of poverty, but instead are driven by the level of health and education indicators in the area.

PNPM Generasi had an average positive effect on the 12 education & health target indicators.



Field Story : 81 Children Return to School

"I'm very happy because we can continue to go to school instead of walking 3 km to our school we can take some transportation. I hope that after I graduate, I'll be able to find a job so that I can help my brother and sister to go to school as well."

Suwiji, Grade 9

Pait village is located in Kasembon, Malang, East Java. The village is surrounded by protected forests, hills and mountains. The difficult roads put many basic public services out of reach.

Most people farm or practice animal husbandry to make a living. The highest education level most villagers have is primary school.

After village's social mapping exercise, it was discovered that 81 children had dropped out of school. Ironic given that school fees are now free!

The main barrier to school attendance: a 3 kilometer walk to the one room school house (*satu atap*) that serves as a primary school during



the morning and junior secondary school in the afternoon. Transportation costs to the school run between Rp.5,000-8,000 per day, or Rp.120,000-192,000 per month.

The community in Pait allocated part of their PNPM Generasi block grant to pay transportation costs for primary and junior secondary aged children who had left school. This money was paid directly to the school and distributed daily to students.

Students also received assistance in the form of books, school supplies, shoes, and uniforms. With this assistance, all 81 children returned to school.

"We are so thankful that PNPM Generasi could help children from the poorest families in the community go back to school," said Wikwik, one of the village facilitators.

"I'm so happy because my children can continue their education," said Mrs. Lamini, a mother of 11 children. Three of her children are receiving assistance from PNPM Generasi.

Upcoming Activities

Month	Activities
September 2010	<ul style="list-style-type: none"> Monitoring of mid-term village performance against 12 indicators in 189 sub-districts. Mobilization of 23 new Sub-District Facilitators in NTB. ToT for District Facilitators.
October 2010	<ul style="list-style-type: none"> National Coordination Workshop for PNPM Generasi Village Block Grant disbursement
November 2010	Planning Local Sectoral Workshop.

Keys to Nurturing A SUPER Generation



Indicators for pregnant mothers



- Four prenatal care visit
- Receipt of iron tablets during pregnancy
- Delivery assisted by a midwife/doctor
- Two postnatal care visits

Indicators for children under five



- Complete childhood immunizations
- Ensuring monthly weight increases for infants
- Monthly weighing for children under-three and bi-annually for under-five
- Vitamin A twice a year for under five

Indicators for school-aged children



- Primary school enrolment of all children 7 to 12 years old
- Minimum attendance rate of 85% for all primary school-aged children
- Junior secondary school enrolment of all 13 to 15 years old
- Minimum attendance rate of 85% for all junior secondary school-aged children

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