

# Reality Check Approach Report

People's Views and Experience of  
the National Social Assistance Programmes

Indonesia, March 2015



## Acknowledgements

This Reality Check Approach study has been made possible by the commitment, enthusiasm and teamwork of many. The Reality Check Approach (RCA) was originally an initiative of the Swedish Embassy in Bangladesh where it was first commissioned in 2007 and has since been adopted in other countries and other contexts. This RCA study was commissioned by the Poverty Reduction Support Facility (PRSF) to provide insights into the experience of national social assistance programmes from people's own perspectives. The study was undertaken by a mixed team of Indonesian and international researchers (see Annex 2). The team comprised researchers who are part of the RCA+ project which is designed to build capacity in learning about and applying RCA and their passion and effort for this kind of work is appreciated and acknowledged.

The RCA study was only possible thanks to the many families who opened their doors to the study team and embraced them as temporary family members. We thank the families in all twenty two study villages for contributing their valuable time and allowing the team members to live with them and share in their everyday experiences. We hope that this report reflects well the views and experiences of the families, their neighbours and others within the community.

Cover Image: The Reality Check Approach Team (Indonesia)

Identifying features have been removed to protect the identities of individuals photographed.

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## Glossary, Abbreviations, Acronyms

|                |  |
|----------------|--|
| Atas           | The top  |
| BBM            | <i>Bahan Bakar Minyak</i> , Fuel   |
| Bidan          | Midwife  |
| BOS            | <i>Bantuan Operasional Siswa</i> , Student Operational Assistance                        |
| BLSM           | <i>Bantuan Langsung Sementara Masyarakat</i> ,<br>Temporary Direct Assistance for People |
| BLT            | <i>Bantuan Langsung Tunai</i> , Direct Cash Assistance for People                        |
| BPJS           | <i>Badan Penyelenggara Jaminan Sosial</i> , Social Security Agency                       |
| BPS            | <i>Badan Pusat Statistik</i> , Bureau of Statistics                                      |
| BSM            | <i>Bantuan Siswa Miskin</i> , Assistance for Poor Student                                |
| BULOG          | <i>Badan Urusan Logistik</i> , Logistic Department                                       |
| DFAT           | Department of Foreign Affairs and Trade  |
| Dukun          | Traditional healer   |
| FHH            | Focal Households ( i.e. neighbours of the HHH)   |
| GOI            | Government of Indonesia  |
| Gotong Royong  | Mutual cooperation in the community  |
| Hajatan        | Community event  |
| HHH            | Host Households; where members of the study team stayed with families                    |
| ID             | Identity (card)  |
| IDR            | Indonesian Rupiah  |
| INGO           | International Non-Government Organisation  |
| Jamkesmas      | <i>Jaminan Kesehatan Masyarakat</i> , People's Health Insurance                          |
| JKN            | <i>Jaminan Kesehatan Nasional</i> , National Health Insurance                            |
| Kartu keluarga | Family Card  |
| Kecamatan      | Sub-district   |
| Kepala desa    | Chief of Village   |
| Kepala dusun   | Chief of Sub-village   |
| Kepala RT      | Chief of <i>Rukun Tetangga</i> (neighbourhood)   |
| Kerja bakti    | Community service  |
| KIP            | <i>Kartu Indonesia Pintar</i> , Indonesia Smart Card                                     |
| KIS            | <i>Kartu Indonesia Sehat</i> , Indonesia Health Card                                     |
| KKS            | <i>Kartu Keluarga Sejahtera</i> , Prosperity Family Card                                 |
| KMS            | <i>Kartu Menuju sehat</i> , Baby Record Card   |
| KPS            | <i>Kartu Perlindungan Sosial</i> , Social Protection Card                                |
| LPG            | liquefied petroleum gas  |

|                |  |
|----------------|--|
| Musyawarah     | Community deliberation   |
| NGO            | Non-Government Organisation  |
| SD             | <i>Sekolah Dasar</i> , Elementary School   |
| SMA            | <i>Sekolah Menengah Atas</i> , Senior High School  |
| SMP            | <i>Sekolah Menengah Pertama</i> , Junior High School   |
| Surat kuasa    | Procuration  |
| Pemerintah     | The Government   |
| PKH            | <i>Program Keluarga Harapan</i> , Family Hope Programme  |
| Polindes       | <i>Pondok Bersalin Desa</i> , Village Maternity Home   |
| Puskesmas (PK) | <i>Pusat Kesehatan Masyarakat</i> , People's Health Centre   |
| Posyandu (PY)  | <i>Pos Pelayanan Terpadu</i> , Integrated health service post for infants and children   |
| PMT            | Proxy-means testing  |
| PNPM Generasi  | <i>Program Nasional Pemberdayaan Masyarakat Generasi</i> , National Program of People Empowerment to assist healthcare for pregnant woman and infants; and student education needs |
| PPLS           | <i>Pendataan Program Perlindungan Sosial</i> , Data Collection for Social Protection Programmes  |
| PRSF           | Poverty Reduction Support Facility   |
| Pusat          | Central, often refer to Central Government   |
| RASKIN         | <i>Beras Miskin</i> , Rice for Poor, social assistance to sell rice cheaply  |
| RCA            | Reality Check Approach   |
| RCA+           | RCA+ Project funded by DFAT  |
| RT             | Rukun tetangga, neighbourhood unit, smallest community   |
| Tanah bengkok  | Common land  |
| TKPKD          | <i>Tim Koordinasi Teknis PKH Daerah</i> , Technical Coordination Team for Family Hope Programme  |
| TNP2K          | <i>Tim Nasional Percepatan Penanggulangan Kemiskinan</i> , National Team of Poverty Reduction Acceleration.  |
| Warung         | Kiosk  |
| Wayang         | Traditional puppet   |
| Zakat          | Alms   |

Exchange rate:

100,000 IDR: USD 7.59 US dollars (approximately, March 2015)

100,000 IDR: £ 5.03 UK pounds sterling (approximately, March 2015)

100,000 IDR: AUS 9.95 Australian dollars (approximately, March 2015)

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## Executive summary

1. This study was funded through the Reality Check Approach Plus (RCA+) with support provided through the Department of Foreign Affairs and Trade, Government of Australia. It was commissioned by the Poverty Reduction Support Facility (PRSF) and the National Team for Acceleration of Poverty Reduction (TNP2K). The study is intended to contribute to the 'end of project' evaluation of PRSF by providing primary data on the experience of policy and programme changes to social assistance provisions introduced by TNP2K with support from PRSF. Specifically, the study concentrated on four family based social assistance programmes, Rice for the Poor (RASKIN), Health Insurance (JAMKESMAS), Assistance to Poor Students (BSM) and the Family Hope Programme (PKH) as well as the temporary cash transfer programme (BLSM).
2. The Reality Check Approach is an internationally recognised qualitative research approach that requires the study team to live with people living in poverty in their own homes for periods of time and to use this opportunity to engage in informal conversations with all members of the households, their neighbours and with local service providers with whom they interact. The emphasis on informality and being in people's own spaces enables the best possible conditions for openness and for the study team members to triangulate conversations with their first-hand experience and observations.
3. The study was undertaken in December 2014 and January 2015 in nine different provinces across Indonesia. Locations were purposely selected to ensure diversity. They were therefore selected using the following criteria; rural/peri-urban, inland/coastal and mountain, religion and predominant livelihoods. In order to ensure that the locations were poor, school drop-out rates and the distribution of PKH were also used as determinants. In order to better understand the effect of other programmes, locations with active local Tim Koordinasi Teknis Program Keluarga Harapan Daerah (TKPKD), old and newer areas where The Family Hope Programme operates as well as where Family Development Sessions have been introduced to support the Family Hope Programme. Three of the nine locations were selected to examine the introduction of the new social assistance programmes, often referred to as 'Jokowi cards'. The study team stayed with twenty six households and had study related conversations with over 2000 people. The findings are presented from the viewpoint of people themselves with authorial voice limited to the section which discusses study implications.



4. The report describes the perceptions of the four national assistance programmes as well as the Temporary Cash Transfer programme and other programmes which assist individuals and communities in order to get a big picture perspective of how people view and compare the programmes. The experience of each is described in terms of the processes people followed to avail the assistance and their view of its impact. With the possible exception of the Temporary Cash Transfer Programme, there was variation across locations in how the programmes were implemented.
5. In many study locations people were reluctant to use the word '*miskin*' (poor) to describe themselves or their communities. On probing people indicated that being poor was most strongly correlated with not having enough cash in the house and this is linked to having people living in the house who can avail cash earning opportunities. So the elderly, people living on their own and those with some types of disability were often classified as poor as their opportunities to earn cash may be limited. Indebtedness was another key determinant of poverty, with those with school age children, those without a main breadwinner or regular cash income being regarded as the most likely to be in debt. Eating simply was another frequently noted characteristic of the poor and this is related to having cash.
6. The basis for allocation of social assistance remains puzzling for most people. There is still widespread belief that those who receive social assistance are related to or vote for local officials. The growing recognition that allocation is somehow related to the survey process leads many to blame this for anomalies which are then blamed on the 'centre'. This includes exclusion from surveys and the use of, what people consider to be, inappropriate indicators. People also noted that lack of supporting documentation can also affect people's access to their social assistance entitlements. People's entitlements to cash transfer programmes are also puzzling and legitimate and fraudulent cuts made at source are uncontested because people do not know what their entitlements are. The report provides analysis of the social assistance received by the study households and this provides substance to people's concern with the bases for allocations.
7. The study finds that the implementation of BLSM is the most consistent among the social assistance programmes. Across most of the study locations, the size and timing of the last BLSM payments were uniform. The payments were made through the Post Office based on announcements made by the village heads. In all the Nusa Tenggara Barat locations, the disbursement happened in the village itself. The amounts received were regarded by some as too little especially in view of anticipated rise in the price of daily necessities resulting from the increase in fuel prices.
8. Although many in the study have health cards, they explained that they rarely use them. Minor ailments are treated with medicines bought in kiosks or by traditional healing, which was used even for more serious conditions. Long waiting times in Government health facilities, being sent to the back of the queue as a health card holder, closed facilities, inferior treatment, inadequate range of services and medicines, inability to use the card outside their home area and additional, often ill-explained charges (e.g. for medicines) were all cited as reasons why people prefer not to use the health cards. Particularly those with ongoing or chronic conditions or one-off large health expenses told us that they did find the cards valuable.
9. The transition from JAMKESMAS to BPJS seemed relatively smooth in only one study location. But in other locations people were reluctant to exchange their cards as it involved time and money, they had limited knowledge about how BPJS works, were confused by the posters which described the changes, complained about errors on the BPJS cards, were concerned the cards would not be honoured outside their immediate village and were unclear about who was required to pay monthly premiums. People questioned the principle of paying 'if you are not sick'.
10. Some indicated that they clearly needed the RASKIN rice more than others especially those living in areas with seasonal food insecurity or where people consume very large quantities. Although the rice is much cheaper than rice on the market, the price varied across locations and generally people were dissatisfied with the quality.

11. BSM is a familiar term for parents and children but it is often used to refer to any form of school assistance. Schools often take the initiative to divide the allocation among students or expect them to take turns as recipients in the interests of fairness. Cash is most commonly disbursed through schools. Payments are inconsistent and sometimes 'service fees' are cut at source. Half of the study families who would seem to qualify for BSM did not receive it or received for one child only. The amount is considered too small to cover school costs. When children receive the cash directly they spend the money on phone credit, snacks, casual clothes and electronic gadgets.
12. Despite the fact that the study locations were purposely selected as areas where PKH was operating, there was the least knowledge about this programme compared to all other social assistance programmes. Recipients themselves were mostly not able to explain the programme or the basis for their inclusion. Only in one study area did anyone mention the conditionalities associated with the cash transfer. In the other study areas they were unaware of these and had never seen a PKH facilitator.
13. The experience of the new pilot programmes introduced to replace the health card and assistance for poor students were explored in two of the nine locations\* and indicated variation in implementation and understanding. Information about the new programme was sketchy and raised a number of questions for people which local officials could not always answer. The distribution of cards was different from location to location and in one area families were asked to share cards.
14. The many forms of assistance available at local level through local government, local philanthropy, NGOs, private companies, political parties and faith based organisations add to people's confusion about the provenance and form of the social assistance they receive. Community and family support remains the most reliable and favoured form of support.
15. People rarely read posters, letters or newspapers, finding these difficult or long. Radio is rarely listened to and most of the study households did not own one. The preferred media is national TV and most families either own a TV or have access to one in the community. TV is regarded as a source of entertainment more than a source of information and women and children usually dominate the choice of programmes watched. Most families also have access to mobile phones and consider connectivity to family networks and job opportunities extremely important.
16. With regard to the relevance of the social assistance programmes, the study finds that cash transfers seem to contribute to between 6-12% monthly household expenses at best. People appreciate it as a '*nice addition*' but not specially significant and many indicated they would not miss it if it was removed. Some expressed the opinion that cash transfers '*make us lazy*' and some bluntly said '*it was not helpful*'.
17. People shared that they are reluctant to complain about social assistance partly because of the culture to avoid confrontation and respect authority but also because they fear they may not get benefits in the future if they do. They accept even what they consider small and inadequate benefits without criticism because they hope to be included for more meaningful benefits in the future.
18. The report concludes with a discussion of study implications based on the views people shared with the team. The following table summarises these implications which emerged from the analysis of the findings by the RCA team for consideration by programmers and policy makers for the future.

\*Three should have had the programme but there was no knowledge or evidence of this in one of the three

To further better understanding of the programmes and entitlements

- Use simple unambiguous names for the schemes e.g. school assistance, health assistance
- Issue a single card which covers all the schemes for all families in the lowest poverty deciles, making it clear that they are entitled to all the schemes
- Issue additional specific cards to those above the lowest deciles which, by virtue of budget allocations are also eligible e.g. when the education budget allows, additional school assistance cards will be issued
- Clarify in all communications which are national schemes

To enhance understanding on who is entitled to benefits

- Re-visit the basis for UDB classification of poverty and ensure it is based on contemporary poverty experience (e.g. include indebtedness, exclude housing type, include numbers in the family able to work and access to work opportunities to raise cash)
- Communicate the bases of inclusion/exclusion more clearly
- Find a mechanism to check and update family status more regularly than every five years.

To better address grievance

- Recognize that national help lines and similar are unlikely to be used. Instead better and wider access to information and understanding of the programmes is expected to engender social norms which support good practice. Simple messages that say, for example, *'nobody is allowed to cut your social assistance payment at source'* would help.

# Summary of study implication

To ensure the purpose of the programme is not diverted

- Raise public awareness around the purpose of social assistance as targeted to the very poor (the needy who communities identify unanimously) and take steps to reduce leakage to non-poor.
- Publicise in simple explicit ways the amounts of money people should get.

To remove persistent barriers to access

- Provide fast track inexpensive services to issue official documents for people who have no or inaccurate documents to support their social assistance claims
- Provide local social workers who can follow up 'cases' and assure that families in need are getting their full entitlements.
- Continue to innovate to ensure that those with physical access problems which often entail extra costs to collect their social assistance can do so without financial penalty

To enhance communication

- Make entitlements to national programmes simple and unambiguous
- Make more use of prime time national TV slots to explain the social assistance programmes simply as people do not read posters, letters and, if they do, find them complicated
- Use SMS to remind and confirm payments for all social assistance programmes

To make the programmes more relevant

- Consider providing more significant cash assistance to fewer families who are genuinely in need
- Take steps to ensure uniformity and rationalisation of disbursement (e.g. BSM at the start of the school year)
- Reduce service costs at point of delivery to avoid unnecessary expenditure (e.g. informal payments to health staff, teacher gifts etc.)



# Introduction

This Report presents the main findings of the Reality Check Approach (RCA) study which was conducted during December, 2014 and January, 2015. The study was commissioned by the Poverty Reduction Support Facility (PRSF) together with Tim Nasional Percepatan Penanggulangan Kemiskinan (TNP2K) to gather insights into the experience of the national social assistance programmes from the perspectives of families and households across Indonesia. The programmes mainly covered are Beras untuk Rakyat Miskin (RASKIN or 'Rice for the Poor'), Jaminan Kesehatan Masyarakat (JAMKESMAS or 'People's Health Insurance'), Bantuan Siswa Miskin (BSM or 'Assistance for Poor Students') and Program Keluarga Harapan (PKH or 'Family Hope Programme'). It also covers the newly introduced replacement programmes which are currently being piloted; Kartu Keluarga Sejahtera (KKS or 'Family Prosperity card which replaces the Kartu Perlindungan Sosial – KPS or Social Protection card)), Kartu Indonesia Pintar (KIP or Indonesia Smart card to replace BSM) and Kartu Indonesia Sehat (KIS, or Indonesia Health Card to replace JAMKESMAS).

PRSF is funded by DFAT which committed to scale up support to the social protection sector over the period 2013-15 in order to increase the rate of poverty reduction and reduce the impact of shocks and stresses on the poor and vulnerable. The intention was to provide the Government of Indonesia the opportunity to reform and innovate in this sector. PRSF was specifically established to support the national team, TNP2K to

- Design and oversee large scale programmes of social protection and poverty reduction
- Consolidate, simplify and improve efficiency of social protection programmes,
- Identify important but troubled social assistance programmes and resolve their implementation problems.

TNP2K was established in 2010 as a co-ordinating body comprising representatives from across a range of ministries including Health, Education, Social Affairs and Bappenas. Specifically, PRSF support was intended to help TNP2K to provide relevant, evidence based policy advice, translate this advice into implementable modifications to programmes and new programmes so that social assistance would become more effective, better targeted and families would have reliable access to the programmes.

The RCA study focused on the ground reality, in other words how the changes made to social assistance programmes and policy have been experienced by beneficiaries. Several key changes were considered to be important to explore during the course of the study:

- Before 2012, there was no single method being used in Indonesia to identify and target the poorest and no unified programme to provide social assistance, which had previously been criticised for being ad hoc. The Unified Database has been developed by BPS and TNP2K and is hosted in TNP2K. It is a national database of all households from the bottom 40% poverty deciles (comprising 96 million households listed based on PPLS 2011 survey data). So the RCA asked; *How had the introduction of the UDB affected peoples view and experience of accessing social assistance?*
- TNP2K played a key role in the introduction of the Social Protection Card (KPS) based on the UDB which was intended to clarify who were intended beneficiaries and enhance the 'magnification effect' of provision of social assistance since it enabled different programmes to be targeted to the same families. So RCA asked; *'Do families benefit from the 'magnification effect'?'*
- TNP2K has implemented extensive 'socialisation' or communication processes using a range of media and designed to enhance the understanding of the social protection programmes and people's entitlements. So RCA asked *'Do people understand their entitlements and the way social protection programmes work? What communication channels work best?'*
- TNP2K has piloted and developed grievance mechanisms to improve targeting and ensure people are accessing their entitlements. This included community level consultations to improve UDB lists as well as utilizing existing telephone hotlines to register grievance. So RCA asked *'Do people use grievance mechanisms?'*
- TNP2K has introduced a number of new ideas e.g. the use of mobile phones for payments of benefits, increase in BSM payments (by between 25-36%), increase in the number of beneficiaries entitled to PKH ( x4 ) and BSM ( x3), new pilot programmes. So RCA asks, *'how do people experience these new innovations?'*

- TNP2K has commissioned research and supported the production and dissemination of many knowledge products to contribute to evidence based policy making, so RCA hopes to contribute to the generation of evidence by amplifying the voice of people themselves.

The RCA study was undertaken by a team of twenty six researchers under the leadership of Sherria Ayuandini. As the study was undertaken under the auspices of the DFAT- funded RCA+ project, which is designed to build the capacity of Indonesian researchers to undertake high quality RCA studies (see Annex 2), the international team leader, Dee Jupp provided advice and quality assurance for the study throughout design, implementation and analysis of findings as well as training of new researchers. Overall management of the team and logistic arrangements were undertaken by the RCA+ project.

Twenty six study families participated as host households in the four night immersion study from nine different provinces (twenty two villages). Conversations were held with over 2,000 people including neighbours and village level service providers

The study design which includes an overview of the methodology is provided in Annex 1. The areas for conversations are provided in Annex 3.



## Study Approach: The Reality Check Approach Methodology

The Reality Check Approach extends the tradition of listening studies (see Salmen 1998 and Anderson, Brown and Jean 2012) and beneficiary assessments (see SDC 2013) by combining elements of these approaches with researchers actually living with people whose views are being sought, usually those who are directly experiencing poverty. It could be likened to a “light touch” participant observation. Participant observation involves entering the lives of the subjects of research and both participating in and observing their normal everyday activities and interactions. It usually entails extensive and detailed research into behaviour with a view to understanding people’s perceptions and their actions over long periods of time. The RCA is similar in that it requires participation in everyday life within people’s own environments but differs by being comparatively quick and placing more emphasis on informal, relaxed and insightful conversations than on observing behaviour and the complexities of relationships.

Important characteristics of the RCA are:

- **Living with** rather than visiting (thereby meeting the family in their own environment, understanding family dynamics and how days and nights are spent);
- **Having conversations** rather than conducting interviews (there is no note taking thereby putting people at ease and on an equal footing with the outsider);
- **Learning** rather than finding out (suspending judgement, letting people who experience poverty take the lead in defining the agenda and what is important);
- **Centring on the household** and interacting with families rather than users, communities or groups;
- **Being experiential** in that researchers themselves take part in daily activities (collecting water, cooking, cultivation) and accompany household members (to school, to market, to health clinic);
- **Including** all members of households;
- **Using private space** rather than public space for disclosure (an emphasis on normal, ordinary lives);
- **Accepting multiple realities** rather than public consensus (gathering diversity of opinion, including “smaller voices”)
- **Interacting in ordinary daily life** with frontline service providers (accompanying host household members in their interactions with local service providers, meeting service providers, e.g. teachers as they go about their usual routines);

- **Taking a cross-sectoral view**, although each study has a special focus, the enquiry is situated within the context of everyday life rather than simply (and arguably artificially) looking at one aspect of people’s lives;
- **Understanding longitudinal change** and how change happens over time.<sup>1</sup>

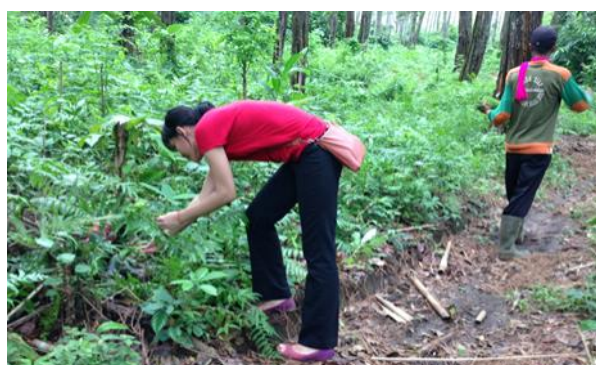
Training and orientation on the RCA were provided for all new researchers before undertaking the study. The training involved a two night immersion (where researchers stay in the homes of people living in poverty, in this case in West Java) so that researchers could build confidence and experience of this approach.

Families were mostly very open to the approach and welcomed researchers into their homes and soon understood the purpose of the study and the need for the researchers not to be afforded guest status. Through easy conversations and accompaniment with chores, the study team members were able to engage all members of the family as well as neighbours (focal households) in conversations. The team members also interacted informally with local power holders (village chiefs and administrators) as well as local service providers (school teachers, health workers, religious leaders, shop and stall owners) through informal conversations (see annex 6 for the list of people met).

Each team member discreetly left a “gift” for each family on leaving, comprising food items and stationery to the value of IDR 200,000–300,000, to compensate for any costs incurred in hosting the researcher. As researchers insist that no special arrangements are made for them, they help in domestic activities and do not disturb income-earning activities, the actual costs to a family are negligible. The timing of the gift was important so families did not feel they were expected to provide better food for the researchers or get the impression that they were being paid for their participation.

Each team member kept their own field notes but they never wrote these in front of the people they were conversing with. In addition, they facilitated some joint visual analyses with members of host households on their incomes and expenditure (“pile sorting”) especially to examine household expenditure. To illustrate the context of the village and the households, photos were taken with the consent of villagers but also sometimes by the villagers themselves. These narratives and visual records formed the basis of detailed debriefing sessions held with each sub-team as soon as possible after each round of the study was completed.

<sup>1</sup> Assuming the study becomes a longitudinal one.



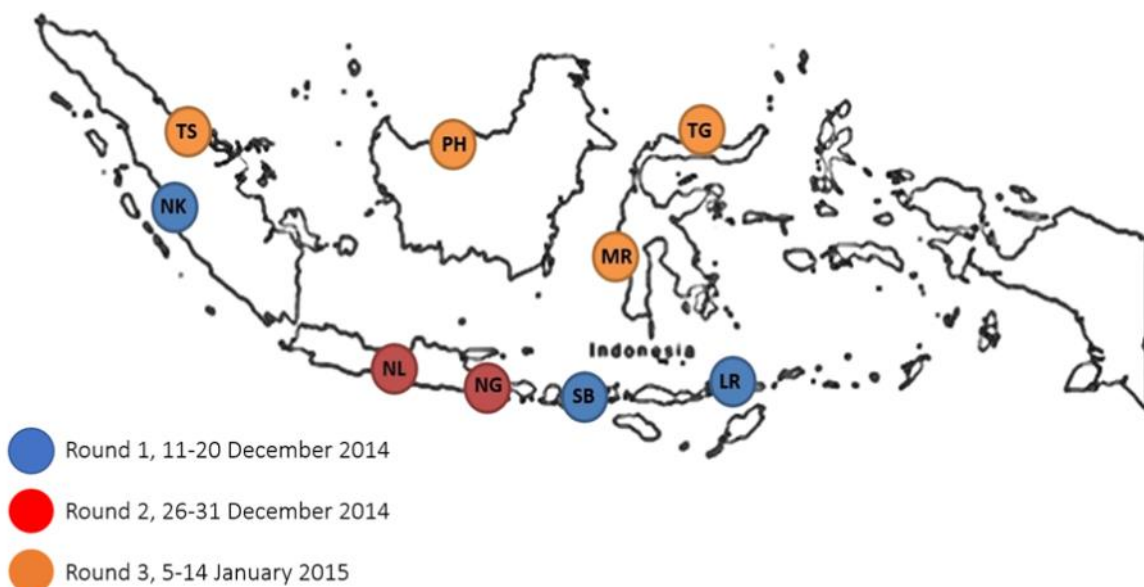
Researchers and host households chatting informally while doing daily chores together

## Study limitations

- Although roughly equal numbers of men and women were included in conversations in the study overall (see annex 6), in some locations researchers felt that the occupations of men, limited time that could be spent with them e.g. night fishing in NTT.
- Other livelihood activities precluded more private conversations such as around family expenditures e.g. in Jambi, bamboo sorting and chopping was a collective activity lasting 15 hours per day.
- In East Java, young people were either studying outside the village or working outside the village reducing interaction with this particular age group. In the Batak Christian sector of the study location in North Sumatra most people worked in the city and were not available for conversations except in the evenings.
- Local languages were used within the family in some locations (e.g. Jambi, Gorontalo) and this limited understanding of family dynamics, side talk and context.
- In one location (Jambi), no outsider had stayed in the village before so this raised curiosity and large numbers of people visited the host households, especially in the evenings, reducing the opportunity for more private conversations.
- The study coincided with school vacation in some areas reducing the opportunity to interact with school teachers who mostly lived outside the area (e.g. East Java)
- Some health facilities remained closed throughout the study period reducing opportunities to interact with health providers or observe activities there (e.g. East Java). In other locations, health providers do not live in the village (e.g West Sulawesi).
- In Jambi and West Sulawesi there was some initial 'posing to seek assistance' until people realized that there was no connection between the researcher presence and future benefits. To ensure that people did not think that we were undertaking a survey in Jambi no visual exercises were done. In Gorontalo, the researchers had to spend time reducing expectations of gatekeepers and dealing with suspicions which initially diverted them from the main purpose of the RCA study.
- In North Sumatra, delayed flights and heavy rain on arrival forced the team to spend the first night with better off families, but they subsequently moved and spent the next three nights with families living in poverty. Rain in the evenings also negatively impacted on opportunities to talk to neighbours in the evenings.
- RCA, like other research methods is only as good as the recognition and mitigation of bias. Annex 8 provides information on how the RCA research consistently tries to offset bias.

**Map 1: Study location**

### Study Location





## Selection of locations for the study

Careful consideration to the selection of locations was undertaken in close consultation with PRSF and TNP2K to cover the diversity of implementation of the social assistance programmes. Nine provinces were selected across the country and specific locations were selected taking the following parameters into consideration.

- Remoteness and proximity to urban centres
- Ethnicity/religious considerations
- Areas where different livelihoods predominate (e.g. fishing, farming, wage labour)
- Areas where school drop out is relatively high (an intended proxy for poverty)
- Areas where development indicators suggest a concentration of poor
- The presence of PKH (as an indicator of locations where especially poor live) – all locations selected were PKH sites
- Areas included in PKH from the beginning (i.e. 2007/8) and newer areas (i.e. 2013/14)
- Comparison of areas where PKH has implemented Family Development Sessions and where PKH facilitators are active/less active
- Inclusion of areas where TKPKD (a local oversight body tasked with coordination and quality assurance of local poverty alleviation efforts) operates
- Inclusion of pilot locations for the new KKS/KIS/KIP programme initiated in November 2014.

## Selection of households

Twenty six host households participated in the study and researchers lived with them for four nights and four days. All households were identified by the research team members themselves through observation, discussion with other villagers for several hours and the host households themselves. The households were selected with a view to being representative of the kinds of household the social assistance programmes are designed to target. Families living simply was found to be a better way to explain whom we wanted to stay with rather than poor households. Where possible households with school age children were selected in order to gather insights into BSM and potentially PKH. Annex 4 provides pictures of the houses of the host households.

Team members entered communities by foot in order to keep their presence ‘low key’ and different members of the team made their own contacts ensuring that all households were at least 20 minutes walk away from each other.

As well as intense interaction with the host households, extensive conversations with a further 688 people living in the areas were also carried out (see annex 6). The total number of hours of conversation exchanged in amounted to over 1,660.

**Table 1: How location selection criteria were applied**

| remote-ness  | Religion                            | Predominant Livelihoods | School drop out rates            | PKH                      | Other programmes     | New KKS/KIS/KIP programme |
|--------------|-------------------------------------|-------------------------|----------------------------------|--------------------------|----------------------|---------------------------|
| 3 peri-urban | 7 Muslim                            | 4 farming               | 15-25% drop-out in all locations | 4 first phase (2007-8)   | 4 with TKPKD         | 3                         |
|              |                                     | 2 fishing               |                                  |                          | 1 with FDS           |                           |
| 6 rural      | 2 Christian or Christian/Muslim mix | 1 plantation            |                                  | 5 second phase (2013-14) | 2 with PNPM Generasi |                           |
|              |                                     | 2 construction work     |                                  |                          |                      |                           |



## Study Findings

The findings are presented from the position of study participants and are intended to convey their experience and views without overlaying the interpretation of the research team.

### 3.1 People's perception on who needs social assistance

The study found that people are often reluctant to use the word *'miskin'* (poor) and prefer to describe themselves as *'sederhand'* (living simply). Despite all the study locations being purposely selected in favour of poorer locations with significantly high numbers of social assistance recipients, people's perception of their status often does not concur with this classification. In West Sulawesi study locations people said there were *'no poor here- everyone has a house even if it is a wooden one, having a wood house does not mean we are poor... schools are free'*. In West Kalimantan (PH2) people said there were no poor and pointed to their motorbikes, *'yes things are expensive but we can try harder to make sure we can buy food and fuel'* and others indicated that there were *'no poor only lazy people'*, especially as employment is considered easy to get across the border in Malaysia. This was echoed in NTB where people told us *'you will never be hungry as long as you work'* and in NTT people esewed the label 'poor' indicating that everyone is the same. In Jambi a HHH head, a farmer, said *'there is no difference between me and the government officers except I wear dirty clothes and they wear clean clothes – but I am happier as I am not stressed at work'*.

When probed people say that being poor is most strongly correlated with not having cash e.g. to pay for daily needs, *to buy onions and chilli* (West Kalimantan (PH1) which they do not grow), others say the poor are *'people who don't have money'* (NTT (LR3)). This need for cash is different than it was in the past where people felt they could live a subsistence life. In order to have cash, people explain, you must have something to sell (and a market) or wage employment opportunities locally. This is why the elderly, people living on their own and those with some types of disabilities are often classified by people as poor as their opportunities to earn cash may be limited, although one 80 year old grandma contested this saying that she could still farm and it was the young who were lazy (West Sulawesi). If cash is key, people reason having multiple sources of cash income is a way of ensuring that you are better off (Gorontalo (TG1)).

Being in debt is also correlated with being poor especially as the demands for high rates of interest often spiral out of control. In North Sumatra (TS2 and TS1) people indicated that they are very dependent on credit using it for school,

house repair as well as purchase of food and assets and people say they need to take on more loans to pay existing loans. Those with school age children, without a main breadwinner or regular cash income were seen in NTT as being the most likely to be in debt and consequently poor. By contrast, people say, those who are not poor can save (Jambi (NK1)).

### Box 1: price of independence

My HHH mother chooses to live on her own somewhere *'peaceful in the forest'*. She handrolls cigarettes to make a little cash. Some of her elderly friends make grass carpets but these take a week to make and profit is only IDR 20,000. This is much less than the cash younger people can make in construction. Also when they live on their own they may get *left out*, perhaps only occasionally receiving *zakat*.

Field Notes Gorontalo (TG3)

Eating simply is another indicator of poverty shared often by people e.g. *'those who only eat cassava and salt fish'* (North Sumatra). Seasonal food poverty was noted too e.g. in NTT, fishing is restricted in *'west wind time'* (November to March) and it is difficult to sell fish in the rainy season so families resort to eating their stored corn and in NTB people referred to the *'hungry season'* which they endure following the planting of their rice.

Village fortunes change over time so, for example, in West Sulawesi, people talked about the hard work of their ancestors opening up plantations but how now they preferred to fish and be employed in construction since it is more predictable and there is ready employment. They say that they have done well because they adapt to new opportunities and the abundance of opportunity means *'nobody needs assistance here'*. In North Sumatra (TS2), new consumerism shapes what people think of as poverty so, for example, children expect to have a motorbike to go to school and consider those who drop out because they do not have one, as poor. Here people are very aware of the definition of poverty being a moving target. In West Kalimantan past illegal logging activities had enabled people to build houses, install electricity and use LPG for cooking. Since these opportunities ceased, they resort to firewood now. Opportunity and aspirations shape how people view being poor.

Often it is not individual needs which people focus on but means to address public poverty. For example, everyone in the NTT study locations said they need electricity and ice so they could store the fish catch. Others noted they needed drinking water, roads and a mobile signal. They indicated that these service benefit the entire community.

*"Living in a wood house does not mean you are poor- look some people have parabolas, cars and own several kiosks"*

HHH, West Sulawesi (MR2)



People store corn for 'west wind time' in NTT.

## 3.2 Peoples perception on who gets official social assistance

Across the study locations there is much variation in how the social assistance schemes are delivered and who benefits. Box 2 describes a worst case scenario where conflict ensued following the allocation of resources to one community and not its neighbour. Despite feelings of similar injustice, people rarely resort to such measures and tell us they simply accept the decisions as they have no means of redress. People shared with us a number of their perceptions around why there is confusion around who benefits and how this leads to feelings of injustice.

There is still widespread belief that those who receive benefits are either related to or vote for local officials. People cited examples where they felt such connections operated; (e.g. in West Kalimantan (PH 3)) the authorisation of the tribal chief is a guarantee of getting social assistance, in Gorontalo (TG3), only those connected to the head of the village get the asset transfer benefits (chickens and cows) and in Jambi (NK1) being related to the village head was regarded as the key criteria for receipt of social assistance. Sometimes this is speculation based on the fact that selection criteria are not explained properly and people try to justify what seem like otherwise inexplicable allocations of benefits. But sometimes, there is substance to these concerns.

People also blame the survey process. For example in North Sumatera (TS1), people recall the time when enumerators visited their village. They complained to them that some people did not get to be surveyed but the enumerators responded, *“That is not in our authority to do. We only check the people on our list”* and gave no further explanations. In West Kalimantan, we were told the data used as a basis for determining social assistance recipients has not been updated since 2009. As a result, an entire village, possibly the poorest in the area, missed out on social assistance since they were not surveyed at all that year. In another location in West Kalimantan (PH3) there is no discernible difference in land ownership or other asset ownership yet some get and others do not get social assistance and the village head cannot explain the difference.

### Box 2: Statue of Social Harmony

I asked about the statue to ‘social harmony’ erected in the village and was told it is to remember the violent conflict of 2010 which took place between two neighbouring villages. One village had received some assistance while the other had not. A rumour circulated that the assistance had been given based on religious grounds. A huge fight lasting two weeks resulted and there were many injuries including fatal ones. Peace was finally brokered through holding a customary ceremony.

#### Field Notes NTT (LR1)

In this case, the difficulties associated with surveying and distinguishing individual households when they live together in a long house may be a factor. In West Sulawesi, we heard examples of how people missed the survey or modified their answers (see Box 3). People are also quick to criticise what they assume must be inappropriate survey questions and criteria which allow those who are better off and don’t need assistance to be included as beneficiaries. They talk about ‘hidden affluence’ as some people who appear to be poor (e.g. living in a wooden house, not owning a toilet,) may be quite wealthy (e.g. owning hectares of land, owning second houses, owning livestock). But in North Sumatera (TS3), people made a distinction about the deserving and undeserving poor, *“if they do not pay tax, they do not deserve the assistance. We are the one who are the deserving poor.”*

***“All of our names are registered [to receive the assistance] but it depends on the central government who they want to give the card to”***

HHH West Sulawesi (MR3)

People also shared the problems of those who should get social assistance but do not have the necessary documentation or who have not yet registered with the village office, such as those who are squatters or recent incomers who consequently often miss out on social assistance. These people also include those whose documentation are lost or taken by another family member who no longer lives at the same place (see Box 4).

**Box 3: “I couldn’t answer that question!”**

A woman told me about the time when enumerators came to her house. *“They asked me, “Did you go to school?” I was afraid to say that I did not go to school. Because then they will ask, “Why didn’t you go to school?” I couldn’t answer that question!”* Another neighbour is very shy so finds it difficult to talk to strangers. It took two days for her to speak to me. So she hid inside the house when an enumerator came to survey her. He recorded the house as having been surveyed with a sticker on the door without having talked to her.

Field Notes West Sulawesi (MR1)

A family member can also miss out on assistance (particularly health assistance) if he/she happens to live away from home temporarily. We also heard it often takes a long time to register babies for assistance.

**BOX 4: no supporting documentation**

My HHH mother has a daughter adopted when she was a baby. She is now 35 and has been married twice. The first husband used to take care of the family documents as he was the only one who was literate. When he ran away he took these with him including his mother in law’s family card and KPS. As a result, she cannot claim for any social assistance she is entitled to. The sub village head has offered to help her to get new documentation but she has been told it will cost IDR 7 million. He said he is not sure how replacements will be made especially as originals still exist.

Field Notes North Sumatra (TS2)



This is their farm house in the village, while they also own a brick house in sub-district

**Table 2: Host household’s access to social assistance**

| Location        | HH Code | With school age children | With under age children | Raskin          | BLSM        | BSM         | PKH         | Jam         |
|-----------------|---------|--------------------------|-------------------------|-----------------|-------------|-------------|-------------|-------------|
| NTB             | SB3     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | SB2     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | SB1     | NO                       | NO                      | Only get Raskin | Not Receive | Not Receive | Not Receive | Not Receive |
| NTT             | LR1     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | LR3     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | LR2     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
| Jambi           | NK1     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | NK2     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
| Yogyakarta      | NL3     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | NL1     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | NL2     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
| East Java       | NG1     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | NG2     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | NG3     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
| West Sulawesi   | MR1     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | MR3     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | MR2     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
| North Sumatera  | TS2     | NO                       | NO                      | Only get Raskin | Not Receive | Not Receive | Not Receive | Not Receive |
|                 | TS3     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | TS1     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
| Gorontalo       | TG1     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | TG3     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | TG2     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
| West Kalimantan | PH2     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | PH3     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |
|                 | PH1     | NO                       | NO                      | Receive         | Not Receive | Receive     | Not Receive | Not Receive |

This analysis gives substance to people’s confusion as households’ eligibility for different schemes does not seem to follow an obvious logic. We might reasonably expect more households to have JAMKESMAS as this is not related to having school age children and more people are entitled to it but it is less clear why almost 40% of households receiving BSM do not have access to JAMKESMAS or equivalent. PKH was originally targeted to 2.3 million families (about 4% of households in Indonesia). Despite more than quadrupling this number, all experience in new areas indicated it has not fully rolled out. So it is unsurprising that we stayed only in one household receiving PKH, although many FHH did receive PKH and provided the insights we present here.

Two of our HHH families only received RASKIN and no other official social assistance; in one case this was because their documentation has been lost (North Sumatera (TS2)) otherwise they would be eligible for other support.

And in the other case, the family may be better off (although he is a subsistence farmer who takes on casual construction work) as they have a brick house and assets such as refrigerator but it may also be because they are a family with adopted children who may not be officially registered as resident in the household (NTB (SB1)).

RASKIN is often distributed to all households through local arrangements so why did two HHH miss out? One is squatting on government land and has managed to get BSM for her son largely because he is a meritorious student who has come to the school’s attention. She gets excluded from the division of what is seen to be public assistance (BLSM and RASKIN) because, as some explained, she ‘does not pay taxes’ (North Sumatera TS3). Another told us that nobody at all received RASKIN in this village (Yogyakarta NL2).

### 3.3 Peoples' perceptions on BLSM

The study finds that the implementation of the BLSM is the most consistent among all the social assistance programmes. Out of nine study provinces, only the study villages in East Java and one village in Gorontalo were exceptions where nobody seemed to receive the last round of BLSM payment (November/December 2014).

People generally linked the BLSM payments to increases in fuel price, but referred to it by different acronyms e.g. BLT (West Kalimantan (PH1), Gorontalo (TG1) or even 'BBM'<sup>2</sup> (Jambi (NK2)). While most people link the latest payments to the most recent increase in fuel price (e.g. Yogyakarta (NL1)), others explain it as a compensation for no longer receiving RASKIN (North Sumatera (TS1)) or as a feature of the new 'Jokowi era' (Jambi, (NK1).

Across the study areas, the size and timing of the latest BLSM payment was generally consistent. People explained that they received IDR 400,000 mostly in November 2014. However, in two places in West Kalimantan (PH1 and PH2) each family only received IDR 200,000 for the last round of payment. And people in NTB (SB2) and in West Sulawesi (MR1) also told us they received only IDR 300,000 for the last disbursement.

The frequency of payment itself varies ranging from only once in 2014 (NTB (SB3) and Jambi (NK2)) to up to three times (Gorontalo (TG3) and West Kalimantan (PH2)). For 2013, some people received IDR 200,000 several times (Jambi (NK2)) while others received IDR 300,000 (North Sumatera (TS1)).

The system for collection of the BLSM is usually through the post office. People explained that they usually hear an announcement made by the head of the village that a BLSM payment is due. People in NTT (LR1), Jambi (NK2), North Sumatera (TS1), Gorontalo (TG3), and in all study locations in West Kalimantan then make the journey to the nearest town where the post office is located. This could range from a 10 minute journey by motor bike (West Kalimantan (PH1)) to a 20 minute journey on a public transportation (NTT (LR1)). The cost of return travel ranges from IDR 40,000 to IDR 50,000 which equates to between 10-12.5% of the money they receive.

In two places, West Sulawesi (MR1) and Gorontalo (TG1) people had to go to the bank to collect their BLSM money.

However, it is not uncommon for the disbursement to happen in the village itself as found in all the locations visited in NTB. In SB3, particularly, people used to collect their money from the post office in the past but in 2014 a person from the village office went to the post office to collect all the BLSM money on behalf of the villagers. He was paid 'his transportation cost' for his service. In the neighbouring village, SB2, a post office staff member came and set up a post in the village for people to collect their BLSM money. If someone missed this event or for some reason he/she could not come to the temporary post, then they had to go to the post office in town to claim their money. In study locations in Yogyakarta, people collected their BLSM money either from the village office or from the sub-village office. People told us that this entailed very long queues of people waiting to receive their payment (NL3, Yogyakarta). In NL1, particularly, the disbursement was done by an officer from the sub district (*kecamatan*) office who came to the village to distribute the money. To compensate for his effort, the money received by each of the family is cut at source by IDR 20,000 to cover his transportation cost.

Elderly in Yogyakarta (NL2) told us that it was difficult to get to the sub village office to claim their BLSM money as the way is extremely steep and rocky so they take motorbike taxi (*ojeks*) to the nearest post office instead, costing them IDR 100,000 and taking more than an hour. In the neighbouring village (NL1) this has been solved by people themselves and the elderly give their KPS card and other needed documentation to someone else, usually a student, to claim the BLSM money on their behalf. A similar local solutions operate in NTB e.g. in SB2 (see box 5).

<sup>2</sup> Literally referring to *bahan bakar minyak* (i.e. fuel)

***"Why does someone with a ceramic floor get BLSM?"***

Villager North Sulawesi

**Box 5: “I will claim the money for you.”**

A man brings the KPS card of his father to the head of village. He is requesting the village head to make him a transfer of responsibility letter (*surat kuasa*) so that he could claim his father’s BLSM money. To this request the village head replies, “I will give you the money now. Then let me take it [the card] to [town] and then I will claim the money for you.”

**Field notes NTT (SB2)**

In many study locations the only requirement to receive the payments was to show their KPS card (NTT (LR1), NTB (SB3), Yogyakarta (NL3), and Gorontalo (TG3)). However, in some places, there was no such requirement and people presented a valid ID card instead (Jambi (NK2), and West Kalimantan (PH1 and PH2)). In Yogyakarta (NL1), people told us that in addition to the KPS card they also needed to show an ID card and their family card to claim the BLSM money.

People found it difficult to explain why some receive BLSM and others do not. One teacher in NTB (SB3) indicated that ‘*BLSM is the only social assistance that gets the targeting right*’. But the majority question the accuracy of BLSM targeting. Many feel that some people who really deserve BLSM money did not receive it e.g. Gorontalo (TG2) and NTT (LR1). While in some other places, such as in NTB (SB1) and West Sulawesi (MR3), people felt that some who received BLSM are actually ‘*quite well off*’ and do not need such assistance. In Yogyakarta (NL2), an example was given of one family who received BLSM assistance but was said to own about 12 hectares of land and people pointed out ‘*is clearly not in need of the money*’. For accountability the village office in Yogyakarta (NL3) displays the list of recipients but we found nobody who had actually read this.

When it is not clear why BLSM is only received by some but not others, people put forward their own explanations. One head of a sub-village in Gorontalo (TG3) told us that even if someone is missing out on BLSM, that person can register to receive what he calls “BLSMD” or local BLSM.

It was not clear how or from where he has heard information. More frequently, suspicion of corruption is suspected. Usually it is the head of village who is blamed and this is confirmed by comments such as the following “*Now I hope I get it because the new head of village is my relative,*” (villager, Jambi (NK1)). Others here confirmed that relationship with the head of village was the main reason for receiving the assistance. People try to find explanations based on possible factors that would differentiate the recipient from the ones who are missing out. So, for example in Yogyakarta (NL3), people assume eligibility is determined by the type of house one has. This is seen as problematic as many of those living in brick houses are actually struggling to make ends meet. In West Kalimantan (PH2), people reason that the ones who received BLSM are widows or single parents. “*I did not get it because I still have a husband,*” explains one woman while another told us, “*We did not get BLSM because this family is complete.*” In Yogyakarta (NL3), some people felt that co-joined households were only entitled to one payment. In West Kalimantan the numbers receiving BLSM seemed very low (less than 15% of households) which may be linked to under-surveying of households where they live in long houses. Some others worry about the validity of the survey data they believe to be the basis of decision. The head of sub district (*kecamatan*) in West Kalimantan (PH1) told us that the data used by the Central Bureau of Statistics team was not verified with the village and this might mean that the team was using outdated data.

**“People who live in a simple traditional house are supposed to get assistance but they did not and only well off families got it- it seems random and depends on the central government”**

(HHH mother, West Sulawesi (MR3) who herself got assistance only once in 2010)



KPS card



This lack of clarity around who receives BLSM and who does not has led to repercussions in one study location in Yogyakarta (NL1). Those who miss out refused to participate in the mutual cooperation (*gotong royong*) work such as road construction in the village. To try to mitigate this, all those who receive BLSM have agreed to cut their allowance by IDR 50,000 and for this to be divided among the others.

Some people who did not receive the money told us that they have complained either to the head of the neighborhood (RT) or to the village head (Gorontalo (TG2) and East Java (NG3)). However they were mostly disappointed with the response which usually implies that the head is powerless since the list of the recipients comes from “the top” or from the national government. Sometimes they were simply told that it depends on ‘their fortune’ whether or not they will receive this kind of assistance. In West Kalimantan (PK1) the RT responded to complaints by calling a social gathering inside one of the communal long houses and agreed to take this up with the village office. But the village office staff could not explain why some people receive the money while others did not.

The amount of money received is considered by some people to be too little to matter (Jambi (NK2), NTB (SB1), and NTT (LR1)). “Well I got it now and it is nice but my life will get worse in the future,” (villager, NTT (LR1)), referring to the anticipated increase in price of goods as a result of the increased fuel price.

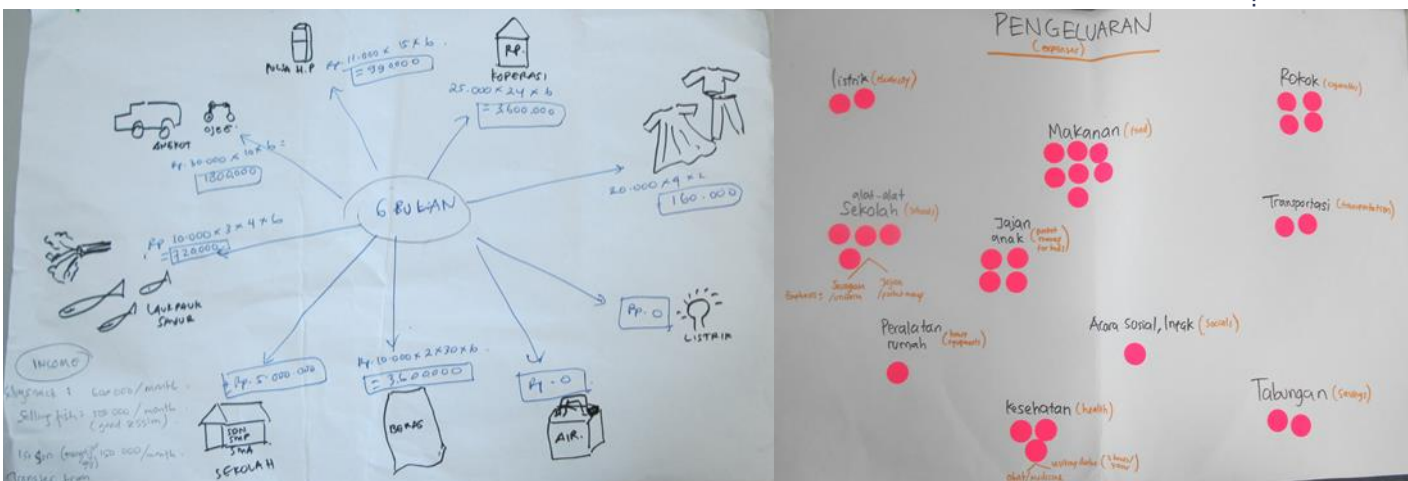
*“It would not make a difference if I didn’t get it,”*  
(villager, Jambi (NK2)).

*“It was only IDR 400,000 and it was immediately gone- paid the debt to the moneylender, tuition fees and the debt to the fish seller”*  
(villager, NTT (NR1)).

In Jambi (NK2) people told us, ‘the money will not last a week’ as it only contributes to purchase of daily needs.

But others are happy to receive it, even recognising that it is not much. In NTB (SB3), families told us the money is used to buy bed sheets and cups while some in NTT (LR1), said the money is used to pay off debts. A grandfather (West Kalimantan, PH3) told us he used the money to buy uniforms, bags and books for his grandchild. By contrast, people in NTB (SB1) said that they would rather the government gave them assistance *in kind* instead of in cash.

In the locations where there was no evidence of BLSM payments at the end of 2014 (all study locations in East Java and one location in Gorontalo), villagers told us they had received compensation for the increase of fuel price in the past. People told us that they got it before ‘quite a long time ago’ and referring to it as BLT because President Yudhoyono was in office. Now it has been excluded because of the change of government, ‘after Jokowi there is nothing’, East Java (NG2).



The amount of money received is considered by some people to be too little to matter. (See table 5 to see households expenditure)

### 3.4 People's perception on JAMKESMAS

The conversations about JAMKESMAS during the study often followed naturally from a more general chat about health and illness. People generally know about JAMKESMAS with about 60% HHH in possession of the card, indeed in many places (e.g. NTT (LR2, LR3) and Gorontalo (TG2, TG3)) all HHH had cards. However there were some gaps, e.g. in East Java (NG3), many told us that they did not have JAMKESMAS and were not sure why. They had to pay for any health service they received e.g. a bronchitis sufferer explained that he had to pay IDR 1.3 million to get treated at the hospital at the district (*kabupaten*) town, a car ride of one hour from home. In NTB some people showed us papers which seem to function as JAMKESMAS cards. Some spoke of difficulties registering babies to benefit from health insurance. For example, in NTT one of our HHH has a two year old who, despite efforts to register her, has yet to be registered. The *Puskesmas* staff say 'it is still being processed'. Meanwhile, the child has already had to be hospitalized and the quoted cost was more than IDR 5 million. Similarly we met women who have married into an area and are facing difficulties registering their new address (e.g. West Sulawesi (MR1)).

The JAMKESMAS card varies from one place to another. Some people have cards for each individual household member (e.g. NTT (LR1 and LR3), Jambi (NK2), Gorontalo (TG2), and North Sumatera (TS1)) while others have a single card with the names of family members entitled to JAMKESMAS listed on it (e.g. Gorontalo (TG3)).



JAMKESMAS card

#### Box 6: "What would you know? You are just island people."

The villagers tell us they are not happy with the kind of treatment they receive at their local *Puskesmas*. They say that the midwife and the nurse are grumpy and all they do is weigh and take height measurements of the children. They often scold parents that their children are malnourished but have never followed up with any advice on what to do. One mother said, "They should give me advice on how to feed my baby...and give me example so I would know what kind of food I should feed my children." This mother has asked for help but never gets it.

The villagers are now reluctant to go to *Puskesmas* and do not ask for any advice. In the past asking advice has been responded to "You ask too many questions. What would you know? You are just island people."

Field Notes, LR3, NTT

Although people have JAMKESMAS cards, they told us that they rarely use them. For less serious ailments, such as headaches or coughs, people go directly to kiosks to buy over-the-counter medicines (e.g. Jambi (NK1)). Many told us they prefer to use traditional ways of healing first e.g. in a study location in Yogyakarta (NL3), people go to a masseuse to treat sprains, twisted ankles, or even broken bones; in a neighboring sub-village (NL1), a woman who was bitten by a scorpion was advised to hold a rooster as a cure; in West Sulawesi (MR1), people believe in the power of stone healing whereby cures are accomplished through drinking water which has had the 'bitter stone' immersed in it; in West Sulawesi (MR3), people told us they prefer traditional medicine while in North Sumatera (TS3), Gorontalo (TG3), and West Kalimantan (PH2), people indicated a preference for traditional healers (*dukun*). The health seeking behaviour choice is often influenced by experience of poor treatment by the formal sector as the example in Box 6 illustrates.

People explained that other reasons for them not to use their JAMKESMAS card were the barriers to access they experienced at government health centres.



People in West Sulawesi believe drinking water with this bitter stone submerged in it will cure any manner of illnesses

These include waiting times and physical access. Waiting time is often long (e.g. one HHH in Gorontalo said he would wait 4 hours) and those with JAMKESMAS are often told to wait at the back of the queue. As a result or because of long journey times, some people told us they would rather pay to ensure faster treatment.

Payment may be direct e.g. for the nurse's service who lives nearby (Gorontalo (TG2)), for the nurse who comes monthly to the village and charges around IDR 30,000 for consultation and for medicines (usually for colds and fevers) so that people do not have to go to the *Puskesmas* 30 minutes motorbike ride away (all study sites in West Kalimantan) or paying the midwife directly (E.Java (NG2) and Gorontalo (TG1) where the *bidan* charges between IDR 250-300,000 for delivery). In the study location in Yogyakarta (NL2), the road to the *Puskesmas* is steep and precarious and there is no public transport available so people only use it when someone is gravely ill. They have to carry him/her on a motor bike between two people so that she/he would not fall off during the journey. In one *Puskesmas* (NTT (LR1)) the midwife requires the JAMKESMAS card and the baby's development card (KMS) to be photocopied at a cost to the family in order for a mother to receive service for her child. In the same facility, those who forgot their cards were asked to pay for services even though they were known to have cards. In other places (e.g. West Sulawesi (MR1)) people say the *Puskesmas* is often un-staffed especially in the afternoons so people are forced to go to the city for treatment. Similarly in Gorontalo (TG1), one of our HHH visited the *Puskesmas* while we were staying but found it closed everyday. In the study location in NTB (SB3) free treatment is only available at the *Puskesmas* from 8am-2pm.



This health centre is rarely open because the nurse and midwife live in the sub-district

Accessing hospital services with JAMKESMAS is often considered a burden as it requires a reference letter from the local health centre (*Puskesmas* or *Polindes*) (e.g. Yogyakarta (NL3), East Java (NG1), and Gorontalo (TG2)) as a result people say they only use JAMKESMAS when the cost of treatment is too high for them to cover themselves. When the cost for treatment is low people would rather pay with their own money (e.g. IDR 5,000/consultation (West Sulawesi (MR3) or NTB (SB3))).

Furthermore, people complained that some services are not available at local level and transportation costs to districts to avail this can be prohibitive (e.g. NTT (LR3)).

People told us that in some cases JAMKESMAS has been useful to avail free treatment e.g. ‘*sugar problem*’ i.e. diabetes (Yogyakarta (NL3)) and for births in the hospital including transport costs (East Java (NG2)). But many told us they still are expected to pay, especially for medicines, even when they use the JAMKESMAS card. For example, in West Sulawesi (MR2), people who use JAMKESMAS card at the *Puskesmas* were required to pay for the medicine needed for their treatment, ostensibly because the medicines needed by the patient were not available at the *Puskesmas* and the nurse charged IDR 10,000-20,000 to purchase them from outside on their behalf. In West Sulawesi (MR1) people told us that charges are made ‘*because the drugs are supplied by private companies instead of from the government*’ and so they are subsidized, not given free (e.g. drugs for asthma cost IDR 150,000 with a JAMKESMAS card compared to double that without). As a result, some people think that JAMKESMAS does not necessarily mean they will get treatment for free as they still have to pay for the medicines. “*Doctor is cheap but medicine is very expensive,*” (villager PH2, West Kalimantan). Furthermore, some told us they had to pay for diagnostic tests but were not sure which ones were supposed to be free and which ones they had to pay for as there was no information available and the administrator refused to explain the costs (North. Sumatra (TS1)). Also in North Sumatra, people were charged a fixed fee of IDR 5,000 for all immunizations whether they presented a JAMKESMAS card or not.

***“Why do the schemes have to change and change all the time?”***

Villager NTT (LR1)

Some people described the problems of trying to use the card outside of their own home area. Sometimes the treatment needed is only available in a particular area and people have no choice but to pay themselves because JAMKESMAS is not accepted. For example, when the son of one family (East Java, NG1) was sick with a lung infection, the only available treatment for him was in Bali. Their JAMKESMAS could not be used and they anticipated selling their only goat to pay for treatment estimated at a cost of IDR 2.5 million.

People shared with us further concerns about the perceived inferior quality of treatment received when using JAMKESMAS card (North Sumatra (TS1) and Gorontalo (TG1)). The head of village in one study location told us, “*If you use JAMKESMAS, they will not take care of you and you will die.*”

***“I have the card but for me, I would rather pay for expensive medicine because it’s more potent. If you go to hospital and use JAMKESMAS you will be given poor service. If you pay they will treat you well’***

Villager Gorontalo (TG1)



In most places, *Posyandu* only open for mothers to come to weigh their babies.



The strict rules on producing ID and health cards or be fined is problematic for many

People are aware that the JAMKESMAS is slowly being phased out and BPJS and KIS is being introduced. In Yogyakarta (NL1), people explained that they can exchange their JAMKESMAS cards new cards for free and those who do not have cards can pay IDR 15,000 to get a BPJS card. In other places however, the changeover to BPJS has been less smooth. Despite the enthusiastic encouragement of the midwife some people indicated that they cannot be bothered to exchange their JAMKESMAS card for BPJS card (e.g. NTB (SB1)) and in other places (e.g. NTT) the card can only be exchanged in the city and this involves time and money. Knowledge about BPJS is sometimes limited to people working at *Puskesmas* (e.g. NTB (SB3)).

Some shared that although they had received information by letter on the changeover they are worried that the new card would not be honoured at district (*kabupaten*) level as before but will only enable access to sub district (*kecamatan*) level services (e.g. NTT (LR1)). For example, one of our HHH worried that the letter explaining the BPJS which, according to them, states that it only entitles them to services in their village would mean that they were not entitled to service in the city, a need they had availed with their second baby.

Others had heard rumours that the new card would entail more costs (e.g. North Sumatra (TS2)) and some of the reluctance to make the exchange in NTT (SB1) may be because people are not convinced that it will be free with a 'letter to confirm they are poor' (*surat miskin*).

Some families which have new BPJS cards shared that these cards have errors and that one or more of their household members are now left off the card (e.g. NTT (LR1)). Some people questioned the need to pay the monthly premium (IDR25-50,000/month) and referred to it as 'a tax' (Yogyakarta (NL3) and Jambi (NK1)). They indicated that the people who choose to get BPJS are considered to be the *better off*. In places where people say they are rarely ill (e.g. Jambi (NK2)), the idea of investing now for potential future ill health is not an accepted concept.

***"Why do you have to pay [any money] when you are not sick?"***

Villager Jambi (NK1) referring to the need to pay for the BPJS premium

## Peoples' perspectives on RASKIN

During the study, conversations around RASKIN emerged quite naturally when discussing food and daily food habits. Similar findings emerged across all the study locations. Nearly all our HHH received RASKIN, and the possible explanation for the two who did not is provided in section 3.2.

Generally, people indicate RASKIN provision has been quite consistent every month (N. Sumatra (TS1, TS2), Yogyakarta (NL3) although in some places people only received RASKIN three times a year (West Sulawesi (MR1 and MR2), twice a year (NTB (SB1)) or even once a year (Jambi (NK1), West Sulawesi (MR3), and West Kalimantan (PH3). In PH1, West Kalimantan, people last received RASKIN in 2010 and they have not received it again since. Where it is less predictable people complain, *"Raskin is good but because it does not come regularly it is a bad programme. If it was more continuous it would be great."* (villager PH2 West Kalimantan)

Where there is regular monthly RASKIN distribution people told us that if a month is skipped, double rations are provided in the subsequent month (North Sumatera (TS2) and Gorontalo (TG2)). In TG3, Gorontalo, people sometimes receive RASKIN after 3 months especially over the New Year when they receive three months ration in March. People said that in some locations their belief was that Raskin had closed in November. Other people said there had been a break but expected to receive it again in January 2015 (double rations to cover December) (e.g. Jambi (NK2)).

More or less everyone we spoke to in the study locations receive RASKIN rice, including those who do not have a KPS card (NTB (SB1), Jambi (NK2), Yogyakarta (NL3), West Sulawesi (MR3), North Sumatera (TS2), and West Kalimantan (PH2 and PH3)). In places where it is not received by everyone, it reaches between 70% to 90% of the population (North Sumatera (TS1), and Gorontalo (TG1 and TG3)).

This universal distribution has been well documented before and is based on the principle that *"everyone should get a share"* especially when the village head has a significant say in the matter (West Sulawesi (MR1), Jambi (NK2) and East Java (NG3)). In NTB (SB2) they explained that the data for eligibility *'was old and did not take into account that the village has grown – so it is easier to give to everyone'*. However, some people believe that the poor should receive more or that the assistance should only go to poor people (NTB (SB1), Jambi (NK2), and Yogyakarta (NL2)). A woman told us *"Jokowi said we will not receive RASKIN anymore. This is good because RASKIN comes from the sweat [hard work] of others. Our young men can easily farm."* (NTT (LR3)).

***"It [RASKIN] is supposed to go to the poor families but that is unfair for the community. So I decided to split it for everybody. Everybody gets less than what is supposed to be but at least everybody gets it."***

*Head of sub village, West Sulawesi (MR1)*

***"RASKIN is given to all, but the poor deserve it more"***

*Villager Yogyakarta (NL3)*

RASKIN was clearly needed by some families more than others. For example, one of our FHH mothers (NL3, Yogyakarta) told us she was really helped by RASKIN rice. Another HHH father (SB1-NTB), who owns some paddy fields, said that the family needs help especially during the dry season *'hungry season'*, during the planting time, or when they sell too much rice and fail to save enough for their own need. Other families (e.g. Yogyakarta (NL1)) who also have their own paddy fields echo the statement. They have enough rice for their own consumption most of the time but when it is the dry season, they will eat RASKIN rice. However, more often, those people who produce their own rice told us they feel that they could benefit from a different type of *'in kind'* assistance. For example, people in NTB (SB2) indicated they would rather have fish than rice because it is fish that is hard to come by for them. People in West Kalimantan (PH1) tell us that vegetables and protein are more important than rice. People in NTB (SB3) noted that while those with paddy fields have sufficient rice those without, such as the elderly should get more RASKIN assistance.

Many people told us they receive the standard allocated 15 kg of rice (e.g. NTB (SB2 and SB3), NTT (LR3), Jambi (NK1 and NK2), West Sulawesi (MR1), and West Kalimantan (PH2)) although when it is shared the amount becomes less. In Jambi (NK1), people can buy 2 or 3 times their 15 kg allowance. In Yogyakarta (NL1), people receive only 10 kg because the total received amount is divided equally among all the villagers to ensure people continue to participate in the mutual cooperation (*gotong royong*) work such as building the road in the village. In other places, due to sharing, the amount received is even less (7-8 liters in Gorontalo (TG1), 5-9kg in, Yogyakarta (NL3), 2- 3kg in East Java (NG1 and NG3)). In some places, people are not aware of the basis for the cuts in their RASKIN allocation, they simply accept the allocation. In Gorontalo (TG3), the sub village head told us how 1 kg of the 10 kg household allocation is deducted automatically for the mosque but villagers are not aware of this.

The price of RASKIN rice is lower, ranging from IDR 1,600/kg to IDR 2,650/kg, than the price of rice in the market which ranges from IDR 7,500/kg to IDR 11,000/kg. But the price of RASKIN rice per kg varies considerably as shown on Table 3, even within the same village or sub village (e.g. Yogyakarta (NL3) and East Java (NG3)). It may also vary between two villages in the same sub district (*kecamatan*) (e.g. between NG1 and NG3 (East Java) or between MR1, MR2, and MR3 ( West Sulawesi)).

**Table 3: Variation in RASKIN prices**

| Location              | Price range/kg (IDR)                            |
|-----------------------|---|
| West Sulawesi (MR1)   | 1,900-2,500                                     |
| Gorontalo TG3, TG2)   | 1,500-2,800                                     |
| North Sumatra         | 1,800-2,500                                     |
| West Kalimantan (PH2) | 2,300   |
| Jambi (NK1 and NK2)   | 2,650   |
| NTT                   | 1,600-1,700                                     |
| NTB                   | 1,666-2,333                                     |
| Yogyakarta            | 2,050-3,000                                     |
| East Java             | 2,000-3,000<br>*Some claimed they paid 5,700/kg |

In one study location (MR2, West Sulawesi), people told us that RASKIN rice is *'free of charge'* although they have to pay to cover its distribution cost. Sometimes the difference in cost is accounted for by different modes of distribution. In TS2, North Sumatra, people paid IDR 1,800/kg if they collected their rice at the village office but IDR 2,500/kg if they collected it from the head of neighbourhood's office. People preferred the second option even though it was more expensive because it was closer. RASKIN rice was sometimes available at local kiosks e.g. East Java (NG3) and Gorontalo (TG3). It is available at IDR 7-7,500/kg suggesting it had been diverted from intended recipients.

<sup>3</sup>Badan Urusan Logistik (Logistic department) used to distribute rice to civil servants and military in the 80s and the name was generally used as a pseudonym for poor quality rice.

***"I want the person who gives this to eat the rice."***

Disgruntled villager, Yogyakarta (NL1)

Although it is cheaper, the quality is often criticized and people always made it clear that it is inferior to the rice the people grow themselves (e.g. NTB (SB2 and SB3), West Kalimantan (PH1 and PH2), and Jambi (NK2)). Criticisms include *"it is not sticky enough,"* (villagers NTB (SB3)), *'it is not as tasty as our own rice'* (villagers Jambi (NK2)), *'it is yellow'* (Jambi (NK1)), *'too hard'* (West Sulawesi (MR1 and MR2)), *'smells bad'* (Yogyakarta (NL1), East Java (NG3), West Sulawesi (MR1 and MR2)), *'dusty'* (Gorontalo (TG3)). In places where people do not grow their own rice, people say that the quality is worse than the rice they buy and that is not suitable for consumption (Yogyakarta (NL1), East Java (NG1 and NG3), and Gorontalo (TG2)). In TG3, Gorontalo, people told us the worst occasion was finding a dead bird inside the RASKIN rice they received. Because of its poor quality, people use a number of derogatory names to describe it; *'cheap rice'* (East Java (NG2)), BULOG<sup>3</sup> rice (East Java (NG2)), *'party rice'* (East Java (NG3)) because they use only when they have many guests or *'wet rice'* (N Sumatra (TS2)).

***"Only people who have chickens would want to spend money for Raskin."***

Villager, Gorontalo (TG1)

In order to make the RASKIN rice palatable, many tell us they had to mix it with better rice before they cooked it (e.g. Jambi (NK1), Yogyakarta (NL1), West Sulawesi (MR1), and Gorontalo (TG1 and TG3)). In MR1, West Sulawesi, some people mixed the rice with coconut water so that it did not smell so bad. *‘Father will not eat only RASKIN rice, I have to put lots of salt with it so the family will eat it’* (HHH mother Gorontalo (TG3)). Some people told us they sell the RASKIN rice and buy better quality rice at a higher price (Yogyakarta (NL1 and NL3)). Some others turned RASKIN rice into flour (Yogyakarta (NL1)).

People say they often feed their RASKIN rice to the chickens (e.g. Gorontalo (TG1 and TG3) and West Kalimantan (PH3)). Some people told us that the last allocation of RASKIN was so bad they did not even want to feed it to their chickens.

Despite the poor quality there are still people who decided to consume RASKIN rice (East Java (NG1) and West Sulawesi (MR1)). We asked why people still bought the rice if it was such poor quality and generally were told something like *‘if you don’t take it now, you won’t get other assistance again in the future’* (villager Gorontalo (TG3)). In MR2, West Sulawesi, people inexplicably store and ignore their RASKIN rice allocation.

In some study sites RASKIN rice was considered to be good (e.g. NTT (LR1 and LR3)). Here people said the quality was comparable to the IDR 10,000/kg rice people can buy at the market. People in TS1, North Sumatera also told us they do not mind the quality of RASKIN rice they received although it sometimes smells. In TS2, North Sumatera, the opinion on RASKIN rice is shaped by the economic status of the recipient; middle and high income households mixed the RASKIN rice with higher quality rice consumption but lower income households considered the RASKIN quality to be acceptable and they did consume it. One mother explained that she retained some of her RASKIN rice and when better off people need rice for throwing a party (because people tend to use lower quality rice for this), they exchanged their good rice for her RASKIN rice.

***“The rice is good. It is not perfect but it is okay.”***

Mother TS1 North Sumatera

The process of distribution of RASKIN varies from one place to the next. In some places the distribution is handled by the village head or the sub-village head and people will collect their RASKIN rice at the head’s house (e.g. NTT (LR1), Jambi (NK1 and NK2), West Kalimantan (PH3), and North Sumatera (TS1)). In some other places, the head himself/herself distributes the rice house to house (East Java (NG2) and West Sulawesi (MR3)) or people buy the rice directly at a store (East Java (NG3)). As noted above there are different ways to collect RASKIN. In TG1, Gorontalo households can choose to collect it from the village office or have it delivered at an additional cost of IDR 1,000. People also collected their rice from the village office in PH2. West Kalimantan and in TG3, Gorontalo where the rice is first weighed and repackaged. In PH1, West Kalimantan, people from the village office went to people’s houses to distribute RASKIN while in TG2 Gorontalo, it is people from the BULOG office who delivered.



People still prefer the rice they produce themselves than Raskin



The consumption of rice varies enormously from one location to another so the RASKIN allocations have different impacts. In NK2, Jambi, 15 kg rice meets about 2 weeks consumption needs for 3 people. In NG1, a family of six will consume 1 sack (25 kg) of rice monthly and costs around IDR 230,000/month. In NG2, the consumption of rice is very high e.g. 1 household comprising 6 people will consume about 1 kg rice each day (3-4 times a day) so RASKIN rice allocation is consumed within 2 or 3 days. Another HHH (MR1, West Sulawesi) told us they consume even more than this amounting to 80 kg rice every month.

Despite all of RASKIN's shortcomings, people rarely complain formally about their rice allocation as typified by the comment *"It's none of my business. I'd like to avoid conflict"* (Jambi NK2).

In some study locations people told us they did make formal complaints about their RASKIN rice e.g. where the dead bird was discovered in the rice they returned it (TG3, Gorontalo) and reported it to the police.

Following an investigation the RASKIN rice was replaced one week later. They also returned the latest allocation in November 2014 because it *'smelled so bad and was dusty'*.

The study found that in some places there are also local schemes to provide rice for the poor. In NG1, East Java, for example, there is a programme called "Cheap Rice" where people are given coupons which entitles them to buy rice that is of better quality than RASKIN rice at a slightly higher but still subsidized price.



People often feed their RASKIN rice to the chickens



People who do not grow their own rice tend to need Raskin assistance more

### 3.6 People's perceptions of BSM

Conversations about school costs with families often led to exploration of BSM. BSM is a well-used acronym familiar to both parents and children in our study locations. However, the term is also used to describe a range of other school support programmes which are not actually BSM, e.g. BOS. People in PH1, (West Kalimantan), for example, refer to the money used to build classrooms and student lodgings as BSM when it is likely to have been BOS-funded. This mix-up is often compounded by the fact that BOS funding has been used to give out cash to students in the past. This practice is also evident in several other places (e.g. NTB (SB1) and NTT (LR2)). The existence of yet other programmes which provide cash for students, e.g. from the local government, (e.g. Yogyakarta (NL1) and Jambi (NK1 and NK2)), from private funds (e.g. Yogyakarta (NL1 and NL2)), or from political parties (Jambi (NK2) and North Sumatera (TS3)), further confuses people's understanding and are often conflated under the generic term, BSM. Less frequently, people sometimes use the term BOS to refer to BSM.

Officially, schools are provided with lists of children eligible for BSM but sometimes schools take the initiative to include students left off the official BSM lists. Box 7 describes one such initiative which seems to be also practiced in the neighbouring village (TS3). Here the son of one of our HHH received BSM money even though his family did not have a KPS card. He explained that he collected the BSM money at the bank on presenting a supporting letter from his school. In other schools, rotation of benefits is practiced for the sake of 'fairness', e.g. in Gorontalo (TG3), the school proposes forty different names of students to receive BSM each semester. Similarly, in NTT (LR2), some schools decide to make the students "take turns" in receiving BSM. The practice of dividing the BSM grants equally among all students is also widespread. In a high school in NTT (LR1), 11 students were officially eligible for BSM money but the principal asked their parents whether they would be willing to split the money with other students who do not receive BSM.

#### Box 7: Inclusion of those left out

In North Sumatera (TS1), the principal of the school explained that she, together with some other teachers, proposed an amendment to the list of BSM recipients they received. She recognised that many students here are from squatter families who reside on government owned land without proper documentation and are consequently excluded from receiving KPS. On her own initiative, she included those with KPS cards as well as the squatter children supported by poverty statement letters (*surat miskin*) as BSM recipients.

Field Notes, TS1

The parents told us that they unanimously agreed because they felt others were also poor. So, the money intended for eleven students (IDR 2.1 million each) was then divided between all 60 students in that school, amounting to IDR 385,000 per student. In Yogyakarta (NL1), some of the BSM money allocated for fifty one SD students was combined and used to buy one set of batik uniform and one set of sports uniform for all 102 students. The remaining money was provided to the BSM eligible students at IDR 118,000 per student. In West Kalimantan (PH1) every child gets IDR 360,000 'for being a student in the school'. In West Sulawesi (MR1), three students who did not receive BSM were provided one set of batik uniform by the school. In Jambi (NK1) the school still decides who should receive BSM and the principal explained 'we know from their appearance who are poor'. However justified the schools feel these initiatives may be, they may result in some students with KPS cards not receiving the BSM money they are entitled to.



School uniform such as sport uniform is a significant education expense

The process of disbursement of BSM money varies. In NTB (SB3), families receive cash directly from a teacher at their homes; in NTT (LR1), the money is deposited to the students' bank accounts, opened with the help of the school; in Yogyakarta (NL2), SD students receive BSM assistance in kind; school bags, shoes and uniforms which they think amounts to IDR 400,000 in total; in MR1, West Sulawesi, students need to collect their BSM money from the bank, accompanied either by their parents or by a teacher. For this they are expected to wear their school uniforms and we observed students donning their school uniforms again in the late afternoon in order to go to the bank to claim their BSM money.

Most commonly the BSM money is disbursed through the school and it is often the students who collect the money during school hours. In some cases as mentioned above, the money is delivered to home, usually by a teacher. In this case it is customary to compensate the teacher e.g. in NTB (SB2), the teacher gets IDR 25,000 per family, an arrangement families find helpful as typified by the comment *"If we had to collect it ourselves, we would have to go to the city."* (student) A round trip by truck costing IDR 120,000. However sometimes cuts are made which are regarded as less justified e.g. in NTT (LR2), students receiving IDR 360,000 were told to give IDR 60,000 to a teacher to *'take care of the process'*. Where disbursement takes place at the bank, teachers or principals sometimes accompany students and this may entail a cut for *'this service'* e.g. in Jambi (NK2), the cut amounts to IDR 100,000 leaving the family with only IDR 350,000. In West Sulawesi (MR1), cuts are made at source of IDR 100,000 at each of the three BSM disbursement times throughout the year as a contribution to the annual graduation cost of IDR 300,000. The teacher is said to collect about IDR 1.9 million every disbursement. A brother of a student here told us he is furious when he hears about this, *"That's a stupid thing because the graduation is at the end of the school year. Why do you have to pay it right now?"* but his sister who also received BSM told us, *"It's okay. Everybody pays the teacher as the teacher says so, so I have to pay it."*

In Gorontalo (TG3) the school insists on gifts for the teachers who are leaving, knowing that families get the BSM they ask IDR 30,000 per family and in Jambi (NK2), teachers expect gifts in kind such as potatoes and onions for organizing the BSM payments.

In many places, students are required to present their KPS card to collect the money but this is often waived as the schools claim they know who should get the allowance well. In SB3, NTB, the students said they needed to show the ID card of one of their parents but not the KPS card to collect the BSM money. In MR1, West Sulawesi, having a KPS card automatically entitles the holder to receive BSM but, as noted above, a KPS card does not necessarily assure entitlement to BSM money (North Sumatra (TS1 and TS3) and Gorontalo (TG3)).

The amounts received are often inconsistent leaving people confused about what their entitlement is supposed to be. For example, a HHH son in SMP received IDR 300,000 one time and IDR 700,000 another time (West Kalimantan (PH3) and another HHH girl also in SMP said she got IDR 750,000 her second year and only IDR 350,000 in the third year (Yogyakarta (NL3)). HHH mother shared that she did not understand why BSM payment for her child was less in the second year (West Sulawesi (MR2)). Another boy (Gorontalo (TG1)) got IDR 1.2 million in the first year of SMA, IDR 1 million in the second year and only IDR 500,000 in the third year while his brother in SMP never received anything. In another Gorontalo village only children in SD grade 1 received BSM because, according to the school *'that is what the education department gave them'*. In NTT (LR2) a girl in SD said she got BSM three times but each time it was different ranging from IDR 250-360,000.

Table 4 provides information on the experience of BSM for our HHH. All but one (MR2) of our HHH should be eligible but nearly 50% did not receive this assistance and some families only received for one child and not all. Three received considerably less than their entitlement while others, as discussed above, had cuts made at source.

**Table 4: Actual experience of BSM payments**

| Location        | HH Code | School Age (Age)    | Grade            | Amount supposed to received (IDR/Year)   | Actual amount received (IDR/Year)                   | Less/ More       |
|-----------------|---------|---------------------|------------------|--|---|------------------|
| NTB             | SB3     | 14                  | 9                | 750,000                                  | 400,000 (one time)                                  | ↓                |
|                 | SB2     | 9                   | 2                | 450,000                                  | 400,000   | ↓                |
|                 | SB1     | 14<br>11            | 8<br>4           | 750,000<br>450,000                       | No<br>No  |                  |
| NTT             | LR1     | 16<br>14            | 12<br>8          | 1,000,000<br>750,000                     | 400,000 (one time)<br>No                            |                  |
|                 | LR2     | 13                  | 7                | 750,000                                  | No  |                  |
|                 |         |                     |                  |  |   |                  |
| Jambi           | NK1     | 14                  | 8                | 750,000                                  | 600,000   | ↓                |
|                 | NK2     | 7                   | 1                | 450,000                                  | 400,000 (one time)                                  | ↓                |
| Yogyakarta      | NL3     | 15                  | 9                | 1,000,000                                | No  |                  |
|                 | NL1     | 11                  | 4                | 450,000                                  | No  |                  |
|                 | NL2     | 14                  | 8                | 750,000                                  | 700,000 (one time)                                  | ↓                |
| East Java       | NG2     | 14<br>7             | 7<br>2           | 750,000<br>450,000                       | 400,000 (one time)<br>No information                |                  |
|                 | NG3     | 13                  | 6                | 450,000                                  | No  |                  |
|                 |         |                     |                  |  |   |                  |
| West Sulawesi   | MR1     | 15<br>13<br>10<br>8 | 9<br>7<br>3<br>2 | 750,000<br>750,000<br>450,000<br>450,000 | 750,000<br>750,000<br>375,000<br>375,000            | =<br>=<br>↓<br>↓ |
|                 | MR2     | 8                   | 2                | 450,000                                  | No  |                  |
|                 | *       | 15                  | 9                | 750,000                                  | No  |                  |
|                 |         | 17                  | 12               | 1,000,000                                | No  |                  |
|                 |         |                     |                  |  |   |                  |
|                 |         |                     |                  |  |   |                  |
| North Sumatera  | TS2     | 17<br>14<br>13      | 11<br>8<br>7     | 1,000,000<br>750,000<br>750,000          | No<br>No<br>No                                      |                  |
|                 | TS3     | 15                  | 8                | 750,000                                  | 750,000   | =                |
|                 | TS1     | 17<br>12            | 12<br>7          | 1,000,000<br>750,000                     | No<br>No  |                  |
|                 |         |                     |                  |  |   |                  |
|                 |         |                     |                  |  |   |                  |
| Gorontalo       | TG1     | 16                  | 11               | 1,000,000                                | 1,000,000<br>+additional 200,000<br>from local govt | ↑                |
|                 | TG3     | 8                   | 2                | 450,000                                  | No  |                  |
| West Kalimantan | PH2     | 15<br>10<br>8       | 7<br>4<br>2      | 750,000<br>450,000<br>450,000            | No<br>No<br>No                                      |                  |
|                 | PH3     | 15<br>10<br>8       | 7<br>4<br>2      | 750,000<br>450,000<br>450,000            | No<br>No<br>No                                      |                  |
|                 | PH1     | 17<br>7             | 12<br>2          | 1,000,000<br>450,000                     | No Information<br>360,000                           | ↓                |
|                 |         |                     |                  |  |   |                  |
|                 |         |                     |                  |  |   |                  |
|                 |         |                     |                  |  |   |                  |
|                 |         |                     |                  |  |   |                  |

Some people indicated that they do use BSM money as intended to buy school supplies such as to purchase books, bags, shoes, or uniforms (Jambi (NK2), West Sulawesi (MR1 and MR2), Gorontalo (TG1), and North Sumatera (TS3)) although it is also frequently used to buy food or other consumables or pay off debts (e.g. North Sumatra (TS1)). When it is used to buy school supplies, the money is considered to be too little

To illustrate this a single set of uniform for an SD student will cost between IDR 70,000 (West Sulawesi) -IDR 140,000 (Yogyakarta). For uniforms alone since often five sets<sup>4</sup> are required this amounts to IDR 700,000. In West Sulawesi (MR1), SMA students told us that to live in town to attend school they need IDR 750,000 per month for rent and food.

<sup>4</sup>Including a national red and white uniform, a batik, a sport uniform, an Islamic attire, and a scout uniform.



Big banner in front of school stating education is free. People claimed they had never been aware of the banner

Like some other schools in the study, outside the SD in West Sulawesi (MR3) is a sign indicating that the school does not take any money. When we drew parents attention to this they said they had not read it before and were incredulous because they are constantly paying for photocopies and exercise books.

In cases where the students are the ones who receive the money directly, it is common that they spend the money themselves without consulting their parents. Students told us they use the BSM money to buy credit for their phones<sup>5</sup>, snacks, hair bands, and new shoes (NTT (LR1)), to buy casual clothes (West Sulawesi (MR1)), to buy radios and ankle bracelets (Jambi (NK1)), the latter justifying this by saying that their parents had already paid for their school books and shoes. They explained that timing of BSM disbursement often coincided with the end of the academic year so the family had already paid for most of the school supplies.



BSM money is used to buy 'coca cola radio', bracelet, and cool t-shirt from town.

#### Box 8: misplaced concern with fairness

A girl in our HHH goes to a private religious school. A letter received from 'the centre' in June 2014 explained that she was entitled to receive BSM. However, having followed all the instructions to claim this, the school refused to give her the BSM money. When the parents complained they were told the girl would need to transfer to a religious public school. The public school is further from home and so the family was not prepared to do this. The principal rationalized his decision by saying "We have to think of other students who do not receive the money. It is not fair." This injustice has upset the family

Field Notes , NTT LR1

Despite criticism of the programme, we found people often choose to stay silent about it. Some say this is because they fear that speaking up will result in them not receiving any more assistance in the future or that their children's grades might be affected negatively (Jambi (NK2)). Some others say that they have no knowledge on how to voice their dissatisfaction (NTT (LR1)). A HHH mother in NTT told us she did not complain that there was an inconsistency between what she signed for at the school (IDR 1 million) and what was paid into her daughter's bank account (IDR 400,000) because she was 'thankful to get this rather than nothing'. When it comes to the cuts they are experiencing, many see it as acceptable, normal and expected, especially if the cuts mean that others can also receive some help. They also feel they have no recourse but to accept cuts made in the interests of a teacher or a principal.

<sup>5</sup>Students told us they spent IDR 20,000 per day on texting

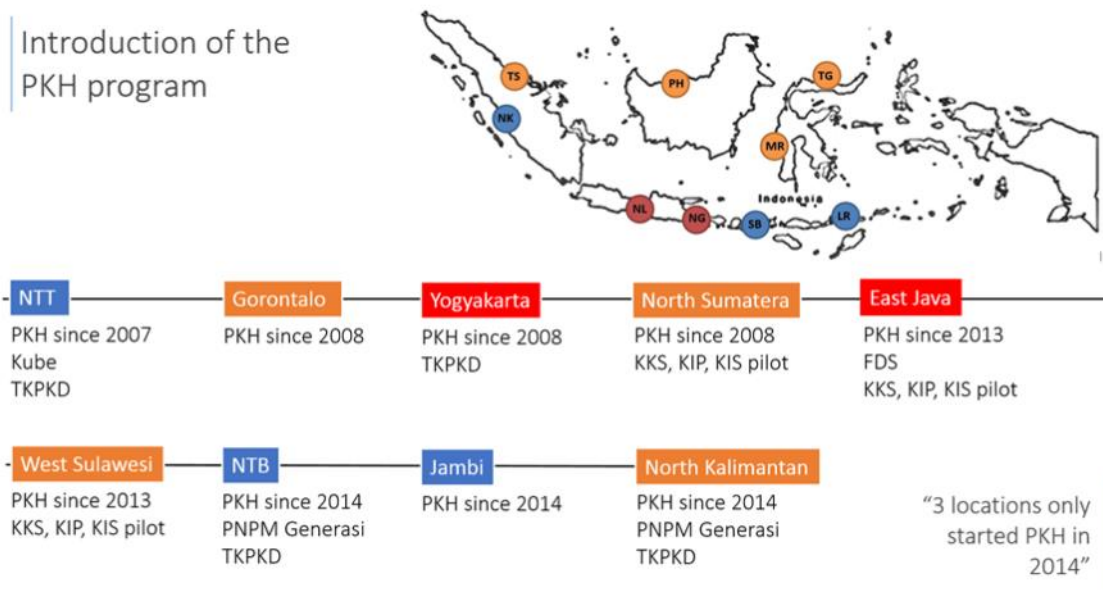
### 3.7 People’s perspectives of PKH

Despite the fact that the study locations were specifically selected on the basis of having PKH programmes, there was the least knowledge on this compared to other social assistance programmes. In several locations there was no knowledge of the programme whatsoever (West Sulawesi, West Kalimantan, NTB (SB1 and SB2), Jambi (NK1 and NK2), NTT (LR3)). For the first four of these it may be because the programmes are still relatively new (see timeline) but this does not explain the lack of knowledge in NTT where the programme was initiated in 2007. In other locations some people had heard about it but not experienced it e.g. NTB (SB3) and NTT (LR2)). Those who do not receive the assistance know little if anything about the programme but even the recipients themselves rarely understand what the programme is or why they receive the money (e.g. NTT (LR1 and LR2)). One PKH recipient in NTT (LR2) claims that she has been receiving money since 2008 but all she knows about it is that, *“It is money from the center [pusat]. And you get money... you get money.”*

Some people confuse what seems more likely to be a BSM or even BSLM programme for PKH. For example in TG1, Gorontalo people say, *“There is a programme for PKH where you get money for children at school and the amount is between 500 -1.2 million a year.”* They further explain that the money is intended to buy school uniforms, shoes and books. In the same village, others refer to assistance as *“money for the family”* and that they got IDR 400,000 in November 2014 ( but is this confused with BLSM?) while some others claim that they also received it in 2010 and 2008. In North Sumatra, the distinction between programmes is made on the basis of the source of the funds, i.e. PKH from *kecamatan*, BSM from school and BLSM from the post office but otherwise they cannot explain the difference.

PKH payments are mostly through the post office and sometimes this involves a long trip e.g. in NTT (LR2), people told us they need to go to the post office in the city to claim their money instead of going to the nearby post office and in Yogyakarta (NL1 and NL3), they have to go to the post office in town, 30-45 minutes away. As the examples in Box 9 illustrate transportation costs can considerably reduce the benefit of the assistance and may lead some to decide not to claim the money.

**Graphic 1: PKH Timeline**



**Box 9: Prohibitive transportation cost**

One family in NL1-Yogyakarta told us that they receive IDR 150,000 from PKH because they have a 2 ½ month old son. Another family in the neighboring sub village (NL2) say that they receive IDR 150,000 for the youngest child who is seven years old and IDR 250,000 for a daughter who is now sitting in 1<sup>st</sup> grade of junior high (SMP). Both of these families have to go to a town to claim their money. Taking a motor bike costs them around IDR 50,000-IDR 100,000 and renting a car costs double or triple but has the possibility to share costs with others also collecting their PKH money. Either way the high cost of transportation leads some people to reconsider bothering to claim their assistance.

Field Notes, Yogyakarta

In North Sumatera (TS1), people received letters from the sub district office (*kecamatan*) informing them of their entitlement to PKH which they can claim at the post office. Many said that the payment of IDR 400,000 made while we were there was the first payment ever received<sup>6</sup> and coincided with their receipt of the new KKS card. In NTT people told us that they had to present their KPS card, their PKH card and their ID card to receive the fund from the post office but in Gorontalo (TG2) people said they received PKH money four times in 2014 but never once were required to show their KPS cards. In TG3-Gorontalo, people received their PKH money from the sub-district office rather than the post office. Mothers with young children who found it difficult to go there themselves entrusted their KPS cards to the wife of the sub village head who claims on their behalf with a small contribution to her transport costs (IDR11,000).

One family claims they received a total of IDR 400,000 with the breakdown of IDR 150,000 for their child in elementary school (SD) and IDR 250,000 for their 2 toddlers. The family told us they used the money to buy uniforms, shoes, books, and also food.

The rationale for being selected as a beneficiary of this programme is not well understood. In Yogyakarta (NL3) only two families out of 56 in one somewhat homogenous neighbourhood cluster receive PKH assistance.

Similarly, in North Sumatera (TS2) there are only three families which are recipients of PKH but in Gorontalo (TG2), a single sub village has 60 family recipients.<sup>7</sup> These peculiarities lead people to speculate on the criteria used e.g. people in Yogyakarta (NL1) explain the low numbers of recipients in their area as being because those who get 'have a lot of children'. In the neighboring sub village (NL2) people reason that only those who do not live in brick houses receive assistance, even though many who do are struggling to meet their daily needs. In NTT (LR3) all the houses are substantially built of local stone and there is no PKH. In Gorontalo (TG2) there is an understanding that recipients are families with school age children (up to SMP level) or women who are pregnant. They say a pregnant woman receives IDR 250,000 every 3 months until her child is 5 years old and for every school age child they will receive quarterly payments of IDR 150,000. So one of our HHH mothers with a 4 year old and another child in SD Grade 2 feels she is entitled to PKH but does not get it. She says she does not complain because, "It is a national programme. I cannot do anything about it." In NTT (LR1), 18 mothers originally got PKH cards but this has been reduced to eight since 2013 and people cannot explain this.

<sup>6</sup>Although the programme has been in the area since 2008.

<sup>7</sup>Interestingly this is the village with the active facilitator (see box 11)

**"Why did I not get it (PKH)? I thought we were all the same here, all poor"**

HHH mother NTT (LR2)



PKH card

**Box 10: Why others got bigger**

One FHH with three children told us she received IDR400,000 as PKH every four months for the last two years but knows it is ceasing soon because she has been recently re-surveyed. She explained that she was originally selected via a household survey where she was asked her name, house condition, how much land she owned and her employment. However, she said others got bigger allowances, some as much as IDR 1 million, *'because it was unfairly decided by the last kepala desa - you had to be connected to him'*. The last elections she has voted for a family member to ensure that she will benefit in the future.

Field Notes, Jambi



KUBE provide initial capital to start bamboo basket business but the money is too little for the business to be sustainable

The importance of the conditionalities attached to PKH payments was not mentioned in any of the study locations where the programme was known except one (Gorontalo (TG3)). Here the PKH facilitator is insistent on the conditions being met which results in some perverse consequences (see Box 11). More often people were not aware of any conditions and had never seen a PKH facilitator (NTT (LR1)).

Usually we found that those who have been receiving PKH money since 2008 still receive it in 2014, suggesting that there is no graduation or revisiting of the criteria for inclusion in the scheme. For example, a HHH family (NTT (LR2)) has been receiving money regularly for eight years for their second child, another HHH mother (NTT (LR1)) has received PKH money regularly since 2008 when her baby was 3 month old and another (Yogyakarta (NL3)), has received IDR 150,000 regularly since 2008 for her youngest child who was then 6 months and is now over 7 years old .

As noted with other social assistance programmes. People do not complain even when they feel the allocations are unclear or unfair partly because they feel they cannot question decisions from *'the centre'* and partly because they do not know how to complain ( e.g. NTT, LR1).

**Box 11: A rare example of PKH conditionalities and supervision**

Only in one study location did we find any talk of the PKH conditionalities. *"It [meaning immunization] is a must,"* the HHH mother explained, *"if not, we will not receive any money from PKH."* As a result, mothers in this village take their toddlers every month to the *polindes* and the PKH facilitator in the village makes sure that the mothers are aware of this conditionality. She also sets up discussion groups every month where three different groups of mothers will come together to talk about PKH. However, the mothers in the village see this monthly meeting as supervision rather than capacity building. It is called *"to check whether children go to school, whether the polindes card is filled every month, and whether people buy shoes,"* (HHH mother). Our HHH mother continued, *"If the facilitator does not see your child with new shoes that means you are not using your PKH money the right way."* And because of this pressure, this mother buys new shoes every three months (the researcher noted that there were an exceptional number of children's shoes in the house). Other mothers in the village also buy new uniforms for their children to demonstrate that they do use their PKH money *"correctly"*. So embedded is this idea, teachers claim they can spot the children who have PKH *"Oh, this child receives PKH,"* because they are wearing a new uniform to school each new semester.

Field Notes, Gorontalo TG3



## 3.8 People's experience of the new schemes

### KKS/KIP/KIS

Three of the nine study provinces are areas designated to pilot the new KKS scheme and the research team was able to explore and observe these early stages of this new programme (which rolled out from November 2014). In West Sulawesi and North Sumatra, these new programmes had been initiated but in East Java, there was no evidence of the programme in the study locations although we heard some rumors of its imminence.

In both the pilot locations, people mostly received their new cards by exchanging with their KPS card but the actual exchange process varied in different locations. In West Sulawesi (MR1), a person from the district government made house to house visits to exchange their cards. However in the neighbouring village (MR2) the exchange took place at the post office as it also did in North Sumatra (TS1 and TS2). But in the neighbouring village (TS3), people said their cards were posted to them from the post office. In TS3 many are squatters on Government land and so had not had KPS cards previously but this has been rectified with the issuance of KKS cards to them directly by the head of the neighbourhood. The exchange process in TS1 was chaotic (see box 12). In West Sulawesi (MR1) people received only a KKS card and KIS card but in North Sumatra (TS1 and TS2) people got KKS, KIP, KIS and a sim card. Receipt of a KIS required surrendering the JAMKESMAS or BPJS card. In Gorontalo (MR1) our HHH received eight KIS cards one for each of the children but in North Sumatra (TS1) KIS cards were issued on a family basis.



HHH received KIS cards, one for each of the family members in West Sulawesi.

The information about exchanging the cards came from different sources, for example in West Sulawesi (MR2) it came from the sub-village head while in North Sumatra (TS2), people received a letter from the post office. Those who did not receive this letter found they could not exchange their KPS so the exchange was not automatic as they had believed. In West Sulawesi (MR2) people said only a few of those registered by the sub-village to receive KKS card actually got them. It was unclear whether these were KPS card holders or not. Nevertheless they felt the distribution was unfair and the sub-village head reasoned that that it was because the decision came from central government. A HHH mother in West Sulawesi (MR1) told us she blamed the sub-village head for the fact that she did not receive a KKS card saying he must have erased her name. Another in the same village said that she never met the surveyor who came in 2014 and so has missed out on assistance, *'some lady wanted to ask questions but I was afraid and she just put a sticker on my house saying she had done the survey but never asked any questions- I cannot talk to someone I don't know'*. Some forty nine families with KPS cards were denied exchanging these for KKS cards in North Sumatra (TS1) and despite protesting to the head of the neighbourhood there was no redress.

The explanation of these new cards was not always clear e.g. a HHH mother (West Sulawesi MR1), told us the man who brought her the card said she could use the KKS card to claim BSM but did not explain the KIP card. She was also told she was entitled to complementary money (*uang pendamping*), also explained by the officer as *'mother also gets a scholarship'* amounting to IDR200,000 /month because her children receive BSM and she would need to accompany her children to claim this. People in North Sumatra (TS2) said they had received information by post but were confused about what the pictures were trying to explain.

**Box 12: There were not enough cards**

The day of the card exchange was purposely planned to coincide with the latest disbursement of the BLSM to minimize inconvenience. However, some 49 families found that they could not exchange their KPS cards. They returned the following day along with hundreds of other people but there were insufficient cards to go round. Some received only KIS and others only KIP. They were told *'Okay, you now will be coupled with another person and this card is used for the both of you.'* Implying people needed to share the use of the cards. People were confused and wondered why there were not enough cards leading to suspicions, *'so who eats the money?'*

Field Notes, North Sumatra TS1

In the neighbouring village (TS3) some people had seen a poster about the new cards at the village office but did not understand the information provided. Two different posters at the health facility in TS3 were both headed 'information on the card for people who don't earn salary' but described different systems and even the health staff were confused. With limited understanding there continues to be rumours, miscommunication and speculation (see Box 13).

In West Sulawesi (MR1) the following typifies people's current understanding of the programme, *"The idea is the red one is for scholarship. The green one is for health."* Thereby using the KKS card (not the KIP card) to register their names at school to claim BSM and the teacher confirmed that they will input the data on the card and then *"You can get your BSM money at BRI [the bank] but with your mother or father."* Those who had used the KKS to withdraw money were not aware of any scheme to encourage them to save and that they do not need to withdraw the full amount (West Sulawesi MR1, North Sumatra TS2 and TS3).

In West Sulawesi the KKS was referred to as *kartu sejahtera* (prosperity card) and in North Sumatra (TS1), people call the KKS card *"Jokowi card"* or *"powerful card"* (*kartu sakti*), the KIS card *"sick card"* and the KIP card *"school card."* They told us *"The sick card does not give as much benefit as the school card."* as the latter entitles one to money whereas the former is only useful if you are actually sick and made the distinction that KIS is a service card and KKS is a money card.



This is reiterated in the neighbouring village (TS2) but in TS3, some who did not get KIS value it more highly especially when they had family members who were ill. Like the JAMKESMAS, people shared that they would be unlikely to use the KIS as they preferred to avail traditional health care (North Sumatra (TS3)). They felt that the process to activate the KIS by registering with the *puskesmas* was burdensome and treatment received using health cards was inferior.

Some people had already experienced receiving cash assistance with the new cards. A HHH in West Sulawesi (MR1) had received IDR 375,000 for their child in SD, another HHH in North Sumatra (TS2) had withdrawn IDR 400,000 cash using the card and had received a confirmation text to this effect, others in North Sumatra (TS3) also withdrew IDR 400,000.

**Box 13: Confusion about where you can use KIS entitlements**

A patient with a new KIS card came to the local health centre (*puskesmas*) but the nurse there claims that she cannot accept the card, explaining, *"We only accept card that has this Puskesmas name on it. If it is not this Puskesmas, we cannot accept it because we only received a limited amount of medicine and if we treat others, we are giving medicine away."*

By contrast in the neighbouring village (TS2) a HHH mother told us she went to the city and was treated at a *puskesmas* there. She said she was treated well and the doctor there reassured her that, *"Yes you can use your KIS here. No matter what the name of puskesmas noted on the card is."* And encourage her to pass this on to her neighbours *'you can use KIS anywhere'*

Field notes NTT (TS1 and TS2)

### 3.9 People's perceptions of other forms of assistance

People do not necessarily make distinctions between different assistance programmes, sometimes because they are remarkably similar, their provenance is often not known and because they do not know them by their official names. This section provides insights into these other programmes which may be government, private or village-led in order to compare with and to help situate the relevance of the official social assistance programmes discussed above. Also to explain why people are often confused about the assistance they get.

PNPM programmes are highly visible in almost all the study locations. Most often PNPM funding is used to build village facilities or infrastructure, e.g. toilets in NTB (SB3), water tanks in NTT (LR3), a bridge in Jambi (NK2), village road in Yogyakarta (NL1), a building for early childhood education building in Yogyakarta (NL3), drainage in Gorontalo (TG2) and a dock in West Kalimantan (PH3). While most of these are used, some are not due to poor planning and design, e.g. the culverts constructed in Jambi (NK1) are inappropriately sited so they do not function properly; public toilets in West Kalimantan (PH2) are superfluous as families have their own; the boat dock in a neighbouring village, (PH3), is used instead to dry vegetables; water pipes in NTB (SB1 and SB2) installed to channel spring water to the community never worked, rendering the PNPM funded toilet programme dysfunctional too - the community has refused to accept 'handover' of either of these programmes.



PNPM well

As with other assistance programmes, the decisions regarding who should benefit are often unclear e.g. in NTT (LR1 and LR3) people told us that the selection of households to receive assistance from PNPM to construct 'homestay' facilities for tourists was 'haphazard' and based on casual interactions with PNPM staff on the roadside.

The PNPM supported micro-credit scheme was criticized in NTB (SB2) pointing to a person who had received a loan four times as much as others. In NTT (LR3) households are required to contribute to the costs of a water tank built on the opposite island and which does not benefit them. Selection of just two construction workers for the toilet construction in West Sulawesi (MR1) when this was supposed to be a programme involving many was felt to be unfair. Even the two selected workers had not been paid (see Box 14).

#### Box 14: speculation on corrupt use of PNPM funds

In 2012, public toilet construction funded by PNPM to the tune of IDR 170 million was started and supervised by the head of the sub-village. Labour was supposed to be provided by the community but only two were actually involved, one of whom is the son of my HHH. He told me he was promised IDR 16 million for this work but so far has not received anything. He suspects that the money is being siphoned off at various stages;

*"First the bupati (district head) needs to sign the papers and every time he signs he receives IDR 10-15 million. Then it goes to the vice bupati. That is IDR 15 million less. Then to the sub-district and so on. What is left is IDR 60 million. This goes to the village. IDR 32 million will go to the [village] construction workers."* He continues 'the allocation for construction materials was IDR 29 million but only IDR 19 million was spent' He knows this because he was there when the materials were purchased. The rest, he says, went to the sub-village head.

Angry at not being paid and having bought a motorcycle in anticipation of being paid, he complained to the contractor who told him, *"I do not have anything. If you want money just take down the toilet."* And this is what he is doing, starting by removing the water tank and the dynamo.

Field Notes, West Sulawesi (MR1)

The PNPM microfinance programme in several study locations suffers from poor repayment rates and misuse but people are happy with it e.g. The money is used to travel to the provincial capital and repayment conditions are not strict (NTB (SB1)) and in West Sulawesi (MR1) they are actively forming groups in order to avail travel opportunities (see Box 15). In East Java (NG3) the conditions for receiving a loan through KUBE has led to formation of a sham enterprise (see Box 16). Only in Jambi (NK2) did we come across sanctions for non-repayment of group loans resulting in withdrawal of village infrastructure funding by PNPM.

#### **Box 15: different motives in forming livelihood groups**

There is a five member cassava group, headed by the head of the sub-village head, a three member coconut group headed by a woman and another group headed by the village secretary. The groups themselves barely function but their existence enables the heads of the groups to travel ostensibly for conferences and training, e.g. the head of the sub village head went to Malang, East Java, for a course on organic cultivation of cassava but on return he told the others it was a vacation and did not share any of the training with others; the village secretary went to Bogor, West Java and the woman head of the coconut group went to Yogyakarta for a training on biofuel but all she shared on her return were stories of her visit to Borobudur temple. She received some funds for purchasing new coconut stock but nobody in the village is interested.

Recently, the head of the sub village has suggested to the eldest son of my HHH that he should make a wood craft group knowing that the young man wants to visit Jakarta and he has heard recently that 'the head of the group will be invited to Bali'. The eldest son does not actually have any experience in wood craft as he is a construction worker. Another FHH boy told us his mother belongs to a cookie group and there is a sign on the road promoting the cookie groups but, in reality, the boy says 'she only makes the cookies once'

Field Notes West Sulawesi (MR1)

Housing assistance is another type of social assistance that is also quite common e.g. (NTB (SB1), Jambi and Gorontalo) and is usually provided by the local government, although villagers also sometimes credit the central government for the grant they received. It requires the recipient to contribute to the partial fund given to build the house. New houses are brick and, as mentioned above, the ownership of such houses may be seen as detrimental to the family's eligibility for other forms of assistance.

Local government, either provincial or district, also offer their own social assistance programmes. In West Kalimantan, the local government provide solar lamps to villages that do not have access to electricity. In West Sulawesi (MR2), the provincial government holds a lottery to send people on the small pilgrimage to Mecca and subsidize activities held by village level religious gatherings (*majelis taklim*). In North Sumatera (TS1), people are provided with a "gas card" which enables them to purchase cooking gas at a discounted price<sup>8</sup>. Asset transfer programmes, usually livestock or seeds, were apparent in Gorontalo, East Java, and West Sulawesi. But people told us that they would rather consume the livestock immediately or sell it to make some money.

#### **Box 16: an 'enterprise' for show only**

The head of the neighbourhood explained that in order to avail KUBE assistance (a loan of IDR 2.5 million) they needed to form a group of ten people so he selected these himself. People here are bamboo traders, cutting and selling bamboo themselves, but in order to demonstrate to KUBE that there is an enterprise they have to prove they are adding post-harvest value to the bamboo. So they make bamboo baskets but only when the supervisor from the provincial capital of Surabaya visits. In fact the capital they have received is considered to be only 5% what is needed to establish a viable bamboo basket business.

Field Notes East Java (NG3)

<sup>8</sup>However, people rarely use this as the transport cost to get the card is IDR 8,000 and the discount is only IDR 4,000 so, in fact only those who can buy in bulk benefit and often re-sale making a profit from this

**Box 17: “I’m a seamstress. I know nothing about opening a kiosk!”**

The woman told us she received help from the provincial government of East Java to start her own business. She was provided with stock such as rice, oil, and sugar to open her own kiosk. But she was not happy about the assistance, “I’m a seamstress. I know nothing about opening a kiosk!” So she decided to sell the stock to another kiosk owner.

Field Notes, East Java.

One HHH father Yogyakarta (NL1) told us he sold the goat he received to pay for his wife’s eye treatment. He explained that he gets round the requirement to prove he still has the goat entitling him to further funds for three years by taking a photo of his neighbour’s goat. Others receive in kind help to start businesses but the experience described in (Box 17) is quite typical. Some of these programmes come from national Government e.g. in West Sulawesi (MR3) the Department of Fisheries provides IDR 10 million grants to fishing groups to buy boats and fishing equipment, and distributed bikes and motorcycles to people in the neighboring village (MR2) to help them sell the fish in the city. Some of the bikes remain unused as people could not ride them.

Social assistance may also be provided by private companies, NGOs, or philanthropists either as assistance to the village as a whole or to individuals. So, for example, in West Kalimantan (PH1) the village received a microhydro generator from an NGO; in Yogyakarta (NK2), Red Cross Indonesia and Red Cross Japan provided funding to construct Rain Water Collection Basins, a religious based national NGO, provided the village with a drinking water system;



Unused bike given by Department of Fishery. The woman does not know how to ride a bike

UNICEF provided gas stoves to many of the villagers in 2006 earth quake affected NK3 as well as reconstruction of the school. Here a private company has also assisted with building the elementary school through to vocational high school and sponsors vocational scholarships for those who cannot afford to continue. In West Sulawesi (MR3), an oil exploration company paid villagers to construct accommodation for them providing much needed work. Also here a copra trader gives interest-free loans anytime and grants of about IDR 10 million to help them go for the hajj. In North Sumatera (TS1), people who are better off often offer assistance to their employees.

Faith based philanthropy is also common as examples in our study location in North Sumatra demonstrated e.g. in TS2 individual assistance is provided through quarterly charitable events at the Church; in TS3 people receive food aid from the Catholic church especially at Christmas. The Protestant churches support church members for marriage and funeral costs. In TS2, the Islam religious gathering often provides help when a member falls ill or experiences other misfortunes. While in yet another neighboring village, the mosque provides some assistance in the form of money and food, particularly to widows and orphans.

But family members and neighbours are often the first line of help when it comes to receiving assistance. In North Sumatera people consider this as an integral part of their Batak culture and clan support is always the first line of help when anyone is having some difficulties. In NTB (SB2) people indicated that the poorest woman in the village who is a widow abandoned by her children is always looked after by neighbours who feed her and look after her if she falls sick. In Jambi, people said ‘we don’t need assistance as we all take care of each other’ and cited the example of elderly without children who were looked after by the community and in West Sulawesi the head of the village (MR1) said ‘we help each other- village people are different from city people’. There are also numerous traditional local savings and credit systems practiced by neighbourhood groups without outside assistance.

**Box 18: School based saving scheme**

The SMP has a voluntary saving programme for its students. Students have to open the savings account with a deposit of IDR 4,000 and subsequent deposits are at the discretion of the students themselves, but monetary incentives are provided by the school for those who save more. The scheme is intended to offset costs for higher level education (SMK or SMA). One SMP Grade 2 student told us he has already saved IDR 332,000. Another girl has managed to save IDR 10 million and she was given an additional IDR 2 million as incentive from the school .

Field Notes North Sumatra (TS3)

The most common one is the *rosca*<sup>9</sup> (*arisan*) where people put in money every time they gather with the group and the recipient is decided through a lottery draw each time (e.g. Yogyakarta and North Sumatra). In East Java (NG1), people implemented a less common saving scheme where they give their money to one trusted person who keeps money for them in her bank account. In North Sumatra (TS3), the saving scheme is instigated by the school where students will be able to collect their money after graduation (Box 18).

Another very common social assistance system is that of neighborhood or village based communal work (*kerja bakti*) where villagers come together to build certain facilities, such as roads for the village. Something that is less common but also practiced is to manage commonly owned land or goods to fund village expenditures e.g. in Yogyakarta (NK2), the common land known as crooked land (*tanah bengkok*) is managed by the villagers to pay for the salary of the village officers. In the neighboring village, NK3, party equipment, such as chairs and tables, are owned and rented out by the village to those holding events such as weddings. In West Kalimantan (PH3), a 200 hectare of customary forest is cultivated for construction materials while another forest, called the 'daily forest', is reserved for vegetables, palm sugar, and fire wood.

Many of the neighbourhood assistance schemes however work on the principle of reciprocity which may become a burden for those who have difficulty meeting these obligations (see box 19).

<sup>9</sup>Rotating savings and credit association

**Box 19: burden of reciprocity**

There is the social obligation that whenever someone is throwing a *hajatan* or a party (e.g. wedding, newborn, housewarming, death, etc.), a villager has to attend if he/she is invited. And this implies a contribution of at least IDR 40,000 or more than IDR 100,000 if you are relative, a close friend or neighbour. A single month can require IDR1-200,000 in party contributions. We were told that in December (*Mulud*) this year seven parties had already taken place. Even with these contributions the host still has to spend twice as much (about IDR10-11 million) often resulting in significant debts.

My HHH mother finds this burdensome and often asks her son to find work purely to cover this obligation and told me "I often pray to God that there will be no party next weekend." Another mother told me that the contributions to these parties are bigger than her family's food expenses.

Field Notes Yogyakarta (NL3)



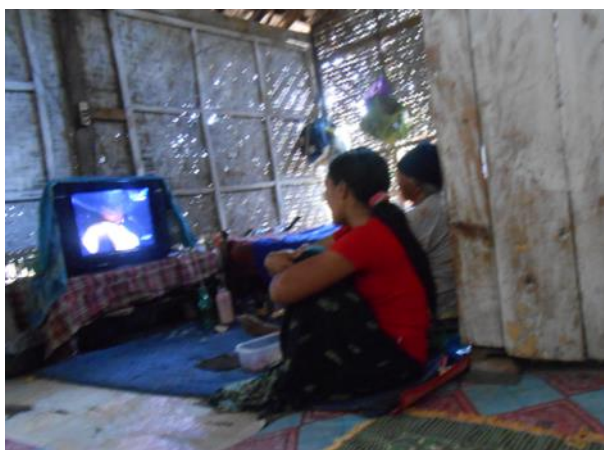
Social obligation such as chipping in for a religious event or a wedding party can be a significant burden for some

### 3.10 Peoples access to and preference for media

These findings are intended to provide insight into people's media habits and to understand the effectiveness of the TNP2K socialization processes.

People told us that chat and 'word of mouth' is the main way people receive information or are updated with news from outside the village. People get together in between working in the fields, they hang out at kiosks (*warung*) in the afternoon, they swap stories when they meet each other in religious gatherings or meet informally each evening around the TV or (in West Kalimantan), in long houses (NTB (SB1 and SB2), West Sulawesi (MR3), North Sumatera (TS1, TS2, TS3), Gorontalo (TG3), and West Kalimantan (PH3)). Outsiders who travel through the village, such as drugs sellers and truck drivers, or relatives and neighbours who are returning from the city or abroad are often people's main source of information (NTB (SB3), NTT (LR1 and LR 3), Jambi (NK1 and NK2), Yogyakarta (NL3), and West Sulawesi (MR1).

About 60% of our study HHH own a television (see annex 5) although in some areas it is limited by poor access to electricity (NTT (LR3) and Jambi (NK2)). Those who do not own their own set generally still have access through relatives or a neighbour (Yogyakarta (NL1 and NL2), West Sulawesi (MR1 and MR2), and Gorontalo (TG3)) and this provides occasions where news and gossip are exchanged. In NTB (SB1) and West Kalimantan (PH3), TV watching is especially communal as the entire village will go to watch TV in the house of the richest villager (SB1) or the village head's house (PH3).



Many households have TV, those who don't go to neighbours to watch

**Only in one study location, West Sulawesi (MR1), people said they received information about social assistance through watching TV. In East Java the TV carried lots of messages about the new Jokowi card while we were there but nobody paid any attention.**

People unanimously prefer national to local television channels and mostly never watch the latter (except in West Kalimantan (PH2) where people would tune in to a local channel early in the morning to listen to music). Entertainment is the number one reason why people watch TV. Children watch cartoons and women like the soap operas (*sinetron*), *dangdut* music shows, and reality talent shows and watch these most frequently. Women and children tend to have control of the TV.

Men are a little bit more likely to watch news though rarely turn on the TV because they are looking for a news update. More often their source of news is the five minutes news section aired between the soap operas. We found that people avidly follow 'hot news' such as airplane crashes or natural disasters but are likely to change channels when the news comes on.

Shows watched on TV are also often the source of life comparison for people in the village. People in NTB (SB1) for example shared their comparisons with people living in Jakarta and think it is easy to make money there so aspire to go there for work.



Children's games influenced by TV shows on national channels (i.e. soap opera and *dangdut* competition)

People in North Sumatera (TS1) compared their lives favourably to the poor of Jakarta. *“Poor people on TV try very hard to make money by collecting garbage and only eat cassava while here, people can still have food every day. You can plant things in the garden and find things to do to get money.”*

People rarely listen to radio and most of our HHH did not own one. A few exceptions included Gorontalo (TG1 and TG3) where people listened to local channels from time to time to get the news, especially news of the upcoming concert (for the young people) or an approaching political campaign (for the adults). This is somewhat driven by their desire to know dates and times as they often receive souvenirs or money from the candidates by participating. In NTT (LR1) young people listen to music only and in Yogyakarta (NL1 and NL2) people listen to broadcasts of traditional shadow puppets (*wayang*). People in West Kalimantan (PH3) near the border occasionally listen to broadcasts from Malaysia.

Most people have mobile phones and many have smart phones even though there is no mobile phone signal or very limited service providers (e.g. NTB, Jambi, Yogyakarta, East Java and West Kalimantan). They use their mobiles to play music and games but many shared the problems of lack of connectivity and, in particular, the difficulties the lack of mobile connectivity creates trying to find employment (e.g. NTB (SB1)). For some places, there are specific spots where the reception is better and it is common to see people, the youth particularly, crowding round to use their mobile phones (e.g. at the roadside Gorontalo (TG1) or accessing the school’s wifi in Yogyakarta (NL3)). Apart from the common use of texting and calling, mobile phones, especially for the young people, are used to listen to music (NTB (SB3), NTT (LR3), and East Java NG2), to play games (NTB SB3, Yogyakarta (NL3), and West Sulawesi (MR2)), to access social media (Yogyakarta (NL1 and NL3), West Sulawesi (MR1) TS3-North Sumatera (TS3), and Gorontalo (TG2)), and to browse the internet (NTT (LR1 and LR2)).



No one seems to be aware of this announcement board which provide a list of PKH recipients

People rarely use internet though some say they can get access to the internet at school (e.g. as in NTB (SB2), Yogyakarta (NL3) or from the *Puskemas* (e.g. such as in NTB (SB3), although as of now the internet is no longer working in this particular place). In North Sumatera (TS1), there used to be an internet café for online gaming in the village but increasing concerns over their children’s addiction to gaming resulted in closure of the café and its transfer closer to town.

People rarely pay attention to written information. They almost never read newspapers. They rarely take notice of or read posters *‘they are too long so don’t bother reading’* (Jambi NK2)). We observed some posters in villages e.g. at the *puskemas* or *pustu* (e.g. in NTB (SB1 and SB2) and in West Sulawesi (MR2)), at kiosks (Jambi (NK2)), at the village office (North Sumatera (TS3)) on the wall of houses (West Kalimantan (PH1)) but nobody takes any notice. Some of these posters include information about social assistance programmes but people we talked to said they had not read them or found them confusing to understand. In some places (e.g. Yogyakarta (NL3) and in Gorontalo (TG3), there are announcement boards showing detailed information about social assistance but no one seems to be aware of these.



In West Sulawesi there were big banners at the school stating that education is free of cost but no villagers we spoke to had noticed. The only exception were the well read eviction signs prominent in In North Sumatera (TS3). As mentioned before people told us they found letters they received regarding social assistance difficult to read or did not understand the pictures. Some people did not open the letters at all (e.g East Java NG3).

In almost all the study locations the main source of information on social assistance is the village head, sub village head, neighborhood head, teachers, or school principals particularly informing people when a disbursement is due. Announcements about events or to alert people to payment of social assistance in many places is also done through the mosque's loudspeaker (NTT (LR2 and LR 3), East Java (NG 2), West Sulawesi (MR2), and Gorontalo (TG3)).



Letter informing villagers about KKS/KIS/KIP. People found it difficult to read and to understand



# How relevant are social assistance schemes?

The relevance of social assistance programmes relates to people's context and condition. The study revealed many cases where people indicated that they did not need the assistance provided (e.g. all locations in West Sulawesi, West Kalimantan, Jambi). In West Sulawesi (MR3), people deliberately distance themselves from requesting more assistance despite the possibility to do so, e.g. the fish seller groups want no more resources from the Ministry of Fisheries as *'If we receive a lot of assistance, we would be very spoiled and we would become very lazy.'* In North Sumatra, people felt that cash assistance *'makes people dependent, lazy and stupid'*. Others are very explicit, *'social assistance does not help'* (West Kalimantan) or *'it is not very helpful'* (Gorontalo).

In only a few cases did people indicate that the cash transfers had made much difference, for example a trash picker in North Sumatra indicated that the BSM she received for her son enabled her to buy new clothes rather than clothes scavenged from the dump and a new school bag. Others indicated that it was nice to get but *'its ok if we don't get too'* (North Sumatra (TS1)) or it was *'a nice addition but we cannot depend on*

*it'* (Gorontalo (TG3)). Other positive comments come more from a sense of entitlement to something that is going for free rather than its substance and people worry that if they do not accept the assistance they are offered they may be denied future assistance. The corollary of this means people often display indignation about being left off a list even when they acknowledge that the assistance is insignificant but there is always the concern they might miss on something significant in the future.

Table 5 is derived from carrying out informal expenditure analyses with our host households and provides insight into household expenses and the contribution social assistance therefore makes. With an average family expenditure found by this study to be IDR 1,750,000 /month, BLSM (at IDR 200,000 per month) contributes less than 11.5 %. PKH average assistance payments are estimated at IDR1.4 million/family/year<sup>10</sup> (IDR 116,666/month) and therefore, based on the expenditure figures this study reveals, contribute around 6.6% of monthly expenses.

<sup>10</sup>International Policy Centre for Inclusive Growth/ TNP2K Research Brief no. 42 (October 2013) Indonesian Conditional Cash Transfer Programme.

**Table 5: Household monthly expenditure**

| Location       | HH Code | Family size | Monthly expenditure (IDR) | Per-capita expenses (IDR) | How cash raised  |
|----------------|---------|-------------|---------------------------|---------------------------|--|
| NTT            | LR1     | 4           | 2,645,000                 | 661,250                   | Selling traditional cookies  |
|                | LR3     | 3           | 1,550,000                 | 516,666                   | Fishing, construction worker, boat transport provider, informal homestay |
| Jambi          | NK2     | 4           | 1,800,000                 | 450,000                   | Farming, selling crops and livestock                                     |
| Yogyakarta     | NL3     | 6           | 2,050,000                 | 341,666                   | Farming, selling firewood and batik dotting                              |
|                | NL1     | 4           | 1,910,000                 | 477,500                   | Craftsman, farming service provider                                      |
| North Sumatera | TS2     | 7           | 2,050,000                 | 292,860                   | Housemaid, construction worker   |
|                | TS3     | 2           | 1,520,000                 | 760,000                   | Trash picking  |
| Gorontalo      | TG3     | 6           | 2,250,000                 | 375,000                   | Construction worker  |

| Monthly expenses                                 | NTT              |                  | Jambi            | Yogyakarta       |                  | North Sumatera   |                  | Gorontalo        |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|  | LR1              | LR3              | NK2              | NL3              | NL1              | TS2              | TS3              | TG3              |
| School expenses                                  | 833,000          | -                | 300,000          | 200,000          | 280,000          | 250,000          | 180,000          | 300,000          |
| Rice   | 600,000          | 150,000          | 600,000          | 230,000          | 140,000          | 500,000          | 470,000          | 525,000          |
| Food   | 120,000          | 100,000          |                  | 200,000          |                  |                  |                  |                  |
| Cigarette  | -                | 600,000          | -                | 200,000          | 70,000           | 150,000          | -                | 300,000          |
| Alcohol  | -                | -                | -                | -                | -                | 225,000          | -                | -                |
| Phone credit                                     | 165,000          | 80,000           | 75,000           | -                | 140,000          | 50,000           | -                | 75,000           |
| Transport/fuel (some inc. 'transport' to school) | 300,000          | 600,000          | 150,000          | 50,000           | 70,000           | 50,000           | 630,000          | 150,000          |
| Children pocket money                            | -                | -                | -                | -                | 280,000          | 50,000           | -                | 300,000          |
| Motorbike credit                                 | -                | -                | -                | 300,000          | -                | 500,000          | -                | -                |
| Work related needs (fertilizer, equipment, etc)  | -                | -                | 425,000          | 280,000          | 280,000          | -                | -                | -                |
| Clothes and cosmetic                             | 27,000           | 20,000           | 225,000          | 200,000          | 210,000          | 50,000           | -                | -                |
| Electricity                                      | Paid by relative | -                | -                | 40,000           | -                | -                | 50,000           | 150,000          |
| Water  | -                | -                | -                | -                | -                | -                | 70,000           | -                |
| Gas (if any)                                     | -                | -                | -                | -                | -                | -                | 90,000           | -                |
| Koperasi/artisan/Social obligatory               | 600,000          | -                | -                | 200,000          | 140,000          | 100,000          | 30,000           | 75,000           |
| Health   | -                | -                | 37,500           | 150,000          | 70,000           | 50,000           | -                | 225,000          |
| Housing (rent)                                   | -                | -                | -                | -                | -                | 75,000           | -                | -                |
| Savings  | -                | -                | -                | -                | 230,000          | -                | -                | 150,000          |
| <b>Total</b>                                     | <b>2,645,000</b> | <b>1,550,000</b> | <b>1,800,000</b> | <b>2,050,000</b> | <b>1,910,000</b> | <b>2,050,000</b> | <b>1,520,000</b> | <b>2,250,000</b> |
| Family size                                      | 4                | 3                | 4                | 6                | 4                | 7                | 2                | 6                |
| Per-capita expenditure                           | 661,250          | 516,666          | 450,000          | 341,666          | 477,500          | 292,860          | 760,000          | 375,000          |

Average total expenditure = IDR 1,971,875. Average per-capita expenditure = IDR 484,367

Average family expenditure on food is approximately IDR 900,000 or about 52% of all expenses. Other proportional analysis with less detail of breakdown of costs were conducted with other households and this percentage is consistent. Table 4 indicates that larger families spread their income more thinly and per capita expenditure may be nearly 50% less than for smaller families.

The significance of cash assistance is related and compared to other sources of income or help they could access as well as the actual and opportunity costs in accessing the payment. In Jambi (NK1), people receive gifts from the community when they have a new born baby and the amount of gifts they receive is significantly higher than any cash assistance they are entitled to. In West (MR1) Sulawesi, people are willing to pay up to IDR 250,000 per month for help to wash their clothes since this might mean more time for them to go work in the field indicating a different view of the significance of social assistance cash. In the study location in Jambi, a single potato harvest provides enough cash for families to consider buying motorcycles for their school children, even as young as eight years old.

Some people told us that rather than small amounts of cash spread thinly, there may be virtue in targeting more meaningful amounts to the very poor. As discussed in section 3.1., people often shared that they did not feel they were poor and pointed to others who were more needy; often elderly, abandoned and people who had limited capacity to work. These, they feel should be targeted for assistance.



Newborn baby gifts received significantly more than any cash assistance they are entitled to

Another aspect of the assistance that is often highlighted when discussing the significance of the social assistance is its regularity and reliability. The use of the term 'surprise money' to describe BLSM is revealing in Gorontalo (T3). One mother voiced the sentiments of many we chatted with in the study, *"We can't depend on it. We still have to buy food for daily need."* Irregularity makes it harder for people to plan in advance. Furthermore the amounts received are often different from one time to the next. Because of this, many told us they would prefer assistance which is more predictable e.g. work opportunities where they could earn a regular income (e.g. LR1-NTT (LR1) and East Java (NG1 and NG3)).

The following sections review the perceived relevance of each of the national social assistance programmes.

Those who produce their own rice do not consider RASKIN to be much help while others, particularly those who do not work in the field, those who face drought, and those who do not have that much disposable income consider RASKIN to be quite helpful. Some people in NTT (LR3) even indicated that RASKIN should have gone to other people rather than to them and they refuse to refer to any assistance received as "poor people assistance" because they do not feel poor. Rice farmers in NTB, however, felt it was welcome in the season after planting.

People who are rarely ill, who prefer traditional or alternative medicine, who cannot be bothered with administrative red tape or those who feel that health services received using a health card are inferior, would rather pay out of pocket for health services. Furthermore, the idea of paying a premium for insurance purposes is unfamiliar to them and they are not keen on the idea. However, those who are currently dealing with illnesses in the family especially those of a long term or chronic nature tell us that they do see merit in JAMKESMAS, KIS, or BPJS.

As mentioned above, money received from BLSM was noted as *'uang kaget'* (surprise money) in Gorontalo (TG3) and in West Sulawesi and North Sumatra people indicated that they were *'happy to get some cash'* or *'felt lucky to get'* and see it as a one-off gesture from the government. Most felt the amount is small and insignificant. Some people even dub BLSM money *"snack money"* as it is gone in a day or two. Some others told us that since the impact of the increased fuel price will be long term BLSM money is a short term inconsequential compensation.

BSM is considered to be quite helpful by many and clearly people do often use BSM money to help with education expenses such as to buy books, uniforms, shoes, or bags although it is also used to pay off debts and to buy food. Most say that the amount is not enough to cover for all expenses necessary as uniforms alone could cost up to IDR 700,000 for all five sets required. The timing of BSM disbursement can effect its relevance as most education costs are borne at the start of the school year yet payments are often received late.

The existence of PKH is barely noticed by people except when there is an active facilitator such as the case in Gorontalo (TG3). The payments in most study locations are generally not perceived to be related to any conditionalities and so the relevance of these is negligible.

Often people pointed to assistance which would be more meaningful for families, e.g. in East Java, some people prioritised land ownership as many of them work on government land with limited permission; in NTB, people want subsidized seafood, fish or essentials like oil or sugar rather than RASKIN rice; in North Sumatera and Gorontalo, many prioritise house renovation.

But for many in the study, public poverty is more important than individual poverty. People told us that families can live quite well day to day, especially combining farming for their own needs and availing different waged employment opportunities but that their real challenges related more to access to public goods and services.

In the study locations in Jambi and Yogyakarta, people noted the need for good road access to markets and to health facilities. In study locations in NTB, East Java, Yogyakarta, Jambi, and West Kalimantan people told us their priority for better mobile phone signals so they can communicate with family members, access markets and job information more easily. In study locations in NTT, West Kalimantan and East Java access to reliable electricity is a priority, especially in NTT where their fishing livelihoods are constrained by lack of cold storage facilities. Also in NTT and in study locations Yogyakarta and Gorontalo, access to clean water is essential for the entire year in NTT and in the dry season in the other locations. Across many study locations we heard many people express the notion that assistance of this kind that can be experienced by everyone is better than those that are enjoyed by a few. Many indicated that assistance such as the community programmes funded by PNPM is preferable since it is usually used to build infrastructure, such as roads, water schemes or schools, that is accessible to everyone.

People also shared that many of their expenses would not exist if the services provided were free and requirements to avail services rationalised. For example, school becomes expensive because there are constant demands for cash from the school, excessive uniform requirements and snack kiosks located at school entrances. Ensuring adequate supply of resources, reducing uniform regulations and banning kiosks would remove most of the need for assistance, at least at SD level, where there are no transport or accommodation costs. Some suggested that assistance provided at SD level would be more usefully channeled to high school students.

***"Access should be free but don't give cash"***  
Village secretary, North Sumatra



# Study Implications

This section adopts more of an authorial voice as it presents the deliberations emerging from the analysis of the findings by the RCA team who. It puts forward some tentative ideas for consideration by programmers and policy makers for the future. Although this emanates from the RCA research team, the RCA principle of respect for voice permeates the study implications so that they are couched in terms that study participants would accept as their own.

As noted on page 3-4 the objectives of TNP2K which were focused on in this study can be summarized as follows:

- **Introduction of the UDB to improve targeting:** *How has the introduction of the UDB affected peoples view and experience of accessing social assistance?*
- **Introduction of the Social Protection Card (KPS)** to help families access a range of social assistance. *'Do families benefit from this Magnification effect?'*
- **'Socialisation' and multi-media communication** to increase people's understanding of the social assistance

programmes *'Do people understand their entitlements and the way social protection programmes work? What communication channels work best?'*

- **Introduction of grievance mechanisms;** *Do people use grievance mechanisms?'*
- **Innovations;** *'how do people experience these new innovations?'*

## 1. Understanding the programmes

Probably the most significant study finding is that people continue to be puzzled about the various social assistance schemes and their entitlements. This often leads to limited transparency and is the culmination of a number of different factors;

- a. Confusion about the different programmes
- b. Lack of clarity on who is entitled to benefits
- c. Lack of clear information on the nature of the entitlements
- d. Local interpretation of schemes

Such confusion leads to people missing out on their entitlements but, at worst, can also provide the conditions for purposeful manipulation and fraud.

- a. Confusion about the different programmes continues partly because people find the scheme names complicated, misleading and constantly changing. People use BOS and BSM or BLT and BLSM interchangeably. PKH which is often officially promoted as helping with school costs then also gets confused with BSM. Acronyms are rarely explained so it is easy to get them confused. Even when they are explained they are confusing e.g. PKH (Family Hope Programme) does not make it clear what it actually is and people (including teachers) often suggest that the 'BS' in BSM is '*beasiswa*' which means 'scholarship' which implies to many that it is merit based. A single local name can be applied to more than one programme e.g. BBM (which literally refers to fuel) was used to describe both BLSM and PKH. The study indicates, however, merit in the use of local names to describe the cards (e.g. KPS (*kartu kuning*, yellow card), new KKS (*Jokowi card*) as these are more easily recognized and understood. The confusion is further compounded by what people complain are constant changes.

With so many schemes operating in addition to those from national government (local government, private, village based, faith based), it is hard for people to understand which is which and to distinguish between them. They often simply refer to schemes as coming from "the center" (*pusat*), "the government" (*pemerintah*), "the top" (*atas*) or from "the national level" (*nasional*) making it very hard to know what scheme they are referring to.

- b. Lack of clarity on who is entitled to benefits. Despite the UDB, people remain bewildered why some people receive social assistance and others don't. Clarity around the basis for being a beneficiary is key and without it speculation is rife. Speculation may involve attempts to rationalize what many think are unfair allocations to concerns about corruption and misappropriation of funds. The most often cited reason for inclusion/exclusion is the type of house people live in but as people argue this can be misleading e.g. former wealth through illegal logging in West Kalimantan, proliferation of Government housing schemes, some people's preference for traditional houses and the increasing trend of creating brick façades on old wooden/bamboo houses which can be then wrongly categorized. The lists of beneficiaries supplied by TNP2K using the UDB are reliant on 2011 PPLS household survey data. This study and the one conducted in mid 2014 both point out problems with some of the indicators used and their relevance to people's actual experience of poverty. Debt is a considered by people as a key determinant of poverty and is not included in the survey. The number of people who can work and bring cash income into the household as well as the local opportunities to be able to do this are also key. Family circumstances can change quite rapidly; children moving out, grandchildren being left in the care of grandparents, elderly moving in with their children, abandonment, divorce, illness and death and the period between surveys seems too long to accommodate this. The elderly are often left out from the UDB lists and people often pointed out in this study and in the one conducted in mid 2014, those who were not receiving assistance but should.

The study suggests that people would like the programme to

- Use simple unambiguous names for the schemes e.g. school assistance, health assistance
- Issue a single card which covers all the schemes for all families in the lowest poverty deciles, making it clear that they are entitled to all the schemes
- Issue additional specific cards to those above the lowest deciles which, by virtue of budget allocations are also eligible e.g. when the education budget allows, additional school assistance cards will be issued
- Clarify in all communications which are national schemes

The study suggests that people would like the programme to

- Re-visit the basis for UDB classification of poverty and ensure it is based on contemporary poverty experience (e.g. include indebtedness, exclude housing type, include numbers in the family able to work and access to work opportunities to raise cash)
- Communicate the bases of inclusion/exclusion more clearly
- Find a mechanism to check and update family status more regularly than every five years.

- c. Lack of clear information on the nature of entitlements. People rarely know what cash they are entitled to and the regularity of that payment. The biggest problem with this is that people accept whatever is given and do not question cuts that may have been made, sometimes legitimately and sometimes fraudulently. The new SMS system for KKS which alerts people to payment and confirms their payments is a useful step forward but still people did not know that they might be entitled to incentives if they choose not to withdraw all the cash.

The study suggests that people would like the programme to

- Make entitlements to national programmes simple and unambiguous
- Make more use of prime time national TV slots to explain the social assistance programmes simply as people do not read posters, letters and , if they do, find them complicated
- Use SMS to remind and confirm payments for all social assistance programmes.

- d. Local interpretation of social assistance schemes; transparency is also compromised when local action is taken to meet equality rather than equity. This happens more or less universally with RASKIN and quite often with BSM and BLSM.

While it is understandable why these local decisions to divide resources equally are taken to avoid social tensions and to appease all constituents, it subverts the purpose of the social assistance programmes which are supposed to target those who are specially in need.

The study suggest that people would like the programme to

- Raise public awareness around the purpose of social assistance as targeted to the very poor (the needy who communities identify unanimously) and take steps to reduce leakage to non-poor.
- Publicise in simple explicit ways the amounts of money people should get.

## 2. Grievance mechanisms

TNP2K has introduced a number of innovations to improve grievance mechanisms including the community consultation processes to edit beneficiary lists and SMS and hotline numbers. Even though people are concerned about the implementation of social assistance programmes they rarely voice their dissatisfactions or concern. The study finds that this is mostly because people prefer to avoid confrontation and worry about withdrawal of services or even negative repercussions which might result. They are particularly fearful that complaints might be investigated by the police and worry about the disrespect they may bring to people in authority and the community in general by complaining. They also do not complain as they have little faith in resolution. They are often told that assistance programmes come from “the national level” or that the decision is made from “the top” and they feel they do not really have a say in the matter. This is frequently endorsed by local level authorities such as head of villages who confirm that they too are ‘powerless’. An unintended consequence of the UDB is that blame for mistakes is directed upwards and all local responsibility is devolved.

The study suggests that people would like the programme to

- Recognize that national help lines and similar are unlikely to be used. Instead better and wider access to information and understanding of the programmes is expected to engender social norms which support good practice. Simple messages that say, for example, *‘nobody is allowed to cut your social assistance payment at source’* would help.



### 3. Continuing barriers to access of social assistance entitlements

Another important finding from this study is that there continue to be barriers excluding people from their social assistance entitlements including lack of appropriate documentation as well as physical and financial obstructions. Costs associated with collecting payments e.g. transport or middlemen, time and difficulty are still felt in some places and particularly by those with limited mobility. This is a problem TNP2K is actively working on with their e-payment innovations. People who move residence and parents of newborns often face difficulties collecting the necessary documentation which often entail time and costs. Others by virtue of circumstances do not have the appropriate documentation and again face obstacles to resolve.

The study suggests that people would like the programme to

- Provide fast track inexpensive services to issue official documents for people who have no or inaccurate documents to support their social assistance claims
- Provide local social workers who can follow up 'cases' and assure that families in need are getting their full entitlements.
- Continue to innovate to ensure that those with physical access problems which often entail extra costs to collect their social assistance can do so without financial penalty.

### 4. The relevance of social assistance

The study findings suggest that the small size and unpredictability of social assistance cash transfers undermine its relevance, even though BSM, PKH and BLSM have increased payments. Again and again people told us that the amounts were too small to make a difference or to cover the actual costs (especially of education) and many indicated they did not need them yet saw value in larger amounts being directed to those 'really in need'. People felt that some costs, again especially education, are unnecessary (e.g. having to have five sets of school uniform, demands for pocket money, teachers gifts, resources which parents feel should be provided by the school). With regard to social assistance for health, the obstacles to access (including unforeseen costs) and the perceptions of inferior treatment and medication when using social assistance impact on the perceived relevance.

The study suggests that people would like the programme to

- Consider providing more significant cash assistance to fewer families who are genuinely in need.
- Take steps to ensure uniformity and rationalisation of disbursement (e.g. BSM at the start of the school year)
- Reduce service costs at point of delivery to avoid unnecessary expenditure (e.g. informal payments to health staff, teacher gifts etc.)



# Annexes



## Annex 1: Study design

### Household Level Impact of Government Social Assistance Programs

Commissioned by Poverty Reduction Support Facility (PRSF)

#### 1. Introduction

RCA+ project will undertake a household level review of experience of the Social Assistance programs operating in Indonesia and for which Tim Nasional Percepatan Penanggulangan Kemiskinan (TNP2K) has been providing advisory support with the assistance of the DFAT funded Poverty Reduction Support Facility (PRSF). Social assistance comprises four main programmes; Program Keluarga Harapan (PKH), Bantuan Siswa Miskin (BSM), Beras untuk Rakyat Miskin (Raskin), and Jaminan Kesehatan Masyarakat (Jamkesmas).

#### 2. Overview of the Reality Check Approach (RCA) and the RCA+ Project

2.1. The **Reality Check Approach (RCA)** is a qualitative research approach which extends the tradition of listening studies and beneficiary assessments by combining elements of these approaches with actually living with people, usually those who are directly experiencing poverty. It could be likened to *'light touch' participant observation*. The key elements of RCA are *living with* people in their own homes rather than visiting and *informal conversations* which put people at ease. The combination of this with first hand experience of living with people and observing and accompanying them through their everyday interactions leads to very high levels of triangulation. RCA also has the advantage of understanding lives in context rather than through project, programme or sectoral lenses. Taking place in people's own space rather than in public or invited space means that power distances are reduced between the family and the researcher and the trust and informality that ensues creates the best possible environment for open disclosure.

See [www.reality-check-approach.com](http://www.reality-check-approach.com)

2.2. The **'Reality Check Approach +' (RCA+) project** (Promoting Use and Uptake of the Reality Check Approach) is a DFAT funded project being implemented by the Effective Development Group (EDG) under PRSF. The project is intended to build the capacity of Indonesian researchers to design, undertake and communicate high quality RCA studies.

This project has assumed a *'learning by doing'* model which requires researchers new to the approach to work through actual studies to gain experience in the approach. In the first phase of the project, budget has been allocated to three such studies. It is proposed that one of these will be this study on the household level impact of social assistance programs..

#### 3. Rationale for the RCA study

A comprehensive study on PRSF has been commissioned and this study will comprise 4 study components. These components include (1) PRSF performance; (2) PRSF quality control study on TNP2K that will be done in-house; (3) Policy process which will look at which PRSF policies are successful, need to be improved, are context dependent, or can be replicated; and (4) Impact of policy changes that have been implemented so far. This RCA study fits with the latter component. As of now, component 4 is planned to include a quantitative study on policy changes and targeting accuracy and a qualitative study on the experience of the policy changes on the sub national government level. RCA study will provide a complement to these planned studies as it will provide insights into how the policy changes are experienced directly by the intended target of the programs: the poor and the near poor.

The RCA is especially appropriate for understanding household level experience as it is able to provide an up-to-date-first-person account of daily life through researchers' direct interaction and participation with the people on the ground. RCA allows insights not only to the household level experience but also to individual's perspectives of the social assistance programs..

The design of RCA also makes it possible for the study to be comprehensive and cross-cutting hence it is possible for the study to understand a more complete picture of all programs available on the ground rather than how each is experienced separately by the poor and the near poor. This allows a closer comprehension of people's life as they experience different programs simultaneously instead of as separate silos.

Furthermore, RCA makes it possible for researchers to also interact with service providers and people in authority in a relaxed and informal way, resulting in a different narration of experience to those that are expressed in a more formal or official settings. This allows the study to have a more thorough understanding of programmes impact as it will also encompass the voice of the people who are involved in the process even if they are not the targeted recipient of the assistance.

## 4. Study design

### 4.1. Proposed Locations for the study

In line with all RCAs, the exact locations will not be revealed. This is primarily to protect the identities and confidentiality of the study participants according to good qualitative research ethical practice. This is particularly important as these sites may become the basis of future longitudinal studies.

However, careful consideration of the different determinants has been undertaken including consultation with different members of PRSF and TNP2K to provide the basis for selection of locations for the study. It is deemed important for the RCA study to look at different types and combinations of social assistance that are available in one location. Therefore, the RCA will be conducted in several different locations throughout Indonesia.

After preliminary meetings with PRSF, it was agreed that RCA study will be conducted in 9 different locations. The final selection of locations will take into account the following variables:

#### A. Programme based considerations

1. **Timing of programmes and length of assistance**, e.g. where PKH has been implemented since 2007 or 2008 (early uptake) where PKH was introduced quite recently, preferably in 2012 or 2013 ( new uptake)
2. **Different programme design**, e.g. where Family Development Session (FDS) is implemented/ where the PKH facilitator meets with the people routinely/rarely
3. **Complementarity of programs**, e.g. where all 4 social assistance programs (PKH, BSM, Jamkesmas, Raskin) are implemented or some are not. Exceptions such as Plantations where social assistance does not operate.
4. **Effect of different local government oversight**, e.g. a location where TKPKD<sup>1</sup> (Local Coordination Team for Poverty Alleviation) is active.
5. **Effect of the existence of social assistant programs implemented by a different agency**, e.g. a location where PNPM Generasi<sup>2</sup> is implemented or where KIS (Healthy Indonesia Card) or KIP (Smart Indonesia Card)<sup>3</sup> is implemented.

#### B. Geographic and development level considerations

1. **Remoteness/proximity to urban centres**
2. **Ethnicity/religion**
3. **Livelihoods** (farming, tourism, plantation, fishing)
4. Where the **school dropout** rate is high (especially during the transition from one level of education to the next)
5. Particularly low **development outcome** areas/concentration of poor

<sup>1</sup>TKPKD consists of government members, public representatives, business representatives, and other relevant stakeholders. This team executes, oversees and coordinates poverty alleviation efforts on the local level. The chairman of TKPKD is the deputy mayor/regent (on the district/city level) or the vice governor (on the province level). These chairmen are responsible to the mayor/regent, the governor and the National Coordination Team for Poverty Alleviation. TKPKD is funded by local government funding supported by other funding resources.

<sup>2</sup>PNPM Generasi is an incentivized community block grant program that builds on the architecture of the GOI's community driven development program, the National Community Empowerment Program in Rural Areas (PNPM-Rural). The program uses a facilitated community decision-making process to allocate block grant funds to target 12 health and education indicators. Communities work with facilitators and health and education service providers to improve access to and use of health and education services. Average block grants total approximately IDR110,000,000 village/year (approximately US\$12,000 village/year). To give communities incentives to focus on the most effective priorities to target program indicators, the GOI determines the size of the village's PNPM Generasi block grant for the subsequent year partly on the village's performance on each of the 12 targeted health and education indicators.

<sup>3</sup>KIS/KIP provides universal access to health care and education service for the poor. It is the initiative of the current president's elect, Joko Widodo, introduced first in Solo when he held office as the mayor. When Mr. Widodo was the governor of Jakarta he introduced the Jakarta version of the cards, named KJS and KJP respectively. Since April 2013, KJS is provided to 4.7 million people (1.2 million are Jamkesmas recipients while the rest, 3.5 million, are the poor/near poor who do not receive Jamkesmas). With KJS, people can access a 3<sup>rd</sup> class level health service in all community health centers-Puskesmas, public and private hospitals. KJP is given to 544.863 students in 2014 and it provides grant ranging from IDR 180,000 to IDR 240,000 per month per student, depending on their level of education. KIS and KIP claim to be different from the current national social assistance (BSM, Jamkesmas).

Three communities will be chosen for each location.

Example of location selection:

|                                  |            |            |
|----------------------------------|------------|------------|
| <b>Team 1: Surakarta</b>         |            |            |
| Village S1                       | Village S2 | Village S3 |
| <b>Team 2 : Kalimantan Timur</b> |            |            |
| Village K1                       | Village K2 | Village K3 |
| <b>Team 3: Sulawesi Utara</b>    |            |            |
| Village S1                       | Village S2 | Village S3 |

#### 4.2 Study participants

The following table provides an approximation of the numbers involved in the study and is based on experience with other RCAs conducted in Indonesia and elsewhere. The main emphasis will be on in depth engagement with the 18 host households and their immediate neighbours.

| Participant                    | Proposed numbers | Intention   |
|--------------------------------|------------------|---|
| Host households                | 27               | Close interaction and conversations with all members of the family to understand their daily lives, how social assistance is experienced, valued and affects the household, their aspirations and lived reality.  |
| Focal households               | 120 approx       | Less detailed interaction than with HHH, conversations with intention to explore diversity of perceptions and experience, triangulate or contest findings   |
| Other persons in the community | 540              | Using opportunistic moments (e.g. at teashops, markets, meeting points) and informal conversations to explore wider experience and perceptions of the relevance and experience of social assistance programmes.   |
| Teachers                       | 54               | Assuming the RCA takes place in six villages, the team would expect to interact with at least two teachers per education level. Informal conversations preferably away from the institutional setting would jointly review issues around school attendance, school experience, etc. |
| Health providers               | 27               | Interaction with formal and informal health providers (e.g traditional birth attendants) to understand their views on provision and uptake of basic health services and the relevance of the social assistance programmes.  |

#### 4.4 Areas of enquiry

RCA is not a theory based research method although it often generates people’s theories of change and contributes well to grounded theory approaches. It does not have a predetermined set of research questions relying as it does on iterations from information gathered *in situ* and building on progressive series of conversations. However, as part of the briefing process for researchers, areas of enquiry are developed to act as a guide to ensure that conversations are purposive.

#### 4.3 Household selection

PKH and BSM have specific targeting criteria. Households meeting the criteria will be selected for inclusion in the study and will include those with KPS cards and those without. All households will be jointly selected by individual team members through discussions with villagers. Care will be taken to ensure that people understand the nature of the RCA and the importance of staying with ordinary families and not being afforded guest status.

The team members will enter villages independently on foot in order to keep the process ‘low key’. The households selected will be at least 20 minutes walk away from each other and, where possible, were even further away to ensure interaction with a different constellation of focal households.

Without pre-empting this essential team collaborative process, the following are potential areas of enquiry based on existing secondary data, recent studies on these social assistance programmes and questions which TNP2K has raised as important.

1. People’s perceptions of poverty, vulnerability, well being and their aspirations for the future
2. People’s understanding of the social assistance programmes
  - What do they know about them?
  - How did they hear about them?
  - What do they think/feel about them?
3. People’s views on how they work
  - Who receives the support and who does not?
  - How appropriate/relevant are they? Is this the right incentive?
  - Experience of participating in the scheme - enabling and constraining factors
4. How complaints are dealt with. Is there any system of redress?
5. Costs of education and health (financial and others)
6. Difficulties /challenges to meet conditionalities of social assistance programmes
7. Changes in the household and drivers of those changes
  - Positive and negative change
  - Contribution of social assistance to specific and overall change ( significance)
  - Relevance and impact of the social assistance programs
  - How social assistance cash transfers are actually used
  - Alternative support and assistance
  - Peoples suggestions for improved social assistance
8. Alternatives to social assistance
9. People’s interaction with different forms of media what they use, listen to, bother with, how they use it, which media they access for information and which media they access for entertainment, as well as who has access/ does not, who owns/does not - what gets attention/does not

4.5 Study process

All RCA study rounds will follow the same overall process flow



Study team composition

| Round 1: December 12-18, 2014; Kalimantan, Sulawesi, NTT, Maluku |                    |                    |                    |
|--|--------------------|--------------------|--------------------|
| Sub Team A   | Sub Team B         | Sub Team C         | Sub Team D         |
| Sub Team Leader A1   | Sub Team Leader B1 | Sub Team Leader C1 | Sub Team Leader D1 |
| Sub Team Member A2   | Sub Team Member B2 | Sub Team Member C2 | Sub Team Member D2 |
| Sub Team Member A3   | Sub Team Member B3 | Sub Team Member C3 | Sub Team Member D3 |

| Round 2: December 26-31, 2014; Jawa |                    |
|-------------------------------------|--------------------|
| Sub Team E                          | Sub Team F         |
| Sub Team Leader E1                  | Sub Team Leader F1 |
| Sub Team Member E2                  | Sub Team Member F2 |
| Sub Team Member E3                  | Sub Team Member F3 |

| Round 3: January 5-11, 2014; Sumatra, NTB |                    |                    |
|---|--------------------|--------------------|
| Sub Team G                                | Sub Team H         | Sub Team I         |
| Sub Team Leader G1                        | Sub Team Leader H1 | Sub Team Leader I1 |
| Sub Team Member G2                        | Sub Team Member H2 | Sub Team Member I2 |
| Sub Team Member G3                        | Sub Team Member H3 | Sub Team Member I3 |

#### 4.6 Study outputs

The teams for each round will undertake both sub-teams and 'round' team detailed debriefings where all the findings are shared and recorded in narrative and visual archives. These will be preserved for future reference (if the studies become longitudinal) together with details of the households, village profiles and individual researchers own field diaries.

Following completion of all rounds, a full team analysis and reflection session will be undertaken and recorded in order to develop triangulated findings and confirm the content of the reported findings.

A full narrative report will be produced detailing the findings from people's perspectives, a discussion on these findings together with annexes describing the full study design, background on the households and village profiles. An executive summary will preface the full report and will be produced as a stand alone short summary document.

In addition a policy brief may be considered to be produced.

#### 5. Management and Logistics

As this study is undertaken under the auspices of the RCA+ project, it is anticipated that all costs incurred related to fieldwork, i.e. transport, accommodation (during transit and training) and per-diems will be covered by the RCA+ project. Only if the locations proposed are particularly difficult and costly to access, will a variation in budget be required.

Sherria Ayuandini will be leading the overall field team, logistics and administration will be supported by Deborah Tobing, the Project Administrator, and overall oversight and quality assurance will be Dee Jupp's responsibility as RCA Team Leader.

September 2014



## Annex 2: RCA Study Team Member

Study Advisor: Dee Jupp

Lead researcher: Sherria Ayuandini

| Team   | Location        | Coding         | Name                | Role            |
|--------|-----------------|----------------|---------------------|-----------------|
| Team 1 | NTB             | SB1            | Damaris Tnunay      | Team member     |
|        |                 | SB2            | Iqbal Abisaputra    | Team member     |
|        |                 | SB3            | Hritika Rana        | Sub-team leader |
|        |                 |                | Dewi Arilaha        | Interpreter     |
|        | NTT             | LR1            | Rida Ratnasari      | Sub-team leader |
|        |                 | LR2            | Siti Nurhayatih     | Team member     |
|        |                 | LR3            | Debora Tobing       | Team member     |
|        | Jambi           | NK1            | Begum Nurjahan      | Sub-team leader |
|        |                 |                | Rizqan Adhima       | Interpreter     |
| NK2    |                 | Arya Gautam    | Team member         |                 |
|        |                 | Maria Virthy   | Interpreter         |                 |
| Team 2 | Yogyakarta      | NL1            | Yarra Regita        | Team member     |
|        |                 | NL2            | Edy Hardiyanto      | Team member     |
|        |                 | NL3            | Sherria Ayuandini   | Sub-team leader |
|        | East Java       | NG1            | Rivandra Royono     | Sub-team leader |
|        |                 | NG2            | Steisi Mileiva      | Team member     |
|        |                 | NG3            | Rizqan Adhima       | Team member     |
| Team 3 | West Sulawesi   | MR1            | Rizqan Adhima       | Sub-team leader |
|        |                 | MR2            | Paulina Popy Kirana | Team member     |
|        |                 | MR3            | Iqbal Abisaputra    | Team member     |
|        | North Sumatera  | TS1            | Mia Amalia          | Team member     |
|        |                 | TS1            | Rida Ratnasari      | Sub-team leader |
|        |                 | TS1            | Bernie Wylar        | Team member     |
|        |                 |                | Yarra Regita        | Interpreter     |
|        | Gorontalo       | TG1            | Denny Firmanto      | Sub-team leader |
|        |                 | TG2            | Hanesty Forisa      | Team member     |
|        |                 | TG3            | Niwa Dwitama        | Team member     |
|        | West Kalimantan | PH1            | Arif Hadiwinata     | Team member     |
|        |                 | PH2            | Siti Alifah Ahyar   | Sub-team leader |
| PH3    |                 | Edy Hardiyanto | Team member         |                 |

**Annex 3: Areas of conversation**

Chat, explore, probe, present scenarios 'what if', introduce debate 'some people think', listen, draw, explain, dream, play

**PERCEPTION OF POVERTY**

Explore people's own idea of what doing well or not doing well in life entails. This could include different aspects that they consider are important such as having certain material possessions, education, family support, or not having health problems. Explore their idea and experience on who might need help in their surrounding, who can or/and should help, and who usually help. Explore their projection about the future on who would do well or might do so well, including a look upon their own situation.

**UNDERSTANDING OF SA**

Explore support people receive in life. This can be from neighbor, family members, or even the government. Let them bring the government into conversation on their own without being prompted first. When the government enters the picture, explore who might receive or not receive the assistance and their own idea of the reason for it. If they receive it, explore the process, their use of the money, their experience and feeling of it, and their expectation of what might happen in the future. Then explore whether they have ever come across other programs.

**YOUR HOUSEHOLD**

Make your household family tree-who lives here/lives away, relationships, ages, level of education, religion. Explore their main and supplementary ways of making a living/income sources (subsistence and cash). Sketch diagram of the house-number of rooms, who stays where, key assets, building materials. Take a photo of house, excluding the people. Possible key assets: bikes, motorbikes, electricity, TV, mobile phones, rice cooker, agricultural/fishing equipment, etc. Explore livestock they might have (cows, goats, sheep, buffalo, chickens). Explore their arrangement for bathing, toilet, collecting water for washing, and drinking. Explore the way they prepare food (cooked or not, with what kind of fuel, how often). Explore their light source(s). Explore distances from facilities such as school, market, health centre (in walking time). Observe power relations.

**ALTERNATIVE SUPPORT AND ASSISTANCE**

Explore people's idea on how they think is the best way to help people in need in their village and what kind of specific assistance that might be needed. Explore whether there is a particular area (agriculture, small business, transportation, etc.) that might be in need of support in the village. Explore the people's idea of the kind of assistance that might be an alternative to social assistance.

**CONDITIONALITIES OF SA**

Explore people's understanding of the conditionalities: whether they have heard of them or whether the conditionalities are clear or not to them. If the conditionalities are indeed a requirement, explore people's experience to meet these requirements and their feeling about them.

**COMPLAINTS**

Explore whether people have any dissatisfaction about the SA program and whether they have communicated these dissatisfactions to anyone. Explore whether there is a system of redress available.

**MEDIA**

Explore what media people use, listen to, or bother with; which ones they use to access information and which ones for entertainment. Explore who has access and who does not and the reasons behind it; who owns certain type of media and who does not. Explore which type of media gets their attention and which ones do not and the reasons behind it.

**CHANGES**

Explore different changes your household might have gone through and their perceptions of betterment or decline. Explore what or who they consider the drivers of these changes.

**FINANCIAL EXPENSES**

Do household expenses exercise with your household. Make sure to break down the expenses when it comes to education and health. Explore possibilities they cover these expenses with other means than money.

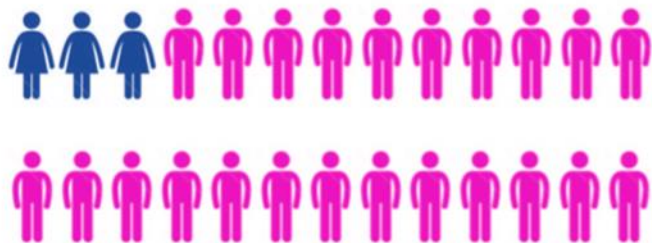
### Annex 4: Host households



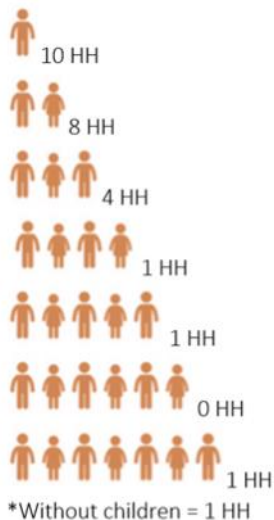
### Annex 5: Host households' information

| Family  |          |
|---------|----------|
| Nuclear | Extended |
| 22      | 4        |

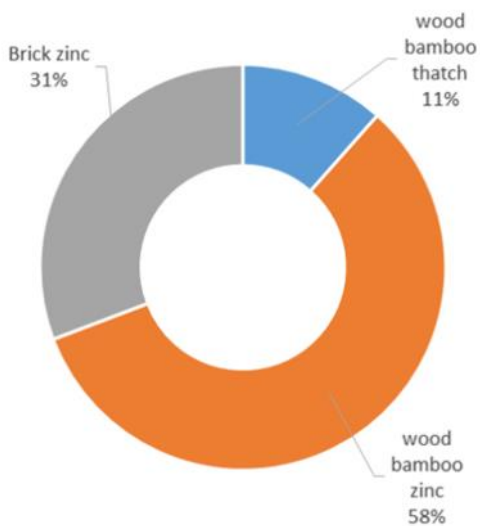
Head of household  
3 women, 22 men



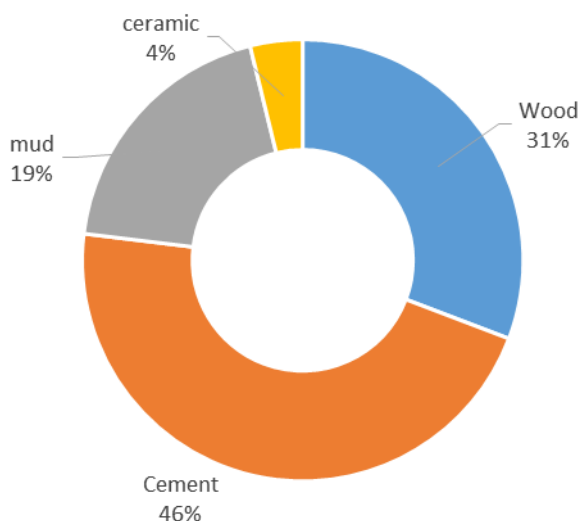
#### No. of children currently living in house



#### House Type



#### Floor Type



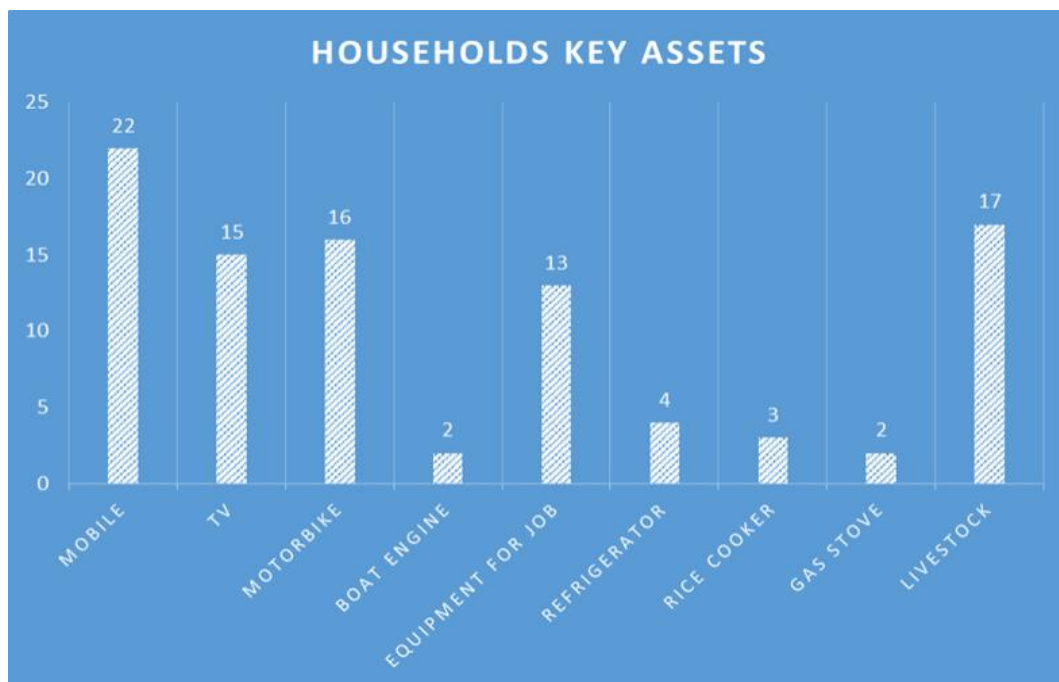
| % with Electricity                   |     |
|--------------------------------------|-----|
| Metered electricity                  | 54% |
| Electricity from neighbour generator | 27% |
| Solar panel                          | 12% |
|                                      | 8%  |



| % with Toilet  |     |
|----------------|-----|
| Toilet outside | 50% |
| Toilet inside  | 15% |
| No toilet      | 35% |

#### Distance from facilities

|               | Walking time |              | Time by motorbike / car / boat |              |
|---------------|--------------|--------------|--------------------------------|--------------|
|               | < 15 mins    | 15 – 30 mins | < 15 mins                      | 15 – 30 mins |
| School        | 14 HH        | 7 HH         | 3 HH                           | 2 HH         |
| Health centre | 7 HH         | 10 HH        | 4 HH                           | 5 HH         |
| Market        | 1 HH         | 3 HH         | 4 HH                           | 18 HH        |



Main Livelihood

| Farming | Fishing | Day labour construction | Informal business | Domestic worker | Trash picking |
|---------|---------|-------------------------|-------------------|-----------------|---------------|
| 13      | 3       | 4                       | 3                 | 2               | 1             |

**Only 2 of 26 HH has single livelihood**

Additional livelihood

| Additional             | None | Fishing | Farming | Construction | Village admin | Transport | Agricultural services | Informal business |
|------------------------|------|---------|---------|--------------|---------------|-----------|-----------------------|-------------------|
| Main Farming           |      | 1       |         | 5            | 2             | 1         | 10                    | 9                 |
| Main Fishing           |      |         | 1       | 1            |               | 1         | 1                     | 2                 |
| Main Construction      |      |         |         |              |               |           | 4                     | 5                 |
| Main Informal Business | 1    |         | 2       |              |               |           |                       |                   |
| Main Domestic worker   |      |         |         | 1            |               |           |                       | 1                 |
| Main Trash picking     | 1    |         |         |              |               |           |                       |                   |

No. additional livelihood

|                   | none | +1 job | +2 jobs | +3 jobs | +4 jobs |
|-------------------|------|--------|---------|---------|---------|
| Farming           |      | 4      | 5       | 2       | 2       |
| Fishing           |      | 1      | 1       | 1       |         |
| Construction      |      | 2      |         | 1       | 1       |
| Informal business | 1    | 2      |         |         |         |
| Domestic worker   |      | 2      |         |         |         |
| Trash picking     | 1    |        |         |         |         |

**Annex 6: Number of People Met**

| Category                          | Total       |      |
|-----------------------------------|-------------|------|
|                                   | F           | M    |
| HHH adults                        | 36          | 40   |
| HHH children                      | 31          | 26   |
| FHH adults                        | 270         | 220  |
| FHH children                      | 100         | 98   |
| Principal                         | 6           | 10   |
| Teachers (accredited)             | 18          | 17   |
| Guru honor                        | 32          | 3    |
| religious leader                  | 1           | 6    |
| religious teachers                | 6           | 8    |
| Caretakers/cleaners               | 8           | 3    |
| Kiosk operators ( outside school) | 40          | 23   |
| SD students                       | 77          | 81   |
| SMP/SMK students                  | 110         | 113  |
| Out of school (SD age)            | 14          | 30   |
| Out of school (secondary age)     | 41          | 47   |
| Kepala desa                       | 3           | 8    |
| Kepala dusun                      | 2           | 14   |
| Kepala suku                       | 0           | 7    |
| Local government                  | 5           | 20   |
| Health workers                    | 36          | 4    |
| Church leaders                    | 2           | 4    |
| Farmers                           | 75          | 64   |
| Fishermen/hunter                  | 21          | 58   |
| Transport operators               | 1           | 44   |
| Shopkeepers                       | 92          | 52   |
| Journalist                        | 0           | 1    |
| Construction worker               | 0           | 13   |
| Housemaid                         | 2           | 0    |
|                                   | 1029        | 1014 |
| <b>Total</b>                      | <b>2043</b> |      |

## Annex 7: Social assistance programmes

### Program Keluarga Harapan (Family Hope Programme, PKH)

PKH is a conditional cash transfer which commencing in 2007. Main objective of this program is to improve health and education outcomes by enhancing basic health access especially for children and pregnant women, improving children's nutrition, improving school enrolment (for entire 9 years of basic education), and targeting out of school children.

Quarterly cash transfers, ranging from IDR 150,000 to IDR 550,000 per household, are provided directly to a) mothers with children under five b) pregnant women, and c) mothers with elementary and junior high school aged children. The conditionalities to receive the cash transfer include attending prenatal check-ups for expecting mothers, completing immunization regiment for toddlers, and school enrolment for households with children of school age (with the minimum school attendance of at least 85%).

Target: 14 million families.

### Bantuan Siswa Miskin (Assistance for Poor Students, BSM)

A national program operating in all state schools which provides funds for poor students for primary (elementary), junior high, senior high and vocational school attendance. The program commenced in 2008 and provides funds which are set at different levels dependent on the level of education (ranging from IDR 360,000- 1.2 million per year). These are intended to be used for student resources (books, stationery), uniforms, transport and pocket money. The objective is to reduce school dropout and encourage students to go back to school, especially recognising the high risk periods of transition between levels of education.

Target: 6 million students.

### Bantuan Langsung Sementara Masyarakat (Temporary Direct Cash Transfer, BLSM)

BLSM was introduced in 2013 to offset the impact of the increased fuel subsidy on people living in poverty. This program targeted 15.5 million poor/near poor households (approximately 25% of the poorest households based on the data from the Unified Data Base, collected by BPS (Central Agency on Statistics) through PPLS (Data Collection for Social Protection Programs) in 2011 anticipated with the removal of the food subsidy.

The cash transfer was made for 4 months and was disbursed in two stages: June/July 2013 and September/October 2013 through PT. Pos Indonesia (Indonesian Post Ltd).

It was re-introduced in 2014 to provide six tranche payments of 200,000 to offset difficulties.

### Jaminan Kesehatan Masyarakat (National Health Insurance for The Poor and Near Poor, Jamkesmas)

Jamkesmas was introduced in 2008 and it is a health insurance in which its monthly instalment is covered fully by the government. Jamkesmas aims to achieve two main goals 1) to increase accessibility of health service to the poor and to the near poor, and 2) to provide cross subsidy to achieve a universal health care service for the poor and the non poor.

Since the introduction of *Sistem Jaminan Sosial Nasional* (National Social Protection System, SJSN) on January 1<sup>st</sup>, 2014, Jamkesmas has been integrated to the *Jaminan Kesehatan Nasional* (National Health Insurance, JKN) program, managed by Badan Penyelenggara Jaminan Sosial Kesehatan (The Executing Agency of Social Protection on Health, Health BPJS). The poor and the near poor who were entitled for Jamkesmas previously will be automatically enrolled in JKN.

Target: 86.4 million people.

### Beras untuk Rakyat Miskin (Rice for the Poor, Raskin)

Raskin was first introduced to respond to the multidimensional crisis hitting Indonesia in 1997/1998. Raskin aims for the poor and the near poor to have additional disposable income to be spent on other expense from the savings made through the subsidised rice. From 2010 to 2012, Raskin recipients decreased from 18.5 million households to 17.5 million households. The amount of the rice for each household increased from 13kg to 15kg/month.

Target: 65.6 million people

### TKPKD (Local Coordination Team for Poverty Alleviation)

TKPKD consists of government members, public representatives, business representatives, and other relevant stakeholders. This team executes, oversees and coordinates poverty alleviation efforts at the local level.

Led by the Deputy Mayor/Regent (at the district/city level) or the Vice Governor (at the province level), TKPKD is funded by local government funding supported by other funding resources.

### **PNPM Generasi**

PNPM Generasi is an incentivized community block grant program that builds on the architecture of the GOI's community driven development program, the National Community Empowerment Program in Rural Areas (PNPM-Rural). Average block grants total approximately IDR 110,000,000 village/year (approximately US\$ 12,000 village/year).

The program uses a facilitated community decision-making process to allocate block grant funds to target 12 health and education indicators. Communities work with facilitators and health and education service providers to improve access to and use of health and education services.

### **FDS (Pertemuan Peningkatan Kemampuan Keluarga)**

The FDS (Pertemuan Peningkatan Kemampuan Keluarga-P2K2) originally was intended for the PKH recipients who did not meet the recertification criteria after their 5 years of membership but is being expanded to other PKH recipients gradually. During the FDS session, FDS facilitators are supposed to provide information to the household members on health, education, financial literacy, micro entrepreneurship and family well-being for 2 hours every month.

### **The new pilot programmes**

Program Indonesia Pintar (Indonesia Smart Programme) will replace the BSM and extend cash assistance to students from start of school until graduation from SMA to all children in the family holding a Kartu Indonesia Pintar (KIP).

Program Indonesia Sehat (Indonesia Health Programme) will replace Jamkesmas. Kartu Indonesia Sehat (KIS) will be provided directly to families rather than through health facilities and will enable access to preventative healthcare as well as curative.



## Annex 8: RCA methodological consideration: offsetting bias

Like all research methods, the Reality Check Approach takes note of and attempts to offset potential bias. The following is an analysis of the potential for bias and the way the researchers in this study and through the approach itself sought to minimise these biases.

### Bias from being researched

The approach benefits from being low key and unobtrusive. It seeks to provide the best possible conditions to listen, experience and observe ordinary daily lives and deliberately seeks to reduce the biases created by an external research presence. The team members take time to get to know the families they stay with, work alongside them and adapt to their pace and way of life. Ideally they seek to listen to family conversations and interactions rather than engage in lengthy question and answer sessions. Considerable effort is made to ensure the host families feel comfortable and at ease so they tell their own stories and explain their realities in their terms and in their own way. This goes some way to ensuring that the families do not feel their answers should be filtered, measured or in any way influenced by the presence of the outsiders. The team members actively suspend judgment. Considerable effort is made in pre-field team training to make the researchers aware of their own attitudes and behaviour which may be conducive or obstructive to openness and trust among those they interact with.

### Bias from location

At least three team members stayed in each village (*desa*), each living with a different poor family. All homes were at least 10 minutes walking distance from one another (and most were considerably more than this) so that each team member could maximise the number of unique interactions with people and service providers in the community and avoid duplication with other team members.

### Researcher bias

A minimum of three researchers were allocated to each village but they worked independently of each other thus allowing for more confidence in corroborating data. Each village team underwent a day-long debriefing to review information and findings emerging from each location immediately after completing the immersion.

This enabled a high level of interrogation of the observations, experiences and responses and reduced the possibility of individual researcher bias. Furthermore, following completion of the entire baseline study, a validation workshop was held with the entire research team to analyse and confirm the main findings and ensure that both specificity and diversity in the findings were captured, along with more generalisable findings.

### Evaluation framework bias

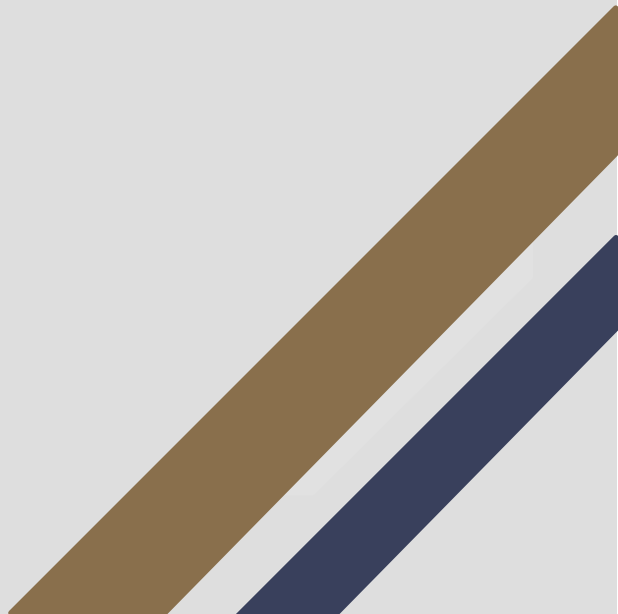
Rather than using research questions which can suffer from normative bias, the team used a broad thematic checklist of areas of enquiry. These themes, summarised in annex 2, provided the basis for conversation topics rather than prescribed questions. The team members engaged with family members and others at appropriate times on these issues. For example, while cooking the meal, opportunities might arise to discuss what the family usually eats, when they eat and who eats what and while accompanying children to school, field opportunities arise to discuss access to, cost and experience of schooling.

### Triangulation

An integral part of the Reality Check Approach methodology is the continuous triangulation that ensues. Conversations take place at different times of the day and night allowing unfinished conversations or ambiguous findings to be explored further. Conversations are held with different generations separately and together in order to gather a complete picture of an issue. Conversations are complemented by direct experience (for example, visits to health clinics, accompanying children to school, working with families on their farms) and observation (family interaction/dynamics). Cross checking for understanding is also carried out with neighbours, service providers (for example, traditional birth attendants, community health workers, school teachers and teashop owners) and power holders (informal and elected authorities). Conversations are at times complemented with visual evidence or illustrations, for example by jointly reviewing baby record books or school books as well as through various activities, such as drawing maps of the village, ranking household assets, scoring income and expenditure proportionally, and so on. In the course of four intensive days and nights of interaction on all these different levels, some measure of confidence can be afforded to the findings.

### **Confidentiality, anonymity and continuing non-bias in project activities**

The study locations are referred to by code only and the team is at pains to ensure that neither the report nor other documentary evidence, such as photos, reveal the locations or details of the host households. Faces of householders and images which reveal the location are either not retained in the photo archive or identities are digitally removed. This is partly to respect good research practice with regard to confidentiality but also has the benefit of ensuring that no special measures or consideration are given to these locations or households in the course of the programme. All families are asked to give their consent for their stories and photos to be recorded and shared.



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