Program Keluarga Harapan & PNPM-Generasi
Qualitative Baseline Study: Preliminary Findings

Towards Pro-poor Policy through Research

The SMERU Research Institute
Outline

- Background
- Objectives of the Study
- Research Questions
- Methodology
- Sample Areas
- Main Findings
- Conclusion
Background

- **Progress towards MDGs (UNDP-Bappenas, 2007):**
  - Infant, maternal, and under-five mortality rates have decreased but remain high
  - 72.41% of births attended by skilled health personnel
  - Improved school participation rates of primary school and junior secondary school improved, but junior secondary rates still low

- **Conditional Cash Transfer (CCT) programs:**
  - Community-CCT/PNPM Generasi
  - Household-CCT/Program Keluarga Harapan (PKH)

- **Baseline data is needed (quantitative and qualitative):**
  - Needed before the programs are implemented
  - Basis from which to measure program effectiveness:
    - ‘Before and after’ conditions become evident by comparing results of follow-on impact evaluation studies with the baseline data in the same area.
Objectives of Study

- To complement the quantitative baseline survey:
  - To understand ‘why’ and ‘how’ these programs work or don’t work

- To document
  - the condition of maternal and child health (MCH) and basic education services related to the CCT programs in treatment and control areas

- To understand
  - factors influencing the use and provision of services acting as program conditions which might affect the implementation of the programs and their results
Research Questions

- Why don’t some Indonesians use basic maternal and child health services?
- Why don’t some Indonesians send their children to the primary and junior secondary schools?
  - Supply
  - Demand
  - Influential actors
  - User–provider interactions

Methodology

- Informant interviews
- FGDs (8 FGDs, around 64 households per village/kelurahan)
- Direct observation: posyandu and schools
- Fieldwork:
  - September–October 2007
  - 7–10 days per village/kelurahan
Sample Areas

- 2 provinces: West Java and NTT
- 4 kabupaten: Sumedang, Cirebon, TTU, TTS
- 1 kota: Kupang
- 14 kecamatan:
  - PNPM Generasi: 4 kecamatan
  - PKH: 4 kecamatan
  - Control: 6 kecamatan
- 24 villages/kelurahan (12 per province)
- Direct observation locations:
  - 18 posyandu
  - 24 primary schools
  - 12 junior secondary schools
Findings: MCH (1)

The majority of the community has been using modern MCH services:

“there are no longer any pregnant mothers who do not have their pregnancy checked by medical personnel/midwives; although the labor is taken care of by a ‘paraji’ [dukun beranak], many of them have had routine checkups”

(Coordinating midwife, Cirebon)

Reasons to use a traditional midwife:

“if the pregnancy is normal; its not a problem to go to the dukun.”

“you have to walk more than 10 km, let alone at night when there is no lighting, and the road is steep, too.”

Reason for not having the child immunized:

“I’m afraid that after my child would get a high temperature”

Reason for not having children under five weighed:

“reluctant to go to the posyandu…my child’s weight does not increase…the scales must be wrong”

Mothers are not always happy if their child is well-nourished:

“We are not satisfied because only undernourished children get medical attention. My child won the “Healthy Baby” contest, but my child didn’t get anything. Let alone the fact that mothers who get help often envy us who do not get help.”

(Mother of a child under five, TTU)
Findings: MCH (2)

**Supply**

- Reasons why providers cannot/do not provide full coverage of MCH services:
  - Isolated and remote areas: distance, poor road condition, lack of transportation
  - NTT:
    - midwives refuse to live in the village (lack of basic facilities, separated from family)
    - limited number of midwives

- Problems in reaching specific groups:
  - Most groups can generally be reached
  - Difficulties arise in specific cases:
    - Farmers who work in a field far from the settlements
    - Fishers (including the women) who fish in distant areas
    - Groups that strongly believe in customary law (e.g. ‘se’i’)
Findings: MCH (3)

**Demand**

Reasons why some community members cannot/do not use basic MCH services (prenatal, maternal, postnatal) (1):

**Physical and financial difficulties:**

- Isolated and remote areas:
  - Distance, poor road condition, mountainous, muddy, river crossing (no bridge), forest crossing, no transportation (expensive, if any), no electricity (dark, risk of robbery)
  - Lack of midwives
  - High dependency on posyandu, pusling, and puskesmas staff who are not always available

- In some areas, the delivery costs of midwives are relatively high compared to *dukun beranak*

- Askeskin does not cover all poor families and sometimes only covers costs for the first child

- Working far from the settlement (farmers, fishers)
### Findings: MCH (4)

#### Reasons to use midwives or *dukun beranak*

<table>
<thead>
<tr>
<th>Midwives</th>
<th>Dukun Beranak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced in helping with risky deliveries</td>
<td>Physical and financial difficulties</td>
</tr>
<tr>
<td>Comprehensive equipment</td>
<td>Midwives are not available</td>
</tr>
<tr>
<td>Comprehensive medicine</td>
<td>Shame (many children)</td>
</tr>
<tr>
<td>First child, afraid of using the <em>dukun</em></td>
<td>Tradition</td>
</tr>
<tr>
<td>Receive an injection</td>
<td>Having a motherly touch</td>
</tr>
<tr>
<td>Referred to the hospital</td>
<td>Experienced</td>
</tr>
<tr>
<td>Afraid of being fined</td>
<td><em>Dukun</em> is a relative</td>
</tr>
<tr>
<td>Afraid that the midwife will not be willing to examine later on if delivery not with the midwife</td>
<td>Uncomplicated delivery</td>
</tr>
<tr>
<td>Delivery costs can be paid in installments</td>
<td>Able to reverse breech position</td>
</tr>
<tr>
<td>Delivery costs already include birth certificate, gifts (e.g. baby oil/powder) , ear-piercing</td>
<td>‘Spells’, chants and prayers</td>
</tr>
<tr>
<td></td>
<td>Conducts customary ceremonies, including placenta burial</td>
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<tr>
<td></td>
<td>Conducts ‘<em>tetobi</em>’ (hot compress)</td>
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<tr>
<td></td>
<td>Strongly believes in ‘se’i’</td>
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</tbody>
</table>
Findings: MCH (5)

Reasons why some community members cannot/do not use basic MCH services (2):

- **Immunization**: not done because afraid of becoming sick
- **Weighing**: parents do not take their children to the posyandu because:
  - Children are afraid to be put on the scales
  - Scales are considered to be incorrect
  - Child is ill
  - Reluctant: fully immunized, no PMT (Provision of Additional Food), the place is not engaging/no play area or toys, they are used to the posyandu cadre/village official picking them up, the road is muddy
  - Busy working (trading at the market, at sea, harvesting)
  - No one can take the child there (mother is a migrant worker, grandmother is too old)
  - False perception that there is no relationship between a child’s weight and their health
  - Ashamed to go to the posyandu because of having too many children (> 5)
  - Flooding

- **Handling malnutrition**: do not go to the *rawat gizi* (nutritional care post) because concerned about payment
Findings: MCH (6)

Service Quality

Village midwives/polindes:
- Majority of users are satisfied
- Some users unsatisfied: midwives’ character, medicine/treatment ineffective, insufficient experience, difficult to reach (not always available)

Posyandu cadre/posyandu:
- Almost all users are satisfied

Puskesmas:
- Majority of users unsatisfied: provider’s character, long queues, Askeskin patients are neglected, medicine/treatment ineffective, same medicine given for different illnesses
Findings: MCH (7)

**Demand**

Different groups give differing reasons for using or not using modern MCH services:

- **Isolated and remote groups:** distance, poor road conditions, no transportation, midwives unavailable
- **The poor:** cost of services and expensive transportation
- **Farmers and fishers:** work far from the settlement so difficult to take family members
- **People who usually use dukun beranak (due to beliefs and tradition):** belief that if the pregnancy is normal there is no need to go to the midwife; massage during pregnancy can fix correct the foetus’s position.
- **People with many children:** feeling ashamed, usually give birth by themselves (aided by husband or other family members).
Findings: MCH (8)

**Actors**

Village actors who influence community members to use (+) or not use (-) MCH services:

- **Village officials:** (+)
  - Imposing fines
    - Sumedang: women who do not use midwives will be fined or penalized (‘*pangloh*’; *tri mitra* program)
    - TTS, TTU: fine imposed for not attending the posyandu
  - Conduct ‘sweeping’: visit houses and are always present during posyandu (Cirebon, TTU, TTS)

- **Religious and customary law figures:** (+) promoting MCH services

- **Posyandu cadres:** (+) urging women to go to the posyandu, ‘sweeping’, together with midwives, provide health lectures

- **PKK:** (+) active participating in every MCH activity (Desa Siaga preparation in Sumedang)

- **Neighbors:** (+) urging their neighbors to go to the posyandu, giving information on MCH

- **Spouses and extended family:**
  - West Java: husband and wife both involved in the decision (+, -)
  - NTT: extended family and customary law influence decisions (+, -)
Findings: Basic Education (1)

Reason for attending:
“to build the village”
“so that their future is better than their parents’”
“learning to read and write”

Reason why parents do not send their children to school:
“...there is already a district head, already a village head, who do you want to replace?”

Reason why children do not want to enroll:
“it’s too hard”
“influence from friends”
“their father died...so they do not want to go to school”
“there are also some who are ashamed they can’t pay the book money”

Reasons why children sometimes absent from school:
“not happy with the teacher...the teacher is bad-tempered”
“..it’s harvest time, have to help parents...don’t ask for permission to be absent, it has already become a habit”
“if the uniform is torn, the shoes are wet because of the floods...don’t want to go to school”
“asking for pocket money but didn’t get it...absent...don’t go to school”
Findings: Basic Education (2)

Supply side

- Reasons why schools cannot/do not enroll and ensure attendance of all school-aged children:
  - Limited capacity, especially for ‘favorite’ schools
  - Insufficient resources for increasing capacity and improving basic infrastructure/facilities
  - Refusing children under 7 years old for primary school, children with low test results for junior secondary school, or disabled children
  - Physical access: distance, poor road condition, transportation unavailable
  - Financial access:
    - BOS does not cover associated school expenses, e.g. uniform, transportation, pocket money, nutrition
    - Since BOS has been implemented it is difficult to ask for financial assistance from the community
Findings: Basic Education (3)

**Supply**

- **Teacher conditions:**
  - Teaching quality for primary schools: not a bachelor degree graduate, lack of teaching capacity
  - Teacher character: always late, undisciplined, bad-tempered (corporal punishment)
  - NTT: limited numbers, not permanent, limited teachers for specific subjects (math, science)
  - They live far from the school and are often late

- **School environment not conducive to teaching:**
  - Insufficient school facilities and infrastructure: desks, chairs, buildings, library, toilets
  - NTT: Lack of clean water, so students must bring water to school every day
Findings: Basic Education (4)

Supply side:

Different problems in reaching different groups:

- Primary schools: No problem
- Junior secondary schools:
  - Fishers
  - The poor
  - People living in remote areas
  - People who closely adhere to customary law (NTT)
  - People who do not value the importance of schooling: can’t look to the future
  - Females
  - Difficult students (students with behavioral problems)
Findings: Basic Education (5)

**Demand side:**
Reasons why some parents do not send their children to school (junior secondary school):

- **Access and financial difficulties**
  - Isolated and remote areas:
    - Distance, poor road condition-mountainous-muddy, river crossing (bridge unavailable), lack of transportation (expensive, if any)
    - Lack of junior secondary schools that are close by
  - Associated out-of-pocket school expenses: expenses for transportation, uniform, text books/photocopies, LKS (Student Work Module), stationery, pocket money
  - Other daily economic needs: child labor (fishers, laborers, migrant workers, street musicians, etc.)
  - Women: no need to have high education (*belis*, eventually getting married and taking care of the household, etc.)
Findings: Basic Education (6)

**Demand**

Reasons why some parents do not send their children to school:

- **Child does not want to go to school:**
  - Wants to help parents who are experiencing financial problems
  - *‘It’s too hard’:* low ability to retain lessons, as a consequence of insufficient nutritional intake
  - Feels that they do not have a future
  - Behavioral problems (as a result of bad influence from the community environment and a lack of parental attention): playing Playstation, peer pressure, drugs, promiscuity (causing pregnancy)
  - Lack of attention from parents: busy working, parent has become a migrant worker, father has remarried, no breakfast prepared, no assistance with school work
Findings: Basic Education (7)

**Demand side:**
Different reasons from different groups in a village for not sending their children to school:

- **Groups living in isolated or remote areas:** access and financial difficulties (expensive transportation)
- **Poor groups:** financial difficulties (meeting associated out-of-pocket school expenses)
- **Groups that prioritize customary law (NTT):**
  - concern that they will lose their wealth (for school fees), which will exclude them from customary law
  - concern that a girl’s reputation will be tainted (because they live in a boarding house) and their bride price value will fall
- **Groups that don’t see the value of schooling:** (can’t look to the future)
Findings: Basic Education (8)

**Actors:**

- Actors at the village level that influence parents to send their children to school:
  - Village officials: (+)
    - Imposing fines (TTU, TTS)
    - Meeting with parents when a child graduates from primary school to encourage them to send their children to junior secondary school
    - Sending non-continuing primary school graduates to *Paket B* program
  - School committee: greater role in fundraising
  - Neighbors: reminding neighbors to send their children to school

**School--parent interactions:**

- Parental involvement in decision-making processes at primary and junior secondary schools:
  - Only involved in a school meeting when progress reports are distributed
  - Parents often unwilling or reluctant to convey their opinions.
  - Overcoming distance problems (NTT): building *Sekolah Kecil* and providing a boarding house near junior secondary school
Findings: Basic Education (9)

Service Quality and Satisfaction Levels

Criteria of a quality school:
- Good social activities and environment; disciplined teachers and students;
- intelligent students—academically fulfilling and winning contests;
- high graduation rate; graduates accepted into the next level of schooling;
- teachers are experienced and educated; successful graduates;
- interaction with parents;
- satisfactory infrastructure and comfortable school buildings

Criteria of a quality teacher:
- Able to teach the subjects well; thorough explanation of materials;
- good teaching methods; disciplined, wise, creative, friendly, even-tempered, and religious;
- not leaving class too often; giving assignments to students;
- being a good role model

Parent satisfaction level towards schools and teachers:
- Primary school: mostly do not care about the school’s quality because they choose the closest available school
- Junior secondary school: mostly satisfied
- Primary school teachers: some unsatisfied as teachers are late, bad-tempered, incapable of teaching, and often leave the class
- Junior secondary school teachers: most parents unaware of the quality; some think that the teachers cannot teach properly, are not creative, and often leave the class
Conclusion

Issues requiring attention for the program’s implementation:

- Responding to the main issues
- Reaching particular groups
- Involving the key influential actors
Thank You

The SMERU Research Institute