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RESEARCH REPORT

The State of Local Governance and Public Services in the Decentralized Indonesia in 2006:

Findings from the Governance and Decentralization Survey 2 (GDS2)

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Jakarta
February 2008

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The State of Local Governance and Public Services in the Decentralized Indonesia in 2006: Findings from the Governance and Decentralization Survey 2 (GDS2)/Wenefrida Widyanti & Asep Suryahadi. -- Jakarta: SMERU Research Institute, 2008.

xii, 154 p. ; 31 cm. -- (SMERU Research Report, February 2008)

ISBN 978-979-3872-48-3

1. Governance
2. Decentralization

I. SMERU
II. Asep Suryahadi

352.000 473/DDC 21

ABSTRACT

The State of Local Governance and Public Services in the Decentralized Indonesia in 2006: Findings from the Governance and Decentralization Survey 2 (GDS2)

The Governance and Decentralization Survey (GDS) aims to evaluate the implementation of local governance and decentralization policy in Indonesia. The GDS was designed to initiate a database that will be used for the evaluation. Similar to the previous GDS rounds, the GDS2 is an integrated survey of households, public health and education facilities, private health practitioners, hamlet heads (*kepala dusun*), and district- and village-level officials. In total, around 32,000 respondents were interviewed and it was implemented in 133 districts.

This report provides an assessment of many aspects of household access to public services, especially health, education, and public administration, from both the supply and demand side. Other social aspects are also included in the analysis, such as conditions of security, social and political participation, and conflict. In addition, the GDS2 incorporates an assessment of the central government's program related to the reduction in the fuel price subsidy, known as the Fuel Subsidy Reduction Compensation Program (PKPS-BBM). The survey analysis is disaggregated by three World Bank projects, namely the Support for Poor and Disadvantaged Areas Project (SPADA), Initiatives for Local Governance Reform Project (ILGRP), and Urban Sector Development and Reform Program (USDRP), which were accommodated in the GDS2 sampling design.

Keywords: governance, decentralization, PKPS-BBM assessment

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

ADB	Asian Development Bank
ANPEA	Aceh and Nias Public Expenditure Analysis
Askeskin	Asuransi Kesehatan untuk Keluarga Miskin/ Health Insurance for Poor Families
Bappeda	Badan Perencanaan Pembangunan Daerah/ Regional Development Planning Board
BOS	Bantuan Operasional Sekolah/School Operational Assistance
BPD/DK	*badan permusyawaratan desa/dewan kelurahan*/ village consultative body/village board
CPPS GMU	Center for Population and Policy Studies of Gadjah Mada University
DAU	*dana alokasi umum*/general allocation funds
GDS	Governance and Decentralization Survey
GTZ	Gesellschaft fur Technische Zusammenarbeit
ILGRP	Initiatives for Local Governance Reform Project
IP	Infrastruktur Pedesaan/Rural Infrastructure Program
IUIDP	Integrated Urban Infrastructure Development Program
KTP	*kartu tanda penduduk*/Identity card
MI	*madrasah ibtidaiah*/Islamic primary schools
MTs	*madrasah tsanawiah*/Islamic junior secondary schools
pemda	*pemerintah daerah*/local government
perda	*peraturan daerah*/local regulations
PKPS-BBM	Program Kompensasi Pengurangan Subsidi Bahan Bakar Minyak/ Fuel Subsidy Reduction Compensation Program
polindes	*pondok bersalin desa*/village maternity post
PSE05	Pendataan Sosial-ekonomi Rumah Tangga 2005/ 2005 Household Socioeconomic Data Enumeration
puskesmas	*pusat kesehatan masyarakat*/community health center
pusling	*puskesmas keliling*/mobile community health center
pustu	*puskesmas pembantu*/secondary community health center
RAPBS	*rencana anggaran pendapatan dan belanja sekolah*/ school income and expenditure budget plan
RPJM	*rencana pembangunan jangka menengah*/medium term development plans
RSU	*rumah sakit umum*/public hospital
SD	*sekolah dasar*/primary schools
SDLB	*sekolah dasar luar biasa*/special primary schools (for children with a disability)
SKTM	*surat keterangan tidak mampu*/letter of recommendation for the poor
SLT	Subsidiy Langsung Tunai/Unconditional Cast Transfer Program
SMP	*sekolah menengah pertama*/junior secondary schools
SMPLB	*sekolah menengah pertama luar biasa*/special junior high schools (for children with a disability)
SPADA	Support for Poor and Disadvantaged Areas Project
ULGs	urban local governments
USDRP	Urban Sector Development and Reform Program
Wajardikdas	Wajib Belajar Pendidikan Dasar/Compulsory Basic Education (program)

GLOSSARY

Bupati	District Head
Dusun	Hamlet or subvillage
Kecamatan	Subdistrict
Perantara	Informal intermediaries
Salafiyah	Traditional Islamic schools
Walikota	Mayor

EXECUTIVE SUMMARY

1. The decentralization system of government that has been implemented in Indonesia since 2001 has transferred the responsibility for primary health, education (except for tertiary level), basic infrastructure, economy, agriculture, and the environment from the central government to local governments. Since the initial implementation period, many efforts to improve the practice of decentralization and governance at local levels have been implemented. Some of them are supported by international and bilateral donor agencies. The Governance and Decentralization Survey (GDS) is one of the initiatives that aim to monitor and evaluate the implementation of the governance and decentralization policy in Indonesia.

2. The GDS2, as a continuation of the GDS1 and GDS1+, has three objectives. The first objective is to evaluate the performance of local service providers, the satisfaction of service consumers, and the condition of local governance, with a view towards informing particular policy questions on decentralization. The second objective is to monitor and evaluate the performance of World Bank, ADB, and GTZ projects that are engaged in decentralization and governance activities. The three World Bank projects covered in GDS2 in 53 districts are: Support for Poor and Disadvantaged Areas Project (SPADA); Initiatives for Local Governance Reform Project (ILGRP); and Urban Sector Development and Reform Program (USDRP). Furthermore, the GDS2 seeks to provide a baseline of information for these projects. The baseline will be used to assess the relative impact of individual project efforts over time. The third objective is to provide input for evaluating the unconditional cash transfer for the poor and near poor families (SLT), the school operational funds (BOS), the health insurance for poor families (Askeskin), and the rural infrastructure (IP) programs, which were all intended to mitigate the impact of the fuel price increases.

3. GDS2 was undertaken during the months of April to July 2006. According to survey documentation, GDS2 was implemented in 133 districts. However, it is found in the data that for some groups of respondents, GDS2 covers more than 133 districts, reaching up to 140 districts. There is no explanation in the survey documentation about this discrepancy. Similar to the previous GDS, the GDS2 is an integrated survey of households, public health and education facilities, private health practitioners, hamlet heads (*kepala dusun*), and district- and village-level officials. In total, around 32,000 respondents were interviewed.

4. Village heads were asked questions on public services. Responses for the adequacy of public services varied greatly, ranging from 24% of village heads that stated irrigation services are sufficient to 65% that stated legal procedures are sufficient. When asked to compare the available public services and identify the service that they believe to be the most sufficient, roads and clean water were mentioned most often, at 24% and 22% respectively.

5. Access to education services is measured by using variables related to transportation to school for students and the proportion of school-aged household members who are actually enrolled in school disaggregated by the level of schooling. The findings suggest that most students walk to school, but the proportion of students who walk to school declines the higher the level of education. Almost 80% of primary school students walk to school. This is not surprising given that there is a primary school in almost every village. Travel time and transportation costs to school become gradually higher the higher the

level of education. On average, students spend 15 to 20 minutes in travel time to school. Those who pay for transportation to school spend between Rp2,000 and Rp5,000 each day on average. The pattern of enrollment rates across education levels follows the known national pattern, where the enrollment rate declines with the level of education, however, the enrollment levels are found to be lower than those reported at the national level. For primary education, for instance, the net enrollment rate in the recent year is reported around 95% while in this data it is only 72%. There are no significant differences in enrollment rates at the primary level across World Bank project areas.

6. The assessment of access to health services is also based on transportation matters. However, prior to the assessment, filtering information such as whether the respondent knows about the existence of the nearest health providers is also assessed. People's knowledge about the presence of the nearest *puskesmas* (community health center) is much better than for public hospitals. This may be due to the fact that *puskesmas*, which are mostly available at the subdistrict (*kecamatan*) level, are usually closer to people's residences than public hospitals, which are usually only found at the district level. This is consistent with other indicators such as the mode of transportation and travel time to the health service provider. For instance, it is common to walk to the smaller-scale health service providers such as affiliate community health centers (*pustu*), village maternity posts (*polindes*), and mobile community health centers (*puskesmas keliling*). Travel time figures are an even better way to describe the accessibility of each health service provider.

7. The village service administration access is measured using variables related to the ease of obtaining an identity card (KTP). Sixty-one percent of households have a member who has obtained a KTP during the past 2 years and around 74% of them claim to know the procedure to obtain a KTP. The average length of time needed to obtain a KTP is 7.4 days in the USDRP areas, but much longer at 17.6 days in the SPADA areas. However, the cost of obtaining a KTP does not differ too much across regions, averaging around Rp19,000. The use of informal intermediaries (*perantara*) is prevalent in efforts to obtain a KTP, with 47% of households using them. Hamlet heads report that a higher number of days and higher cost are required to obtain a KTP than reported by village heads. Village heads evaluated the village officials' efforts to disseminate the procedure for obtaining a KTP more highly than the hamlet heads. When asked about the approximate percentage of people using informal intermediaries when they need to obtain a KTP, hamlet heads reported that 62% of people use intermediaries.

8. Only 15% of households have access to information on their village's budget allocation and only 25% can access information regarding village development programs. These proportions do not differ much across World Bank project areas. Awareness of the existence of the Village Representative Body (BPD/DK) is relatively widespread, with 48% of households aware of its existence.

9. In the 2 years prior to the survey, 19% of households have accessed police services. Among those, 29% were asked to pay "settlement money", a euphemism for a bribe. During the same period, 15% of households had a member who had obtained a driving license, implying that around 80% of households that have accessed police services were doing so in order to obtain driving licenses. In the USDRP (urban) areas, the average length of time to obtain a driving license is 2 days, while in the SPADA areas it takes more than six days. However, the cost of obtaining a driving license is higher in the USDRP areas. The shorter time and higher cost required in the USDRP areas are probably related to the fact that this region has the highest use of informal intermediaries.

In general, 36% of households use intermediaries and 80% of the intermediaries are police officers.

10. According to households, crime is the main cause for the disputes and conflicts that occur most frequently. In contrast, village heads state that land and building issues are the main cause for disputes and conflicts. However, the proportion of village heads that acknowledge the occurrence of disputes and conflicts is around three to four times that of households. In general, most respondents feel satisfied with the resolutions of disputes and conflicts, with the exception of households that are dissatisfied with the resolution of disputes and conflicts stemming from power abuse.

11. Approximately one-half of households stated that their level of participation in village activities is the same now as it was 2 years ago, while around one-third of households feel that their participation has increased. Around 10% of households say that their participation has decreased. These proportions are similar across all areas.

12. Participation in local elections is quite high: 94% of households voted in the recent district head elections, except in the USDRP areas where only 87% voted. However, only 44% of those who voted knew about the candidates' backgrounds. In all areas, most of those who voted put emphasis on the candidates' programs and experiences when considering whom to vote for. In general, the roles of ethnicity and religion are not prominent in determining the voting. The exception is in the ILGRP areas where these two aspects are considered by a relatively large proportion of voters. Administrative and logistical problems were the main reasons for abstention. Only 21% of those who abstained were genuinely not interested in voting.

13. An important indicator for governance aside from transparency is the extent of corruption. Very few people admitted to knowing of corruption or bribery cases in various public service institutions the past 2 years. The highest level of acknowledgment was found for bribery at the police institution, with 19% of households claiming to know of cases of bribery. The second highest figure is for corruption occurring at the village offices, at around 9%. Educational institutions are not free from illegal transactions either. Nine percent of households are aware of cases of corruption and/or bribery that have taken place at educational institutions. Comparing World Bank project areas, the highest proportion of people who are aware of corruption and bribery cases was found in the USDRP areas, while the lowest proportion of people who are aware of these illegal activities was found in the SPADA areas.

14. The overall assessment of education services is quite positive. Seventy-one percent of households think that generally education services are currently better than 2 years ago. This positive assessment is prevalent across areas, with the highest in ILGRP areas (76%) and the lowest in SPADA areas (67%). Consistent with this, around 80% of households are either satisfied or fairly satisfied with the current education services, a proportion that is similar across all study areas. Nevertheless, across all areas, household respondents consistently mentioned four major aspects of education services that require improvement: student learning achievements (29%), condition of school buildings and facilities (27%), teachers' attention to their students (17%), and affordability of the cost of education services (8%).

15. The overall assessment of health services is also positive. Seventy-one percent of household respondents think that currently overall health services are better than 2 years ago. This positive assessment is similar across areas, with the highest in USDRP areas (74%) and the lowest in SPADA areas (63%). In line with this finding, around 90% of household respondents are either satisfied or fairly satisfied with current health services—a figure that is also similar across areas. Nevertheless, consistently across the areas, respondents identify five major aspects of health services that require improvement: the availability of medicines and vaccine stock (24%), affordability of medical services (20%), the physical condition of health service location (19%), the attention and caring attitude of medical personnel (15%), and waiting time at health service providers (7%).

16. There is a high percentage of school principals involved in the determination of a school's vision and mission both for primary and junior secondary schools, at 94% and 97% respectively. However, the involvement rate of school principals in other decision-making processes such as choosing the curriculum and determining the reference books are much lower.

17. The involvement of *puskesmas* heads in determining *puskesmas* tariffs according to their own account is much lower than that reported by the Health Office. According to the *puskesmas* heads, the involvement rates ranged from 24% in the SPADA districts to 45% in the USDRP districts. Whereas, according to district health offices, the involvement rate ranges from around 71% in the SPADA districts to 100% in the USDRP districts.

18. The Fuel Subsidy Reduction Compensation Programs (PKPS-BBM) have national coverage and are managed by the central government. According to information from the bureaucrats in the survey, however, some districts were reported as not being covered by the PKPS-BBM in the health sector,[1] education sector,[2] and village infrastructure.[3] Further verification may be needed to determine if the programs were really not implemented in those areas or if there were problems with the data collection or input.

19. Though there are remaining problems with the implementation of the four PKPS-BBM programs, particularly with the socialization and targeting aspects, many stakeholders responded that the programs have generally resulted in positive impacts. For example, based on the reported use of SLT funds, it can be concluded that the funds were particularly helpful for beneficiary households, especially in helping them to fulfill consumption needs such as paying for food, kerosene, school fees, medicines, and also paying debts.

20. From the perspective of school principals, the School Operational Assistance (BOS) program has had a significant positive impact on several aspects of schooling, particularly quality of teaching, availability of books and teaching equipment, quality of school infrastructure, and access to school for poor students. Similarly, the Health Insurance for the Poor (Askeskin) program has contributed to increasing the proportion of poor people who can access health care services, while the village infrastructure program benefits most villagers by providing better village infrastructure.

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[1]Kota Salatiga (Central Java), Kabupaten Sekadau (West Kalimantan), and Kabupaten Halmahera Barat (North Maluku).

[2]Kota Salatiga (Central Java) and Kabupaten Sekadau (West Kalimantan).

[3]Kabupaten Aceh Barat, Kabupaten Aceh Besar, Kota Banda Aceh (NAD), Kota Palembang (South Sumatra), Kota Salatiga, Kota Semarang (Central Java), Kabupaten Sanggau (West Kalimantan), and Kota Balikpapan (East Kalimantan). It can be understood that the IP program may not be implemented in cities/municipalities as the program is intended for rural areas.

I. OVERVIEW

1.1 Background

Decentralization and its reforms are currently ongoing in the majority of developing countries. In general, however, the nature of reforms in each country varies across sectors as does the governance and capacity of local governments. Indonesia passed two laws on local governments and their financing in 1999, which laid the foundations for the adoption of decentralized governance in the country starting in 2001. However, reflecting the general dissatisfaction with the decentralization laws, both were revised in 2004, only 3 years after the start of decentralization in Indonesia.

The decentralized system that has been in place in Indonesia since 2001 has transferred the responsibility for the primary health, education (except for tertiary education), basic infrastructure, economy, agriculture, and environment sectors from the central government to local governments. In addition, in June 2005 there was a change in the method of appointing local government leaders at both the provincial and district levels. While previously local government leaders were elected by members of local parliament, they are now directly elected by the local community. Many other efforts related to decentralization and local governance have been undertaken since the initial implementation period, some of which are or have been supported by international and bilateral donor agencies.

The Governance and Decentralization Survey (GDS) is one of the initiatives that aimed to evaluate the implementation of the local governance and decentralization policy in Indonesia. The GDS was designed to initiate a database that will be used for the evaluation. Three rounds of the GDS have been conducted in the period 2002–2006: GDS1 in 2002, GDS1+ in 2004, and GDS2 in 2006. The World Bank commissioned all three surveys to the Center for Population and Policy Studies of Gadjah Mada University (CPPS GMU), Yogyakarta.

In addition to the regular local governance and decentralization questions, the GDS2 incorporates an assessment of the government's program related to the reduction in the fuel price subsidy, known as the Fuel Subsidy Reduction Compensation Program (PKPS-BBM). The evaluated program components include: (i) the Unconditional Cash Transfer (SLT), (ii) School Operational Assistance (BOS), (iii) Health Insurance for Poor Families (Askeskin), and (iv) the Village Infrastructure (IP) program. The GDS2 sampling, which included the locations of three World Bank projects, provides another advantage as it enables the GDS2 analysis to be disaggregated by the three projects: Support for Poor and Disadvantaged Areas Project (SPADA), Initiatives for Local Governance Reform Project (ILGRP), Urban Sector Development and Reform Program (USDRP).

1.2 Objectives of the GDS2

The GDS2, as a continuation of the GDS1 and the GDS1+, has three objectives. The first objective is to evaluate the performance of local service providers, the satisfaction of service consumers, and the condition of local governance, with a view towards informing particular policy questions on decentralization. The general focus is discerning facility efficiency in the delivery of public education and health services as well as different household group satisfaction with and preferences for education and health services. The survey also seeks to

capture the key institutional and governance factors that are important for determining public education and health service outcomes.

The second objective is to monitor and evaluate the performance of World Bank, ADB, and GTZ projects that are engaged in decentralization and governance activities. Furthermore, the GDS2 seeks to provide a baseline of information for these projects. The baseline will be used to assess the relative impact of individual project efforts over time.

Finally, the third objective is to provide input for evaluating the Unconditional Cash Transfer (SLT), School Operational Assistance (BOS), Health Insurance for Poor Families (Askeskin), and Rural Infrastructure (IP) programs. These programs were all intended to help mitigate the impact of the fuel price increases for the poor.

The SMERU Research Institute was commissioned to analyze GDS2 data for the three World Bank district project areas covered by the survey, resulting in this report.

II. ASSESSING GOVERNANCE AND DECENTRALIZATION: DATA AND METHOD

2.1 Review of GDS1 and GDS1+

GDS1

The GDS1 was held in 177 districts/cities (*kabupaten/kota*) in 20 provinces, using 12 different questionnaires for 12 different types of respondents, ranging from households, bureaucrats, and local parliament members to NGO activists, journalists, judges, lawyers, District Attorneys, and private enterprises. The size of district samples accounts for 51% of the total of 348 districts/cities existing in Indonesia in 2002. In total, almost 17,000 respondents were interviewed in this first GDS survey. The field work was carried out by the Center for Population and Policy Studies of Gadjah Mada University (CPPS GMU).

The districts in the sample were selected using stratified random sampling. For the first stage, 20 provinces were selected from the total of 30 provinces using a purposive sampling method. Then, within those 20 provinces, 150 districts/cities were randomly selected from the total of 348 districts/cities that received General Allocation Funds (DAU) in 2001. The fieldwork was conducted by a network of sixteen universities around the country following centralized and decentralized surveys and CAFÉ (computer assisted field entry) training. Twenty-seven districts were then added as these additional districts were being evaluated by one of the WB's proposed local government governance reform projects, the Kabupaten Governance Reform Initiative Project (KGRIP), that were not covered in the original basic GDS sample (this also meant extending survey coverage to two additional provinces). The survey was fielded in February–April 2002 for the first 150 districts/cities and May–June 2002 for the additional 27 districts.

The GDS1 had two objectives. The first was to compile primary and secondary data to allow stakeholders to better understand the decentralization process and its connection with governance over the following few years. The second was to utilize empirical data-based information to promote supportive and democratic policy at the local government level.

The collected data was classified into indicators for governance and decentralization and covered various thematic areas. The governance indicators include thematic areas on:

- participation
- effectiveness and efficiency
- transparency
- equity
- rule of law
- responsiveness
- accountability
- conflict management

The decentralization indicators include thematic areas on

- understanding of local autonomy;
- the restructuring process, based on size and level of relevance;
- awareness of public needs and services, including budget allocation for education, health, and poverty reduction;

- increasing the quality of services;
- the number of local regulations (*perda*) based on public need and official interests;
- capacity and investment in staff;
- existence of poverty reduction institutions; and
- private sector and public perception on corruption, collusion, and nepotism (KKN), investment, and bureaucratic costs.

GDS1+

The GDS1+ was fielded in May-June 2004, and covered only 32 districts (24 districts and 8 cities) out of the 177 districts/cities included in the GDS1. The field work was also carried out by the Center for Population and Policy Studies of Gadjah Mada University (CPPS GMU). In total, around 5,000 respondents were interviewed for the survey. The survey respondents were users of public services, such as households, community health center patients, and members of school committees. The survey team also interviewed a high-level local bureaucrat and heads of the local health and education offices in each district.

The GDS1+ covered eight provinces—North and South Sumatra, West, Central and East Java, West Nusa Tenggara, South Kalimantan, and South Sulawesi—which were purposively selected out of the 32 provinces in Indonesia in 2003. These provinces were selected in order to maximize population coverage, but also in consideration of the logistics and costs of the survey implementation. Three districts and one city were randomly selected within each province, leading to coverage of the 416 districts/cities in Indonesia as of the beginning of December 2003.

The first goal of the GDS1+ was to further develop the methodology and implementation capacity for the scheduled second large survey (the GDS2) and to systematically test it. The second goal was to provide timely results on emerging trends in service delivery and governance, rather than a comprehensive picture on the state of public service delivery in the entire archipelago. For this reason, the sample is more limited in its regional coverage than GDS1, but in the sample size of each district.

Contrary to the concerns that decentralization may lead to deterioration of governance and public services and to local capture rather than the traditional gains from decentralization, the GDS1+ provides interesting indications for the emerging trends in public service delivery. There are some encouraging indications that services have not declined in terms of quality. Public satisfaction with the quality of service delivery is improving following decentralization.

In fact, perceptions of decentralized services such as health, education, and local administration are improving more strongly than those of centralized services (i.e., the Indonesian National Police). Police services, which remain centralized, continue to be perceived as being of highly insufficient quality and no upward trend was apparent. This constitutes a major cause for concern regarding issues such as corruption, which continues to be widespread, at least in administrative service delivery. Though some of the results from the survey are encouraging, the major agenda to ensure greater accountability is still unresolved. Transaction costs remain high, as evidenced by the continued need to pay bribes, high incidence of intermediaries for public services, and the continued importance of personal connections.

2.2 GDS2 Sampling and Analysis Method

Data collection for the GDS2 was undertaken during the months of April to July 2006. The total number of districts included in the sample was 134. In addition, 6 districts in Nias and Aceh involved in ANPEA (Aceh and Nias Public Expenditure Analysis) were added to the sample, expanding the total number of districts in the sample to 140. However, the survey in the ANPEA districts excluded the household, school teacher, school committee, private health provider, and general hospital instruments.

Similar to the previous GDS rounds, the GDS2 is an integrated survey of households, public health and education facilities, private health practitioners, hamlet heads (*kepala dusun*), and district- and village-level officials. In total, around 32,000 respondents were interviewed. The survey instrument is designed to assemble detailed information on the provision and use of local public services, as well as the governance environment in which those services are delivered and used.

Due to the implementation of the new scheme of the Fuel Subsidy Reduction Compensation Program (PKPS-BBM), the GDS2 also assesses the implementation of four PKPS-BBM programs, namely the Unconditional Cash Transfer (SLT), School Operational Assistance (BOS), Health Insurance for Poor Families (Askeskin), and Rural Infrastructure (IP) programs. Fifty-three districts of the three World Bank district project areas are covered in the GDS2 and will be included in the analysis.

Table 2.3.1 Summary of GDS2 Respondents

Respondent/Information Group	Number of Respondents	Number of Districts
Village heads (*kepala desa/lurah*)	838	140
Hamlet heads (*kepala dusun)*	1,665	140
Households	12,861	134
Household SLT (Unconditional Cash Transfer) recipients	6,384	134
Public schools (primary and junior secondary):		
▪ School principals	1,251	140
▪ School teachers	2,382	134
▪ School committees	1,170	133
▪ School secondary data	1,245	140
Heads of district education offices (*kepala dinas pendidikan*)	140	140
Community health center (*puskesmas*):		
▪ *Puskesmas* head	809	140
▪ *Puskesmas* secondary data	812	140
Private health providers (doctors, midwives, nurses)	2,183	131
Hospitals (*rumah sakit umum pemerintah*/RSUP)	123	123
Heads of district health offices (*dinas kesehatan*)	139	139
District heads (*bupati*/mayors)	139	139
Total	**32,141**	**-**

The actual numbers of sample respondents and districts by sample group, as calculated from the data, are provided in Table 2.3.1. Based on the number of sample districts, it is apparent that the survey interviews were carried out in more than 133 districts (some are less than 133 due to the nonexistence of certain types of providers in some districts) for certain groups of respondents. The list of districts covered in the GDS2, including their participation in the examined World Bank projects, is provided in Table A.2.1 in the appendix.

The descriptive analysis of the data in this report will be disaggregated by the type of project implemented in the districts. This will provide a baseline for estimating the impact of those projects on the implementation of decentralization, including good governance. In addition, the analysis of service delivery will consider the perspectives of both clients and providers.

2.3 Review of SPADA, ILGRP, and USDRP Projects

Fifty-three of the 140 districts covered by the GDS2 are host to three World Bank projects, consisting of 35 SPADA districts, 13 ILGRP districts, and 5 USDRP districts.[4]

Support for Poor and Disadvantaged Areas (SPADA)

The SPADA program aims to help the Indonesian government address the problems of governance and poverty in the 100 poorest districts in the country. From the 100 districts covered by SPADA project, 50 have poverty closely tied to two post-1998 events. Forty of these districts experienced significant conflict during the 1998-2003 post-New Order turmoil. The other ten districts are in Aceh, where poverty was not only exacerbated by an accelerating antiseparatist military action, but where the devastating tidal wave of 26 December 2004 killed more than 170,000 people and left another 500,000 people displaced.

This project provides subdistricts with unmarked block grants of Rp500 million, Rp750 million, or Rp1 billion, depending on their population. A small fund for operational support is also included as part of the district and subdistrict grants. The program will bring the reconstruction process to post-conflict areas and other neglected areas. Hence, all components of SPADA support the same process of bottom-up facilitation to identify and prioritize perceived reconstruction needs. The decision forums at subdistrict and district levels should identify those needs in the form of expected results. The SPADA response will be tailored to the needs identified in each district.

In addition to the need for reconstruction, the local capacities of the selected districts were considered to be very low. Therefore, SPADA provides a substantial investment to improve the capacity of local stakeholders through a combination of training, practical exercises, professional practical support, and by developing learning networks. The project also finances subdistrict and district consultants to strengthen district, subdistrict, and village administrative capacities.

The project also includes three major kinds of implementation support as follows: technical assistance for each level of government, an oversight and monitoring unit in each province, and a multi-sectoral support team in each participating district. The monitoring, evaluation,

[4]Terms of reference for GDS2 originally planned for the coverage of 54 districts (35 SPADA districts, 14 ILGRP districts, and 5 USDRP districts) of the three World Bank project sites in GDS2. However, the devastating earthquake of May 2006 severely hit Kabupaten Bantul, one of the ILGRP project sites. That district sample was then replaced by Kabupaten Kulonprogo, which is a non-World Bank project site.

and studies of SPADA need a sophisticated monitoring and evaluation system, which is a package of quantitative and qualitative baseline data.

Three types of activities are conducted in order to achieve the project's objective:

- strengthening community-led planning and dispute resolution processes,
- promoting private investment and job creation, and
- increasing the utilization of effective education and health services.

Due to the scope of these activities, the Home Affairs, Public Works, Education, Health, and Finance ministries are involved in the implementation. The provincial government is responsible for operational project coordination and the Regional Development Planning Board (Bappeda) coordinates each level of the project.

It is important to note that SPADA is intended to help conflict affected provinces return to normality, but repeat projects are not expected to be sustainable. Hence, a bridging period is needed for the time between the end of hostilities and the resumption of normal development, at which point the project would be handed over to the other models that are being developed through ILGRP and USDRP.

Initiatives for Local Governance Reform Project (ILGRP)

This project was initially named the Kabupaten Governance Reform Initiatives Project (KGRIP). Renamed by the World Bank and the Government of Indonesia to the Initiatives for Local Governance Reform Program (ILGRP), the project focuses on governance reforms linked to poverty alleviation. The aim of this project is to pilot mechanisms to reward reform-minded local governments that are willing to develop local participatory poverty alleviation initiatives based on citizen choice. It also supports institutionalization of democratization and poverty reduction at the local level. Specifically, the reform focuses on the areas of transparency and participation, public procurement, and financial management. In addition to the foundation of local regulatory framework reforms and concrete initiatives, ILGRP supports reforms in project management and implementation by providing funds for public investment in infrastructure development, as identified in local Poverty Reduction Strategy and Action Plans (PRSAP).

The project activities had started since October 2002. Initially, ILGRP facilitated 22 districts. Through continuous monitoring and evaluation after all districts were initially evaluated in April-May 2003, facilitation was discontinued in six districts in July 2003: Pesisir Selatan (West Sumatra), Indramayu (West Java), Kulonprogo (Yogyakarta), Sidoarjo (East Java), Gorontalo (Gorontalo), and Tana Toraja (South Sulawesi). This was mainly due to lack of support from local stakeholders and inconsistencies with the principles of good governance promoted by the project. In June 2003, Kabupaten Bantaeng in South Sulawesi withdrew from the program. Hence, 15 districts remain in the program.

ILGRP targeted nine provinces—West Sumatra, Banten, West Java, Central Java, Yogyakarta, East Java, Gorontalo, North Sulawesi, and South Sulawesi—which account for 63% of the Indonesian population. ILGRP districts were then selected based on geographic clusters, to enable the efficient delivery of technical assistance and information. The remaining 15 districts are Solok and Tanah Datar (West Sumatra); Lebak (Banten); Bandung and Majalengka (West Java); Kebumen and Magelang (Central Java); Bantul (DI Yogyakarta); Ngawi and Lamongan (East Java); Bolaang Mongondow (North Sulawesi); Boalemo (Gorontalo); and Gowa, Takalar, and Bulukumba (South Sulawesi).

This program is expected to have a direct positive impact on poor households and an indirect positive impact on all citizens in the districts by increasing pro-poor service delivery, budget allocation, and reducing corruption and the overall cost of doing business (improving the investment climate). Thus, the following four key areas of policy and institutional reforms have been proposed at both the national and local levels:

(i) enhancing accountability and transparency in the local planning and legislative process,
(ii) strengthening local government financial management and standard accounting practices,
(iii) supporting a subnational procurement reform agenda, and
(iv) supporting the national poverty reduction agenda.

Furthermore, the program seeks to replicate the Local Governance Reform Framework, which was formulated and adopted by the central government and all participating districts, in other local governments.

Urban Sector Development Reform Program (USDRP)

The USDRP is a comprehensive program responding to the needs of civil society under a decentralized and democratic environment. As indicated by the project's title, the program is carried out only in urban areas. The USDRP's objectives are to support local governments in their efforts to alleviate poverty, to stimulate the development of local/regional economies, and to improve the delivery of sustainable and demand-driven urban services. The ultimate goal of these efforts is to improve the quality of life of the urban population.

In order to achieve those objectives, the project would ensure that participating urban local governments (ULGs)

a) select prioritized investments for infrastructure development that are based on an agreed long-term development strategy and medium-term development plan (RPJM);
b) engage in governance reforms that foster participation, transparency, and accountability as well as internal management reform focusing on procurement of goods and services and financial management; and
c) develop institutional and regulatory capacity for better delivery of urban services and determine and implement priority investments in a participatory and accountable way.

The USDRP is building on the approach taken by other urban development projects, such as the Integrated Urban Infrastructure Development Program (IUIDP). The IUIDP placed investment in infrastructure as a primary objective. The USDRP views urban development in a more comprehensive way, and hence considers investment in infrastructure as only one part of a broad-based approach to development. USDRP also includes the establishment and implementation of comprehensive governance reforms and improvement of public service delivery capacities of participating ULGs.

In addition, the USDRP is encouraging participating ULGs to identify subprojects using an "open menu" approach, whereby they have the opportunity to invest without specific sector limitations. However, public works and transportation are the main investment sectors concerned. The identification and selection process for subprojects must be conducted in a participatory way, involving local government, councils, and a stakeholders' forum (SF). The proposed subprojects, however, should be socially, environmentally, and economically viable and in line with the medium-term development plan. The project's framework also includes isolated and vulnerable people (IVP) as part of its safeguarding framework.

2.4 Sample Household Characteristics

The following tables describe the socioeconomic characteristics of the sample households. Table 2.4.1 provides summaries of household head characteristics (sex, education attainment, employment status, ability to read and write, and age), household characteristics (household size), and housing characteristics (roofing, walls, flooring, electricity, access to clean water and sanitation). Table 2.4.2 provides the details of household asset ownership. Table 2.4.3 assesses household economic conditions measured by household per capita expenditure, as well as household head qualitative assessments of their current household economic condition compared to that of 2 years ago. These and the rest of the tables are disaggregated by World Bank project areas (SPADA, ILGRP, USDRP) and the rest of the sample districts are grouped as non-WB project areas.

Table 2.4.1 Household Socioeconomic Characteristics

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Household Head Characteristics					
Age (years)	46.64	45.43	46.31	48.13	46.35
Female (%)	9.43	9.46	9.62	12.92	9.59
Education attainment (%)					
Primary education	58.31	60.59	62.54	38.67	58.55
Junior secondary education	15.19	18.53	16.94	16.89	16.30
Senior secondary education	20.07	17.04	16.22	28.89	19.25
Diploma I/II/III	2.58	2.02	1.52	5.33	2.44
D IV/Strata 1 (bachelor degree) or higher	3.80	1.79	2.78	10.22	3.43
Other education	0.04	0.03	0.00	0.00	0.03
Able to read (%)	84.95	83.87	80.13	91.25	84.43
Able to write (%)	83.67	82.68	78.29	89.79	83.12
Working in the last month (%)	89.28	92.89	90.46	82.50	90.09
N (households)	6,966	3,022	1,116	450	11,554
Household Characteristics					
Average household size (persons)	4.47	4.74	4.43	4.65	4.54
Housing Characteristics					
Roof made from concrete/terracotta tiles (%)	47.55	10.21	46.55	57.71	38.08
Walls made from bricks (%)	52.52	42.62	58.41	71.04	51.19
Nonearth floor (%)	85.64	76.28	84.13	95.63	83.42
Electricity connected (%)	86.59	61.67	89.66	90.63	80.53
Access to clean water (%)	73.88	63.21	79.33	92.08	72.30
Own toilet (%)	63.10	50.21	52.96	72.50	59.10
Own squat toilet (%)	51.81	38.57	51.68	73.75	49.16
N (households)	7,773	3,360	1,248	480	12,861
Housing area per capita (m^2)	20.75 (45.57)	16.43 (130.56)	21.12 (38.26)	20.69 (24.49)	19.66 (76.68)
N (households)	7,758	3,359	1,247	480	12,844

Note: Standard deviations in parentheses

Table 2.4.1 shows that the mean age of household heads in the sample is 46 years, but in the USDRP areas, which are urban areas, it is slightly higher at 48 years. Around 10% of households in the sample have a female household head. In the USDRP areas, the proportion of households headed by women in the sample is slightly higher at 13%. In terms of education level, 59% of household heads in the sample have only attained a primary education, 16% have a junior secondary education, 19% have a senior secondary education, and only 6% have a tertiary education. The educational attainment of household heads in the sample is higher in the USDRP areas than in the other areas; only 39% have only a primary education and 16% have a tertiary education. In general, more than 80% of household heads are able to read and write. Around 90% of them are working, except in the USDRP areas where the employment rate of household heads is only 83%.

The average household in the sample has 4.5 members. They live in a house with an average area of 20 square meters per person, except in the SPADA areas where the average area of the house is only 16 square meters per person. Housing conditions differ across areas. The worst conditions are generally found in the SPADA areas while the best conditions exist in the USDRP areas.

Table 2.4.2 shows that more than 82% of households in the sample own the home that they live in, except in the USDRP area where the home ownership rate is only 76%. Another 12% of households live in homes owned by a relative. Many of the households own various assets, notably land and motorcycles. In addition, 12% of households own houses other than their place of residence.

Table 2.4.2 Household Housing and Asset Ownership

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Ownership of Current Residence (%)					
Own home	82.31	83.01	83.41	76.04	82.37
Rented	3.33	1.25	0.96	10.00	2.81
Official housing	1.47	1.22	0.72	1.25	1.32
Parents'/family home	11.24	11.82	13.06	10.63	11.55
Other	1.65	2.71	1.84	2.08	1.96
Household Assets (%)					
Other house	13.46	9.49	12.26	17.08	12.44
Land	49.32	64.23	51.04	28.96	52.62
Accessible (not owned) land	14.04	16.16	21.63	5.42	15.01
Livestock	20.24	20.06	19.87	3.33	19.52
Refrigerator	22.75	10.89	16.83	48.75	20.05
Car	5.76	1.82	3.04	13.33	4.75
Boat	6.77	10.92	1.84	1.88	7.19
Motorcycle	41.26	22.80	31.41	51.25	35.85
Telephone/cellular phone	24.13	7.05	16.83	49.79	19.92
N (households)	7,773	3,360	1,248	480	12,861

Table 2.4.3 shows that the nominal average household per capita monthly expenditure in the USDRP areas (Rp252,198) is almost double that of the SPADA areas (Rp134,865). Although the cost of living in urban areas is higher than in rural areas, this is a strong indication that the rural population is significantly poorer than urban residents. When households were asked to compare their current economic condition with that of 2 years ago, 32% stated that they are better off now than they were 2 years ago, 31% state their economic condition is the same, and 37% stated that they are now worse off. These proportions are similar across regions, with the exception of the USDRP areas, where less stated that they are now better off (28%) and more stated that they are now worse off (42%).

Table 2.4.3 Household Economic Conditions

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Average monthly per capita expenditure (Rp)	185,130.7 (181,354.1)	134,864.9 (166,419.3)	152,673.1 (130,385.0)	252,197.7 (255,847.2)	171,352.0 (178,711.4)
Current Household Economic Conditions Compared to 2 Years Ago					
Better (%)	32.69	30.92	32.93	27.92	32.07
About the same (%)	29.91	32.65	30.45	30.00	30.68
Worse (%)	36.85	36.07	36.38	41.88	36.79
Don't know (%)	0.55	0.36	0.24	0.21	0.46
N (households)	7,773	3,360	1,248	480	12,861

Note: Standard deviations in parentheses

III. SERVICE DELIVERY

3.1 Access to Public Services

In the GDS2, only village heads (*kepala desa*) and hamlet heads (*kepala dusun*) were asked the questions on access to public services (excluding education and health services). Household respondents were not asked these questions. Tables 3.1.1 and 3.1.2 show the respective village head and hamlet head assessments of public services and facilities provided by district/city governments.

Table 3.1.1 shows that when village heads were asked whether the various public services available in their areas were sufficient, positive responses ranged from 24% who felt that irrigation system services are sufficient to 65% who responded that legal procedures are sufficient. This is consistent with anecdotal evidence that the aftermath of the economic crisis has led to the deterioration of much of the irrigation systems in the country. Furthermore, since decentralization, many district governments have not paid enough attention to the deteriorating state of their local irrigation systems.

If the sample areas are divided by the World Bank project areas, USDRP areas generally have the highest proportion of village heads who feel that public services in their areas are sufficient (the only exception was irrigation systems), while SPADA areas have the lowest proportion. This is not surprising considering that USDRP areas are urban, while SPADA areas are disadvantaged and left-behind rural regions.

When the village heads were asked to compare available public services and choose the one that they think is the most sufficient, roads and clean water received the best results, at 24% and 22% respectively. This pattern is similar when sample areas are disaggregated by the World Bank project areas, except for ILGRP areas where 21% of village heads nominated public transportation as the best service. Curiously, when the village heads were asked to select the least sufficient public services, the highest rates are also for roads and clean water with 23% and 22% respectively. This indicates that the conditions of roads and clean water supplies vary widely across regions, ranging from very poor conditions in some regions to very good conditions in other regions.

The hamlet heads made similar assessments of public services to village heads (Table 3.1.2). Responses range from 19% who felt irrigation systems are sufficient to 55% who felt legal procedures are sufficient. Hamlet heads in the USDRP areas generally had the highest satisfaction rates for available public services, with the exception of irrigation systems, environmental management, and legal procedures, which received the highest satisfaction rates from hamlet heads in the ILGRP areas. As was the case with village heads, hamlet heads voted roads and clean water as both the most and the least sufficient public services.

Table 3.1.1 Village Head Assessments of Public Services (Excluding Health and Education)

Public Services	Non-WB Project Areas	SPADA Areas	ILGR Areas	USDRP Areas	Total
Condition of *Kabupaten/Kota* Public Services Considered to be Sufficient by Village Heads (%)					
Clean water	41.84	22.49	25.64	63.33	36.28
Sanitation/sewers	36.47	20.10	30.77	53.33	32.46
Roads	49.52	30.14	42.31	83.33	45.23
Waste management	29.56	11.48	14.10	56.67	24.58
Drainage/flood management	27.45	14.35	25.64	56.67	25.06
Irrigation systems	25.91	17.22	29.49	23.33	23.99
Public transportation	62.96	39.23	67.95	90.00	58.47
Lighting of roads/public spaces	42.61	16.27	30.77	60.00	35.56
Environmental management	27.64	16.75	34.62	46.67	26.25
Legal procedures	70.06	42.11	83.33	86.67	64.92
N (village heads)	521	209	78	30	838
The Most Sufficient Public Service (%)					
Clean water	22.18	44.00	14.47	23.33	21.64
Sanitation/sewers	3.02	9.00	2.63	0.00	3.27
Roads	25.40	44.00	13.16	33.33	23.90
Waste management	2.22	1.00	1.32	3.33	1.76
Drainage/flood management	1.41	5.00	1.32	0.00	1.64
Irrigation systems	5.44	17.00	11.84	3.33	6.79
Public transportation	16.53	31.00	21.05	13.33	16.73
Lighting of roads/public spaces	6.85	7.00	6.58	6.67	5.79
Environmental management	2.62	7.00	6.58	13.33	3.40
Legal procedures	10.89	21.00	14.47	0.00	11.32
All of the above	0.81	1.00	0.00	0.00	0.63
Health	0.40	1.00	0.00	3.33	0.50
Other	2.22	5.00	6.58	0.00	2.64
N (village heads)	496	193	76	30	795
The Least Sufficient Public Service (%)					
Clean water	20.15	28.71	25.64	10.00	22.43
Sanitation/sewers	6.33	5.74	1.28	16.67	6.09
Roads	22.84	26.32	25.64	6.67	23.39
Waste management	10.36	3.35	10.26	16.67	8.83
Drainage/flood management	8.06	6.22	3.85	13.33	7.40
Irrigation systems	7.10	6.22	12.82	3.33	7.28
Public transportation	2.88	7.18	2.56	0.00	3.82
Lighting of roads/public spaces	10.75	12.44	10.26	6.67	10.98
Environmental management	4.41	0.96	5.13	3.33	3.58
Legal procedures	3.84	0.48	0.00	6.67	2.74
Other	3.26	2.39	2.56	16.67	3.46
N (village heads)	521	209	78	30	838

Table 3.1.2 Hamlet Head Assessments of Public Services (Excluding Health and Education)

Public Services	Non-WB Project Areas	SPADA Areas	ILGR Areas	USDRP Areas	Total
Condition of *Kabupaten/Kota* Public Services Considered to be Sufficient by Hamlet Heads (%)					
Clean water	40.12	21.07	30.13	59.32	35.14
Sanitation/sewers	31.92	19.61	34.62	50.85	29.79
Roads	50.53	30.99	44.87	62.71	45.59
Waste management	26.71	7.99	15.38	44.07	21.62
Drainage/flood management	22.18	10.90	23.08	37.29	20.00
Irrigation systems	21.12	11.65	31.41	6.78	19.23
Public transportation	59.11	36.80	55.13	77.97	53.87
Lighting of roads/public spaces	39.92	13.80	37.82	62.71	34.05
Environmental management	23.72	11.38	27.56	22.03	20.96
Legal procedures	61.33	31.96	67.95	66.10	54.83
N (hamlet heads)	1,037	413	156	59	1,665
The Most Sufficient Public Services (%)					
Clean water	24.10	23.90	23.81	22.41	23.96
Sanitation/sewers	2.97	6.32	1.36	5.17	3.69
Roads	27.59	24.45	23.13	24.14	26.30
Waste management	1.44	0.82	0.68	6.90	1.42
Drainage/flood management	0.72	3.57	2.04	1.72	1.55
Irrigation systems	4.51	6.32	12.24	1.72	5.57
Public transportation	16.62	17.58	12.24	20.69	16.58
Lighting of roads/public spaces	8.92	3.02	8.16	8.62	7.45
Environmental management	1.33	4.12	4.08	1.72	2.27
Legal procedures	9.13	7.97	9.52	3.45	8.68
All of the above	0.00	0.00	0.00	0.00	0.00
Health	0.62	0.00	0.68	1.72	0.52
Other	2.05	1.92	2.04	1.72	2.01
N (hamlet heads)	975	364	147	58	1,544
The Least Sufficient Public Services (%)					
Clean water	22.25	25.67	19.23	18.97	22.70
Sanitation/sewers	6.37	4.65	5.13	8.62	5.90
Roads	21.08	26.89	26.92	20.69	23.07
Waste management	10.29	4.40	8.97	20.69	9.07
Drainage/flood management	8.04	4.40	3.21	8.62	6.70
Irrigation systems	7.65	5.13	14.74	1.72	7.49
Public transportation	4.12	10.02	5.13	1.72	5.60
Lighting of roads/public spaces	10.78	13.69	7.69	3.45	10.96
Environmental management	3.04	1.47	2.56	1.72	2.56
All of the above	2.06	0.73	0.00	10.34	2.07
Legal procedures	1.18	1.96	0.64	0.00	0.79
Other	3.14	0.98	3.85	5.16	3.11
N (hamlet heads)	1,020	409	156	58	1,643

3.2 Access to Education Services

Access to education services is measured using variables related to transportation to schools for students, such as modes of transportation, travel time, and daily transportation cost, disaggregated by the level of schooling. Table 3.2.1 shows that according to households respondents most students walk to school and that the proportion of students who walk to school decreases for increasing levels of education. Almost 80% of primary school students walk to school. This is due to the fact there are primary schools in almost every village. Across World Bank project areas, students in SPADA areas have the highest proportion of students who walk to school and students in USDRP areas have the lowest. This reflects the fact that there are more alternative modes of transportation for students in urban areas than in the disadvantaged rural areas.

Travel time and the cost of transportation to school gradually increase for higher levels of education. On average, students spend 15 to 20 minutes in travel time to reach school. The average cost of transportation to school for those who pay for transportation is between Rp2,000 and Rp5,000 per day. Across World Bank project areas, students in SPADA areas have the longest travel times to school, while students in USDRP areas have the shortest. However, the cost of travel to school is highest in USDRP areas and lowest in SPADA areas. Again, this is due to the availability of better transportation facilities and infrastructure (i.e., roads) in urban areas compared to those in rural areas. This is also indicated by the relatively high proportion of students in USDRP areas who go to school by car (including public transportation such as bus, minibus, etc.) when compared to SPADA areas. This is another indication that the gap in the availability of transportation facilities between urban and rural areas is high.

Table 3.2.1 Access to Education Services for Students by Level of Education

Description	Non-WB Project Areas	SPADA Areas	ILGR Areas	USDRP Areas	Total
Type of Transportation to School for Students (%)					
Primary school					
Walking	76.57	85.82	82.92	68.85	79.65
Bicycle	10.20	7.99	8.68	5.74	9.27
Motorcycle	8.65	3.48	9.09	15.98	7.39
Car (including public transport)	6.77	3.52	7.30	15.16	6.12
Boat	0.28	0.30	0.00	0.00	0.25
Others	0.33	0.30	0.55	6.97	0.55
N (students)	4,580	2,328	726	244	7,878
Junior secondary school					
Walking	54.14	69.35	61.71	48.42	58.81
Bicycle	14.59	12.29	14.41	8.42	13.70
Motorcycle	11.70	8.33	12.61	15.79	10.99
Car	22.73	11.72	18.92	29.47	19.59
Boat	0.99	1.98	0.00	0.00	1.14
Others	0.92	0.14	0.45	11.58	1.06
N (students)	1,522	708	222	95	2,547
Senior secondary school					
Walking	35.81	63.10	38.14	30.43	42.70
Bicycle	7.66	7.61	7.63	1.45	7.33
Motorcycle	24.50	13.80	19.49	34.78	21.85
Car	37.81	18.03	48.31	47.83	34.15
Boat	0.24	0.56	0.00	0.00	0.29
Others	1.53	0.28	3.39	7.25	1.65
N (students)	849	355	118	69	1,391
Other education					
Walking	61.66	73.58	60.00	50.00	63.60
Bicycle	12.95	13.21	5.00	16.67	12.50
Motorcycle	9.33	9.43	20.00	16.67	10.29
Car	14.51	5.66	25.00	16.67	13.60
Boat	2.07	0.00	0.00	0.00	1.47
Others	2.07	1.89	0.00	0.00	1.84
N (students)	193	53	20	6	272
Total					
Walking	66.55	79.91	73.30	57.49	70.65
Bicycle	10.90	8.91	9.67	5.80	10.05
Motorcycle	11.20	5.63	11.14	19.08	9.88
Car	14.07	6.74	14.46	23.91	12.35
Boat	0.48	0.67	0.00	0.00	0.47
Others	0.64	0.29	0.83	7.97	0.81
N (students)	7,144	3,444	1,086	414	12,088

Table 3.2.1 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGR Areas	USDRP Areas	Total
Travel Time to School for Students (minutes)					
Primary school	14.56 (17.32)	14.95 (20.95)	13.51 (13.16)	12.10 (10.58)	14.50 (17.99)
N (students)	4,580	2,328	726	244	7,878
Junior secondary school	18.89 (18.44)	23.90 (33.47)	18.62 (21.10)	14.67 (11.44)	20.10 (23.75)
N (students)	1,522	708	222	95	2,547
Senior secondary school	20.12 (18.61)	20.58 (26.10)	26.29 (29.39)	17.68 (15.70)	20.64 (21.74)
N (students)	849	355	118	69	1,391
Others	19.10 (19.93)	15.75 (13.84)	18.60 (27.18)	26.00 (32.31)	18.57 (19.80)
N (students)	193	53	20	6	272
Overall	16.27 (17.94)	17.38 (24.77)	16.03 (18.16)	13.82 (12.47)	16.48 (20.01)
N (students)	7,144	3,444	1,086	414	12,088
Daily Transportation Cost for Students (except for those who walk to school) (rupiah)					
Primary school	2,185.9 (5,031.1)	1,878.0 (4,021.6)	2,051.6 (2,354.8)	2,802.6 (3,492.9)	2,141.4 (4,614.5)
N (students)	1,073	330	124	76	1,603
Junior secondary school	2,433.6 (3,019.7)	3,064.5 (5,849.2)	2,361.2 (3,583.4)	2,989.8 (2,521.8)	2,584.3 (3,809.4)
N (students)	698	217	85	49	1,049
Senior secondary school	4,525.9 (6,610.8)	4,121.3 (5,280.1)	5,004.1 (8,909.2)	5,864.6 (7,662.9)	4,583.8 (6,724.5)
N (students)	545	131	73	48	797
Other	3,195.9 (4,050.9)	2,928.6 (3,407.3)	2,312.5 (1,280.0)	6,666.7 (11,547.0)	2,850.3 (5,044.8)
N (students)	74	14	8	3	99
Overall	2,823.1 (5,036.3)	2,696.0 (4,960.5)	2,892.8 (5,237.2)	3,755.7 (5,117.8)	2,850.3 (5,044.8)
N (students)	2,390	692	290	176	3,548

Note: Standard deviations in parentheses

Figures 3.2.1 and 3.2.2 show the average number of students per school in each grade of primary and junior secondary schools during the academic years of 2003/2004, 2004/2005, and 2005/2006. Schools in the USDRP areas record the highest average number of students per school for both primary and secondary schools, while schools in SPADA areas record the lowest. Schools in urban areas tend to have multiple classes for each grade and generally have larger student numbers than schools in rural areas. This is due to the much higher population density in urban areas than in rural areas.

Figure 3.2.1 Average Number of Students by Grade at Primary Schools

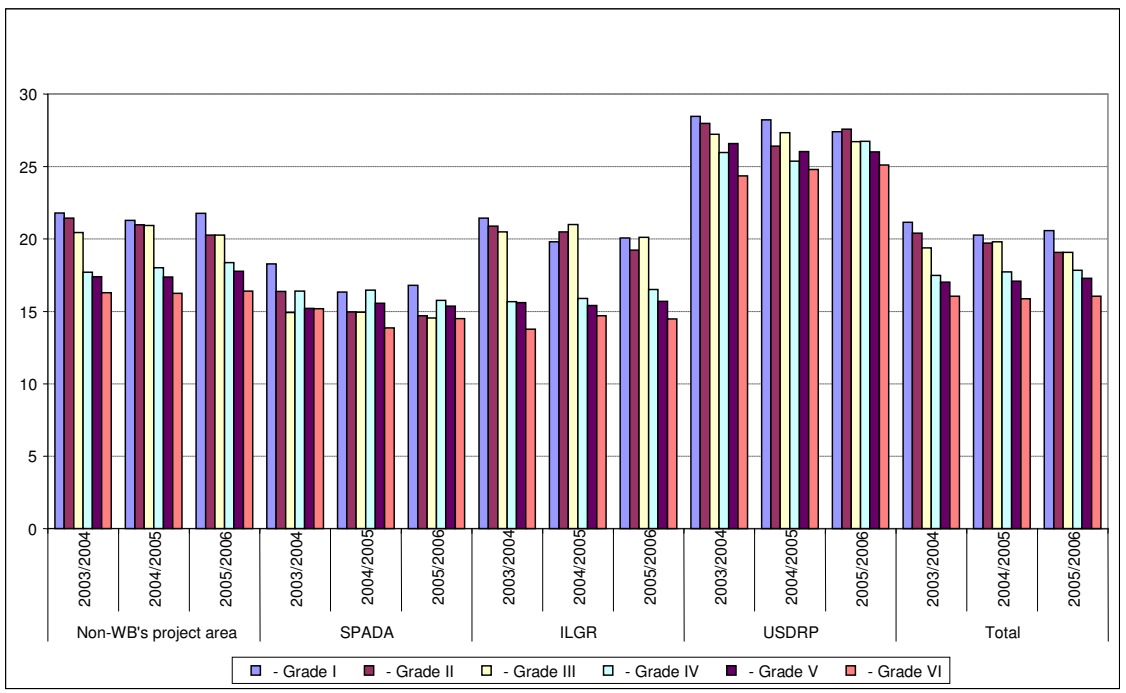
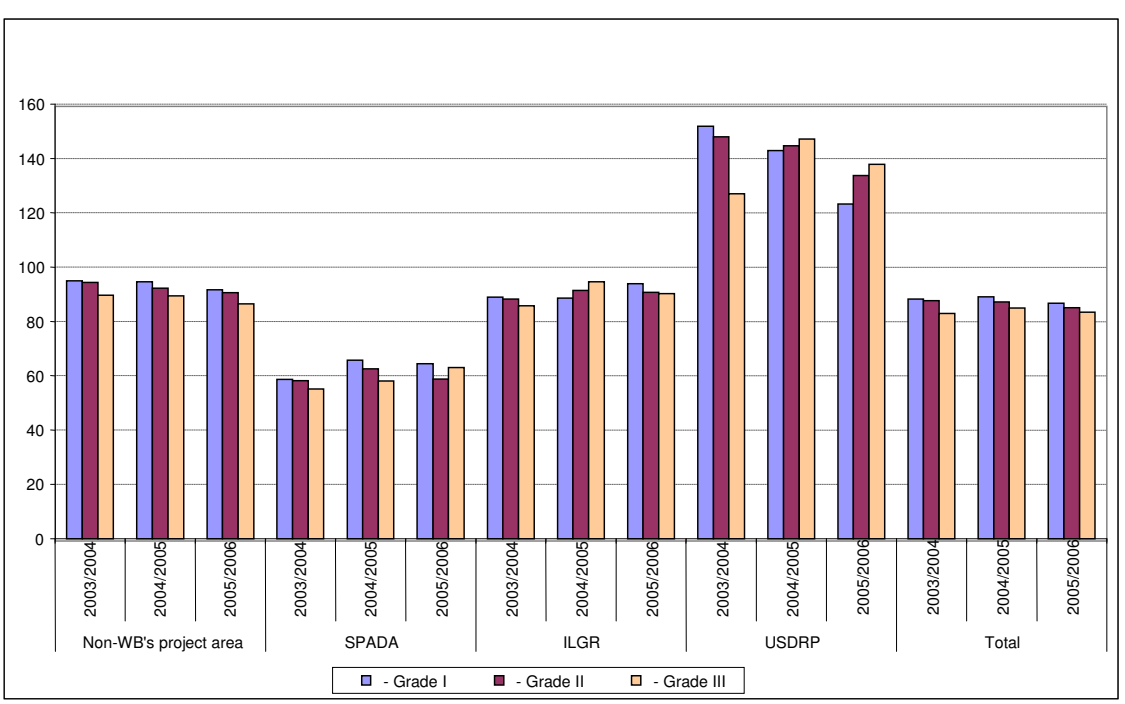


Figure 3.2.2 Average Number of Students by Grade at Junior Secondary Schools



Accessibility to education can also be measured by the proportion of school-aged household members who are enrolled in schools. Table 3.2.2 provides this measure for the primary, junior secondary, senior secondary, as well as overall education levels. The pattern of enrollment rates across education level follows the well-known national pattern of declining enrollment rates for increasing levels of education. However, the magnitudes of the enrollment rates are not directly comparable with the national rates as different calculation methods were used. The enrollment rates in this table were calculated at the household level and then averaged across all relevant households. The national net enrollment rate for each level of education is calculated as the proportion of children of a certain age who are enrolled in the appropriate level of education. While the national net enrollment rate at the primary level in recent years is reported at around 95%, the GDS2 data shows that the average enrollment rate at household level for primary education was only around 72%.

Table 3.2.2 Average School Enrollment Rate Within Households by Level of Education

Education Level	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Primary education:					
Average school enrollment rate of 7-to-12-year-olds within households (%)	72.46 (30.57)	70.88 (30.97)	74.63 (29.20)	71.62 (29.74)	72.21 (30.53)
N (households)	3,456	1,584	558	194	5,792
Junior secondary education:					
Average school enrollment rate of 13-to-15-year-olds within households (%)	48.36 (33.76)	43.95 (32.18)	51.38 (34.13)	45.45 (32.53)	47.34 (33.40)
N (households)	1,884	840	287	116	3,127
Senior secondary education:					
Average school enrollment rate of 16-to-18-year-olds within households (%)	33.81 (37.98)	28.75 (36.31)	29.02 (36.58)	38.65 (39.76)	32.18 (37.55)
N (households)	1,768	809	270	114	2,961
Overall:					
Average school enrollment rate of 7-to-18-year-olds within households (%)	81.48 (33.69)	79.69 (34.05)	81.09 (34.26)	81.28 (33.76)	80.96 (33.85)
N (households)	4,925	2,164	792	290	8,171

Note: Standard deviations in parentheses

Across all areas, possibly reflecting the near universal enrollment rate at the primary level, there were no significant differences in enrollment rates across World Bank project areas. Similarly at the junior secondary level, the differences in enrollment rates across areas were not large. However, at the senior secondary level there were large gaps between enrollment rates in the USDRP areas (39%) and those in SPADA and ILGRP areas (both 29%). This points to the need to increase the supply of senior secondary education in rural areas and stimulate the demand for it.

3.3 Access to Health Services

The assessment of access to health services is also based on transportation matters, which include modes of transportation and travel time to health service providers. However, prior to the assessment, filtering information such as whether the respondent knew of the existence of the nearest health service provider was also assessed.

Table 3.3.1 shows that respondents' awareness of the location of the nearest *puskesmas* (community health center) is much better than that for public hospitals. Eighty-three percent of households are aware of the location of their closest *puskesmas*, while only 61% are aware of the closest public hospital. This may be due to the shorter distance from people's homes to the *puskesmas* than to a public hospital, as *puskesmas* are generally available at the subdistrict (*kecamatan*) level, while a public hospital may only be found at the district (*kabupaten*) level or above. Awareness of other health providers is generally much lower than that of *puskesmas* and public hospitals.

Awareness levels are consistent with other indicators such as modes of transportation and travel time to the nearest health service provider. For instance, the average travel time to a public hospital is more than one hour, while the average travel time to a *puskesmas* is only half an hour. In both cases, most people used cars or motorcycles to reach the facilities. However, to reach the lower-scale health service providers such as affiliate or secondary community health centers (*pustu*), village maternity posts (*polindes*), and mobile community health centers (*puskesmas keliling*), most people just walk. Across the project areas, the shortest travel time is generally found in USDRP areas, whereas the longest travel time is found in SPADA areas, again reflecting the differences in the available modes of transportation between the areas and the availability and quality of transport infrastructure such as roads.

Table 3.3.1 Access to Health Services by Type of Health Provider

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Awareness of the Nearest Health Care Facilities (%)					
Public hospital	66.61	46.01	59.38	72.71	60.75
Community health center (*puskesmas*)	83.26	78.57	89.98	85.42	82.77
Secondary *puskesmas* (*pustu*)	41.74	44.02	42.39	30.00	41.96
Village maternity post (*polindes*)	14.11	18.10	14.66	4.38	14.84
Mobile *puskesmas*	7.10	4.70	6.09	3.96	6.26
Private hospital	33.57	10.03	25.32	57.08	27.50
Private clinics	10.36	3.42	9.05	26.25	9.01
Private health practitioner: Physician	36.19	12.53	30.29	57.92	30.25
Private health practitioner: nurse	38.56	32.38	53.04	19.17	37.63
Private health practitioner: midwife	60.10	33.36	73.32	48.75	53.97
N (households)	7,772	3,360	1,248	480	12,860
For Those Who are Aware of the Nearest Health Care Facility, Mode of Transportation that Can be Used to Access It (%)					
Public hospital					
Walking	6.72	7.24	9.45	7.74	7.13
Bicycle	2.80	2.07	5.13	3.72	2.92
Motorcycle	35.88	27.23	35.22	40.11	34.30
Car	68.42	69.60	79.35	73.93	69.94
Boat	2.65	10.22	0.14	0.29	3.80
Other	2.94	4.53	1.62	11.17	3.49
N (households)	5,178	1,546	741	349	7,814
Community health center (*puskesmas*)					
Walking	22.34	31.17	22.08	22.93	24.53
Bicycle	6.92	6.36	8.82	4.15	6.88
Motorcycle	43.73	34.81	50.94	43.90	42.28
Car	36.79	29.73	42.48	44.63	35.94
Boat	3.46	10.45	0.09	0.00	4.71
Other	4.14	2.50	2.40	8.54	3.72
N (households)	6,472	2,640	1,123	410	10,645

Table 3.3.1 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Mode of Transportation Used to Access the Nearest Health Facilities (%)					
Secondary *puskesmas* (*pustu*)					
Walking	55.72	69.03	56.14	60.42	59.53
Bicycle	8.29	8.65	7.18	6.25	8.23
Motorcycle	36.49	18.73	39.32	29.86	31.72
Car	10.42	6.29	19.28	14.58	10.26
Boat	1.20	3.18	0.00	0.00	1.59
Other	1.79	0.47	0.76	3.47	1.37
N (households)	3,245	1,479	529	144	5,397
Village maternity post (*polindes*)					
Walking	66.00	84.05	61.20	71.43	71.35
Bicycle	5.93	5.76	5.46	4.76	5.81
Motorcycle	28.35	14.47	28.96	9.52	23.78
Car	10.48	2.47	9.29	19.05	7.91
Boat	0.46	0.66	0.00	0.00	0.47
Other	2.83	0.49	0.55	0.00	1.83
N (households)	1,097	608	183	21	1,909
Mobile *puskesmas (pusling)*					
Walking	70.29	70.89	59.21	68.42	69.32
Bicycle	8.15	1.27	6.58	0.00	6.46
Motorcycle	17.39	15.82	22.37	10.53	17.39
Car	10.69	15.82	11.84	21.05	12.05
Boat	0.54	1.27	0.00	0.00	0.62
Other	1.99	2.53	2.63	0.00	2.11
N (households)	552	158	76	19	805
Private hospital					
Walking	9.39	18.69	6.33	4.38	9.61
Bicycle	3.26	3.56	4.75	0.73	3.22
Motorcycle	34.29	27.60	25.95	40.88	33.42
Car	64.10	64.99	69.62	63.50	64.63
Boat	1.30	8.61	0.00	0.00	1.78
Other	3.45	2.08	4.43	11.31	4.01
N (households)	2,610	337	316	274	3,537
Private clinics					
Walking	21.59	22.61	22.12	25.40	22.16
Bicycle	3.10	3.48	2.65	0.79	2.84
Motorcycle	46.28	40.87	27.43	44.44	43.71
Car	40.07	40.87	48.67	39.68	40.95
Boat	0.12	12.17	0.00	0.00	1.29
Other	4.34	5.22	5.31	3.17	4.40
N (households)	806	115	113	126	1,160

Table 3.3.1 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Mode of Transportation Used to Access the Nearest Health Facilities (%)					
Private health practitioner: physician					
Walking	25.69	23.52	19.31	37.41	25.67
Bicycle	6.11	4.75	9.26	1.08	5.91
Motorcycle	44.92	42.52	44.18	45.68	44.64
Car	31.88	36.34	48.94	29.14	33.82
Boat	1.07	8.55	0.00	0.00	1.70
Other	5.44	2.38	3.97	10.79	5.35
N (households)	2,814	421	378	278	3,891
Private health practitioner: nurse					
Walking	46.01	46.51	49.55	52.17	46.72
Bicycle	10.71	11.21	9.21	9.78	10.60
Motorcycle	39.54	32.90	40.79	25.00	37.94
Car	12.75	13.42	18.58	25.00	13.93
Boat	2.10	6.16	0.00	0.00	2.69
Other	3.00	2.48	2.11	2.17	2.75
N (households)	2,997	1,088	662	92	4,839
Private health practitioner: midwife					
Walking	49.87	55.84	48.20	50.00	50.62
Bicycle	8.84	11.78	9.73	2.99	9.23
Motorcycle	36.58	29.62	41.86	38.03	36.20
Car	12.50	11.06	16.94	22.65	13.20
Boat	0.88	3.21	0.00	0.43	1.12
Other	3.40	0.36	1.86	8.12	2.87
N (households)	4,672	1,121	915	234	6,942
Travel Time to the Nearest Health Facilities (minutes)					
Public hospital	57.43	116.82	54.81	27.17	67.59
	(134.54)	(252.99)	(45.86)	(33.80)	(159.84)
N (households)	5,172	1,546	739	349	7,806
Public health center (*puskesmas*)	26.56	47.82	22.88	14.87	30.99
	(44.95)	(136.38)	(21.66)	(11.85)	(77.40)
N (households)	6,469	2,636	1,122	410	10,637
Secondary *puskesmas* (*pustu*)	13.79	28.28	13.91	10.99	17.70
	(16.32)	(137.78)	(16.47)	(9.99)	(73.73)
N (households)	3,241	1,479	529	144	5,393
Village maternity post (*polindes*)	14.41	16.88	11.48	11.19	14.88
	(22.26)	(44.65)	(12.07)	(13.36)	(30.62)
N (households)	1,093	607	183	21	1,904

Table 3.3.1 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Travel Time to the Nearest Health Facilities (minutes)					
Mobile *puskesmas*	15.29 (68.45)	21.31 (37.87)	12.50 (17.64)	6.37 (4.95)	15.99 (59.38)
N (households)	547	157	76	19	799
Private hospital	36.07 (49.76)	90.53 (188.05)	47.50 (51.33)	21.70 (17.86)	41.15 (75.60)
N (households)	2,609	335	316	273	3,533
Private clinics	20.71 (54.56)	52.87 (75.14)	22.06 (25.11)	13.05 (11.20)	23.21 (52.93)
N (households)	803	115	113	125	1,156
Private health practitioner: physician	20.98 (75.87)	51.26 (344.57)	27.77 (33.68)	11.38 (9.35)	24.22 (131.02)
N (households)	2,811	419	376	277	3,883
Private health practitioner: nurse	17.17 (49.47)	25.74 (38.09)	15.69 (17.36)	13.51 (13.95)	18.83 (43.60)
N (households)	2,991	1,085	661	92	4,829
Private health practitioner: midwife	14.28 (24.89)	20.45 (42.73)	14.43 (15.27)	11.34 (9.74)	15.20 (27.40)
N (households)	4,668	1,119	914	233	6,934

Note: Standard deviations in parentheses

Aside from the access indicators, the data also provides the statistics of the last visit to health services and the most frequently visited health service provider. The figures are summarized in Tables 3.3.2 and 3.3.3. Table 3.3.2 indicates that 60% of households visited a health provider during the three months prior to the survey. Only 16% of households have not visited a health provider for more than 2 years. The pattern is similar across areas, suggesting that the demand for health services is quite high in all project areas.

Among those who have visited a health provider during the last 2 years, 47% went to a *puskesmas* (including *pustu*, *polindes*, and *puskesmas keliling*), 39% went to a private health practitioner (physician, midwife, and nurse), 8% went to a public hospital, and 6% went to a private hospital or clinic. There are significant differences in the utilization of health providers across areas. Usage of *puskesmas* is highest in SPADA areas at 61%, and only 40% and 41% respectively in the ILGRP and USDRP areas. Usage of private hospitals and clinics was highest in the USDRP areas at 15% and lowest in the SPADA areas at just 3%. Similarly, usage of public hospitals was highest in the USDRP areas at 12%, and 7% and 8% respectively in the ILGRP and SPADA areas. Usage of private health practitioners was dominant in the ILGRP areas at 48%, much higher than in both the SPADA and USDRP areas at 28% and 32% respectively.

Table 3.3.2 Access to Health Services (Last Visit)

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Time of Last Visit to a Health Service (%)					
Last week	16.20	16.90	19.15	15.83	16.66
Less than 1 month ago	23.81	23.27	23.40	26.25	23.72
Less than 3 months ago	20.97	17.77	19.39	16.46	19.81
Less than 6 months ago	9.48	8.07	10.18	10.63	9.22
Less than 1 year ago	7.09	7.32	6.65	7.92	7.14
In the last 1 to 2 years	7.77	7.65	7.13	7.92	7.68
More than 2 years ago	9.80	9.94	9.94	10.00	9.86
Never	4.88	9.08	4.17	5.00	5.91
N (households)	7,773	3,360	1,248	480	12,861
For Those Who Visited a Health Service Provider During the Last Two Years, Type of Health Service Provider at Last Visit (%)					
Public hospital	8.66	7.75	7.37	11.76	8.42
Public health center (*puskesmas*)	26.96	35.61	27.52	28.68	29.25
Secondary *puskesmas (pustu)*	12.65	18.04	10.26	12.01	13.75
Village maternity post (*polindes*)	2.32	6.28	2.15	0.00	3.21
Mobile *puskesmas*	0.48	1.40	0.37	0.00	0.68
Private hospital	4.25	1.80	1.96	10.54	3.65
Private clinic	2.26	1.07	2.15	4.66	2.04
Private health practitioner: physician	13.07	4.34	8.68	21.08	10.74
Private health practitioner: midwife	17.63	11.47	21.83	6.86	16.09
Private health practitioner: nurse	11.72	12.24	17.72	4.41	12.17
N (households)	6,632	2,721	1,072	408	10,833
For Those Who Visited a Health Service Provider During the Last Two Years, Person who Delivered Medical Treatment to the Patient at Last Visit (%)					
Physician	40.43	26.72	33.21	68.87	37.34
Midwife	31.75	33.85	37.32	17.89	32.30
Nurse	27.76	39.36	29.37	13.24	30.29
Other	0.06	0.07	0.09	0.00	0.06
N (households)	6,624	2,721	1,069	408	10,822
Average cost of medical treatment at last visit (rupiah)	151,200 (1,136,289)	59,984 (342,841)	64,028 (318,244)	172,277 (661,573)	120,432 (920,870)
N (households)	6,572	2,696	1,067	404	10,739

Note: Standard deviations in parentheses

This pattern of usage for health providers underscores the importance of *puskesmas* in delivering health services to the Indonesian population. *Puskesmas* are the dominant choice for households in rural areas, which may be due to the presence of *puskesmas* in most subdistricts, even down to the village level when pustu are included, but they are also used by a large proportion of households in urban areas. In contrast, hospitals, both public and private, are mostly utilized by urban households. This suggests that a gap in access to hospitals between urban and rural residents.

When a patient visits a health provider, in most cases they are treated by a physician, a midwife, or a nurse. The table shows that on average, the proportions of patients treated by the three different types of medical persons at their last visit were similar, with 37% of patients treated by physicians, 32% by midwives, and 30% by nurses. However, there are sharp differences in this pattern across areas, in particular between USDRP (urban) and SPADA (rural) areas. In the USDRP areas, 69% of patients were treated by physicians and only 18% and 13% respectively were treated by midwives and nurses. In the SPADA areas, only 27% of patients were treated by physicians, while 34% and 39% respectively were treated by midwives and nurses. This clearly shows the existence of a large gap in access to medical doctors between urban and rural residents.

Table 3.3.3 shows the health service providers most frequently visited by household respondents. The pattern is quite similar to the last visited health provider, both on average and for each type of area. However, the figures for hospitals, both public and private, indicate that a significantly lower proportion of households stated that a hospital was the most frequently visited health provider than those whose last visit to a health provider was to a hospital.

Table 3.3.3 Access to Health Services (Most Frequently Visited)

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Most Frequently Visited Health Service Provider (%)					
Public hospital	4.37	3.80	3.43	8.11	4.27
Public health center (*puskesmas*)	31.17	37.91	30.85	38.60	33.12
Secondary *puskesmas* (*pustu*)	15.32	20.26	12.54	12.72	16.20
Village maternity post (*polindes*)	2.46	6.38	2.76	0.00	3.39
Mobile *puskesmas*	0.20	1.18	0.17	0.00	0.44
Private hospital	2.57	0.92	0.42	6.80	2.10
Private clinics	1.96	0.92	1.51	4.17	1.74
Private health practitioner: physician	11.27	3.40	8.19	19.08	9.27
Private health practitioner: midwife	16.82	10.67	19.23	4.39	15.04
Private health practitioner: nurse	12.48	13.00	19.65	3.95	13.00
Have not visited any health service providers in last 5 years	1.37	1.57	1.25	2.19	1.44
N (households)	7,394	3,055	1,196	456	12,101
Location of the Most Frequently Visited Health Service Provider (%)					
In the same village	53.42	50.55	51.06	51.79	52.40
Outside village	46.58	49.45	48.94	48.21	47.60
N (households)	7,293	3,007	1,181	446	11,927

Interestingly, the table shows similar proportions of households whose most frequently visited health provider is located within their village (52%) to those whose most frequently visited health provider is located outside their village (48%). This pattern is similar across all areas.

Table 3.3.4 Average Number of *Puskesmas* Patients per Day and Proportion of Poor Patients

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Average number of *puskesmas* patients per day (persons)	42.10 (38.46)	26.02 (27.08)	30.69 (24.50)	73.61 (50.49)	38.37 (36.72)
N (*puskesmas*)	504	186	78	29	797
Proportion of poor patients (of previous week's visits) at *puskesmas* (%)	30.23 (25.77)	45.41 (29.28)	34.93 (40.30)	28.73 (19.87)	34.14 (28.81)
N (*puskesmas*)	503	183	78	29	793

Note: Standard deviations in parentheses

Table 3.3.4 provides the average number of *puskesmas* patients per day. The table shows that *puskesmas* treated an average of 38 patients each day. Around 34% of these patients were considered poor, but there were large differences across areas. In USDRP areas, *puskesmas* treat an average of 74 patients per day. This is more than double the daily patient numbers in SPADA (26) and ILGRP areas (31). However, the proportion of poor patients is highest in the SPADA areas (45%) and lowest in the USDRP areas (29%). This implies that the majority of *puskesmas* patients, particularly in urban areas, are not considered to be poor. Even in rural areas, less than half of *puskesmas* patients are poor. This indicates that access of the poor to *puskesmas* is still in need of improvement. One way to do this is by providing poor patients with subsidized transportation costs whenever they need to visit *puskesmas* for medical treatment.

3.4 Village Administration Service

The access to village service administration is assessed using variables related to people's experiences in obtaining an identity card (KTP). All Indonesians aged 17 years and above are legally required to have a KTP. This identity card provides information on the legal residence of the beholder. It is often required as a proof of identity when dealing with various government institutions as well as private institutions (such as banks). Some of the poor, however, do not have a KTP because they consider the cost of obtaining one to be too high. This can form an obstacle for the poor to benefit from various government programs, as a KTP is often a requirement for receiving benefits. The validity period of a KTP has recently been extended from 3 to 5 years.

Table 3.4.1 shows that 61% of households have a member who has obtained a KTP during the past 2 years. Of these households, 74% claimed to be aware of the official procedure for obtaining a KTP. Nevertheless, the use of informal intermediaries (*perantara*) is prevalent in efforts to obtain a KTP, with around 47% of households having used them. The average length of time needed to obtain a KTP is 15 days. This indicates that the process of obtaining a KTP is not straightforward and may explain why many people opt to use an intermediary, even though they are aware of the official procedure.

Table 3.4.1 Access to Village Administration Services

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
A member of the household has obtained a KTP in the last 2 years (%)	59.99	59.82	66.83	63.33	60.73
N (households)	7,773	3,360	1,248	480	12,861
Of Those Who have Obtained a KTP in the Last Two Years					
Aware of the official procedure for obtaining a KTP (%)	73.82	71.64	74.46	82.89	73.68
Used an informal intermediary to obtain a KTP (%)	50.59	38.41	46.28	39.47	46.56
Average length of time to obtain a KTP (days)	15.05 (33.97)	17.57 (36.92)	9.65 (23.59)	7.36 (11.36)	14.82 (33.33)
N (households)	4,605	1,992	831	299	7,727

Note: Standard deviations in parentheses

The proportion of households that have a member who has obtained a KTP during the past 2 years is similar across areas. However, the highest proportion of those who claimed to know the official procedure for obtaining a KTP was found in USDRP areas (83%) and the lowest in SPADA areas (72%). Interestingly, similar percentages in both areas use informal intermediaries, at 39% and 38% respectively. In fact, the use of informal intermediaries is highest in ILGRP areas at 46%. The average length of time needed to obtain a KTP is highest in the SPADA areas at around 18 days or almost three weeks, while the lowest is in the USDRP areas at around 7.4 days or one week.

Apparently, the use of informal intermediaries is not related to knowledge of the official procedure for obtaining a KTP. The areas with the highest and lowest proportions of people who claimed to know about the official procedure have the same incidence of the use of intermediaries. Furthermore, the use of intermediaries does not seem to speed up the process, as there is a very large difference in the time needed to complete the process of obtaining a KTP between the two areas with the same incidence of intermediary use.

Table 3.4.2 provides more detail about the use of informal intermediaries in obtaining a KTP. Those who used informal intermediaries were asked to identify whether or not the cost of obtaining a KTP that they reported included the payment made to the intermediaries. In many cases people were asked to pay a lump sum by the intermediary, so they were not aware of how much they paid for the intermediary and how much they paid for the KTP. In other cases, however, people were asked to pay for the intermediary separately. The table indicates that the average cost of obtaining a KTP was Rp16,892, excluding payments for intermediaries.[5] If payments for intermediaries are included, the cost increased to an average of Rp21,357, implying that the average payment to an intermediary was Rp4,465 or around 26% of the total cost.

[5]This figure is by no means the official cost of obtaining a KTP. Often unofficial or extra charges for various services were applied on top of the official cost.

Table 3.4.2 The Use of Informal Intermediaries to Access Village Administration Services

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
For Those Who Used Informal Intermediaries to Obtain a KTP					
Average cost to obtain a KTP, including payment for informal intermediary (rupiah)	20,885.6 (16,869.8)	22,390.6 (12,675.0)	20,980.1 (10,674.0)	25,989.7 (15,778.7)	21,357.1 (15,610.8)
N (households)	1,753	466	277	97	2,593
Average cost of obtaining a KTP, excluding payment for informal intermediary (rupiah)	15,320.6 (13,005.9)	18,765.5 (9,491.8)	18,791.3 (11,204.8)	20,277.8 (6,294.8)	16,891.8 (11,828.3)
N (households)	471	258	103	18	850
Status of the Informal Intermediaries (%)					
Village officials	76.13	84.46	81.87	82.50	78.72
RT/RW/dusun officials	10.09	6.48	6.99	10.83	9.02
Former village leader officials	0.93	0.91	0.26	2.50	0.91
Professional services agency	1.65	0.78	0.78	0.00	1.32
Family/friend/neighbor	2.33	3.76	3.11	1.67	2.69
Collective	6.23	0.00	3.11	0.00	4.37
Others	2.37	2.85	3.63	2.50	2.61
Don't know	0.25	0.78	0.26	0.00	0.36
N (households)	2,359	772	386	120	3,637

Note: Standard deviations in parentheses

The average cost of obtaining a KTP, excluding payments for intermediaries, is highest in USDRP areas at Rp20,278 and lowest in SPADA areas at Rp18,766—a surprisingly low difference between urban and rural areas. Similarly, the average payment for an intermediary is highest in USDRP areas at Rp5,712 and lowest in ILGRP areas at Rp2,189. The relatively lower payment for intermediaries in ILGRP areas suggests that the high incidence of intermediary use in those areas is driven by a higher supply of intermediaries rather than higher demand from users.

Furthermore, the table shows that most informal intermediaries are village officials, constituting 79% of all intermediaries. The next largest group of intermediaries is RT/RW/Dusun (community/neighborhood) officials, basically village officials, at 9%. This pattern, where officials make up around 90% of all informal intermediaries, is relatively consistent across areas. This clearly indicates that village and lower-level officials use the process of obtaining KTP as an opportunity to supplement their incomes.

Table 3.4.3 shows the official procedure for obtaining a KTP as acknowledged by village heads (*kepala desa/lurah*) and hamlet heads (*kepala dusun/kadus*). According to the village heads it takes 5 days on average to obtain a KTP, while according to the hamlet heads it takes 8 days. The difference perhaps can be explained by the time needed to transfer applications and KTP between the hamlet and the village. However, the actual time taken to obtain a KTP as shown in Table 3.4.1, was 15 days—three times longer than the official procedure as stated by the village heads. Unfortunately, all areas show a consistently large discrepancy between the official procedure and the people's actual experiences of obtaining a KTP.

The responses of village and hamlet heads on the average cost of obtaining a KTP exhibit a similar difference. According to village heads, the average cost is Rp Rp12,896, while according to the hamlet heads the average cost was Rp16,245. Again, the difference can perhaps be explained by the cost of transferring applications and KTP between the hamlet and the village. The actual cost reported by households is Rp16,892 excluding payments for informal intermediaries, or 4% higher than the average official cost as stated by the hamlet heads. The differences between the actual and official cost of obtaining a KTP vary widely across areas. In the nonproject and SPADA areas, there is practically no difference between the actual and official cost. In the ILGRP and USDRP areas, however, the differences are 15% and 33% respectively. This suggests that profit-seeking activities are more prevalent in more urbanized areas.

Both village heads and hamlet heads were asked whether village officials conduct activities to disseminate the official procedure for obtaining a KTP. Around 82% of village heads claimed that the officials in their villages did conduct dissemination activities, but only 58% of the hamlet heads confirmed this. This implies that a significant part of dissemination efforts are limited in their outreach, and perhaps are mostly delivered to the people who attend village offices to apply for a KTP. Based on the information from village heads, the proportion of villages which disseminate the official procedure for obtaining a KTP is highest in the ILGRP areas at almost 90% and lowest in the SPADA areas at around 75%. However, discrepancies with the information provided by hamlet heads are found in all areas, and are particularly large in SPADA and ILGRP areas.

According to hamlet heads, 62% of people use intermediaries when they need to obtain a KTP. This figure is significantly higher than actual incidence reported by households in Table 4.3.1, which is only 47%. The discrepancy could indicate different understandings about who are considered to be intermediaries, particularly as most intermediaries are village officials. This phenomenon occurs in all areas, but is greatest in SPADA areas, where the discrepancy reaches 26 percentage points.

Table 3.4.3 Village Head and Hamlet Head Perspectives on the Procedure to Obtain a KTP

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Village Heads					
Official time taken to obtain a KTP (days)	5.00 (10.70)	7.15 (13.21)	2.32 (2.31)	2.66 (2.66)	5.20 (10.81)
N (village heads)	517	202	77	29	825
Average official cost of obtaining a KTP (rupiah)	11,541.0 (8,351.3)	16,130.2 (11,028.2)	12,552.0 (6,158.9)	15,166.7 (27,139.9)	12,896.0 (10,320.6)
N (village heads)	520	205	77	30	832
Village officials who disseminate the official procedure for obtaining a KTP (%)	83.62	75.12	89.74	83.33	82.06
N (village heads)	519	209	78	30	836
Hamlet Heads					
Official time taken to obtain a KTP (days)	7.47 (12.59)	10.51 (18.00)	3.74 (7.41)	7.64 (12.45)	7.87 (13.88)
N (hamlet heads)	1,028	406	155	59	1,648
Average official cost of obtaining a KTP (rupiah)	15,619.2 (11,630.6)	18,324.7 (13,439.6)	15,990.4 (7,154.2)	13,584.8 (9,312.7)	16,244.9 (11,751.0)
N (hamlet heads)	1,032	405	156	59	1,652
Village officials who disseminate the official procedure for obtaining a KTP (%)	60.17	47.46	65.38	72.88	57.96
N (hamlet heads)	1,037	413	156	59	1,665
Average proportion of people who employed informal intermediaries to obtain a KTP (%)	62.27	64.86	55.56	57.38	61.86
N (hamlet heads)	758	213	124	37	1,132

Note: Standard deviations in parentheses

3.5 Access to Information

The indicator of access to information is measured mostly at the village level, by examining the public accessibility of information regarding the village budget and development programs and also people's awareness of the existence of the village representative body (BPD[6] or DK) in their villages. This village-level indicator is complemented by household knowledge of updated information at the district and national levels as well as the media that is used to access the information.

Table 3.5.1 shows that only 15% of households have received information related to the village budget and that only 25% have received information related to village development programs. The relatively low proportion of villagers who are informed about these village matters is common, with little difference across the World Bank project areas. Apparently, in the year prior to the survey, most villages do not socialize their budgets and programs to their most important stakeholders—the villagers. Furthermore, this indicates that participatory planning and budgeting practices are still far from being a reality in most villages.

[6]According to Law No.32/2004 on Regional Governments, BPD is called *badan permusyawaratan desa* or village consultative body. It is more commonly referred to as *badan perwakilan desa* or village representative body.

Table 3.5.1 Access to Information at the Household Level

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Information that Respondents Received During the Past Year (%)					
Village budget	13.64	17.44	17.47	15.21	15.06
Village development programs	23.45	27.44	30.45	24.38	25.21
Knowledge of the existence of the village representative body (BPD/DK)	44.49	57.47	53.45	25.83	48.05
N (households)	7,773	3,360	1,248	480	12,861
For Those Who Know About the Existence of the BPD/DK					
Have there have been any complaints/criticisms to BPD/DK in the past year?					
Yes	40.14	45.21	38.08	38.71	41.47
No	44.19	43.86	48.13	49.19	44.61
Don't know	15.67	10.93	13.79	12.10	13.92
N (households)	3,458	1,931	667	124	6,180
If yes, did the BPD/DK respond to the complaints/criticisms?					
Yes	74.14	71.59	79.92	81.25	73.98
No	18.73	17.87	15.35	14.58	18.03
Don't know	7.13	10.54	4.72	4.17	8.00
N (households)	1,388	873	254	48	2,563
Access to Updated News (%)					
Follow the district updated news	37.09	28.24	29.17	50.21	34.50
Follow national updated news	46.98	25.95	49.36	65.42	42.41
Have Access to Information During the Past Week Using the Following Media (%)					
Radio	39.08	35.21	43.67	44.38	38.71
Television	80.33	62.62	82.13	88.13	76.17
National newspaper	11.77	5.57	8.25	26.04	10.34
Local newspaper	19.98	13.90	15.14	38.96	18.63
Internet	1.02	0.27	0.72	4.38	0.92
N (households)	7,773	3,360	1,248	480	12,861

Awareness of the existence of BPD/DK (48% of households) is better than the two previous indicators. Interestingly, more people in rural areas know of the existence of BPD/DK than in urban areas. This is shown by the fact that in SPADA areas more than 57% of households are aware of the BPD/DK, compared to only 26% of households in USDRP areas.

BPD/DK, as the lowest-level representative body, seem to be reasonably responsive to the people they represent. Of the people who are aware that BPD/DK exist, 41% also know of complaints or criticisms directed towards the BPD/DK during the previous year. In these cases, around 74% of households advised that the BPD/DK responded to the complaint or criticism.

The incidence of complaints or criticisms directed at BPD/DK in the past year seems to be highest in SPADA areas. Forty-five percent of households in SPADA areas are aware of such complaints or criticisms, while the proportions in ILGRP and USDRP areas are only 38%

and 39% respectively. However, BPD/DK seem to be more responsive in the urban and semiurban areas. When complaints or criticisms have arisen, 81% of households in USDRP areas and 80% in ILGRP areas stated that the BPD/DK addressed the issues, while the figure in the SPADA areas is only 72%.

In terms of following updated information, in general more households follow updated national information (42%) than district information (35%). SPADA areas are the exception, where more people follow updated district information (28%) than national information (26%). Not surprisingly, USDRP areas have the highest proportion of households that follow updated information at both the national (65%) and district (50%) levels. The most popular media used to access information is television (76%), followed by radio (39%) and local newspapers (19%). Only 10% of households access information through national newspapers and less than 1% of households use the internet. Even in USDRP (urban) areas only 4% of households use the internet.

Table 3.5.2 provides village head perspectives on the accessibility of information. A comparison with household perspectives indicates that information accessibility at the village level is much higher than the proportions of households that actually access the information. For example, even though 97% of villages are able to access radio broadcasts, only 39% of households listen to the radio for updated information. A similar trend emerged for other media such as television and newspapers. Even for village information such as the village budget, while 90% of village heads claim to have disseminated the budget, only 15% of households are aware of their village budgets. This situation is prevalent across all areas.

Table 3.5.2 Access to Information according to Village Heads

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Village Information Can be Accessed by the Following Media (%)					
Radio	96.74	95.22	98.72	100.00	96.66
National television	95.78	90.91	100.00	96.67	94.99
National newspaper	60.65	23.92	53.85	80.00	51.55
Local newspaper	80.23	55.50	75.64	96.67	74.22
Local television	62.38	38.28	61.54	76.67	56.80
Internet	26.68	4.78	7.69	63.33	20.76
N (village heads)	521	209	78	30	838
Only for Villages with the Administrative Status of 'Desa'					
The 2005 village budget has been disseminated	89.66	86.52	95.16	100.00	89.84
N (village heads)	290	89	62	2	443

3.6 Police Services

In Indonesia, police services have not been decentralized. Nevertheless, as police services provide an important service to people at the local level, they have been included in the GDS2 assessment of public services. Table 3.6.1 shows household assessments of police services. In the 2 years prior to the survey, 19% of households have accessed police services. USDRP areas have the highest proportion of households that have accessed police services (32%), while SPADA areas have the lowest proportion (10%). This indicates that there is a higher demand for police services in urban areas than in rural areas or that police services are more difficult to access in rural areas.

Of those households who have accessed police services in the past 2 years, 29% were asked to pay "settlement money", a euphemism for a bribe. The highest incidence of bribe-taking also occurred in USDRP areas (39%) and the lowest occurred in SPADA areas (27%). Apparently the higher demand for police services in urban areas has led to a higher incidence of bribe-taking, perhaps to speed up processes for individuals to enable them to jump the queue. Forty-eight percent of households acknowledged that they have seen the police visiting their communities whilst on duty. This incidence of community policing is similar across almost all areas.

Fifteen percent of households have a member who has obtained a driving license in the past 2 years, implying that around 80% of households that accessed police services in that time did so in order to obtain a driving license. This phenomenon is similar across areas. Around 80% of households claim to know the official procedure for obtaining a driving license, with equally high proportions across all areas. The average length of time taken to obtain a driving license is similar across areas at around 2 to 3 days, except in SPADA areas, where it takes 6 days on average.

Table 3.6.1 Access to Police Services: Household Perspectives

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Accessing Police Services in the Last 2 Years					
Respondent or any other household member has accessed police services (%)	22.18	10.33	18.91	32.29	19.14
N (households)	7,773	3,360	1,248	480	12,861
Respondent who accessed police services and were asked to pay "settlement money" (%)	28.54	26.51	30.93	39.35	29.16
N (households)	1,724	347	236	155	2,462
Community Policing in the Last Two Years					
Police have visited the community during their duties (%)	46.67	51.99	48.72	51.25	48.43
N (households)	7,773	3,360	1,248	480	12,861
Obtaining a Driving License in the Last Two Years					
Respondent or any other household member has obtained a driving license (%)	17.16	9.43	15.79	25.63	15.33
N (households)	7,773	3,360	1,248	480	12,861
Those Who Obtained a Driving License in the Last Two Years					
Know about the procedure to obtain a driving license (%)	83.96	83.28	86.29	90.24	84.47
N (households)	1,334	317	197	123	1,971
Average length of time to obtain a driving license (days)	2.71 (7.29)	6.04 (17.82)	2.15 (4.24)	2.01 (4.61)	2.01 (4.61)
N (households)	1,325	314	197	123	1,959
Employed informal intermediaries to obtain a driving license (%)	37.71	25.87	29.44	47.97	35.62
N (households)	1,334	317	197	123	1,971
Average cost of obtaining a driving license, including payment for an informal intermediary (rupiah)	222,574.0 (99,425.9)	254,446.2 (112,512.2)	263,061.2 (142,473.7)	292,169.8 (143,377.9)	235,353.1 (111,247.2)
N (households)	439	65	49	53	606

Table 3.6.1 Continued

Description		Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Average cost of obtaining a driving license, not including payment for an informal intermediary (rupiah)		185,364.6 (103,260.7)	229,062.5 (114,006.1)	185,000.0 (49,434.3)	170,400.0 (52,709.6)	193,326.9 (98,922.9)
N (households)		48	16	9	5	78
Status of the Informal Intermediaries						
Police officer/staff	(N)	397	68	48	50	563
	(%)	78.93	82.93	82.76	84.75	80.20
Professional Service	(N)	67	5	7	6	85
	(%)	13.32	6.10	12.07	10.17	12.11
Village official	(N)	24	7	3	1	35
	(%)	4.77	8.54	5.17	1.69	4.99
Former police officer	(N)	5	0	0	0	5
	(%)	0.99	0.00	0.00	0.00	0.71
Other	(N)	8	2	0	1	11
	(%)	1.59	2.44	0.00	1.69	1.57
Don't know	(N)	2	0	0	1	3
	(%)	0.40	0.00	0.00	1.69	0.43
Total	(N)	503	82	58	59	702
	(%)	100.00	100.00	100.00	100.00	100.00

Note: Standard deviations in parentheses

One factor that can help explain the differences in the time needed to obtain a driving license is the use of informal intermediaries. However, this factor cannot explain all or even a large part of the differences, as the use of intermediaries in SPADA and ILGRP areas does not differ significantly. In general, 36% of households used intermediaries when obtaining a driving license. The use of intermediaries is highest in the USDRP areas at 48%, while in the SPADA and ILGRP areas the figures are only 26% and 28% respectively. Around 80% of the intermediaries were police officers. This phenomenon is similar across all areas.

The official tariff for acquiring a new driving license is Rp75,000, while the tariff for a driving license renewal is Rp60,000.[7] In addition, a driving license applicant is required to take a medical test costing approximately Rp50,000. Hence, in total, the official cost for obtaining a new driving license is Rp125,000 and about Rp110,000 for a license renewal. However, the survey findings show a huge discrepancy between the official cost and the actual cost paid by driving license applicants. The actual average cost paid by an applicant to obtain a driving license, not including the payment for an intermediary, was Rp193,327, which is 55% higher than the official cost. If the payment for an intermediary is included, the total cost increased to Rp235,353, implying that the payment to an intermediary on average was Rp42,026, which is equal to 34% of the official cost. This means that the total cost paid by a driving license applicant if an informal intermediary is employed is almost 90% higher than the official cost.

[7]The tariff is the same for all types of driving license. Tariffs based on Government Regulation (PP) No. 31/2004 on Nontax National Income Tariffs for the Indonesian National Police.

If an intermediary was not employed, the highest average cost of obtaining a driving license was reported in SPADA areas, at Rp229,063 or 83% higher than the official cost. The lowest average cost was found in the USDRP areas, at Rp170,400 or 36% higher than the official cost. If an intermediary was employed, the highest average payment for the intermediary was found in USDRP areas, at Rp121,770 or 97% of the official cost, while the lowest was in the SPADA areas, at Rp25,384 or 20% of the official cost. Recalling that USDRP areas have the highest incidence of the use of intermediaries and SPADA areas have the lowest, it seems that the very high payments for intermediaries in USDRP areas are mostly driven by a high demand for their services.

3.7 Conflict and Securities

The GDS2 questionnaire asked respondents about disputes and conflicts that have occurred in their village during the 2 years prior to the survey. Tables 3.7.1 and 3.7.2 respectively show household and village head perspectives on disputes and conflicts that have occurred in their village. Interestingly, village heads reported two to three times more incidences of disputes and conflicts than households reported. It is quite plausible that village heads know more about disputes and conflicts that have occurred in their village than households. However, household satisfaction with dispute and conflict resolutions was also much lower than that of the village heads.

Households and village heads agreed on the three most important issues causing disputes and conflicts, although they differed on the share of total conflicts that these issues caused. According to households, the three types of disputes and conflicts that occurred most frequently were related to crime (16%), land or building issues (13%), and marriage, divorce, or inheritance (11%). Village heads stated that the three most frequently occurring types of disputes and conflicts were related to land or building issues (41%), crime (36%), and marriage, divorce, or inheritance (36%). Across areas, from the household accounts, the highest incidence of the three most prevalent types of disputes and conflicts occurred in ILGRP areas. According to village heads, these types of disputes and conflicts mostly occurred in USDRP areas.

In general, the majority of both households and village heads are satisfied with the resolutions of disputes and conflicts that had occurred in their village. Household dissatisfaction with the resolution of cases of disputes and conflicts stemming from abuse of power or authority is an exception. Generally, village heads have a higher rate of satisfaction with dispute and conflict resolution than households.

The indicators for security are measured from the responses to questions about security from physical threats and violence and security for valuable assets ownership. Respondents were asked to assess the current security level and compare it with the situation 2 years ago. Table 3.7.3 shows that for both security indicators, more than 80% of households felt secure at the time of the study and more than 60% felt that the security level had increased from 2 years previously. This is true for all areas.

Table 3.7.1 Household Perspectives on Disputes and Conflicts

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Type of Disputes/Conflicts that have Occurred in the Last Two Years (%)					
Land/building	12.79	14.17	15.22	11.46	13.33
Crime	16.90	13.96	19.55	17.50	16.41
Abuse of power/authority	2.73	2.38	4.09	2.71	2.77
Marriage/divorce/inheritance	11.01	10.15	13.62	6.04	10.85
Domestic violence	7.40	8.72	6.65	5.42	7.60
Election (national, local, village)	3.59	2.86	2.48	1.67	3.22
Ethnicity/religion	1.97	2.08	1.36	2.92	1.97
N (households)	7,773	3,360	1,248	480	12,861
Satisfaction Level of the Resolution in Cases of Disputes/Conflict (%)					
Land/building					
Very satisfied	4.75	9.40	2.15	11.54	5.97
Satisfied	50.77	57.26	47.85	40.38	51.94
Dissatisfied	29.10	21.15	31.18	32.69	27.22
Extremely dissatisfied	3.92	1.92	2.69	0.00	3.10
Don't know	11.46	10.26	16.13	15.38	11.76
N (households)	969	468	186	52	1,675
Crime					
Very satisfied	5.60	5.30	5.91	3.75	5.50
Satisfied	52.84	56.95	54.43	47.50	53.74
Dissatisfied	26.10	24.72	24.47	30.00	25.76
Extremely dissatisfied	3.12	2.43	2.95	3.75	2.97
Don't know	12.33	10.60	12.24	15.00	12.04
N (households)	1249	453	237	80	2,019
Abuse of power/authority					
Very satisfied	4.79	4.41	6.38	9.09	5.10
Satisfied	38.83	48.53	38.30	9.09	39.81
Dissatisfied	42.02	32.35	31.91	54.55	38.85
Extremely dissatisfied	5.85	4.41	14.89	0.00	6.69
Don't know	8.51	10.29	8.51	27.27	9.55
N (households)	188	68	47	11	314
Marriage/divorce/inheritance					
Very satisfied	8.47	6.85	4.14	7.14	7.51
Satisfied	65.27	73.21	67.46	53.57	67.25
Dissatisfied	13.60	8.93	11.83	21.43	12.40
Extremely dissatisfied	0.48	1.79	0.59	0.00	0.80
Don't know	12.17	9.23	15.98	17.86	12.04
N (households)	838	336	169	28	1,371

Table 3.7.1 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Domestic Violence					
Very satisfied	7.21	14.29	5.00	3.85	9.04
Satisfied	70.83	71.43	76.25	53.85	71.00
Dissatisfied	9.49	5.23	13.75	34.62	9.25
Extremely dissatisfied	0.88	0.35	0.00	0.00	0.62
Don't know	11.60	8.71	5.00	7.69	10.08
N (households)	569	287	80	26	962
Election (national, local, village)					
Very satisfied	8.27	10.75	3.33	0.00	8.31
Satisfied	56.02	69.89	70.00	75.00	60.71
Dissatisfied	24.06	9.68	13.33	25.00	19.90
Extremely dissatisfied	3.38	0.00	0.00	0.00	2.27
Don't know	8.27	9.68	13.33	0.00	8.82
N (households)	266	93	30	8	397
Ethnicity/Religion					
Very satisfied	11.92	9.09	5.88	23.08	11.34
Satisfied	65.56	65.15	76.47	69.23	66.40
Dissatisfied	15.89	16.67	11.76	7.69	15.38
Extremely dissatisfied	0.00	1.52	5.88	0.00	0.81
Don't know	6.62	7.58	0.00	0.00	6.07
N (households)	151	66	17	13	247

Table 3.7.2 Village Head Perspectives on Disputes and Conflicts

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Types of Conflict that have Occurred in the Last Two Years (%)					
Land/building	42.03	36.84	43.59	53.33	41.29
Crime	38.00	25.84	42.31	53.33	35.92
Abuse of power/authority	5.95	3.83	10.26	13.33	6.09
Marriage/divorce/inheritance	34.93	24.40	44.87	46.67	33.65
Domestic violence	19.96	18.66	15.38	20.00	19.21
Election (national, local, village)	6.72	6.22	2.56	6.67	6.21
Ethnicity/religion	3.26	2.87	2.56	3.33	3.10
N (village heads)	521	209	78	30	838
Level of Satisfaction with the Resolution of Dispute/Conflict that has Occurred (%)					
Land/building					
Very satisfied	15.07	5.26	14.71	62.50	12.17
Satisfied	59.82	67.11	70.59	25.00	62.61
Dissatisfied	14.16	21.05	11.76	6.25	15.94
Extremely dissatisfied	2.74	1.32	0.00	0.00	2.32
Don't know	8.22	5.26	2.94	6.25	6.96
N (village heads)	219	76	34	16	345
Crime					
Very satisfied	11.28	7.84	15.15	12.50	11.19
Satisfied	68.21	68.63	54.55	56.25	66.10
Not satisfied	13.33	15.69	24.24	6.25	14.58
Extremely dissatisfied	0.51	1.96	3.03	0.00	1.02
Don't know	6.67	5.88	3.03	25.00	7.12
N (village heads)	195	51	33	16	295
Abuse of power/authority					
Very satisfied	22.58	12.50	12.50	0.00	17.65
Satisfied	41.94	62.50	87.50	50.00	52.94
Dissatisfied	29.03	0.00	0.00	25.00	19.61
Extremely dissatisfied	3.23	25.00	0.00	0.00	5.88
Don't know	3.23	0.00	0.00	25.00	3.92
N (village heads)	31	8	8	4	51
Marriage/divorce/inheritance					
Very satisfied	16.11	9.80	11.76	0.00	13.62
Satisfied	69.44	76.47	73.53	85.71	72.04
Dissatisfied	7.78	1.96	8.82	0.00	6.45
Extremely dissatisfied	0.56	0.00	0.00	0.00	0.36
Don't know	6.11	11.76	5.88	14.29	7.53
N (village heads)	180	51	34	14	279

Table 3.7.2 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Domestic violence					
Very satisfied	17.31	12.82	16.67	0.00	15.53
Satisfied	71.15	79.49	58.33	83.33	72.67
Dissatisfied	8.65	2.56	16.67	0.00	7.45
Extremely dissatisfied	0.00	0.00	0.00	0.00	0.00
Don't know	2.88	5.13	8.33	16.67	4.35
N (village heads)	104	39	12	6	161
Elections (national, local, village)					
Very satisfied	20.00	0.00	0.00	0.00	13.46
Satisfied	51.43	69.23	100.00	0.00	57.69
Dissatisfied	17.14	23.08	0.00	50.00	19.23
Extremely dissatisfied	2.86	0.00	0.00	50.00	1.92
Don't know	8.57	7.69	0.00	0.00	7.69
N (village heads)	35	13	2	2	52
Ethnicity/religion					
Very satisfied	29.41	0.00	0.00	0.00	20.00
Satisfied	58.82	60.00	100.00	100.00	64.00
Dissatisfied	5.88	40.00	0.00	0.00	12.00
Extremely dissatisfied	0.00	0.00	0.00	0.00	0.00
Don't know	5.88	0.00	0.00	0.00	4.00
N (village heads)	17	5	2	1	25

Table 3.7.3 Household Perspectives on Security Conditions

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Current Level of Security from Physical Threat/Violence (%)					
Secure	86.77	86.85	90.22	90.63	87.27
Fairly secure	10.79	10.89	8.65	7.50	10.49
Not secure	2.39	2.05	1.12	1.88	2.16
Extremely insecure	0.04	0.21	0.00	0.00	0.08
Current Level of Security from Physical Threat/Violence Compared to Two Years Ago (%)					
Increased	60.88	62.20	62.90	63.96	61.53
About the same	32.05	29.55	31.25	29.38	31.22
Decreased	6.02	7.14	4.97	4.79	6.17
Not relevant	0.69	0.54	0.48	1.88	0.68
Don't know	0.36	0.57	0.40	0.00	0.4
Current Level of Security of Valuable Assets (%)					
Secure	82.03	80.30	83.81	81.04	81.71
Fairly secure	12.98	14.79	10.90	12.29	13.23
Not secure	4.95	4.85	5.05	6.67	5.00
Extremely insecure	0.04	0.06	0.24	0.00	0.06
Current Level of Security of Valuable Assets Compared to Two Years Ago (%)					
Increasing	60.79	58.66	64.34	61.67	60.61
About the same	32.30	33.57	28.69	30.00	32.20
Decreasing	5.67	6.70	6.49	6.25	6.04
Not relevant	0.67	0.42	0.32	1.88	0.61
Don't know	0.57	0.65	0.16	0.21	0.54
N (households)	7,773	3,360	1,248	480	12,861

3.8 Participation and Social Capital

Participation here is assessed by looking at the participation of household members in the PKPS-BBM Village Infrastructure (IP) activities and comparing current participation levels in any village programs or activities with that of 2 years ago. Table 3.8.1 shows that the proportion of households which are aware that their village received the PKPS-BBM IP is relatively low, at 23%. The highest proportion is found in SPADA areas (33%) and the lowest in ILGRP areas (20%). Thirty-three percent of those who are aware of the program have participated. The highest participation rate is found in the SPADA areas (42%) and the lowest in USDRP areas (22%).

Approximately one-half of households stated that their level of participation in village activities had remained the same as 2 years ago, while around one-third feel that their participation has increased. Ten percent of households said that their participation has decreased. These proportions are similar across all areas.

Table 3.8.1 Household Knowledge of and Participation in Village Programs/Activities

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Aware that the Village Received the PKPS-BBM Infrastructure Program (%)					
Yes	19.17	32.92	19.55	29.17	23.17
No	58.48	50.09	58.25	46.67	55.83
Don't know	22.35	16.99	22.20	24.17	21.00
N (households)	7,773	3,360	1,248	480	12,861
If Aware that the Village Received the PKPS-BBM Infrastructure Program					
At least one household member participated in the program (%)	27.32	41.77	35.25	22.14	33.09
N (households)	1,490	1,106	244	140	2,980
Current Participation of Household Members in Any Village Programs/Activities Compared to Two Years Ago (%)					
Increased	31.61	33.76	35.10	33.75	32.59
About the same	50.92	47.57	49.04	49.58	49.81
Decreased	10.11	9.94	10.58	10.83	10.14
Not relevant	3.11	2.59	2.56	2.71	2.91
Don't know	4.25	6.13	2.72	3.13	4.55
N (households)	7,773	3,359	1,248	480	12,860

A descriptive analysis of social trust shows some expected patterns. Table 3.8.2 shows that people have the highest level of trust in people from their own neighborhood (RT). At this smallest community unit, more than 90% of households trust either everyone or at least the majority of people. Around 70% of households trust everyone or most of the people within their wider village community, and around 60% of households trust all or most of the people of a different religion or ethnicity, but there are significant differences across areas. The highest levels of social trust are consistently found in SPADA areas. This clearly indicates that people in the rural areas tend to have higher levels of trust in each other. The levels of trust in people from within a respondent's own neighborhood and village are higher in ILGRP areas than in USDRP areas. Conversely, levels of trust of people of a different religion or ethnicity are higher in USDRP areas than in ILGRP areas.

Table 3.8.2 Household Perspectives on Social Trust

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Social Trust of (%)					
People within own neighborhood					
Can trust everyone	55.33	69.08	55.21	51.25	58.76
Can trust most of them	36.81	24.52	35.90	40.63	33.65
Can trust some of them	6.81	5.18	8.25	7.50	6.55
Cannot trust anybody	0.55	0.12	0.48	0.00	0.41
Don't know	0.5	1.10	0.16	0.63	0.63
People in the same village					
Can trust everyone	29.41	48.87	32.69	27.08	34.73
Can trust most of them	37.85	33.30	38.78	37.50	36.74
Can trust some of them	17.12	12.20	16.75	23.75	16.05
Cannot trust anybody	3.09	0.98	3.37	2.50	2.54
Don't know	12.53	4.64	8.41	9.17	9.94
People who belong to a different religion					
Can trust everyone	28.82	42.53	29.01	37.08	32.73
Can trust most of them	30.71	25.68	23.80	40.42	29.09
Can trust some of them	16.63	15.92	17.55	16.46	16.53
Cannot trust anybody	5.25	5.60	7.93	1.67	5.47
Don't know	18.59	10.27	21.71	4.38	16.19
People of a different ethnicity					
Can trust everyone	26.97	40.98	29.41	36.04	31.20
Can trust most of them	32.83	28.39	29.57	36.88	31.51
Can trust some of them	18.90	17.98	19.31	18.13	18.67
Cannot trust anybody	3.54	2.95	4.01	1.46	3.35
Don't know	0.00	9.70	17.71	7.50	15.27
N (households)	7,773	3,360	1,248	480	12,861

3.9 Politics

The assessment of political aspects is measured using several variables, from general issues such as knowledge about political leaders at the national, district, and village levels, to issues related to the most recent election for district head. Table 3.9.1 shows that knowledge of the name of the speaker of the national parliament is very low: in total only 11% of households knew his name. The lowest percentage is found in SPADA areas (8%) and the highest in USDRP areas (26%). Similarly, only 13% of households knew the name of the speaker of their local parliament, with the highest rate found in SPADA areas (17%) and the lowest in USDRP areas (8%).

The executives fared better. In all areas, more than 35% of households knew the name of their governor and around 60% of households knew the name of their district head. Knowledge of village heads is particularly high in SPADA and ILGRP areas, at 94% and 87% respectively. In USDRP areas, however, only 53% of households knew the name of their village head.

Table 3.9.1 Assessment of Household Political Knowledge and Practices

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Aware of the Names of Current Political Leaders (%)					
Speaker of the national parliament	12.35	7.89	10.10	25.63	11.46
Governor of the province	38.40	40.15	35.50	45.21	38.83
Speaker of the local parliament	11.73	16.93	9.05	7.92	12.69
Head of the district (*bupati/walikota*)	64.67	58.84	61.14	61.25	62.68
Head of the village	77.96	93.93	87.42	53.33	82.13
N (households)	7,773	3,360	1,248	480	12,861
If the Election for District Head was Held in the Past Year (%)					
Respondent voted in the last election for district head (*pilkada*)	94.09	94.05	94.25	86.90	94.00
N (households)	4,043	1,277	783	84	6,187
a. For Those Who Voted in the Last Election for District Head (%)					
Knew about the candidates' backgrounds	45.16	43.05	36.31	43.84	43.59
Considered the following aspects when deciding who to vote for:					
Ethnicity of the candidate	26.26	25.06	34.15	8.22	26.79
Religion of the candidate	37.59	26.31	49.86	36.99	36.81
Programs of the candidate	48.66	43.55	41.87	50.68	46.77
Experience of the candidate	49.13	36.89	44.72	47.95	46.03
N (households)	3,804	1,201	738	73	5,816
b. Reason for Not Voting in the Last Election for District Head (%)					
Ineligible to vote	5.46	3.95	4.44	0.00	4.86
Not registered	30.67	27.63	31.11	27.27	30.00
Not interested in voting	21.43	18.42	17.78	27.27	20.54
Not in the area at the time	23.53	25.00	31.11	27.27	24.86
Others	7.56	6.58	2.22	9.09	6.76
Not in a good (physical) condition	6.30	5.26	6.67	9.09	6.22
Did not have enough time to vote/working	1.26	3.95	4.44	0.00	2.16
Government official	3.78	9.21	2.22	0.00	4.59
N (households)	238	76	45	11	370

In areas where there had been an election for district head in the year leading up to the survey, participation in the local elections was quite high, with around 94% of households having voted. The proportion is slightly lower in USDRP areas at 87%. Unfortunately, only 44% of those who voted knew about the background of the candidates. In all areas, most of those who voted put emphasis on the candidates' programs and experiences when considering who to vote for. In general, ethnicity and religion does not play a prominent role in determining voting patterns. ILGRP areas are the exception, where a relatively large proportion of voters considered these two aspects. Most of those who abstained did so due to administrative or logistical problems. Only around one-fifth of those who did not vote genuinely had no interest in doing so.

IV. GOVERNANCE

4.1 Transparency and Information

Education Services

The indicator used to measure transparency and information in education institutions is whether or not the school principal or school committee disseminate information about the school fees and other costs that parents are required to pay. In addition, in the recent PKPS-BBM for the education sector, schools received grants through a program called school operational assistance (BOS). In the survey, parents were asked if they were aware of the BOS allocation for their children's schools and whether or not the grant has led to the reduction or abolishment of school fees.

Table 4.1.1 shows that transparency at education institutions is low, particularly for information related to school costs and financing. Only one-third of parents have received information about the school fees and other costs that they are required to pay. In ILGRP and USDRP areas, the proportions are notably lower at 26% and 28% respectively. SPADA areas have a slightly higher rate of 35%.

Table 4.1.1 Household Assessments of Education Institutions: Transparency and Access to Information

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
School Principal/Committee made information about school costs/fees available to the public (%)	33.66	35.13	26.06	27.54	33.19
Parent Awareness: Does the School Receive BOS? (%)					
Yes	68.56	73.93	75.05	69.08	70.69
No	10.39	8.51	9.21	10.87	9.76
Not relevant	6.84	3.89	6.54	11.11	6.12
Don't know	14.21	13.68	9.21	8.94	13.43
N (parents)	7,144	3,444	1,086	414	12,088
If the School Receives BOS, Have Fees Been Reduced or Abolished? (%)					
Yes	65.81	59.23	66.88	70.00	64.08
No	33.95	40.68	33.12	30.00	35.76
Not relevant	0.24	0.08	0.00	0.00	0.16
N (parents)	4,522	2,377	764	260	7,923

Based on the results of the data analysis, almost all schools receive BOS funds. However, only 71% of parents stated that their children's schools receives BOS funds. The proportions do not differ much across regions, but range from 69% in USDRP areas to 75% in ILGRP areas. Only 64% of the parents who know that their children's school receives BOS funds stated that the funds have led to the reduction or abolishment of school fees. The lowest proportion is found in SPADA areas at only 59%, and the highest in USDRP areas at 70%. It is ironic that the BOS program has its lowest level of achievement in the most disadvantaged areas.

Table 4.1.2 provides assessments from district education offices (*Dinas Pendidikan kabupaten/kota*) on their own transparency and the information they provide to the public. It is perhaps not too surprising that they consider themselves to be highly transparent and as having provided sufficient information to the public. The proportion of education offices which consider themselves to be transparent in every aspect that was evaluated is higher than 88% in all areas; in USDRP areas the proportions always reached 100%.

Table 4.1.2 Transparency of and Access to Information from District Education Offices (*Dinas Pendidikan Kabupaten/Kota*)

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
District Education Office received criticisms, suggestions, or complaints related to education services in 2005 (%)	93.10	82.86	84.62	100.00	90.00
District Education Office has actively disseminated information about the program, budget, and education services available to local people (%)	90.80	77.14	100.00	100.00	88.57
Local people have access to the District Education Office's public documents (planning, budget, and policies) (%)	90.80	82.86	92.31	100.00	89.29
District Education Office has planned to improve transparency and participation in education services (%)	88.51	82.86	100.00	100.00	88.57
N (district education offices)	87	35	13	5	140

Table 4.1.3 shows household perspectives on the transparency of their District Education Office and the information they provide. Only 11% of household respondents reported that they have criticized, offered suggestions to, or made complaints about education services in the last 2 years. The proportions do not differ much across areas, with the highest in USDRP areas (13%) and the lowest in SPADA areas (10%). Of those who have criticized, offered suggestions, or made a complaint, 59% are satisfied with the response they received. The highest satisfaction rate is in ILGRP areas (73%) and the lowest in SPADA areas (57%). Among those who have not criticized, offered suggestions to, or made complaints about education services in the last 2 years, only around 25% know of any official or unofficial channels they can use to do so. Knowledge about complaint channels is highest in the USDRP areas at 44% and lowest in SPADA areas at 17%.

Table 4.1.3 Household Perspectives on the Voice of Education Service Users

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Have criticized, offered suggestions to, or made complaints regarding education services in the last 2 years (%)	10.64	12.02	9.94	13.13	11.03
N (households)	7,773	3,360	1,248	480	12,861
Have criticized, offered suggestions to, or made complaints about education services in the last 2 years, and satisfied with the response (%)	58.04	57.43	72.58	58.73	59.17
N (households)	827	404	124	63	1,418
Have not criticized, offered suggestions to, or made complaints about education services in the last 2 years, and aware of any official or unofficial channels for doing that through (%)	27.45	16.88	29.09	43.88	25.48
N (households)	6,946	2,956	1,124	417	11,443

Health Services

District health offices (*Dinas Kesehatan Kabupaten/Kota*) were also questioned about their transparency and the information they provide to the public. Like district education offices, they consider themselves to be highly transparent and as having provided sufficient information to the public. Table 4.1.4 shows that in every aspect evaluated, the proportion of district health offices which consider themselves to be transparent is always higher than 81%. All of the district health offices in USDRP areas consider themselves to be transparent and as having provided enough information to the public. The lowest proportion of district health offices which consider themselves to be transparent are found in SPADA areas.

The proportion of users or clients that have criticized, offered suggestions to, or made complaints about health services in last 2 years is even lower than that for education services. Table 4.1.5 shows that overall only 6.5% of households have criticized, offered suggestions to, or complained about health services in the last 2 years. Of those, 55% are satisfied with the health service provider's response. The rate of satisfaction is similar across most areas with the exception of SPADA areas (49%). Of those who have not criticized, offered suggestions to, or made complaints about education services in the last 2 years, only 21% know of any official or unofficial channels they can use to do so. Knowledge of complaint channels is particularly low in SPADA areas, at only 13%, but relatively high in the USDRP areas, at 45%.

Table 4.1.4 Transparency of and Access to Information from District Health Offices (*Dinas Kesehatan Kabupaten/Kota*)

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
District Health Office has received criticisms, suggestions, or complaints related to health services in 2005 (%)	93.10	82.35	100.00	100.00	91.37
District Health Office has actively informed the public about the program, budget, and health services available for local people (%)	87.36	79.41	100.00	100.00	87.05
Local people have access to the District Health Office's public documents (planning, budgets, and policies) (%)	81.61	73.53	92.31	100.00	81.29
District Health Office has planned to improve the transparency and participation in health services (%)	85.06	85.29	100.00	100.00	87.05
N (District Health Offices)	87	34	13	5	139

Table 4.1.5 Household Perspectives on the Voice of Health Service Users

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Have criticized, offered suggestions to, or made complaints regarding health services in the last 2 years (%)	5.43	8.36	7.37	8.75	6.51
N (households)	7,773	3,360	1,248	480	12,861
Have criticized, offered suggestions to, or made complaints regarding health services in the last 2 years, and satisfied with the response (%)	57.58	49.47	56.52	54.76	54.60
N (households)	422	281	92	42	837
Have not criticized, offered suggestions to, or made complaints regarding health services in the last 2 years, and aware of any official or unofficial channels for doing that through (%)	22.94	12.96	24.39	45.21	21.33
N (households)	7,351	3,079	1,156	438	12,024

Village Administration

The analysis of the transparency of village administration services and the information they provide is also based on user experiences in delivering their criticisms, suggestions, or complaints. Table 4.1.6 indicates that a low proportion of people have criticized, offered suggestions to, or complained about village administration services in the last 2 years, at around 10% of households. This figure is fairly equal across all areas. Among those who have criticized, offered suggestions, or made complaints, 55% are satisfied with the response they received from village officials. This satisfaction rate is similar across areas, with the exception of USDRP areas where it was slightly higher at 62%. Of those who have not criticized, offered suggestions to, or complained about village administration services in the last 2 years, 29% are aware of the official or other unofficial channels they can do this through. Knowledge of complaint channels is low in SPADA areas at 20%, but much higher in USDRP areas at 47%.

Table 4.1.6 Household Perspectives on the Voice of Village Administration Service Users

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Have criticized, offered suggestions to, or made complaints about village administration services in the last 2 years (%)	9.91	11.73	10.74	10.42	10.48
N (households)	7,773	3,360	1,248	480	12,861
Have criticized, offered suggestions to, or made complaints about village administration services in the last 2 years, and satisfied with the response (%)	54.42	54.82	54.48	62.00	54.82
N (households)	770	394	134	50	1,348
Have not criticized, offered suggestions to, or made complaints about village administration services in the last 2 years, and aware of any official or unofficial channels for doing that through (%)	31.37	19.62	34.65	46.51	29.23
N (households)	7,003	2,966	1,114	430	11,513

Police Services

The assessment of the transparency of police services is also based on the experiences of household respondents in delivering criticisms, suggestions, or complaints to police services. Table 4.1.7 clearly shows that the proportion of people who have criticized, offered suggestions to, or complained about police services in the last 2 years is very low—less than 3% of households overall. The rate is consistently low across all areas, and is the lowest rate of all the public services assessed. However, of the very few who did dare to criticize, offer suggestions to, or complain about police services, approximately one-half were satisfied with the response from the police. The satisfaction rate is also similar across areas, with the highest in SPADA areas at 54% and the lowest in ILGRP areas at 42%. Of those who have not criticized, offered suggestions to, or complained about police services in the last 2 years, 22% are aware of the official or other unofficial channels to do this through. Knowledge of complaint channels for police services is lowest in SPADA areas at only 15% and highest in USDRP areas at 40%.

Table 4.1.7 Household Perspectives on the Voice of Police Service Users

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Have criticized, offered suggestions to, or made complaints about police services in the last 2 years (%)	2.91	2.65	3.04	3.96	2.89
N (households)	7,773	3,360	1,248	480	12,861
Have criticized, offered suggestions to, or made complaints about police services in the last 2 years, and satisfied with the response (%)	49.12	53.93	42.11	47.37	49.46
N (households)	226	89	38	19	372
Have not criticized, offered suggestions to, or made complaints about police services in the last 2 years, and aware of any official or unofficial channels to do this through (%)	23.47	14.70	23.97	39.70	21.82
N (households)	7,547	3,271	1,210	461	12,489

4.2 Corruption

An important indicator for governance aside from transparency is the extent of corruption. Household respondents were asked about their knowledge of cases of corruption and bribery that may have occurred in institutions providing education, health, village administration, and police services in the 2 years prior to the survey. Table 4.2.1 shows that very few people admitted to being aware of cases of corruption or bribery cases in the relevant institutions. The most commonly acknowledged form of corruption or bribery is bribery occurring at police institutions, with 19% of households claiming to know of cases in the 2 years prior to the survey. Corruption at village offices followed, at 9%. Education institutions are not free from illegal transactions either. A maximum of 9% of households are aware of cases of corruption and bribery combined that have taken place at education institutions. Comparing World Bank project areas, the table indicates that the highest proportion of households that are aware of corruption and bribery cases is found in USDRP areas, while the lowest proportion of people who are aware of these illegal activities is found in SPADA areas.

Table 4.2.1 Household Perspectives on Corruption and Bribery Cases at Public Service Institutions in the Past Two Years

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Education Institutions					
Aware of cases of corruption that have occurred at education institutions (%)	4.85	5.83	5.13	7.50	5.23
Aware of cases of bribery that have occurred at education institutions (%)	3.69	1.49	4.09	13.33	3.51
Health Institutions					
Aware of cases of corruption that have occurred at health institutions (%)	2.15	2.14	1.44	2.29	2.08
Aware of cases of bribery that have occurred at health institutions (%)	1.22	0.60	0.80	3.96	1.12
Village Administration Office					
Aware of cases of corruption that have occurred at the village office (%)	8.43	9.11	9.78	7.50	8.70
Aware of cases of bribery that have occurred at the village office (%)	2.80	1.79	2.32	4.17	2.54
Police Institution					
Aware of cases of corruption that have occurred at the police institution (%)	0.99	0.63	0.32	2.71	0.89
Aware of cases of bribery that have occurred at the police institution (%)	20.56	9.61	24.44	37.29	18.70
N (households)	7,773	3,360	1,248	480	12,861

V. SERVICE DELIVERY AT EDUCATION AND HEALTH FACILITIES

5.1 Provision of Services and their Costs

Education Services

Table 5.1.1 provides household assessments on the delivery of education services. Household respondents were first asked to compare the current state of education services with that of 2 years ago, covering the condition of school buildings and facilities, teachers' attention toward students, the costs of schooling, student learning achievements, extracurricular activities, and overall education services. Respondents were then asked about their level of satisfaction with the current state of education services. Finally, they were asked to point out any aspects of education services that require improvement.

The overall assessment is quite positive. Seventy-one percent of households feel that overall education services are better now than they were 2 years prior to the survey. This positive assessment is prevalent across all areas, with the highest in ILGRP areas (76%) and the lowest in SPADA areas (67%). More than 60% of households assessed the condition of school buildings and facilities, teachers' attention toward their students, and schooling costs as having improved in the last 2 years, and 58% and 47% of households respectively assessed student learning achievements and extracurricular activities as having improved. These relatively positive assessments on various aspects of education services are fairly consistent across all areas.

In line with the positive assessment of the different aspects of education services, around 80% of households across all areas are either satisfied or fairly satisfied with the current overall education services. Nevertheless, four major aspects are consistently thought to be in need of improvement: student learning achievements (29%), condition of school buildings and facilities (27%), teacher attention toward their students (17%), and affordability of the costs of education services (8%).

Table 5.1.1 Household Assessments of Education Services

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Comparison of Current Education Services at the Known School with that of Two Years Ago (%)					
Overall Education Services (%)					
Better	72.60	66.70	76.28	68.33	71.25
About the same	12.90	15.98	11.94	11.46	13.56
Worse	5.35	7.71	3.04	3.96	5.69
Not relevant	0.68	0.71	0.64	2.71	0.76
Don't know	8.47	8.90	8.09	13.54	8.73
Conditions of school buildings and facilities (%)					
Better	68.88	61.90	72.68	67.08	67.36
About the same	12.87	16.55	12.58	10.21	13.70
Worse	8.48	11.25	5.53	5.63	8.81
Not relevant	0.69	0.80	0.64	2.71	0.79
Don't know	9.08	9.49	8.57	14.38	9.34
Teacher attention toward students (%)					
Better	65.30	59.35	69.15	61.04	63.96
About the same	15.95	21.10	14.18	13.96	17.05
Worse	5.18	6.96	3.29	4.79	5.45
Not relevant	0.06	0.12	0.00	0.00	0.07
Don't know	13.50	12.47	13.38	20.21	13.47
Cost of schooling/education services (%)					
More affordable	63.91	60.03	68.99	55.63	63.08
About the same	10.20	14.17	8.01	10.00	11.02
Less affordable	8.50	5.18	7.69	12.71	7.71
Not relevant	2.43	6.07	1.12	1.25	3.21
Don't know	14.95	14.55	14.18	20.42	14.98
Learning achievements of students (%)					
Better	59.66	53.72	62.82	58.33	58.36
About the same	16.97	22.38	15.87	13.54	18.15
Worse	5.25	6.04	3.77	5.63	5.33
Not relevant	0.09	0.27	0.08	0.00	0.13
Don't know	18.04	17.59	17.47	22.50	18.03
Extracurricular activities (%)					
Better	48.59	40.54	56.17	52.50	47.37
About the same	17.28	22.68	16.91	15.63	18.59
Worse	4.37	5.18	2.08	2.50	4.29
Not relevant	3.74	4.46	1.76	1.88	3.67
Don't know	26.01	27.14	23.08	27.50	26.08

Table 5.1.1 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Level of Satisfaction with Education Services (%)					
Satisfied	49.34	48.96	52.80	46.25	49.46
Fairly satisfied	30.21	26.82	30.53	31.88	29.41
Less satisfied	9.83	12.95	7.13	7.71	10.30
Not satisfied	1.60	2.47	0.56	2.50	1.76
Not relevant	1.05	0.60	0.88	0.42	0.89
Don't know	7.98	8.21	8.09	11.25	8.17
N (households)	7,773	3,260	1,248	480	12,861
Aspects Requiring Improvement (%)					
Conditions of school building and facilities	24.40	33.30	28.45	21.25	27.00
Teacher attention toward students	17.02	17.80	16.27	21.46	17.32
Affordability of education costs	8.75	5.63	10.66	12.71	8.27
Student learning achievements	30.36	25.33	26.36	26.25	28.50
Extracurricular activities	4.39	3.87	3.93	4.58	4.21
Teacher numbers (quantity)	1.85	4.58	1.36	1.04	2.49
Teacher quality	0.71	0.42	0.80	0.83	0.65
Education quality (substance)	1.21	0.60	1.36	1.25	1.07
Student discipline	0.15	0.06	0.00	0.00	0.11
All aspects	2.39	1.99	2.24	1.25	2.23
Teacher welfare	0.12	0.06	0.08	0.21	0.10
Teacher discipline	0.18	0.12	0.16	0.21	0.16
Transportation accessibility	0.12	0.06	0.16	0.00	0.10
Others	4.34	3.10	4.81	3.54	4.03
Don't know	4.01	3.10	3.37	5.42	3.76
N (households)	7,773	3,260	1,248	480	12,861

The quality of services provided often correlates with the cost of accessing the services. Table 5.1.2 shows the average cost of schooling for each level of education disaggregated by its components, which include admission/renewal fees, monthly school committee fees, and the cost of textbooks and stationary. As expected, all components of school costs increase with the level of schooling. Comparing areas, the highest costs of schooling for all levels of education and components of schooling costs were reported in USDRP areas, while the lowest were reported in SPADA areas. In fact, the costs of schooling in USDRP areas are around four times as high as those in SPADA areas. However, considering that household satisfaction with education services is similar across areas, it is not clear whether these very high cost differentials reflect any difference in the quality of education.

Table 5.1.2 Cost of Education Services in the First Semester of the 2005/2006 Academic Year

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Admission/renewal fee (rupiah)					
Primary school	46,490.5 (297,605.7)	15,592.6 (65,453.7)	29,961.4 (117,003.2)	57,862.7 (178,929.1)	36,181.2 (234,919.7)
N (students)	4,435	2,251	712	233	7,631
Junior secondary school	97,320.9 (238,488.5)	46,763.5 (116,752.9)	59,453.2 (127,668.0)	200,739.4 (472,002.4)	83,893.3 (220,417.8)
N (students)	1,460	679	220	94	2,453
Senior secondary school	260,558.5 (508,723.5)	99,337.8 (185,518.5)	191,383.6 (302,966.5)	421,123.1 (866,304.4)	221,701.4 (466,562.1)
N (students)	815	336	116	65	1,332
Others	85,622.3 (321,682.3)	86,792.5 (358,085.3)	93,450.0 (190,299.3)	43,500.0 (69,509.0)	85,493.4 (317,038.7)
N (students)	186	53	20	6	265
School committee/monthly fee (*rupiah*)					
Primary school	6,356.5 (26,362.3)	3,832.8 (16,199.0)	3,903.6 (14,353.5)	18,916.0 (53,368.9)	5,775.1 (24,402.6)
N (students)	4,492	2,265	716	238	7,711
Junior secondary school	12,665.4 (32,097.3)	6,551.0 (18,004.0)	6,522.8 (16,705.6)	22,332.3 (37,036.2)	10,804.5 (28,200.6)
N (students)	1,482	680	219	93	2,474
Senior secondary school	38,267.4 (59,557.1)	17,780.2 (33,479.0)	26,453.0 (27,312.9)	70,307.7 (103,304.3)	33,617.5 (56,320.4)
N (students)	822	339	117	65	1,343
Others	19,247.1 (42,681.9)	18,745.3 (53,381.6)	10,200.0 (14,303.5)	17,500.0 (33,578.3)	18,433.6 (43,347.0)
N (students)	189	53	20	6	268
Textbooks and stationery (*rupiah*)					
Primary school	65,589.5 (97,686.1)	29,853.0 (50,179.9)	56,459.5 (69,305.8)	110,087.7 (127,997.1)	55,584.1 (87,073.0)
N (students)	4,474	2,247	716	228	7,665
Junior secondary school	91,639.4 (127,193.9)	43,512.8 (66,132.1)	77,495.4 (84,751.6)	134,188.2 (150,733.3)	78,702.8 (113,624.5)
N (students)	1,474	681	219	93	2,467
Senior secondary school	128,673.6 (152,142.5)	59,509.0 (91,318.9)	127,393.2 (134,643.9)	201,572.6 (277,674.2)	114,494.2 (150,566.9)
N (students)	808	334	117	62	1,321
Others	90,041.4 (127,549.9)	50,207.5 (93,538.2)	111,450.0 (161,481.5)	81,666.7 (84,182.3)	83,525.4 (124,298.3)
N (students)	187	53	20	6	266

Note: Standard deviations in parentheses

Health Services

As with education services, household assessments of health service delivery are based on three questions. Firstly, household respondents were asked to compare the current state of their most frequently visited health service provider with that of 2 years ago. The physical condition of the health service provider, the cost of medical services, the availability of medicines and vaccines stock, as well as overall medical services were all compared. Respondents were then asked about their level of satisfaction with the current state of health services. Finally, they were asked to point out the aspects of health services that require improvement.

Table 5.1.3 shows household assessments of health service delivery. The overall assessment is positive; 71% of household respondents think that health services have improved over the past 2 years. This positive assessment is similar across areas, with the highest in USDRP areas (74%) and the lowest in SPADA areas (63%). The physical condition of health service provider and the availability of medicine and vaccine stocks were also assessed as having improved from 2 years before by 74% and 66% of respondents respectively, while 55% of respondents feel that medical services have become more affordable. These fairly positive assessments are similar across all areas.

Around 90% of household respondents across all areas are either satisfied or fairly satisfied with the current state of health services. Nevertheless, five major aspects are consistently thought to require improvement: availability of medicine and vaccine stock (24%), affordability of medical services (20%), the physical condition of health service provider (19%), attention from medical personnel and their caring attitude (15%), and waiting times (7%).

Table 5.1.3 Household Assessments of Health Services

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Comparison of Current Health Services at the Most Frequently Visited Health Service Provider with that of Two Years Ago (%)					
Overall medical services					
Better	72.49	63.35	74.01	74.22	70.40
About the same	20.24	25.44	18.97	20.40	21.43
Worse	2.34	5.72	1.69	1.57	3.10
Not relevant	1.69	1.53	2.54	2.02	1.74
Don't know	3.24	3.96	2.79	1.79	3.32
N (households)	7,293	3,007	1,181	446	11,927
Physical condition of health service provider					
Better	76.02	65.73	76.12	78.55	73.54
About the same	20.97	28.04	20.66	18.41	22.62
Worse	2.06	4.89	2.33	2.56	2.82
Not relevant	0.37	0.74	0.27	0.23	0.45
Don't know	0.58	0.60	0.63	0.23	0.57
N (households)	6,934	2,842	1,118	429	11,323
Cost of medical services					
Becoming more affordable	57.36	52.15	53.31	50.82	55.40
About the same	24.27	28.01	26.92	32.63	25.79
Becoming less affordable	15.75	13.48	17.53	14.69	15.31
Not relevant	1.47	4.33	0.72	0.70	2.08
Don't know	1.15	2.04	1.52	1.17	1.41
N (households)	6,934	2,842	1,118	429	11,323
Availability of medicines and vaccines					
Better	68.83	56.23	70.75	72.49	66.00
About the same	23.35	31.77	21.65	21.68	25.23
Worse	3.19	6.23	2.33	2.80	3.85
Not relevant	0.33	0.18	0.18	0.00	0.26
Don't know	4.30	5.59	5.10	3.03	4.65
N (households)	6,934	2,842	1,118	429	11,323
Level of Satisfaction with Health Services (%)					
Satisfied	58.62	55.80	63.34	58.07	58.35
Fairly satisfied	32.37	28.90	30.14	34.98	31.37
Less satisfied	7.16	11.67	5.33	6.50	8.09
Not satisfied	0.89	2.36	0.51	0.22	1.20
Not relevant	0.08	0.07	0.00	0.00	0.07
Don't know	0.88	1.20	0.68	0.22	0.91
N (households)	7,293	3,007	1,181	446	11,927

Table 5.1.3 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Aspects Requiring Improvement (%)					
Physical condition of health service provider	16.71	23.98	20.58	17.04	18.94
Attention from and caring attitude of medical personnel	15.10	16.46	12.62	15.02	15.19
Affordability of medical services	20.99	17.03	24.56	21.97	20.38
Availability of medicines and vaccines	23.56	27.14	20.24	17.04	23.89
Waiting time	7.46	3.56	7.54	13.45	6.71
Medical staff numbers	2.04	3.03	2.12	1.79	2.29
Quality of health services	0.80	0.47	0.42	2.69	0.75
Health facilities	1.45	0.50	1.02	1.57	1.17
Opening hours	0.37	0.30	0.25	1.57	0.39
All	9.74	6.19	8.89	6.28	8.63
Others	1.78	1.36	1.78	1.57	1.67
N (households)	7,293	3,007	1,181	446	11,927

Table 5.1.4 provides the charges for various services at *puskesmas* and private health services.[8] The table shows that the charges at *puskesmas* are relatively low, none being higher than Rp10,000 (around US$1.10). This reflects the fact that *puskesmas* receive a number of government subsidies. The charges at private health providers are generally much higher. Due to great variation in the classes of private health providers, however, the standard deviations for the means are large.

[8]The tariffs at the two categories of provider are not fully comparable due to differences in the structure of the questionnaires.

Table 5.1.4 Service Charges at *Puskesmas* and Private Health Providers

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
***Puskesmas* Service Charges (rupiah)**					
Administration or registration fee for outpatients	3,007.5 (22,716.1)	2,607.1 (2,473.0)	2,415.6 (1,107.4)	2,620.7 (1,367.1)	2,839.3 (18,019.2)
N (*puskesmas*)	483	182	77	29	771
Outpatient care without treatment	3,381.8 (23,630.6)	3,951.7 (5,175.8)	2,526.7 (1,770.4)	1,913.8 (1,936.8)	3,370.0 (18,843.9)
N (*puskesmas*)	458	172	75	29	734
Simple dental extraction (without difficulty)	6,596.8 (32,848.3)	5,266.0 (6,614.5)	6,689.4 (4,653.2)	8,387.9 (4,638.5)	6,395.7 (26,750.2)
N (*puskesmas*)	459	150	66	29	704
Medical checks for job applications	5,302.4 (22,650.4)	5,728.3 (4,953.4)	5,259.7 (2,712.8)	4,870.7 (3,447.5)	5,377.8 (18,245.3)
N (*puskesmas*)	488	173	77	29	767
Hemoglobin test	3,944.2 (24,026.3)	2,851.0 (3,515.3)	3,395.8 (3,975.7)	4,565.2 (2,832.7)	3,666.0 (19,344.1)
N (*puskesmas*)	438	151	72	23	684
Service Charges at Private Health Providers (rupiah)					
Inpatient care (per day)	137,420.8 (164,527.3)	81,486.5 (106,867.4)	98,812.5 (124,278.4)	222,500.0 (244,404.7)	130,003.5 (160,944.7)
N (private health providers)	202	37	32	14	285
Medical check without treatment (per visit)	7,426.7 (8,982.2)	6,151.5 (8,291.9)	7,005.7 (7,806.5)	10,662.2 (10,297.3)	7,253.1 (8,825.1)
N (private health providers)	1,098	363	174	74	1,709
Medical check + medicines (per visit)	19,471.5 (11,931.4)	18,911.9 (12,352.6)	17,614.4 (10,274.0)	22,641.0 (16,201.0)	19,268.3 (12,070.1)
N (private health providers)	1,317	454	223	78	2,072
Injection (per injection)	14,094.6 (12,924.8)	12,887.1 (9,111.5)	11,454.8 (8,699.7)	14,132.1 (12,120.1)	13,539.8 (11,720.5)
N (private health providers)	1,052	412	166	53	1,683
Circumcision (per treatment)	107,945.7 (68,303.4)	95,535.7 (62,771.8)	97,968.8 (51,608.7)	149,791.7 (100,059.5)	104,958.5 (66,969.0)
N (private health providers)	571	224	96	24	915

Table 5.1.4 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Tuberculosis treatment (per visit)	32,188.3 (39,239.4)	28,842.7 (51,315.6)	50,892.2 (131,841.2)	32,142.9 (36,248.2)	33,859.7 (61,917.2)
N (private health providers)	231	89	51	21	392
Pregnancy/antenatal care (per visit)	16,021.0 (18,600.4)	17,486.4 (31,945.3)	15,791.7 (19,515.8)	17,658.5 (8,433.9)	16,375.2 (21,989.0)
N (private health providers)	644	221	120	41	1,026
Birthing service (per birth)	281,200.7 (144,037.6)	207,752.5 (120,791.1)	250,918.4 (123,804.3)	346,428.6 (177,207.0)	263,877.1 (142,466.1)
N (private health providers)	548	198	98	35	879
Basic children's immunization (per antigen/dose)	10,595.8 (20,131.8)	7,224.7 (13,681.4)	8,576.3 (17,260.6)	22,733.3 (22,742.8)	10,493.5 (19,294.7)
N (private health providers)	360	89	59	30	538
Other children's immunization (per antigen/dose)	34,491.2 (58,973.8)	8,935.9 (19,791.7)	56,285.7 (86,970.8)	46,250.0 (70,400.6)	30,700.0 (56,935.6)
N (private health providers)	113	39	14	4	170
Contraceptive pill (per cycle)	6,746.3 (6,414.8)	6,420.3 (5,575.3)	6,678.3 (17,506.7)	7,520.4 (3,662.8)	6,698.6 (8,165.7)
N (private health providers)	735	261	129	49	1,174
Inserting Lippes-loop/spiral IUD (per treatment)	88,658.9 (68,782.7)	75,666.7 (52,197.2)	54,038.5 (49,739.7)	125,384.6 (67,868.2)	84,372.3 (65,327.5)
N (private health providers)	151	45	26	13	235
Removing Lippes-loop/spiral IUD (per treatment)	36,677.6 (30,319.2)	35,181.8 (22,952.5)	22,666.7 (13,501.8)	48,846.2 (33,982.5)	35,573.7 (28,406.2)
N (private health providers)	214	55	30	13	312
Inserting Copper-T IUD (per treatment)	97,386.2 (66,756.5)	75,465.1 (52,085.3)	62,500.0 (47,288.2)	141,923.1 (73,458.5)	93,366.4 (65,867.7)
N (private health providers)	246	43	48	26	363
Removing Copper-T IUD (per treatment)	35,412.6 (28,955.6)	32,244.9 (18,202.0)	25,686.3 (14,595.2)	44,230.8 (26,559.1)	34,344.3 (26,456.3)
N (private health providers)	269	49	51	26	395

Table 5.1.4 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Contraceptive injection (per treatment/injection)	14,527.9 (5,265.4)	14,678.8 (4,743.5)	13,712.6 (7,381.1)	14,864.4 (4,007.4)	14,481.4 (5,402.6)
N (private health providers)	933	316	167	59	1,475
Inserting contraceptive implant (per treatment)	130,555.6 (77,018.1)	110,676.2 (52,963.4)	105,000.0 (70,498.2)	140,000.0 (57,975.1)	122,556.5 (71,554.9)
N (private health providers)	279	105	66	10	460
Removing contraceptive implant (per treatment)	48,185.5 (49,727.0)	41,651.4 (25,166.6)	38,355.3 (28,593.6)	47,058.8 (21,654.9)	45,609.8 (43,068.1)
N (private health providers)	372	109	76	17	574

Note: Standard deviations in parentheses

5.2 Staff Availability

The quantity and quality of human resources are important factors in determining the quality of services. Therefore, it is important to assess the availability of staff in the delivery of services.

Education Services

Most teachers are civil servants (PNS). Table 5.2.1 shows that according to school principals, 74% of teachers are civil servants. The highest proportion of civil servant teachers is found in USDRP areas (80%) and the lowest in SPADA areas (71%). Forty-seven percent of school principals consider that they have an adequate number of teachers in their school; however this number falls to only 36% in SPADA areas. This perhaps reflects the general preference of teachers to be stationed in urban areas than in rural and disadvantaged areas.

In terms of quality, 66% of school principals stated teaching quality in their schools is adequate. The highest proportion is found in ILGRP areas (78%) and the lowest in SPADA areas (55%). The assessments of teaching quality do not correlate with the average length of teaching experience (14 years); whilst the lowest average number of teaching years is found in SPADA areas at 13 years, one would expect that as the highest percentage of school principals in ILGRP areas stated that teaching quality in their school is adequate, teachers in ILGRP areas are the most experienced. This is in fact not the case; teachers in USDRP areas tend to have the most teaching experience, with 17 years on average.

Another indicator of the quality of services delivery in education is teacher workload. The average number of teaching hours is 23 hours per week, or less than four hours per day, and is similar across areas. With such a low teaching load, theoretically teachers should have enough time for preparing and improving teaching materials and methods.

Table 5.2.1 Staff Availability and Performance in Education Institutions

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Proportion of public servant (PNS) teachers (%)	73.44	70.98	78.03	79.93	73.50
N (schools)	773	306	117	45	1,241
Adequate teacher numbers (%)	51.23	35.62	51.28	53.33	47.46
N (schools)	773	306	117	45	1,241
Adequate teacher quality (%)	68.95	54.58	77.78	68.89	66.24
N (schools)	773	306	117	45	1,241
Average teaching experience (years)	14.71	12.70	15.01	16.91	14.32
N (schools)	763	304	117	44	1,228
Average teaching hours per week (hours)	22.73	22.35	23.12	21.82	22.64
N (schools)	764	297	117	44	1,222

Health Services

Health providers employ various categories of staff. The first part of Table 5.2.2 provides the data on staff availability at *puskesmas*. The second part of the table summarizes district health office perceptions of the adequacy of medical staff within each district.

The first part of the table shows that the availability of both medical and administrative staff at *puskesmas* is notably high. In general the percentages are higher than 90%, except for dental services staff (87%), and is fairly even across areas. However, it is important to note that staff availability in this table indicates if the *puskesmas* has at least one staff member for each service post, regardless of the number of staff that are actually needed. The same is true for staff qualification. Therefore, the high percentage of staff availability does not reflect staffing adequacy in terms of either quantity or quality.

The district health office assessments of medical staff adequacy show a more complete picture of staff availability in the health sector. Medical staff are categorized into three groups: doctor/physician, midwife, and nurse. The table shows that only 45% of district health offices are of the opinion that their district has enough doctors, 33% stated that their district has enough midwives, and 41% stated that their district has enough nurses. The proportions are higher in USDRP areas, but significantly lower in SPADA and ILGRP areas.

Table 5.2.2 Availability of Health Services Staff

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Community Health Centers (*Puskesmas*) with at Least One of the Following (*Puskesmas* Secondary Data):					
Administration staff (%)	93.36	92.11	94.87	100.00	93.45
Registration officer (%)	95.12	97.37	97.44	96.55	95.92
Maternal and children's health services (KIA) staff (%)	95.90	94.74	94.87	96.55	95.55
Dental services staff (%)	87.30	81.58	92.31	100.00	86.90
Family planning/contraception services staff (%)	95.70	96.84	100.00	100.00	96.54
Tuberculosis care giver (%)	94.53	95.26	98.72	96.55	95.18
Medicine stock officer (%)	95.12	96.84	97.44	100.00	95.92
Vaccines stock officer (%)	95.90	94.74	96.15	93.10	95.55
Laboratory officer (%)	89.65	89.47	92.31	96.55	90.11
Surveillance officer (%)	91.99	89.47	96.15	96.55	91.97
N (*puskesmas*)	512	190	78	29	809
District Health Office Evaluation of Staff Availability at *Puskesmas*					
District has an adequate number of doctors (%)	50.57	35.29	23.08	60.00	44.60
District has an adequate number of midwives (%)	37.93	20.59	23.08	60.00	33.09
District has an adequate number of nurses (%)	48.28	23.53	38.46	40.00	41.01
N (district health offices)	87	34	13	5	139

5.3 Condition of Facilities

Education Facilities

Table 5.3.1 shows the proportion of facilities at primary schools (SD) and junior secondary schools (SMP) that were evaluated as being in good condition. The information in the table is based on school data and complemented by the direct observation of survey interviewers. Facilities at junior secondary schools are generally better than those at primary schools. Comparing areas, schools in USDRP areas tended to have the highest proportion of facilities in good condition, while schools in SPADA areas had the lowest proportion. The discrepancies are particularly large for facilities such as computer laboratories, libraries, school health units, counseling rooms, student and teacher toilets, sports grounds, classroom walls and roofs, and lighting.

Table 5.3.1 School Facilities

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Facilities that are in Good Condition (based on school data) (%)					
Primary school					
Classroom	78.99	81.86	74.36	76.67	79.18
Computer laboratory	8.95	0.98	2.56	13.33	6.54
Library	28.02	9.31	26.92	33.33	23.49
Multifunction room	9.34	9.31	12.82	3.33	9.44
School Health Unit (UKS)	25.88	8.82	24.36	40.00	22.03
Counseling room	3.70	1.47	11.54	3.33	3.87
School principal's room	61.67	49.02	60.26	63.33	58.47
Teachers' room	72.57	63.24	69.23	73.33	69.98
Administration room	13.04	8.33	10.26	10.00	11.50
Teacher toilet/s	58.75	56.37	57.69	70.00	58.47
Student toilet/s	52.33	44.61	43.59	60.00	49.88
Sports ground/courts	60.89	55.39	50.00	63.33	58.60
N (schools)	514	204	78	30	826
Junior secondary school					
Classroom	93.49	96.15	100.00	93.33	94.75
Computer laboratory	51.34	30.77	43.59	80.00	46.54
Library	76.25	65.38	84.62	93.33	74.94
Multifunction room	29.89	21.15	20.51	53.33	27.68
School Health Unit (UKS)	50.57	32.69	53.85	66.67	47.02
Counseling room	62.07	32.69	61.54	86.67	55.61
School principal's room	90.42	87.50	94.87	93.33	90.21
Teachers' room	88.89	83.65	82.05	93.33	87.11
Administration room	85.06	80.77	92.31	100.00	85.20
Teacher toilet/s	81.99	79.81	84.62	86.67	81.86
Student toilet/s	74.71	67.31	84.62	73.33	73.75
Sports ground/courts	78.16	72.12	76.92	86.67	76.85
N (schools)	261	104	39	15	419
Facilities that are in Good Condition (based on interviewers' direct observations) (%)					
Primary School					
Information board	62.26	54.90	58.97	56.67	59.93
Teacher's desk in each classroom	99.03	93.63	100.00	96.67	97.70
Blackboard and chalk	99.03	98.04	98.72	93.33	98.55
Classroom floor is nonearth	96.50	95.10	100.00	96.67	96.49
Classroom walls are brick	62.26	60.29	60.26	73.33	61.99
Classroom roof made from concrete or terracotta tiles	26.46	2.94	23.08	40.00	20.82
Adequate lighting	47.67	29.41	44.87	63.33	43.46

Table 5.3.1 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Teacher toilet/s	41.44	36.27	39.74	56.67	40.56
Student toilet/s	29.18	19.61	23.08	30.00	26.27
N (schools)	514	204	78	30	826
Junior secondary school					
Information board	85.82	81.73	89.74	93.33	85.44
Teacher's desk in each classroom	99.62	97.12	100.00	100.00	99.05
Blackboard and chalk	97.32	95.19	92.31	93.33	96.18
Classroom floor is nonearth	98.85	95.19	94.87	93.33	97.37
Classroom walls are brick	83.91	81.73	94.87	86.67	84.49
Classroom roof made from concrete or terracotta tiles	43.30	10.58	33.33	60.00	34.84
Adequate lighting	62.45	60.58	53.85	93.33	62.29
Teacher toilet/s	66.67	59.62	58.97	80.00	64.68
Student toilet/s	41.38	38.46	20.51	60.00	39.38
N (schools)	261	104	39	15	419

Health Facilities

Table 5.3.2 shows the proportion of facilities in good condition at *puskesmas* and private health service providers. In general, the proportion of facilities in good condition both at *puskesmas* and private health service providers are relatively high. However, only 60% of *puskesmas* have toilets which were in good condition, while the figure stand at 78% for private health service providers. Only 65% of private health service providers have medicine stockrooms in good condition. The proportion of facilities in good condition does not differ much across areas, but very few *puskesmas* in USDRP areas had electricity generators. This may indicate that the supply of electricity in urban areas is reasonably reliable.

Table 5.3.2 Health Service Provider Facilities

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Community Health Centers (*puskesmas*) – Facilities in Good Condition (%)					
Ambulance	83.82	70.83	75.64	68.97	79.43
Access to clean water	91.81	81.25	100.00	100.00	90.39
Electricity	96.30	92.71	98.72	100.00	95.81
Electricity generator	35.09	55.21	35.90	6.90	38.92
Computer	83.24	63.54	93.59	96.55	80.05
Patient table	97.27	96.88	97.44	93.10	97.04
Toilet	61.60	58.33	53.85	65.52	60.22
N (*puskesmas*)	513	192	78	29	812
Private Health Services – Facilities in Good Condition (%)					
Waiting room	84.33	81.00	82.91	80.00	83.28
Consultation/treatment room	96.39	96.66	96.58	94.12	96.38
Medicine stockroom	66.43	63.47	59.40	55.29	64.59
Toilet with clean and adequate water	77.33	76.62	83.33	85.88	78.15
Clean floors	93.50	93.53	93.59	91.76	93.45
Clean walls	92.42	92.69	91.88	90.59	92.35
Patient table	85.92	79.75	85.04	89.41	84.61
N (private health service)	1,385	479	234	85	2,183

5.4 Availability of Medicines, Vaccines, and Contraceptives at *Puskesmas*

Medicine Stock Availability

The availability of medicine stock is disaggregated by the type of medicines that *puskesmas* usually provide. Based on their indications, this includes medicines for diarrhea (antidiarrhea medicines and oralit), malaria (antimalarials, Chloroquine, and Sulfadoxin), antibiotics for acute respiratory infection and general infections (Co-trimoxazole syrup and Co-trimoxazole 480 mg), analgesics (paracetamol syrup), antituberculosis (common TBC, category 1, and anti-TBC for children), and mineral supplements for pregnant women (iron/Fe pill).

The availability of these medicines at the time of the survey was quite high in all areas. In general, more than 80% of *puskesmas* had these medicines in stock. An exception to this was malarial drugs (antimalarials, Chloroquine, and Sulfadoxin) in USDRP areas, but this may be due to the low prevalence of malaria in urban areas.

Stock shortages are rare across all areas, except for the syrup forms of Co-trimoxazole and paracetamol. Furthermore, shortages that do occur are generally not prolonged, tending to last from 1 to 12 weeks.

Table 5.4.1 Medicine Stock Availability at *Puskesmas*

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Medicines Currently in Stock (%)					
Diarrhea	91.42	92.67	84.62	89.66	91.00
Oralit	98.83	96.86	96.15	96.55	98.03
Malaria	78.36	96.86	73.08	51.72	81.26
Chloroquine	84.21	96.34	76.92	48.28	85.08
Sulfadoxin	58.09	90.58	48.72	27.59	63.75
Acute respiratory infection (for children under five years old)	92.40	93.72	89.74	82.76	92.11
Co-trimoxazole syrup	93.18	86.91	79.49	93.10	90.38
Co-trimoxazole 480 mg	96.69	92.15	92.31	89.66	94.94
Paracetamol syrup	93.18	87.43	89.74	75.86	90.88
Tuberculosis	87.91	83.77	92.31	89.66	87.42
Tuberculosis (Category 1)	90.84	81.15	92.31	93.10	88.78
Tuberculosis for children	74.46	62.83	71.79	82.76	71.76
Iron (Fe) pill	97.08	95.29	94.87	96.55	96.42
N (*puskesmas*)	513	191	78	29	811
***Puskesmas* that have Experienced Medicine Shortages During the Last Three Months (%)**					
Diarrhea	8.77	10.47	11.54	13.79	9.62
Oralit	2.92	6.28	2.56	13.79	4.07
Malaria	3.70	3.14	6.41	13.79	4.19
Chloroquine	3.12	3.14	3.85	17.24	3.70
Sulfadoxin	7.60	7.33	10.26	10.34	7.89
Acute respiratory infection (for children under five years old)	6.63	8.38	7.69	3.45	7.03
Co-trimoxazole syrup	15.20	29.84	29.49	20.69	20.22
Co-trimoxazole 480 mg	8.58	14.14	11.54	10.34	10.23
Paracetamol syrup	14.23	20.94	21.79	27.59	17.02
Tuberculosis	4.09	7.85	5.13	3.45	5.06
Tuberculosis (Category 1)	4.09	12.04	5.13	0.00	5.92
Tuberculosis for children	6.63	15.18	10.26	3.45	8.88
Iron (Fe) pill	7.02	8.38	6.41	0.00	7.03
N (*puskesmas*)	513	191	78	29	811
Average Period of Stock Shortage (weeks)					
Diarrhea	3.5	4.3	1.8	1.5	3.4
N (*puskesmas*)	44	19	9	4	76
Oralit	3.2	5.8	8.0	2.3	4.4
N (*puskesmas*)	13	12	2	4	31
Malaria	7.6	4.2	5.7	12.0	7.2
N (*puskesmas*)	18	6	3	3	30

Table 5.4.1 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Chloroquine	5.3	6.0	12.0	9.5	6.5
N (*puskesmas*)	12	5	1	4	22
Sulfadoxin	12.0	5.3	13.7	12.0	10.6
N (*puskesmas*)	35	14	7	2	58
Acute respiratory infection (for children under five years old)	3.4	4.9	2.2	12.0	3.9
N (*puskesmas*)	32	16	6	1	55
Co-trimoxazole syrup	4.3	4.4	5.3	2.8	4.4
N (*puskesmas*)	77	57	22	6	162
Co-trimoxazole 480 mg	3.6	5.0	3.1	4.7	4.0
N (*puskesmas*)	43	26	9	3	81
Paracetamol syrup	4.5	5.6	5.2	5.9	5.0
N (*puskesmas*)	71	40	17	8	136
Tuberculosis	5.3	3.1	4.0	1.0	4.2
N (*puskesmas*)	19	15	4	1	39
Tuberculosis (Category 1)	4.8	7.0	1.3	0.0	5.5
N (*puskesmas*)	19	21	4	0	44
Tuberculosis for children	6.3	4.9	7.0	1.0	5.7
N (*puskesmas*)	31	28	8	1	68
Iron (Fe) pill	5.1	4.5	5.0	0.0	4.9
N (*puskesmas*)	32	15	4	0	51
District Health Office Perceptions (%)					
Medicines stock at the district is adequate (%)	75.86	64.71	76.92	100.00	74.10
N (district health offices)	87	34	13	5	139

Vaccine Stock Availability

BCG, Polio, Measles, and Hepatitis B vaccines are usually available at *puskesmas*. These vaccines were readily available across all areas, and were in stock at 90% or more of *puskesmas* at the time of the survey. The lowest level of availability (79%) was for Hepatitis B vaccine in USDRP areas, but 19% of *puskesmas* in the sample admitted that Hepatitis B vaccine had been out of stock at some point in the 3 months prior to the survey. However, the shortages generally only lasted for short periods, ranging from 2 to 6 weeks.

Table 5.4.2 Vaccine Stock Availability at *Puskesmas*

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Vaccines Currently in Stock (%)					
BCG	97.08	90.58	92.31	96.55	95.07
Polio	94.93	90.05	92.31	100.00	93.71
Measles	96.88	91.10	98.72	100.00	95.81
Hepatitis B	91.81	85.86	91.03	79.31	89.89
N (*puskesmas*)	513	191	78	29	811
***Puskesmas* that have Experienced Vaccine Shortages during the Last Three Months (%)**					
BCG	8.97	12.57	17.95	13.79	10.85
Polio	7.02	13.61	5.13	3.45	8.26
Measles	5.85	8.38	3.85	0.00	6.04
Hepatitis B	16.57	19.90	24.36	34.48	18.74
N (*puskesmas*)	513	191	78	29	811
Average Period of Vaccine Shortage (weeks)					
BCG	3.86	5.22	5.21	3.75	4.45
N (*puskesmas*)	44	23	14	4	85
Polio	3.54	5.92	2.25	8.00	4.45
N (*puskesmas*)	35	25	4	1	65
Measles	3.59	6.07	2.33	0.00	4.33
N (*puskesmas*)	27	15	3	0	45
Hepatitis B	3.53	5.08	3.68	4.90	4.03
N (*puskesmas*)	80	36	19	10	145
District Health Office Perceptions (%)					
Vaccines stock at the district is adequate (%)	85.06	82.35	84.62	60.00	83.45
N (district health offices)	87	34	13	5	139

Contraceptives Stock Availability

The contraceptives usually available at *puskesmas* are the pill, injection, implants, IUD, and condoms. Contraceptive availability was relatively high across all areas, except for implants, which were only in stock at 52% of *puskesmas*. This may due to the low number of contraceptive implant users.[9] Several *puskesmas* had experienced a lack of contraceptive stocks in the three months prior to the survey, with the lowest number of shortages for condoms (6%) and the highest for implants (25%). The highest incidence of contraceptive stock shortages occurred in SPADA areas and the lowest in USDRP areas. The shortages are generally not prolonged, ranging between 4 and 10 weeks on average, however shortages are generally more prolonged in ILGRP and SPADA areas.

[9]Badan Pusat Statistik-Statistics Indonesia (BPS) and ORC Macro. 2003. *Indonesia Demographic and Health Survey 2002-2003*. Calverton, Maryland, USA.

Table 5.4.3 Contraceptive Stock Availability at *Puskesmas*

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Contraceptives Currently in Stock (%)					
The pill	94.35	89.53	83.33	100.00	92.36
Injection	94.15	88.48	88.46	100.00	92.48
Implants	54.19	43.98	53.85	58.62	51.91
IUDs	83.24	60.73	91.03	93.10	79.04
Condoms	88.89	83.77	82.05	100.00	87.42
N (*puskesmas*)	513	191	78	29	811
***Puskesmas* that have Experienced Contraceptive Shortages during the Last Three Months (%)**					
The pill	9.16	17.28	24.36	3.45	12.33
Injection	14.42	26.18	23.08	6.90	17.76
Implants	23.98	28.80	24.36	10.34	24.66
IUDs	7.99	16.23	5.13	3.45	9.49
Condoms	5.07	7.33	12.82	6.90	6.41
N (*puskesmas*)	513	191	78	29	811
Average Period of Contraceptive Stock Shortage (weeks)					
The pill	4.45	5.41	3.83	4.00	4.62
N (*puskesmas*)	47	29	18	1	95
Injection	4.33	4.38	4.06	4.00	4.31
N (*puskesmas*)	73	45	17	2	137
Implants	8.33	9.57	8.76	9.33	8.70
N (*puskesmas*)	117	46	17	3	183
IUDs	6.38	8.70	9.50	4.00	7.31
N (*puskesmas*)	40	23	4	1	68
Condoms	9.46	8.50	15.90	2.50	10.31
N (*puskesmas*)	26	10	10	2	48

5.5 Minimum Standards of Service (MSS)

Only district health offices were asked questions regarding minimum standards of service (MSS). Table 5.5.1 shows that only 53% of districts in the sample have met the minimum standards of service set by the central government. The highest proportion of these districts is found in ILGRP areas (62%) and the lowest in USDRP areas (40%). However, the 40% of districts in USDRP areas that have met the standards have already issued local regulations related to the MSS, while less than 10% of districts in other areas have done so.

Very few *puskesmas* have the resources required to meet the MSS; in fact, not even one *puskesmas* in USDRP areas has been able to meet the standards. However, 20% of districts in USDRP areas have regulated a sanction for *puskesmas* that fail to meet the MSS, while only 6% of districts in SPADA areas and none in ILGRP areas have done so.

Table 5.5.1 Minimum Standards of Service (MSS) for Health Service Providers

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
District government is able to meet the minimum standard of services that is determined by the central government (%)	55.17	47.06	61.54	40.00	53.24
District government has a local regulation related to MSS (%)	10.34	8.82	7.69	40.00	10.79
All *Puskesmas* in the District have Adequate Resources to Meet the MSS (%)					
Financial budget	5.75	8.82	7.69	0.00	6.47
Human resources	5.75	8.82	7.69	0.00	6.47
Infrastructure	3.45	8.82	0.00	0.00	4.32
District Health Office has sanctions in place for *puskesmas* that do not meet the MSS (%)	2.30	5.88	0.00	20.00	3.60
N (district health offices)	87	34	13	5	139

5.6 School Outcomes

The survey measures school outcomes by the proportion of students who successfully graduate. Table 5.6.1 shows that the overall primary school (SD) graduation rate was 96% and only slightly lower (94%) at the junior secondary school (SMP) level. Graduation rates for female students are slightly higher than for male students. Across areas, the SD graduation rate is lowest in USDRP areas at only 89%, while it reaches 97% in other areas. The lowest SMP graduation rate is found in SPADA areas at 93%, while it reaches 97% in other areas.

Table 5.6.1 School Outcomes

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Percentage of Students who Graduated from the National Examinations, 2004/2005 Academic Year					
Primary school					
Male graduates (%)	94.61	96.55	97.06	89.32	95.38
N (schools)	191	117	35	8	351
Female graduates (%)	96.22	98.42	97.51	88.41	96.90
N (schools)	187	116	35	8	346
Overall graduates (%)	95.51	97.26	97.30	88.87	96.12
N (schools)	190	117	35	8	350
Junior secondary school					
Male graduates (%)	94.05	92.68	96.66	96.66	94.08
N (schools)	238	87	37	13	375
Female graduates (%)	95.21	92.20	97.59	97.23	94.81
N (schools)	237	87	37	13	374
Overall graduates (%)	94.57	92.51	97.12	96.95	94.43
N (schools)	238	87	37	13	375

VI. ACCOUNTABILITY OF HEALTH AND EDUCATION INSTITUTIONS

6.1 Involvement of Health and Education Institution Heads in Decision-making Processes

Education Institutions: Schools

This section assesses school principal involvement in the decision-making processes for the determination of their school's vision and mission, the curriculum used in the school, and the reference books used for teaching at both the primary and junior secondary schools, based on information provided by school principals. It also assesses their involvement in the decision-making processes for the recruitment of temporary teachers, the selection of participants for teacher capacity building training, and the determination of teacher evaluation criteria, based on information provided by district education offices.

Table 6.1.1 shows a high level of school principal involvement in the determination of a school's vision and mission in both primary and junior secondary schools, at 94% and 97% respectively. The proportions are similar across areas, with the highest recorded in USDRP areas at 97% and the lowest in SPADA areas at 90%.

However, the involvement rates are much lower for the determination of school curriculum and reference books. Only 42% of primary school principals are involved in the determination of school curriculum and 54% in the determination of reference books. However, there are large variations across areas. In the determination of school curriculum, the highest proportion of districts involving the principal is in SPADA areas (46%) and the lowest in USDRP areas (33%). In the determination of reference books, the highest proportion is found in USDRP areas (70%) and the lowest in SPADA areas (48%).

In junior secondary schools, only 65% of school principals are involved in the determination of school curriculum and 48% in the determination of reference books. As in the case of primary schools, these figures vary across the areas. The highest level of involvement in the determination of school curriculum is found in ILGRP areas (77%) and the lowest in SPADA areas (63%). In the determination of reference books, the highest rate is found in SPADA areas (55%) and the lowest in USDRP areas (40%).

School principal involvement in the recruitment of temporary teachers is relatively low. Only 31% of school principals have a say in this decision. The proportions are even lower in USDRP and ILGRP areas at only 20% and 23% respectively. School principals have a greater role in the determination of participants for teacher capacity upgrading, with 66% involved in the decision. In USDRP areas the proportion is as high as 80%. In determining teacher evaluation criteria, 61% of school principals are involved. This proportion is similar across areas.

Table 6.1.1 School Principal Involvement in Decision-making Processes

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
School Principals Involved in the Decision-making Process, according to School Principals (%)					
Primary school					
Determination of school's vision and mission	94.74	90.15	93.59	96.67	93.57
Choosing the curriculum used in the school	41.72	46.31	34.62	33.33	41.87
Determination of reference books	53.61	47.78	69.23	70.00	54.25
N (schools)	513	203	78	30	824
Junior secondary school					
Determination of school's vision and mission	96.93	97.09	100.00	93.33	97.13
Choosing the curriculum used in the school	64.37	63.11	76.92	66.67	65.31
Determination of reference books	44.83	55.34	51.28	40.00	47.85
N (schools)	261	103	39	15	418
School Principals Involved in the Decision-making Process, according to District Education Offices (%)					
Recruitment of temporary teachers	32.18	31.43	23.08	20.00	30.71
Determination of participants for teacher capacity upgrading	64.37	65.71	69.23	80.00	65.71
Determination of teacher evaluation criteria	59.77	62.86	61.54	60.00	60.71
N (district education offices)	87	35	13	5	140

Health Institutions: *Puskesmas*

This section assesses the involvement of *puskesmas* heads in decision-making processes to determine various health-related decisions at both the *puskesmas* and district levels. Table 6.1.2 shows that according to their own accounts, *puskesmas* head involvement in the determination of service charges is relatively low, with only 32% of *puskesmas* heads involved in the decision-making process. There is a large variation across areas, the highest rate of involvement being in USDRP areas at 45% and the lowest in SPADA areas at only 24%. However, according to the information from district health offices, 76% of districts involve *puskesmas* heads in the decision-making process. In fact, all districts in the USDRP areas reported that they involve *puskesmas* heads in the determination of service charges, while 71% of districts in SPADA areas reported they do so.

In districts where the collection targets for service charges are determined by district health offices, a large number (86%) of *puskesmas* heads are involved in the target determination. This figure is highest in USDRP areas (100%) and lowest in SPADA areas (78%).

Table 6.1.2 Involvement of *Puskesmas* Heads in Decision-making Processes

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
***Puskesmas* Heads Involved in the Following Decision-making Process, according to *Puskesmas* Heads (%)**					
Determination of *puskesmas* service charges	34.38	23.68	35.90	44.83	32.39
Determination of PKPS-BBM BK* beneficiaries	46.88	48.95	55.13	44.83	48.08
N (*puskesmas*)	512	190	78	29	809
For Districts with Minimum Standards of Service (MSS) for Health in Place, *Puskesmas* Heads Involved in the Determination of the MSS, according to *Puskesmas* Heads (%)					
Determination of the district/city health sector MSS	63.32	60.84	61.84	68.97	62.87
N (*puskesmas*)	428	143	76	29	676
If the District Health Office Determined the 2005 Service Charges Target, *Puskesmas* Heads Involved in the Decision-making Process, according to District Health Offices (%)					
Determination of the 2005 service charges target	86.44	78.26	92.31	100.00	85.86
N (district health offices)	59	23	13	4	99
***Puskesmas* Heads Involved in the Following Decision-making Processes, according to District Health Offices (%)**					
Determination of health service charges	74.71	70.59	84.62	100.00	75.54
N (district health offices)	87	34	13	5	139
Recruitment of:					
Doctors	17.65	35.48	15.38	60.00	23.13
N (district health offices)	85	31	13	5	134
Temporary doctors (PTT)	15.29	28.13	15.38	60.00	20.00
N (district health offices)	85	32	13	5	135
Temporary doctors, paid by local government (local PTT)	15.29	10.71	15.38	60.00	16.03
N (district health offices)	85	28	13	5	131

* PKPS-BBM BK: Fuel Subsidy Reduction Compensation Program in the Health Sector

According to *puskesmas* heads, 48% are involved in the determination of beneficiaries for the Fuel Subsidy Reduction Compensation Program for the Health Sector (PKPS-BBM BK). ILGRP areas recorded the highest rate of involvement (55%) and USDRP areas the lowest (45%). Their rate of involvement in the determination of *puskesmas* service charges is generally lower, at 32%.

In the districts which have MSS for health, 63% of *puskesmas* heads are involved in the creation of the MMS. The highest figure is found in USDRP areas (69%) and the lowest is found in SPADA areas (61%).

According to district health offices, the involvement of *puskesmas* heads in the recruitment of medical doctors including temporary doctors (both those paid by the central government and those paid by the local governments), is quite low at less than 24%. In fact, only 16% of districts involve *puskesmas* heads in the recruitment of temporary doctors who are paid by local

governments. USDRP areas differed significantly from other areas; 60% of USDRP districts claimed that they accommodate the participation of *puskesmas* heads in the decision-making process regarding the recruitment of all categories of doctor.

6.2 Final Decision-making

Education Institutions: Schools

Table 6.2.1 shows the role of school principals as the final decision-maker in matters related to their job. The proportions of school principals who are the final decision-makers in the determination of admission criteria for new students at both primary and junior secondary schools are very low, at only 7% and 6% respectively. These low proportions are similar across areas, with the highest in ILGRP areas (10% and 7% for the primary and junior secondary schools respectively), and the lowest in USDRP areas (only 4% at both levels).

Similarly, at the district level, not many school principals are the final decision-makers in the recruitment of temporary teachers and the determination of participants for teacher capacity building, with only 5% of districts allowing school principals make the final decision in these cases across all areas and none at all in SPADA districts. However, in USDRP areas, 60% of districts allow school principals to make the final decision regarding the recruitment of temporary teachers. Eighteen percent of districts allow school principals make the final decision regarding the determination of teacher evaluation criteria. Across areas, the highest number is found in ILGRP areas (31%), and the lowest in SPADA areas (17%).

Table 6.2.1 School Principals as the Final Decision-maker

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
School Principals Who Make the Final Decision in the Determination of Admission Criteria for New Students, according to School Principals (%)					
Primary School	5.89	7.97	9.77	4.33	6.65
N (schools)	233	78	35	15	361
Junior Secondary School	5.91	5.52	7.18	4.37	5.88
N (schools)	473	184	72	30	759
Districts that Allow School Principals to Make the Final Decision, according to District Education Offices (%)					
Recruitment of temporary teachers	3.45	0.00	7.69	60.00	5.00
Determination of participants for teacher capacity upgrading	5.75	0.00	7.69	20.00	5.00
Determination of teacher evaluation criteria	16.09	17.14	30.77	20.00	17.86
N (district education offices)	87	35	13	5	140

Health Institutions: *Puskesmas*

Table 6.2.2 shows the role of *puskesmas* heads as the final decision-makers in matters related to their job. As is the case with school principals, according to their own accounts, very few *puskesmas* heads are authorized to make final decisions. In the determination of *puskesmas* service charges, less than 5% of *puskesmas* heads make the final decision, and none in either ILGRP or USDRP areas have this role. The figure is 9% in SPADA areas.

Table 6.2.2 *Puskesmas* Heads as the Final Decision-maker

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
***Puskesmas* Heads Authorized to Make Final Decisions, according to *Puskesmas* Heads (%)**					
Determination of *puskesmas* charges for health services	3.91	9.47	0.00	0.00	4.70
N (*puskesmas*)	512	190	78	29	809
***Puskesmas* Heads Authorized to Make Final Decisions, according to District Health Offices (%)**					
Adjustment of *puskesmas* service charges	9.20	11.76	15.38	40.00	11.51
N (district health offices)	87	34	13	5	139
Recruitment of:					
Doctors	0.00	5.88	0.00	0.00	1.46
Temporary doctors (PTT)	0.00	2.94	0.00	0.00	0.73
Temporary doctors, paid by local government (local PTT)	0.00	11.76	0.00	0.00	2.92
N (district health offices)	85	34	13	5	137

However, according to the information from district health offices, 12% of districts allow *puskesmas* heads to adjust the service charges at their *puskesmas*. Across World Bank project areas, the highest proportion is found in USDRP areas (40%) and the lowest in SPADA areas (12%).

In general, very few districts allow *puskesmas* heads to make the final decision regarding the recruitment of doctors. None of the districts in ILGRP and USDRP areas give this role to *puskesmas* heads, and in SPADA areas, only 6% of districts allow *puskesmas* heads the final say on the recruitment of permanent doctors, 3% of districts on the recruitment of temporary doctors, and 12% of districts on the recruitment of temporary doctors paid by local government.

VII. THE IMPLEMENTATION OF RECENT GOVERNMENT PROGRAMS

Respondents were asked about the implementation of several recent government programs which form the components of the Fuel Subsidy Reduction Compensation Program (PKPS-BBM). The questionnaire covered the Unconditional Cash Transfer (SLT), PKPS-BBM for the health sector (PKPS-BBM BK, also known as Health Insurance for Poor Families (Askeskin)), School Operational Assistance (BOS), and PKPS-BBM for village infrastructure (PKPS-BBM IP).

These programs are managed by the central government and have national coverage. The survey data from 139 districts, however, shows that some districts were reported as not being covered by the PKPS-BBM programs in health,[10] education (BOS),[11] and village infrastructure.[12]

Table 7.1 provides information on poor families, which are usually referred to as *gakin* (*keluarga miskin*), and is based on information provided by village heads. The table shows that quite a high proportion of families in villages are considered to be poor, at 44% on average. This is much higher than the official national poverty rate in 2006, which stood at less than 18%. Across areas, villages in SPADA areas have the highest average incidence of poor families (56%), while the lowest average incidence is found in the USDRP areas (20%). This is to be expected, given SPADA areas are disadvantaged, left-behind rural areas while USDRP areas are urban.

Table 7.1 Information about Poor Families (*Gakin*) according to Village Heads

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Average percentage of poor families in the village	40.83 (26.00)	56.32 (25.72)	41.05 (21.02)	20.13 (14.77)	43.99 (26.42)
N (villages)	514	208	78	30	830
In 2005, government programs for poor families were implemented in the village (%)	94.63	95.22	98.72	100.00	95.35
Village members asked for a letter of recommendation for the poor to obtain health care and/or education services in 2005 (%)	95.97	88.04	97.44	96.67	94.15
N (villages)	521	209	78	30	838

Note: Standard deviations in parentheses

[10]Kota Salatiga (Central Java), Kabupaten Sekadau (West Kalimantan), and Kabupaten Halmahera Barat (North Maluku).

[11]Kota Salatiga (Central Java) and Kabupaten Sekadau (West Kalimantan).

[12]Kabupaten Aceh Barat, Kabupaten Aceh Besar, Kota Banda Aceh (NAD), Kota Palembang (South Sumatra), Kota Salatiga, Kota Semarang (Central Java), Kabupaten Sanggau (West Kalimantan), and Kota Balikpapan (East Kalimantan). Because the PKPS-BBM IP program is intended for rural areas, it may not be implemented in cities (*kota*).

During 2005, 95% of all villages in the sample were covered by government programs with benefits targeted toward poor families. This figure reached 100% in USDRP areas. Some of these programs require beneficiaries to obtain a letter of recommendation for the poor (SKTM) from village heads confirming that they are indeed poor families. During 2005, almost all (94%) village heads issued such letters. This figure was lowest in SPADA areas (88%).

7.1 The Unconditional Cash Transfer (SLT) Program

The Unconditional Cash Transfer (SLT) program provided a direct transfer of Rp100,000 per month to beneficiary households for a period of 12 months, starting from the last quarter of 2005 and finishing in the third quarter of 2006. The cash was distributed to the beneficiary households quarterly through the post office. SLT beneficiaries were selected based on the 2005 household socioeconomic survey (PSE05) conducted by Statistics Indonesia (BPS), using a proxy means testing method. Approximately 15.5 million households were initially selected as program beneficiaries. Due to strong protests from households which consider themselves to be poor but that were not included in the program, the number of beneficiaries was increased to 19.2 million households for the second and following disbursements.

Beneficiary Socioeconomic Characteristics

Table 7.1.1 provides a description of the socioeconomic characteristics of SLT beneficiary households in order to give a better understanding of who received the program benefit. Comparing this table with tables 2.4.1 to 2.4.3, it is clear that most of the means of SLT beneficiary household socioeconomic characteristics are lower than the mean for all households, confirming that SLT beneficiaries are generally poorer than the general population. For example, the proportion of households headed by women among SLT beneficiaries is almost double that for the entire household sample. The proportion of SLT beneficiary household heads with only a primary education is also much higher than in the entire household sample.

Table 7.1.1 also provides the 14 indicators that were used to determine SLT beneficiaries in PSE05. Among these indicators, the most common are (i) using charcoal or kerosene as cooking fuel, (ii) consuming meat at most once in a week, and (iii) the household head having a primary education or less. The occurrence of these top three indicators is similar across areas.

Table 7.1.1 Socioeconomic Characteristics of Unconditional Cash Transfer (SLT) Beneficiary Households

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Household Head Characteristics					
Female (%)	18.80	18.17	15.54	20.83	18.39
Working in last month (%)	83.88	87.97	87.02	76.25	84.98
N (households)	3,841	1,679	624	240	6,384
Educational attainment (%)					
Primary education	72.65	70.51	76.86	61.24	72.04
Junior secondary education	15.81	18.08	13.38	17.22	16.24
Senior secondary education	10.74	10.57	9.18	19.14	10.87
Diploma I/II/III	0.19	0.28	0.19	0.96	0.25
D IV/Strata 1 or higher	0.61	0.56	0.38	1.44	0.61
N (households)	3,119	1,438	523	209	5,289
Average age (years)	48.69 (15.28)	46.64 (15.13)	47.10 (14.90)	49.03 (14.83)	48.01 (15.21)
N (households)	3,835	1,679	624	240	6,378
Household Characteristics					
Average household size (persons)	4.32 (2.03)	4.60 (2.12)	4.28 (1.88)	4.58 (2.15)	4.40 (2.05)
N (households)	3,841	1,679	624	240	6,384
The Fourteen Indicators Used to Determine SLT Beneficiaries in the PSE05 (%)					
Housing area per capita < 8 m^2	37.44	42.58	35.26	47.08	38.94
House floor is soil/earth	54.93	64.20	55.61	23.33	56.25
House wall made from wood/bamboo	61.18	70.28	62.98	46.67	63.20
Shared/public toilet	57.20	63.91	71.96	53.75	60.28
Source of drinking water: nonprotected water source	67.17	75.76	69.07	60.42	69.36
Source of energy for lighting: Nonelectricity	24.89	51.46	21.79	20.00	31.39
Type of fuel for daily cooking: charcoal/kerosene	99.56	99.82	100.00	100.00	99.69
Meat consumption in one week: never/once a week or less	95.05	97.32	97.12	93.75	95.80
Frequency of meals: once or twice per day	32.78	34.31	43.43	50.00	34.87
Able to buy new clothes once in a year for most household members: never/one set	20.67	18.28	20.19	18.75	19.92
Unable to access medical treatment when a household member is sick	19.37	29.60	20.67	23.33	22.34

Table 7.1.1 Continued

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Sector of main livelihood source for household head: Agriculture	62.09	82.55	69.71	39.58	67.37
Education attainment of household head: Primary education or less	79.59	78.08	82.53	67.50	79.03
Do not own any valuable assets	48.53	60.51	60.10	55.42	53.07
N (households)	3,841	1,679	624	240	6,384

Note: Standard deviations in parentheses

The survey also asked SLT beneficiaries to make a self-assessment of their household's economic welfare. The results are presented in Table 7.1.2. According to poverty status, there are three groups of SLT beneficiaries: (i) the very poor (those with household expenditure below Rp125,000 per capita per month); (ii) the poor (those with household expenditure between Rp125,000 and Rp150,000 per capita per month); and (iii) the near poor (those with household expenditure between Rp150,000 and Rp175,000 per capita per month). The table indicates that most SLT beneficiaries fall into the very poor and poor categories. As expected, the average monthly per capita expenditure in USDRP areas is substantially higher than that in SPADA and ILGRP areas.

This is consistent with the subjective household assessments of their poverty status. Around 90% of SLT beneficiaries consider themselves to be very poor or poor, while 9% consider themselves to be in the middle class and less than 1% considers themselves to be rich or very rich. This perhaps indicates the extent of mistargeting in the SLT program. This distribution of SLT beneficiaries by subjective poverty status is similar across areas.

Finally, households were asked to compare their current (2006) economic condition with that of 2 years ago. Forty-two percent of households stated that they are now worse off than they were 2 years earlier, 31% stated that their socioeconomic condition is about the same, and 26% are now better off. This subjective assessment on change in welfare is consistent with the trend at the national level, where the official poverty rate has increased from 15.97% in 2005 to 17.75% in 2006. Looking across areas, it seems that urban areas performed worse than other areas. In USDRP areas, a much higher percentage of households (52%) stated that they are now worse off, while only 14% feel that they are now better off.

Table 7.1.2 SLT Beneficiary Household Self-assessment of Economic Welfare

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Monthly per capita expenditure (rupiah)	126,265.8 (96,932.2)	100,288.2 (85,002.2)	107,952.5 (81,958.4)	125,122.0 (87,970.7)	117,600.6 (92,911.8)
N (households)	3,841	1,679	624	240	6,384
Welfare Level of SLT Beneficiaries (in the First 3 Rounds), according to SLT Beneficiaries (%)					
Very rich	0.13	0.16	0.00	0.00	0.11
Rich	0.51	0.32	0.32	0.00	0.42
Middle	9.69	8.03	7.35	10.19	9.04
Poor	70.93	66.13	63.58	70.37	68.89
Very poor	18.75	25.36	28.75	19.44	21.54
N (households)	1,579	623	313	108	2,623
Current Household Economic Condition Compared to Two Years Ago (%), according to SLT Beneficiaries					
Better	25.36	29.26	30.29	14.17	26.45
About the same	30.73	32.60	30.61	34.17	31.34
Worse	43.36	37.37	38.94	51.67	41.66
Don't know	0.55	0.77	0.16	0.00	0.55
N (households)	3,840	1,678	624	240	6,382

Note: Standard deviations in parentheses

Data Enumeration and Determination of Beneficiaries

Table 7.1.3 provides the household assessments of the implementation of the 2005 household socioeconomic data enumeration (PSE05) that was conducted by BPS and its working partners. The data enumeration collected information on households that neighborhood (RT) heads considered to be poor. Enumerators were appointed by local leaders and/or local BPS offices. Using the list of poor households that was provided by RT heads, the enumerators collected household socioeconomic data, including data on the 14 indicators listed in Table 7.1.1.

According to the GDS2 findings, only 55% of SLT beneficiary households were actually visited by PSE05 enumerators. The lowest proportion is found in SPADA areas (51%) and the highest in USDRP areas (70%). This indicates that many enumerators may have filled in the household questionnaires by themselves without directly asking the respondents.

Among those who were actually visited by the PSE05 enumerators, only approximately two-thirds received an explanation as to why the data was being collected. This proportion is similar across areas. Furthermore, when a PSE05 enumerator visited a household, they did not always ask all of the questions on the questionnaire; only 66% of the visited households were asked all questions. Across areas, the lowest proportion of visited households which were asked all the questions was found in SPADA areas at 63%, while the highest is in USDRP areas at 73%.

Table 7.1.3 Household Assessments of the 2005 Household Socioeconomic Data Enumeration for the Determination of SLT Beneficiaries (PSE05)

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Household was visited by PSE05 enumerator (%)	54.23	50.68	61.70	69.58	54.61
N (households)	3,841	1,679	624	240	6,384
For Households Who were Visited by a PSE05 Enumerator					
The enumerator explained the purpose of the data collection (%)	67.79	66.86	67.79	67.07	67.53
The enumerator asked all of the PSE05 questions (%)	65.82	63.34	69.61	73.05	65.98
N (households)	2,083	851	385	167	3,486
Household Knowledge of Eligibility Criteria for SLT Beneficiaries					
Aware of the eligibility criteria for being an SLT beneficiary (%)	34.47	37.94	36.22	37.50	35.67
N (households)	3,841	1,679	624	240	6,384
For Households Aware of the Eligibility Criteria for being an SLT Beneficiary: SLT Beneficiary Opinions on the Criteria and Targets for the SLT Program					
The criteria used to determine the SLT beneficiary is appropriate (%)	92.07	92.15	92.04	88.89	91.96
The SLT target for the village is correct (%)	74.17	78.34	78.32	65.56	75.41
N (households)	1,324	637	226	90	2,277

SLT beneficiary households were also asked whether they are aware of the eligibility criteria for SLT beneficiaries. The result indicates that only 36% of SLT beneficiaries are aware of the criteria. This proportion is similar across areas. Ninety-two percent of those who know what the eligibility criteria were thought they were appropriate and the proportion is equally high across all areas. In addition, 75% of them think that the target for SLT beneficiaries was accurate. However, only 66% of households who are aware of SLT eligibility criteria in USDRP areas think that the target was accurate, while in SPADA and ILGRP areas the proportion is as high as 78%. This perhaps indicates that anti-poverty programs in urban areas are more prone to mistargeting.

Distribution of SLT Recipient Identification Card (KKB) to Beneficiaries

After the SLT beneficiary selection process was completed, beneficiary households were provided with SLT recipient identification cards, commonly known as *Kartu Kompensasi BBM* (KKB). The card was the main and often the only document required for the disbursement of SLT funds. According to the program guidelines, the KKB should have been distributed or delivered to SLT beneficiary houses. By doing it this way, it was expected that the BPS officer who distributed the KKB could verify whether the recipient was really eligible to receive the SLT benefit. The finding in Table 7.1.4, however, suggests that only 62% of the KKB were delivered to beneficiaries' homes. This proportion was highest in USDRP areas (66%) and lowest was in SPADA areas (53%). Those who did not have their card delivered were required to pick it up from a designated place, mostly from the house of the neighborhood leader.

Table 7.1.4 Household Assessments of the Distribution of SLT Recipient Identification Cards (KKB)

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
KKB Distribution Method (%)					
Delivered to beneficiary's home	66.95	52.56	59.55	66.29	62.17
Beneficiary collected KKB from a designated place	29.32	40.23	35.11	32.02	33.04
KKB distributed during a community meeting	3.28	6.13	4.31	1.12	4.10
KKB not distributed	0.10	0.58	0.00	0.00	0.22
Other	0.35	0.50	1.03	0.56	0.46
N (households)	2,896	1,387	487	178	4,948
Information Provided to Beneficiaries when Receiving the KKB (%)					
Amount of money to be received	95.07	95.03	94.46	94.38	94.97
Place of the disbursement	97.79	95.32	98.97	98.88	97.25
Time of the disbursement	94.93	92.15	96.10	96.63	94.33
Documents required for the disbursement	97.45	94.89	97.74	100.00	96.85
Complaints process for the SLT program	32.37	37.37	30.80	24.72	33.34
N (households)	2,898	1,389	487	178	4,952

Most SLT beneficiaries (more than 94%) were informed about the amount of SLT funds that they would receive, the place and time of disbursement, as well as the documents they would require in order to collect the SLT funds. However, only one-third of SLT beneficiaries were provided with information on the complaints process for the program, including where, how, and to whom they could report any complaints or suggestions related to the SLT program. This pattern was similar across most areas, but fell to one quarter in USDRP areas.

Disbursement of SLT Funds

Between the last quarter of 2005 and the third quarter of 2006, SLT funds were disbursed in four quarterly tranches. By the time the GDS2 survey was implemented in June 2006, the first three tranches of the SLT fund disbursements had been completed. Hence, questions on the SLT program's implementation are based on the first three tranches.

Table 7.1.5 shows that, on average, funds were to be collected from locations 7.6 kilometers from beneficiaries' homes, and mostly from post offices. As expected, beneficiaries in USDRP had the shortest average distance between their homes and the funds collection point (4.1 kilometers), and those in the SPADA areas had the longest distance to travel (10.3 kilometers). As the collection locations were generally not within walking distance, most beneficiaries needed to use some form of transportation in order to collect SLT funds.

Table 7.1.5 Disbursement of SLT Funds according to Beneficiary Households

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Funds Disbursement					
Distance of the disbursement point from the beneficiary's home (meters)	7,043.9 (12,535.7)	10,335.4 (14,748.4)	5,260.4 (6,404.9)	4,145.1 (7,282.4)	7,635.5 (12,677.1)
N (households)	2,732	1,240	469	177	4,618
Travel time to the disbursement point (minutes)	39.30 (65.39)	63.94 (78.28)	28.80 (26.43)	23.69 (18.35)	44.62 (66.80)
N (households)	2,887	1,385	486	178	4,936
Cost of transportation to the disbursement place (rupiah)	7,237.2 (14,841.2)	13,131.9 (23,051.2)	6,623.5 (15,227.1)	4,280.9 (5,408.2)	8,721.8 (17,590.3)
N (households)	2,892	1,384	486	178	4,940
Queuing time for the disbursement (minutes)	81.74 (90.49)	87.48 (99.30)	70.85 (80.68)	79.87 (115.62)	82.23 (93.25)
N (households)	2,867	1,386	482	175	4,910
Received the SLT Funds (%)					
First tranche	68.06	73.50	72.76	66.67	69.89
Second tranche	68.11	77.01	74.84	69.58	71.16
Third tranche	47.28	43.84	55.13	51.25	47.29
All three tranches	41.11	37.11	50.16	45.00	41.09
N (households)	3,841	1,679	624	240	6,384

Note: Standard deviations in parentheses

Consistent with the average distance of distribution points from a beneficiary's home, it took quite some time for beneficiaries to reach the distribution points, with an average traveling time of 45 minutes. Beneficiaries in the urban USDRP areas had the shortest traveling time at 24 minutes, while the longest time was experienced in SPADA areas (64 minutes).

Beneficiaries incurred out of pocket expenses for transportation to the distribution points. On average, transportation cost Rp8,722, or less than 3% of the Rp300,000 collected every quarter. Reflecting the distances between beneficiary homes and distribution points, the lowest average transportation costs were incurred by beneficiaries in USDRP areas (Rp4,281) and the highest by beneficiaries in SPADA areas (Rp13,132).

The majority of beneficiaries spent more time queuing to receive their funds than they did traveling to the distribution point. The average waiting time was 82 minutes, with the lowest average time in ILGRP areas (71 minutes) and the highest in SPADA areas (87 minutes).

The table also suggests that SLT funds were not disbursed regularly and that there were delays in some areas. Only 70% of households that had received at least one tranche of SLT funds between October 2005 and June 2006 received the first tranche; this figure was similar across areas. The figure increased slightly to 71% for the second tranche, again similar across

areas. This increase may be due to the increasing number of SLT beneficiaries due to the protests, but the magnitude of the increase was much smaller than the official data on beneficiary numbers suggests. Only 47% of beneficiaries had received the third tranche of funds at the time of the survey (June 2006). As the third tranche was due to be disbursed in April 2006, this figure indicates a considerable delay in the disbursement of SLT funds in a large number of areas.

Use of SLT Funds

Table 7.1.6 indicates that beneficiary households used SLT fund for various purposes, but the primary use was for meeting household consumption needs. The table shows that 60% of beneficiaries used their SLT funds for buying rice, 50% used it for buying other food, and 36% used it for buying kerosene. Beneficiaries who used the last tranche of SLT funds they received for buying rice spent an average of Rp77,771 on rice, or 26% of the money they received. Other food accounted for a smaller amount of expenditure at Rp49,635 (16.5% of the money received), and kerosene only Rp11,763 (4% of the money received).

A significant number (one-third) of SLT beneficiary households used the funds for paying off debts, spending an average of Rp52,334, or more than 17% of the money received. Others used the funds to pay for educational- and health-related expenses. Sixteen percent of beneficiaries used the funds to pay for school fees, spending an average of Rp16,848 (less than 6% of the money received) and 21% used the money to pay for medicines, spending an average of Rp9,511 (3% of the money received). Some beneficiaries used the money as additional business capital, but this only accounts for 8% of beneficiaries, and only Rp10,039 was allocated on average, or slightly more than 3% of the total SLT funds they received. A comparison of the figures in all areas indicates that these usage patterns were similar across areas.

Table 7.1.6 Use of SLT Funds by Beneficiary Households

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Use of SLT Funds(%)					
Paying debt	33.22	31.09	39.58	33.75	33.30
Buying rice	57.56	66.11	59.46	55.42	59.92
Buying other food	49.44	51.28	50.80	42.92	49.81
Buying kerosene	32.60	45.21	31.57	32.92	35.82
Buying gasoline	3.98	5.12	2.24	2.50	4.06
Paying school fee	14.97	18.05	13.94	12.50	15.59
Buying medicines	17.55	28.83	18.59	14.58	20.50
Additional capital	7.68	7.86	8.01	7.08	7.74
Other	34.42	43.60	41.99	36.67	37.66
N (households)	3,841	1,679	624	240	6,384
Average number of days taken to use all funds from time of receipt	12.60	12.28	12.90	10.46	12.46
	(15.12)	(14.59)	(14.48)	(14.07)	(14.88)
N (households)	2,845	1,372	470	173	4,860
Average Amounts (rupiah)					
Paying debt	54,981.6	42,468.4	64,072.0	53,971.9	52,334.2
	(81,344.4)	(70,815.8)	(88,968.1)	(83,110.7)	(79,672.0)
N (households)	2,863	1,376	486	178	4,903
Buying rice	75,190.7	88,091.6	65,948.1	71,780.3	77,771.0
	(66,322.4)	(71,398.8)	(61,910.3)	(68,039.0)	(67,773.6)
N (households)	2,879	1,381	487	178	4,925
Buying other food	55,698.3	39,256.2	44,628.0	45,669.9	49,635.2
	(69,046.5)	(50,617.2)	(57,824.6)	(62,264.3)	(63,476.7)
N (households)	2,869	1,374	485	178	4,906
Buying kerosene	11,047.3	14,580.4	7,807.0	12,243.2	11,762.7
	(20,352.3)	(21,966.9)	(14,024.8)	(21,432.4)	(20,429.7)
N (households)	2,873	1,383	487	177	4,920
Buying gasoline	1,513.8	1,437.2	979.4	3,005.6	1,493.6
	(11,285.7)	(8,521.1)	(10,155.5)	(22,350.2)	(11,097.0)
N (households)	2,865	1,370	486	178	4,899
Paying school fees	16,347.6	16,930.3	15,767.5	27,213.5	16,847.7
	(49,521.8)	(49,145.8)	(48,612.4)	(72,691.7)	(50,379.2)
N (households)	2,867	1,374	486	178	4,905
Buying medicines	9,392.2	10,838.3	6,816.9	8,477.5	9,510.9
	(31,116.4)	(28,416.2)	(20,435.2)	(27,018.8)	(29,339.5)
N (households)	2,864	1,379	485	178	4,906
Additional capital	10,844.0	8,175.4	10,035.0	11,455.1	10,039.1
	(43,618.8)	(34,149.2)	(36,852.5)	(42,682.9)	(40,497.4)
N (households)	2,864	1,371	486	178	4,899
Other	41,201.7	52,580.7	51,465.4	45,407.5	45,355.7
	(79,308.9)	(85,415.9)	(86,677.9)	(83,247.9)	(81,991.0)
N (households)	3,841	1,679	624	240	6,384

Note: Standard deviations in parentheses

Problems and Complaints

The SLT program encountered several problems during its implementation. Table 7.1.7 shows that according to its own beneficiaries, the data enumeration was the most problematic (17%), while distribution of the KKB was the least problematic (5%). Around 10% of beneficiaries encountered problems with both the socialization and distribution of SLT funds. The pattern was similar across most areas, but the proportion of beneficiaries who encountered problems with the distribution of KKB in USDRP areas was almost double that of other areas.

Table 7.1.7 Problems Encountered and Complaints according to SLT Beneficiary Households

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Problems Related to the SLT Program (%)					
Socialization	10.44	10.24	7.69	12.50	10.20
Data enumeration	18.09	15.37	15.87	21.25	17.28
Distribution of KKB	4.89	5.42	5.61	10.42	5.31
Disbursement of SLT funds	8.62	11.85	10.90	10.83	9.77
N (households)	3,841	1,679	624	240	6,384
For Beneficiaries Who Encountered any of the Above Problems					
They complained about the problems (%)	33.11	31.05	35.67	43.75	33.33
N (households)	1,063	438	171	80	1,752
For Beneficiaries Who Made a Complaint about the Above Problems					
They were satisfied with the response (%)	29.55	27.94	31.15	20.00	28.77
N (households)	352	136	61	35	584

One-third of beneficiaries who encountered problems lodged complaints. USDRP areas had the highest proportion of beneficiaries who lodged complaints (44%) and SPADA areas had the lowest (31%). Only 29% of those who did complain were satisfied with the response they received from the program implementer. The highest satisfaction rate was in ILGRP areas (31%) and the lowest satisfaction rate was in USDRP areas, at only 20%.

The Implementation of the SLT Program according to Village Heads

The survey also asked village heads about the implementation of the SLT program in their village. Table 7.1.8 shows that even though all villages were covered by the program, in some villages not a single household became program beneficiaries. Ninety-nine percent of villages had at least one SLT recipient among their population. Curiously, however, the few villages which had no SLT recipients are located in SPADA and ILGRP areas, while all sample villages in USDRP areas had SLT recipients among their population.

Table 7.1.8 The Implementation of the SLT Program according to Village Heads

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
At least one household in the village received SLT funds (%)	99.42	98.56	98.72	100.00	99.16
N (villages)	521	209	78	30	838
For Villages with SLT Beneficiaries (%):					
Village officials participated in the socialization of the program	86.10	80.58	90.91	93.33	85.44
Village head/staff was informed about the SLT program before the data enumeration	59.07	67.96	68.83	63.33	62.33
Village head was involved/played a role in the selection of data enumerators	51.93	48.06	45.45	40.00	49.94
The selection criteria for SLT beneficiaries can be fully implemented in this village	51.16	55.34	68.83	36.67	53.31
The selection criteria for SLT beneficiaries is appropriate	55.98	55.83	70.13	43.33	56.80
There was a data re-enumeration for the new list of SLT recipients following the first tranche	92.86	83.98	94.81	100.00	91.10
There were additional recipients in the new SLT recipient list	71.62	64.39	76.62	73.33	70.36
Village officials socialized the place and time of SLT funds disbursement and documents required to the villagers	94.02	90.29	97.40	100.00	93.62
N (villages)	518	206	77	30	831
KKB/SLT card distribution method:					
Delivered to the recipients' houses	69.83	49.76	72.37	73.33	65.22
To be collected from a specific location	20.70	28.29	11.84	16.67	21.62
Distributed in a community meeting	7.74	18.54	14.47	3.33	10.87
Others	1.74	3.41	1.32	6.67	2.29
N (villages)	517	205	76	30	828

According to the heads of villages with SLT recipients, village officials actively participated in the socialization of the program. Officials in 85% of villages participated in the socialization of the program itself and officials in 94% of villages socialized details about the place and time of the funds distribution and the documents required to receive the funds. Across areas, USDRP areas had the highest proportion of villages where village officials actively participated in the socialization of the SLT program and SPADA areas the lowest.

Fewer village officials were involved in other aspects of the program's implementation. Only 62% of village heads were provided with information about the SLT program before the data enumeration was implemented. Furthermore, only one-half of village heads were involved in the selection of data enumerators. This situation was similar across areas.

Only 53% of villages could fully implement the selection criteria used to determine SLT beneficiaries, and only 57% of village heads thought that the selection criteria were appropriate. The highest percentages for both questions are found in ILGRP areas and the lowest in USDRP areas.

The initial data enumeration for the selection of SLT recipients was problematic and drew protests from people who considered themselves to be poor but who were not selected as recipients. Consequently, a second data enumeration was conducted a few weeks after the first tranche of SLT funds was disbursed. The re-enumeration was conducted in 91% of villages and as a result additional recipients were added to the list of beneficiaries in 70% of the villages. This trend is similar across areas.

Finally, regarding the distribution of the KKB, most village heads stated that KKB cards were delivered to recipients' houses (65%). Beneficiaries in 22% of the villages were required to collect their card from a specific location, generally the house of the local RT head, 11% were distributed in a community meeting, and 2% used other distribution methods. In USDRP areas 73% of the cards were delivered to beneficiary houses, however in SPADA areas only 50% of the cards were delivered this way.

7.2 The School Operational Assistance (BOS) Program

The School Operational Assistance (BOS) program is part of the PKPS-BBM for the education sector. BOS is designed as a general subsidy for all public and private primary and junior secondary schools, including primary schools (SD), Islamic primary schools (MI), special primary schools (SDLB),[13] junior secondary schools (SMP), Islamic junior high schools (MTs), special junior high schools (SMPLB),[14] and traditional Islamic schools (*salafiyah*), as well as non-Islamic religious primary and junior high schools that are implementing the Wajardikdas (Compulsory Basic Education) Program.[15] The amount of funds to be received by each school is calculated based on the number of students enrolled, with an allocation of Rp 235,000 per student per annum for primary schools and Rp 324,500 per student per annum for junior secondary schools.

BOS is a central government program. The program is funded entirely from the national budget (APBN) and implemented through the deconcentration funding mechanism. Funds are distributed directly to the bank accounts of beneficiary schools from the provincial or district level.

Socialization

The official socialization of the BOS program was conducted by BOS teams at the central, regional, and local levels. There were variations in the quality and coverage of the socialization materials and participants across regions. Aside from the official or formal socialization, information about the BOS program was made widely available in national and local media such as television and newspapers.

Table 7.2.1 provides an assessment by school principals on the socialization of the BOS program. The table shows that 93% of school principals thought that the information disseminated regarding the requirements, total amount of funds to be received, and mechanisms of the BOS program were adequate. This assessment is similarly high across areas, the lowest rate in SPADA areas (90%) and the highest in USDRP areas (96%).

[13]SDLB: primary schools for children with a disability, or special primary schools.

[14]SMPLB: junior secondary schools for children with a disability, or special junior high schools.

[15]A school that implements Wajardikdas program has to teach at least three compulsory subjects, namely Indonesian language, mathematics, and natural science, in accordance with the national standard curriculum.

Table 7.2.1 School Principal Assessments of the Socialization of the BOS Program

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Respondent received adequate information about the requirements, total amount of funds to be received, and mechanisms of the BOS program (%)	94.35	90.00	94.02	95.56	93.29
The District Education Office's socialization of the BOS program was adequate (%)	82.67	72.26	84.62	80.00	80.18
N (school principals)	779	310	117	45	1,251

However, a smaller proportion (80%) of school principals feel that the official socialization of the BOS program by their district education office was adequate. Across areas, the proportion was lowest in SPADA areas (72%) and highest in ILGRP areas (85%). The fact that more school principals stated that they had received adequate information about the program than those who thought that their District Education Office's socialization was adequate indicates that a significant proportion of school principals received their information about the BOS program from sources other than the district education office.

Implementation

Table 7.2.2 provides a description about the implementation and results of the BOS program based on information provided by school principals. The table shows that almost all schools participated in the BOS program in the 2005/2006 academic year. Only 3 out of the 1,251 schools in the sample refused BOS funds. From the schools that have received BOS funds, 89% of principals stated that the school actually received the correct allocation of BOS funds in the 2005/2006 academic year. This proportion is similar across areas, except in USDRP areas where the proportion is significantly higher at 93%. Discrepancies between allocations and the amount of actual funds received are most likely due to changes in student numbers between the data collection period and the BOS funds disbursement.

The central government disburses BOS funds twice each year. While the transfers should have taken place at the start of each semester, in reality disbursements are usually delayed until around the middle of semester. The funds from the central government are first transferred to the account of the BOS program in each province. In most provinces the funds are then distributed directly to school accounts, and in others the funds are transferred to a BOS program account in each district from where they are then distributed to school accounts. The frequency of funds distribution from provincial or district accounts to school accounts varies across regions. The table shows that the average frequency of funds disbursements during the 2005/2006 academic year was between 2 and 3 times in SPADA areas and between 3 and 4 times in both ILGRP and USDRP areas.

Table 7.2.2 The Implementation and Results of the BOS Program according to School Principals

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
School received the BOS program funds in the 2005/2006 academic year (%)	99.74	99.68	100.00	100.00	99.76
N (school principals)	779	310	117	45	1,251
For Schools which Received the BOS Program Funds in the 2005/2006 Academic Year					
The actual amount received was the same as the amount allocated by the program (%)	88.93	89.64	88.89	93.33	89.26
Number of Disbursements in 2005/2006	3.05	2.23	3.44	3.33	2.89
N (school principals)	777	309	117	45	1,248
Comparison between BOS Funds and School Income and Expenditure Budget Plan (RAPBS) in the 2005/2006 Academic Year (%)					
BOS funds were greater than school expenditure in the RAPBS	14.80	25.32	14.53	8.89	17.16
BOS funds were equal to school expenditure in the RAPBS	37.71	36.04	36.75	24.44	36.73
BOS funds were less than school expenditure in the RAPBS	47.49	38.64	48.72	66.67	46.11
N (school principals)	777	308	117	45	1,247
Status of School Fees Already Paid by Parents Before the School Received the BOS Funds in the 2005/2006 Academic Year (%)					
All school fees paid by parents have been returned	11.97	13.27	14.53	6.67	12.34
A part of school fees paid by parents have been returned	7.08	4.85	2.56	20.00	6.57
None of school fees paid by parents have been returned	20.85	23.30	11.11	28.89	20.83
Not applicable/relevant	60.10	58.58	71.79	44.44	60.26
N (school principals)	777	309	117	45	1,248
Reporting Frequency for Use of BOS Funds (%)					
Every month	13.97	6.84	16.52	11.11	12.34
Every 3 months	49.68	44.63	49.57	66.67	49.03
Every 6 months	28.98	42.02	20.00	17.78	30.97
Other	7.37	6.51	13.91	4.44	7.66
N (school principals)	773	307	115	45	1,240

One of the requirements that BOS beneficiary schools must fulfill is that they develop a school income and expenditure budget plan (RAPBS). Schools must include the estimated amount of BOS funds that they will receive in the RAPBS as part of the school's income. The table suggests that the planned expenditure of the majority (46%) of schools in 2005/2006 was higher than the amount of BOS funds they received. The budgeted expenditure of 37% of schools was about the same as income from BOS funds, while in 17% of schools budgeted expenditure was less than income from BOS funds. This pattern is similar across areas;

however, it is much sharper in USDRP areas where two-thirds of schools had planned expenditure in excess of the amount of BOS funds they were due to receive. According to the BOS program regulations, schools whose BOS income is equal to or greater than their planned expenditure in the RAPBS should not collect fees from students' parents.

The transfer of BOS funds to school bank accounts did not coincide with the commencement of the 2005/2006 school year. Because of this, around 40% of schools in the sample collected school fees from the parents of students before they received the BOS funds. Once the BOS funds were received, 12% of these schools returned the entire amount of school fees to parents and 7% returned only part of the school fees that parents has paid. As many as 21% of these schools, however, have not returned the money they received to students' families since receiving the BOS funds. This pattern is similar across areas. It is interesting to note that USDRP areas had the highest proportion (56%) of schools that had collected fees before receiving BOS funds and notably the lowest proportion (only 7%) of schools that fully returned the fees after receiving BOS funds.

BOS funds can only be used for certain types of school expenditure as determined by the technical implementation guidelines for the BOS program. BOS beneficiary schools are required to report the use of BOS funds to district-level BOS teams at the end of each semester. In reality, however, reporting requirements vary across districts and provinces. The table shows that only 31% of schools in the sample are required to submit one report once each semester as stipulated in the BOS regulations. The majority (49%) of schools are required to report once every 3 months, while 12% of schools are required to report every month and 8% of schools have other reporting requirements.

This reporting requirement patterns differ significantly across areas. The proportion of schools which are required to report once each semester is highest in SPADA areas (42%) and lowest in USDRP areas (18%). The proportion of schools which are required to report once every 3 months is highest in USDRP areas (67%) and lowest in SPADA areas (45%). Whilst the proportion of schools which are required to report every month is highest in ILGRP areas (17%) and lowest in SPADA areas (7%).

As explained earlier, the BOS program is designed as a general subsidy. However, the program explicitly aims to help the poor access the nine-years of compulsory basic (primary and junior secondary) education. BOS beneficiary schools are therefore required to allocate a portion of the funds they receive to support poor students. In the 2005/2006 academic year, however, the BOS program guidelines limited the form of support for poor students to only cover transportation costs. Table 7.2.3 shows the use of BOS funds for supporting poor students based on the information provided by school principals. The criteria for assessing which students are poor are determined independently by each school.

Table 7.2.3 The Use of BOS Funds for Supporting Poor Students according to School Principals

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Average proportion of poor students in the school (%)	42.78 (66.31)	56.50 (52.36)	43.11 (39.49)	28.19 (29.05)	45.75 (60.23)
N (school principals)	714	290	110	40	1,154
School provided support for poor students to cover transportation costs (%)	33.59	28.48	35.90	35.56	32.61
N (school principals)	777	309	117	45	1,248
Of Schools that Provided Support to Cover Transportation Costs for Poor Students in the 2005/2006 Academic Year (%)					
Proportion of poor students who received the transportation support from the total number of poor students	79.64	85.56	64.38	61.09	78.51
N (school principals)	216	66	33	14	329
Proportion of poor students who received the transportation support from the total number of students	25.80	39.32	19.64	17.25	27.58
N (school principals)	209	67	35	13	329

Note: Standard deviations in parentheses

The table indicates that the incidence of poverty among primary and junior secondary school students is quite high, at 46% of the total number of students on average. Across areas, the highest proportion of poor students is found in SPADA areas (57%) and the lowest in USDRP areas (28%). Notwithstanding the high incidence of poverty among students, in the 2005/2006 academic year, only 33% of schools used BOS funds to support the transportation costs of poor students. Across areas and going against the trend of incidence of poverty among students, the highest proportion of schools which provided transportation costs support for poor students is found in ILGRP and USDRP areas with 36%, while the lowest is found in SPADA areas (28%).

In the schools which provided transportation costs support for poor students in 2005/2006, 79% of the total number of poor students or around 28% of total students received the support. Across areas, the highest proportion of poor students who received support is found in SPADA areas with 86% of the total number poor students or 39% of total students, while the lowest was in USDRP areas with 61% of total poor students or 17% of total students.

Table 7.2.4 provides an assessment of several aspects of the BOS program's implementation according to officials at district education offices. Program socialization is deemed to be well implemented by most district education offices, with more than 90% of the district education offices reporting that the socialization of the BOS program in their districts is adequate. The proportion notably reached 100% in ILGRP and USDRP areas.

Table 7.2.4 Assessment on the Implementation of the BOS Program according to District Education Officers

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
The socialization of the BOS program in this district/city is adequate (%)	89.66	94.29	100.00	100.00	92.14
There have been problems related to the implementation of BOS program (%)	60.92	71.43	53.85	100.00	64.29
There is a functioning complaints mechanism to handle complaints related to the implementation of the BOS program	72.41	51.43	76.92	100.00	68.57
Some schools have refused to participate in the BOS program (%)	19.54	5.71	30.77	60.00	18.57
N (district education offices)	87	35	13	5	140

However, 64% of the district education offices admitted that there are problems in the implementation of the BOS program in their district. The proportion is highest in USDRP areas (100%) and lowest in ILGRP areas, at only 54%.

The BOS program guidelines require the district education office to establish a complaints handling system for people to lodge complaints about any aspect of BOS's implementation. The table shows that only 69% of districts have established such a mechanism. However, all districts in USDRP areas have established a complaints mechanism while only half (51%) of those in SPADA areas have done so.

While the school-level data suggests that only a small minority of schools have refused to participate in the BOS program, information from district education offices indicates that they exist in all areas, but mostly in urbanized regions. Overall, 19% of districts have at least one school which refused to participate in the BOS program. In the USDRP areas this proportion reaches as high as 60%, while in SPADA areas it is very low at only 6%.

Impact

School principals were asked to assess various aspects of the impact of the BOS program. Table 7.2.5 indicates that 88% of school principals consider that the BOS program has improved the quality of teaching in their schools. Moreover, 96% stated that the BOS program has improved the availability of books and teaching equipment in their school and 84% stated that the program has improved the quality of their schools' infrastructure. These patterns are similar across areas; however the figures for impact on teaching quality and school infrastructure are slightly lower in the USDRP areas compared to other areas.

Table 7.2.5 Assessment on the Impact of the BOS Program by School Principals

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
The BOS Program Has Improved:					
a. Quality of teaching (%)	88.29	89.00	90.60	82.22	88.46
b. Availability of books and teaching equipment (%)	95.62	94.50	97.44	95.56	95.51
c. School infrastructure (%)	84.56	81.88	90.60	77.78	84.21
d. Access to schooling for the poor (%)	79.79	78.32	83.76	84.44	79.97
N (school principals)	777	309	117	45	1,248
After receiving the BOS program, the number of poor students enrolled in the 2005/2006 academic year increased (%)	59.33	64.72	59.83	53.33	60.50
N (school principals)	773	307	115	45	1,240

Almost 80% of school principals stated that the BOS program has improved the access of poor students to their schools. This proportion is similar across areas, with the highest rate in USDRP areas (84%) and the lowest in SPADA areas (78%). However, only 61% of school principals could confirm that enrollment of poor students in their schools has actually increased since the BOS program was implemented. Contrary to their assessment on access of the poor to schooling, USDRP areas actually have the lowest rate of schools that have experienced an increase in the enrollment of poor students (53%), while the highest proportion is found in SPADA areas (65%).

7.3 The Health Insurance for Poor Families (Askeskin) Program

The PKPS-BBM health sector program is expected to help the poor by providing access to basic health services. Since 2005, the PKPS-BBM health sector program has been known as the Health Insurance for Poor Families (Askeskin) program due to the change of the institution in charge of implementing the program, now PT Askes, a state-owned health insurance company.

The program provides benefits to the poor by giving them access to public health service providers, such as *puskesmas* and public hospitals. A poor family that is entitled to obtain free access to public health service providers is issued with a health card by PT Askes. However, not all of the poor are beneficiaries of the Askeskin or other related programs. Hence, those who are not program beneficiaries may still obtain similar benefits by using a recommendation letter for the poor (SKTM). Such a letter is usually issued by the village head based on information or recommendation from local community/neighborhood heads (*ketua RT/RW*).

Participation and Utilization

Table 7.3.1 provides details regarding possession of the Askeskin card and its use based on information from households in the sample. The table also describes the utilization of SKTM to obtain access to health services. The table shows that Askeskin cards were distributed to 28% of household respondents. This is significantly higher than the official poverty rate, which stood at approximately 18% in 2006. This indicates that not only poor households have become Askeskin program beneficiaries. Across areas, the highest proportion of Askeskin beneficiary households is found in SPADA areas (38%) and the lowest is found in USDRP areas (21%).

Table 7.3.1 Household Participation in Askeskin and Other Health Programs

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Askeskin cardholders (%)	24.89	37.95	26.84	21.04	28.35
N (households)	7,773	3,360	1,248	480	12,861
Askeskin Cardholder Use of Services					
Puskesmas services (%)	58.40	61.49	59.70	67.33	59.85
Public hospital services (%)	30.39	24.00	20.60	29.70	27.24
N (households)	1,935	1,275	335	101	3,646
Use of Recommendation Letter for the Poor (SKTM)					
Obtaining health services	5.84	5.18	8.25	8.54	6.00
N (households)	7,773	3,360	1,248	480	12,861

Most beneficiaries (60%) have used their Askeskin card to obtain free services at *puskesmas*, while the proportion of beneficiaries who have used their Askeskin card to obtain free services at public hospitals is much lower (27%). The usage patterns are similar across areas, with the highest usage rates for both services found in USDRP areas and the lowest in ILGRP areas.

Furthermore, the table shows that 6% of households in the sample have used a SKTM to obtain free health services. Across areas, the highest proportion of SKTM users is found in USDRP areas at 9%, while the lowest is found in SPADA areas at 5%. The existence of people using SKTM to obtain free health services indicates that although the coverage of Askeskin program beneficiaries is much higher than the official poverty rates, there is still a significant proportion of households who are in need but are being missed by the Askeskin program.

Selection of Beneficiaries

Table 7.3.2 provides information on the implementation of the Askeskin program based on information from village heads. Some 82% of village heads reported to have at least one Askeskin program beneficiary household in their village. Across areas, the highest proportion of villages with Askeskin program beneficiaries is found in USDRP areas (97%), whilst the lowest is found in SPADA areas (76%). This is unfortunate as it shows that in reality the program tends to be urban biased, skipping over a significant proportion of the needy in disadvantaged, rural areas.

Table 7.3.2 The Implementation of the Askeskin Program according to Village Heads

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
At least one family in the village is an Askeskin beneficiary (%)	83.30	75.60	88.46	96.67	82.34
N (village heads)	521	209	78	30	838
In Villages with an Askeskin Program Beneficiary Household					
Data enumeration was held to select Askeskin program beneficiaries (%)	91.24	88.61	97.10	100.00	91.59
All Askeskin program beneficiaries have received their health cards (%)	66.36	53.80	63.77	89.66	64.20
N (village heads)	434	158	69	29	690
In Villages that Conducted Data Enumeration to Select Askeskin Program Beneficiaries					
There were difficulties in the data enumeration and determination of the Askeskin program recipients (%)					
Yes	27.78	23.57	19.40	31.03	26.11
No	67.93	72.14	76.12	68.97	69.78
Don't know	4.29	4.29	4.48	0.00	4.11
N (village heads)	396	140	67	29	632

Ninety-two percent of villages with Askeskin program beneficiaries selected the beneficiaries through data enumeration. In fact, in USDRP and ILGRP areas, 100% and 97% of the villages respectively conducted data enumeration, while the figure fell to 89% in SPADA areas. Just over one quarter (26%) of these villages reported to have faced some difficulties with the enumeration. The proportion of villages that experienced difficulties in the data enumeration is highest in USDRP areas at 31% and lowest in ILGRP areas at 19%.

The distribution of health cards to selected beneficiary households was also identified as being problematic. Only 64% of village heads reported to have distributed health cards to all program beneficiaries. The highest proportion of villages which have distributed health cards to all beneficiaries is found in USDRP areas (90%) and the lowest in SPADA areas at just 54%.

Implementation Problems

Table 7.3.3 provides *puskesmas* head assessments on the implementation of the Askeskin program. Only 52% of *puskesmas* head respondents thought that the criteria used to select Askeskin program recipients were appropriate. This relatively low approval rate is similar across areas, with the highest found in ILGRP areas (56%) and both USDRP and SPADA areas recording an approval rate of 52%.

Table 7.3.3 *Puskesmas* Head Assessments of the Implementation of the Askeskin Program

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
The criteria used to select Askeskin recipients was appropriate (%)	51.76	52.11	56.41	51.72	52.29
There were complaints related to the use of Askeskin in this *puskesmas* (%)	18.36	20.00	14.10	20.69	18.42
The occurrence of Askeskin beneficiary patients being refused in public hospital (%)	10.55	6.84	8.97	20.69	9.89
There were complaints related to the use of Askeskin in public hospitals (%)	33.79	32.63	38.46	41.38	34.24
N (*puskesmas* heads)	512	190	78	29	809

Furthermore, 18% of *puskesmas* heads identified that there had been complaints related to the use of Askeskin in their *puskesmas*. Across areas, the highest proportion is found in USDRP areas with 21% and the lowest is in the ILGRP areas with 14%.

When a patient needs further treatment that cannot be performed at *puskesmas* they are referred to a public hospital. Ten percent of *puskesmas* heads advised that an Askeskin recipient patient they had referred had been refused by the public hospital. Across areas, a notably high proportion of *puskesmas* heads reported that public hospitals had refused Askeskin patients they had referred in USDRP areas (21%) and the lowest proportion is found in SPADA areas (7%).

According to *puskesmas* heads, the number of complaints related to the use of Askeskin in public hospitals (34%) is nearly double that of those related to its use in *puskesmas*. USDRP areas also have the highest proportion (41%) of *puskesmas* heads who identified complaints concerning public hospital use of Askeskin while SPADA areas have the lowest (33%).

Socialization and Complaint Channels

The District Health Office is responsible for the implementation of the Askeskin program at the district level. This responsibility includes the socialization of the program to stakeholders in the district. Table 7.3.4 provides district health officer assessments of the implementation of the Askeskin program. The table shows that 87% of interviewed district health officers thought that the socialization of the Askeskin program in their districts was adequate. In the USDRP areas, all of the interviewed district health officers claimed that the program's socialization was adequate, while in the SPADA and ILGRP areas the proportion reaches 82% and 85% respectively.

Table 7.3.4 District Health Officer Assessments of the Implementation of the Askeskin Program

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
The Askeskin Program was socialized adequately in this district/city (%)	88.51	82.35	84.62	100.00	87.05
There were problems related to the implementation of the Askeskin Program (%)	71.26	70.59	84.62	60.00	71.94
There was a functioning complaints channel where people may lodge complaints related to the program's implementation (%)	70.93	50.00	92.31	100.00	68.84
N (district health officers)	87	34	13	5	139

Nevertheless, a large proportion (72%) of district health officers also admitted to having experienced problems related to the implementation of the Askeskin program in their areas. Across areas, the highest proportion is found in ILGRP areas (85%) and the lowest in USDRP areas (60%).

As a way to deal with these problems, district health offices are required to establish a complaints mechanism that people can access to lodge complaints regarding the implementation of the Askeskin program. However, the table shows that only 69% of district health offices have actually established such a channel. Across areas, all district health offices in USDRP areas claimed to have established such a channel, while the lowest figure was reported in SPADA areas, where only half of the district health offices had done so.

Agreements between PT Askes and Public Hospitals

Askeskin card holders should have access to public hospitals under the program. Each district or city usually has a public hospital. The use of Askeskin in public hospitals is based on agreements between PT Askes and individual public hospitals. The GDS2 surveyed public hospitals in the sample districts. Table 7.3.5 shows that 96% of public hospitals mentioned that their hospital has an agreement with PT Askes concerning the implementation of the Askeskin program. All public hospitals surveyed in ILGRP and USDRP areas have an existing agreement with PT Askes, while only 90% of public hospitals in SPADA areas have such an agreement.

Table 7.3.5 Agreements between PT Askes and Public Hospitals regarding the Implementation of the Askeskin Program

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
There is an agreement between PT Askes and the public hospital regarding the implementation of the Askeskin program (%)	97.33	90.32	100.00	100.00	95.93
N (public hospitals)	75	31	13	4	123
Areas Covered in the Agreement (%)					
a. Types of services	100.00	89.29	100.00	100.00	97.46
b. Service charges	98.63	85.71	100.00	100.00	95.76
c. Number of patients that can be served	35.62	35.71	46.15	75.00	38.14
d. Procedure for verification of patient's identity	90.41	71.43	76.92	100.00	84.75
e. Procedure for verification of provided services	93.15	67.86	84.62	100.00	86.44
f. Claim and payment processes	95.89	82.14	100.00	100.00	93.22
g. Complaints channel and complaint resolution procedures	89.04	71.43	76.92	50.00	82.20
N (public hospitals)	73	28	13	4	118

The table shows that more than 80% of the agreements between PT Askes and public hospitals cover the type and tariff of services, the procedures for verifying a patient's identity, procedure for verifying provided services, claim and payment processes, and complaint handling and resolution procedures. However, less than 40% of the agreements cover the number of patients that can be served in the hospitals. Across areas, the table indicates that the agreements between PT Askes and public hospitals in USDRP areas seem to be the most comprehensive, while those in SPADA areas seem to be the least comprehensive. However, less than 50% of the agreements in USDRP areas cover complaint handling and resolution procedures.

Claim Handling

Table 7.3.6 provides summary information about Askeskin claims handling at public hospitals. The table shows that 92% of public hospitals have specifically assigned a staff member to monitor and verify Askeskin claims. In fact, all public hospitals in ILGRP and USDRP areas have assigned this role, while only 84% of hospitals in SPADA areas have done so.

Table 7.3.6 Askeskin Claims Handling at Public Hospitals

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
The hospital has assigned a staff member responsible for monitoring and verifying Askeskin claims (%)	93.33	83.87	100.00	100.00	91.87
N (public hospitals)	75	31	13	4	123
Frequency of reporting Askeskin claims to PT Askes (%)					
a. Monthly	94.67	90.00	100.00	100.00	94.26
b. Quarterly	4.00	3.33	0.00	0.00	3.28
c. Other	1.33	6.67	0.00	0.00	2.46
N (public hospitals)	75	30	13	4	122
Average time taken for payment of claim from the time of claim lodgment (days)	24.88 (19.00)	31.96 (27.21)	23.23 (25.16)	18.00 (9.83)	26.13 (21.72)
N (public hospitals)	74	28	13	4	119
Have experienced delays in the Askeskin claim payments (%)	72.00	70.97	69.23	75.00	71.54
N (public hospitals)	75	31	13	4	123
Average delay in Askeskin claim payment (days)	35.10 (30.22)	50.14 (32.26)	28.67 (28.83)	22.33 (13.28)	37.68 (30.75)
N (public hospitals)	52	21	9	3	85
Have experienced Askeskin claim refusal (%)	49.33	61.29	92.31	100.00	58.54
N (public hospitals)	75	31	13	4	123

Note: Standard deviations in parentheses

Ninety-four percent of public hospitals surveyed report Askeskin claims to PT Askes on a monthly basis, consisting of all public hospitals in ILGRP and USDRP areas and only 90% of those in SPADA areas. On average, the hospital receives payment from PT Askes 26 days after submitting a claim. Across areas, USDRP areas have the shortest payment period from PT Askes with 18 days on average, while SPADA areas experience the longest wait with an average of 32 days.

Delays in Askeskin claim payments from PT Askes to public hospitals seem to be a common occurrence. The table shows that 72% of public hospitals have experienced delays in claim payments, with similar rates across areas and an average delay of up to 38 days. SPADA areas experience the longest delays at 50 days on average, while USDRP areas experience the shortest delays with an average of 22 days.

In addition to delays, public hospitals commonly experience claim denials from PT Askes. Fifty-nine percent of public hospitals have experienced a claim denial. In USDRP areas all of the sample public hospitals have had claims denied, in ILGRP areas the figure is 92%, and in SPADA areas 61% of the sample public hospitals have had claims denied.

Public Hospital Income from Askeskin

Table 7.3.7 shows the proportion of total public hospital income originating from Askeskin claims and the use of Askeskin income in 2005. The table shows that on average, income from Askeskin accounted for 36% of total public hospital income. Across areas, the importance of Askeskin to public hospital income was highest in SPADA areas (46%) and lowest in USDRP areas (24%).

Table 7.3.7 Public Hospital Income from Askeskin Claims and Its Use in 2005

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Proportion of public hospital income from total Askeskin claims income (%)	33.31 (22.85)	46.08 (28.97)	37.08 (29.09)	24.25 (37.31)	36.45 (25.96)
N (public hospitals)	67	26	13	4	110
Use/Allocation of Income from Askeskin Claims (%)					
a. Administration	8.46 (12.85)	6.61 (9.75)	10.75 (20.36)	13.00 (15.25)	8.38 (12.91)
N (public hospitals)	46	23	8	4	81
b. Bed and equipment	8.84 (13.65)	7.22 (16.07)	3.14 (5.40)	3.75 (4.79)	7.59 (13.59)
N (public hospitals)	44	23	7	4	78
c. Pharmaceuticals	19.64 (31.92)	13.18 (16.32)	9.43 (11.57)	18.75 (17.50)	16.82 (26.20)
N (public hospitals)	44	22	7	4	77
d. Medical supplies	15.74 (16.77)	18.29 (21.82)	28.00 (30.92)	4.50 (5.26)	17.00 (19.69)
N (public hospitals)	46	24	7	4	81
e. Meals	7.98 (11.49)	6.09 (16.73)	3.29 (4.35)	5.00 (7.07)	6.85 (12.62)
N (public hospitals)	44	23	7	4	78
f. Doctors	27.60 (21.90)	22.09 (22.36)	31.71 (16.30)	23.75 (27.50)	26.22 (21.67)
N (public hospitals)	45	22	7	4	78

Note: Standard deviations in parentheses

In 2005, the highest proportion of public hospital income from Askeskin was used to pay for doctors, making up 26% of public hospital claims income. The next two largest expenses were medical supplies and pharmaceuticals, which each absorbed 17%. Expenses for administration, beds and equipment, and meals each accounted for 7–8% of the allocation. These patterns are similar across areas; however, in USDRP areas, expenses for medical supplies were quite low at only 5% of the allocation. Conversely, in ILGRP areas, expenses for medical supplies were quite high at 28%.

Askeskin Patients in Public Hospitals

Table 7.3.8 shows the trend in the share of patients under the Askeskin program and the previous health card program occupying third class rooms in public hospitals from 2003 to 2005. The table clearly shows that there has been a significant increase in the share of Askeskin/health card holders occupying third class rooms in public hospitals, from 52% in 2003 to 57% in 2004 and to 67% in 2005. The increase was mostly driven by increases in ILGRP and SPADA areas. In ILGRP areas, the share increased from 39% in 2003, to 48% in 2004 and 64% in 2005. In SPADA areas, the share increased from 49% in 2003, to 53% in 2004 and to 62% in 2005. In USDRP areas, the share was already high at around 61% in 2003 and remained constant in 2004, but increased significantly to 69% in 2005.

Table 7.3.8 Share of Askeskin and Previous Health Card Program Patients Occupying Third Class Rooms in Public Hospitals

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Proportion of Askeskin and Previous Health Card Program Patients Occupying the Third Class Rooms in Public Hospitals (%)					
2003	54.99 (27.55)	48.70 (24.75)	39.10 (22.35)	60.50 (35.74)	52.41 (26.99)
N (public hospitals)	68	20	10	4	102
2004	58.97 (28.48)	53.13 (28.58)	47.45 (31.27)	60.75 (35.25)	56.60 (28.86)
N (public hospitals)	69	23	11	4	107
2005	69.23 (25.09)	61.52 (27.25)	64.38 (19.06)	69.00 (39.17)	66.84 (25.41)
N (public hospitals)	70	27	13	4	114

Note: Standard deviations in parentheses

7.4 The Village Infrastructure (IP) Program

The Village Infrastructure (IP) program is another PKPS-BBM program, which provides block grants directly to recipient villages. Each project is managed by the villagers themselves. The village head usually leads the management of the IP program at the village level in coordination with the Village Representative Body (*badan permusyawaratan desa* or BPD in rural areas and *dewan kelurahan* or DK in urban areas).

Project Implementation

Table 7.4.1 shows that only 31% of the 838 villages in the sample have received IP program grants. Across areas, the highest proportion of villages that have received IP program block grants is found in USDRP areas, which are urban areas. The lowest proportion of villages that have received grants is found in ILGRP areas. In SPADA areas, which are disadvantaged rural areas, only 37% of the villages have received IP grants.

Table 7.4.1 Implementation of the Village Infrastructure (IP) Program according to Village Heads

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
The Village received the IP grants (%)	27.64	36.84	25.64	56.67	30.79
N (villages)	521	209	78	30	838
IP Projects Implemented in Recipient Villages (%)					
Roads	74.31	76.62	90.00	76.47	76.36
Bridges	26.39	22.08	5.00	41.18	24.42
Simple port for boats	4.17	0.00	0.00	0.00	2.33
Water reservoirs	0.00	0.00	0.00	0.00	0.00
Natural water sources	3.47	0.00	0.00	0.00	1.94
Dams	2.08	1.30	0.00	5.88	1.94
Irrigation	6.94	5.19	5.00	17.65	6.98
Drinking water supply	14.58	15.58	5.00	11.76	13.95
Others	29.86	19.48	25.00	29.41	26.36
N (villages)	144	77	20	17	258
The average IP project budget (rupiah)	242,000,000 (41,600,000)	230,000,000 (61,600,000)	211,000,000 (83,400,000)	218,000,000 (68,600,000)	234,000,000 (54,800,000)
N (villages)	141	77	20	16	254

Note: Standard deviations in parentheses

Seventy-six percent of villages that have received IP program grants used the funds for road construction and repairs. This confirms that roads are the most needed form of infrastructure to improve villagers' ability to move around within their own village and, more importantly, improve their access to areas outside their village. The second most common use of IP grants is bridge construction or repair, which is complementary to roads, with 24% of villages using the grants for this purpose. The next two most common uses of the grants are the building or repairing of sources of drinking water supplies and irrigation systems, at 14% and 7% respectively. The grants are also used for many other projects in accordance with the specific needs of recipient villages.

The usage pattern for IP program block grants is similar across areas with some exceptions. In ILGRP areas, 90% of villages use the grants for building or repairing roads, but only 5% of villages have decided to use the grants for building or repairing bridges, drinking water supplies, and irrigation. In USDRP areas, on the other hand, 41% of villages have used the grants for building or repairing bridges and 18% of the villages have repaired irrigation systems. The average budget allocated to each project in all areas is slightly over Rp200 million.

Participation and Benefit

Aside from providing funds for infrastructure improvements in beneficiary villages, the IP program was designed to empower local people by letting them decide how to use the grant. However, Table 7.4.2 shows that only 23% of households are aware that their village received the IP grants, with the highest proportion found in SPADA areas (33%) and the lowest in ILGRP areas (20%).

Table 7.4.2 Participation in and Benefits from the IP Program according to Households

Description	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Households aware that their village received an IP program grant (%)	19.17	32.92	19.55	29.17	23.17
N (households)	7,773	3,360	1,248	480	12,861
For Those Aware that Their Village Received the IP Program					
The village head informed the villagers that their village received the IP program block grant (%)	70.74	79.11	79.10	75.00	74.73
At least one member of the household participated in the IP program at the village (%)	27.32	41.77	35.25	22.14	33.09
Benefit of the IP program:					
Provided an employment opportunity	12.89	24.95	15.57	17.86	17.82
Increased household income	16.38	34.81	18.85	17.14	23.46
Provided better village infrastructure	77.92	70.52	81.56	77.86	75.47
Other benefits	13.49	6.24	10.25	10.00	10.37
N (households)	1,490	1,106	244	140	2,980

Among the households who are aware that their village has received an IP program block grant, 75% received the information from their village heads, with similar rates across areas. Furthermore, 33% have at least one household member who participated in the program in their village. SPADA areas have the highest participation rate (42%) and USDRP areas have the lowest (22%).

The main benefit of the IP program for most of these households was the resulting village infrastructure improvement (75%), not employment opportunities (18%) or increased household income (24%). In addition, 10% of households stated that they received other benefits from the program. These patterns are similar across areas; however, in SPADA areas significantly more households stated that they benefited from employment opportunities (25% of households) and increased income (35% of households) due to the IP program.

VIII. CONCLUSION

GDS2 Sampling and Analysis Method

The Governance and Decentralization Survey 2 (GDS2), as a continuation of the GDS1 and GDS1+, aimed to evaluate the performance of local service providers, the satisfaction of service consumers, and the conditions of local governance, with a view toward informing particular policy questions in the context of decentralization. The GDS2 also incorporates an assessment of government programs related to the reduction of the fuel subsidy, known as PKPS-BBM, in particular the Unconditional Cash Transfer (SLT), Health Insurance for Poor Families (Askeskin), and the Village Infrastructure (IP) components. The survey's sampling sites included the sites of three World Bank (WB) projects (SPADA, ILGRP, and USDRP districts), enabling the GDS2 analysis to be disaggregated by the three projects.

The GDS2 is an integrated survey of households, public health and education facilities, private health practitioners, hamlet heads, and district- and village-level officials. Approximately 32,000 respondents were interviewed. The survey instruments were designed to assemble detailed information on the provision and use of local public services, as well as the governance environment in which those services are delivered. The survey was undertaken during the months of April to July 2006. The total number of districts included in the sample was 140, consisting of 134 original sample districts plus 6 ANPEA (Aceh and Nias Public Expenditure Analysis) districts. The survey in the ANPEA districts excluded the household, school teacher, school committee, private health provider, and general hospital instruments.

Access to Public Services

Village head assessments on public services vary depending on the type of service in question, with figures ranging from 24% of village heads who stated that irrigation systems are adequate to 65% who feel that legal procedures are adequate. If divided according to World Bank project areas, USDRP areas generally have the highest proportion of village heads who feel the public services in their areas are adequate (with the exception of irrigation systems), while SPADA areas have the lowest proportion. This is not surprising considering that USDRP areas are urban, while SPADA areas are disadvantaged and marginal.

Access to Education Services

Access to education services is measured using several variables related to students' transportation to schools, such as the type of transportation used, travel time, and daily transportation cost, disaggregated by the level of schooling. The results show that most students walk to school, but the proportion of students who walk to school declines the higher the level of education. Travel times and transportation costs are gradually higher for higher levels of education. If disaggregated by World Bank project areas, students in SPADA areas have the longest travel time to schools, while those in USDRP areas have the shortest. Travel costs are highest in USDRP areas and lowest in SPADA areas.

Access to Health Services

The assessment of access to health services is also based on transportation matters, which include the mode of transportation and travel time to the health service providers. However, prior to the assessment, filtering information such as whether the respondent knows about

the existence of the nearest health providers is also assessed. The findings indicate that people's awareness of the nearest *puskesmas* is much better than for public hospitals. This may be because most *puskesmas* are located at the subdistrict level and are thus usually closer to people's homes than public hospitals, which are generally only found at the district level. Furthermore, the finding also suggests that *puskesmas* are generally the most accessible health provider.

Village Administration Services

Access to village administration services is measured using variables related to the ease of obtaining an identity card (KTP). The results show that 61% of households have a member who has obtained a KTP during the past 2 years and around 74% of those claim to know the official procedure for obtaining a KTP. It takes almost 8 days on average to obtain a KTP in USDRP areas, and much longer in the SPADA areas, at about 18 days. However, the cost of obtaining a KTP does not differ significantly across regions, averaging at around Rp 19,000. The use of informal intermediaries is prevalent in efforts to obtain a KTP, with around 47% of households using them.

Access to Information

Access to information is measured using several variables, with an emphasis placed on access to information at the village level such as village budgets and development programs, and awareness of the village representative body. The findings show that only 15% of households have access to information on their village's budget allocation and only 25% to information on village development programs, with similar proportions across the different World Bank project areas. Awareness of the existence of the village representative body is better, with 48% of households aware of its existence, with the exception of USDRP districts where the proportion is only 26%.

Police Services

Respondents were asked about their experiences accessing police services during the 2 years prior to the survey. Around 80% of households that have accessed police services in that time frame did so in order to obtain a driving license. In total, at least one household member in 15% of households has obtained a driving license during the last 2 years, with similar rates across areas. Around 80% of households claim to know the official procedure for obtaining a driving license. While this figure is equally high across areas, the average length of time taken to obtain a driving license varies widely across areas. In USDRP (urban) areas it only takes an average of 2 days, while in SPADA areas it takes more than 6 days. However, the cost of obtaining a driving license is higher in USDRP areas. The shorter turnaround time and higher cost in USDRP areas probably reflects the high use of informal intermediaries—the highest of all the areas. In general, 36% of households use intermediaries and 80% of the intermediaries are police officers.

Conflict and Securities

Both households and village heads were asked about disputes and conflicts that have occurred in their area during the 2 years prior to the survey. Interestingly, households report a much lower number of disputes and conflicts than village heads report. However, households are also far less satisfied with dispute and conflict resolutions than are village heads.

According to households, the most frequently occurring type of disputes and conflicts are related to crime, but village heads stated that land and building issues account for the largest number of disputes and conflicts. However, on the whole, around 3 to 4 times more village heads than households acknowledged that disputes and conflicts have occurred. Furthermore, most respondents feel satisfied with the resolutions of the disputes and conflicts that occurred, except for households in the case of disputes and conflicts stemming from abuses of power.

Participation and Social Capital

Approximately half of the households surveyed stated that their level of participation in village activities is currently the same as it was 2 years ago, while around one-third feel that their participation has increased, and 10% say that their level of participation has fallen. These proportions are similar across all areas.

The descriptive analysis of social trust shows some expected patterns. The results show that people have the highest level of trust for people within their own neighborhood (RT). At this smallest unit of community, more than 90% of households trust either everyone or at least most of the people. Around 70% of households trust everyone or most of the people within the wider level of village, with the figure falling to around 60% for trust in people of a different religion or ethnicity. However, there is significant variation across areas. The highest level of social trust is consistently found in SPADA areas.

Politics

Political aspects were assessed using several variables, from common issues such as knowledge about political leaders at the national, district, and village levels to issues related to the most recent election for district leader. The results show that knowledge of the name of the speaker of national parliament is very low, with only 11% of households aware of the speaker's name. The lowest rate was found in SPADA areas (8%) and the highest in USDRP areas (26%). Similarly, only 13% of households know the name of the speaker of their local parliament; however the greatest number was found in SPADA areas (17%) and the lowest in USDRP areas (8%). The executives fare better. In all areas, around 40% of households know their governor's name.

Participation in local elections is quite high. Ninety-four percent of households voted in the recent election for district leader, except in USDRP areas where only 87% of household respondents voted. However, only 44% of those who voted knew about the background of the candidates. In all areas, most of those who voted put emphasis on the candidates' programs and experiences when considering who to vote for, whereas ethnicity and religion do not have a prominent role in the decision-making process with the exception of ILGRP areas. The majority of respondents who did not vote were prevented from doing so due to administrative or logistical problems. Only 21% of the nonvoters were genuinely not interested in voting.

Transparency and Information

Transparency is low in education institutions, particularly transparency of school costs and financing. Only 33% of parents have received detailed information regarding school costs and fees that they are required to pay and only 71% of parents know whether or not their school receives BOS funding. The proportions do not differ significantly across regions, with the

highest proportion found in ILGRP areas (75%) and the lowest in USDRP areas (69%). Among those parents who are aware that their children's school receives BOS funds, only 64% said that the funds have led to a reduction or the abolishment of school fees.

District health offices evaluate themselves as being highly transparent and consider that they provide sufficient information to the public. The findings show that for every aspect evaluated, the proportion of district health offices which consider themselves to be transparent is always higher than 81%. In fact, all district health offices in USDRP areas consider themselves to be transparent and feel that they have provided adequate information to the public. Conversely, SPADA areas have the lowest proportion of district health offices that consider themselves to be transparent.

Corruption

An important indicator for governance aside from transparency is the extent of corruption. The survey asked household respondents if they were aware of cases of corruption and bribery having occurred in several institutions in the 2 years prior to the survey, specifically in those providing public services such as education, health, village administration, and the police. The results show that the most well known corruption is bribery involving police, with 19% of households claiming that they were aware of such activity. Corruption involving village officials was the second most prevalent, mentioned by 9% of households. Educations institutions are not free from illegal transactions either. Around 9% of households are aware of cases of corruption and bribery combined that had taken place at education institutions. Comparing World Bank project areas, the findings indicate more people acknowledged their awareness of corruption and bribery cases in USDRP areas than other areas, with the lowest proportion found in SPADA areas.

Provision of Services

Households generally gave quite positive assessments of education services. Around 71% of households think that overall education services are currently better than 2 years ago. More than 60% of households assessed several aspects such as the condition of school buildings and facilities, teachers' attention toward their students, and schooling costs as being better now than they were 2 years ago. Student learning achievements and extracurricular activities were assessed as being better now than 2 years ago by 58% and 47% of households respectively. These relatively positive assessments were quite consistent across all areas.

Also in line with the above findings, around 80% of households are either satisfied or fairly satisfied with current education services, with similar proportions across areas. Nevertheless, household respondents consistently identified four major aspects in education services requiring improvement: student learning achievements (29%), condition of school buildings and facilities (27%), teachers' attention towards their students (17%), and affordability of the costs of education services (8%).

Like education, the overall household assessment of health services is positive, with similar patterns across areas. Seventy-one percent of household respondents think that overall health services are currently better than they were 2 years ago. Specific aspects such as the physical condition of the health service provider premises and the availability of stocks of medicines and vaccines were also assessed as being better than 2 years prior by 74% and 66% of respondents respectively. Fifty-five percent of respondents also stated that medical services are now more affordable than 2 years prior to the survey.

Also consistent with the comparative assessment, across areas, around 90% of household respondents are either satisfied or fairly satisfied with current health services. Nevertheless, respondents consistently identified five major aspects in health services that need to be improved: the availability of medicines and vaccines stock (24%), affordability of the prices of medical services (20%), physical condition of health service provider (19%), attention and caring attitude of medical personnel (15%), and waiting time at health service providers (7%).

Condition of Facilities

In general, facilities at junior secondary schools are relatively better than those at primary schools. Comparing areas, there is a general tendency for schools in USDRP areas to have the highest proportion of facilities in good condition, while schools in SPADA areas have the lowest proportions of facilities in good condition. The discrepancies are large for facilities such as computer laboratories, libraries, school health units, counseling rooms, toilets both for students and teachers, sports courts, classroom walls and roofs, and lighting.

The proportions of facilities in good conditions at both *puskesmas* and private health service providers are generally relatively high. However, only 60% of *puskesmas* have toilets in good condition, while 78% of private health service providers have toilets in good condition. However, only 65% of private health service providers have medicine stock rooms in good condition. The conditions do not differ significantly across areas; however, only very few *puskesmas* in USDRP areas have electricity generators. This may indicate that the electricity supply in urban areas is rarely problematic.

Minimum Standards of Service (MSS)

Only district health offices were asked about minimum standards of service (MSS), not district education offices. The findings show that only 53% of districts in the sample can meet the minimum service standards set by the central government. The highest proportion is found in ILGRP areas (62%) and the lowest in USDRP areas (40%). However, 40% of districts in USDRP areas have already issued local regulations related to the MSS, while less than 10% of districts in other areas have done so. At the *puskesmas* level, very few health centers have adequate resources to meet the MSS. In fact, none of the *puskesmas* in USDRP areas have adequate resources to meet the MSS, but 20% of USDRP districts have regulated sanctions for *puskesmas* that fail to meet the MSS, while only 6% of SPADA districts areas and no ILGRP districts have done so.

Involvement of Health and Education Institution Heads in Decision-making Processes

The percentage of both primary and junior secondary school principals who are involved in the determination of their school's vision and mission is quite high, accounting for 94% and 97% of principals respectively. However, far fewer principals are involved in other types of decision-making processes such as choosing the curriculum and selecting reference books. Furthermore, a far smaller proportion of primary school principals are involved in the determination of school curriculum than junior secondary principals. However, more primary school principals are involved in the selection of reference books, except in SPADA districts.

The proportion of *puskesmas* heads involved in the determination of service charges is much lower than that stated by the district health offices. Based on information from *puskesmas* heads, the proportions range from 24% for SPADA districts to 45% for USDRP districts,

whereas according to the district health offices the proportions range from 71% in SPADA districts to 100% for USDRP districts.

The Role of Health and Education Institution Heads as the Final Decision-maker

Far fewer school principals are authorized to make final decisions than those who are involved in the decision-making process in general. There is not a significant difference between the proportions of primary and junior secondary school principals who make the final decision on the determination of admission criteria for new students, with more primary school principals acting as the final decision-maker in this matter than junior secondary school principals.

Very few district education offices (none in the SPADA districts) stated that school principals have the authority to make the final decision regarding matters such as the recruitment of temporary teachers and the determination of participants for teacher capacity building. The indicator with the highest proportion of district education offices who stated that school principals are authorized to make the final decision is the determination of teacher evaluation criteria, at 17%.

As is the case with school principals, according to district health offices, very few districts authorize *puskesmas* heads to make the final decision regarding matters such as the recruitment of doctors and temporary doctors. In fact, apart from those in SPADA districts, none of the district health offices stated that *puskesmas* heads have such authority.

PKPS-BBM: SLT, BOS, Askeskin, and IP Programs

The PKPS-BBM programs have national coverage and are all managed by the central government. However, according to the information from the bureaucrats in the survey, some districts have not actually been covered by the health sector, education sector, or village infrastructure PKPS-BBM programs. Further verification is needed as to whether the programs were really not implemented in those areas or if there were some problems with the survey data collection or input.

Although there are some problems remaining with the implementation of the four PKPS-BBM programs, particularly related to socialization and targeting, many stakeholders considered that the programs have generally resulted in positive impacts. The reported use of SLT funds is an example, where it is clear that the funds were particularly helpful for beneficiary households, especially in helping them to fulfill their consumption needs such as paying for food, kerosene, school fees, medicines, and repaying debts.

According to school principals, the BOS program has had a significant positive impact on several aspects of schooling, particularly in terms of teaching quality, availability of books and teaching equipment, school infrastructure, and access to school for poor students. Similarly, the Askeskin program has also contributed to the increase in the proportion of poor people who can access health care services, while the village infrastructure program benefits most villagers by providing better village infrastructure.

APPENDICES

Appendix A: Auxiliary Information

Table A.2.1 List of Sample Districts and Related World Bank Projects in the Districts

No.	Province	District	Project
1	Aceh	Kab. Aceh Timur	SPADA
2		Kab. Aceh Barat	SPADA
3		Kab. Aceh Besar	SPADA
4		Kab. Pidie	SPADA
5		Kab. Aceh Utara	SPADA
6	North Sumatra	Kab. Tapanuli Utara	
7		Kab. Asahan	
8	West Sumatra	Kab. Solok	ILGRP
9		Kab. Tanah Datar	ILGRP
10		Kab. Padang Pariaman	
11		Kab. Pasaman	
12		Kab. Dharmasraya	
13		Kota Padang	
14	Riau	Kab. Indragiri Hulu	
15		Kab. Indragiri Hilir	
16		Kab. Pelalawan	
17		Kota Dumai	
18	Jambi	Kab. Merangin	
19		Kab. Sarolangun	
20		Kab. Tanjung Jabung Barat	
21		Kab. Bungo	
22	South Sumatra	Kota Palembang	
23		Kota Prabumulih	
24	Bengkulu	Kab. Bengkulu Selatan	SPADA
25		Kab. Seluma	SPADA
26		Kab. Kepahing	SPADA
27		Kota Bengkulu	
28	Lampung	Kab. Lampung Timur	SPADA
29		Kab. Lampung Utara	SPADA
30		Kab. Way Kanan	SPADA
31	Bangka Belitung	Kab. Belitung Timur	
32	Kepulauan Riau	Kota Tanjung Pinang	
33	West Java	Kab. Bandung	ILGRP
34		Kab. Garut	
35		Kab. Kuningan	
36		Kab. Majalengka	
37		Kota Cirebon	
38		Kota Depok	USDRP
39		Kota Cimahi	USDRP
40		Kota Tasikmalaya	

Table A.2.1 Continued

No.	Province	District	Project
41	Central Java	Kab. Banyumas	
42		Kab. Kebumen	ILGRP
43		Kab. Magelang	ILGRP
44		Kab. Boyolali	
45		Kab. Karanganyar	
46		Kab. Grobogan	
47		Kab. Rembang	
48		Kab. Kudus	
49		Kab. Batang	
50		Kab. Pemalang	
51		Kota Salatiga	
52		Kota Semarang	
53	DI Yogyakarta	Kab. Kulon Progo	
54		Kab. Sleman	
55		Kota Yogyakarta	USDRP
56	East Java	Kab. Trenggalek	
57		Kab. Malang	
58		Kab. Banyuwangi	
59		Kab. Situbondo	
60		Kab. Pasuruan	
61		Kab. Sidoarjo	
62		Kab. Ngawi	ILGRP
63		Kab. Tuban	
64		Kab. Lamongan	ILGRP
65		Kab. Gresik	
66		Kab. Bangkalan	
67		Kab. Pamekasan	
68		Kab. Sumenep	
69		Kota Surabaya	
70		Kota Batu	
71	Banten	Kab. Lebak	ILGRP
72		Kota Tangerang	
73	Bali	Kab. Buleleng	
74		Kota Denpasar	
75	West Nusa Tenggara	Kab. Lombok Barat	
76		Kab. Sumbawa	
77		Kab. Bima	
78		Kota Mataram	

Table A.2.1 Continued

No.	Province	District	Project
79	East Nusa Tenggara	Kab. Sumba Barat	SPADA
80		Kab. Timor Tengah Selatan	SPADA
81		Kab. Belu	SPADA
82		Kab. Alor	SPADA
83		Kab. Lembata	SPADA
84		Kab. Flores Timur	SPADA
85		Kab. Sikka	
86		Kab. Ngada	
87		Kota Kupang	
88	West Kalimantan	Kab. Sambas	SPADA
89		Kab. Bengkayang	SPADA
90		Kab. Sanggau	SPADA
91		Kab. Sekadau	
92	Central Kalimantan	Kab. Kotawaringin Barat	
93		Kab. Kotawaringin Timur	SPADA
94		Kab. Seruyan	SPADA
95		Kab. Katingan	SPADA
96		Kab. Barito Timur	
97	South Kalimantan	Kab. Barito Kuala	
98		Kab. Tapin	
99		Kab. Hulu Sungai Selatan	
100		Kab. Hulu Sungai Utara	
101	East Kalimantan	Kab. Pasir	
102		Kab. Kutai Barat	
103		Kab. Kutai Kartanegara	
104		Kota Balikpapan	
105	North Sulawesi	Kab. Bolaang Mongondow	ILGRP
106		Kab. Minahasa Utara	
107		Kota Manado	
108	Central Sulawesi	Kab. Banggai	SPADA
109		Kab. Morowali	SPADA
110		Kab. Poso	SPADA
111		Kab. Parigi Moutong	USDRP
112		Kab. Tojo Una-Una	SPADA
113	South Sulawesi	Kab. Bulukumba	ILGRP
114		Kab. Takalar	ILGRP
115		Kab. Gowa	ILGRP
116		Kab. Wajo	
117		Kab. Enrekang	
118		Kab. Tana Toraja	
119		Kab. Mamuju	
120		Kota Palopo	USDRP

Table A.2.1 Continued

No.	Province	District	Project
121	Gorontalo	Kab. Boalemo	ILGRP
122	Maluku	Kab. Maluku Tenggara Barat	SPADA
123		Kab. Maluku Tenggara	SPADA
124		Kab. Maluku Tengah	SPADA
125		Kab. Buru	SPADA
126		Kab. Seram Bagian Timur	SPADA
127		Kota Ambon	
128	North Maluku	Kab. Halmahera Barat	
129		Kab. Halmahera Tengah	SPADA
130		Kab. Kepulauan Sula	SPADA
131		Kab. Halmahera Utara	SPADA
132	Papua	Kab. Jayawijaya	
133		Kab. Manokwari	
134		Kab. Mappi	

Table A.3.1 Household Assessment of Education Services: Households With and Without a Household Member Attending School

	Households With a Household Member Attending School					Households Without a Household Member in School				
	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Comparison of Current Education Services to Two Years Ago at the Known School (%)										
Overall education services (%)										
Better	77.27	71.39	80.52	74.32	75.92	60.44	70.91	61.43	60.80	66.57
About the same	13.91	17.04	11.89	14.40	14.56	14.57	12.00	8.07	13.12	11.61
Worse	5.21	8.39	4.15	4.28	5.92	6.80	1.64	3.59	8.09	5.54
Not relevant	0.53	0.42	0.57	2.33	0.57	1.11	0.73	3.14	1.02	0.88
Don't know	3.08	2.76	2.87	4.67	3.03	17.07	14.73	23.77	16.97	15.41
Conditions of school buildings and facilities (%)										
Better	74.19	66.49	78.22	71.21	72.44	55.79	65.64	62.33	56.44	62.03
About the same	13.02	17.35	12.61	13.62	14.15	15.48	12.55	6.28	15.67	12.67
Worse	8.82	12.35	5.44	7.00	9.36	9.78	5.64	4.04	4.83	8.04
Not relevant	0.55	0.57	0.57	2.33	0.62	1.11	0.73	3.14	0.09	0.88
Don't know	3.43	3.23	3.15	5.84	3.43	17.83	15.45	24.22	22.96	16.38
Teachers' attention towards their students (%)										
Better	70.88	65.87	74.79	66.54	69.77	58.11	50.66	62.00	54.71	56.44
About the same	16.93	22.15	15.04	16.73	18.12	14.70	19.71	13.09	10.76	15.67
Worse	5.62	7.24	3.87	7.00	5.93	4.62	6.59	2.55	2.24	4.83
Not relevant	0.05	0.10	0.00	0.00	0.06	0.09	0.14	0.00	0.00	0.09
Don't know	6.53	4.64	6.30	9.73	6.12	22.47	22.90	22.36	32.29	22.96

Table A.3.1 Continued

	Households With a Household Member Attending School					Households Without a Household Member in School				
	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Cost of schooling/education services (%)										
Better	72.06	66.70	77.51	63.04	70.85	53.40	51.15	58.18	47.09	53.04
About the same	10.55	14.96	7.88	10.12	11.45	9.75	13.12	8.18	9.87	10.47
Worse	8.91	5.58	8.02	13.23	8.09	7.98	4.65	7.27	12.11	7.22
Not relevant	3.02	7.56	1.58	2.33	4.05	1.68	4.09	0.55	0.00	2.12
Don't know	5.46	5.21	5.01	11.28	5.56	27.19	27.00	25.82	30.94	27.15
Students' learning achievements (%)										
Better	66.31	60.71	69.34	66.15	65.11	51.08	44.41	54.55	49.33	49.63
About the same	18.39	24.18	16.62	14.79	19.62	15.14	19.99	14.91	12.11	16.24
Worse	5.57	6.41	4.73	7.00	5.76	4.83	5.55	2.55	4.04	4.76
Not relevant	0.09	0.26	0.00	0.00	0.12	0.09	0.28	0.18	0.00	0.14
Don't know	9.64	8.44	9.31	12.06	9.38	28.87	29.77	27.82	34.53	29.22
Extracurricular activities (%)										
Better	54.07	45.34	62.61	61.09	52.83	41.53	34.14	48.00	42.60	40.31
About the same	19.28	24.34	18.34	17.90	20.48	14.70	20.47	15.09	13.00	16.15
Worse	4.32	5.68	2.72	3.50	4.50	4.45	4.51	1.27	1.35	4.03
Not relevant	4.84	4.95	2.01	2.72	4.52	2.33	3.82	1.45	0.90	2.57
Don't know	17.50	19.70	14.33	14.79	17.68	37.00	37.06	34.18	42.15	36.94

Table A.3.1 Continued

	Households With a Household Member Attending School					Households Without a Household Member in School				
	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Aspects That Require Improvement (%)										
Condition of school buildings and facilities	24.92	33.45	27.51	21.79	27.32	23.74	33.1	29.64	20.63	26.6
Teachers' attention towards their students	18.41	18.71	18.91	23.35	18.71	15.23	16.59	12.91	19.28	15.51
Affordability of education services	8.04	5.21	9.89	10.12	7.54	9.66	6.18	11.64	15.7	9.2
Student learning achievements	31.59	26.84	28.8	29.18	29.98	28.78	23.32	23.27	22.87	26.6
Extracurricular activities	5.19	4.33	3.58	7	4.87	3.36	3.26	4.36	1.79	3.37
Number of teachers	1.9	4.59	1.43	1.56	2.55	1.8	4.58	1.27	0.45	2.41
Quality of teachers	0.82	0.52	1	0.39	0.74	0.56	0.28	0.55	1.35	0.52
Quality of education (substance)	1.3	0.73	1.29	1.95	1.17	1.09	0.42	1.45	0.45	0.93
Discipline of students	0.14	0.00	0.00	0.00	0.08	0.18	0.14	0.00	0.00	0.14
All aspects	2.38	2.29	1.86	1.17	2.26	2.42	1.6	2.73	1.35	2.19
Teachers' welfare	0.05	0.1	0.14	0.00	0.07	0.21	0.00	0.00	0.45	0.14
Discipline of teachers	0.16	0.1	0.29	0.39	0.17	0.21	0.14	0.00	0.00	0.16
Transportation accessibility	0.11	0.05	0.29	0.00	0.11	0.12	0.07	0.00	0.00	0.09
Others	3.93	2.5	4.01	2.72	3.52	4.86	3.89	5.82	4.48	4.69
Don't know	1.07	0.57	1	0.39	0.91	7.81	6.45	6.36	11.21	7.45

Table A.3.1 Continued

	Households With a Household Member Attending School					Households Without a Household Member in School				
	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total	Non-WB Project Areas	SPADA Areas	ILGRP Areas	USDRP Areas	Total
Level of Satisfaction of Education Services (%)										
Satisfied	53.63	53.93	54.58	49.42	53.65	44.04	42.33	50.55	42.6	44.04
Fairly satisfied	31.84	26.84	33.81	34.24	30.79	27.63	26.79	26.36	29.15	27.63
Less satisfied	10.26	14.33	8.45	10.12	11.16	9.2	11.1	5.45	4.93	9.2
Not satisfied	1.64	2.4	0.86	3.11	1.82	1.68	2.57	0.18	1.79	1.68
Not relevant	0.34	0.1	0.43	0.00	0.28	1.69	1.25	1.45	0.9	1.69
Don't know	2.28	2.4	1.86	3.11	2.3	15.76	15.96	16	20.63	15.76
N (households)	4,378	1,919	698	257	7,252	3,395	1,441	550	223	5,609

Appendix B: Governance and Service Delivery in SPADA Areas

B.1 Assessment of Public Services at Districts/Cities (*Kabupaten/Kota*)

Table B.1 Village Head Assessments of Public Services (excluding Health and Education) in SPADA Areas, by Province

Public Services	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Condition of *Kabupaten/Kota* Public Services Considered to be Sufficient by Village Heads (%)										
Clean water	3.33	22.22	50.00	25.00	5.56	16.67	29.17	27.59	27.78	22.49
Sanitation/sewers	16.67	38.89	44.44	13.89	27.78	0.00	12.50	13.79	27.78	20.10
Roads	26.67	61.11	22.22	22.22	27.78	44.44	29.17	24.14	27.78	30.14
Waste management	3.33	33.33	22.22	5.56	11.11	0.00	8.33	17.24	11.11	11.48
Drainage/flood management	26.67	22.22	33.33	11.11	16.67	11.11	4.17	0.00	11.11	14.35
Irrigation systems	46.67	16.67	27.78	16.67	11.11	5.56	16.67	3.45	0.00	17.22
Public transportation	30.00	83.33	44.44	27.78	33.33	38.89	58.33	31.03	22.22	39.23
Lighting of roads/public spaces	40.00	11.11	11.11	2.78	22.22	22.22	12.50	13.79	11.11	16.27
Environmental management	16.67	22.22	22.22	16.67	5.56	16.67	12.50	20.69	16.67	16.75
Legal procedures	53.33	55.56	66.67	25.00	61.11	22.22	25.00	44.83	38.89	42.11
N (village heads)	30	18	18	36	18	18	24	29	18	209

B.2 Access to Education Services

Table B.2 School Enrollment Rate Within Households by Level of Education in SPADA Areas, by Province

Education Level	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Primary school:										
Enrolled household members aged 7–12 years (%)	69.55	76.36	69.43	65.44	71.25	68.76	73.45	74.84	72.00	70.88
	(31.81)	(29.83)	(33.16)	(33.06)	(29.65)	(32.34)	(29.80)	(28.47)	(28.36)	(30.97)
N (households)	200	116	151	281	137	129	171	250	149	1,584
Junior secondary school:										
Enrolled household members aged 13–15 years (%)	45.88	46.98	43.90	33.16	46.78	44.57	45.61	51.05	42.27	43.95
	(30.31)	(30.34)	(35.83)	(32.19)	(30.65)	(33.85)	(33.77)	(30.17)	(30.78)	(32.18)
N (households)	121	58	71	146	76	77	79	129	83	840
Senior secondary school:										
Enrolled household members aged 16–18 years (%)	36.83	35.31	30.19	18.37	25.24	20.67	32.67	28.59	33.11	28.75
	(36.04)	(39.51)	(37.95)	(32.86)	(37.27)	(33.21)	(37.78)	(34.34)	(36.59)	(36.31)
N (households)	109	76	61	127	70	77	88	112	89	809

Note: Standard deviations in parentheses

B.3 Access to Health Services

Table B.3 Access to Health Services (Most Frequently Visited) in SPADA Areas, by Province

Description	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Most Frequently Visited Health Service Provider (%)										
Public hospital	5.27	0.73	0.35	1.11	1.14	6.87	7.67	4.98	7.05	3.80
Community health center (*puskesmas*)	52.97	29.45	15.55	31.79	29.55	26.72	38.65	46.45	66.08	37.91
Secondary *puskesmas* (*pustu*)	5.05	7.27	23.67	35.67	18.94	11.83	36.5	19.43	14.98	20.26
Village maternity post (*polindes*)	1.1	0.36	0.00	24.58	5.68	1.91	10.43	0.47	0.00	6.38
Mobile *puskesmas* (*pusling*)	0.00	0.00	0.00	0.74	0.00	0.00	0.00	5.69	3.52	1.18
Private hospital	0.00	0.00	1.41	1.85	1.52	0.00	0.00	1.18	2.2	0.92
Private clinics	1.32	1.45	1.06	0.37	1.52	0.00	0.00	0.71	2.64	0.92
Private health practitioner: physician	3.96	11.27	6.01	0.37	5.3	3.05	0.61	1.9	1.76	3.40
Private health practitioner: midwife	13.63	29.82	21.55	1.11	18.18	13.74	0.61	6.4	0.88	10.67
Private health practitioner: nurse	15.82	18.55	27.21	1.29	17.42	32.82	2.45	11.37	0.88	13.00
Have not visit any health service provider in the last 5 years	0.88	1.09	3.18	1.11	0.76	3.05	3.07	1.42	0.00	1.57
N (households)	455	275	283	541	264	262	326	422	227	3,055
Location of the Most Frequently Visited Health Service Provider (%)										
Within the village	13.97	50.37	64.23	57.38	47.33	68.50	54.43	65.14	42.29	50.55
Outside the village	86.03	49.63	35.77	42.62	52.67	31.50	45.57	34.86	57.71	49.45
N (households)	451	272	274	535	262	254	316	416	227	3,077

B.4 Access to Village Administration Services

Table B.4 Access to Village Administration Services in SPADA Areas, by Province

Description	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Respondent or any other household member has obtained an identity card (KTP) in the last 2 years (%)	62.50	58.33	67.71	67.19	66.32	60.07	75.26	47.92	26.74	59.82
N (households)	480	288	288	576	288	288	384	480	288	3,360
Those who have obtained an identity card in the last 2 years and are aware of the formal procedure for obtaining a KTP (%)	74.33	89.88	86.15	51.42	62.83	71.10	74.39	80.00	74.03	71.64
N (households)	300	168	195	387	191	173	289	230	77	2,010
Average length of time taken to obtain a KTP (days)	13.18 (15.33)	4.36 (9.54)	9.70 (13.53)	47.85 (64.19)	10.25 (22.64)	3.82 (8.68)	13.49 (21.20)	13.83 (36.66)	7.23 (14.17)	17.57 (36.92)
N (households)	289	168	195	384	191	173	286	229	77	1,992
Average cost of obtaining a KTP (rupiah)	13,108.97 (22,335.20)	14,435.58 (6,536.73)	19,502.60 (7,859.78)	18,801.59 (10,778.04)	21,597.83 (12,011.77)	22,923.98 (11,875.71)	24,423.08 (10,734.81)	24,529.41 (22,046.34)	21,893.33 (13,082.46)	20,691.70 (13,630.60)
N (households)	78	163	192	378	184	171	286	221	75	1,748
The use of informal intermediaries to obtain a KTP (%)	21.00	41.07	76.41	59.95	48.69	28.90	13.15	26.96	20.78	38.41
N (households)	300	168	195	387	191	173	289	230	77	2,010

Note: Standard deviations in parentheses

B.5 Access to Information

Table B.5 Access to Information according to Household Respondents in SPADA Areas, by Province

Description	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
During the Past Year, Respondent Received Information Related to										
Village budget allocation (%)	23.75	7.99	18.75	20.66	11.46	14.58	17.97	13.96	22.57	17.44
Village development programs (%)	29.79	16.32	25.00	35.59	22.92	26.04	26.56	25.42	31.25	27.44
Aware of the existence of the Village Representative Body (BPD/DK) (%)	66.88	50.69	32.64	76.22	33.33	47.92	56.51	56.25	72.92	57.47
Have Accessed Updated Information (%)										
Have followed updated district information	17.29	36.81	38.89	19.79	19.10	38.89	23.70	42.29	25.35	28.24
Have followed updated national information	14.79	31.25	59.38	6.08	27.08	38.89	17.97	36.88	23.96	25.95
Have Accessed Information during the Previous Week Using the Following Media (%)										
Radio	42.92	36.11	34.72	18.40	29.17	32.99	48.70	40.42	37.15	35.21
Television	60.63	81.60	76.04	16.15	78.13	83.68	87.24	58.33	64.24	62.62
National newspaper	8.96	3.47	1.74	3.47	5.90	5.90	8.07	7.92	2.08	5.57
Local newspaper	23.96	16.32	9.03	9.55	11.81	14.58	11.72	17.29	6.94	13.90
Internet	0.00	0.35	0.00	0.00	0.69	0.69	0.26	0.42	0.35	0.27
N (households)	480	288	288	576	288	288	384	480	288	3,360

B.6 Access to Police Services

Table B.6 Access to Police Services according to Household Respondents in SPADA Areas, by Province

Description	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Accessing Police Services										
Respondent or any other household member has accessed police services in the last 2 years (%)	6.67	17.71	9.03	5.03	11.81	11.46	14.06	13.75	7.64	10.33
N (households)	480	288	288	576	288	288	384	480	288	3,360
Those who accessed police services who were asked to pay "settlement money" in the last 2 years (%)	31.25	45.10	11.54	31.03	35.29	15.15	9.26	21.21	50.00	26.51
N (households)	32	51	26	29	34	33	54	66	22	347
Obtaining a Driving License										
Respondent or any other household member obtained a driving license in the last 2 years (%)	13.33	14.93	9.72	4.17	11.11	7.99	12.24	7.71	6.60	9.43
N (households)	480	288	288	576	288	288	384	480	288	3,360
Of Those Who Obtained a Driving License in the Last Two Years										
Aware of the formal procedure to obtain a driving license (%)	81.25	83.72	89.29	79.17	65.63	73.91	93.62	94.59	78.95	83.28
Employed an informal intermediary when obtaining a driving license (%)	14.06	30.23	57.14	12.50	34.38	52.17	12.77	13.51	36.84	25.87
N (households)	64	43	28	24	32	23	47	37	19	317
Average length of time taken to obtain a driving license (days)	1.50	2.56	51.50	7.40	1.19	4.32	4.29	41.28	12.93	12.42
	(2.48)	(6.36)	(188.38)	(18.72)	(1.64)	(6.16)	(12.29)	(165.05)	(21.24)	(80.73)
N (households)	64	43	28	24	32	23	47	37	19	317
Average cost of obtaining a driving license (rupiah)	178,125.0	222,790.7	214,037.0	299,895.8	198,083.3	220,714.3	182,914.9	275,785.7	328,157.9	222,640.3
	(76,411.5)	(102,232.8)	(96,683.7)	(176,596.0)	(61,229.9)	(63,841.3)	(83,414.6)	(141,065.8)	(99,571.5)	(111,001.4)
N (households)	64	43	27	24	30	21	47	35	19	310

Note: Standard deviations in parentheses

B.7 Conflict and Security

Table B.7 Household Perspectives on Conflicts/Disputes and Security Conditions in SPADA Areas, by Province

Description	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Type of Disputes/Conflicts That have Occurred in the Last Two Years (%)										
Land/building	6.25	6.25	6.25	23.61	20.14	14.93	9.90	17.29	18.06	14.17
Crime	5.21	17.01	23.96	15.63	9.38	12.85	9.90	17.71	17.01	13.96
Abuse of power/authority	1.04	0.69	2.08	4.17	2.78	1.74	2.60	1.67	4.17	2.38
Marriage/divorce/inheritance	7.92	12.15	5.21	12.15	10.76	6.25	4.17	15.21	15.63	10.15
Domestic violence	3.96	5.21	3.82	13.72	8.33	3.82	1.04	20.42	11.11	8.72
Election (national, local, village)	1.25	0.00	0.35	2.43	2.43	2.43	0.52	6.04	10.42	2.86
Ethnicity/religion	0.42	0.00	0.35	0.87	0.69	1.39	8.85	3.33	2.08	2.08
N (households)	480	288	288	576	288	288	384	480	288	3,360
Current Level of Security from Physical Threat/Violence (%)										
Secure	93.75	87.85	81.25	82.99	90.97	87.15	85.42	87.29	84.38	86.85
Fairly secure	5.83	10.07	13.54	13.54	6.60	11.11	13.28	11.46	12.15	10.89
Not secure	0.42	2.08	5.21	2.43	2.43	1.74	1.30	1.25	3.13	2.05
Extremely insecure	0.00	0.00	0.00	1.04	0.00	0.00	0.00	0.00	0.35	0.21
N (households)	480	288	288	576	288	288	384	480	288	3,360
Current Level of Security from Threats to Valuable Assets (%)										
Secure	88.33	71.18	74.65	79.17	86.81	77.78	78.91	80.42	81.60	80.30
Fairly secure	9.17	22.57	17.01	13.89	8.68	17.36	14.58	17.29	15.63	14.79
Not secure	2.50	5.90	7.99	6.94	4.51	4.86	6.51	2.29	2.78	4.85
Extremely insecure	0.00	0.35	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.06
N (households)	480	288	288	576	288	288	384	480	288	3,360

B.8 Participation and Social Capital

Table B.8 Household Knowledge of and Participation in Village Programs/Activities in SPADA Areas, by Province

Description	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Did Your Village Receive the PKPS-BBM IP? (%)										
Yes (Aware)	23.96	19.79	21.53	52.78	27.28	24.31	23.96	37.08	51.39	32.92
No (Aware)	54.17	56.94	74.65	39.06	46.18	50.35	60.16	43.96	34.38	50.09
Unsure (Unaware)	21.88	23.26	3.82	8.16	26.04	25.35	15.89	18.96	14.24	16.99
N (households)	480	288	288	576	288	288	384	480	288	3,360
If Aware That the Village Has Received the PKPS-BBM IP										
At least one household member participated in the village PKPS-BBM IP (%)	21.74	54.39	43.55	50.33	30.00	22.86	43.48	42.13	47.97	41.77
N (households)	115	57	62	304	80	70	92	178	148	1,106
Participation Level of Household Members in Any Village Programs/Activities Compared to Two years Ago (%)										
Increased	20	18	34.38	55.56	24.72	29.86	35.16	35.28	26.74	33.76
About the same	60.63	55.56	42.36	33.33	41.32	46.88	52.08	43.01	60.07	47.57
Decreased	7.92	14.58	12.85	7.29	13.19	10.76	6.25	12.53	7.64	9.94
Not relevant	4.79	2.08	5.21	0.87	1.74	5.9	1.3	1.88	0.69	2.59
Don't know	6.67	9.72	5.21	2.95	9.03	6.6	5.21	7.31	4.86	6.13
N (households)	480	288	288	576	288	288	384	479	288	3,359

B.9 Politics

Table B.9 Assessment of Household Political Knowledge and Practices in SPADA Areas, by Province

Description	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Aware of the Names of Current Political Leaders (%)										
Speaker of the national parliament	3.96	15.97	5.21	4.86	9.03	9.03	8.33	11.25	6.60	7.89
Governor of the province	18.54	73.61	3.13	45.31	27.43	55.21	45.57	49.58	44.10	40.15
Speaker of the local parliament	6.25	22.22	6.25	27.08	7.29	8.68	21.61	28.13	12.85	16.93
Head of the district (*bupati/walikota*)	7.08	73.96	38.19	74.83	77.78	63.54	58.07	77.71	64.58	58.84
Head of the village	98.33	93.75	85.76	99.13	94.10	82.99	95.57	91.04	97.92	93.93
N (households)	480	288	288	576	288	288	384	480	288	3,660
If There Had Been an Election for District Head in the Past Year (%)										
Respondent voted in the last election for district head (*pilkada*)	—	95.00	94.97	96.91	90.63	91.74	97.61	92.52	90.00	94.05
N (households)	—	180	159	162	96	121	251	107	200	1,276

B.10 Household Socioeconomic Characteristics

Table B.10 Household Socioeconomic Characteristics in SPADA Areas, by Province

Description	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Characteristics of Household Head										
Age (years)	46.98 (14.09)	46.49 (14.48)	46.35 (13.74)	47.72 (15.08)	43.47 (12.56)	42.92 (12.60)	44.22 (13.03)	44.39 (13.84)	44.11 (13.01)	45.43 (13.86)
N (households)	479	287	288	575	287	288	384	479	287	3,354
Female (%)	17.50	3.82	7.29	15.63	7.29	5.56	7.29	7.08	4.51	9.46
N (households)	480	288	288	576	288	288	384	480	288	3,360
Education attainment (%)										
Primary education	63.39	53.85	66.41	71.15	70.17	63.64	54.85	50.85	52.75	60.59
Junior secondary education	21.38	18.68	16.41	13.02	13.45	19.64	21.61	21.61	19.41	18.53
Senior secondary education	12.04	24.91	13.36	12.80	12.61	11.27	20.50	21.19	25.27	17.04
Diploma I/II/III	2.21	0.73	2.67	1.74	2.10	1.45	1.11	3.81	1.47	2.02
D IV/Strata 1 (bachelor degree) or higher	0.98	1.83	1.15	1.30	1.68	4.00	1.94	2.54	0.73	1.79
Other education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.37	0.03
N (households)	407	273	262	461	288	275	361	472	273	3,022
Household head is able to read (%)	78.54	92.01	78.82	69.27	77.08	92.71	90.10	95.21	89.58	83.87
Household head is able to write (%)	77.92	92.01	78.47	67.36	75.69	89.58	88.54	93.96	89.58	82.68
Working in the last month (%)	86.67	94.10	96.18	93.23	93.75	94.79	93.75	93.13	93.75	92.89
N (households)	480	288	288	576	288	288	384	480	288	3,360

Table B.10 Continued

Description	Province									All SPADA Areas
	NAD	Bengkulu	Lampung	East NT	West Kalimantan	Central Kalimantan	Central Sulawesi	Maluku	North Maluku	
Household Characteristics										
Average household size (persons)	4.40 (2.14)	4.51 (1.62)	4.25 (1.59)	4.85 (2.25)	4.70 (1.80)	4.57 (2.05)	4.41 (1.75)	5.47 (2.30)	5.24 (1.94)	4.74 (2.04)
N (households)	280	288	288	576	288	288	384	480	288	3,360
Housing Characteristics										
Roof built with concrete/terracotta tiles (%)	1.67	5.56	95.49	0.87	2.43	3.47	2.60	1.25	2.08	10.21
Wall built with bricks (%)	23.33	76.04	61.11	27.26	35.07	4.51	34.38	68.54	67.01	42.62
Non-earth floor (%)	78.96	92.71	78.82	41.84	96.88	98.26	84.38	74.58	71.18	76.28
Electrified housing (%)	73.54	80.90	71.18	21.01	68.40	75.35	68.23	59.17	69.44	61.67
Access to clean water (%)	67.08	76.04	92.71	39.24	29.86	51.39	88.02	60.63	78.82	63.21
Own toilet (%)	37.08	61.81	79.51	66.67	42.01	27.78	57.03	36.04	43.40	50.21
Own squat toilet (%)	35.21	54.17	43.40	30.73	31.94	13.54	51.04	44.79	44.10	38.57
N (households)	480	288	288	576	288	288	384	480	288	3,360
Housing area per capita (m^2)	15.20 (11.81)	14.87 (11.55)	16.40 (14.77)	23.75 (312.72)	11.93 (13.95)	14.07 (14.38)	15.41 (19.75)	16.83 (35.83)	13.06 (8.01)	16.43 (130.56)
N (households)	480	288	288	575	288	288	384	480	288	3,359

Note: Standard deviations in parentheses

Appendix C: Governance and Service Delivery in ILGRP Areas

C.1 Assessment of Public Services at Districts/Cities (*Kabupaten/Kota*)

Table C.1. Village Head Assessments of Public Services (excluding Health and Education) in ILGRP Areas, by Province

Public Services	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Condition of *Kabupaten/Kota* Public Services Considered to be Sufficient by Village Heads (%)									
Clean water	16.67	0.00	25.00	33.33	33.33	33.33	22.22	50.00	25.64
Sanitation/sewers	25.00	16.67	25.00	66.67	16.67	16.67	22.22	50.00	30.77
Roads	50.00	16.67	33.33	41.67	50.00	83.33	27.78	66.67	42.31
Waste management	8.33	0.00	25.00	16.67	16.67	33.33	0.00	33.33	14.10
Drainage/flood management	25.00	0.00	16.67	33.33	16.67	66.67	16.67	50.00	25.64
Irrigation systems	25.00	33.33	8.33	41.67	0.00	50.00	44.44	16.67	29.49
Public transportation	66.67	66.67	58.33	58.33	66.67	83.33	77.78	66.67	67.95
Lighting of roads/public spaces	33.33	33.33	16.67	50.00	33.33	16.67	22.22	50.00	30.77
Environmental management	58.33	16.67	50.00	33.33	33.33	16.67	16.67	50.00	34.62
Legal procedures	91.67	66.67	75.00	83.33	50.00	83.33	94.44	100.00	83.33
N (village heads)	12	6	12	12	6	6	18	6	78

C.2 Access to Education Services

Table C.2 School Enrollment Rate Within Households by Level of Education in ILGRP Areas, by Province

Education Level	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Primary school:									
Enrolled household members aged 7–12 years (%)	77.56 (27.41)	81.38 (25.61)	74.57 (29.34)	74.93 (27.00)	69.74 (29.81)	74.48 (35.37)	73.31 (28.52)	71.48 (33.37)	74.63 (29.20)
N (households)	82	47	81	73	52	48	131	44	558
Junior secondary school:									
Enrolled household members aged 13–15 years (%)	46.04 (27.45)	64.29 (34.68)	54.88 (32.06)	63.11 (34.58)	44.63 (39.52)	47.50 (36.78)	47.28 (31.19)	45.07 (37.98)	51.38 (34.13)
N (households)	37	21	41	44	36	20	65	23	287
Senior secondary school:									
Enrolled household members aged 16–18 years (%)	44.17 (41.22)	20.00 (30.40)	25.00 (35.36)	45.46 (41.17)	20.80 (26.56)	19.17 (33.45)	21.16 (32.68)	19.80 (29.00)	29.02 (36.58)
N (households)	40	20	40	47	23	20	63	17	270

Note: Standard deviations in parentheses

C.3 Access to Health Services

Table C.3 Access to Health Services (Most Frequently Visited) in ILGRP Areas, by Province

Description	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Most Frequently Visited Health Service Provider (%)									
Public hospital	4.19	4.35	1.07	3.23	5.43	3.41	4.04	2.27	3.43
Community health center (*puskesmas*)	22.51	34.78	21.93	15.59	20.65	46.59	43.01	53.41	30.85
Secondary *puskesmas* (*pustu*)	27.23	1.09	12.3	6.99	7.61	20.45	11.03	6.82	12.54
Village maternity post (*polindes*)	0.52	0.00	14.44	1.08	0.00	1.14	0.37	1.14	2.76
Mobile *puskesmas (pusling*)	0.00	0.00	0.00	0.54	1.09	0.00	0.00	0.00	0.17
Private hospital	0.00	0.00	1.07	1.61	0.00	0.00	0.00	0.00	0.42
Private clinics	0.00	6.52	1.6	1.08	7.61	0.00	0.00	0.00	1.51
Private health practitioner: physician	5.24	31.52	6.42	8.06	7.61	9.09	5.15	3.41	8.19
Private health practitioner: midwife	33.51	13.04	16.58	34.41	15.22	4.55	14.34	2.27	19.23
Private health practitioner: nurse	6.28	8.7	23.53	25.27	33.7	14.77	19.85	29.55	19.65
Have not visit any health service provider in the last 5 years	0.52	0.00	1.07	2.15	1.09	0.00	2.21	1.14	1.25
N (households)	191	92	187	186	92	88	272	88	1,196
Location of the Most Frequently Visited Health Service Provider (%)									
Within the village	66.84	26.09	50.27	59.89	41.76	39.77	46.99	59.77	51.06
Outside the village	33.16	73.91	49.73	40.11	58.24	60.23	53.01	40.23	48.94
N (households)	190	92	185	182	91	88	266	87	1,181

C.4 Access to Village Administration Services

Table C.4 Access to Village Administration Services in ILGRP Areas, by Province

Description	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Respondent or any other household member has obtained an identity card (KTP) in the last 2 years (%)	58.33	76.04	62.50	72.40	67.71	64.58	67.71	70.83	66.83
N (households)	192	96	192	192	96	96	288	96	1,248
Those who have obtained an identity card in the last 2 years and are aware of the formal procedure for obtaining a KTP (%)	84.82	80.82	70.83	69.06	78.46	83.87	62.56	89.71	74.46
N (households)	112	73	120	139	65	62	195	68	834
Average length of time taken to obtain a KTP (days)	2.31 (2.67)	8.45 (9.13)	5.40 (6.66)	7.91 (15.55)	4.34 (2.78)	28.03 (56.85)	16.30 (30.24)	3.81 (8.23)	9.65 (23.59)
N (households)	112	73	120	139	65	61	193	68	831
Average cost of obtaining a KTP (rupiah)	14,747.66 (6,356.31)	24,444.44 (7,484.99)	13,266.95 (8,623.83)	14,715.83 (7,747.15)	22,253.97 (6,652.60)	25,806.45 (42,820.09)	23,194.74 (12,349.79)	11,654.41 (4,522.13)	18,498.78 (15,275.63)
N (households)	107	72	118	139	63	62	190	68	819
The use of informal intermediaries to obtain a KTP (%)	38.39	67.12	55.83	49.64	64.62	22.58	51.79	1.47	46.28
N (households)	112	73	120	139	65	62	195	68	834

Note: Standard deviations in parentheses

C.5 Access to Information

Table C.5 Access to Information according to Household Respondents in ILGRP Areas, by Province

Description	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
During the Past Year, Respondent Received Information Related to									
Village budget allocation (%)	19.79	17.71	25.00	14.58	8.33	13.54	11.11	35.42	17.47
Village development programs (%)	31.25	33.33	41.15	25.52	20.83	38.54	19.79	47.92	30.45
Aware of the existence of the Village Representative Body (BPD/DK) (%)	42.19	59.38	68.75	60.42	51.04	72.92	32.29	71.88	53.45
Have Accessed Updated Information (%)									
Have followed updated district information	21.88	44.79	34.38	24.48	42.71	33.33	22.22	30.21	29.17
Have followed updated national information	47.40	82.29	73.96	48.96	59.38	25.00	39.58	15.63	49.36
Have Accessed Information during the Previous Week Using the Following Media (%)									
Radio	34.90	56.25	52.60	46.35	41.67	26.04	44.79	41.67	43.67
Television	78.65	95.83	79.17	89.58	70.83	75.00	85.76	73.96	82.13
National newspaper	7.29	7.29	5.21	12.50	11.46	8.33	9.03	3.13	8.25
Local newspaper	15.63	13.54	4.69	10.94	16.67	23.96	18.06	26.04	15.14
Internet	1.04	1.04	0.52	1.56	0.00	0.00	0.69	0.00	0.72
N (households)	192	96	192	192	96	96	288	96	1,248

C.6 Access to Police Services

Table C.6. Access to Police Services according to Household Respondents in ILGRP Areas, by Province

Description	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Accessing Police Services									
Respondent or any other household member has accessed police services in the last 2 years (%)	24.48	18.75	16.15	22.40	17.71	11.46	21.18	8.33	18.91
N (households)	192	96	192	192	96	96	288	96	1,248
Those who accessed police services who were asked to pay "settlement money" in the last 2 years (%)	23.40	83.33	35.48	46.51	41.18	9.09	11.48	12.50	30.93
N (households)	47	18	31	43	17	11	61	8	236
Obtaining a Driving License									
Respondent or any other household member obtained a driving license in the last 2 years (%)	20.83	17.71	13.54	15.63	12.50	7.29	19.10	10.42	15.79
N (households)	192	96	192	192	96	96	288	96	1,248
Of Those Who Obtained a Driving License in the Last Two Years									
Aware of the formal procedure to obtain a driving license (%)	82.50	76.47	80.77	83.33	100.00	100.00	89.09	100.00	86.29
Employed an informal intermediary when obtaining a driving license (%)	17.50	58.82	57.69	26.67	25.00	14.29	23.64	10.00	29.44
N (households)	40	17	26	30	12	7	55	10	197
Average length of time taken to obtain a driving license (days)	1.95 (3.39)	1.07 (0.73)	2.49 (5.90)	3.17 (7.58)	1.43 (1.82)	3.60 (3.33)	1.61 (2.17)	3.70 (2.50)	2.15 (4.24)
N (households)	40	17	26	30	12	7	55	10	197
Average cost of obtaining a driving license (rupiah)	242,750.0 (176,555.2)	284,823.5 (126,690.7)	216,280.0 (117,950.0)	208,321.4 (117,415.1)	182,750.0 (83,103.6)	295,000.0 (109,886.3)	178,346.2 (71,942.8)	259,277.8 (97,700.2)	219,250.0 (124,375.7)
N (households)	40	17	25	28	12	7	52	9	190

Note: Standard deviations in parentheses

C.7 Conflict and Security

Table C.7 Household Perspectives on Conflicts/Disputes and Security Conditions in ILGRP Areas, by Province

Description	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Type of Disputes/Conflicts That have Occurred in the Last Two Years (%)									
Land/building	23.96	8.33	4.17	13.54	7.29	9.38	24.65	15.63	15.22
Crime	31.77	33.33	12.50	11.98	7.29	34.38	12.50	29.17	19.55
Abuse of power/authority	3.13	10.42	3.13	6.77	6.25	3.13	2.43	0.00	4.09
Marriage/divorce/inheritance	16.67	12.50	9.90	13.02	6.25	26.04	11.11	19.79	13.62
Domestic violence	9.38	6.25	5.21	10.42	2.08	10.42	2.43	10.42	6.65
Election (national, local, village)	1.04	2.08	0.00	5.21	1.04	7.29	2.78	1.04	2.48
Ethnicity/religion	4.17	1.04	0.00	0.52	3.13	1.04	0.69	1.04	1.36
N (households)	192	96	192	192	96	96	288	96	1,248
Current Level of Security from Physical Threat/Violence (%)									
Secure	90.1	84.38	93.75	90.63	85.42	88.54	90.97	92.71	90.22
Fairly secure	8.33	10.42	5.73	8.33	14.58	10.42	8.33	7.29	8.65
Not secure	1.56	5.21	0.52	1.04	0.00	1.04	0.69	0.00	1.12
Extremely insecure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
N (households)	192	96	192	192	96	96	288	96	1,248
Current Level of Security from Threats to Valuable Assets (%)									
Secure	83.85	75	88.46	85.94	86.46	78.13	85.76	80.21	83.81
Fairly secure	7.81	8.33	9.38	9.38	9.38	17.71	11.11	19.79	10.9
Not secure	8.33	14.58	4.17	4.17	4.17	4.17	3.13	0.00	5.05
Extremely insecure	0.00	2.08	0.00	0.52	0.00	0.00	0.00	0.00	0.24
N (households)	192	96	192	192	96	96	288	96	1,248

C.8 Participation and Social Capital

Table C.8 Household Knowledge of and Participation in Village Programs/Activities in ILGRP Areas, by Province

Description	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Did Your Village Receive the PKPS-BBM IP? (%)									
Yes (Aware)	47.40	9.38	6.77	13.02	14.58	7.29	12.50	51.04	19.55
No (Aware)	44.79	75.00	75.00	57.81	69.79	57.29	62.50	12.50	58.25
Unsure (Unaware)	7.81	15.63	18.23	29.17	15.63	35.42	25.00	36.46	22.20
N (households)	192	96	192	192	96	96	288	96	1,248
If Aware That the Village Has Received the PKPS-BBM IP									
At least one household member participated in the village PKPS-BBM IP (%)	53.85	66.67	46.15	16.00	35.71	0.00	8.33	26.53	35.25
N (households)	91	9	13	25	14	7	36	49	244
Participation Level of Household Members in Any Village Programs/Activities Compared to Two Years Ago (%)									
Increased	36.98	37.50	56.25	35.94	25.00	28.13	23.26	37.50	35.10
About the same	48.96	47.92	34.90	41.67	65.63	50.00	57.29	51.04	49.04
Decreased	11.98	11.46	7.81	17.19	7.29	8.33	11.46	2.08	10.58
Not relevant	1.56	2.08	0.00	2.60	0.00	4.17	5.90	1.04	2.56
Don't know	0.52	1.04	1.04	2.60	2.08	9.38	2.08	8.33	2.72
N (households)	192	96	192	192	96	96	288	96	1,248

C.9 Politics

Table C.9 Assessment of Household Political Knowledge and Practices in ILGRP Areas, by Province

Description	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Aware ofthe Names of Current Political Leaders (%)									
Speaker of the national parliament	11.98	11.46	8.33	10.42	15.63	10.42	9.38	4.17	10.10
Governor of the province	56.77	19.79	15.63	21.35	51.04	67.71	22.92	66.67	35.50
Speaker of the local parliament	3.65	6.25	2.08	5.21	11.46	17.71	8.68	34.38	9.05
Head of the district (*bupati/walikota*)	63.02	60.42	50.52	63.02	64.58	91.67	49.65	76.04	61.14
Head of the village	82.81	89.58	95.83	81.25	75.00	95.83	88.19	91.67	87.42
N (households)	192	96	192	192	96	96	288	96	1,248
If There Had Been an Election for District Head in the Past Year (%)									
Respondent voted in the last election for district head (*pilkada*)	92.63	96.88	94.29	92.61	—	100.00	93.16	—	94.25
N (households)	190	96	35	176	—	96	190	—	783

C.10 Household Socioeconomic Characteristics

Table C.10 Household Socioeconomic Characteristics in ILGRP Areas, by Province

Description	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Characteristics of Household Head									
Age (years)	49.09 (13.81)	45.01 (11.94)	46.37 (13.36)	49.16 (12.29)	43.49 (12.78)	41.56 (12.32)	47.22 (12.81)	41.11 (13.12)	46.31 (13.14)
N (households)	192	96	192	192	96	96	287	96	1,247
Female (%)	13.02	4.17	5.21	15.10	3.13	5.21	13.89	4.17	9.62
N (households)	192	96	192	192	96	96	288	96	1,248
Education attainment (%)									
Primary education	59.04	75.53	75.42	64.05	64.04	58.95	43.30	77.66	62.54
Junior secondary education	18.09	7.45	12.29	18.95	15.73	24.21	20.54	14.89	16.94
Senior secondary education	17.02	12.77	11.17	15.03	13.48	13.68	28.13	6.38	16.22
Diploma I/II/III	2.13	1.06	0.00	0.00	5.62	2.11	1.79	1.06	1.52
D IV/Strata 1 (bachelor degree) or higher	3.72	3.19	1.12	1.96	1.12	1.05	6.25	0.00	2.78
Other education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
N (households)	188	94	179	153	89	95	224	94	1,116
Household head is able to read (%)	88.54	91.67	79.69	66.67	91.67	90.63	71.18	84.38	80.13
Household head is able to write (%)	84.38	91.67	79.17	65.63	91.67	88.54	68.40	82.29	78.29
Working in the last month (%)	89.06	94.79	94.27	85.94	92.71	96.88	87.50	90.63	90.46
N (households)	192	96	192	192	96	96	288	96	1,248

Table C.10 Continued

Description	Province								All ILGRP Areas
	West Sumatra	West Java	Central Java	East Java	Banten	North Sulawesi	South Sulawesi	Gorontalo	
Household Characteristics									
Average household size (persons)	4.66 (2.20)	4.40 (1.62)	4.08 (1.57)	4.03 (1.43)	4.96 (2.09)	4.67 (1.67)	4.49 (1.84)	4.53 (2.07)	4.43 (1.83)
N (households)	192	96	192	192	96	96	288	96	1,248
Housing Characteristics									
Roof built with concrete/terracotta tiles (%)	0.52	97.92	99.48	99.48	91.67	1.04	5.21	0.00	46.55
Wall built with bricks (%)	78.13	61.46	66.15	46.88	61.46	70.83	44.79	48.96	58.41
Non-earth floor (%)	97.40	93.75	64.06	53.65	96.88	95.83	95.49	90.63	84.13
Electrified housing (%)	79.69	100.00	97.92	98.44	75.00	95.83	92.71	64.58	89.66
Access to clean water (%)	61.46	85.42	66.15	91.67	83.33	85.42	85.76	81.25	79.33
Own toilet (%)	43.75	59.38	55.73	65.63	46.88	45.83	60.76	23.96	52.96
Own squat toilet (%)	45.31	70.83	56.77	41.15	45.83	54.17	56.94	43.75	51.68
N (households)	192	96	192	192	96	96	288	96	1,248
Housing area per capita (m^2)	14.57 (13.56)	19.46 (41.26)	22.37 (23.47)	42.28 (79.37)	19.64 (35.36)	11.53 (9.40)	17.72 (14.01)	12.41 (15.06)	21.12 (38.26)
N (households)	192	96	191	192	96	96	288	96	1,247

Note: Standard deviations in parentheses

Appendix D: Governance and Service Delivery in USDRP Areas

D.1 Assessment of Public Services at *Kabupaten*/*Kota*

Table D.1 Village Head Assessments of Public Services (excluding Health and Education) in USDRP Areas, by Province

Public Services	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Condition of *Kabupaten/Kota* Public Services Considered to be Sufficient by Village Heads (%)					
Clean water	66.67	66.67	50.00	66.67	63.33
Sanitation/sewers	58.33	66.67	50.00	33.33	53.33
Roads	91.67	100.00	50.00	83.33	83.33
Waste management	58.33	83.33	16.67	66.67	56.67
Drainage/flood management	50.00	100.00	33.33	50.00	56.67
Irrigation systems	50.00	0.00	16.67	0.00	23.33
Public transportation	91.67	100.00	66.67	100.00	90.00
Lighting of roads/public spaces	66.67	83.33	16.67	66.67	60.00
Environmental management	58.33	83.33	33.33	0.00	46.67
Legal procedures	83.33	100.00	83.33	83.33	86.67
N (village heads)	12	6	6	6	30

D.2 Access to Education Services

Table D.2 School Enrollment Rate Within Households by Level of Education in USDRP Areas, by Province

Education Level	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Primary school:					
Enrolled household members aged 7–12 years (%)	71.27 (31.02)	77.96 (24.87)	75.00 (30.80)	64.63 (29.14)	71.62 (29.74)
N (households)	67	31	48	48	194
Junior secondary school:					
Enrolled household members aged 13–15 years (%)	46.93 (33.02)	59.65 (27.40)	42.42 (37.96)	38.45 (29.67)	45.45 (32.53)
N (households)	38	19	22	37	116
Senior secondary school:					
Enrolled household members aged 16–18 years (%)	40.67 (40.11)	73.53 (35.87)	15.20 (28.30)	28.81 (33.85)	38.65 (39.76)
N (households)	50	17	17	30	114

Note: Standard deviations in parentheses

D.3 Access to Health Services

Table D.3 Access to Health Services (Most Frequently Visited) in USDRP Areas, by Province

Description	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Most Frequently Visited Health Service Provider (%)					
Public hospital	10.05	4.30	2.47	12.90	8.11
Community health center (*puskesmas*)	34.92	39.78	16.05	64.52	38.60
Secondary *puskesmas* (*pustu*)	0.53	4.30	60.49	4.30	12.72
Village maternity post (*polindes*)	0.00	0.00	0.00	0.00	0.00
Mobile *puskesmas* (*pusling*)	0.00	0.00	0.00	0.00	0.00
Private hospital	7.41	17.20	0.00	1.08	6.80
Private clinics	7.94	3.23	1.23	0.00	4.17
Private health practitioner: physician	28.57	26.88	1.23	7.53	19.08
Private health practitioner: midwife	4.23	2.15	8.64	3.23	4.39
Private health practitioner: nurse	4.76	1.08	4.94	4.30	3.95
Have not visit any health service provider in the last 5 years	1.59	1.08	4.94	2.15	2.19
N (households)	189	93	81	93	456
Location of the Most Frequently Visited Health Service Provider (%)					
Within the village	51.08	53.26	76.62	30.77	51.79
Outside the village	48.92	46.74	23.38	69.23	48.21
N (households)	186	92	77	91	446

D.4 Access to Village Service Administration

Table D.4 Access to Village Administration Services in USDRP Areas, by Province

Description	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Respondent or any other household member has obtained an identity card (KTP) in the last 2 years (%)	67.71	64.58	53.13	63.54	63.33
N (households)	192	96	96	96	480
Those who have obtained an identity card in the last 2 years and are aware of the formal procedure for obtaining a KTP (%)	82.31	98.39	70.59	78.69	82.89
N (households)	130	62	51	61	304
Average length of time taken to obtain a KTP (days)	5.74 (5.34)	4.65 (3.89)	17.24 (20.45)	5.91 (12.43)	7.36 (11.36)
N (households)	130	62	47	60	299
Average cost of obtaining a KTP (rupiah)	24,153.9 (15,840.9)	5,722.6 (2,862.6)	31,439.0 (29,672.4)	18,345.5 (7,187.9)	20,113.9 (17,833.1)
N (households)	130	62	41	55	288
The use of informal intermediaries to obtain a KTP (%)	65.38	8.06	9.80	40.98	39.47
N (households)	130	62	51	61	304

Note: Standard deviations in parentheses

D.5 Access to Information

Table D.5 Access to Information according to Household Respondents in USDRP Areas, by Province

Description	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
During the Past Year, Respondent Received Information Related to					
Village budget allocation (%)	9.90	19.79	19.79	16.67	15.21
Village development programs (%)	16.67	23.96	36.46	28.13	24.38
Aware of the existence of the Village Representative Body (BPD/DK) (%)	30.73	17.71	38.54	11.46	25.83
Have Accessed Updated Information (%)					
Have followed updated district information	64.58	70.83	9.38	41.67	50.21
Have followed updated national information	84.90	87.50	10.42	59.38	65.42
Have Accessed Information during the Previous Week Using the Following Media (%)					
Radio	40.10	65.63	27.08	48.96	44.38
Television	95.83	93.75	60.42	94.79	88.13
National newspaper	35.94	34.38	1.04	22.92	26.04
Local newspaper	38.54	64.58	5.21	47.92	38.96
Internet	4.69	10.42	0.00	2.08	4.38
N (households)	192	96	96	96	480

D.6 Access to Police Services

Table D.6 Access to Police Services according to Household Respondents in USDRP Areas, by Province

Description	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Accessing Police Services					
Respondent or any other household member has accessed police services in the last 2 years (%)	37.50	50.00	6.25	30.21	32.29
N (households)	192	96	96	96	480
Those who accessed police services who were asked to pay "settlement money" in the last 2 years (%)	54.17	33.33	0.00	20.69	39.35
N (households)	72	48	6	29	155
Obtaining a Driving License					
Respondent or any other household member obtained a driving license in the last 2 years (%)	30.73	31.25	11.46	23.96	25.63
N (households)	192	96	96	96	480
Of Those Who Obtained a Driving License in the Last Two Years					
Aware of the formal procedure to obtain a driving license (%)	89.83	96.67	90.91	82.61	90.24
Employed an informal intermediary when obtaining a driving license (%)	74.58	30.00	18.18	17.39	47.97
N (households)	59	30	11	23	123
Average length of time taken to obtain a driving license (days)	2.38 (4.88)	1.20 (2.10)	0.68 (1.00)	2.74 (6.78)	2.01 (4.61)
N (households)	59	30	11	23	123
Average cost of obtaining a driving license (rupiah)	264,736.8 (145,379.5)	206,214.3 (116,734.4)	240,909.1 (109,700.0)	202,368.4 (81,859.8)	237,904.3 (128,613.0)
N (households)	57	28	11	19	115

Note: Standard deviations in parentheses

D.7 Conflict and Security

Table D.7 Household Perspective on Conflicts/Disputes and Security Conditions in USDRP Areas, by Province

Description	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Type of Disputes/Conflicts That have Occurred in the Last Two Years (%)					
Land/building	9.90	8.33	14.58	14.58	11.46
Crime	18.75	15.63	9.38	25.00	17.50
Abuse of power/authority	2.08	1.04	6.25	2.08	2.71
Marriage/divorce/inheritance	7.29	4.17	8.33	3.13	6.04
Domestic violence	4.17	11.46	5.21	2.08	5.42
Election (national, local, village)	4.17	0.00	0.00	0.00	1.67
Ethnicity/religion	3.65	0.00	0.00	7.29	2.92
N (households)	192	96	96	96	480
Current Level of Security from Physical Threat/Violence (%)					
Secure	92.71	93.75	92.71	81.25	90.63
Fairly secure	5.73	2.08	7.29	16.67	7.50
Not secure	1.56	4.17	0.00	2.08	1.88
Extremely insecure	0.00	0.00	0.00	0.00	0.00
N (households)	192	96	96	96	480
Current Level of Security from Threats to Valuable Assets (%)					
Secure	78.65	88.54	82.29	77.08	81.04
Fairly secure	14.58	4.17	8.33	19.79	12.29
Not secure	6.77	7.29	9.38	3.13	6.67
Extremely insecure	0.00	0.00	0.00	0.00	0.00
N (households)	192	96	96	96	480

D.8 Participation and Social Capital

Table D.8 Household Knowledge of and Participation in Village Programs/Activities in USDRP Areas, by Province

Description	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Did Your Village Receive the PKPS-BBM IP? (%)					
Yes (Aware)	20.31	11.46	56.25	37.50	29.17
No (Aware)	59.38	64.58	14.58	35.42	46.67
Unsure (Unaware)	20.31	23.96	29.17	27.08	24.17
N (households)	192	96	96	96	480
If Aware That the Village Has Received the PKPS-BBM IP					
At least one household member participated in the village PKPS-BBM IP (%)	41.03	18.18	7.41	25.00	22.14
N (households)	39	11	54	36	140
Participation Level of Household Members in Any Village Programs/Activities Compared to Two years Ago (%)					
Increased	34.90	45.83	34.38	18.75	33.75
About the same	52.60	38.54	44.79	59.38	49.58
Decreased	8.33	10.42	8.33	18.75	10.83
Not relevant	2.60	3.13	5.21	0.00	2.71
Don't know	1.56	2.08	7.29	3.13	3.13
N (households)	192	96	96	96	480

D.9 Politics

Table D.9 Assessment of Household Political Knowledge and Practices in USDRP Areas, by Province

Description	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Aware of the Names of Current Political Leaders (%)					
Speaker of the national parliament	39.06	30.21	3.13	16.67	25.63
Governor of the province	29.69	85.42	51.04	30.21	45.21
Speaker of the local parliament	6.25	0.00	8.33	18.75	7.92
Head of the district (*bupati/walikota*)	69.79	58.33	32.29	76.04	61.25
Head of the village	46.35	29.17	93.75	51.04	53.33
N (households)	192	96	96	96	480
If There Had Been an Election for District Head in the Past Year (%)					
Respondent voted in the last election for district head (*pilkada*)	85.90	—	100.00	—	86.90
N (households)	78	—	6	—	84

D.10 Household Socioeconomic Characteristics

Table D.10 Household Socioeconomic Characteristics in USDRP Areas, by Province

Description	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Characteristics of Household Head					
Age (years)	48.77 (11.66)	51.01 (13.24)	43.82 (14.45)	48.26 (13.91)	48.13 (13.20)
N (households)	192	96	96	96	480
Female (%)	10.94	19.79	7.29	15.63	12.92
N (households)	192	96	96	96	480
Education attainment (%)					
Primary education	36.65	17.98	67.95	38.04	38.67
Junior secondary education	16.23	19.10	16.67	16.30	16.89
Senior secondary education	30.89	32.58	15.38	32.61	28.89
Diploma I/II/III	7.85	6.74	0.00	3.26	5.33
D IV/Strata 1 (bachelor degree) or higher	8.38	23.60	0.00	9.78	10.22
Other education	0.00	0.00	0.00	0.00	0.00
N (households)	191	89	78	92	450
Household head is able to read (%)	96.88	92.71	76.04	93.75	91.25
Household head is able to write (%)	96.35	92.71	71.88	91.67	89.79
Working in the last month (%)	81.25	76.04	91.67	82.29	82.50
N (households)	192	96	96	92	480

Table D.10 Continued

Description	Province				All USDRP Areas
	West Java	Yogyakarta	Central Sulawesi	South Sulawesi	
Household Characteristics					
Average household size (persons)	4.39 (1.74)	4.09 (1.89)	4.52 (1.63)	5.85 (2.31)	4.65 (1.97)
N (households)	192	96	96	96	480
Housing Characteristics					
Roof built with concrete/terracotta tiles (%)	90.10	94.79	8.33	5.21	57.71
Wall built with bricks (%)	94.79	80.21	36.46	48.96	71.04
Nonearth floor (%)	99.48	97.92	87.50	93.75	95.63
Electrified housing (%)	100.00	100.00	53.13	100.00	90.63
Access to clean water (%)	98.44	100.00	69.79	93.75	92.08
Own toilet (%)	90.10	85.42	26.04	70.83	72.50
Own squat toilet (%)	92.19	91.67	23.96	68.75	73.75
N (households)	192	96	96	96	480
Housing area per capita (m^2)	24.12 (27.13)	22.65 (26.79)	15.73 (22.30)	16.82 (16.20)	20.69 (24.49)
N (households)	192	96	96	96	480

Note: Standard deviations in parentheses