In 2011 the Government of Indonesia added 79 subdistricts (kecamatan) in the provinces of West Java, Gorontalo, North Sulawesi, NTT (Nusa Tenggara Timur), Maluku Islands, and West Sulawesi as new locations to the existing locations where PNPM Generasi Sehat dan Cerdas has already in operation. This means that PNPM Generasi will continue to operate in 2011 in 290 subdistricts in 8 provinces, namely in West Java, East Java, North Sulawesi, Gorontalo, NTT (Nusa Tenggara Timur), NTB (Nusa Tenggara Barat), Maluku Islands, and West Sulawesi.

In February and April 2011, the Government, through the Secretariat of PMD, organised an activity in the form of a series of regional coordination meetings. The meetings were held first in Sumedang in February 2011, which was attended by participants from the provinces of Nusa Tenggara Barat, East Java and West Java, and then in Gorontalo where it convened in April 2011, with participants from the provinces of Nusa Tenggara Timur, North Sulawesi and Gorontalo. The participants consisted of representatives from the regional government offices for education, for health, for religious affairs, the regional planning board (Bappeda), the regional investment board (BMPD), and PNPM Generasi facilitators from the provinces and subdistrict where PNPM Generasi operates. The resource persons for this activity were representatives from the Ministry Coordinator for People's Welfare, Bappenas, World Bank Jakarta Office, and those from the regional government offices for education and for health of the regions where PNPM Generasi is located. The objective of the activity was to enhance the coordination and dissemination of PNPM Generasi in the regions, particularly with regard to health and education activities.

In the meantime, in connection with the goals of PNPM Generasi that correspond with the three goals of the Millenium Development Goals (MDGs), namely universal basic education, lowering of child mortality, and enhanced health for mothers, the implementation in the fields have continued with the carrying out of activities that were related to the achievement of the 12 health and educational indicators. These activities include extra-nutrition for babies, under-five children and breast-feeding mothers, delivery support for poor households, support for under-nourished infants and under-five children, transport for non-regular teachers, mid-wives, and health cadres, training of health cadres, development of distant learning, development of integrated service posts (posyandu), scholarships for children from poor households, etc. During the four years of the implementation of PNPM Generasi Sehat dan Cerdas program in the field, communities used 51% of Block Grant (BLM) to pay for activities in the health sector, 48% for activities related to basic education, and the remaining 1% for other activities, such as the improvement of the roads that lead to and from the school or posyandu.
Fund Disbursement
During the four years of the implementation of the 2007-2010 Program, the funds that had been disbursed amounted to about USD 70,000,000 of block grant, or Rp 630,000,000,000. While waiting for the rest of the data for 2010, it is seen that about 51% of the total block grant had been used by communities to pay for activities in the health sector, while an allocation amounting to about 48% had been used by communities to pay for activities in the education sector (see diagram 1). 2,314 villages and an average of 3,1 million villages had benefited from this program.

Education
Education activities which were funded for a duration of four years of implementation consist of five categories: tools and equipment and school uniforms (57%); financial assistance (36%); infrastructure (14%); financial incentive for education workers (5%); and information and training (1%). (See Diagram 2).

Health
Health activities which were funded for a duration of four years of implementation consist of six categories: extra nutrition for under-weight or undernourished children (43%); financial assistance for health service for expecting and breast-feeding mothers (22%); infrastructure (21%); tools and equipment (8%); financial incentive for health workers (4%); and information and training (2%). (See Diagram 3)
The village of Toyidito is one of the villages in the subdistrict of Pulubala, Gorontalo regency. It consists of 3 hamlets with a population of about 650 KK (household). Geographically, the village lies in a mountainous region, far away from the sea shore. Accordingly, most of its population makes its living by farming. Pulubala subdistrict has served as one of the locations of PNPM Generasi since 2007. In that year, it had been identified that there were 45 school-age children that either did not attend school, or were on the brink of dropping out, or did not go to school at all. This number decreased to 20, and then decreased further to only 5 school-age children, who went to school with attendance rate of 40%-50% per month - this being due to the great distance and difficult terrain that stood in the way of the children to reach the school from the localities where they lived.

Based on the results of an identification exercise, the village community decided to use the fund from PNPM Generasi for renting a house belonging to one of the villagers to be used as school building for the children of the village, for paying the transport cost of the non-regular teachers (Guru Tidak Tetap - GTT) for 12 months and for purchase of school equipment for the children. The contract for the school building and the allocation for the non-regular teachers were then continued and paid for from funds from PNPM Generasi, including additional fund for the purchase of class furniture. In 2009, the owner of the house on his own initiative made a contribution by allowing his house - as is - to be used for free as an elementary school in the village. In the budget year 2010, the village community came to an agreement to renovate the house to be financed by PNPM Generasi funds. This action was joyfully welcome by the villagers, in particular by the parents of the students and the students themselves. In addition, there was additional fund coming from the regional government to defray the cost of transportation of the non-regular teachers for a duration of one year. The villagers and the children who benefitted from the activity worked together shoulder to shoulder in the construction of their dream school building. The village hoped that the building of this long-distant class room (Ruang Kelas Belajar, RKB) would further encourage and increase the support from the government and the people's representatives by way of their commitment to add more school facilities, including more teachers.

The village of Toyidito is only one example; there are many more villages in this beloved country that call for consideration and attention from all of us.
Based on the strong commitment to improve the facility and quality of health service in order to reduce mother and infant mortality rate and to increase awareness, determination and the ability to lead a healthy life on the part of each individual with a view to bringing into reality the highest possible level of community health as a investment for the development of socially and economically productive human resources in the region, the Health Office of the Government of the District of East Flores, NTT, took the initiative in working out a program which is called 2H2. It has been in operation since April 2011.

The 2H2 program is a health service by which expecting mothers are monitored as to the status of their pregnancy up to 2 days before the date of delivery and their health status for 2 days after delivery; this translates into an effective monitoring of 5 days. This activity is carried out by making use of the SMS (Short Messaging Service) systems, under the coordination of 2H2 Center in the premises of the Health Office of the government of the District of East Flores. The reporting mechanism through the SMS is done through 2 channels. The first channel serves the reporting made by cadres/village midwives, covering the number of pregnant mothers along with complete report of their health status and the approximate date of delivery. The report is addressed to the Coordinating Midwife at the subdistrict community health center (puskesmas); it is then forwarded to the District 2H2 Center. The second channel is the District 2H2 Center which sends information to the head of the subdistrict who in turn forwards it to the village head. The operator at the 2H2 Center receives SMS everyday which s/he then transfers through the web system. On the basis of the incoming data, the 2H2 operator, together with the relevant health workers at the District Health Office, monitor on a continuous basis the health status of all targeted expecting mothers before and after delivery. When the approximate two days towards delivery arrive, the health worker from the subdistrict Puskesmas visits the expecting mother concerned to make the necessary preparations for delivery. For instance, s/he fetches and brings her to the Puskesmas or the maternity hospital before delivery. However, in practice, even if SMS containing information on the status of expecting mothers is sent 7 or 5 days prior to the approximate date of delivery, it will nevertheless be monitored and follow-up action will be taken speedily by the relevant health workers.

This very effective initiative as an early warning system is very useful in the effort to reduce mother and infant mortality rate during pregnancy and the process of giving birth. An interview with the Head of the Health Office of the District of East Flores revealed that a number of other districts in NTT have also started to use the systems in their respective areas. The systems has also brought a positive impact on the PNPM Generasi Sehat dan Cerdas program; it is in operation in 4 subdistricts in the District of East Flores. Expecting mothers who are the beneficiaries of the PNPM Generasi program have also become a part of the monitoring activity under the 2H2 program. This testifies to the real collaboration that exists by virtue of technological effectiveness that serves as a preventive program in the effort to reduce mother and infant mortality rate.

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