

The Dynamics of Poor Women's Livelihood: A Case Study amidst a Fuel Price Change



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SMERU RESEARCH REPORT

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ABSTRACT

The Dynamics of Poor Women's Livelihood: A Case Study amidst a Fuel Price Change

Niken Kusumawardhani, Dyan Widyaningsih, Valentina YD Utari, Joseph Marshan, Dinar Dwi Prasetyo, Hafiz Arfyanto, Veto Tyas Indrio, and Michelle Andrina

This research is a part of a four-year longitudinal study from 2014–2020 which aims to analyze the impact of the fixed fuel subsidy policy on the livelihood of poor women, particularly on the livelihood aspects that are the working themes of MAMPU. By studying the livelihood of poor women in five *kabupaten* (districts) in Indonesia (Deli Serdang, Cilacap, Timor Tengah Selatan, Kubu Raya, and Pangkajene dan Kepulauan), this research has obtained a profound understanding on the impact of the change in the fuel subsidy policy on the dynamics of women's livelihood, with regard to MAMPU's livelihood themes. As a national-scale shock, the change in the fuel subsidy policy has an impact on all the study areas but with different intensity levels, considering that several study areas have other sources of shock that make a greater impact on the livelihood of the poor community. There is an indication that the impact of the shock on men and women differs, where women's participation in employment increases as an implication of the disturbance to the male-dominated livelihoods. Male-headed families (MHFs) use risk management strategies in larger quantity compared to female-headed families (FHF). This indicates the difference in capacity and characteristics between FHF and MHF, which in turn affects the process of making decisions on the number of risk management strategies employed. Nevertheless, this study does not find any significant difference in the access of FHF and MHF to the 2014 Social Protection Program (PPS 2014) package. With regard to the programs' impacts, the study finds that PPS 2014 has minimal impact on women's livelihood indicators.

Keywords: impact of shock, social protection programs, risk management, livelihood, poverty

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	I
ABSTRACT	II
TABLE OF CONTENTS	III
LIST OF TABLES	IV
LIST OF FIGURES	IV
LIST OF BOXES	V
APPENDICES	VI
ABBREVIATIONS AND ACRONYMS	VIII
EXECUTIVE SUMMARY	X
I. INTRODUCTION	1
1.1 Research Background and Objectives	1
1.2 Research Questions	2
1.3 Research Scope	3
1.4 Report Structure	3
II. METHODOLOGY AND ANALYTICAL FRAMEWORK	4
2.1 Research Locations	4
2.2 Research Methodology	4
2.3 Analytical Framework	12
III. PORTRAIT OF THE COMMUNITY IN THE RESEARCH LOCATIONS	15
3.1 Livelihoods	15
3.2 Educational Situation	16
3.3 Health Situation	18
3.4 Familial Characteristics of the Research Sample	19
IV. SOURCES OF SHOCKS IN COMMUNITY LIVES IN THE STUDY AREAS	21
4.1 Changes in Fuel Subsidy Policy	21
4.2 Drought and Decline in Commodity Selling Prices	24
4.3 Impact of Shocks on Community Livelihood	27
V. SOCIAL PROTECTION PROGRAMS 2014 PACKAGE	41
5.1 Program Package Design	41
5.2 Implementation of PPS 2014 in Study Area	46
VI. STRATEGIES USED BY POOR FAMILIES WHEN FACING SHOCKS	53
6.1 Mapping Strategies Used by Poor Families	53
6.2 Informal Mechanism	56
6.3 Formal Mechanism	60
VII. ACCESS TO AND IMPACT OF 2014 SOCIAL PROTECTION PROGRAMS	63
7.1 Access to 2014 Social Protection Programs Package	63
7.2 Impact of 2014 PPS on Women Livelihood	68
7.3 Program Design Impacts on Access to and Impact of 2014 PPS	81
VIII. CLOSING	84
8.1 Conclusion	84
8.2 Policy Recommendations	86
REFERENCES	89
APPENDICES	97

LIST OF TABLES

Table 1. Research Locations	4
Table 2. Size of the Research Sample	9
Table 3. FHF and MHF Characteristics Based on T-Test Results	20
Table 4. Impact of Fuel Price Increase on Inflation	22
Table 5. Household Fuel Consumption per Capita as Proportion of Household Expenditure per Capita (%)	23
Table 6. Average Satisfaction Level on PPS 2014 Implementation	47
Table 7. Family Strategies in Facing Shocks	55
Table 8. Poor Family Strategies to Obtain Programs	66
Table 9. Definition of Dependent Variables Used in DID Estimation	69
Table 10. Independent Variables Used in DID Estimation	70
Table 11. Summary of DID Analysis Result on Consumptions Aspect	71
Table 12. Utilization of BSM 2014/2015 by Beneficiary Families	72
Table 13. Summary of DID Analysis Result on Child Education Participation	73
Table 14. Summary of DID Analysis Result on Health Aspect	74
Table 15. Summary of DID Analysis Result on Employment Aspect	76
Table 16. Utilization of PSKS by Beneficiary Families	77
Table 17. Summary of DID Analysis Result on Migration Aspect	78
Table 18. Type of 2014 PPS Utilization by Beneficiary Families in Study Area	80

LIST OF FIGURES

Figure 1. DID (difference-in-difference) method	11
Figure 2. Analytical framework	13
Figure 3. Sequence of events in the study areas	14
Figure 4. Largest business sector by gender (%)	15
Figure 5. Education level of school-age boys and girls (%)	17
Figure 6. Activities of school-age boys and girls (%)	17
Figure 7. Family medical treatment preference (%)	18
Figure 8. Fuel retail prices set by the government	21
Figure 9. Reasons for BSM 2014/2015 fund deduction according to community	50
Figure 10. Number of Strategies Implemented by HF and MHF	54
Figure 11. Comparison of strategies implemented by FHF and MHF When facing shocks	56

Figure 12. Source of Loan	57
Figure 13. FHF and MHF Access to KPS and 2014 PPS	63

LIST OF BOXES

Box 1 Crops Failed, Must Buy Rice	25
Box 2 Forms of Consumption Pattern Changes at the Family Level	28
Box 3 Community Awareness on the Importance of Education	30
Box 4 Entrusting Child Care for Advanced Education	31
Box 5 Variety of Community Medical Treatment Behavior	33
Box 6 Illustration of Road Condition in Study Villages in Kubu Raya	34
Box 7 Women Participation in Employment during Crisis	36
Box 8 Feeling Depressed because of Domestic Violence	39
Box 9 Disbursement at Village Office: Village Government Initiatives and Associated Inter-Party Coordination	48
Box 10 Cut Corners to Face Shock Impact	54
Box 11 Borrowing Money from Family to Buy Milk	58
Box 12 Daily Cooperatives as Alternative Money Lender	58
Box 13 Peeling Tamarind to Buy Rice	59
Box 14 Asking for Vegetables from Neighbor's Garden	60
Box 15 Borrowing Money to Cooperatives for Business and Maintaining Consumptions	61
Box 16 Utilizing PSKS and PKH for Business Capital at the Market	62
Box 17 Equal Distribution for Non-Beneficiary Families	65
Box 18 Borrowing Neighbor's Jamkesmas Card for Childbirth	67
Box 19 Utilization of PSKS Fund	71
Box 20 Utilization of JKN-PBI	75
Box 21 Community not Utilizing JKN-PBI	76
Box 22 Bicycles Facilitating Work	77
Box 23 PSKS Fund as Business Capital Injection	79

APPENDICES

Appendix 1	Procedure of MAMPU Quantitative Cleaning Survey Module 2015	98
Appendix 2	Table A1. Situation of Community Livelihood (Poor Group) in Study Area	99
Appendix 3	Image A1. Largest Education Level and Business Sector in Individuals of >5 years old (%)	101
Appendix 4	Image A2. Percentage of education Level by gender in individuals of >21 years old (%)	102
Appendix 5	Image A3. Education level and Antenatal Care Location (%)	103
Appendix 6	Table A2. Change in Life-Necessity Prices in Study Area (Rp)	104
Appendix 7.	Table A3. Decline in Commodity Prices in Study Area	105
Appendix 8	Table A4. Dynamics of Family Consumption Frequency in Study Area	106
Appendix 9	Table A5. Dynamics of Child Education Participation Level in Study Area	108
Appendix 10	Table A6. Dynamics of Contraception Usage Level in Women and Community Visit to Health Facilities	109
Appendix 11	Table A7. Dynamics of Individual Employment Participation in Study Area	110
Appendix 12	Table A8. Dynamics of Individual Work Duration in Study Area	111
Appendix 13	Table A9. Dynamics of Individual Income in Study Area	112
Appendix 14	Table A10. Dynamics of Transport Cost to Reach Workplace	113
Appendix 15	Table A11. Dynamics of the Number of Migrants in Study Area	114
Appendix 16	Table A12. Dynamics of Remittance Delivered by Migrants	115
Appendix 17	Table A13. Dynamics of Migrant House Visit Frequency	116
Appendix 18	Table A14. List of Programs/Activities Sourced from Central Government and Their Utilization	117
Appendix 19	Table A15. List of Programs/Activities Sourced from Regional Government and Their Utilization	121
Appendix 20	Table A16. List of Programs/Activities Sourced from Regional Government and Their Utilization	126
Appendix 21	Table A17. List of Infrastructures in Kabupaten Deli Serdang	130
Appendix 22	Table A18. List of Infrastructures in Kabupaten Cilacap	132
Appendix 23	Table A19. List of Infrastructures in Kabupaten Kubu Raya	134
Appendix 24	Table A20. List of Infrastructures in Kabupaten Pangkajene dan Kepulauan	136
Appendix 25	Table A21. List of Infrastructures in Kabupaten Timor Tengah Selatan	138
Appendix 26	Table A22. Average Satisfaction level of BLSM 2014 Implementation according to Village Apparatus and Community Figures Assessment in Study Kabupaten	140
Appendix 27	Table A23. Average Satisfaction level of BSM 2014/2015 Implementation according to Village Apparatus and Community Figures Assessment in Study Kabupaten	142

Appendix 28	Table A24. Average Satisfaction level of JKN Implementation according to Village Apparatus and Community Figures Assessment in Study Kabupaten	144
Appendix 29	Table A25. Average Satisfaction level of BLSM 2014 Implementation according to Women Assessment in Study Kabupaten	146
Appendix 30	Table A26. Average Satisfaction level of BSM 2014/2015 Implementation according to Women Assessment in Study Kabupaten	148
Appendix 31	Table A27. Average Satisfaction level of JKN Implementation according to Women Assessment in Study Kabupaten	151

ABBREVIATIONS AND ACRONYMS

BLK	vocational training center
BLSM	Temporary Direct Cash Transfer
BLT	Direct Cash Transfer
BMKG	Meteorological, Climatological, and Geophysical Agency
BNI	Bank Negara Indonesia
BNPB	National Disaster Management Agency
BOS	School Operational Assistance
BPBD	Regional Disaster Management Agency
BPD	a) Village Consultative Body b) Regional Development Bank
BPJS-Health	Social Security Implementing Agency for Health
BPS	Statistics Indonesia
BRI	Bank Rakyat Indonesia
BSM	Cash Transfers for Poor Students
DFS	digital financial service
DID	difference-in-difference
ECE	early childhood education
FGD	focus group discussion
FHF	female-headed family
FKTP	first-level health facilities
FUS	school proposal form
GAPKI	Indonesian Palm Oil Association
IDS	Institute of Development Studies
Jamkesda	Regional Health Insurance
Jamkesmas	Community Health Insurance
JKN	National Health Insurance
KIP	smart Indonesia card
KIS	healthy Indonesia card
KKS	prosperous family card
KPS	social protection card
KSKS	family welfare savings card
LKMD	Village Community Resilience Council
LPM	Village Institution for Community Empowerment
MA	Islamic senior high school
MAMPU	Maju Perempuan Indonesia untuk Penanggulangan Kemiskinan/Empowering Indonesian Women for Poverty Reduction
MHF	male-headed family
MI	Islamic elementary school
MNCH	maternal, neonatal, and child health

MTs	Islamic junior high school
NGO	nongovernmental organization
NTT	East Nusa Tenggara
Organda	Organization of Land Transportation Business Owners
Pangkep	Pangkajene dan Kepulauan
PBI	beneficiary of contribution subsidy
PEKKA	Empowerment of Female Family Heads
PIP	Smart Indonesia Program
PIS	Healthy Indonesia Program
PKBM	community learning center
PKH	Household Community Cash Transfer
PKK	Family Welfare and Empowerment
PMKS	people with social welfare problems
<i>polindes</i>	village maternity clinic
<i>poskesdes</i>	village health clinic
<i>posyandu</i>	integrated health service post
PPLS	Data Collection for Social Protection Programs
PPS	social protection programs
PSKS	Family Welfare Savings Program
<i>puskesmas</i>	community health center
<i>pustu</i>	secondary <i>puskesmas</i>
SD	elementary school
SKTM	certificate of financial inability
SMA	senior high school
SMK	vocational high school
SMP	junior high school
Susenas	National Socioeconomic Survey
TBA	traditional birth attendant
TKSK	<i>kecamatan</i> social welfare worker
TNP2K	National Team for the Acceleration of Poverty Reduction
TTS	Timor Tengah Selatan
UDB	Unified Database

EXECUTIVE SUMMARY

Background

The Indonesian Government has enforced a new policy for the establishment of fuel subsidy, which is effective since 1 January 2015. The change in subsidy policy with the increase of fuel price does indeed have a positive impact in restraining the community's fuel consumption rate as well as saving government budget. Nevertheless, the increase in fuel price also has an impact on the increase in commodity price, which is potentially declining community welfare, particularly that of the poor and vulnerable groups. To minimize such impact, the government has prepared the 2014 Social Protection Program (PPS 2014) package. PPS 2014 consists of Family Welfare Savings Program (PSKS), Smart Indonesia Program (PIP), and National Health Insurance (JKN).

Previous experiences show that similar program packages have been relatively successful in lessening the burden of the poor community in the short run. However, the poor community's access to such program packages remains a serious problem. In particular, women show greater vulnerability compared to men during shocks. To find out the impact of the change in fuel subsidy policy on the livelihood of poor women, Maju Perempuan Indonesia untuk Penanggulangan Kemiskinan/Empowering Indonesian Women for Poverty Reduction (MAMPU) and The SMERU Research Institute conducted a module study. The study particularly sees the dynamics of poor women's livelihood amidst the change in fuel subsidy policy as a part of a longitudinal study from 2014–2019.

Portrait of the Communities in the Research Areas

This study was conducted in five *kabupaten* (districts), namely Cilacap (Central Java), Deli Serdang (North Sumatra), Kubu Raya (West Kalimantan), Pangkajene dan Kepulauan (Pangkep), and Timor Tengah Selatan (East Nusa Tenggara/NTT). More than half (51%) of the sampled individuals in the study areas work in the agricultural sector. The in-depth interviews also resulted in the same finding that the majority of men and women work as farmers in an unirrigated field/rice field/plantation. This condition renders the livelihood of most families become vulnerable to unpredictable seasonal changes. When sorted further, more men work in agricultural and construction sectors, whereas women work in the agricultural sector and processing industry. In several study areas, some women also work at home or are self-employed. Products generated from these two kinds of employment include snacks and clothing.

In general, while varied among the study areas, the availability of and the access of the community in the study areas to educational services are adequate. Educational facilities for early childhood education (ECE) up to senior high school are commonly available at the study villages or at areas nearby the study villages. In relation to the education level of individuals from the poor families that are the sample of this study, the result of the survey shows that in the >21 years old group (i) the proportion of individuals not/not yet graduated from elementary school and not yet/having never been in school reaches 51% and (ii) men have relatively higher academic achievements compared to women. There are school-age children who have to work while going to school or even become dropouts to be able to fully work. School-age children (6–21 years old) with a main activity of mere working are averagely above 15 years old. The types of employment assumed by child workers in the study areas are relatively diverse and several types of employment are assumed by only girls or boys.

All communities in the study villages have access to basic health facility services. Nevertheless, the practice of health workers outside the basic health facility's operating hours is insufficient. At advanced health facilities, the communities in the three study villages in Pangkep generally have easy access to hospitals due to the short distance. On the other hand, the communities in the three study villages in Timor Tengah Selatan (TTS) have difficulty in accessing the hospitals, which are located at the capital of the *kabupaten*. The understanding of the community in the study areas to use health facilities is also sufficient. In general, the community gradually leaves traditional health treatments and switch to finding health treatments at health facilities. This condition is inseparable from various governmental policies, both central and regional, in the health sector, particularly those closely relevant to health insurance scheme. Not only from the financing side, the regional governments in the study areas also actively issued regulations which encourage the community to use health facilities, such as the regional regulation on maternal, neonatal, and child health (MNCH) in TTS.

Sources of Shocks in Community Lives in the Study Areas

Since the baseline study in 2014 until the module study in 2015, there were at least three shocks suffered by the community in the study areas, i.e., (i) change in the fuel subsidy policy, (ii) drought, and (iii) decline in the prices of commodities, which are the sources of community income. The change in fuel subsidy policy at the national scale affects the community at all the study areas. Likewise, drought is also suffered by all the study areas, albeit with different levels of severity. Meanwhile, the decline in commodity selling prices only happened in Kubu Raya and Pangkep.

The impacts of shocks on the community livelihood indicators in the study areas are accumulated and are inseparable between one and another, as these three shocks happened consecutively. The variety of shock impacts among the study areas occurred due to the difference in prevalence and intensity of shocks in the study areas. Steep decline in the rubber price in Kubu Raya had a large role in affecting the community livelihood indicators, which are the focus of the module study. Meanwhile, severe droughts in Pangkep and TTS were found to have a larger impact on community livelihood compared to the increase in fuel price.

Aspects of education, health, and poor community participation suffer the greatest impacts due to the increase in transport costs resulting from fuel price increase. Meanwhile, the dynamics of employment and migration indicators are affected more by the disturbance to community livelihood due to the shocks of drought and decline in commodity selling price. There is a significant difference in the shock impacts suffered between female-headed families (FHF) and male-headed families (MHF), while there is also an indication of an increase in women's participation in employment (either as domestic or migrant workers) due to the decline in the price of rubber as the main livelihood of poor families in Kubu Raya.

The 2014 Social Protection Program Package

PPS 2014, which is targeted at the least prosperous 25% of households based on the Unified Database (UDB), consists of three programs, namely PSKS, PIP, and JKN. Every PPS 2014 beneficiary household and individual is identified by their ownership of three different cards, each of which is used to access the respective program. While contained in one program package, these three programs were not simultaneously implemented. The disbursement of PSKS as a cash assistance

program had been completed during the course of this module research. PIP and JKN, on the other hand, were newly implemented in the study areas.

Based on community assessment, the aspects of targeting accuracy and information dissemination of PPS 2014 have not run well. Results of focus group discussions (FGDs) show that the accuracy of PSKS targeting is lower compared to the other two programs. The absence of village/*kelurahan*ⁱ deliberation forum in the data updating mechanism for the anticipation of community welfare dynamics at the regional level becomes the main cause of low PSKS targeting accuracy. Concerning the PPS 2014 information dissemination, the most emphasized issue is the dissemination of information on JKN program for the beneficiaries of contribution subsidy. The limited human resource of the Social Security Implementing Agency for Health (BPJS-Health) in regions is suspected to be the root of JKN information dissemination problem in the study areas. Meanwhile, the disbursement of PPS 2014 funds, in this case PSKS and BSMⁱⁱ funds, ran smoothly according to the plan. It was also apparent that the village administrations and regional apparatus made the initiatives to streamline the PSKS and BSM fund disbursement process. Nevertheless, cases of illegal deductions and levies to the BSM funds by the schools or banks remain to be found.

Strategies of Poor Families in Facing Shocks

In minimizing the impact of shocks, poor families in the study areas adopted various risk management strategies. These may have included individual-, household-, and group-based informal strategies or market- and public-based formal strategies. Within one period, MHFs adopted more risk management strategies compared to FHF. The differences in the characteristics between female- and male-headed families become the main cause of the differing capacity between FHF and MHF which further affect the decision on the quantity of risk management strategies adopted.

In general, individual-, household-, and group-based informal risk management strategies are mostly adopted by poor families. These strategies, among others, include reducing expenditures, looking for additional income, selling assets, looking for loans from neighbors or families, and independently meeting life necessities. The percentage of poor families implementing a market-based formal risk management strategy is relatively lower, considering low access of the community in the study areas to formal financial institutions. Uneven availability of formal financial institutions such as banks, pawnshops, and cooperatives becomes one of the reasons behind the low community preference in implementing market-based formal strategies. Additionally, administrative requirements which tend to burden the poor families become another hindering factor. On the other hand, public-based risk management strategy is also implemented by poor families as PSKS beneficiaries. The program helps these families to survive amidst shocks, particularly for meeting such needs as consumption, educational costs, health costs, debt payment, and business capital injection. One of the findings indicates that PSKS is utilized by the poor families not only for consumptive activities but also for productive ones.

ⁱUrban village.

ⁱⁱBSM or Cash Transfers for Poor Students is a part of social protection programs which serves as the pioneer for PIP (discussed further in subchapter 5.1.2 Cash Transfers for Poor Students (BSM) and Smart Indonesia Program (PIP)). During the implementation of the data collection (August–September 2015), PIP was just started, and therefore this study was focused on the implementation of BSM for academic year 2014/2015.

Access to and Impact of the 2014 Social Protection Programs

Poor families' ownership of the social protection card (KPS) in the study areas is relatively low, at 39%. Poor families' low access to PPS 2014 indicates the high inaccuracy of the UDB targets in the study areas. Meanwhile, only around 12% of the poor families receive the three programs simultaneously. Apart from the characteristics of the assistance, the low proportion of poor families as the beneficiaries of the three programs simultaneously indicates the lack of integration of these programs into PPS 2014. The implication of low poor family access to obtain three PPS 2014 is that the impacts of these programs become less significant, including in their role as one of the strategies of overcoming the shock impacts. FHF's and MHF's access to PPS 2014 is relatively balanced. This indicates that the targeting of PPS 2014 has not given priority to FHF's as beneficiaries.

PPS 2014 brings only small impact on women's livelihood aspects. Some arguments which explain this finding include the following factors: (i) nominal value of cash assistance and beneficial value of health insurance, (ii) assistance provision timeliness, and (iii) survey implementation timeliness. As an unconditional cash transfer, PSKS is a program with the most diverse utilization compared to conditional cash transfers such as BSM or non-cash assistance such as JKN. Meanwhile, in terms of targeting, BSM provides a greater opportunity to poor families compared to PSKS and JKN, as BSM is equipped with a beneficiary proposal mechanism through the school proposal form.

I. INTRODUCTION

1.1 Research Background and Objectives

Since 1 January 2015, the Indonesian Government has enforced a new policy for the establishment of fuel subsidy, where the subsidy for premium-type fuel is eliminated and diesel-type fuel receives fixed-value subsidy at Rp1,000/liter. Previously, the Indonesian Government constantly provided fuel subsidies which resulted in the very low price of fuel and did not reflect the fuel's economic value. The Indonesian Government changed the fuel subsidy policy to recover the State Budget, considering that previously fuel subsidies had always been a burden to the APBN (Haryanto, 2015). Prior to January 2015, the government had made numerous efforts to suppress the fuel subsidy budget. The latest effort made was to increase the fuel price in November 2014 in response to the weakening rupiah exchange rate. The increase in the fuel price by 30% in November 2014 had proven to retain people's fuel consumption rate, where, for the first time in the last eight years since 2006, Indonesia experienced surplus in the subsidized fuel (Haryanto, 2015). By increasing the price of the subsidized fuel by Rp2,000/liter in 18 November 2014, the government had managed to save budget at an amount of Rp100 trillion (Yudha, 2014). The reduction of the State Budget portion for fuel subsidies is expected to be able to provide a sufficient fiscal space for the Indonesian Government to implement various infrastructure development acceleration initiatives and make physical expenditure at the regions (Cahyono, 2015; Haryanto, 2015).

On the other hand, the enforcement of this new policy is feared to have an impact on the increase in commodity prices which can potentially decline community welfare, particularly that of the poor and vulnerable groups. The increase in fuel price at any time may increase the Consumer Price Index, which will eventually contribute to high inflation rate. At the household level, the increase in fuel price is considered as an economic shock which affects not only the fuel expenditure post, but also the expenditures for foodstuff, health and education, and other necessities. The increase in fuel price is also feared to affect the industrial sector at least with two issues, i.e., increasing production cost and demand for wage adjustment from the labor. Eventually, the burden caused by the increase in fuel price will be borne by the community in the forms of goods and services price increase.

As an anticipatory measure to minimize the negative impact of the fixed-value subsidy policy, the government has prepared the 2014 Social Protection Program (PPS 2014) package for the poor and vulnerable groups to maintain their purchasing power and help them to start business in the productive economic sector. PPS 2014 consists of the Family Welfare Savings Program (PSKS), Smart Indonesia Program (PIP), and National Health Insurance (JKN). PPS 2014 is distributed to 15.5 million households, 25% of which are with the lowest socioeconomic status according to the Unified Database (UDB)¹ 2011. As an electronic data system which presents the information of the socioeconomic condition of poor families, UDB 2011 is expected to be able to improve the quality of the social protection programs' targeting so that poor and vulnerable families are appropriately provided for by the programs. The updating of UDB 2011 was only carried out in mid-2015 and so the UDB 2011 data, which was configured based on the Data Collection for Social Protection Programs (PPLS) 2011, did not reflect the real poverty depiction during the launching of PPS 2014.

¹Unified Database (UDB) for the Social Protection Programs is an electronic data system which contains social, economic, and demographic information of around 24.5 million households or 96 million individuals with the lowest welfare status in Indonesia. The main source of this Unified Database is the Social Protection Programs Data Collection conducted by Statistics Indonesia in July–December 2011 (PPLS 2011). The UDB can be accessed through the Secretariat of the National Team for the Acceleration of Poverty Reduction (TNP2K).

As a consequence, it was highly possible that some poor and vulnerable families are not included as PPS 2014 beneficiaries. This study strives to learn the impact of receiving PPS 2014 by comparing livelihood aspects of poor families who are PPS 2014 beneficiaries and those who are not.

Essentially, the poor and vulnerable groups apply a number of coping strategies in response to shocks. Having only limited resources, which is the characteristics of poor households, weakens the effectiveness of the coping strategies they apply. Consequently, the poor community's adaptation efforts need to be strengthened through the provision of well-designed and well-targeted social protection programs. The social protection programs designed by previous governments to minimize the negative impact of fuel price increase had succeeded in lessening the burden of the poor community in the short term, where most of the compensation funds were utilized to meet daily needs (Beaton and Lontoh, 2010; Rosfadhila et al., 2013). Nevertheless, a number of studies on social protection programs in Indonesia remain putting emphasis on the inaccuracy of household targeting (Hastuti et al., 2010). Access to social protection programs is vital for poor and vulnerable families to be able to maintain their livelihood quality amidst shocks.

Several previous studies point out that women have a higher vulnerability to poverty and are affected worse compared to men during shocks (Moghadam, 2005; Holmes et al., 2011; PEKKA², 2014). Vulnerability to poverty becomes higher in women who are the head of the family, as the roles and loads burdened are heavier compared to other women (Moghadam, 2005). As a program which focuses intervention on poor women and women's organizations that fight for poor women's rights, the impact of fuel subsidy policy change on the livelihood of poor women becomes an interesting issue to peruse by Maju Perempuan Indonesia untuk Penanggulangan Kemiskinan/Empowering Indonesian Women for Poverty Reduction (MAMPU). Thus a module study which specifically sees the dynamics of poor women's livelihood amidst the change in fuel subsidy policy is necessary, as part of the longitudinal research from 2014–2019 on "Poor Women Access to Public Services and Livelihood" conducted by The SMERU Research Institute.

1.2 Research Questions

This module study aims to analyze the impact of fixed-value fuel subsidy policy on poor women's livelihood, particularly on the livelihood aspects which serve as MAMPU working themes³. Specifically, the module study aims to understand

- a) the impact of fuel price subsidy change on poor women's livelihood,
- b) poor women's access to PPS 2014,
- c) the impact of PPS 2014 on women's livelihood, and
- d) the design and process of PPS 2014 implementation and its impact on the access of and the impact felt by poor women with the receipt of the package.

Based on these objectives, the following are the research questions to be specifically answered in this study.

- a) How does the fuel subsidy policy change affect poor women's livelihood on the aspects of MAMPU working themes?

²Empowerment of Female Family Heads.

³MAMPU working themes are (i) women access to social protection programs, (ii) women access to employment, (iii) female migrant workers' migration overseas, (iv) maternal reproductive health, and (v) violence against women.

- b) Are there any differences between the risk management strategies applied by female-headed families and male-headed families?
- c) How is poor women's access to PPS 2014?
- d) Are there any differences between the access of female-headed families and male-headed families?
- e) How does PPS 2014 affect poor women's livelihood?
- f) Are there any differences between the utilization of PPS 2014 by female-headed families and male-headed families?
- g) How do PPS 2014 design and implementation process affect the access of and the impact felt by poor women with the receipt of the program package?

1.3 Research Scope

The following are several points that define the scope of this research.

- a) The definition of livelihood as the study focuses refers to five women livelihood aspects, in accordance with MAMPU working themes: (i) access to social protection programs, (ii) employment, (iii) overseas migration, (iv) reproductive health, and (v) domestic violence. Outside of these five MAMPU working themes, this study also learns about additional aspects such as consumption, education, and women's participation in the community.
- b) The social protection programs used as the focus of this study include PSKS, BSM⁴, and JKN.
- c) The time frame to observe the impact of the fuel subsidy policy change on women's livelihood aspects starts since the implementation of the baseline study in October–November 2014 to the implementation of the module study in August–September 2015.

1.4 Report Structure

This report consists of eight chapters. Chapter I outlines the background of the activities in the module study as well as the report structure. Chapter II describes the research method and analytical framework used to answer the research questions of this study. Chapter III discusses the condition of the poor community in the study areas, particularly in relation to the livelihood, education, and health aspects. Chapter IV explores the description of shocks suffered by the communities in the study areas since the end of the baseline study until the implementation of the module study, as well as the impact on the livelihood of poor women. Chapter V describes the PPS 2014 design and its implementation in each of the study areas. Chapter VI discusses the risk management strategies applied by poor families in facing shocks. Chapter VII explains the result of the analysis on poor women's access to PPS 2014 and the impact of the receipt of the PPS 2014. Chapter VII also explains the relationship between the design as well as the process of PPS 2014 implementation and PPS 2014 impact on poor women. Chapter VIII, the last chapter, presents conclusions and recommendations.

⁴BSM or Cash Transfers for Poor Students is a part of social protection programs which serves as the pioneer for PIP (discussed further in subchapter 5.1.2 Cash Transfers for Poor Students (BSM) and Smart Indonesia Program (PIP)). During the implementation of the data collection (August–September 2015), PIP was just started, and therefore this study was focused on the implementation of BSM for academic year 2014/2015.

II. METHODOLOGY AND ANALYTICAL FRAMEWORK

Chapter II describes the research locations, research methodology, and analytical framework which becomes the basis for a number of stages conducted in this study: the formulation of research questions, data collection, and data analysis in order to come up with comprehensive research findings.

2.1 Research Locations

Kabupaten (districts) and villages sampled in this module study are the same *kabupaten* and villages used in the baseline study⁵. The study areas chosen using purposive sampling method (the area samples were chosen with certain considerations) represent (i) five large islands in Indonesia, i.e., Sumatra, Java, Kalimantan, Sulawesi, and Nusa Tenggara; (ii) relatively high poverty rate at the national and provincial levels; (iii) areas representing five MAMPU working themes; and (iv) working areas of MAMPU partner organizations. The following are the complete information on the location of the sampled areas.

Table 1. Research Locations

Province	<i>Kabupaten</i>	<i>Desa</i> ⁶
North Sumatra	Deli Serdang	A, B, C
Central Java	Cilacap	D, E, F
West Kalimantan	Kubu Raya	G, H, I
South Sulawesi	Pangkajene dan Kepulauan	J, K, L
East Nusa Tenggara	Timor Tengah Selatan	M, N, O

2.2 Research Methodology

This research uses two methods, quantitative and qualitative methods, so that all questions can be sufficiently answered (see subchapter 1.2 Research Questions). Quantitative research method is used for answering research questions numbers 1–6 on (i) impact of fuel subsidy policy change on poor women's livelihood, (ii) poor women's access to PPS 2014, (iii) difference in risk managing strategies applied by female-headed families (FHF) and male-headed families (MHF), and (iv) PPS 2014 impact on poor women's livelihood. On the other hand, qualitative research method is used for answering all research questions numbers 1–7. The quantitative research method of this study has an advantage; it is capable of measuring the impacts of shocks and PPS 2014 receipt on the livelihood of the communities in the study areas. Meanwhile, the qualitative method provides richer information compared to the quantitative one. Quantitative information will be beneficial to explain the quantitative method's findings. Particularly for the fifth MAMPU working theme, on

⁵The baseline study was conducted in 2014 as the first stage of the longitudinal study on the livelihood of poor women and their access to public services which is carried out by MAMPU throughout 2014–2019.

⁶The village names presented here are pseudonyms.

violence against women, the qualitative research method is the only method used, considering that violence against women is more suitable to explore using more open and explorative qualitative method, compared to quantitative method.

2.2.1 Quantitative Method

Quantitative method in this study is applied to all stages of the study: selection of the sample, data collection, and analysis.

a) Quantitative Sample

The sample for the quantitative method is divided into two levels, i.e., family and family members. Family is defined as “a group of people living in a house with familial/blood relation from marriage, birth, adoption, etc.” According to Statistics Indonesia, there are two types of family, i.e., nuclear family and extended family. The concept of family used in this research is extended family, i.e., “a family consisting of father, mother, unmarried child(ren), widowed child(ren) without child, grandchild(ren), parent(s), parent(s)-in-law, and other relatives who are dependents of the head of family and live in the same building with the head of family”. Meanwhile, dependent is defined as consumption or daily meal dependency. There is an exclusion for married family members and widowed child(ren) with child(ren); while counted as dependents of the head of family, they are not considered as part of the family.

Using longitudinal study approach, the family sample for the quantitative method is taken from poor families whose data was collected during the baseline study in 2014. Families included in the baseline study data are revisited for re-interview and data update with the condition that the families remain domiciled in one of the sampled village in the same *kabupaten*. Tracking is conducted to sampled families who have changed their address and/or been affected by expansion⁷. Families who have changed their address outside the study areas will be replaced by other families based on the poor family list obtained from the focus group discussion (FGD) at the hamlet level during the 2014 baseline study. In the case that the list of all poor families resulting from the FGD during the 2014 baseline study has exhausted, the replacement poor families will be selected through snowballing method, using information obtained from local apparatus and community figures by still referring to the poor family criteria in the study villages based on the results of the FGD during the 2014 baseline study. The prioritized replacement families are those with characteristic similarities with the original sampled families that are lost or cannot be re-interviewed.

Based on the enumeration result in the baseline study, there are 1,518 families and 5,747 individuals whose data needs to be updated during the module study. For sampled families whose members have changed address due to marriage, these family members will still be included in the enumeration and considered as new family sample. Therefore, the number of families and family members included in the data of this study is larger if compared with the the baseline study data.

b) Family Survey

Data collection for the quantitative method is executed through family enumeration using questionnaires. Questionnaires in the module study are developed from the baseline study questionnaires, with the same questions, albeit with several additional questions to capture the

⁷Expansion in this case is when a family member gets married, forms a new family, and is separated from the old family unit as the sample in the baseline study.

impact of fuel subsidy policy change on poor women's livelihood. The questionnaires contain questions for the family and individual (family member), with the following details.

- a) Chapter E: aims to determine the eligibility of a family as sample. To be eligible as a family sample, a family should have no plan to change address, is headed by an individual of 15 years old or above, and has female family member(s).
- b) Chapter S: Information on family address and phone number.
- c) Chapter R: basic data of all family members, such as gender, age, demographic document ownership, marriage status, education, etc.
- d) Chapter W: information on the details of employment inquired to each family member above 5 years old who are not currently migrating.
- e) Chapter M: information on migration inquired to each migrating family member.
- f) Chapter I: information on maternal and reproductive health inquired to each woman family member at 6–49 years old and those who are/were pregnant.
- g) Chapter H: information at the family level concerning house condition, wealth, loans, consumption, received social protection/nongovernmental program, and participation of women in the society.
- h) Chapters K and K1: information on health at the family level, such as suffered illness, health treatment, and the utilization of health insurance at hand.
- i) Chapter KK: information on the risk management mechanism applied by families during shocks.

Data collection through enumeration is not designed for collecting information on the fifth livelihood aspect in MAMPU working themes, i.e., domestic violence. Inquiries on domestic violence are not included in the questionnaires, considering their limitation in exploring private and sensitive information. In practice, special skills are necessary to extract information on domestic violence; in fact, not all enumerators on duty have such skill.

2.2.2 Qualitative Method

Qualitative method is also applied to all stages of the study: selection of the sample, data collection, and analysis.

a) Qualitative Sample

The parties at the central level who serve as informants originate from institutions that handle the PSKS, PIP, and JKN programs and are capable of providing thorough information on these program designs. Interviews at the central level are conducted with a program implementer or the person in charge of each program in the following ministries/institutions.

- a) TNP2K
- b) Coordinating Ministry of Human Development and Culture
- c) Ministry of Social Affairs
- d) Ministry of Education and Culture
- e) Ministry of Religious Affairs
- f) Ministry of Health
- g) Social Security Implementing Agency for Health (BPJS-Health)

Meanwhile, sample at the village level covers:

- a) Village apparatus: consisting of the village head, village staff, and hamlet heads
- b) Community figures:
 - (1) Comprising religious figures, traditional figures, women figures, teachers, midwives, and cadres
 - (2) Included also representatives from BPD⁸, LKMD⁹/LPM¹⁰, and PKK¹¹
- c) Poor families:
 - (1) In each village, six poor families receiving the programs (PSKS, PIP, and JKN) and four nonbeneficiary poor families are selected, by taking into account the representativeness of MAMPU's five working themes as well as the variation of head of family's gender (FHF and MHFs)
 - (2) Poor families used as the sample in the baseline study are revisited provided that they remain meeting the family sample criteria of the module study
- d) Implementers of social protection programs in the villages (midwives, heads of *puskesmas*¹², and school principals/teachers):
 - (1) In every village, one school is selected by taking into account the representativeness of the educational levels (elementary school/the equivalent, junior high school/the equivalent, and senior high school/the equivalent)¹³ within one *kabupaten*
 - (2) Particularly in study villages with no *puskesmas*/schools, the sample is taken from the nearest *puskesmas*/school that can be accessed by the residents of these study villages

To obtain a comprehensive picture of the implementation of the programs at the regions, interviews are conducted with relevant parties at the *kabupaten* and *kecamatan* levels. In *kabupaten*, interviews are conducted with the implementer/manager/person in charge of each program at the Social Agency, Education Agency, Ministry of Religious Affairs office, Health Agency, and BPJS-Health. In *kecamatan*, on the other hand, interviews are conducted with the head of *puskesmas* and the *kecamatan* social welfare worker (TKSK).

b) FGDs and In-Depth Interviews

The collection of the qualitative data is conducted through literature review, in-depth interview, and FGD. Literature review is implemented at the early stage of the research to understand the design and implementation of PPS 2014 in general. In-depth interviews are conducted by using semi-structured interview guidelines at five levels, i.e., the central, *kabupaten*, *kecamatan*, village, and family levels.

In-depth interviews are conducted with the implementer/manager/person in charge of PSKS, PIP, and JKN programs at the central, *kabupaten*, and *kecamatan* levels. Interviews at the central level takes place prior to the data collection in the field to obtain understanding on PPS 2014 design before the formulation of field research instruments. The in-depth interview at the central level

⁸Village Consultative Body.

⁹Village Community Resilience Council.

¹⁰Village Institution for Community Empowerment.

¹¹Family Welfare and Empowerment.

¹²Community health center.

¹³SD = *sekolah dasar* (elementary school); SMP = *sekolah menengah pertama* (junior high school); SMA = *sekolah menengah atas* (senior high school).

aims to obtain confirmation on the design and early implementation of PPS 2014 which have been obtained through literature review.

The in-depth interview at villages aims to obtain information on

- a) condition of village community and poor women's livelihood,
- b) impact of fuel price policy change on village community and poor women's livelihood,
- c) the existence of social protection programs in villages,
- d) mechanism for social protection programs implementation in villages,
- e) poor women's access to social protection programs, and
- f) impact of social protection programs on poor women's livelihood.

The information extracted through interviews with poor families are

- a) poor family's livelihood condition,
- b) impact of fuel price policy change on poor family's livelihood,
- c) risk management mechanism applied to face shocks,
- d) poor family's access to social protection programs, and
- e) utilization of compensation funds obtained from the social protection programs.

FGD is conducted twice at the village level, each with the village elite and the community. FGD at the village level is participated by (i) village apparatus (including hamlet heads/RW¹⁴ heads), (ii) representatives of village institutions, and (iii) community figures (religious figures, traditional figures, women figures, teachers, midwives, and cadres). FGD with the community, on the other hand, is participated by poor women who are beneficiaries of PSKS, PIP, and/or JKN programs. Each FGD is participated by 10–15 people by taking into account the representativeness of their domiciles. Particularly for FGD with the community, the participants are also selected by taking into account the representativeness of each of the PPS 2014 programs' beneficiaries. Scoring is one of the instruments used in FGD, where participants give their assessment in the form of score¹⁵ to the implementation of PPS 2014 and the reason behind their assessment. Scoring technique is utilized to easily measure satisfaction level, considering that without scoring (for instance, using open or closed questions with several options), agreement among FGD participants on PPS 2014 assessment will be very difficult to reach as each individual has different satisfaction standards. The information extracted through the FGD covers

- a) changes taking place in the villages since the baseline study until the module study and their causes,
- b) impact of such changes on village community and poor women's livelihood,
- c) existence of social protection programs in villages,
- d) poor women's access to social protection programs, and
- e) impact of social protection programs on poor women's livelihood.

2.2.3 Implementation and Limitation of the Research

Data collection is divided into two stages, i.e., central study and field study. Data collecting activities in the central study include (i) interviews with a number of representatives from the ministries and

¹⁴RW is a unit of local administration consisting of several RT (neighborhood units) within a *kelurahan*; *kelurahan* is a village level administrative area located in an urban center.

¹⁵The score is within the scale of 1–5.

institutions at the central level to learn further about PPS 2014 design, (ii) literature review, and (iii) development of quantitative and qualitative research instruments. In the field study, the quantitative and qualitative research teams conduct the data collection at relatively the same time. The qualitative team conducts interviews and FGDs in advance to obtain information on the implementation of PPS 2014 in the study villages. This information is used as the guide for the quantitative team to conduct family enumeration.

Data collection in the field study is conducted in two periods:

- a. 9–26 August 2015: Kabupaten Timor Tengah Selatan (TTS), Kabupaten Kubu Raya, and Kabupaten Cilacap; and
- b. 6–23 September 2015: Kabupaten Deli Serdang and Kabupaten Pangkajene dan Kepulauan (Pangkep).

The recapitulation of the size of the research sample can be seen in Table 2 as follows.

Table 2. Size of the Research Sample

Data Collection Technique	Size of the Sample
Family enumeration	1,561 families
FGD with the elite group	15 FGDs
FGD with the community	15 FGDs
In-depth interviews at the central level	7 interviews
In-depth interviews at the <i>kabupaten</i> level	30 interviews
In-depth interviews at the village & <i>kecamatan</i> levels	123 interviews
In-depth interviews at the family level	60 interviews

a) Family Enumeration for Quantitative Method

Family enumeration is conducted using digitalized questionnaires on tablet computers for faster data collection. In each *kabupaten*, data collection process is assisted by ten enumerators. There are three types of family samples in the 2015 module study:

- a. main family, i.e., a family first recorded in the 2014 baseline study;
- b. fraction family, i.e., a newly established family first recorded in the 2015 module study, where one of its members is originated from a main family and domiciled at the same village where the main family is located; and
- c. replacement family, i.e., a family first recorded in the 2015 module study 2015 to replace a main family that cannot be re-interviewed.

Overall, family enumeration in the 2015 module study has recorded 1,561 families, which consist of 5,881 family members. These 1,561 families are composed of 1,451 main families, 41 fraction families, and 69 replacement families. The tracking rate of the module study reaches 94.79% (1,439 families). As seen from the head of family's gender, 63.93% of the sample are MHFs (920 families) and 36.07% are FHF (519 families).

During the implementation, 69 main families could not be interviewed due to various reasons, i.e., (i) the main families have changed address outside the study area; (ii) the main families have

changed address to untracked locations¹⁶; (iii) none of the members of the families were at home when the research team visited for enumeration; and (iv) the main families rejected to be re-interviewed. Several families rejected to be re-interviewed with several reasons, such as (i) the timing between the module study and the baseline study's data collections was too close that the data was considered unchanged and did not have to be reported; (ii) a lot of questions to answer, interrupting their daily activities; and (iii) data collection in the baseline study did not increase the amount of the assistance or social protection programs received by the families.

b) In-Depth Interviews and FGDs for the Qualitative Method

To obtain the general picture of PPS 2014 implementation and occurring changes in the village, the interviews are first conducted with the village head and village apparatus. Community figures, midwives, school principals, and families are next to be interviewed. Families that were interviewed during the baseline study are prioritized to be re-interviewed in the module study. This aims to better capture occurring changes at the family level. Such prioritization is given if the families that were interviewed during the baseline study are still meeting the family criteria set in the module study, i.e., representing the PPS 2014 beneficiary group as well as representing the FHF/MHF group. After obtaining the estimated number of baseline families that meet the module study requirements, new samples are then added with the same criteria as consideration. However, in practice, purposive search of the families by taking into account the representativeness of MAMPU working themes, program acceptance, and the head of family's gender was relatively difficult.

FGDs are conducted after the interviews with the village head and village apparatus. The goal is to allow the researchers to obtain foreknowledge on the programs and the changes in the villages, therefore making it easier to scrutinize the impact of the changes and the community's strategies in facing changes. FGD with the elite group is conducted prior to the FGD with the community to obtain information at the community level in general. FGD with the elite is also used for identifying the participants as potential informants who represent the community figures. To enrich data validity, interviews are also conducted with the implementer or the person in charge of each program at the *kecamatan* and *kabupaten* levels. Interviews at the *kecamatan* and *kabupaten* levels commence after the completion of the interviews at the village level or both are conducted in parallel.

2.2.4 Research Limitation

The limitation of this research covers the following issues.

- a. The impact of fuel subsidy policy change on the maternal and reproductive health aspect could not be well explored, considering that the distance between the baseline study and the module study is only one year so that a very small number of women were pregnant at the time of the baseline and the module studies. For that reason, the explorations to the maternal and productive health aspects were limited only on medical treatment behavior, visit to health facilities, and choice of contraceptive method.
- b. During the field study, very little information on JKN was known by the community (see subchapter 5.2 Implementation of PPS 2014 in Study Area), whereas the information received was overlapping with its previous program, the Community Health Insurance (Jamkesmas). This is feared to affect the estimated impact of JKN program acceptance on the livelihood indicators as the focus of the study.

¹⁶Main families cannot be tracked when they have changed address and nobody knows their new address while enumerators cannot contact the families via phone number enlisted in the baseline data.

2.2.5 Data Analysis

Quantitative and qualitative data analyses are conducted separately. Quantitative and qualitative data are complementary in answering the research questions, except for (i) research questions exploring domestic violence aspect and (ii) research questions concerning the design and implementation process of PPS 2014 which affect the access of and impact on poor FHF; where both are answered only using the qualitative approach.

a) Quantitative Analysis

Quantitative analysis uses two data sources, i.e., data resulting from family enumeration in the module study and data collected from family enumeration in the baseline study. Quantitative analysis by comparing between poor FHF's livelihood conditions in the module study data and the baseline study data can demonstrate whether or not there are changes in poor FHF's livelihood condition amidst changes in fuel subsidy policy. Nevertheless, the changes in poor FHF's livelihood condition cannot be separately identified as a result of the change in the fuel subsidy policy or the acceptance of PPS 2014.

The impact of each event on the livelihood of poor women can be identified by using the difference-in-difference (DID) method. DID is an econometric method which analyzes the impact of an intervention through comparison between the average of intertemporal changes in intervened (treatment) group and the average of intertemporal changes in non-intervened (control) group. Using DID, intertemporal comparison is conducted to each treatment and control group.

Treatment group experiences changes by $T'-T$, while control group experience changes by $C'-C$ (Figure 1). TT' is the change in treatment group before and after the intervention is applied without involving intertemporal trend within the treatment group. $T'C'$ is the change calculated using data from treatment and control groups after the intervention is applied. It can be seen in Figure 1 that $T'Z$ is the true impact of intervention, which is the difference between TT' and CC' .

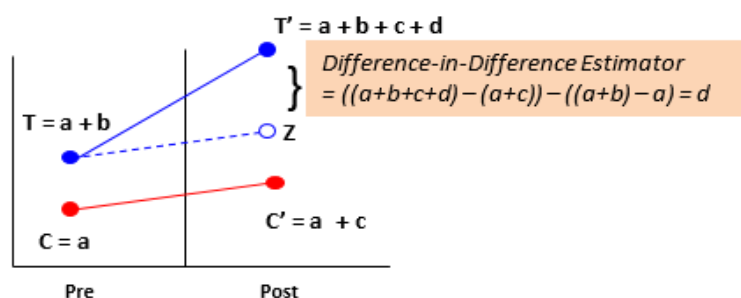


Figure 1. DID (difference-in-difference) method

The equation for DID method can be written as follows:

$$Y_{i,t} = a + bTreat_{i,t} + cPost_{i,t} + d(Treat_{i,t} * Post_{i,t}) + e\bar{X} + \varepsilon_{i,t} \text{ where:}$$

- $Y_{i,t}$ = indicator of poor FHF i livelihood in year t ,
- a = constant,
- b = average treatment effect between treatment and control groups,

$Treat_{i,t} =$	dummy variable worth 1 for poor FHF receiving PPS 2014 and 0 for poor FHF not receiving PPS 2014
$c =$	parallel intertemporal trend between treatment and control groups,
$Post_{i,t} =$	dummy variable worth 1 to signify the period after the changes in fuel subsidy policy and 0 for the period before the policy is enforced,
$d =$	real impact of the intervention (DID estimator),
$Treat_{i,t} * Post_{i,t} =$	result of interaction between dummies,
$\bar{X} =$	other independent variables that also affect the poor FHFs' livelihood indicators, and
$\varepsilon_{i,t} =$	error term.

The indicators used for assessing the livelihood of poor FHFs are adjusted with MAMPU working themes, i.e., variables concerning (i) employment, (ii) migration, and (iii) maternal reproductive health. Meanwhile, to assess poor FHFs' access to PPS 2014, descriptive statistics are applied to the proportion of PPS 2014 beneficiaries from poor FHFs and MHFs.

b) Qualitative Analysis

Qualitative analysis method is used for answering all research questions (see subchapter 1.2. Research Objectives). Qualitative analysis is conducted since in the field to achieve data completion and obtain general pattern. After data from all areas are collected, analysis is conducted using matrix to learn about the similarity and difference of intervillage and inter-*kabupaten* patterns.

Qualitative data obtained through interviews and FGDs are more explorative compared to quantitative data collected through enumeration; hence qualitative data may enrich the overall result of analysis. Information from qualitative data on (i) coping mechanism applied by poor families, (ii) poor family's access to PPS 2014, and (iii) utilization of compensation funds obtained by poor families is processed jointly with quantitative data to answer relevant research questions.

2.3 Analytical Framework

This study uses the analytical framework as described in Figure 2. The analytical framework is developed based on the result of previous literature review on the relationship between fuel price policy and poor community's livelihood, particularly in five MAMPU working themes. Households in this study face three different shocks, i.e., (i) change in fuel subsidy policy, (ii) drought, and (iii) decline in crop commodity prices. The study of Ikhsan et al. (2005) shows that the increase in fuel price in March 2005 had the implication on the increase of prices in various sectors, particularly transportation, construction, trade, and foodstuffs. The study discusses demands from Organda (Organization of Land Transportation Business Owners) to increase the tariff of public transport by 30%, while at the time, fuel covered only 20% of the total production cost. As the consequences, the increase in fuel price was felt by households through three transmission channels: (i) increase in transport cost, (ii) increase in production facility price, and (iii) increase in grocery price. Meanwhile, the decline in price of crop commodities and drought affect poor households' livelihood through the disturbance to their living.

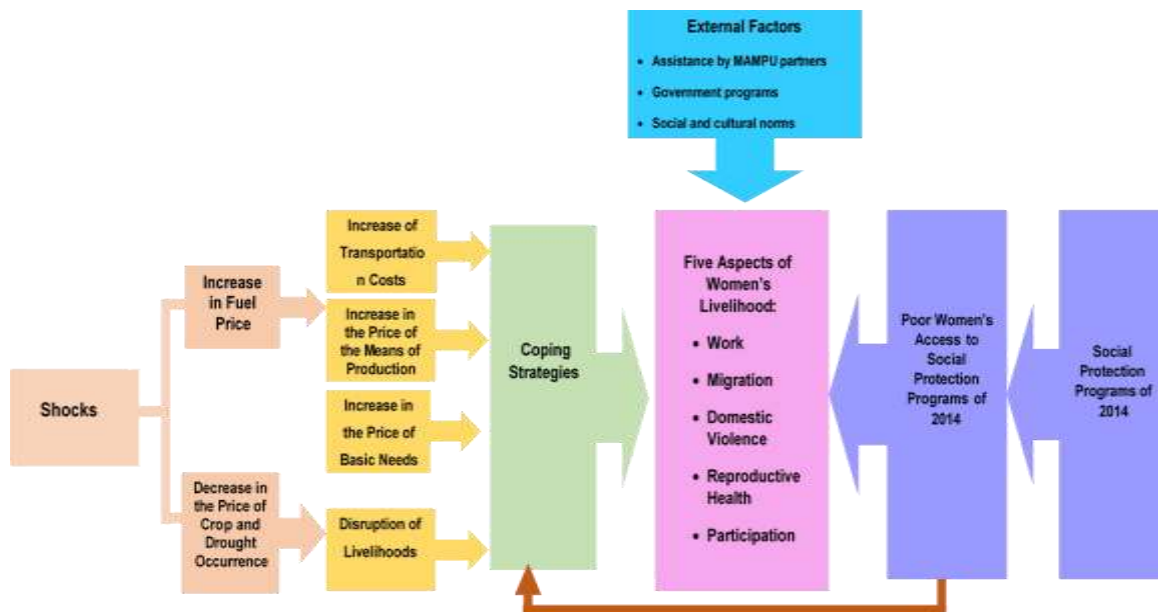


Figure 2. Analytical framework

During shocks, households adopt coping strategies to maintain the quality of their livelihood. The coping strategies applied by these households aim to minimize the negative impact of the shocks on livelihood aspects. Meanwhile, the government also launched PPS 2014 as compensation for the fuel price policy change to support the coping strategy efforts applied by the households amidst shocks. Poor households also often take advantage of social protection programs as a coping strategy in facing shocks (Hastuti et al., 2010).

On employment aspect, numerous studies have shown that during shocks, women are the ones bearing the burden to earn a living to save their families from the risk of crisis. The study from the Institute of Development Studies (2009) found that women are members of the family who tend to be more creative to increase income during crisis. The main reason behind the creativity of these women comes from the large pressure burdened upon them to manage their households and ensure the livelihood. This resonates with Gaerlan et al. (2011) who found that homemakers in the Philippines during crisis were demanded to make creative and unique methods to produce money so that their families can survive the crisis.

Poor families tend to reduce their health-related expenditure during economic shock, which may affect their health condition in the long run. Pradhan et al. (2004) believe that the 1997–1998 crisis suffered by Indonesia affected family expenditure allocation for health maintenance. In addition to many women suffering from acute malnutrition and high stress, women's access to health service, general or reproductive one, declines during crisis (Institute of Development Studies, 2009; Walby, 2009). Aligned to this, McCulloch and Grover (2010) found that global financial crisis has brought impact on the switch in community's preference to find health treatment, where rural community in Indonesia tend to find medical treatment at the *puskesmas* rather than private practitioners due to the less expensive cost.

Shocks or crisis occurring in an area may also affect migration. Silvey (2001) sees that economic crisis in 1997 in Indonesia has brought about different impacts on male and female migrant workers in South Sulawesi. The return of female migrant workers to rural areas encouraged the creation of unproportioned division of house chore loads for women as the implication of social value system applicable in Indonesia. Meanwhile, several studies scrutinizing about the connection between

migration rate and economic condition deduce that domestic migration tends to decline when the economic cycle of a country worsens and the opportunity to be employed lowers (Saks and Wozniak, 2007; Milne, 1993; Pissarides and Wadsworth, 1989).

There are no recorded information on violence against women during crisis in Indonesia, yet report from women's groups mention the increase in pressure and fight between family members during economic pressure and crisis (Chandrakirana, 1999). This affirms that violence against women can happen at anytime, with increasing incidences during economic difficulties in a family (The World Bank, 2012), such as when daily necessities such as foods and drinks are unmet (Hasyim, Kurniawan, and Hayati, 2011). Although it may occur in all community strata, during economic pressure, domestic violence incidences are more often faced by women from the poor group (The World Bank, 2012).

On the other hand, external factors also affect the livelihood condition of a household. These external factors may come in the form of governmental programs apart from PPS 2014, assistance by MAMPU partners or other nongovernmental organizations (NGOs), sociocultural norms, and other issues which eventually contribute to determine the magnitude of impact of the shocks felt by poor households in this study.

The sequence of events of the change in fuel subsidy policy, drought, decline in crop commodity price, and disbursement of PSKS funds in the study areas can be found in Figure 3.

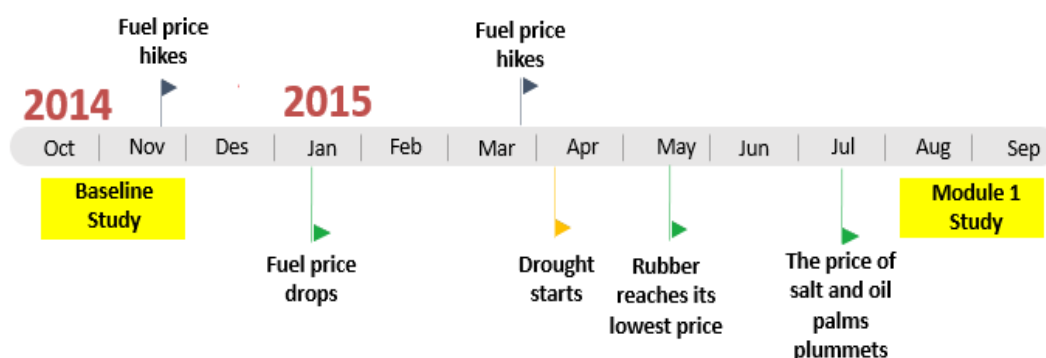


Figure 3. Sequence of events in the study areas

III. PORTRAIT OF THE COMMUNITY IN THE RESEARCH LOCATIONS

Chapter III describes the characteristics of the poor community in the study areas, particularly in relation to the livelihood, education, and health aspects. Similarities in characteristics can be found in study villages located in the same *kabupaten*. Concerning area characteristics, two study villages in Deli Serdang, namely Desa A and Desa C, have semiurban characteristics, although administratively both are recorded as villages. Desa A, particularly, becomes the location for various industries with various and active economic activities—different from other study villages that are heavy with rural characteristics. Besides, in general the people of Desa A have better access to public facilities, which are relatively complete, compared to people in other study villages.¹⁷

3.1 Livelihoods

The result of the survey in this study shows that 51% of the individual sample in the study areas work in the agricultural sector (Figure 4). Aligned with the finding, information from in-depth interviews also show that the majority of employments available in the study areas are relatively similar for women and men, which are field/rice field/garden farming (see Table A1 in Appendix 2). High concentration of the community's livelihood in the study areas¹⁸ in agriculture renders their livelihood to be highly vulnerable to increasingly unpredicted seasonal changes. To anticipate this, poor communities in the study areas commonly have more than one job, in which the type of job switches according to the season. In TTS, for example, it is common to see women and men doing several types of employment within one year. During rainy season, the people commonly cultivate their field to be planted with corn. During the dry season, where wind blows stronger and dry fields cannot be cultivated, village residents work as tamarind seekers. During the dry season, a small portion of the residents temporarily migrate to the city, for instance, to work as construction workers to make a living.

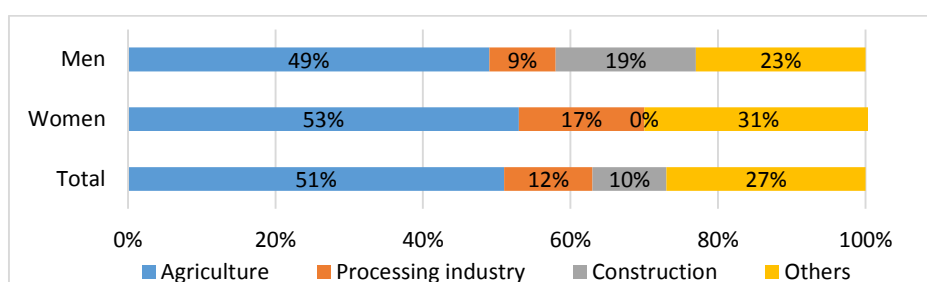


Figure 4. Largest business sector by gender (%)

Source: Result of survey in 2015.

*Agriculture includes farming and fishery.

**Others are combinations of the sectors of mining, electricity, gas, water procurement, waste management, wholesale or retail, repair, transportation, warehousing, accommodation, food and beverages, communication, finance, insurance, company service, government administration, defense, educational service, health service, and social activities.

¹⁷See Rahmitha et al., 2016.

¹⁸Except for Desa A in Deli Serdang.

Certain employments accommodate more workers with a particular gender. The result of the survey shows that in general, more men work in the agricultural and construction sectors, whereas women work in the agricultural sector and processing industry (Figure 4). High proportion of agricultural workers, both male and female, is caused by the rural characteristic of most study areas. Meanwhile, a high number of men entering the construction sector is caused by the high physical needs and the large number of construction projects in the study areas which require easy requirements and criteria. On the contrary, the proportion of women in the processing industry is high due to the characteristic of the jobs which can be conducted at home and can help increase household income. Additionally, the jobs also need more women's touch, as women are considered more skilled and patient with domestic works.

A group of women in the study areas choose to work from home and become self-employed. Such activities are mainly found in cloth weaving and wicker weaving businesses in TTS, as well as smoked banana/crackers/cover crafts businesses and small trading in Cilacap. These jobs are commonly chosen by married women, as they can be done from home. In Cilacap, for example, smoked banana craftswomen do not have to seek the raw materials (bananas) on their own and they do not have to become the vendor of the smoked banana they produce. They obtain the bananas from the wholesaler who later will also purchase the smoked banana product. During long dry seasons, several female farming workers in the study villages also switch jobs to smoked banana craftswomen to obtain income. Meanwhile, women in TTS opt to become cloth weavers, as the job can be done throughout the year and from home. The reason is because the raw materials of the craft are not affected by season. For TTS community, cloth weaving is exclusively done by women.

Results of the survey show the correlation between education level and business sector chosen by individuals. In general, it can be assumed that the education levels of workers in various sectors in all study areas are very low. In all the study villages, 36% of the workers are not/not yet graduated from elementary school, while 12% of them are not yet attending school/have never attended school (see Figure A1 in Appendix 3). The highest proportion of workers with elementary school/the equivalent education level and not/not yet graduated from elementary school is in the agriculture sector (68%), while the proportion is lower in the processing and construction sectors.

3.2 Educational Situation

The access of communities in the study areas to educational facilities is relatively good, albeit with variation between areas. Compared to educational facilities in Deli Serdang and Kubu Raya, educational facilities in the other three study areas are less comprehensive. Nevertheless, educational facilities of early childhood education (ECE) up to senior high school are available at the study villages or in areas close to the study villages, such as the capital of *kecamatan* (see Tables A17–A21 in Appendices 21–25).

In relation to individual education level of the poor families as the sample of this study, the results of the survey shows that in the individual group at >21 years old, (i) the proportion of individuals not/not yet graduated from elementary school and not yet/never been in school reaches 51% and (ii) men have relatively higher academic achievement compared to women (Figure A2 in Appendix 4). Results of the survey show that the proportion of men with the highest education level at junior high school/the equivalent (16%) is higher compared to women (9%); this condition is similar for the education levels of senior high school/the equivalent and higher education. Meanwhile, in

school-age children of 6–21 years old¹⁹, women’s education level is relatively higher compared to men (Figure 5). This is strengthened by the findings in all the study areas, except in Kubu Raya, where the proportion of school-age girls who go to school and do not work is higher compared to boys (Figure 6). Meanwhile, in almost all the study areas, the proportion of school-age boys who do not go to school and work instead is higher compared to girls.

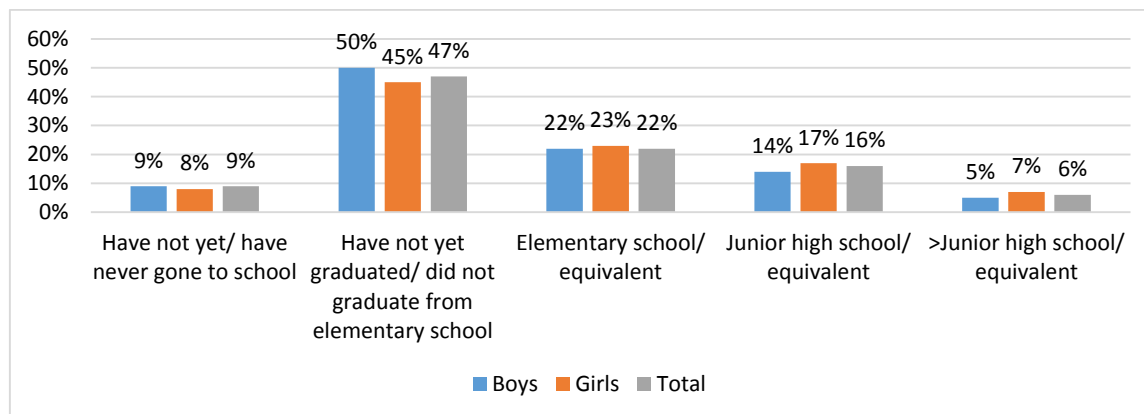


Figure 5. Education level of school-age boys and girls (%)

Source: Result of survey in 2015.

*Junior high school/the equivalent covers senior high school/the equivalent and higher education.

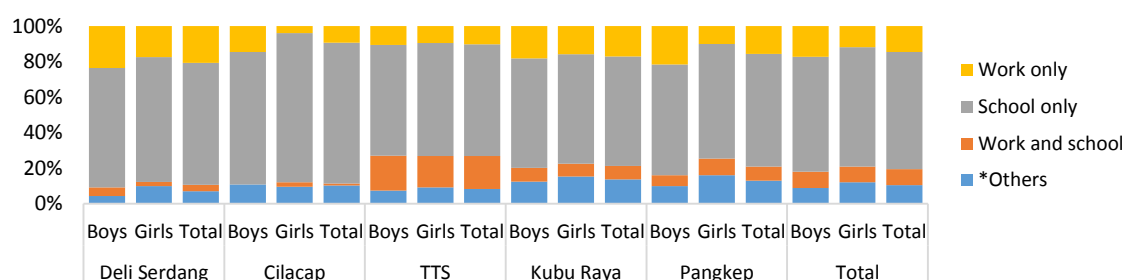


Figure 6. Activities of school-age boys and girls (%)

Source: Result of survey in 2015.

*Others include managing household, searching for job, and having no activities.

Although the regional government has made various efforts to encourage the education of the poor community (discussed further in section 4.3.2 Education), there are school-age children who have to work while going to school or even become dropouts to be able to fully work. Based on the inter-area survey data (Figure 6), the proportion of school-age children with the status employed only is mostly found in Deli Serdang (21%), and the smallest portion is found in Cilacap (9%). This result is rather different with key informants’ views in Deli Serdang who state that nowadays it is increasingly difficult to find school-age children who work, either they go to school and work or they merely work.

¹⁹The scope of school-age children of 6–21 years old is applied to suit the scope of school-age children used in BSM, which is one out of three social protection programs used as the focus in this module study.

Survey results show that school-age children (6–21 years old) with the main activity of mere working are averagely above 15 years old. Nevertheless, in-depth interviews in three study villages in Pangkep reveal the information on a number of child workers whose ages stretch between 11 and 17 years old or at elementary to senior high school ages. Results of in-depth interviews with key informants discover that the majority of child workers in Pangkep come from poor families whose number is increasing along with the decline in the welfare of poor communities in the past one year due to the decreased price of salt as the main livelihood of the people, in addition to the failed harvests (rice/fish) due to drought. The types of employment assumed by child workers in the study areas are relatively diverse and several types of employment are assumed by only girls or boys. Seeking for tamarind and peeling kapok fruit in TTS are the types of job commonly done by girls and boys. Peeling cashew nuts and cracking crabs are jobs commonly assumed by girls in Pangkep, while the boys are commonly working as construction workers.

3.3 Health Situation

The availability and scope of health facilities and health workers in three study villages in Deli Serdang are relatively the best among all study villages. Almost all types of health facilities are available at the village level and so the community finds it easy to access the health facilities and health workers. Meanwhile, averagely the people in the study villages of the other four *kabupaten* have good access to basic health facilities. The data on the availability of health facilities in every study village can be found in Tables A17–A21 in Appendices 21–25. Nevertheless, the practice of health workers outside the basic health facility's operating hours is very insufficient. In terms of access to advanced health facilities, the communities in three study villages in Pangkep generally have an easy access to hospitals due to the relatively short distance. On the other hand, the communities in three study villages in TTS have difficulty in accessing hospitals, which are located at the capital of the *kabupaten*.

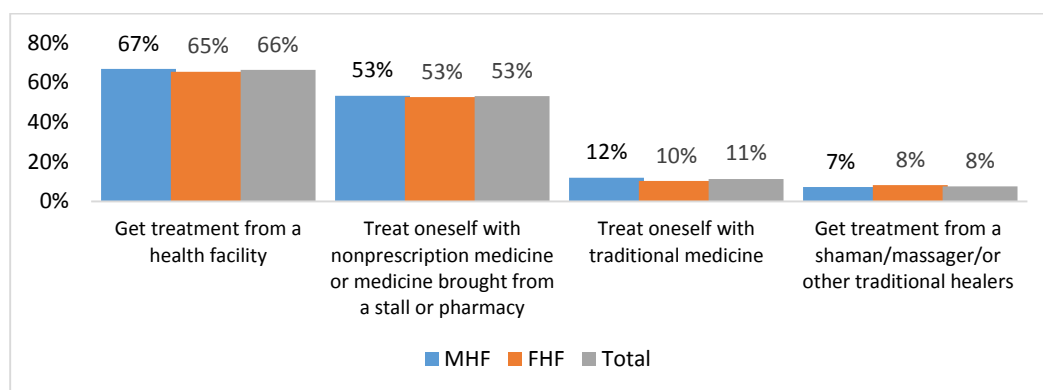


Figure 7. Family medical treatment preference (%)

Source: Result of survey in 2015.

Remarks: N = 936 families, consisting of 600 MHFs and 336 FHF.

*Family may answer more than one choice.

In general, the people in all the study areas have understood the significance of utilizing health facilities for health checks. Data obtained from the survey reveals that more poor communities in the study areas prefer to use the available health facilities in their area rather than using traditional medicines or seeking traditional treatments (Figure 7). This result is in line with the qualitative finding that in general fewer people in the study areas, including those from the poor group, seek traditional treatments, for example, from a shaman or masseuse/masseur. This is inseparable from

the role of the local government in enhancing community's access to available health facilities. In Pangkep, for example, the regional government's policy on Regional Health Insurance (Jamkesda), which has been in force since 2010, is considered highly effective in encouraging people to seek treatments from health facilities. The convenience in accessing the health insurance—the residents only have to bring their family identity card and identity card—inflict people's enthusiasm in seeking health treatments from health facilities. Meanwhile, at the village level, the Administration of Desa G in Kubu Raya starts the effort at implementing an unwritten policy to provide health services as a result of the village deliberation, namely (i) village residents in possession of cars shall be willing to drive poor residents who are sick or in labor to the health facilities and (ii) the village administration will cover the cost resulting from the car utilization or the fuel cost for such necessity.

In relation to maternal and infant health checks, including prenatal checks, childbirth, and antenatal checks, the regional government actively encourages the community in utilizing existing health facilities and workers in the village and its surrounding. As an example, the Government of Kabupaten TTS creates the Maternal, Newborn, and Child Health (MNCH) Program which currently becomes one of the aspects in the village regulations. Exploration through the in-depth interview found that the program is considered effective in encouraging expecting mothers to have their pregnancies checked at the health facilities, including giving birth at health facilities with the assistance from health workers, as MNCH violators, either the mother or the traditional birth attendant (TBA), will receive administrative sanctions. However, the limitation of health facilities and health workers is considered as an obstacle for community members, rendering the TBA's service to be still sought by a small part of the community in the study areas. Results of the survey discover that pregnant mothers who are still seeking for treatment from TBAs have the lowest education level, i.e., not yet/not graduated from elementary school/the equivalent and graduated from elementary school/the equivalent (see Figure A3 in Appendix 5). The finding indicates that women's education is related to their preference of health facilities and health workers for maternal checks.

3.4 Familial Characteristics of the Research Sample

This section discusses the sample's characteristics by focusing on the comparison between FHF and MHF using T-Test. The module study has succeeded in recording data from 1,451 families consisting of 515 FHF and 936 MHF. Table 3 shows the result of the T-Test on family characteristics between FHF and MHF groups that are divided into three groups, namely (i) characteristics of the family head, (ii) family condition, and (iii) house condition.

As seen from Table 3, all variables in the head of family's characteristics have statistically significant different means between FHF and MHF. FHF are averagely at 52 years old, while MHF are averagely at 46 years old. The difference in marital status between FHF and MHF is in fact relatively intuitive, considering that the majority of women among the FHF become the heads of their family because they no longer have a husband, such as what is shown in Table 3, where only 8% of the FHF are married. The T-Test also shows a significant difference in literacy between FHF and MHF, where the proportion of illiterate FHF is far higher than that of illiterate MHF. As seen from the main activities, the proportion of working MHF is higher compared to FHF. The difference in the head of family's characteristics between FHF and MHF presumes the significance in separating both groups in the analysis, considering that fundamental differences between both groups may affect the result of the analysis.

In family condition's characteristics, there are only two variables showing statistically significant T-Test results. Dependency ratio between FHF and MHF shows a significant difference, where dependency ratio of FHF is lower than MHF. In addition, the number of FHF's family members is

lower compared to MHFs'. Difference in family condition between FHF and MHFs may result in the diversity of decision-making at various aspects in family lives, such as decisions on education, work participation, and migration.

Meanwhile, as seen from house condition's characteristics, the T-Test on several variables show statistically significant results, i.e., in (i) house ownership status, (ii) broadest wall is cemented, and (iii) broadest floor is covered in floor tiles. Although the T-Test shows significant results for these three variables, the means between FHF and MHFs for the three variables are in fact not distinct. Based on the variable of house condition's characteristics, it is concluded that FHF and MHFs both live in houses with almost similar conditions.

Table 3. FHF and MHF Characteristics Based on T-Test Results

Characteristics	Mean		Mean Difference/ (Standard Error)
	FHF	MHF	
Head of family			
Age	52.7	46.1	6.51*** (0.662)
Married	0.0778	0.982	-0.904*** (0.0126)
Literate	0.529	0.766	-0.237*** (0.0261)
Employed	0.709	0.902	-0.193*** (0.0223)
Family condition			
Dependency Ratio*	0.254	0.333	-0.0788*** (0.0144)
Number of family members	2.72	4.2	-1.48*** (0.080)
Having KPS	0.406	0.39	0.0159 (0.0269)
House condition			
Self-owned house	0.951	0.916	0.0359*** (0.0131)
Broadest roof covered in roof tile	0.202	0.169	0.0331 (0.0215)
Broadest wall is cemented	0.384	0.301	0.0832*** (0.0262)
Broadest floor covered in floor tiles	0.485	0.434	0.0517* (0.0274)
Healthy drinking water source**	0.713	0.69	0.0225 (0.025)
Cooking using main fuel from electricity/gas/kerosene	0.583	0.545	0.0377 (0.0272)

Source: Processed result of survey in 2015.

Remarks: Significance level * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

*Dependency ratio is the comparison between the number of family members at 0–14 years old, plus the number of family members at 65 years old and above compared to the number of family members at 6–18 years old (Badan Pusat Statistik, 2016).

**Healthy water includes branded bottled water, water refill, PDAM water, well water, and water from protected springs.

IV. SOURCES OF SHOCKS IN COMMUNITY LIVES IN THE STUDY AREAS

This chapter describes three sources of shocks occurring in the study areas since the baseline study in 2014 until the module study in 2015, i.e., (i) change in fuel subsidy policy, (ii) drought, and (iii) decline in commodity prices as the source of community income. Although drought and decline in commodity prices are not the foci of this study, both have direct impact on the livelihood of the communities in the study areas and take place at the relatively same time with the change in fuel subsidy policy. Apart from presenting information on shocks in the lives of the community in the study areas, this chapter also presents the analysis of the changes occurring in poor women's livelihood aspects since the baseline study (October–November 2014) to the module study (August 2015).

4.1 Changes in Fuel Subsidy Policy

Since the baseline study was carried out in October–November 2014 up to the implementation of the module study in August–September 2015, the government has made several adjustments to the fuel price. The first adjustment was made when President Joko Widodo had been leading this country for less than one month, which was in 18 November 2014²⁰, where the fuel price was increased by Rp2,000/liter for Premium and diesel fuels, while the price of kerosene did not change (Figure 8). The policy was enforced by the government to adjust the fuel selling price to the increasingly weakening rupiah exchange rate at that time, in addition to being an effort to break free from the shackle of fuel subsidy which has always been burdening the State Budget. The government's measure to increase the fuel selling price had proven to be able to retain people's fuel consumption rate, where at the end of 2014 Indonesia experienced a surplus in subsidized fuel as the impact of fuel price increase by 31% for Premium fuel and 36% for diesel fuel (Haryanto, 2015).



Figure 8. Fuel retail prices set by the government

Source: Kementerian Energi dan Sumber Daya Mineral, 2013; 2014a; 2014b; 2015a; 2015b (processed).

In early 2015 the Indonesian Government officially abolished the fuel subsidy for Premium through Presidential Regulation No. 191/2014 on Provision, Distribution, and Retail Price of Fuel. Meanwhile, diesel fuel and kerosene remained receiving government subsidies, as both are used for productive activities. Along with the decline in global oil price, in January 2015 the government made two adjustment to fuel price so that the Premium and diesel fuel prices decreased

²⁰At the same time, data collections in Cilacap, Kubu Raya, and Deli Serdang for the baseline study were in process.

consecutively by 13% and 12% in 19 January 2015. The fuel price went back up in 28 March 2015, where Premium and diesel fuel prices consecutively increased by 7% and 8%. As of 10 October 2015, the prices set by the government remained at Rp7,300/liter for Premium fuel and Rp6,900/liter for diesel fuel. The fuel price increase in 28 March 2015 was the last change to the fuel price prior to the collection of the module study data in August and September 2015.

The result of interviews in the study villages in August and September 2015 shows that the fuel price in the past one year²¹ has increased averagely by Rp1,000–Rp2,000/liter in each study village. Retail fuel price in the study areas in August 2015 ranged between Rp8,000–Rp12,000/liter for Premium fuel and Rp8,000/liter for diesel fuel. The price greatly differs compared to the retail price set by the government for August 2015 at Rp7,300/liter for Premium fuel and Rp6,900/liter for diesel fuel. Out of the five study *kabupaten*, TTS has the highest Premium fuel price at Rp10,000–12,000/liter, while the lowest Premium fuel price was found in Deli Serdang at Rp8,000/liter. The difference in price was driven by the lack of fuel distribution infrastructure in several *kabupaten* in Indonesia; therefore, the fuel price sold in the remote areas does not follow the price set by the government, considering the additional transport cost (Akhir, 2014).

The changes in fuel price are also reflected in the monthly inflation growth rate reported by Statistics Indonesia (Table 4). Within the months where fuel prices were adjusted, the monthly inflation growth rate increased or decreased along with the change in the fuel prices at the market. Throughout November 2014–September 2015, the highest inflation growth rate took place in November (1.50%) and December 2014 (2.46%) as a consequence of the increase in fuel price in November 2014 and the increase in public transport tariffs in Christmas 2014 and New Year 2015 holidays. The components of transportation and foodstuff are the largest contributors to the monthly inflation growth rate in November–December 2014. The decline in fuel price in January 2015 also decreased the monthly inflation growth rates in January and February 2015, where the component of transportation declined significantly, followed by foodstuff. The increase in fuel price at the end of March 2015 pushed up the inflation growth rate and the transportation component contributed the largest increase compared to other components. The fuel price increase in late March 2015 happened when the harvest season in April was approaching, resulting in the decline of rice price. As an impact, the monthly inflation growth rate in March 2015 was not as high as the inflation rate in November–December 2014.

Table 4. Impact of Fuel Price Increase on Inflation

Period	Monthly Inflation Growth Rate (%)	Inflation Components by Commodity Group (%)						
		Foodstuff	Processed Food, Beverage, Cigarette, and Tobacco	Housing, Water, Electricity, Gas, and Fuel	Clothing	Health	Education, Recreation and Sports	Transportation, Communication, and Financial Service
Nov-14	1.50	2.15	0.71	0.49	-0.08	0.43	0.08	4.29
Dec-14	2.46	3.22	1.96	1.45	0.64	0.74	0.36	5.55
Jan-15	-0.24	0.6	0.65	0.8	0.85	0.66	0.26	-4.04
Feb-15	-0.36	-1.47	0.45	0.41	0.52	0.39	0.14	-1.53
Mar-15	0.17	-0.73	0.61	0.29	-0.08	0.64	0.1	0.77
Apr-15	0.36	-0.79	0.5	0.22	0.24	0.38	0.05	1.8

Source: Badan Pusat Statistik²², 2015.

²¹The changes in fuel price throughout the course of the baseline study (October–November 2014) and field study (August–September 2015).

²²Statistics Indonesia.

From the information taken from in-depth interviews and FGDs, the communities in the study areas admitted that the prices of life necessities had increased in the past one year until the visit. Table A2 of Appendix 6 presents the information obtained from the study villages on the changes in basic necessity prices, transport costs, and prices of production facilities in the past one year until the visit. The people in the study areas complained that the fuel price increase is usually followed by the increase in life necessity prices; however, the decline in fuel price is not always followed by the decline in the prices of goods. The increase in transportation costs contributes to the increase in grocery and production facility prices, considering that transportation costs are one of the cost components which also determines grocery and production facility selling prices. Table A2 of Appendix 6 shows that the lowest increase of one sack of fertilizer took place in Deli Serdang, while the highest increase occurred in TTS. This condition is in line with the previous explanation that the lowest Premium fuel price was found in Deli Serdang, while TTS had the highest Premium fuel price.

The increase in transport costs is a direct consequence of fuel price increase and this is reflected in the increase in transport costs in study villages, either for land or water transports. People working in transport services, such as *angkot* (type of minibus), *opelet* (another type of minibus), and *ojek* (motorcycle taxi) drivers faced large trade-off in facing fuel price increase. High fuel price forces transport costs to rise; however, this drives customers to switch to more affordable means of transportation. This happens, among others, in one of the study villages in Kubu Raya, where the number of *opelet* passengers declined sharply, as they chose to use the more affordable *motor air* (public motorboat). During the data collection, it was seen that the number of *opelet* in operation was smaller compared to the time when the baseline study was carried out. Meanwhile, in Pangkep, fuel price increase allegedly resulted in a reduction in the number of *ojek*, where not a few *ojek* drivers switch to be *bentor* (motorized pedicab) driver instead.

The processed data from the National Socioeconomic Survey (Susenas) 2014 in Table 5 shows that more prosperous households have larger allocations for gasoline and diesel fuel compared to households with lower expenditure per capita. Although this indicates that the direct impact of gasoline and diesel fuel price increase is not very large for low-income households, their purchasing power is also far below the purchasing power of more prosperous households. In other words, when fuel price increase contributes to the increase of the price of other items, poor and vulnerable households also will face challenges in allocating their expenditure for more basic necessities outside fuel consumption, such as for food, clothing, and education and health.

Table 5. Household Fuel Consumption per Capita as Proportion of Household Expenditure per Capita (%)

Region	Type of Expenditure	Welfare Group				
		1	2	3	4	5
Urban	Kerosene	0.48%	0.40%	0.50%	0.54%	0.35%
	Gasoline	2.06%	3.36%	3.70%	4.06%	4.14%
	Diesel Fuel	0.02%	0.03%	0.04%	0.04%	0.11%
Rural	Kerosene	0.86%	0.54%	0.58%	0.66%	0.62%
	Gasoline	1.51%	2.66%	3.76%	4.29%	4.22%
	Diesel Fuel	0.01%	0.04%	0.07%	0.09%	0.31%
Rural and Urban	Kerosene	0.80%	0.50%	0.55%	0.61%	0.44%
	Gasoline	1.59%	2.87%	3.74%	4.19%	4.17%
	Diesel Fuel	0.01%	0.04%	0.06%	0.07%	0.17%

Source: Processed from Susenas (Badan Pusat Statistik, 2014).

Remarks: (i) Group 1: expenditure per capita ≤ Rp200,000; (ii) Group 2: Rp200,000 < expenditure per capita ≤ Rp400,000; (iii) Group 3: Rp400,000 < expenditure per capita ≤ Rp600,000; (iv) Group 4: Rp600,000 < expenditure per capita ≤ Rp800,000; (v) Group 5: expenditure per capita > Rp800,000.

4.2 Drought and Decline in Commodity Selling Prices

Concurrently with the changes in fuel subsidy policy, there were two other shocks, namely drought and decline in the selling price of commodities as the main livelihood of the majority of poor communities in the study areas. Long drought occurred in all the study *kabupaten* although with different magnitudes and not occurring in all the study villages, while the decline in commodity selling prices took place in all the study villages in Kubu Raya and Pangkep.

4.2.1 Drought

In general, drought in the study villages occurred due to the delayed rainy season in 2014, whereas it ended early in 2015, as well as the delayed rainy season in 2015. In three study villages in Pangkep, generally dry season lasted from June to October. Nevertheless, in 2014 the rainy season had just started around December and ended in April 2015. In August 2015, the Meteorological, Climatological, and Geophysical Agency (BMKG) had already predicted that the rainy season in 2015 would be delayed in several areas in Indonesia, particularly in the eastern and southern hemispheres (BNPB²³, 2015). During the field research of the module study (August–September 2015), rain was indeed scarce in the study areas. With longer dry season compared to normal, the fields in the study villages became very dry and changes in planting season was inevitable.

Data from BNPB shows that at the end of July 2015 drought had affected 16 provinces in Indonesia and around 111,000 hectares of agricultural land. According to BNPB, drought was increasingly felt due to El Niño²⁴. In mid-August 2015, El Niño had resulted in a long drought in several areas, such as Java, NTT, and South Sulawesi (BNPB, 2015). The Regional Disaster Management Agency (BPBD) of East Nusa Tenggara also recorded that as of July 2015, 20 *kabupaten* in NTT (including TTS) were affected by drought due to El Niño, which reduced rainfall in 2015 (Bere, 2015). In the study villages, overheat and very dry land stunted plant growth and many plants wilted before harvesting, which resulted in failed harvests for the farmers. This particularly applied for paddies and corns.

From the qualitative finding, drought which leads to failed harvest brings impact with the decline in the income of the study village communities who work as farmers. On the other hand, drought generally also increases the expenditure for food and clean water. In normal conditions, the people can depend on their harvest to meet their need for food for some time. Failed harvest has forced them to increase their allocation to buy food for their daily necessities. In TTS, for example, corn as one of the staple foods of the community could not be harvested due to very dry land. The people who were previously able to consume corn from their own fields now have to buy corn to meet their household needs. Similar condition was also faced by farming families in Pangkep who commonly meet their food needs from their own field and now they have to buy rice due to failed harvest.

²³National Disaster Management Agency.

²⁴El Niño is an irregularity symptom of ocean, which is marked by the increase in equatorial Pacific sea surface temperature, particularly in the middle and eastern parts. As ocean and atmosphere are interconnected systems, such irregularity results in an irregularity in atmosphere which eventually results in climate irregularity (Supari, 2014).

Box 1

Crops Failed, Must Buy Rice

Sal (female, 35 years old, Pangkep, 11 September 2015) recounts that the last rice harvest failed because the year's dry season came faster and resulted in lack of water for the field. In normal conditions, Sal's husband could harvest more than ten sacks. Due to failed crops, he only yielded four sacks. Sal said, "Fertilizer was fine. But we lacked water. Heat came very fast. The paddies bloomed, but the brans were empty. Wasting energy and cost. Small profit." Normally, Sal has never bought rice, as the rice from her harvest could be used until the next season. This year's harvest can only be used for three months, so she has to buy rice and therefore increases her expenditure.

With regards to expenditure on water, several study villages have water sources which can be accessed for free, such as rivers, wells, and springs. The poor communities commonly use the water sources to meet their daily needs for free. Normally, the poor communities only have to buy water for drinking and cooking, considering that not all water sources are safe for consumption. Nevertheless, long drought caused the water sources to dry, or if not, the water is unsuitable even for washing and lavatories. In one of the study villages in Pangkep, the water in several public wells became too salty and smelling, so that the people had to buy water even for lavatories. Dry water sources forced the communities to spend more money to obtain water. On the other hand, in-depth interview result found that the increase in transport costs due to changes in fuel subsidy policy caused the increase in clean water price sold in study villages²⁵ and therefore increase household expenditure. A community figure in Desa L states that the price increase is felt by its residents since the fuel price change also affects the price of tanked water, which increased from previously Rp90,000/tanker to Rp130,000/tanker. As a result, the people who usually bought water with the price of Rp700/jerry can²⁶ now have to pay Rp1,500/jerry can.

Dry water sources in Pangkep resulted in the community's reluctance to use public toilets which are in fact available in several locations and relatively accessible. During rainy season, the poor communities use the public toilets, as they can use water harvested from rainwater. However, during dry season, water could not be harvested, so that the poor people have to buy water for bathing, washing, or for public toilet. A poor family in a study village in Pangkep prefers to relieve themselves in open space instead of buying water to do it at the public toilet. One of the family members stated, "We have public toilet ... There, we must also buy water because it is not available. I buy water only for drinking and showering. Should I also buy water just for relieving myself? Just do it in the rice field, for free. As long as you don't get caught" (male, 27 years old, Pangkep, 7 September 2015).

4.2.2 Decline in Commodity Selling Prices

The decline in the selling price of commodities as the source of livelihood for the majority of the poor communities took place in Kubu Raya and Pangkep. Decline in selling price happened to rubber and oil palm in Kubu Raya and salt in Pangkep. Such decline is measured based on the selling price in study areas during the baseline study (October–November 2014), i.e., before the fuel subsidy policy changes, and during the module study (August–September 2015). Averagely, the rubber price decline ranges from Rp3,000 to Rp5,500 per kg, oil palm from Rp650 to Rp850 per kg, and salt from Rp7,000 to Rp13,000 per sack (See Table A3 of Appendix 7). Rubber, oil palm, and salt farmers exist in every study villages in Kubu Raya and Pangkep. Particularly for oil palm farmers, however, the finding of this study refers to the condition in one of the study villages, i.e., Desa G. In two other

²⁵In study villages in Pangkep, the cost for one tanker with the capacity of 5,000 liter clean water increases around Rp30,000 to Rp60,000 per tanker.

²⁶One jerry can has the capacity of 20 liter of clean water.

study villages, oil palm farming is not the occupation for the majority of the people and therefore the decline in oil palm selling price did not significantly affect the local community's livelihood.

The decline in rubber selling price in the study areas is inseparable from the global economic condition. Steep decline in global rubber price for these past 3–4 years during the global study is caused by the decline in global oil price and abundant stock of raw rubber (Wicaksono, 2015; Fajriah, 2015; and Tribun News, 2016). This also determines the rubber selling price in Indonesia, including in Kubu Raya which drastically declined.²⁷ Due to the steep decline, the selling price of 2.5 kg of rubber in West Kalimantan commonly equals to mere 1 kg of rice (Prokal, 2015). This comparison is similar to the situation in one of South Kalimantan's *kabupaten* during the 2009 global crisis, where prior to crisis, 1 kg of rubber can be traded for 1 kg of rice, and after crisis, even 1 kg of rubber is insufficient to purchase 1 kg of rice (Fillaili et al., 2009: 8–9). Meanwhile, in Kubu Raya the price of rubber continues to decline at least during the last one year during the global study in 2015. In three study villages in Kubu Raya, rubber is averagely sold at Rp5,000 per kg. This is lower by Rp3,000–Rp5,000 compared to the price during the baseline study 2014.

Decline in oil palm selling price took place in Kubu Raya as well as several other oil palm-producing regions, such as Riau and Bengkulu (Amri, 2015; Antara, 2015). The decline in Indonesian oil palm selling price, among others, connects to the decline in economic conditions of many countries, which leads to the decline in global community's purchasing power. The head of the Indonesian Palm Oil Association (GAPKI) stated that the palm oil industry has been facing a difficult situation since 2014 (Friastuti, 2015). Besides, the decline in the difference between soybean oil and palm oil prices forces several importing countries to switch to cheaper soybean oil.

Although not as many as rubber farmers, palm oil farmers are relatively common in Desa G. During the module study, 1 kg of oil palm at the farmer level declined by Rp650–Rp850 compared to when the baseline study was carried out. The decline is found both in oil palm fruit and early oil palm fruit²⁸ (See Table A3 of Appendix 7). Meanwhile, as the oil palm selling price declines, the oil palm transport fee increases due to a boost in transportation cost. With such condition, a palm oil farmer who harvests one ton of early oil palm fruit only receives at maximum Rp100,000 of profit.²⁹ Comparing between the decline of oil palm selling price and the increase of grocery price (such as rice) in the study village at the same time, one oil palm bunch³⁰ equals to 1 kg of rice. The decline in oil palm selling price and the increase in rice price at the same time complicated the farmers' financial condition as recounted by an oil palm farmer in Kubu Raya: "Jokowi rules, prices ascend. The gasoline price has already increased three times. Rice increased from Rp8,000 to Rp11,000. Selling 20 kg of oil palm is just enough to buy 1 kg of rice" (male, 51 years old, Kubu Raya, 16 August 2015).

The decline in people's salt commodity selling price took place not only in the study areas, but also in several other salt-producing regions in Indonesia, such as Madura, Aceh Barat, and Indramayu (Muqoddam, 2015; Membunuh Indonesia, 2015; and Taryani, 2015). In general, the decline among others is caused by salt oversupply due to salt import policy³¹ by the government on the one hand,

²⁷Decline in rubber price also took place in Sambas, Lampung, Aceh Barat, Langkat, and several rubber-producing areas in Indonesia (Abubakar, 2015; Muslihah, 2015; Anwar, 2015; dan Jurnal Asia, 2015). In Langkat, the rubber selling price at the farmer level is relatively similar to the study villages in Kubu Raya at Rp5,000/kg.

²⁸First bloomed oil palm fruit.

²⁹Currently early oil palm fruit selling price declines to Rp400–Rp500/kg, and the transport fee increases to Rp400/kg. With only Rp400/kg for early oil palm fruit, oil palm farmers receive no profit; while for Rp500/kg, the farmers only receive Rp100/kg as their profit.

³⁰The average weight of one bunch of oil palm fruits in the study village is 20–26 kg.

³¹Formally, the salt import policy had been commenced in 2004. However, salt import practices in Indonesia has been going since 1990 (Boenarco, 2012).

and the salt harvesting season on the other hand. According to the chairperson of Salt Cluster of Kabupaten Rembang, Central Java, the community's interest in imported salt is higher than local salt, although the farmers have already produced premium salt (Ismanto, 2015). The oversupply of local salt with low absorption rate drops the selling price at the farmer level.

From three study villages in Pangkep, the highest salt price decrease took place in Desa K, with Rp10,000–Rp13,000 per sack. Apart from the salt import policy by the government, according to a community figure and salt farmer in Desa K, low salt price is also triggered by substandard iodine content and therefore the salt can only be used for industrial purposes. Meanwhile, according to a village midwife, Desa K's salt product is not suitable for consumption due to its low iodine content which may result in mump disease. The local community suspects that low quality of Desa K's salt is due to increasingly polluted seawater used as the raw material of salt production from factory wastes that are directly disposed to the sea nearby their residence.

4.3 Impact of Shocks on Community Livelihood

This section discusses about the impact of shocks in the study areas on the livelihood aspects of Mampu working themes, in addition to two more aspects, namely consumptions and education. Education and consumptions are interesting additional aspects considering the close connection between both aspects and women livelihood aspects which are MAMPU's formal working themes. The data that is compared to see the dynamics of poor community's livelihood during shocks is obtained from two study periods, namely the baseline and module studies.

4.3.1 Consumption

The majority of family samples in five study areas maintain their meal frequency, where the result of the survey shows that more than 95% families have meal with the same frequency compared to during the baseline study (see Table A4 of Appendix 8). This happens both in FHF and MHF groups. What is meant by meal frequency is the general meal consumptions, i.e., how many times a family eats within a day during the past three months. This indicates that the poor families make the effort to maintain their consumptions even during shocks, considering that food consumption is human's most basic necessity. The finding is in line with the studies conducted by Gaerlan et al. (2011) and Frankenberg, Smith, and Thomas (2003), which state that the main priority of the community in facing economic shock is to maintain their consumptions. Along with the result of the survey, the in-depth interviews also failed to find community members who reduce their daily meal frequency, although a change in family's consumption pattern was found. The information obtained through in-depth interviews shows that there is a change in family's consumption pattern due to various shocks at the same time, where commonly the communities reduce the quality and quantity of the consumed food (Box 2).

Box 2

Forms of Consumption Pattern Changes at the Family Level

G (female, 45 years old, Kubu Raya, 13 August 2015) reducing sugar and coffee consumptions. She only buys the smallest pack of sugar and coffee sachets, as larger packs of sugar and coffee tend to run out faster. G and her husband also limit their egg consumptions to give priority to both of their children: “The most important thing is to buy eggs for the children. They love eggs; it is important that they eat.”

Sal (female, 35 years old, Pangkep, 11 September 2015) still eats twice a day, but she changes fresh fish into dried fish due to relatively huge price difference. For one day meal, fresh water costs Rp20,000, while dried water costs only Rp12,000.

Sit (female, 31 years old, Cilacap, 13 September 2015) has to change her family’s consumption pattern. Chicken is rarely found on her dining table, nowadays.

To overcome such changes, T (female, Cilacap, 14 September 2014) tries to be more economical. She and her family only eat meat during Id al-Fitr holiday.

Adjustments to the community’s consumption pattern can be viewed from the change in the consumption pattern of protein sources. Table A4 of Appendix 8 presents the dynamics of the frequency of egg, chicken, fish, and meat consumptions during the past three months by comparing the data from the baseline study and the module study. From all foodstuffs asked in the survey, 15%–23% of the families change their frequency in protein source consumptions, while the remaining families have unchanged protein source consumption frequency compared to during the baseline study. The finding shows that even though some families adjusted their consumption pattern due to shocks, more families were able to maintain their egg, chicken, fish, and meat consumption frequencies.

The dynamics of consumption in each study area differs and is interesting to be investigated further. The comparison of inter-area data indicates that there is a differing scale in the impact of shocks on family consumption in each area. TTS and Kubu Raya are two areas where the number of families reducing their protein consumption is higher compared to other study areas. In TTS, for example, consecutively 28% and 31% of families change their egg and meat consumptions to be less frequent compared to during the baseline study. Meanwhile, in Kubu Raya consecutively 21% and 19% of families reduce their egg and fish consumption frequencies. The decline in consumption frequency of certain ingredients indeed does not directly reduce nutrition intake, as these ingredients can be substituted with other types of protein sources. Nevertheless, in TTS and Kubu Raya there seem to be no increase in the consumption frequency of other ingredients, which can indicate a substitution in the family consumption menu (at least for the four ingredients asked in the questionnaires). Data from both areas show that the families tend to reduce their consumption of any kinds of foodstuff. More or less this illustrates that the impact of shocks is seen quite strongly in the people’s consumptions in TTS and Kubu Raya. Apart from the changes in fuel subsidy policy, this happens presumably because TTS is a study area affected by the most severe drought; meanwhile, in Kubu Raya the price of commodities as the source of livelihood of the majority of its people decline. In the context of TTS and Kubu Raya, the study concludes that the more severe impact of shocks which affect the community’s livelihood is sourced from less productive even nonproductive fields and commodities. As the implication, the changes in fuel subsidy policy have larger impact on the livelihood of TTS and Kubu Raya communities. This finding is in line with the study from the Institute of Development Studies (2009) which shows that whenever more than one shock takes place at the same time, they will have larger impact on the community’s livelihood.

Additionally, the study also sees the change in family expenditure for nonfood component, i.e., cigarette. The result of the survey showcases that around 27% of the families adjust their spending

for cigarette. The number is higher than the proportion of families adjusting their protein consumption. In other words, more families in the sample adjust their cigarette consumption compared to protein consumption. This affirms the previous statement that during the period of a shock, poor families tend to prioritize their meal consumptions. Data from the survey shows that the proportion of MHFs maintaining their cigarette expenditure is always larger than FHF, except for Deli Serdang and Cilacap, which probably has a close connection to the fact that Indonesian smokers are dominated by men.

4.3.2 Education

Based on the survey result, the dynamics of children's education participation³² is divided into four:

- a. stay in school: children who go to school both during the baseline and the module studies;
- b. enroll in school: children who were unschooled during the baseline study but go to school during the module study;
- c. leave school: children who were in school during the baseline study but no longer go to school during the module study; and
- d. remain unschooled: children who do not go to school both during the baseline and the module studies.

Table A5 of Appendix 9 shows that there was no change in the status of most children's education participation; 80% of them stay in school and 11% of them remain unschooled. On the other hand, 9% of the children experienced changes in education participation, i.e., enroll in school and leave school. Although during the last year of the module study the people's livelihood was affected by shocks along with increase in living cost, the proportion of children who went to school was still larger than that unschooled. The qualitative finding also reveals that no children dropped out of school due to shocks in the study areas. This condition is in line with the result of the study of Fillaili et al. (2009: 30) which found no evidence on children school dropouts although community income declines due to rubber and coal price drop. In line with the above findings, the result of the in-depth interviews with community leaders and sample families shows that, in general, the poor families in the study areas, both FHF and MHF, are aware of the significance of education (Box 3).

This study's initial assumption was that the increase in living costs and disturbances to community livelihood during the last year of the module study is feared to threaten school participation of girls. This is related to gender bias in education; it is assumed that girls do not need to get higher education as boys do, so it is feared that girls are most likely the first group who stop going to school. Nevertheless, results of the survey and in-depth interviews do not find any evidence to support such assumption—around 91% of girls and boys equally did not experience any change in education participation (see Table A5 of Appendix 8 and Box 3).

³²6–18 years old.

Box 3

Community Awareness on the Importance of Education

“The majority of the community’s education level is junior high school, similar to last year. However, there are women and men who continue to higher education. The large number of children going to universities is supported by people’s awareness of education which increases year by year.” (Male, chairperson of BPD, TTS, 14 August 2015)

D (female, 41 years old, Pangkep, 8 September 2015) and her husband do not have high education. She is only an elementary school graduate while her husband was in school until the third grade of elementary school. However, they aspire to send their children to school until they graduate from senior high.

“If I have the money, I want my girls to finish senior high school. My boys are all school dropouts. They have no school diplomas, therefore work merely as masons. I hope the girls have school diplomas, have good occupation and good salary.” (Female, 39 years old, Pangkep, 11 September 2015)

“Parents also start to be aware of [the importance of] education, so they encourage their children to pursue education at least until senior high school.” (Female, community leader, 38 years old, Cilacap, 10 September 2015)

“Nowadays there is an increase in parents’ interest and awareness to send their children to higher level and they will not be satisfied if they do not send their children to senior high school.” (Male, BPD member, Cilacap, 14 September 2015)

One of the causes of high school participation after the shock in the study areas is the unchanged school tuition. This is also supported by local government’s effort and local communities to support the children to remain in school. Result of the in-depth interviews with the key informants shows that in the past one year during the module study, there were efforts to encourage the children to remain schooled, particularly children of poor groups, by various parties. Basically, these efforts were designed to support the Central Government’s compulsory education campaign. For instance, there are three local policies in three study villages in TTS, designed to encourage children to stay in school, including encouraging the parents to maintain their children’s education. The apparatus and communities of three study villages in TTS collaborated to encourage the children to continue their participation in education. Desa M government, for instance, cooperated with school committee to reduce or even nullify school tuition for children who have difficulties in paying their tuition. In three study villages in TTS, village apparatus followed through the report from teachers or the community who found children who skipped classes by visiting the family of the children and made persuasive effort so that the children were willing to return to school.

In general, the survey discovered that 6.3% of the children in all study areas leave school (Table A5 of Appendix 9). Albeit in small proportion, the data variation in the study areas shows interesting items to be further perused. Pangkep and TTS are two areas whose proportions of children who leave school are above the average at consecutively 7.5% and 6.6%. Differing dynamics of child education participation between study areas is certainly related to local shock and other external factors unique to each area. TTS is the study area worst affected by drought compared to other study areas, considering that its communities are highly depended on agriculture where other sources of livelihood are unavailable. Meanwhile, Pangkep is a study area facing several shocks at the same time, i.e. drought and decline in salt commodity selling price.

Results of in-depth interviews and FGDs in Kubu Raya and Pangkep show that there are several school-age children who did not continue their education to a higher level as well as children who went to school and worked due to decline in family economy. The finding that there are children who work as well as go to school provides an illustration that, on the one hand, the parents make the effort to support their children’s education, while on the other hand, the children also

contribute to family income used for various purposes, including education tuition. This is in line with previous studies—although these studies do not seem to connect with the condition of children who go to school while working—which in general found that crises do not always have impact on children’s school participation (Gaerlan et al., 2011; McCulloch and Grover, 2010; and Fillaili et al., 2009).

The transport cost to reach school is among the components considered by the people in selecting school, particularly during the module study period where the community admitted that the increase in school transport cost was an impact of the fuel subsidy policy changes. From the results of in-depth interviews and FGDs, several families addressed this by cutting children’s school transport cost and choosing schools that are within walking distance. A family in Pangkep, for instance, cut the transport cost of their child who previously used public transport to school by asking the child to walk to school. Meanwhile, some families in Cilacap chose to send their children to schools within the village so that they can walk to school. Result of FGD in one of the study villages in Pangkep also shows that this year the number of children who pursue education to Senior High School within the villages increases from last year, while commonly the children prefer to go to senior high schools in *kecamatan*. The preference to send children to village schools is made to cut transport and meal costs. A family in Kubu Raya entrusted their children to their family’s house so that the children can access school without having to pay transport cost (Box 4). The findings are similar to the previous studies on the impact of global financial crisis that found the indication of reduction in education cost through transport cost, i.e. by sending the children to school nearby their houses (Fillaili et al., 2009: 16 and Heltberg et al., 2013: 712).

Box 4
Entrusting Child Care for Advanced Education

A (female, 35 years old, Kubu Raya, 13 August 2015) live in Desa I where there is no senior high school. A’s family does not have any vehicles, therefore their child has to use public transport to continue to study in a senior high school in Desa H. Therefore, when the new academic school comes, A entrusted her child care to her parents in-law who live in Desa H so that her child can continue going to school without having to spend on transport.

4.3.3 Access to Social Protection Programs

Based on findings from in-depth interview and FGD, increase in transport cost due to fuel subsidy changes does not hinder women (and the community in general) who are the beneficiaries of 2014 PPS to access these programs, particularly in collecting PSKS and PIP assistances. Despite the amount by which public transport cost increases, PSKS and PIP beneficiary families in the study areas collected the assistance fund anyway.

In one of the villages in Kubu Raya, the increase in transport cost has triggered village administration’s initiative to help reducing people’s burden in regard to transport cost when collecting PSKS assistance. This was due to the fact that during the first stage of fund disbursement at the end of 2014, many program beneficiaries complained about high transport cost to the post office. With the increase in public transport cost, they had to spend at least Rp50,000 to reach the post office for one trip. Therefore, nearing the second stage II of PSKS disbursement, the village administration coordinated with relevant parties to move the disbursement location closer to

community's residence to reduce transport cost.³³ As a result, the community members, both FHF and MHF, are generally satisfied with closer disbursement location so they do not have to spend on transport. Although they have to pay a Rp10,000 contribution, they did not object as the amount is far below the transport cost they have to spend for collecting the fund at the post office. One of the beneficiaries recounts, "It's still reasonable. The village head is good at lobbying, so that the disbursement can be carried out at village office. This does not happen in other villages; they have to disburse the fund at the post office or *kecamatan*" (male, 51, Kubu Raya, August 16, 2015).

PIP fund disbursement in all study areas were not affected by the increase in transport cost. The program design which allows beneficiaries to collect the PIP fund at schools³⁴ provides convenience in terms of transport cost. With fund disbursement held at schools, parents can minimize transport cost, although this study did not find any indication that the schools held the disbursement on purpose due to the increase in transport cost. Basically, the disbursement at schools aims to provide convenience to students' parents to obtain the assistance fund and this has been carried out since the implementation of the BSM during the previous period. Additionally, this study did not find any family who failed to collect their PIP fund for not having money for the transport. FGD with female participants in Kubu Raya, for example, stated that the Rp50,000 *ojek* cost to reach the bank did not keep them from collecting the PIP fund. However, data from the survey show that the proportion of PIP fund disbursement at school is relatively similar to the disbursement at the *kecamatan* branch office of the partnering banks (see subchapter 5.2 Implementation of 2014 PPS in Study Area).

Unlike in PSKS and PIP, the component of transport cost to health facilities affects community's decision to utilize the JKN. Through in-depth interviews and FGDs, it was found that the beneficiaries tend to use the JKN as long as the health facilities where the JKN is used can be accessed without transport cost. In the event that the health facilities receiving JKN is located outside the village, the people tend to choose getting medical treatment at their own expense at the nearest health facilities (*poskesdes*³⁵/*polindes*³⁶/private midwifery practice). Implicitly, whether or not people choose to utilize the JKN indicates that the transport cost to reach the health facilities is higher than the cost of the medical treatment. Based on the result of the in-depth interviews, this may happen as the transport cost to the health facilities is not covered by JKN and the lack of the community members' and the health workers' understanding that JKN can be used not only at the village/*kelurahan*-level health facilities (FKTP) such as *puskesmas*, but also at FKTP networks such as *polindes* and *poskesdes*. This finding is in line with Yumna et al. (2016: 16) which found that the costs not covered by JKN, including transportation cost to health facilities, are the components considered by the community to get health treatment at health facilities using JKN.

4.3.4 Health

More than half of the family samples (67.6%) made changes to their medical treatment behavior; 58.7% of them remained visiting health facilities and 8.9% of them were not visiting the health facilities whenever a family member is sick (see Table A6 of Appendix 10). For each FHF and MHF group, the proportions of the families not changing their medical treatment behavior are similar, at around 67%. Nevertheless, overall, around 24.3% of the family samples changed their medical treatment behavior. They used to visit health facilities to bring their sick family members, but they

³³Essentially the relocation of the disbursement is possible considering that the village meets the requirements (see Box 9 in subchapter 5.2). However, the relocation would not happen without the initiative from the village government who proposed to and coordinated with the person in charge of the PSKS disbursement at the *kecamatan*.

³⁴Description on PIP design and two other social protection programs can be found in subchapter 5.1.

³⁵*Pos kesehatan desa*/Village health post.

³⁶*Pondok bersalin desa*/Village maternity clinic.

do not do that anymore. The finding indicates that a group of people in the study areas changed their medical treatment behavior during shocks.

Based on information from the in-depth interview, the availability of health facilities and transport cost are two factors considered by the community to visit health facilities (Box 5). This happens as the health facilities available at villages are not comprehensive (see tables A17–A21 of Appendices 21-25). Result of the in-depth interview gives the indication that as long as the health facilities can be accessed without having to spend on transport, the families who are used to access the health facilities for medical treatments/antenatal care/partum remained accessing the health facilities for these health services. In addition, there are families who choose to get medical treatment at the nearest health facilities on purpose to reduce transport cost. On the other hand, the families who did not use to access the health facilities were not affected by shock, that they remained using traditional treatment or self-medication to a sick family member. The latter condition is commonly found in Kubu Raya and TTS, where the number of health facilities is limited and spread unevenly.

Box 5 **Variety of Community Medical Treatment Behavior**

Until currently, Sya (female, 27 years old, Kubu Raya, August 16, 2015) and her family often get medical treatment from polindes in the neighboring *dusun*. They commonly ride their bicycle with travel time around 30 minutes.

Now P (female, 33 years old, Kubu Raya, August 16, 2015) chooses to check her health during posyandu as she cannot meet the midwives. To get medical treatment to a polindes in the village, P has to spend a large sum of money for *ojek* as the facility is quite far.

Except for her youngest child, all members of T's (woman, 47 years old, Kubu Raya, August 15, 2015) family have Jamkesmas card. But they have never used their Jamkesmas card to receive medical treatment. They are used to get treatment from village shaman as it is lower in cost and nearer their house and therefore efficient in term of transport. In the location where T lives there are more than five village shaman.

From the data resulted from survey at each area, there are several variations that are interesting to observe. Data from Pangkep shows that the families tend to visit the health facilities; the proportion is the highest among all study areas (83.76%). This is possible due to several factors relating to the conditions of the health facilities and workers in Pangkep, i.e. the location and the distribution of health facilities in the study village are relatively even and easy to access by the community and there are midwives who reside in the village health facilities. The availability of regional health insurance³⁷ in Pangkep also encourages community awareness to receive medical treatment at the health facilities. Such external factors also contribute to high rate of family visit to health facilities in Pangkep, even during shocks. Meanwhile, the highest proportion of families who stop visiting the health facilities is found in Deli Serdang with 34.8%. The finding is quite interesting, as essentially, health facilities in Deli Serdang are the most comprehensive ones among all study areas (both in terms of number and the type of the health facilities) and relatively accessible for the people. At least, this indicates that there are other factors to consider by the community in determining medical treatment behavior, particularly during shocks. On the other hand, the highest proportion of families who changed their medical treatment behavior to be visiting health facilities is found in Kubu Raya (14.2%). When considering the season during the implementation of the baseline and the module study, the change in behavior is probably affected by the season differences which have impact on road condition in the study village. The baseline study in Kubu

³⁷Since 2005 the Government of Kabupaten Pangkep has been providing free program which covers medical treatment cost at poskesdes/polindes and puskesmas/auxiliary public health centers (pustu) (Rahmitha *et al.*, 2016: 65).

Raya took place during rainy season, while all study villages were stricken by drought during the module study. Most roads in the study villages in Kubu Raya are composed of peat which are easier to pass by motor vehicles and bicycles during dry season and this is predicted to contribute to the increase in the proportion of family samples visiting health facilities in Kubu Raya, as suggested by the result of the survey (Box 6).

Box 6
Illustration of Road Condition in Study Villages in Kubu Raya

Poskesdes is located only 4 km from J's (woman, 52 years old, August 13, 2015) house, albeit with heavily damaged road condition. During rainy season, the road is slippery as it is mostly peat. J recounts, "The road is actually made of concrete rebate, however, it is heavily damaged, broken, with some deep holes, making people reluctant to use it. It makes sick people sicker in addition to dangerous."

The utilization of contraception shows that most women did not make changes to their utilization of contraception, where 55% of them remained using contraception, while 22% of the women remained not using the contraception (see Table A6 of Appendix 10). Out of 23% women who changed their contraception status, the proportion between the women who switched to contraception and those who stopped using contraception is relatively balanced (see Table A6 of Appendix 10). The dynamics do not change the previous contraception utilization, that more women use contraception (65.3%) compared to those who do not (43.7%). Data from the survey show that the proportion of women using contraception in MHF is far higher than in WHF. This is understandable, considering that the majority of women in WHF are without spouses (divorced or unmarried for several women).

Observation through in-depth interview concludes that the shock also affects several matters related to the utilization of contraception in women, such as (i) the determination to use contraception, (ii) the type of contraception used, and (iii) location to receive the contraception. From FGD with women of Desa G in Kubu Raya, some women admitted that the increase in living cost and steep decline in rubber price have caused the community to prefer to limit the number of children, or at least delay pregnancy for a while. This probably is caused more by local shock in Desa G, considering that this is the only study village whose community faced decline in two commodity selling prices at the same time. The heavy life burden experienced by the people of Desa G is considered to affect the decision on the use of contraception, particularly not to add to the number of dependents for a while. On the preference of contraception, a midwife in one of study villages in Pangkep saw an indication that some women of very poor families in the village changed their contraception from injection to implant to reduce the transport cost to health facilities.³⁸ On the selection of location to obtain contraception, a posyandu cadre in Desa J stated that several women in her/his village prefer to buy family planning pills at nearby posyandu cadre instead of going to puskesmas to reduce transport cost. The increase in transport cost causes traveling to puskesmas is worth the same as family planning pills bought from posyandu cadres for four months of consumption.

4.3.5 Employment

Around 70% of the community in the study areas did not change their employment status and in general there are no differing proportion between WHF and MHF, i.e. 71% of the individuals from

³⁸In addition to be free of charge, implant can be changed every three years, while injection needs to be repeated every three months and therefore requiring larger transport cost.

every group do not change their employment status (see Table A7 of Appendix 11). Men face higher dynamics compared to women, where 33.6% of men changed their employment status, whereas only 25% of women experienced similarly. The proportion of men who became unemployed is relatively high (32.5%) compared to women (13%). Meanwhile, 11.7% of women and mere 1% of men became employed during the shock. Data per area also show that the proportions of individuals who became unemployed in Cilacap, Kubu Raya, and Pangkep are slightly above the average of all study areas. All of these findings indicate that during shock, women and men faced differing dynamics on employment status as well as inter-area variations.

Observation through in-depth interview and FGD concludes that women's participation in employment tend to increase due to disturbance to the family's source of livelihood in addition to the increase in the availability of employment for women in the study areas. Generally, the jobs that are conducted and available are informal and can be done from home by the women with flexible working time. Meanwhile, the disturbance to the head of family's source of livelihood due to drought and decline in commodity price results in the increasing number of working women in MHF, including girls who work while going to school to make addition to family income. This particularly happened in Kubu Raya and Pangkep whose communities experienced decline in rubber, oil palm, and salt selling prices. In Pangkep, for instance, there are girls from MHF who work as cashew nut peelers before or after school. Meanwhile, some women from MHF in TTS chose to work outside the village to improve family income. This finding is aligned with the result of the study of Cameron in Robinson and Bessell (2002: 152) that when a husband loses his job or his income is reduced, the wife will contribute an income for the family by entering into employment market. Similarly, several studies also found that during crisis and family income declines, the number of family members who work will increase (Heltberg *et al.*, 2013; Elson, 2010; Paxton, 2009). Although not constantly, there is a tendency that the family members who also work are the wife and daughter(s). Abundant cashew nut yields during cashew nut harvest in Pangkep becomes one of the triggers for the women in the study villages to work as cashew nut peelers. Vacancies in a cement factory at the study villages also contributed to the increasing number of working women, particularly those originated from MHF.

In relation to the disturbance to husband's livelihood due to drought and decline in commodity price, the result of the in-depth interview found the indication of a switch in a view on the stereotype of employment division in Pangkep. In all study villages, cashew nut peeling is considered at women's job as it can be done at home with flexible working time, so that the women can work while doing domestic chores. However, from the interview with families in one of the study villages, there are some husband who were willing to help their wives peeling the cashew nuts as work opportunities for men were limited. This finding supports Elson's (2010) study which states that when a husband loses his job, several gender-related norms in employment will loosen, particularly when the wife's employment is undisturbed.

During the module study, for the last one year, the changes occurred not only to work participation, but also to working hours. Data from the survey show that the dynamics of the working hour for the last one year between WHF and MHF tend to be similar, both for men and women (see Table 8 of Appendix 12). Around 21% of men faced changes in working hour while only 15% of women experienced similarly, where such condition is triggered by individuals (both men and women) who faced the reduction instead of the increase of working hour in each study area. 21.8% of women in Pangkep changed their working hours for the last one year while 24.4% of men faced similar changes in Kubu Raya, where both proportions are above the average of all study areas.

The tendency of reduction in working hours for the last one year indicates bad economic condition which is resulted from the fuel subsidy policy changes, drought, and decline in commodity price. Although data from the survey show that generally the working hours were reduced, observation

conducted by in-depth interview also found that the economic crisis has forced some women to increase their working hours. This, among others, was found in TTS, where some women of MHF deliberately lengthened their working hours or did several works at the same time to increase family income. Meanwhile, drought and decline in the price of commodities as husband's livelihood, particularly in Pangkep and Kubu Raya, has triggered the wives to do extra work to maintain their family's life quality. Not only to MHF, the study also found a woman from WHF in Kubu Raya who did extra work to cover for the lack of income due to decline in rubber selling price. The findings are similar to Elson's (2010) study, with the finding that women tend to do several jobs at the same time during crisis.

Box 7 **Women Participation in Employment during Crisis**

Initially, K (woman, 43 years old, Kubu Raya, August 12, 2015) worked only as a rubber tapper. Ever since the steep decline in rubber price, for this past year K also works as daily farm worker whenever her help is needed, for the sake of increasing income.

Sal (woman, 35 years old, Pangkep, September 11, 2015) commonly works at vegetable garden during dry season and peels cashew nuts in rainy season. In rainy season, her vegetable garden is planted by rice and managed by her husband. Failed rice harvest has forced S to spend money to buy rice. Therefore S has already started her job as cashew nut peeler during dry season. This is done to increase her family income. S goes to vegetable garden in the morning and afternoon. She peels cashew nuts in between the time while also doing house chores.

The change in employment status and work duration affect the community's income in the study areas, where 40% of the individual samples admitted that their incomes have changed for the past one year (see Table A9 of Appendix 13). The general pattern is that more individuals experienced decline instead of increase in income, be it in WHF/MHF, men and women, and among study areas. Between WHF and MHF, decline in income happened mostly in WHF, particularly to women. Meanwhile, based on area, the most frequent decline in income occurred in Kubu Raya and Pangkep. This is in line with the condition of the community in both *kabupaten*, whose sources of livelihood were shocked due to drought and decline in commodity selling price.

Averagely 28% of women from WHF in all study areas experienced decline in their incomes, while in Kubu Raya and Pangkep, the proportion consecutively reaches 43.9% and 33.3% (see Table A9 of Appendix 13). The dynamics of income in Kubu Raya appear to be higher compared to other areas, where 58.3% of women and 52.6% of men experienced decline in income. This is closely relevant to local shocks that bring larger impact on community livelihood compared to fuel subsidy policy changes. Generally, the people of Kubu Raya admitted that the decline in commodity price highly affected the condition of the community who depend their income on agricultural and plantation sectors. As previously mentioned, fuel price increase is not the only shock faced by the local community. Drought and decline in plantation and mining commodity prices explain larger dynamics in Kubu Raya and Pangkep concerning income.

Shocks in the study areas affect the income through several matters, among others, (i) disturbance to employment as previously explained through the reduction in work participation and work duration, (ii) change in production facility cost, and (iii) increase in transport cost. On the change in production facility cost, information obtained from in-depth interviews found that several women working in domestic industry in the study areas, both from WHF and MHF, felt the direct impact of

the increase in raw material price.³⁹ This is experienced by cloth weavers and mattress makers in TTS, as well as tailors and *rempeyek* (peanut brittle) makers in Deli Serdang. The increase took place concurrently with the increase in transport cost due to changes in fuel subsidy policy. The increase of raw material price to three or four times from normal forced some women weavers in TTS stopped producing temporarily or made adjustment to be able to continue producing. Eventually, the increase in production cost affect the income of working women.

In relation to transport cost to reach workplace, in-depth interview found an indication that women who work outside the village and use public transportation allocate larger budget for daily transport. Similarly, data from survey also show high proportion of individuals experiencing changes in transport expenditure to reach workplace (see Table A10 of Appendix 14). 46.7% of individuals experienced change in transport cost to reach their workplace in the last one year, where mostly occur in transport expenditure. This happens both in WHF/MHF and men/women groups. Meanwhile, the quantitative finding obtained other form of adaptations made by the workers in reducing transport cost by using bicycles or walking to work.

4.3.6 Migration

As seen from the change in the last one year during the module study, 84% of family samples in the study areas did not change the number of migrants in their families (see Table A11 of Appendix 15). There are around 16% of families who increase or reduce the number of their family members due to migration with the tendency that these families increase the number of their members instead of reducing them. This happens both in WHF and MHF, where the dynamics are found higher in several study areas such as TTS, Cilacap, and Kubu Raya. Considering that the majority of the migrants in the study are internal migrants who target large cities in Indonesia, the increase in the number of migrants in the families indicates that local shocks have greater impact on community livelihood, and the migration to other cities aims to improve the livelihood of the families being hit by the shocks. Information from the FGD in Desa G in Kubu Raya found that the local community was aware of the phenomenon, and they admitted that the number of women working as migrant workers abroad has increased along with the decline in the price of rubber as the main livelihood of Desa G residents. Women from Desa G who migrated abroad are commonly unmarried, although there are female migrant workers who are married or having children. The departure of a mother to be a migrant worker forced the parenting role has to be delegated to other party. The study conducted by Rizky et al. (2016: 42) on the condition of the children left by their mothers to migrate found that children from poor families who are left by their mothers to work abroad tend to have lower cognitive and psychological abilities as well as shorter body height compared to children from poor families whose mothers do not work abroad. Although Rizky *et al.* (2016) study does not explain the impact of mother's migration on child welfare, there is an indication that the welfare of children with migrating mothers is different from children with non-migrating mothers.

Shocks in the study area raise hope from the migrant's families to receive remittances more frequent or in larger amount from the migrating family members. The result of the in-depth interview shows that the increase in living cost along with the decline in income due to drought has forced some heads of MHF in Cilacap hoping an increase in the amount of remittance sent by the migrating family members. This hope was uttered by some heads of families whose wives or daughters are working as migrant workers abroad. When shocks bring negative impact on family livelihood, remittance is hoped to be able to help the family to survive.

³⁹In particular, the increase in production cost occurred in raw material components, such as weaving yarn, ticking, sewing fabric, and peanut for making *rempeyek*.

Result of the survey shows that the frequency of the remittance delivery tend to remain unchanged, where almost 80% of the migrants sent the remittances with constant frequency (see Table 12A of Appendix 16). Among the migrant groups who change their remittance delivery frequency, the proportion of migrants who reduce their remittance delivery frequency is slightly higher compared to the migrants who send the remittance more often, particularly for female migrants. Nevertheless, there is a slightly different pattern between male and female migrant workers. The comparison of data in Table A12 of Appendix 16 shows that more male migrants change their remittance delivery frequency compared to female migrants (22.7% in male migrants and 15.2% in female migrants). Certainly, the remittance delivery frequency is closely related to the type of the migrant's employment, particularly in the case that the migrant works at a place where the income is routinely received according to the schedule so that, albeit the shocks, the migrant will not necessarily be able to change the remittance delivery frequency. However, there are interesting issues in Kubu Raya, where more than 20% of the female migrants increased their remittance delivery frequencies, while averagely in all the study areas only 6% of women did similarly. This may happen considering the large magnitude of the shock impact in the area, i.e., the combination of fuel subsidy policy changes, drought, and decline in commodity price. The finding is in line with Blue's (2004) study, which shows that female migrants tend to make remittance delivery compared to male migrants, particularly when crisis strikes the family at home.

Almost 87% of the migrants did not increase or reduce their home visit frequency (see Table A13 of Appendix 17). Around 13% of the migrants changed their home visit frequency with the tendency that more migrants reduce their home visit frequency instead of increasing it. The factor that may explain this condition is the increase in transport cost as a result of the changes in fuel price policy. Data from Kubu Raya and Pangkep show slightly different pattern compared to averagely all study areas, where the proportion of migrants who increase their home visit is higher compared to those who decrease the frequency. This indicates that transport cost is not the only component considered by the migrants concerning home visit frequency. The magnitude of shock impact to families in the place of origin becomes another factor contributing to the frequency of migrants' home visit.

4.3.7 Domestic Violence against Women

During shocks which affect household economic condition, the potential occurrence of domestic violence may increase (Chandrakirana, 1999; Fillaili et al., 2009; Institute of Development Studies, 2009; The World Bank, 2012). However, such phenomenon tends to be absent in this study. In the time range between the baseline and the module studies, domestic violence cases were indeed found in several study areas, albeit not in all study *dusun*. The cases are very small in number and there are no evidence showing that these happened as a result of fuel subsidy policy changes, drought, or decline in commodity price. For example, two domestic violence cases in Kubu Raya, one case in Cilacap, and another case in Pangkep happened due to husbands' affair and some of them were done repeatedly even before the shocks.⁴⁰ The findings are aligned with the studies of McCulloch and Grover (2010: 7) and Fillaili et al. (2009: 18) that found no indication of increase in domestic violence cases due to shocks resulted from decline in rubber and coal prices.

Based on result of FGD with women of Kubu Raya, there is an indication of the increase in quarrel between husband and wife due to the decline in the price of rubber which is commonly used as the main livelihood of the husband as the head of the family. While there is no evidence that such

⁴⁰In general, domestic violence cases found in the study villages have been going for the last few years. As informed by the community figure, one of the domestic violence cases in Kubu Raya ended with a divorce while another is in the process of divorce. Meanwhile, two other cases in Pangkep and Cilacap have no clear legal status although the husbands are no longer living at home.

quarrel ends in abuse, there is an indication that economic pressure due to disturbance to family income during the increase in family expenditure has the potential to increase quarrels within a family. The finding relates to the studies of Fillaili et al. (2009: 32) and the Institute of Development Studies (2009: 71), stating that although domestic violence does not occur, women in the rural areas in Indonesia admitted that quarrels between husband and wife during economic shock increase.

Box 8
Feeling Depressed because of Domestic Violence

Every year K (female, Cilacap, 8 September 2015) experiences domestic violence from her husband. Her husband has never been hitting her, but they often quarrel and he utters offensive words. After the quarrel, her husband leaves their house for a long time without leaving her some money for shopping. The latest case took place in 2015, when K was left for four months as her husband had an affair with another woman. Now that her husband is at home, K is still feeling depressed with the recurring incidents.

4.3.8 Participation in Community Activities

Result of in-depth interview found that women in the study areas maintained their participation in social and religious activities that do not require transport cost. Some women in Kubu Raya, both from FHF and MHF, reduce their frequency or are temporarily inactive in PKK activities and Koran recital the locations of which can only be reached by boat.⁴¹ Based on the result of observation to one of Koran recital groups in Kubu Raya, the group's members seemed to reduce the amount of food served when the recital finishes. Normally, they collect contributions to buy snacks, but lately, only tea is served. The increasingly difficult economic condition due to decline in rubber price and the increase in various necessity prices become the main consideration for the recital members to temporarily stop collecting money to buy snacks.

Different from the finding of the Institute of Development Studies (2009: 72), this study found that the number of women in Cilacap, both from FHF and MHF, who are active in Koran recitals, increases. Based on the result of the interview, decreasing economic activities due to various crises lead to women having more spare time. They use the spare time to join local Koran recitals. Located within their region and nearby their house, these women do not need to spend on transport to reach the recital venue.

Decline in family income due to drought and decline in commodity price forces women in the study areas to reduce their expenditure. According to FGD result, women's participation in *arisan* (a form of Rotating Savings and Credit Association) tends to decline. Result of interview to families also found that some women of MHF chose to temporarily quit their participation in *arisan* and allocated their *arisan* money for more important expenditure for the family. Meanwhile, women of FHF are generally nonmembers of *arisan* and this has been going since before the shocks. A woman from a MHF in Pangkep recounts, "I do not participate in *arisan* anymore. The children have grown up, the money will be used for their schooling. The school tuition is free, but their cost, their allowance. It is better to use the money for the children" (female, 42 years old, Pangkep, September 10, 2015).

⁴¹Ever since before the shock, women who were active in PKK activities tend to come from MHF, while women from FHF were commonly active only in Koran recitals.

This finding is in line with the finding of several previous studies conducted in rural areas in Indonesia where economic shock tends to bring impact on the decline in women's participation in *arisan* (McCulloch and Grover, 2010; Fillaili et al., 2009; Institute of Development Studies, 2009).

Chapter 4 Conclusion

Since the implementation of the baseline study to the module study, there have been three shocks affecting the community in the study areas, namely (i) changes in fuel subsidy policy, (ii) drought, and (iii) decline in commodity crop prices as the source of community income. Drought occurred in all study kabupaten although with different magnitudes; while the decline in commodity selling price took place in Kubu Raya and Pangkep. Three shocks occurring at the same time have made the impacts of these shocks on the community livelihood indicators are accumulated and inseparable between one and another. The different prevalence and intensity of shocks in the study areas have triggered the variation of shock impacts among the study areas, where the impacts of shocks on livelihood indicators are more apparent in Kubu Raya, Pangkep, and TTS compared to Cilacap and Deli Serdang. This study found that steep decline in rubber price in Kubu Raya has a significant role in affecting the community livelihood indicators as the focus of the module study. Meanwhile, severe droughts in Pangkep and TTS are found to have larger impact on community livelihood compared to the increase in fuel price. Changes in fuel subsidy policy strongly affect poor community livelihood through the increase in transport cost, in relation to the aspects of education, health, and participation in the community. Meanwhile, the dynamics of employment and migration indicators are affected more by the disturbance to community livelihood due to the shocks of drought and decline in commodity selling price. There is a systematic difference in shock impacts between woman-headed families (WHF) and man-headed families (MHF), while there is also an indication of an improvement in women participation in employment (either as domestic or migrant workers) due to decline in rubber price as the main livelihood of poor families in Kubu Raya.

V. SOCIAL PROTECTION PROGRAMS 2014 PACKAGE

Chapter V describes the design of the PPS 2014 package and their implementation in the study areas. The aspects analyzed from PPS 2014 package design are (i) program background, (ii) quantity and the mechanism for determining the target, (iii) characteristics and types of benefit, (iv) mechanism for disseminating program package information, and (v) mechanism of program package. On the implementation of program package in the study areas, the following aspects are observed: (i) information dissemination, (ii) targeting accuracy, (iii) fund disbursement, (iv) deduction of cash assistance, and (v) services at health facilities.

5.1 Program Package Design

PPS 2014 Package, or formally known as Program Pengembangan Keluarga Produktif (Productive Family Development Program) was initiated by President Joko Widodo's government and is contained in the Medium Term Development Plan 2015–2019. Based on the Presidential Instruction No. 7/2014 on the Implementation of Prosperous Family Savings Program, Indonesia Smart Program, and Indonesia Healthy Program to Develop Productive Families, the program package is government's effort to improve community welfare, particularly disadvantaged communities, in the forms of productive savings distribution, business and employment opportunities, children's education sustainability, and health insurance. Through the program package, the government hopes to be able to improve the value of disadvantaged communities through productive activities (Tim Nasional Percepatan Penanggulangan Kemiskinan, 2015a).

PPS 2014 consists of three programs, i.e., Program Simpanan Keluarga Sejahtera (PSKS) or Prosperous Family Savings Program, Program Indonesia Pintar (PIP) or Smart Indonesia Program, and Program Indonesia Sehat (PIS) or Indonesia Healthy Program which is implemented through Jaminan Kesehatan Nasional (JKN) or National Health Insurance Program. These programs were developed from the previous social protection programs: PSKS from the Temporary Direct Cash Transfer (BLSM) program in 2013, PIP from Bantuan Siswa Miskin (BSM) or Poor Student Assistance which started since 2008, and JKN from Community Health Insurance (Jamkesmas) Program in 2008. While launched concurrently with the changes in the fuel subsidy policy, PPS 2014 was not explicitly and directly connected to the fuel subsidy policy changes. The government has planned PPS 2014, particularly PSKS, to be a social protection program for the public and implemented not only as a response towards the shocks faced by poor families.

Presidential Instruction No. 7/2014 appoints technical ministries to be in charge of PPS 2014, i.e., the Ministry of Social Affairs which is responsible for PSKS information dissemination, the Ministry of Education and Culture and the Ministry of Religious Affairs which are in charge of PIP, and the Ministry of Health for PIS via JKN. In conducting information dissemination, these ministries are assisted by TNP2K, the Ministry of Home Affairs, PT Pos Indonesia (PT Pos), and the Ministry of Communication and Information. TNP2K conducts the information dissemination by directly visiting village/*kelurahan* offices, placing posters at strategic locations, and involving local radio and television. The Ministry of Home Affairs also carries out the information dissemination by giving out explanation to regional government apparatus through circular letters, coordination meetings, and other methods. Meanwhile, the information dissemination by PT Pos is conducted by inviting target households and coordinating with regional governments before the disbursement process, while

the Ministry of Communication and Information is in charge of managing campaigns on national television and print media.

Every PPS 2014 beneficiary household and individual receives an identity card to access the program. PSKS beneficiary households receive a Prosperous Family Card (KKS)⁴² and Family Welfare Savings Card (KSKS) to access PSKS funds. All children from 6 to 21 years old of these families who are enlisted at educational/training agencies have the right to receive Smart Indonesia Card (KIP). Additionally, all KKS beneficiary families will receive the Healthy Indonesia Card (KIS).⁴³ PPS 2014 beneficiary households are the group of 25% of households with the lowest welfare condition based on UDB. By being only based on poverty criteria and without considering the gender, PPS 2014 does not give special priority to women (both as individuals and as head of family) in determining its targets. This is in line with the result of interviews at the central level which stated that the PIP design does not differentiate between women and men: “We do not know whether these poor people are men or women. The matter is, they are poor. Does not matter if it is man or woman, as long as it is well-targeted. We never set the quota, ‘some percent should be allocated for poor women’; it will be a waste if the targets do not meet the quota (Thamrin Kasman, Secretary to the Directorate of Secondary Education, Ministry of Education and Culture, 18 June 2015).

The dynamics of economy since PPLS in 2011 to the implementation of PPS 2014 encourage the government to upgrade the UDB. The data upgrading has been designed since the implementation of the BLSM program in 2013 so that it can be autonomously conducted by village administrations and the community through a forum which aims to replace the beneficiary households considered unfit with poor households that deserve more of the program. Data updating through village/*kelurahan* deliberation forum is regulated in Minister for Home Affairs Instruction No. 541/3150/SJ dated 17 June 2013 on the Implementation of the Distribution of Social Protection Cards and Community Complaint Handling. Based on an interview with TNP2K, as of currently, the results of village/*kelurahan* deliberation forum 2013 are the only basis for UDB update which has been directly implemented since May 2015 by Statistics Indonesia.

5.1.1 Family Welfare Savings Program (PSKS)

PSKS was developed from the previous program, BLSM, whereas the characteristics of PSKS assistance differs from BLSM. Designed as a savings program, PSKS beneficiary households do not have to disburse all of the assistance fund at the same time. Instead, they can leave a part of the savings for later use. PSKS design also allows the beneficiaries to receive assistance not in the form of cash, but through digital financial services (DFS) using electronic money. Therefore, the community can disburse their assistance fund without having to visit bank. Instead, they only need to access the appointed financial agents that are distributed in villages. The reasons why the government provides an assistance in the form of savings among others are (Tim Nasional Percepatan Penanggulangan Kemiskinan, 2015c) to:

- a. realize more productive economic activities in the form of savings,
- b. implement the national strategy of inclusive finance by encouraging the poor to use financial services, and

⁴²The card replaces the social protection card (KPS), which was previously used to access BLSM in 2013.

⁴³At the beginning of their implementation (November–December 2015), KKS, KSKS, KIP, and KIS were distributed in 19 *kabupaten/kota*, namely Jembrana, Pandeglang, Jakarta Barat, Jakarta Pusat, Jakarta Selatan, Jakarta Timur, Jakarta Utara, Cirebon, Kota Bekasi, Kuningan, Kota Semarang, Tegal, Banyuwangi, Kota Balikpapan, Kota Surabaya, Kota Kupang, Mamuju Utara, Kota Pematang Siantar, and Kabupaten Karo (Tim Nasional Percepatan Penanggulangan Kemiskinan, 2015b).

- c. shorten the queue for receiving benefit distribution by having more than one disbursement time at one place.

The number of PSKS beneficiaries is relatively the same with the number of BLSM beneficiaries, i.e., 15,530,987 households or 25% of households with the lowest welfare condition based on the UDB resulted from PPLS 2011 and the upgrade through village/*kelurahan* deliberation forum 2013. However, according to interview with TNP2K, at its early implementation, the number of PSKS beneficiaries was added with a buffer of several hundred thousand households from the verification and validation of UDB resulted from PPLS 2011 by the Ministry of Social Affair, making the number increases to around 16.6 million households. This was to anticipate the upgrading process of UDB 2015 conducted by Statistics Indonesia.

From interview with TNP2K, PSKS fund disbursement in November and December 2014 was still using two mechanisms. 1,023,553 households in 19 *kabupaten/kota* (cities) that already received KKS and KSKS were tested to receive fund using DFS, while around 14.5 million other households remained using postal giro. Disbursement through DFS was carried out at bank payment counters, post offices, or agents appointed by bank. The beneficiary households were required to bring a cellular phone and an identity card or KKS to prove their identities (Nurbilkis, 2014). Meanwhile, households not having KKS and KSKS must visit post office by bringing KPS and genuine identity card to be shown to an admin clerk at the post office (Pos Indonesia, 2015). PT Pos also holds PSKS fund disbursement outside the post office according to the capability and the ease of access of the poor households to the post office.

Target households receive PSKS fund at an amount of Rp200,000 per month. In 2014, the fund was distributed twice, in November and December, amounting to Rp200,000 for each month. In 2015, the fund was distributed one time at an amount of Rp600,000 for three months at once (April–June). The larger amount of PSKS assistance compared to BLSM is affected by the inflation when entering 2015 (Suara Pembaruan, 2014). No party is allowed to deduct the PSKS fund although any written regulation on the prohibition of such practice cannot be found. However, through Presidential Instruction No. 7/2014, the government appoints the Indonesian National Police and Public Prosecutor as the authorized parties in settling the cases of irregularities and misappropriation of PSKS fund.

5.1.2 Cash Transfers for Poor Students (BSM) and Smart Indonesia Program (PIP)

As the precursor of PIP, BSM aims to assist students of poor families to obtain access to proper education, prevent dropout, attract poor students to return to school, assist in meeting student's academic needs, and support the nine-year compulsory education campaign (Tim Nasional Percepatan Penanggulangan Kemiskinan, 2015d). When compared, the objective of the current PIP is in line with BSM, which is to increase school participation of children from poor families.

Nevertheless, compared to PIP, BSM only focused on poor students as object of assistance. The development of BSM into PIP highly relates to the extension of the program's scope. The scope of BSM design which in the beginning only targeted children enlisted in educational institutions (student status), is extended in PIP into school-age children of 6–21 years old either those enlisted in educational institutions or not. Therefore, PIP is considered to have better persuasive power in attracting children from poor households to return to school. The scope of PIP beneficiaries is designed to be larger than BSM. In 2014, the scope of BSM covered 11.1 million beneficiary students, while in 2015 the scope of PIP reached 20.3 million children (Kementerian Pendidikan dan Kebudayaan, 2015). The criteria for BSM beneficiaries are as follows.

- a. The student is a member of a beneficiary household of Social Protection Card (KPS)/BSM card enlisted as BSM 2013 beneficiary (APBN-P 2013).
- b. The student is a member of a beneficiary household of the Social Protection Card (KPS) that has not been enlisted and has not received BSM 2013.
- c. The student is from a participating household in the Family of Hope conditional cash transfer program (PKH).
- d. The student is from a social home/orphanage managed by the Ministry of Social Affairs.
- e. The student is a victim of natural disaster.
- f. The student is from a household holding a certificate of financial inability (SKTM) issued by the village/*kelurahan* government.
- g. The student is threatened to be a dropout due to difficulty in paying education costs.
- h. The student is an orphan.
- i. The students with the following conditions (such as physical disabilities, victim of prolonged disaster, and from a poor household with more than three (3) siblings under 18 years old).

Apart from the extended program scope, the PIP development also covers the educational condition and facilities which can be accessed by beneficiary students. If previously BSM was implemented at formal educational institutions, i.e., public schools (elementary schools, junior high schools, senior high schools/vocational high schools) (Kementerian Pendidikan dan Kebudayaan, 2013) and Islamic schools (MI, MTs, MA)⁴⁴ (Kementerian Agama, 2014), PIP is accessible for its beneficiaries at nonformal educational institutions such as vocational training centers (BLK) and community learning centers (PKBM) to attend Packet A, B, and C study groups⁴⁵.

Meanwhile, in terms of the amount of the assistance, PIP does not differ from BSM. The amount allocated for beneficiary students varies for each educational level, i.e., (i) Rp450,000 for elementary school/MI, (ii) Rp750,000 for junior high school/MTs, and (iii) Rp1,000,000 for senior high school/vocational high school/MA (Kementerian Pendidikan dan Kebudayaan, 2013; Kementerian Agama, 2014). Students of grades I, VII, and X who have just entered the new academic year will receive half of the allocated amount, as well as students of grades VI, IX, and XII who will graduate. The disbursement of PIP fund is carried out on the beginning of the academic year according to the completion of the proposal proses at each stage. The accuracy of the amount of BSM fund received by the students and the accuracy of the utilization of BSM fund by the students are the aspects considered in the monitoring and evaluation conducted by educational institutions, educational agency and regional office of the Ministry of Religious Affairs at the *kabupaten*, provincial educational agency, and technical directorates at central level (Kementerian Pendidikan dan Kebudayaan, 2013; Kementerian Agama, 2014). Therefore, irregularities such as the deduction of fund and fund management not by the students can be looked into by the Indonesian National Police and Public Prosecutor.

The mechanism of PIP assistance disbursement is similar to BSM, by opening an account at the government partner-bank. The selection of partner bank for public schools is carried out nationally by the Ministry of Education and Culture, while the selection for religion-based schools is conducted at the regional office of the Ministry of Religious Affairs. In practice, the Ministry of Education and Culture and the Ministry of Religious Affairs normally cooperate with Bank Pembangunan Daerah

⁴⁴MI = Islamic elementary school; MTs = Islamic junior high school; MA = Islamic senior high school.

⁴⁵Equivalency education; Packet A education = elementary level education, Packet B education = junior high level education, and Packet C = senior high level education.

(BPD, a regional government-owned bank) of each region as well as national banks such as BRI⁴⁶, Bank Mandiri, Bank Muamalat, and Bank Syariah Mandiri. Considering that not all partner banks are available throughout Indonesia, the Ministry of Education and Culture and the Ministry of Religious Affairs issued a policy on collective fund withdrawals by giving authorization to schools in order to provide better access to the students in obtaining PIP. The following requirements need to be met (Kementerian Agama, 2014): (i) collective authorization letter from the parents of BSM beneficiary students by attaching required withdrawal documents, (ii) the authorized party shows his/her identification, such as an identity card or driver's license during collective fund withdrawal at the distributing agency.

5.1.3 Healthy Indonesia Program (PIS)

PIS is a health development program consisting of three pillars which was initiated by the Ministry of Health during the government of President Joko Widodo (Kementerian Kesehatan, 2015). The first pillar is a healthy paradigm through the mainstreaming of health in development, promotive, and preventive actions, and community empowerment. The second pillar is the strengthening of health service through the improvement of community access to health services, optimization of referral system, and the approach of solving a health problem in one range of continued effort (continuum of care). For the third pillar, the government uses JKN as the main vehicle to expand health insurance for the community, in addition to quality and health cost control. In the context of this study, discussion on PIS refers to JKN.

JKN has been implemented before the launch of PIS, in which since 1 January 2014 the government has required all community members to register as JKN participants pursuant to Law No. 40/2004 on National Social Security System and Law No. 24/2011 on Social Security Implementing Agency. With JKN, the government can ensure the realization of a universal health insurance concept, that all people of Indonesia without exception must be insured or have insurance on their health. As social insurance, JKN has compulsory contribution collection mechanism managed by BPJS-Health; its membership is categorized based on the inpatient care facility⁴⁷ and contribution payment scheme⁴⁸ (Kementerian Kesehatan, 2013).

JKN beneficiary contribution subsidy (JKN-PBI) are determined top down based on Government Regulation No. 101/2012 on Beneficiaries of Health Insurance Contribution Subsidy. JKN-PBI participants will receive KIS. JKN-PBI covers 35% of poor and near-poor households with the lowest socioeconomic conditions based on UDB (Tim Nasional Percepatan Penanggulangan Kemiskinan, 2015e). At the beginning of the JKN implementation, the government automatically included Jamkesmas participants as JKN-PBI. However, six months after JKN commencement, the government updated the data (BPJS Kesehatan, 2014: 8; DPRD Kabupaten Sleman, 2014). According to PPLS 2011, the number of JKN-PBI is around 86.4 million lives. In 2015, the number was extended to 88.2 million lives. The additional 1.8 million lives are people with social welfare problems (PMKS), including poor, near poor, and homeless people, as well as around 32,000 poor people inhabiting correctional institutions and state detention houses (Ministry of Finance, 2015). Pursuant to Minister for Health Regulation No. 28/2014 on Guidelines for the Implementation of the National Health Insurance Program, JKN-PBI can also increase, such as, with the addition of

⁴⁶Bank Rakyat Indonesia, a state-owned bank.

⁴⁷Class I, class II, and class III.

⁴⁸*Penerima Bantuan Iuran* (PBI) or beneficiary contribution subsidy and non-PBI (self-participating). PBI's monthly contribution is paid by the government for class III, while non-PBI's monthly contribution is paid independently or by their employer according to the class of the membership.

- a. workers experiencing termination of employment and have not been working after more than six months,
- b. disaster victims,
- c. family members of deceased workers, or
- d. children born from parents who are enlisted as JKN-PBI.

JKN benefits consist of medical benefits such as health services and nonmedical benefits which cover accommodation and ambulance (Kementerian Kesehatan, 2013). To access JKN services, PBI and non-PBI participants can access the tiered health services using referral mechanism from first-level health facilities such as *puskesmas* and clinic to advanced health facilities such as hospitals. JKN participants, both PBI and non-PBI, have the right to receive equal service, apart from the type of room facilities which is depending on the membership class. JKN benefits include promotive, preventive, curative, and rehabilitative services including medicine and consumable medical equipment according to medical needs. Promotive and preventive services include, among others, basic immunization⁴⁹, family planning⁵⁰, and health screening provided selectively to detect disease risk and prevent aftereffects of certain disease risk (Kementerian Kesehatan, 2013).

5.2 Implementation of PPS 2014 in Study Area

During the implementation of the module study in August and September 2015, PSKS 2015 disbursement was completed, while PIP and JKN (in this case PIS) was just started. Therefore, discussion and finding concerning PIP in this report still refers to BSM 2014/2015. Meanwhile, although the government has officiated the implementation of JKN since 1 January 2014, the implementation has not been comprehensive, at least in the study areas. In this study, the discussion on JKN refers to PBI in study villages (who are generally Jamkesmas beneficiaries). In general, during the field activities, the information dissemination of each program was also not comprehensive. As a result, its implementations in several study areas are unclear, as relevant parties have not shared knowledge and proper understanding on the ongoing new program. Particularly JKN, KKS, KIP, and KIS which serve as identity cards to access PPS 2014, were also not distributed to all villages across Indonesia. Generally, PPS 2014 can still be accessed using identity cards of previous programs; KPS for PSKS, BSM card for BSM and PIP, and JKN card or Jamkesmas card for JKN. This is found in all study villages, considering that none of the study villages have received KKS, KIP, and KIS.⁵¹

This study aims to explore the satisfaction level of the community in the study villages for the implementation of PSKS, BSM 2014/2015, and JKN via FGD by separating between the assessment of village elite and women. Village elite group consists of representative from village apparatus, village institutionalism, and community figures, while women's group comprises women from poor families who receive at least one of the programs. The main assessment aspects to be explored are information dissemination and targeting accuracy of each program, while the assessment aspects which specifically relates to the context of certain program are the disbursement and deduction of PSKS and BSM 2014/2015 fund, in addition to health facility services of JKN. The satisfaction level

⁴⁹Including BCG, DPT and Hepatitis B (DPTHB), polio, and measles. Vaccines and basic immunization are provided by the Central and/or Regional Government.

⁵⁰In cooperation with the agencies arranging family planning, covering counseling, basic contraception, vasectomy, and tubectomy. Basic contraception are provided by the central and/or regional government.

⁵¹In Kubu Raya, the launching of these three cards was symbolically carried out by the Coordinating Minister for Human Development and Culture on 25 May 2015 at one of its villages. However, the village is not located in the *kecamatan* of the study area, in addition to very limited information.

ranges from one (1) to five (5) and all values presented in Table 6 are the average of the FGD scores in the study areas. While they cannot represent all of the community members in the study areas, the scores can provide a rough picture on community satisfaction level for the implementation of the programs. Therefore, it can be assumed that the higher the score given in FGD, the larger the community's satisfaction level in the study areas for the implementation of PPS 2014.

Two aspects with the lowest assessment average are information dissemination and targeting accuracy (Table 6). Information dissemination is the programs' assessment aspect whose assessment difference between the elite and women's groups is larger than other aspects. In this aspect, the elite group gives relatively low score, considering the limitation of information received by the village administration, even though they are the government's representatives at the village level. On the other hand, women's group tends to give higher score as they feel satisfied with the information received from the head of Family Unit (RT), school, and health workers, particularly concerning the dissemination of information on disbursement.

Table 6. Average Satisfaction Level on PPS 2014 Implementation

Program Name	Assessment Aspects												
	Information Dissemination			Targeting Accuracy			Disbursement			Deduction/ Contribution	Health Facility Utilization		
	Elite	Women	Average	Elite	Women	Average	Elite	Women	Average	Women	Elite	Women	Average
PSKS	2.50	4.08	3.29	2.66	3.12	2.89	4.34	4.38	4.36	4.94	-	-	-
BSM 2014/ 2015	2.14	4.54	3.34	2.80	3.74	3.27	3.48	3.94	3.71	3.94	-	-	-
JKN	2.54	3.40	2.97	3.48	3.56	3.52	-	-	-	-	3.54	4.32	3.93
Average	2.39	4.01	3.20	2.98	3.47	3.23	3.91	4.16	4.04	4.4	3.54	4.32	3.93

Source: Results of FGD in 2015.

*This aspect was not inquired to village elites with the consideration that the deducting parties are commonly head of the neighborhood unit (RT).

5.2.1 Family Welfare Savings Program (PSKS)

At the community level, PSKS remains known as BLSM. Even, in Cilacap and TTS, the communities are still referring to the program as BLT (Direct Cash Transfer). In general, the Social Agency in the study areas did not conduct special information dissemination to the community on PSKS. Although without information dissemination, the people admitted that they were not too affected by the program's name change, as long as the assistance remains in the form of cash from the central government. The communities in the study areas commonly know that PSKS beneficiaries are the same with BLSM 2013 beneficiaries. PSKS information dissemination in the study areas were inclined to be limited to disbursement process, concerning the info on schedule, location, and requirements for the disbursement. The dissemination of information is commonly done from one person to another several days prior to the disbursement, without flyers such as previously done approaching the BLSM 2013 disbursement. Information on PSKS disbursement was delivered by the *kecamatan* social welfare worker (TKSK) to the village administration and informed to beneficiaries in stages through the hamlet head and RT head.

Based on result of FGD (Table 6), the community feels least satisfied with PSKS targeting accuracy compared to the other aspects. This is due to the fact that there were nonpoor PSKS beneficiaries

and on the contrary, there were poor nonbeneficiaries. PSKS beneficiaries are not the holders of KPS, either those previously receiving BLSM 2013 or not. The absence of village deliberation forum in the study areas renders the targeting accuracy of PSKS beneficiaries to be relatively similar to that of BLSM 2013. The study found that the village administration's reluctance to hold a village deliberation forum is at least affected by two things, namely to avoid potential conflicts in the community and the lack of comprehensive directives from the regional government on the mechanism for holding village deliberation forum.

The disbursement of PSKS fund in the study areas were conducted in two stages, i.e., in December 2014 at an amount of Rp400,000 and from April to June 2015 amounting to Rp600,000. Similar to BLSM, the requirements for PSKS reimbursement are KPS and KTP registered to the head of the family or the family member participating in the disbursement whose name is enlisted in the KPS. However, this study also found that in certain places, PSKS disbursement requires the beneficiary's family identity card as a compulsory document for the disbursement process. In general, the community admitted to face no difficulties in disburseing PSKS fund as they already have similar experience with BLSM disbursement. Table 6 above also shows that the community is relatively satisfied with the disbursement, particularly because they have already known about the required documents and the queue was more orderly compared to during BLSM disbursement.

Result of the survey shows that 43.74% of PSKS beneficiaries disbursed their fund at the post office while the remaining 64.61% did it outside the post office.⁵² PSKS disbursement outside the post office was carried out by post administrators at the *kecamatan* office (case in Pangkep) and village office (case in Kubu Raya, Cilacap, and Deli Serdang). PSKS fund disbursement outside the post office is commonly done with the consideration that the post office is located too far, difficult access to transportation or high cost, and limited post office capacity. In Cilacap, for example, the disbursement was carried out at the village office due to the fact that the post office at *kecamatan* is too small so that the PSKS beneficiary line reached the road and disturbed the traffic. According to one of TSKS in Kubu Raya, disbursement at the village office can also be done in the case that the number of PSKS beneficiaries in a village reaches one thousand beneficiaries, such as in Desa G.

Box 9 **Disbursement at Village Office: Village Government Initiatives and Associated Inter-Party Coordination**

Nearing the second stage of PSKS disbursement, Desa G Government makes the effort to accommodate its residents' complaints who had to spend at least Rp100,000 to visit the post office for stage I of PSKS disbursement. The cost boosts twice due to fuel price increase before the stage I disbursement. Desa G Government is also sympathetic towards its residents as many of its PSKS beneficiaries are elderly. The village government coordinates with TSKS so that stage II of PSKS disbursement can be conducted at village office. As the amount of PSKS beneficiaries in Desa G reaches one thousand people, TSKS was willing to facilitate Desa G Government's proposal to coordinate with the post office and the local police to relocate the stage II of PSKS disbursements to the village office.

Source: Head of village, 55, Kubu Raya, 14 August 2015; village secretary, 47, Kubu Raya, 14 August 2015

During the disbursement, the post office in the study areas did not make any deduction to the PSKS fund. However, deduction or collection of contribution from the community occurred in several study areas, either voluntarily or on a basis of agreement. In Deli Serdang, some PSKS beneficiaries in one of the study villages each contributes Rp15,000–Rp20,000 to the village apparatus as their

⁵²Respondent may choose more than one answer for PSK fund disbursement location, considering that PSKS disbursement is carried out in two stages.

gratitude for the delivery of information on the disbursement schedule. In another finding, the village administration of one of the study villages in Kubu Raya collects the contribution amounting to Rp10,000 per beneficiary for the disbursement of PSKS stage II at the village office. The amount was determined based on the result of village apparatus meeting and not applied to senior beneficiaries.⁵³ Meanwhile, in one of the study villages in Cilacap, PSKS beneficiaries were asked to voluntarily contribute at minimum Rp50,000 from the fund they received to the head of the RT to be distributed to poor families who were PSKS nonbeneficiaries. The collection, however, was not applied to very poor PSKS beneficiaries. Generally, although some money were collected from the assistance fund, the communities in the study areas tend to consider that it was carried out to make even distribution of PSKS benefits. They did not consider the collection as deduction as it was not collected at the time of the disbursement. Community satisfaction on the aspect of deduction or collection of contribution is reflected from the high score in the FGD as seen from Table 6.

5.2.2 Poor Student Assistance Program 2014/2015

The finding of this report refers to the implementation of BSM 2014/2015, considering that the field activities were carried out at the beginning of the academic year, so that PIP disbursement has not commonly started in the study areas. However, qualitative exploration to PIP was conducted, particularly concerning the dissemination of information. Generally, the community, schools, and *kabupaten* government in the study areas remained using the term BSM to refer to PIP. The community in the study areas, particularly those not receiving the assistance, tends to have no knowledge on the amount of PIP assistance, the requirements for its disbursement, and the criteria of PIP beneficiaries. Referring to the result of the interview with the Education Agency and Ministry of Religious Affairs Office in the study areas, there was no special information dissemination for PIP, particularly because the change from BSM to PIP was considered insignificant.

The study still found that there are parents and schools that have no knowledge that all school children of KPS holding families can receive BSM, although the names of the children are not registered on KPS. As the implication, the study found that in several KPS holding families, not all school children receive BSM; only those whose names registered on KPS. Limited understanding of the families and schools in the study areas concerning the BSM affirms the significance of comprehensive BSM information dissemination (and PIP in the future) from the Education Agency and religious affair office to the schools and KPS holding parents so that they understand the procedures to be the program's beneficiaries. Based on results of the FGD (Table 6), the satisfaction level of village elites concerning the BSM information dissemination aspect is low, considering that the distribution of information tends to only involve schools and BSM beneficiary parents. On the contrary, the women's groups are relatively satisfied with BSM information dissemination as the school principal always invites the parents to school for information dissemination prior to the BSM fund disbursement. During the information dissemination, the schools are commonly reminding the parents that when possible, the BSM fund is used only for children's educational needs.

In regard to targeting accuracy, results of the FGD in Table 6 shows that both village elites and the women are satisfied with the targeting accuracy of BSM compared to PSKS. Nevertheless, it cannot be considered that the implementations of BSM in the study areas are fully on target. This study found that there were BSM beneficiary students who were not supposed to receive the assistance, namely those who come from KPS beneficiary families who were not eligible. On the contrary, there were many poor student who did not receive the BSM as their parents were not the holders of KPS. The determination of BSM beneficiaries is made by the central government based on two separate

⁵³The contribution collected were used to pay tent and chair rents as well as meal and transport allowance for post administrators, the police, and village apparatus who have been standing guard at the village office during the disbursement process.

lists of students that was proposed by the school: the students whose parents are KPS holders and the poor students whose parents are non-KPS holders. The students' names proposed from the list of KPS holders is generally approved to be BSM beneficiaries, while the proposal for poor students from non-KPS holders is not always approved, among others, due to different BSM beneficiary quota between schools. This study found that several schools proposing all of its students as BSM beneficiary candidates are religion-based schools and private schools whose number of students are smaller than or equivalent to the BSM beneficiary quota set.

From the result of the survey, 50.87% of BSM 2014/2015 fund disbursement was carried out at assigned partner banks (BRI, BPD, or BNI⁵⁴) and the remaining 52.02% was conducted at schools.⁵⁵ Fund withdrawal is commonly done directly by beneficiary students and/or their parents, although some were done collectively by schools such as the case in Cilacap. Necessary documents for BSM fund disbursement are KPS or SKTM, parents' ID card, family identity card, and a certificate from the school stating that the BSM beneficiary student is a student in the school. Additionally, some banks also require school rapport for BSM disbursement process. Particularly for collective BSM fund withdrawal through school, the banks also require an authorization letter from the parents of the BSM beneficiary students to the school.

The survey found the practices of deduction to BSM 2014/2015 fund, either by the school or by the bank, were used for school administration, bank administration, and distribution to nonbeneficiary students by the school (Figure 9). However, some other parents did not understand the reason behind the deduction of the BSM fund they had received. According to the information gained from in-depth interview with a BSM beneficiary family in Pangkep, a beneficiary parent (a mother) chose not to ask the reason behind her child's BSM fund deduction, as she had no courage to ask the school and she followed other mothers who also kept silent about it. In the study areas, the deduction of BSM fund for school administrative fee occurred in all education levels, while the deduction for bank administration was not found at the senior high school level and deduction for distribution to nonbeneficiary students only occurred at the elementary school level. Exploration through in-depth interviews found that several families in Deli Serdang and Kubu Raya could not disburse all of their BSM fund as they had to leave a balance at the bank account for minimum balance. The finding is in line with the study result of Hastuti et al. (2015: 34) in ten *kabupaten/kota* in Indonesia which found that the majority of BSM implementing partner banks require the students to leave a balance of Rp10,000–Rp50,000 to maintain the activity of their bank accounts. The BSM 2014/2015 fund deduction by banks and schools that were deviating from the provision caused the low satisfaction level of the communities in the study areas concerning the aspects of PIP fund disbursement and deduction (Table 6).

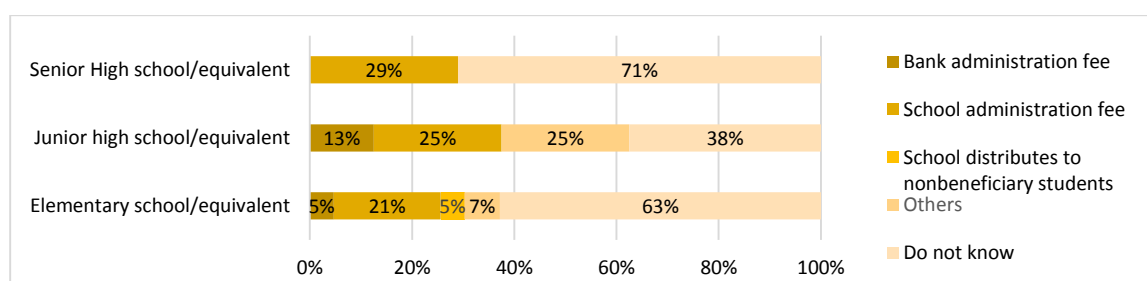


Figure 9. Reasons for BSM 2014/2015 fund deduction according to community

Source: Result of survey in 2015.

⁵⁴BNI = Bank Negara Indonesia, a state-owned bank.

⁵⁵Respondent may choose more than one answer for PIP fund disbursement location, considering that PIP fund disbursement is carried out in two stages (per semester in one academic year).

The study also found that one of the schools in Deli Serdang had managed the BSM fund to cover for students' school necessities, such as paying for school fees arrears; whereas the remaining fund will be returned to the students' parents at the end of academic year. Although the school manages the BSM fund, students' parents may ask for the fund from the school whenever they need the money. According to the school, this has been arranged by the school and the parents so that the BSM fund utilization is on target. Meanwhile, the collective BSM fund management practice by the school is found in one of the elementary schools in Kubu Raya, where the school collects the entire PIP fund and combine it with the School Operational Assistance (BOS) fund to buy new uniforms for all students of the school. The policy was undertaken to evenly distribute the BSM benefits, considering that the welfare of the school's students are relatively similar; they are children from families who became refugees due to a riot in Kabupaten Sambas several years ago.

5.2.3 Jaminan Kesehatan Nasional (JKN)

The communities in all study areas recognize JKN as BPJS-Health. JKN information dissemination to village communities were provided by village midwives and health workers at the *puskesmas* or health facilities in the village; however, the materials for JKN-PBI tend to be fewer than those for non-JKN-PBI. During the field study, not all *puskesmas* in the study areas have received information dissemination from BPJS-Health concerning JKN, particularly JKN-PBI. This, among others, was due to limited number of BPJS-Health office staff, i.e., only three to five officials for one *kabupaten*. Out of the entire study areas, it is known that only BPJS-Health in Cilacap conducted information dissemination through flyers, posters, and banners installed at village/*kelurahan* offices, as well as regular information dissemination through the local television and radio. Limited efforts for JKN information dissemination in the study areas explain the low satisfaction level of the community toward JKN information dissemination compared to the other two programs (Table 6).

The study discovered that the information on JKN-PBI in several areas were unclear. JKN-PBI in the study areas are commonly Jamkesmas beneficiaries. With the utilization of the UDB, KPS holders are supposedly JKN-PBI. Nevertheless, it was found that several KPS holding families in Kubu Raya who previously received Jamkesmas can no longer use their Jamkesmas cards while they have not yet received the statement letter from BPJS-Health which signifies their status as JKN-PBI. One of the indicators used in the study areas to ensure that a person is a JKN-PBI is through the possession of a BPJS-Health statement letter which contains the names of all family members and states that the JKN contribution of the letter holder is paid by the government. In general, the letter is provided by health workers at the village or the nearest health facilities commonly accessed by the communities in the study villages. During the course of the research, however, the BPJS-Health statement letter has yet reached the entire study villages.

The provision of BPJS-Health statement letter is not always accompanied by clear explanation on how to use the letter so that many people are not aware of its benefits. JKN-PBI in Kubu Raya assume that the BPJS-Health statement letter should be exchanged with BPJS-Health card to be able to get free medical treatment and nevertheless, the village midwife did not inform them on where they can exchange the letter. Meanwhile, a midwife in one of the study villages in Pangkep provided a BPJS-Health statement letter to a JKN-PBI and withdrew the Jamkesmas card of the beneficiary. Whereas, according to BPJS-Health of Pangkep, both identifications are necessary so that JKN-PBI can receive free health treatment as both documents are complementary. This shows the lack of understanding of several parties as well as the lack information dissemination conducted in the study areas concerning JKN-PBI implementation. Nevertheless, it does not mean that Jamkesmas beneficiaries who have not received the BPJS-Health statement letter are not included as a JKN-PBI. In almost all study areas, quite a large number of Jamkesmas beneficiaries have not yet received the BPJS-Health statement letter, albeit they can still receive free treatment using Jamkesmas card.

Although FGD results show that generally the community satisfaction level toward health facility services is relatively high (Table 6), the study found a loophole used by the health workers to charge a fee from JKN-PBI. Health workers in one of the study villages are found to have set service hours for JKN-PBI and therefore those who seek treatment outside the service hour will have to pay the general rate. Whereas, according to the head of the local *puskesmas*, JKN-PBI or Jamkesmas beneficiaries can receive free treatment at health facilities in the villages throughout operational hours. In another study village, the health workers only provided service around two to three hours per day at the health facilities and they will stay at home throughout the remaining hours. Therefore, a JKN-PBI who seeks medical treatment has to pay the general rate as the examination is carried out at home instead of at the health facilities where the health workers are assigned. However, such phenomenon did not happen in Pangkep. The Pangkep Regional Government has a high commitment to provide free health treatment to its people so that JKN-PBI in Pangkep can still obtain free treatment at anytime as health workers live inside the health facilities where they are assigned.

Chapter 5 Conclusion

PPS 2014 is comprised of three programs, namely PSKS, PIP, and JKN that are distributed to 25% of households with the lowest welfare based on the UDB, where every household and individual beneficiaries of PPS 2014 receives an identity card to access each program. During the implementation of the module study in August and September 2015, PSKS 2015 disbursement was completed, while PIP and JKN were ongoing. This research found that the community in the study areas assess that the targeting accuracy and information dissemination of PPS 2014 did not run properly. On targeting accuracy, the result of FGD shows that the accuracy of PSKS target is the lowest compared to the other two programs. This study concludes that the absence of village/*kelurahan* deliberation forum in the study areas is the main cause which renders the targeting accuracy of PSKS to be relatively similar to that of BLSM 2013. PPS 2014 information dissemination is also considered to be not running well, particularly for the JKN program for PBI group. Limited number of staff at BPJS-Health office to handle one *kabupaten* is suspected to be the root of the JKN information dissemination problem in the study area. Meanwhile, the communities assess that PPS 2014 disbursement ran well, that the processes were according to the regulations and there were good initiatives from the village administration and local apparatus to facilitate the PSKS and BSM 2014/2015 disbursement processes. Nevertheless, the implementation of PPS 2014 in the study areas were obstructed by illegal fees, whereas this study found (i) BSM 2014/2015 fund deductions by schools or banks that were not based on any regulation and (ii) fees charged to medical treatment for JKN-PBI in several study areas. To anticipate and overcome such irregularities, high commitment from the regional government is necessary, in addition to effective monitoring mechanism to assess apparatus and the implementers during the entire PPS implementation process.

VI. STRATEGIES USED BY POOR FAMILIES WHEN FACING SHOCKS

This chapter discusses the findings on the strategies implemented by poor families in facing three shocks that were experienced by the communities in the study areas, i.e., changes in fuel subsidy policy, drought, and decline in commodity price. Coping strategies are discussed in this chapter, which can be defined as a short strategy to minimize negative consequences from shocks experienced by the community when the impacts of the shocks have occurred (The World Bank, 2001: 14). More permanent change in behavior and anticipative behavior toward shocks are not included in the definition of strategies discussed in this chapter. Quantitative analysis on the strategies applied by poor families in facing shocks is conducted through statistic description of the result of the survey by comparing the kinds of strategy used by FHF and MHF. Qualitative info obtained from in-depth interviews is used to support or explain the quantitative findings from the survey.

6.1 Mapping Strategies Used by Poor Families

In general, poor families in the study areas made various risk management strategies to minimize the impact of shocks faced. The data obtained from the survey and in-depth interviews shows that the strategies applied by the families in facing shocks vary relatively. There are seven options of strategies in the survey,⁵⁶ although exploration through in-depth interviews found that the strategies applied by poor families in minimizing the impact of shock are more varied. Result of the survey shows that 57% of family samples in the study areas applied one or more strategies out of seven strategy options available in the questionnaires. The figure gives lower estimation on the proportion of families that actually implement the risk management strategies, considering that the kinds of strategy applied by the community vary highly. Further exploration through in-depth interviews found several reasons behind preferences to not do anything when facing the impact of the shocks. Among these reasons are limited access and resources to run the risk management strategies. Result of in-depth interviews with village apparatus in Deli Serdang revealed the possible reasons why some poor families did not apply any strategies, as they did not consider the three shocks which are the foci of this study as extraordinary events, but rather events which frequently occur in the lives of the families (Sugiyanto, man, 45 years old, Head of Desa Payabakung, Deli Serdang, September 8, 2015).

Result of the survey show that the proportion of MHF applying risk management strategies is higher than FHF, and MHF tends to apply more strategies compared to FHF (Figure 10). A total of 58.8% of MHF applied the strategies, while only 53.5% of FHF applied the strategies. From FHF and MHF groups applying risk management strategies, 9.8% of MHF applied three to five kinds of strategies, while 3.5% FHF applied three strategies and none of them implemented more than three strategies. T-test result of the findings shows that the proportions of MHF and FHF applying three to four different strategies are statistically significant, although the comparison between MHF and FHF applying one or two strategies are statistically insignificant. Simply said, the result of T-test shows that MHF applied more risk management strategies compared to FHF.

⁵⁶The seven types of strategies inquired in the family survey are (i) looking for loan, (ii) looking for additional income, (iii) selling jewelries, (iv) selling furniture/durable goods/livestock/other assets, (4) pawning goods, (vi) reducing family life necessities, and (vii) asking for help from other parties (parents, children, relatives, neighbors, etc.).

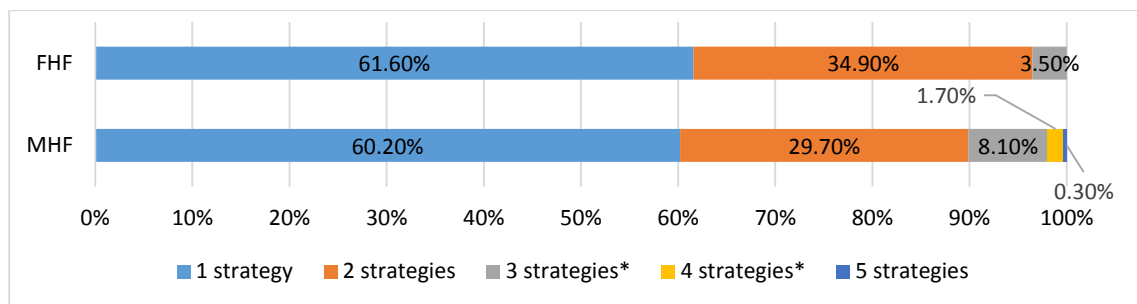


Figure 10. Number of Strategies Implemented by HF and MHF

Source: Result of survey in 2015.

*T-test result is statistically significant.

This finding at least indicates two things: (i) the difference in capacity and characteristics between FHF and MHF and (ii) the difference in decision-making process of FHF and MHF on the quantity of risk management strategies; where both are closely related to the different characteristics between FHF and MHF (see Table 3 of Subchapter 3.4 Sample Characteristics). A number of differences in the characteristic of FHF and MHF seem statistically significant and it is assumed that the differences affect the decision and capacity to implement the risk management strategies. For example, the age of the head of family in FHF which is commonly older may reduce the capacity to apply the risk management strategies compared to the head in the MHF. On the other hand, FHF in this study have fewer family members compared to MHF. With fewer family members, the FHF may be less encouraged to implement risk management strategies compared to MHF. Klasen et al. (2011) stated that the fundamental reason behind the different capacities between FHF and MHF is the double burden experienced by FHF: as the breadwinner as well as manager of domestic affairs. Thus, their mobility and time are more limited. The community also tends to seclude divorced women so that in general they cannot mingle with the society (Klasen et al., 2011) and have no support system in their surroundings. Box 10 shows FHF's limitation in applying survival strategies in facing shocks.

Box 10 Cut Corners to Face Shock Impact

H (female, 50 years old, Pangkep, September 10, 2015) is a widow who is currently living with her small grandchild. To cover their living needs, she depends on the money sent by her child who works as ice peddler in Enrekang. She also works on other people's plantation as well as peeling cashew nuts for a living. No other job she can do as she is getting older and has never been at school. To deal with the increase in living cost, she saves by reducing fish consumption. Now she can only buy fish at a price of Rp5,000 for one day meal. When fish is unaffordable, she only consumes vegetables from her garden which are harvested once in a month.

As a widow, Sam (female, 51 years old, Kubu Raya, August 16, 2015) currently lives by herself as her children are already married. Sam lives not far from her children's homes. Sam is a farmer and a farm hand at the plantation. Sam works at a palm oil plantation since two years ago. The increase in the price of basic necessity this year creates difficulties for Sam whose income is small. Sam addresses this by reducing consumption on less urgent basic necessities. Besides, Sam's children helps by frequently giving her food (side dish).

By adopting the risk management strategy grouping by Skoufias (2003) which was adapted from The World Bank (2001) classification, the risk management effort applied by poor families in the study areas can be divided into four groups based on the implementation mechanisms: (i) individual- and household-based informal mechanism, (ii) group-based informal mechanism, (iii) market-based formal mechanism, and (iv) public-based formal mechanism. The definition of each group will be

explained in the next subchapters (6.2. Informal Mechanism and 6.3 Formal Mechanism). The matrix in Table 7 is compiled based on the findings from the survey and in-depth interviews on risk management strategies applied by poor families in the study areas to minimize the impact of shocks by adopting approaches which can be grouped into Skoufias' mechanisms (2003: 1090).

Table 7. Family Strategies in Facing Shocks

Risk Management in Facing Shocks			
Informal Mechanism		Formal Mechanism	
Individual and Household-based	Group-based	Market-based	Public-based
<ul style="list-style-type: none"> Reducing necessities <ul style="list-style-type: none"> reducing traveling and shopping to market reducing child's snack and school transport allowances reducing bathing frequency reducing home visit frequency (for migrant workers) reducing the use of fertilizers, seeds, and pesticides quit <i>arisan</i> to reduce expenditure Looking for additional income <ul style="list-style-type: none"> opening business/kiosk at home increasing the type and time of work/business switching job increasing the number of working family members (including school-age children) working odd jobs being active in <i>posyandu</i> to obtain additional income migrating Selling jewelries, furniture, livestock, or other assets Looking for loan <ul style="list-style-type: none"> seeking for loan/owing money at kiosk/to supervisor/wholesaler Meeting individual living needs <ul style="list-style-type: none"> seeking for natural products to consume/utilize (such as firewood) selling natural products and garden products storing harvest yield crop type diversification Others <ul style="list-style-type: none"> adjusting goods/item price and trading methods 	<ul style="list-style-type: none"> Living with relatives to maintain access to clean water Entrusting child care to relatives Asking for assistance from other parties Asking for neighbor's garden products 	<ul style="list-style-type: none"> Borrowing from financial agencies to start business or meet daily needs Pawning to pawn agency Becoming member of cooperatives to obtain loan for business and daily consumption 	<ul style="list-style-type: none"> Utilizing government cash assistance for business and daily consumptions Using fertilizer from the government to save on production cost

Source: Result of in-depth interviews and survey, The SMERU Research Team, 2015.

The mapping result in Table 7 shows that the risk management efforts conducted by the poor families highly vary; particularly in terms of informal mechanism, with individual- and household-based, as well as group-based risk management. Meanwhile, market- or public-based risk management efforts (informal mechanism) are more limited in variations. The natural characteristics of risk management in formal mechanism is highly dependent on the availability of financial services and social protection scheme, making the variation of the implementation more limited. Consistent with this, the findings of this research is the implication of (i) limited availability of formal financial agencies that can be accessed both physically and administratively and (ii) limited social protection program that can be used by the communities when experiencing shocks.

Meanwhile, the result of the survey shows that among the seven options of risk management strategies in the questionnaires, looking for a loan and looking for additional income are the most applied strategies (Figure 11). Of all poor families implementing the strategies, consecutively 65.5% and 41.6% of the poor families search for a loan and additional income (Figure 11). As the only public-based strategy option in the questionnaire, pawning one's belongings becomes a strategy very rarely undertaken by poor families in the study areas (5.3%). This finding strengthens the result of the mapping in Table 7 which shows that the families in the study areas during shocks tend to apply risk management strategies that use informal mechanism. Out of seven strategies shown in Figure 11, the result of the T-test shows that the difference between FHF and MHF is only statistically significant in the following strategies: (i) selling other assets (apart from jewelries) and (ii) reducing expenditure; where more MHF applied this strategies compared to FHF. Further explanation on the finding will be presented in Subchapter 6.2 Informal Mechanism.

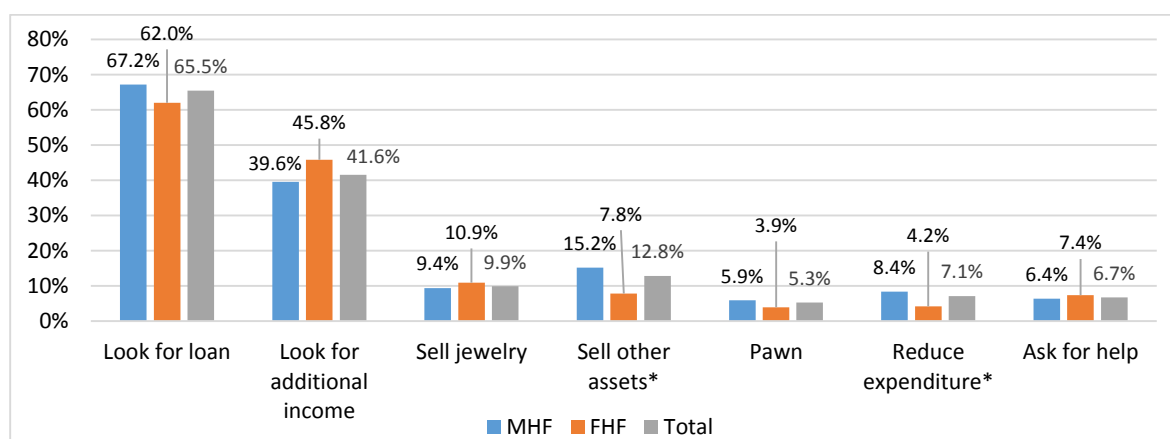


Figure 11. Comparison of strategies implemented by FHF and MHF when facing shocks

Source: Result of survey in 2015.

*Showing statistically significant T-test result.

6.2 Informal Mechanism

In the informal mechanism, the family makes a number of risk management efforts by utilizing resources on hand or those surrounding them, and not bound by certain legal products (The World Bank, 2001). Risk management strategy using informal mechanism may be individual- and household-based, as well as group-based.

6.2.1 Individual- and Household-Based Risk Management Strategy

Individual- and household-based risk management strategies occur when a family tries to self-manage risks or with the help of other family members within one household or a nuclear family. Skoufias (2003: 1090) gave examples of several strategies included in this group: (i) stockpiling groceries, (ii) selling assets, (iii) borrowing from moneylenders, (iv) employing children or other family members, (v) reducing meal consumption, and (vi) seasonally or temporarily migrating. This section will specifically discuss about individual- and household-based risk management strategies applied by poor families in the study areas.

a) Looking for loan

The sources of loan for poor families in the study area vary, starting from relatives, neighbors, employers, financial institutions, cooperatives, to savings and loans groups (Figure 12). Poor families in the study areas tend to borrow from their families and relatives instead of from cooperatives, financial institutions, employers, or moneylenders.

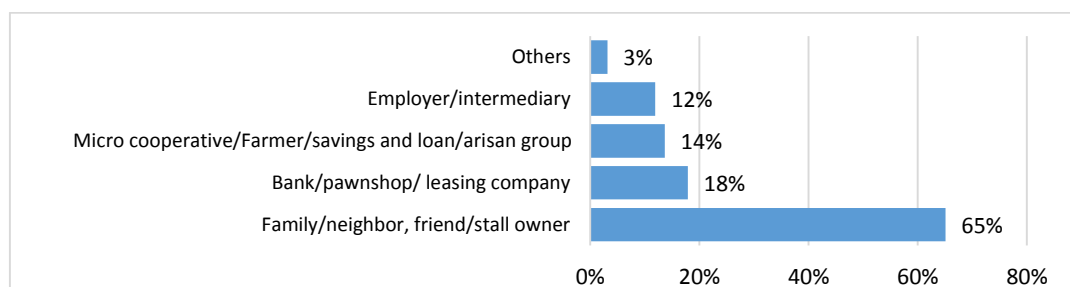


Figure 12. Source of Loan

Source: Result of survey in 2015.

Remarks: Respondents may choose more than one option of loan source in the survey.

Information from in-depth interview shows that the families borrow money to their closest relatives as it is easier to obtain. This is affirmed by the result of the survey, stating that the majority of families seeking for loan (77%) admitted they were not asked for collateral when borrowing money. Borrowing from people close, both in terms of relationship and distance, often does not require security or administrative requirements. Apart from money, loan can also be in the forms of goods such as rice and salt, which are mainly used for family consumption. Poor families are also used to borrow or have debt to the nearest neighbor's kiosk when buying rice or eggs. Box 11 tells a story about a family sample in Deli Serdang who borrows money from their relatives to buy milk for their children.

Box 11
Borrowing Money from Family to Buy Milk

The increase in fuel price impacted on Am's (female, 32 years old, Deli Serdang, September 2015) family economy. Daily expenditure, particularly for baby diapers, infant formula, and gas for cooking became increasingly higher; the increase affected them especially because their family's source of income only comes from her husband who works at a repair shop in Medan. Apart from saving money, another strategy Am uses to meet their daily needs is to borrow money from relatives to buy infant formula. When her husband receives his salary, Am will pay the loan.

Based on the T-test result, the proportion of MHF searching for loan (67.2%) statically has no significant difference compared to FHF searching for loan (62.0%). In other words, the tendency of FHF and MHF to use the loan strategy is almost similar in all study areas. Meanwhile, the comparison of data between regions shows that the proportion of families looking for a loan in TTS is the lowest, at 40%. The lower proportion of debtor in TTS may be due to the distance of formal financial agencies, such as pawnshops and banks, which is far from the study villages, so that the people in TTS could only depend on cooperatives, moneylenders, families, and relatives as the source of loan (see Tables A17-A21 of Appendices 21–25). Result of the survey shows that 34% MHF and 45% WHF in TTS borrow from cooperatives. However, the term cooperative in TTS does not always refer to formal financial institutions, but also cover moneylenders who set high interest rates, up to 20%. Box 12 illustrates the practice of borrowing money from a cooperative by one of the poor families in the study areas.

Box 12
Daily Cooperatives as Alternative Money Lender

Long drought makes An's (female, 53 years old, TTS, August 15, 2015) family faces financial difficulty. Although often receiving help from her relatives in the form of foodstuffs such as corn and tubers, they are not sufficient. Therefore, An also borrows money at the daily cooperative. Commonly, a loan from the daily cooperative is at maximum Rp250,000 and must be paid Rp10,000 daily in installment for 30 days. To be able to pay the installment every day, half of the money she borrowed is used to buy meals, while the remaining is used as the capital to sell snacks.

b) Looking for additional income

Information from in-depth interview shows that poor families in the study areas made a number of individual- and household-based strategies to find additional income, among others by (i) switching jobs, (ii) obtaining an extra job, (iii) increasing working hours, or (iv) increasing the number of working family members. T-test result shows that the proportion of FHF looking for additional income (46%) is not different statistically from MHF (40%). However, information from in-depth interviews reveals that in several cases, women and children also work to look for additional income due to the decline in family purchasing power during shocks. In searching for additional income, poor families commonly work at the informal sector. Box 13 provides a picture on poor family's effort to obtain additional income. The data resulted from the survey in the areas show that the proportion of MHF looking for additional income in Cilacap is very high, reaching 73%. High work opportunity for women in Cilacap is assumed as the reason behind the finding, where women in Cilacap can work as farmers in the agricultural sector, as home industry workers, as factory/industrial workers, or as migrant workers.

Box 13

Peeling Tamarind to Buy Rice

Every year, Y's (female, 36 years old, TTS, August 18, 2015) family is accustomed to the long drought occurring in their area. This year's drought, however, is quite severe that the corn they harvested for family consumption is insufficient. This forces the family to find additional income in order to buy rice as the replacement of corn. Additional income can be made by peeling tamarind. These families obtain tamarind from trees at the edge of the community forest. Peeled tamarind fruits are then sold to intermediaries at Rp5,000 per kg. Assisted by her husband, Y can produce 20 kg of peeled tamarind in one week.

c) Selling belongings

Selling assets is also a survival strategy applied by many poor families. Among those families using this strategy when facing shocks, 13% sell their assets (apart from jewelries) while 10% sell jewelries. Statistical test shows that the proportion of MHF selling their assets (apart from jewelries) is higher than FHF, while the proportion of FHF and MHF applying the strategy for selling jewelries is statistically insignificant. The proportion of FHF using the strategy of selling asset is lower than MHF. This fact is closely related to the lower asset ownership by FHF compared to MHF, so that FHF's opportunity to sell their assets is more limited. This is in line with a study which states that compared to men, women tend to be less dependent on physical assets and if they have any assets, commonly they are low in value (Doss et al., 2015: 59). The women's social networks also differ from the men's therefore they cannot be relied on to support the risk management effort during crisis (Doss et al., 2015: 59). This clearly explains that FHF tend to have greater obstacles in selling their assets compared to MHF.

The types of possession apart from jewelries commonly sold by the community in the study areas are not highly varied, they are livestock such as cows, pigs, and chickens. From the exploration through in-depth interviews, the types of other assets sold by the community for the past year since the baseline study are not found. Comparison of data from surveys between areas shows that the proportion of poor families in TTS selling their assets is the highest compared to other four study *kabupaten*, where 44% of MHF and 20% of WHF applied the strategy. Results of in-depth interviews with community figures in TTS support this finding. The people of TTS are used to saving their money in the form of livestock or farmland, so that their ownership of asset can be greater compared to poor families in other study areas.

d) Reducing necessities

According to Alderman and Paxson (1992: 2) one of the most common strategies applied by families in facing shocks is to reduce expenditure. This is relatively easy to carry out as the risk of economizing is lower and does not require other resources. However, the result of the survey shows that only 7% of the poor families reduced their necessities. The result of the survey is assumed to provide much lower estimation from the proportion of poor families who actually reduce their expenditure. It is highly possible that the poor community tends not to consider reducing necessities as a special strategy in facing shocks, seeing that it is automatically done during shocks and when there is an increase in living cost. The assumption is strengthened by the result of in-depth interviews which shows that most of the families admitted that economizing is the main strategy in facing shocks, among others by adjusting family habits, such as reducing children allowance, quitting *arisan*, and reducing going to parties.

6.2.2 Group-Based Risk Management Strategy

In this mechanism, individuals and families share the risk of crisis impact with their social networks (extended family, neighbors, community, etc.) and support groups (professional organizations, workers' union, etc.) (Skoufias, 2003: 1090). In other words, there were transfers of assistance between community members in facing the risks. Around 7% of the families applied the strategy when facing shocks by asking for help, whereas the proportion between FHF and MHF applying the strategy is quite in balance. Nevertheless, this study did not find the provision of assistance by the community via professional groups or workers' union such as farmers' group. This study only found provision of assistance in the context of inter-community relation, where the types of assistance requested vary from money, goods, to services. Information from in-depth interviews shows that in general, poor families apply this strategy to meet food necessities. Nevertheless, the in-depth interviews also found that one of poor families in Pangkep asked for clean water assistance from their relatives, as the water source they usually use is no longer working. In several cases found during in-depth interviews, to support their daily lives poor families tend to depend on cash assistance from married children with families who are living in separate households.

The result of the survey between areas show that the proportions of FHF and MHF in TTS asking for help from relatives or neighbors reached 23% and 14% respectively, which is very high with an average of 7% and 6% in all study areas. Asking for help from relatives and neighbors seems to be a common practice in TTS considering that the community members still have strong familial ties. Meanwhile, the relatively homogenous community welfare in TTS is assumed to have strengthened their sense of togetherness and solidarity. Information from in-depth interviews shows that the example of asking for help may be in the form of asking salt for cooking or asking for farm produce and rice. This finding is in line with the result of the study conducted by Tam et al. (2014: 468) on traditional communities of Australia and Canada which states that risk management with informal methods such as food sharing, food exchanging, and lending money to buy food are strategies more frequently applied by rural societies and family communities during crisis. Box 14 recounts the story of a family who asks for vegetable from their neighbor's garden to meet their needs during shocks.

Box 14 **Asking for Vegetables from Neighbor's Garden**

I is a housewife (female, 30 years old, Cilacap, September 8, 2015). For the past year, her husband is no longer working as he had suffered from a stroke. Therefore, I currently becomes the breadwinner and feeds her three children. I once worked odd jobs, such as being a housemaid and a shopkeeper. After her youngest child was born, I stopped working. Now all of her necessities are covered by her parents and families. The increase in the price of basic necessities is strategically overcome by reducing household expenditure. I also constantly asks for a neighbor's farm produce, such as vegetables for consumption.

6.3 Formal Mechanism

In formal mechanism, family manages risks by utilizing resources based on legal agreement or certain legal product, both market-based and public-based (The World Bank, 2001). The research found that not many of the families in the study areas manage the risk using formal mechanism. In one hand, this is suspected as the communities are still depending on informal mechanism to survive and this strategy is considered to have provided sufficient solution in facing shocks. On the other hand, the limited access of the poor families to formal financial institutions, particularly in rural area, is suspected as the reason behind the finding.

6.3.1 Market-Based Risk Management Strategy

One of the examples of market-based risk management strategy found in this study is the use of a financing facility provided by formal financial institutions such as banks, pawnshops, cooperatives, and so on. The result of the survey shows that 13.2% of poor families in the study area borrow from banks, 12.1% borrow from cooperatives/micro finance institutions, and a very small part borrow from pawnshops (1.4%) and financing companies (3.3%). Comparison of data from surveys between areas shows that the proportion of poor families accessing bank in TTS is the lowest, both for FHF and MHF, where none of the poor families borrowed money from a bank.

Limited community access in the study areas to formal financial institutions is based on several reasons, such as (i) uneven distribution of formal financial institution throughout the area (see Table A17-A21 of Appendices 21-25), (ii) complexity of administrative requirements that need to be met, and (iii) the absence of asset or income for collateral. Nevertheless, result of in-depth interviews with families show that a family in Pangkep applied for micro loan to run their business and maintain consumption (see Box 15). The value of the micro loan is relatively small, ranging in hundreds of rupiah, and can be paid within days or weeks. The purpose of the micro loan is commonly to start a business or to maintain daily consumption. The finding confirms Zeller's (1999) study which found that micro credit has a relatively large role in helping poor families to survive during crisis.

Box 15

Borrowing Money to Cooperatives for Business and Maintaining Consumptions

Previously, when having financial difficulties, H (woman, 45 years old, Pangkep, September 7, 2015) is used to borrow money to her aunt or to other relatives. Ever since joining Komida (Koperasi Mitra Dhuafa/poor people's partner cooperative) one year ago, H has alternative choice. H borrowed Rp500,000 and has to pay Rp13,000 per week for 50 weeks. Komida applies the joint liability system where every member has to bear the debt of the other member if the said member cannot afford to pay the debt. Komida is felt to be very beneficial for H, particularly to give capital injection for her parents to produce *dari* (fishing tool) as well as to buy daily needs.

6.3.2 Public-Based Risk Management Strategy

In public-based risk management strategy, families use government programs and assistances to survive during shocks. Quantitative and qualitative findings show that the families use the social protection programs from the government, either those included in PPS 2014 or other programs, to minimize the impact of the shocks. Almost all surveyed families, i.e., 96%, admitted their utilization of PSKS for family consumption, 64% of the families use the assistance for education costs, 21% for health necessities, and 21% to pay debts. Meanwhile, only around 7% of the families use PSKS fund as business capital (a complete discussion on PSKS utilization can be found in Subchapter 7.2 Impact of PPS 2014 on Women's Livelihood). This finding is interesting to observe as the PSKS fund is not only directly used for consumptive activities, but also managed for more productive expenditure. The research found that the disbursement of PSKS fund in the second stage in June 2015 which neared the fasting month and new academic year relates to beneficiary families' decision on the prioritization of PSKS utilization to meet household consumption and school education costs.

The quantitative finding shows that the largest proportion of PSKS utilization as business capital occurred in TTS by 26.1% for FHF and 17.1% for MHF. Meanwhile, the percentage is below 6% in other study areas. This shows that TTS community's dependency on PSKS as business capital is higher than in other areas. There is an indication that low community access in TTS to formal financial agencies renders PPKS to have a large role as a means of survival when facing shocks. Box

16 describes the utilization of two social protection programs, i.e., PSKS and PKH, for business capital injection.

Box 16
Utilizing PSKS and PKH for Business Capital at the Market

According to AI (female, 41 years old, TTS, August 15, 2015), the drought in this year's planting season has caused a lack of food in her family. Due to a failed harvest, AI's family has to buy corn for consumption. The increase in the price of basic necessities is also apparent; the price of rice which previously was Rp8,500 per kilogram increases to Rp10,000 per kilogram. Transport cost from Kufatu to Kualin also increases from previously Rp5,000 to Rp10,000. AI tries to manage the impact of these three crises by utilizing some PSKS and PKH assistance funds for trading. She sells vegetable, coconut oil, onions, spices, etc. and then trades them at the nearest market. She receives a profit of Rp50,000-Rp100,000 for one trading session. Unsold items will be sold by her child, by offering them around the village, or will be consumed by the family.

Chapter 6 Conclusion

Poor families in the study areas applied various risk management strategies to minimize the impact of shocks, using individual- and household-based, group-based, market-based, and public-based strategies. The study found that MHF made more risk management strategies compared to FHF. This indicates the difference in capacity between female- and male-headed families which further affect the decision-making process on the quantity of risk management strategies, where both are closely related to the different characteristics between FHF and MHF. Individual- and household-based and group-based risk management strategies are applied by the majority of poor families, such as by reducing expenditure, looking for additional income, selling assets, looking for loans, and independently meeting life necessities. The proportion of poor families applying market-based risk management strategies is lower, considering that the availability of supporting infrastructure and ease of access are the factors contributing to family's determination in selecting and implementing such strategies. Uneven distribution of supporting infrastructure, such as banks and similar financial agencies, in all study villages are one of the reasons behind low community preference toward market-based risk management strategy. Complex administrative requirements that tend to be difficult for the poor families to meet prevent them from accessing bank loans. On the contrary, the poor community in the study areas frequently borrow money from their relatives, neighbors, and friends as it is easier and does not need any collaterals. On public-based risk management strategy, this study found that poor families use the social protection program (PSKS) they received as the means to survive amid shocks, particularly for covering consumption, education costs, health costs, debt payment, and business capital injection. This shows that PSKS is proven to be beneficial not only for consumptive expenditures, but also for productive ones.

VII. ACCESS TO AND IMPACT OF 2014 SOCIAL PROTECTION PROGRAMS

This chapter describes i) poor community access to 2014 PPS, ii) impact of 2014 PPS on women livelihood, and iii) impact of 2014 PPS design on community access and the impact from 2014 PPS acceptance. Social protection programs covered in 2014 PPS are PSKS, BSM, and JKN-PBI. PIP implementation which recently commenced during the data collection for the module study makes the study lacks of data on PIP. Therefore, this study observes the implementation and acceptance of BSM for academic year 2014/2015 as the social protection program which is the predecessor of PIP.

7.1 Access to 2014 Social Protection Programs Package

Based on the 2014 PPS design, KPS holding families have the right to receive PSKS, BSM, and JKN-PBI. The rate of KPS ownership by poor families in the study area is relatively low, at 39% (Image 13). As seen per program, the proportion of JKN beneficiaries is the largest among the other two programs, where as BSM beneficiaries are in the smallest proportion. Access to PSKS is slightly higher compared to KPS ownership proportion, although both are in 40% range. Image 13 also shows the proportion of families who receive more than one program. In general, the access of families obtaining the three programs at the same time is far below the beneficiaries of two programs. Nevertheless, FHF and MHF's accesses seem to be in balance as seen from KPS ownership and the acceptance of 2014 PPS programs.

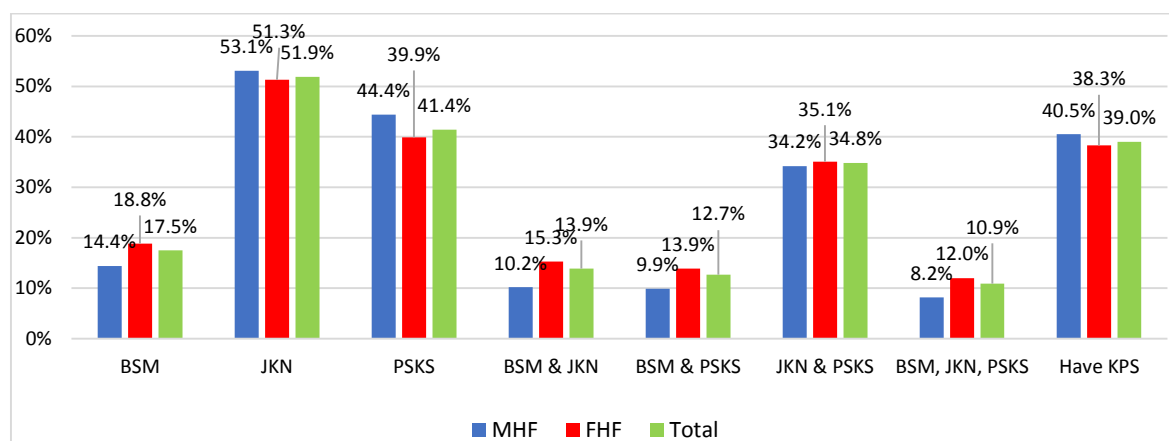


Figure 13. FHF and MHF Access to KPS and 2014 PPS

Source: result of survey data process, SMERU Research Team, 2015

Relatively low KPS ownership in family samples is an early indication that the 2011 UDB used as the basis for the KPS beneficiary targets is inaccurate. The inaccuracy may occur due to the absence of village/*kelurahan* meeting mechanism as the effort to update the poor family data which was supposed to be last implemented in 2013. Meanwhile, the families used as the samples of this study are those meeting the poor and very poor criteria based on community welfare indicators obtained from FGD in the study villages during the 2014 baseline research. The results of the FGD are then verified with direct visit through family enumeration by enumerators to ensure that the families are indeed in poor or very poor condition. Although the communities use a number of local welfare

indicators which are highly specific to local condition, in which several indicators used are not found in UDB 2011 poverty indicators⁵⁷, most of the welfare indicators used are the same with the target household characteristics set by Statistics Indonesia. This finding indicates that there was a change in the community welfare in the study areas throughout 2011–2014.

Interviews with village apparatus in all study areas found that none of the study villages held village meeting to update the 2011 PPLS. The absence of village/*kelurahan* meetings mechanism is among others triggered by lack of directives from the social agency, heads of *kecamatan*, or BPS to village apparatus to carry out the activities. According to the design, the village meeting was made as a mechanism to replace the program beneficiary families by proposing more deserving families and involving all local community and village apparatus so that the village meeting has the opportunity to improve UDB target accuracy, particularly in the event that all poor families who are not included in the target household list have complete information on the mechanism and are involved in the implementation process.

Low level of KPS ownership in poor families in the study areas is also confirmed through FGDs and in-depth interviews with several village elites who stated that KPS distribution is off target, excluding poor families from the UDB and including non-poor families in the UDB. Village apparatus in Cilacap and Kubu Raya estimated that the percentage of PSKS beneficiaries who are not supposed to receive the assistance due to their wealth (inclusion error) is 7%–8% in Cilacap and 40%–60% in Kubu Raya. A TSKS in Kubu Raya, however, estimated that generally there are 30% of poor residents in each village who deserve the assistance but instead do not receive it (exclusion error).

As seen from its coverage, the proportion of JKN beneficiary families is the highest (51.9%) while BSM⁵⁸ has the lowest scope (18.1%) among the three 2014 PPS programs. FHF and MHF accesses are relatively balanced for PSKS, BSM, and JKN. Nevertheless, FHF access to JKN and PSKS is higher by 2–5 percentage points compared to MHF. JKN⁵⁹ has the largest beneficiary scope compared to the other two programs considering that Jamkesmas, the predecessor of JKN, has been running longer than BSM and PSKS. Still, the data from JKN beneficiary poor families obtained through the survey cannot be separated between PBI and non-PBI groups. Information from in-depth interviews found that several poor families in the study areas pay JKN contribution with their own money to be able to access JKN as they were not the Contribution Assistance Beneficiaries.

This study found that the relatively low proportion of BSM beneficiary families compared to the other programs may be caused by several issues, such as (i) not all school children in KPS beneficiary families are BSM beneficiaries and (ii) limited program socialization at school and the community levels. The finding is in line with the study result of Hastuti et al. (2015:32) which observes the utilization of KPS and BSM. Result of the in-depth interview shows that both school administrator and KPS holding heads of families have not fully understood that when a family receives KPS, all school-age children within the family have the right on BSM although their names are not enlisted in the KPS. This among others was experienced by KPS holding families in Pangkep and Kubu Raya. With no clear dissemination of information, a lot of school-age children from KPS-holding families

⁵⁷To determine target households (RTS), BPS uses 14 household characteristics, among others 1) house condition, 2) family's meal consumption, 3) education level and head of family employment, 4) medical treatment behavior during sickness, 5) ability to buy clothes, and 6) assets possessed by the household. Two frequently occurring welfare indicators in FGD, but not included as BPS target household characteristics are 1) child education level and 2) family member participation in community activities

⁵⁸ Access to BSM is measured as the ratio of BSM beneficiary households for 2014/2015 academic year to families with children of 6–21 years old who are in school and at maximum in the third grade of SMA in the 2014/2015 academic year.

⁵⁹Access to JKN is measured as the ratio of Jamkesmas beneficiary families to all families. Jamkesmas beneficiaries will change into JKN beneficiaries; nevertheless, during the course of the field study the process was not complete.

did not receive BSM. One of KPS holders in Desa L who is also BSM beneficiary also states that many KPS-holding families whose children are in school in the area did not receive the BSM and therefore causing jealousy. The BSM registration procedure which is not fully explained by the school can also explain low proportion of BSM beneficiary families in the study areas. Generally, socialization on BSM from school to beneficiary parents is limited on the information on disbursement and the school tend to exclude the parents when proposing the beneficiaries. If such information is delivered vastly to parents from poor families, at least they have an opportunity to register their children to be BSM beneficiaries and included in the school proposal form (FUS).

The proportion of PSKS beneficiary families is slightly higher compared to the proportion of KPS holding families (Figure 13). This finding strengthens the result of the study in subchapter 5.2 on PSKS fund distribution sharing to families without KPS and PSKS nonbeneficiaries, where in general head of RT coordinates the collection and distribution of the PSKS fund. Box 17 explains PSKS distribution practice to nonbeneficiary families in one of the study areas.

Box 17 **Equal Distribution for Non-Beneficiary Families**

Head of RT in study villages in Kabupaten Cilacap has the role in managing BLSM fund collected from beneficiary families. Head of RT asks beneficiary families to submit the BLSM fund voluntarily, generally ranging from Rp25,000 to Rp50,000. The head of RT collects the fund to be distributed to nonbeneficiary families considered as poor.

According to a TSKS in the study area, some head of RT/RW/*dusun* made proactive approach to BLSM beneficiary families who do not deserve the assistance to hand over the BLSM fund they receive to poor families. However, the success of this proactive approach is very small.

Based on the interviews with key informants and the communities in the study areas, it is seen that community access to information on 2014 PPS is not comprehensive. It is frequently found that PPS beneficiary families, both FHF and MHF, do not understand the reason why they are included as the beneficiaries of the program. On the other hand, nonbeneficiary families who are supposed to receive the program, was not exposed to information on the procedures to receive 2014 PPS. Commonly, 2014 PPS beneficiary families only find out that they are PSKS beneficiaries, for example, when they receive the KPS by mail or from village apparatus—which is commonly delivered by head of RT or *dusun*. BSM beneficiary families commonly also find out that their children are BSM beneficiaries when the school requires documents for administrative purposes such as copy of KPS, as the requirement for BSM proposal. Particularly in Kubu Raya, there is information that averagely KPS holding families know that their children have the right to receive BSM. However, they have no knowledge that by having KPS, they also have the right to be PBI-JKN participants. The information gap in the community needs to be corrected to improve community access to the 2014 PPS.

Relatively similar access for FHF and MHF to 2014 PPS shows that the determination of target households in 2014 PPS has not prioritized FHF. This may happen as the criteria for poor households in the UDB do not consider the gender of the head of family. Table 8 shows various efforts made by families in all study areas to access 2014 PPS. Several families who already receive a program remained trying to access the other programs as they have not received 2014 PPS's three programs. This can be seen from low proportion of the beneficiary families of these three programs, both in FHF and in MHF groups (Image 13).

Table 8. Poor Family Strategies to Obtain Programs

Type of Strategy	FHF (N=45)		MHF (N=111)	
	Beneficiary (N=26)	Nonbeneficiary (N=19)	Beneficiary (N=67)	Nonbeneficiary (N=44)
Not doing anything	24	5	57	23
Consulting village apparatus	1	12	4	15
Consulting other than village apparatus*	1	1	1	1
Consulting village apparatus and others	0	0	0	3
Completing important documents (KK)	0	1	1	1
Consultancy with village apparatus and completing important documents (KK)	0	0	2	0
Building political network**	0	0	2	0
Borrowing friend/family's program facility (Jamkesmas)	0	0	0	1

Source: Result of in-depth interview with family respondents, SMERU Research Team, 2015

Notes: * Consultancy with other than village apparatus is carried out by family respondents with, among others, village midwives and school teachers, puskesmas personnel, and BPJS-Health officials concerning access to 2014 PPS programs

** Becoming member of campaign team in local election

Data in Table 8 shows that most poor families receiving the programs (both in FHF and MHF) did not make any efforts to obtain the programs. The efforts made by the group are limited only on consultancy with village apparatus and in general there are no difference in strategies applied by FHF and MHF in the group. However, for nonbeneficiary poor families, the data in Table 8 shows that nonbeneficiary MHF made more varied efforts to obtain the programs compared to FHF. FHF's effort to access the program is concentrated on two strategies, i.e. consulting and completing important documents. Meanwhile, MHF made other efforts not applied by FHF, such as building political network and borrowing program facilities belonged to their friends. One of the explanation on the few strategies applied by FHF is that the resources in FHF are more limited than MHF resources. Previous study by Syukri, Mawardi, and Akhmadi (2013:18) states that women who head households do not have partners to share the duties. It is highly possible that some of the elderly and widowed/divorced female heads of family do not obtain information on the programs, particularly when their status obstruct their participation in community activities. Whereas, access to information on the availability of the programs will be very beneficial for female heads of family who need the program so that they can make proposal to become the beneficiaries.

In two study villages in Pangkep, one family in each village admitted to deliberately become political party member and campaign team member of a candidate in local election based on the directives from village apparatus and head of village. The purpose is to obtain various assistances from the government and the political party, including information concerning 2014 PPS. Meanwhile, the practice of borrowing other people's program facility was carried out by a MHF in Deli Serdang. Although not in accordance with the provision of the utilization, the poor family conducted such practice to obtain PPS benefits and reduce their cost.

Box 18
Borrowing Neighbor's Jamkesmas Card for Childbirth

J works at home, while her husband is a construction worker. They are not registered as Jamkesmas beneficiaries. When it was time for her to give birth, J had to undergo a C-section. J's husband borrowed their neighbor's Jamkesmas card to accelerate the C-section. Although eventually their baby could not be saved, borrowing the Jamkesmas card has reduced their burden as they received free partum care. (Female, 36, Deli Serdang, September 9, 2015)

Consultancy with village apparatus—covering from inquiring or complaining to head of RT, head of *dusun*, village government staff, to protesting village apparatus—is the second strategy mostly used by families as the respondents of the study. The families consulting with the village apparatus concerning 2014 PPS generally stated that they did not receive satisfactory responses. Village apparatus cannot provide the certainty that the families looking for consultancy will receive the program, considering the determination of the target is carried out at central level while the village officials are not involved in the process. This is generally found in all study areas. Meanwhile, making Family Card as an effort to obtain PPS only happens in several study areas such as Pangkep and Kubu Raya.

Poor families made other strategies to become 2014 PPS beneficiaries, such as consulting with village apparatus and non-village apparatus while completing important documents such as Family Card and Residential Identity Card (KTP). Suggestion from the village apparatus for poor residents to arrange both documents in order to access the programs shows a correlation in poor family's ownership of important documents to be able to become the beneficiary of the program package. As an example, the result of the in-depth interview found that three families in TTS did not have Family Card and were 2014 PPS nonbeneficiaries, albeit the fact that they are poor families and receiving other assistance from the central government outside the 2014 PPS scheme.

Table 8 also shows that relatively large number of nonbeneficiary families did not make any efforts to obtain 2014 PPS. Taken from the in-depth interview, they submitted to the condition in which they did not have access to 2014 PPS, although they wondered about the reason. Generally, the decision to do nothing was taken as the poor families have heard the information that the determination of 2014 PPS targets was conducted by the central government, so that making inquiry to head of RT or village apparatus is considered as a waste of time. Several families were also honest that they felt ashamed and scared to ask to the village apparatus, as found in Pangkep and Kubu Raya. This is in line with Syukri, Mawardi, and Akhmadi's (2013: 17) findings that the feeling of helplessness or discouraged experienced by poor community may prevent them from stating their opinion, including asking for their rights on the social protection program.

Village meeting mechanism and proposal by school may become the media to improve poor family access to PPS. Comprehensive and transparent distribution of information in the village meeting and the proposal by school may open access for the poor families to fight for their rights as the beneficiaries of the programs. Although results of the village meeting and school proposal have to go through hierarchical path to the central government, the mechanism may become a door for the poor families to affect the accuracy or 2014 PPS targeting. Apart from delivering information on assistance fund disbursement, the social protection program socialization must also provide the knowledge to poor families on the procedures to become program beneficiaries. On the other hand, central government also has to make a number of efforts to encourage village government to hold village/*kelurahan* meeting for the improvement of 2014 PPS targeting.

7.2 Impact of 2014 PPS on Women Livelihood

This section highlights the impact of 2014 PPS on the aspects of poor women livelihood, such as consumption, education, health, employment, migration to overseas, domestic violence, and women's participation. The finding of the study shows that 2014 PPS is insignificant in affecting these women livelihood aspects. Some arguments which explain this finding are (i) nominal value of cash assistance and beneficial value of health insurance, (ii) assistance provision timeliness, and (iii) survey implementation timeliness. Previous study found that the nominal value and timeliness of the cash assistance provision highly affect the magnitude of the assistance's impact on poor community livelihood in Indonesia (Bazzi, Sumarto, and Suryahadi, 2015). Additionally, the disbursement of such assistance is frequently not carried out at the time of the crisis. The increase in fuel price in March 2015 was not accompanied by the disbursement of PSKS as compensation fund—in several study areas, the assistance for April-June 2015 was disbursed accumulatively in June 2015. On the other hand, the survey was conducted in August-September 2015 when the assistances were most likely already absorbed by the families, so that the impact of the assistance on the livelihood was not apparent.

The measurement of 2014 PPS impact on poor women livelihood is carried out based on the analysis of data found from the survey, accompanied by qualitative information from interviews and FGD. The quantitative approach uses difference-in-difference (DID) analysis as evaluation method of the program impacts using samples sourced from two studies, namely baseline study 2014 and module study 2015. Qualitative analysis on 2014 PPS impact on the livelihood of poor women is focused on the utilization of each program, including evaluating two livelihood aspects which connect to intrapersonal connection within the family and the relationship with the surrounding environment, namely domestic violence against poor women and poor women participation in community activities.

The samples for quantitative analysis are restricted to main families⁶⁰ considering that there is a need for data from the same families throughout two study periods. As explained in Chapters 2 and 3, the entire selected samples are families categorized as poor based on secondary data information and result of FGD with the community who were also respondents in the baseline survey. Therefore, fraction families were excluded from the samples to be analyzed, although there are some fraction families used as respondents both in the baseline and the module studies. This attrition process has reduced the total samples from 1,561 families to 1,451 families. The number of observed samples for each program in 2014 PPS depends on the indicators of the evaluated livelihood aspects. The following is the summary of indicators used in DID analysis.

⁶⁰Main family is the family which became the sample of baseline study in 2014.

Table 9. Definition of Dependent Variables Used in DID Estimation

Variables	Definition
Consumptions	
Meal frequency	Meal frequency in a day (1-3) for the past three months
Protein consumption frequency ⁶¹	Composite figure of meat, fish, egg, and chicken consumption frequency (1-4) for the past three months
Cigarette Expenditure	Cigarette expenditure increases or constant (=1) for the past three months
Education	
Total school children	Proportion of school-age children (6-18) who are at school (%)
Female school children	Proportion of school-age girls (6-18) who are at school (%)
Male school children	Proportion of school-age boys (6-18) who are at school (%)
Health	
Contraception	Individual woman using contraception (=1)
Visit to health facilities	Family visiting health facilities when sick (=1)
Employment	
Working status	Individual woman working (=1)
Employment status	Individual woman self-employed (=1)
Work duration	Work duration of individual woman (day) in a week
Side job	Individual Women having side job (=1)
Migration	
Number of Migrants	Number of migrating household members
Migration status	Migrating household members (=1)
Remittance frequency	Remittance delivery frequency (less frequent=1, unchanged=2, more frequent=3)

The evaluation of 2014 PPS impact using DID requires a strong assumption that before intervention, the condition of families, either those accessing the 2014 PPS or not, must be identical to really obtain the causality impact of 2014 PPS acceptance. The study design which in the beginning did not accommodate such needs requires the addition of several independent variables in DID analysis which function to control the characteristic difference between the families receiving the programs and the families not receiving the programs. Table 10 presents the list of independent variables used in DID analysis.

⁶¹Particularly for protein consumption frequency, a composite figure is made. The composite figure is an arithmetic average of four components, i.e. the frequency of meat, egg, fish, and chicken consumption. Each component frequency is numbered from 1 to 4 which, according to the sequence, describes consumption frequency which is (1) not at all for the past three months, (2) at least once in three months, (3) at least once in a month, and (4) at least once in a week. The average of these four components will also range from 1 to 4. The larger the figure, the higher the consumption frequency of a family. The creation of such variable aims to capture the dynamic aspect of protein consumption.

Table 10. Independent Variables Used in DID Estimation

Variables	Definition
Type of head of family	Male head of family (=1)
Head of family marriage status	Married head of family (=1)
Literacy	Literate head of family (=1)
Dependency ratio	Dependency ratio (0-1)
Age of head of family	Age of head of family
Head of family working in agricultural sector	Head of family working in agricultural sector (=1)
House Ownership	Self-owned house (=1)
Broadest roof	Broadest roof is made of concrete/roof tiles (=1)
Broadest floor	Broadest floor is covered in floor tiles (=1)
Broadest wall	Broadest wall is made of bricks (=1)
Access to healthy drinking water	Access to healthy drinking water is available (=1)
Main cooking material	Using electricity, gas, kerosene as main cooking material (=1)
Economic shock	Suffering economic shock (=1)
Weather shock	Suffering bad weather (=1)
Health Shock	Suffering health problems (=1)

The analysis of the impact of 2014 PPS acceptance to livelihood indicators at family level is divided into two family groups, i.e. FHF and MHF. Statistically, this is triggered by the difference in most head of family characteristics in FHF and MHF which is expected to affect the result of analysis (see 3.4 Sample Characteristics). Results of T-Test analysis to a number of variables show that FHF and MHF in this study differ statistically, particularly in the characteristics of the head of family, as well as several variables concerning family condition and house condition they live in.

7.2.1 Consumptions

Initial analysis on the impact of shocks in subchapter 4.3 shows that generally the change in condition does not force the community to reduce their daily consumption frequency. However, some family samples make adjustment to their consumption pattern particularly by reducing the frequency to consume sources of protein (table A4 of Appendix 8). Information from in-depth interview found that the community in the study areas uses PPS 2-14 fund--i.e. PSKS and a small part of BSM fund--for consumption which includes buying groceries such as rice, sugar, and oil as well as to meet daily meal by purchasing vegetables and chicken (Box 19). The finding is in line with the data from the survey which show that consecutively 86.3% and 19.3% of PSKS and BSM beneficiary families use the assistance for family consumption.

Box 19 Utilization of PSKS Fund

Hal (42, woman, Pangkep) and her husband Amir have three daughters. Together with Riyamah, her second child, Hal works as cashew nut peeler. During fishpond harvest season, Hal goes to Bone to help her husband with the harvest. Every three days Hal obtain 50 kg of cashew nuts from the house of the group leader to peel them at home. Every ten days, Hal and Riyamah deliver the peeled cashew nuts and receive Rp50,000-Rp70,000. The income is shared with Riyamah who is married. Hal's family is the beneficiary of 2014 PPS and Raskin. For Hal who manages the utilization of PSKS, the cash assistance is only sufficient for buying daily needs such as rice and vegetables. BSM received by Rima, Hal's third child, is used to buy books and shoes. Hal uses the remaining of the BSM fund to provide food. (Source: Result of in-depth interview, Pangkep, September 7, 2015).

Advanced analysis using DID by taking into account 2014 PPS acceptance shows that accepting 2014 PPS does not bring significant impact on poor household consumption frequencies, both for FHF and MHF. However, DID analysis in terms of protein consumption shows that PSKS and JKN are able to increase the protein consumption frequency, particularly in FHF (Table 11). As unconditional cash transfer, PSKS can be widely utilized and it is highly reasonable if PSKS beneficiary families use the fund to improve their nutritional needs. The result of DID analysis shows that PSKS and JKN acceptances are capable of providing flexibility to family finance, particularly to maintain protein intake amid the shocks which cause the increase in living cost.

Table 11. Summary of DID Analysis Result on Consumptions Aspect

Program	FHF			MHF		
	Meal Frequency	Protein Consumption Frequency	Cigarette Expenditure	Meal Frequency	Protein Consumption Frequency	Cigarette Expenditure
BSM	-0.036 (0.084)	-0.008 (0.098)	-0.009 (0.066)	0.048 (0.052)	0.062 (0.065)	0.026 (0.045)
PSKS	0.031 (0.052)	0.105* (0.060)	0.012 (0.032)	0.011 (0.037)	0.022 (0.044)	-0.054* (0.031)
JKN	0.073 (0.052)	0.112* (0.061)	0.022 (0.032)	0.006 (0.036)	0.018 (0.043)	-0.085*** (0.030)
N⁶²	1016	1016	1016	1862	1862	1862

Table column shows dependent variables used. Table row shows intervention. Each table cell is resulted from separate regression. The estimation of linear models is controlled by all variables of family characteristics, environment, and kabupaten impact as shown in the table. Number in brackets is robust standard error. Significance level * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

Source: Survey data processing result, SMERU Research Team, 2015

Although not in cash form, JKN evidently is able to increase protein consumption frequency. This is possible considering that JKN beneficiary families indirectly have extra income allocation for consumption by relieving the post for health expenditure. This is similar to Wagstaff and Pradhan's (2005) finding from their study in Vietnam, showing that beneficiary families of health insurance

⁶²The number of reported observation is the number of observation in the regression of both PSKS and JKN policies. The number of regression using BSM assistance variable (not reported in the table) certainly is smaller as the samples were restricted to eligible families. This applies to the next regression tables.

are proven to be able to increase their non-medical consumptions. This is due to the decline in out-of-pocket expenditure.

DID analysis shows that 2014 PPS acceptance only have significant impact on the frequency of protein consumption in FHF, although it is not the case for MHF. Such comparison indicates that both groups use 2014 PPS assistance using different methods. This is also supported by the result shown in Table 16 in subchapter Employment, where the variation of PSKS utilization for other necessities apart from consumptions in FHF is relatively smaller compared to in MHF. In previous studies such as Hoddinott and Haddad (1995) and Doss (2005), it was found that women have higher preference on food expenditure in managing family income. This will become more apparent when women have access to larger income (Schady and Rosero, 2008). In line with the studies, PSKS impact on the improvement of protein consumption in FHF is not surprising, considering that women have control toward the allocation of income in a large family.

Meanwhile, the adverse effects of the provision of cash assistance are the increase in cigarette and alcohol consumption as well as gambling. The finding of this study does not support the statement where the PSKS acceptance was in fact having significant impact on reducing cigarette expenditure in MHF. Some other studies such as in Nicaragua (Maluccio and Flores, 2005) and Kenya (Haushofer and Shapiro, 2013) did not find the significant impact of cash assistance on cigarette and alcohol consumptions. As a note, in this research, the magnitudes of impact of each program are overestimated considering that there are impacts from other programs experienced at the same time. Additionally in this research, most JKN beneficiaries are also PSKS beneficiaries.

7.2.2 Education

In subchapter 4.3 it has been explained that the sources of shocks to the communities in the study areas do not affect children school participation, although the families made adjustment by reducing the children's school transport cost. The acceptance of cash assistances such as PSKS and BSM is expected to have a large role in meeting the educational needs of the beneficiary childrens both in terms of education fees and school equipment. From the information obtained through in-depth interview, it was found that the majority of BSM fund was used to cover education fees as mandated by the program. Nevertheless, several key informants who also manage the BSM fund in schools, i.e. a school treasurer (33, woman, Pangkep, September 11, 2016) and a head of school administration (40, man, Deli Serdang, September 10, 2015) stated that some parents used a small part of the BSM fund for family needs. Result of the survey on the utilization of BSM is presented in Table 12. Meanwhile, PSKS as unconditional cash transfer is also often used for educational expenses, where the result of the survey shows that around 54% of MHF and 33% of FHF use PSKS for covering child education.

Table 12. Utilization of BSM 2014/2015 by Beneficiary Families

Type of utilization	FHF	MHF	Total
Paying school tuition	53.5%	51.1%	51.7%
Purchasing school equipment	81.4%	90.2%	88.1%
Allowance	30.2%	35.3%	34.1%
Bank deduction	7.0%	3.8%	4.5%
Savings	11.6%	9.8%	10.2%
Family Consumptions	20.9%	18.8%	19.3%
Others	0.0%	0.8%	0.6%
Total observation	43	133	176

Source: Processed result of survey in 2015

The availability of assistance fund for poor families, particularly those specially designed to ensure that the children stay in school, is expected to be able to maintain children's participation in education even during shocks. The result of DID analysis on children educational aspects show that 2014 PPS had no significant impact on the entire indicators of children education participation, i.e. (i) total proportion of school-age children in the family who are in school, (ii) proportion of school-age girls who are in school to total school-age girls in the family, and (iii) proportion of school-age boys who are in school to total school-age boys in the family. The insignificant impact of 2014 PPS in affecting children education participation is not surprising, considering that the result of the early analysis did not show any impact of the shocks occurring in the community within the past year toward children's participation in education.

Table 13. Summary of DID Analysis Result on Child Education Participation

Program	FHF			MHF		
	Total (%)	Boys (%)	Girls (%)	Total (%)	Boys (%)	Girls (%)
BSM	-0.065	-0.106	-0.035	-0.012	-0.016	0.016
	(0.065)	(0.106)	(0.081)	(0.030)	(0.044)	(0.05)
PSKS	-0.052	0.005	-0.087	-0.006	-0.002	-0.027
	(0.068)	(0.093)	(0.085)	(0.031)	(0.044)	(0.043)
JKN	-0.009	0.066	-0.055	-0.011	0.023	-0.034
	(0.068)	(0.086)	(0.087)	(0.030)	(0.043)	(0.043)
N	488	276	319	1261	828	842

Table column shows dependent variables used. Table row shows intervention. Each table cell is resulted from separate regression. The estimation of linear models is controlled by all variables of family characteristics, environment, and kabupaten impact as shown in the table. Number in brackets is robust standard error. Significance level * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

Source: Survey data processing result, SMERU Research Team, 2015

BSM as unconditional cash assistance—although in reality there is no regulation stating that BSM should be used only for school needs—renders the BSM beneficiaries tend to highly obey the BSM utilization rule delivered to them by the schools, namely to cover school necessities for their children. Almost 90% of BSM beneficiary families admitted that the fund was used to buy school equipment and 52% for paying school tuition (Table 12), according to the directives from the schools prior to the disbursement of the BSM. Additional information from a key informant in an in-depth interview shows that apart from being use to pay school fees arrears or tuition, BSM fund can also be used to cover children transport fees to school (woman, school administration staff, 30 years old, Pangkep, 2015). The utilization of BSM for children's school transport can be found in almost all study areas, particularly in beneficiary families whose children are in SMP and SMA.

The utilization of BSM by beneficiary families to cover their children's school needs and to support their daily needs is in line with Perdana's (2014: 10) finding which proves that BSM is a supplement for a household to cover child education needs and improve child attendance at school, in addition to be used by the community as survival strategy in facing short-term shocks due to increase in fuel price. Previous study also concluded that BSM is considered succeed in reducing family's financial burden and encourage good educational behavior when beneficiary families focus the utilization of BSM for child's school needs (Abbas *et al.*, 2014:110).

7.2.3 Health

The initial analysis on the impact of shocks in the study areas in subchapter 4.3 shows that the impact does not affect community health behavior as long as the community can access the health facilities and other health services without having to spend a large amount of money. Interview with a number of key informants working in health service reconfirms this, where according to them throughout 2014-2015 the communities in general have realized the significance of using health facilities and workers for health examination while most pregnant mothers have also checked their pregnancies to health workers and give birth at health facilities. Various services provided by puskesmas, including the utilization and selection of contraception, remained accessed by the public including by 2014 PPS nonbeneficiaries.

The result of DID analysis on health aspect shows that JKN increases the probability of FHF visit to health facilities whenever there is a sick family member, while none of the 2014 PPS are capable of affecting women's contraception utilization status in the study areas (Table 14). Referring to the finding of subchapter 4.3, in general there is a decline in health facility visit due to fuel price changes in the last one year although the key informants insisted that the frequency of the visit did not decline. The positive impact of JKN acceptance indicates that by receiving JKN, the families may allocate their income for other posts, including transport fees to reach the health facilities and therefore the visit to health facilities can increase.

Table 14. Summary of DID Analysis Result on Health Aspect

Program	FHF		MHF	
	Contraception Utilization	Visit to health facilities	Contraception Utilization	Visit to health facilities
BSM	-0.128 (0.146)	0.105 (0.127)	-0.008 (0.07)	-0.088 (0.064)
PSKS	-0.116 (0.097)	0.071 (0.145)	0.003 (0.053)	0.029 (0.049)
JKN	-0.127 (0.097)	0.145** (0.069)	0.022 (0.052)	-0.007 (0.049)
N	236	712	1090	1248

Table column shows dependent variables used. Table row shows intervention. Each table cell is resulted from separate regression. The estimation of linear models is controlled by all variables of family characteristics, environment, and kabupaten impact as shown in the table. Number in brackets is robust standard error. Significance level * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

Source: Survey data processing result, SMERU Research Team, 2015

The positive impact of JKN on visit to health facilities is apparent only in FHF (Table 14). This finding reaffirms that FHF and MHF in this study have different characteristics and therefore both groups have different methods in utilizing the 2014 PPS received, including the utilization of JKN. Exploration through in-depth interview concludes that JKN-PBI beneficiaries commonly use the health assistance for outpatient care, inpatient care, health examination for family members, and immunization (see Box 20).

Box 20

Utilization of JKN-PBI

Ber (29, woman, TTS) is currently expecting her third child. Her pregnancy almost reaches its seventh month. Ber's third child is expected to be born in November 2015. This SD graduate's daily activities is to manage her household. Ber's husband works as farm worker and tamarind seeker in the woods. All of Ber's family members have Jamkesmas Card [red. This is how informants refer to it instead of JKN or BPJS]. The cards are commonly used to get health treatment for sick family members. Prior to her pregnancy, Ber used family planning injection to arrange birth spacing. Every three month she received free injection thanks to Jamkesmas Card. During her pregnancy, Ber uses Jamkesmas Card to receive antenatal care at puskesmas. While the monthly care is free, Ber has to spend Rp10,000 for *oto* (two-way travel) to get to there. Ber plans to deliver at puskesmas using Jamkesmas Card (Source: Result of in-depth interview, TTS, August 15, 2015).

Yak (36, woman, TTS) and her husband and both of their children already have BPJS Card (red. This is how informants refer to it instead of JKN). Puskesmas administrator informs her that Jamkesmas Card has to be immediately replaced with BPJS Card so that Yak immediately replaces them at Askes Office in Kota So'e. Yak and her family members have used the new card to get medical treatment at puskesmas for several times, including when Yak gets examination for her toothache. Besides, Yak also uses BPJS Card to receive contraception. Yak uses injected contraception. Sometimes she uses pills for contraception. Both contraception pills and injection are free as they are covered by BPJS (Source: Result of in-depth interview, TTS, August, 2016).

DID analysis on Table 14 does not find any impact of 2014 PPS acceptance on the use of contraception by women in study areas. Although contraception service is also covered in JKN, access to JKN does not immediately change women's decision concerning the use of contraception. The decision on the use of contraception in women is not commonly made by the women themselves, but also involving their spouses and other family members. The decision to use contraception also involves social norms applied in the society, in which a woman tends to use contraception if she sees that her surrounding neighbors, particularly those with the similarity in characteristics, also do similarly (Banerjee and Duflo, 2011). Providing health assistance to affect women's decision to use contraception only reduces the burden of women's expenditure to access contraception. In reality, women's decision to use contraception often involves other factors outside economic cost.

Some results from in-depth interviews show that PBI-JKN do not always take advantage of the assistance facility. The utmost issues hampering the poor communities in utilizing JKN-PBI are the distribution of health facilities and the access to health facilities determined as FTKP. Poor community's lack of understanding toward PBI-JKN is also another hampering factor. Exploration through in-depth interview found that JKN-PBI beneficiaries did not take advantage of the program as they had no knowledge that JKN-PBI can be used at the health facilities instead of only used to access hospitals. The change in regulation concerning health service assistance (from Jamkesmas to JKN) also affect the community's preference to receive medical treatment or childbirth (Box 21). Meanwhile, several PBI-JKN in Pangkep did not take advantage of the assistance as the Jamkesda scheme in the area made it possible for the community to receive proper and free health services by just showing their KTP and Family Card. There are member of communities who, after obtaining health treatments using Jamkesmas, are reluctant to use JKN-PBI as they consider the treatment in the health insurance scheme is ineffective as they do not get better.

Box 21 Community not Utilizing JKN-PBI

Rik (39, woman, Deli Serdang) has three daughters. She and two of her oldest daughters are registered as PBI-JKN. Only her youngest daughter not registered as PBI-JKN. The fact that her youngest child is not registered in the health insurance program does not make Rik tries to gain membership for the said child. She and her children have almost never used the program anymore. According to Rik, the puskesmas is located far from her house; additionally, Rik has many alternatives around her house. Puskesmas is located nearby inter-*kabupaten* highway, within about 30 minutes with motor vehicle. Transportation cost to puskesmas and the necessity to get treatment at puskesmas operational hour are considered more expensive compared to getting treatment to private midwife nearby Rik's house. (Source: Result of in-depth interview, SMERU Research Team, September 9, 2015)

Ver (42, woman, midwife, TTS) said that within the past year, the community changed their health behavior, particularly in utilizing health facilities for childbirth. In the previous year, poor women were able to give birth at the health facilities using Jamkesda—only by meeting SKTM requirements issued by village office. Now, SKTM application must be verified at the health agency and social agency. Ver considers this decreases poor family's interest in applying for SKTM as it is more troublesome and requiring higher cost. As a result, Ver observes, for the past year, five mothers preferred home birth. Total number of childbirth in the village where Ver is posted for the past one year is 21 childbirth. (Source: Result of in-depth interview, SMERU Research Team, August 2015).

7.2.4 Employment

Initial analysis on the impact of shocks for the past one year on employment indicator shows that women's participation in employment tends to increase as a response to the decline in family's source of livelihood in addition to the increase in the availability of employment for women in the study areas. The result of advanced DID analysis shows that the assistance scheme launched by the government using 2014 PPS did not affect the indicators concerning employment explored in this study, namely (i) work participation, (ii) probability of self-employed, (iii) work duration (day/week), and (iv) number of side jobs (Table 15). Generally three 2014 PPS programs, received both by FHF and MHF, have no significant impact on women's decision to work and to be self-employed. These three programs also have no impact on women's work duration as well as women's probability in having side jobs.

Table 15. Summary of DID Analysis Result on Employment Aspect

Program	FHF				MHF			
	Work participation	Self-employed	Work duration	Having side job	Work participation	Self-employed	Work duration	Having side job
BSM	-0.07 (0.105)	-0.048 (0.106)	0.072 (0.285)	0.066 (0.088)	0.007 (0.036)	-0.011 (0.061)	-0.29 (0.237)	0.073 (0.05)
PSKS	0.076 (0.064)	-0.018 (0.057)	0.074 (0.192)	-0.035 (0.044)	0.022 (0.027)	-0.036 (0.047)	-0.079 (0.173)	-0.031 (0.036)
JKN	-0.044 (0.065)	0.007 (0.057)	-0.016 (0.187)	-0.019 (0.044)	0.017 (0.026)	-0.004 (0.046)	-0.123 (0.171)	0.007 (0.035)
N	469	1071	981	1013	1396	1489	1362	1421

Table column shows dependent variables used. Table row shows intervention. Each table cell is resulted from separate regression. The estimation of linear models is controlled by all variables of family characteristics, environment, and *kabupaten* impact as shown in the table. Number in brackets is robust standard error. Significance level * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

Source: Survey data processing result, SMERU Research Team, 2015

Further observation through in-depth interview confirms the result of the DID analysis. Based on the in-depth interview with PSKS beneficiary families, commonly women beneficiaries of PSKS were very rarely utilizing the cash fund to start business or as work capital. Only several women beneficiaries of the PSKS were found to use the PSKS fund to start business or to support the effort of employment. A woman respondent from a MHF in Kubu Raya, for instance, used PSKS fund as the capital for selling porridge at a school nearby her house. Since June 2015, the woman who was previously a rubber tapper switched into a porridge seller as the rubber price continue to decline. Other information on PSKS fund utilization to support employment is obtain from respondents in Deli Serdang, Cilacap, and Pangkep where beneficiary families used the PSKS to make addition to production cost, to buy materials and crop seeds, to add capital for kiosk, and to buy bicycle as the means of transportation to workplace (Box 22).

Box 22 **Bicycles Facilitating Work**

Kas (60, woman, Deli Serdang) is a widow whose six children are all married. Kas has been working as a household assistant at a housing complex for two years. To reach her working place which is five kilometer from her house, Kas goes on her bicycle for 30 minutes. As of June 2015, Kas still lives with the family of her second child. During the research, Kas lives alone in a house with tin roof and wooden wall. As PSKS beneficiary, Kas disburses PSKS fund at an amount of Rp400,000 in 2014 and Rp600,000 in 2015. She uses the assistance to meet personal needs including for savings. From the savings, Kas bought bicycle and television at a total of Rp1,100,000. Kas bought a bicycle since she lives separately from her children's families and she couldn't use her child's bicycle to go to work. (Source: Result of in-depth interview, SMERU Research Team 2015)

In relation to the characteristic of the assistance program, as unconditional cash assistance, PSKS has larger potential in terms of its utilization compared to conditional cash assistance (BSM) or noncash assistance (JKN). Low utilization of PSKS as business capital indicates that PSKS beneficiaries do not considered the use of PSKS as business capital injection as a priority. The utilization of PSKS in the study areas is prioritized to cover family consumption, to cover educational and health costs, and to pay debts (Table 16). Result of the survey also shows that many PSKS beneficiaries use the assistance to buy clothes (16.7%) or to renovate their house (8.8%) instead of to use as business capital (7%).

Table 16. Utilization of PSKS by Beneficiary Families

Type of utilization	FHF	MHF	Total
Family Consumptions*	98%	95%	96.3%
Education cost***	33%	54%	45.9%
Health cost	23%	21%	21.4%
Paying debt	21%	21%	20.9%
House renovation	9%	9%	8.8%
Buying clothes	16%	17%	16.7%
Business capital	7%	7%	7.0%
Party/ritual cost*	6%	3%	4.2%
Savings*	6%	2%	3.6%
RT contribution	0%	1%	0.6%
Direct distribution	0%	0%	0.3%
Total observation	232	384	616

Source: Processed result of survey in 2015

Remarks: * T-test result significant for $p < .05$, *** T-test result significant for $p < .001$

Data from the survey shows that the utilization of PSKS by beneficiary families differs between FHF and MHF. The result of T-test shows that more FHF use the PSKS for family consumption compared to MHF, although the difference in the proportion is not large. The finding also confirms the previous finding in subchapter Consumptions, where PSKS acceptance is proven to be able to increase protein consumption in FHF, but not in MHF. Previous studies also confirms that women have higher preference on food expenditure in managing family income (Hoddinott and Haddad, 1995; Doss, 2005). However, the data in Table 18 shows that the proportion of FHF utilizing PSKS for education is far below the MHF. This finding can be explained by seeing the fact that the proportion of FHF with school-age children is lower compared to MHF, and therefore the proportion of FHF in utilizing PSKS for education is lower. This argument is supported by the survey data which show that 57.8% of FHF have school-age children while 73.4% of MHF have school-age children. Similarly with the utilization of PSKS for party and for savings, Table 16 shows that the proportion of FHF allocating PSKS fund for both posts is slightly higher compared to MHF.

Low PSKS utilization for business capital shows that PSKS beneficiary families have other basic necessities that should be covered when receiving cash transfer from the government. Although shocks in the study areas affected the community's employment and income, the access to PSKS did not necessarily support the community to improve their employment or income. Several arguments that may be able to explain this finding is that the amount of PSKS assistance is insufficient to support the effort of employment, particularly after the assistance received were first used to cover for consumption, education, and health costs. On the other hand, the amount of money needed as business capital injection is not small, while the PSKS disbursement is carried out in two separate stages, so that the amount of PSKS assistance received within each stage is relatively small to be used as business capital. This finding is supported by the finding of Bazzi *et al.* (2015) which shows BLT (prior to changed into PSKS) has no significant impact as its amount is too small with less precise disburse time.

7.2.5 Migration to overseas

Shocks in the study areas did not affect the migration aspect of the community in the study areas, where the number of migrants in the family is relatively constant and the remittance delivery frequency is also unchanged albeit there is a tendency that the migrants sent fewer remittance, particularly in female migrants (see subchapter 4.3). Advanced analysis using DID shows that none of 2014 PPS programs have significant impact on the indicators of migration as the focus of this study, i.e. i) the number of migrants in the family and ii) remittance delivery frequency (Table 17).

Table 17. Summary of DID Analysis Result on Migration Aspect

Program	FHF		MHF	
	Number of migrants	Remittance frequency	Number of migrants	Remittance frequency
BSM	0.021	0.396	-0.03	0.877
	(0.116)	(0.264)	(0.079)	(0.848)
PSKS	0.013	0.907	0.013	0.907
	(0.065)	(0.835)	(0.049)	(0.633)
PBI	0.066	-0.135	0.013	0.101
	(0.066)	(0.922)	(0.047)	(0.713)
N	1016	62	1862	77

Source: Survey data processing result, SMERU Research Team, 2015

The finding from Cilacap, as the area with the highest concentration of female overseas migrants, shows that most migrant women are not from the poorest group; instead, they come from near-poor and middle groups. As becoming migrant workers requires relatively large amount of money, families from the poorest group tend not to opt to become overseas migrants as they have no sufficient fund. Poor families whose family members are female overseas migrants usually have to borrow money from their relatives or from other parties. Some families also agree to the scheme offered by the distributor as follows: a part of the fund for the departure of the migrating family member is covered by the distributor with the agreement that the migrant's salary will be deduct to a certain amount during a period determined by the distributor. The strategy of borrowing money in relatively large amount to be able to depart as overseas migrant workers may not be taken by poorest families as 2014 PPS targets as they have concerns that they cannot be able to return the loan. Qualitative finding shows that the families who are informants of this study commonly borrow money to meet their daily needs, such as borrowing salt or spices from their families or relatives, such as those found in TTS.

The amount of PSKS fund is considered too small to be able to support a family aspiring to migrate overseas. PSKS fund commonly will exhaust to meet the daily needs of the beneficiary families, and even the qualitative finding only discovered two families who stated that they can save the fund. Very small amount of PSM fund can be allocated apart for children education expense (as presented in Table 12), let alone to be used for migrating overseas. The role of JKN PBI has not been apparent in making beneficiary families capable of saving their income to migrate overseas.

7.2.6 Domestic Violence and Women Participation in the Community

Hasyim, Kurniawan, and Hayati (2011:48) underline that the community views that domestic conflict is a common thing. The most common cause of such conflict is that whenever husband and wife feel that their daily necessities as a family are unmet. In the loss of employment or the increase in daily cost due to fuel price increase followed by constantly increasing price of goods, the level and intensity of stress experienced by poor families will accumulate. Relation in family also changes when family income declines, which eventually may trigger a tension between husband and wife with potential quarrel and domestic violence (IDS, 2009).

Although not meant as social safety net for the poor community during the changes in fuel subsidy policy, 2014 PPS distribution has a large potential to prevent a change in family relation as well as domestic violence during shocks. This study shows that it is not easy to understand the impact of the acceptance of social protection programs on domestic violence incidents and poor women participation in the community. Throughout the data collection, only four domestic violence cases were found and confirmed, i.e. two in Kubu Raya, one in Pangkep, and one in Cilacap. The core of the violence was the husband's infidelity. Out of these four cases, only once case occurred in program beneficiary family (Box 23).

Box 23 **PSKS Fund as Business Capital Injection**

Rat (50, woman, Cilacap) is the main manager of the PSKS fund received by her family. This happens as Rat's husband is frequently away. Her husband always leaves their home every time they have quarrels due to his affairs. Unsteady existence of her husband forces Rat to bear bigger responsibility to meet the family needs compared to her husband. Nevertheless, this makes Rat to be free utilizing the PSKS fund to meet family's daily needs and as capital injection for a small kiosk in front of her house. (Source: in-depth interview, SMERU Research Team, September 8, 2015)

Similarly with poor women participation in FHF and MHF. It is not easy to understand the impact of social protection programs on poor women participation. Active participation of the community members with low economic level will make the concerned individuals have beneficial social network. The network can be important resources, such as in terms of information, which may help the individual to gain freedom from poverty (Marianti, 2014).

During crisis or shock, poor families tend to cut corners by reducing their expenditure. The reduction of expenditure may be applied among others by reducing daily consumption, reducing child allowance, and quitting participation in social gatherings such as *arisan*. In this context, PSKS fund has the potential to help poor women of FHF and MHF to maintain active participation in their surroundings. However, the quantitative survey and qualitative finding of this study did not find any program beneficiary families who utilize the PSKS fund for women's activities in the community (compare with Table 16 and Table 16).

Table 18. Type of 2014 PPS Utilization by Beneficiary Families in Study Area

Type of Utilization	FHF					MHF				
	Deli Serdang	Cilacap	Kubu Raya	Pangkep	TTS	Deli Serdang	Cilacap	Kubu Raya	Pangkep	TTS
PSKS										
Purchasing basic necessities	v	v	v	v	v	v	v	v	v	v
Paying debt	v									
Purchasing school necessities	v		v	v		v	v	v	v	
Purchasing work/business support	v			v				v		
Buying livestock										v
Savings	v							v		
BSM 2014/2015										
Purchasing school necessities	v	v	v	v		v	v	v	v	
Purchasing basic necessities							v		v	
JKN PBI										
Not used for the last one year	v	v		v		v	v		v	
Health Treatment	v	v		v	v	v	v		v	v
Prenatal care							v			v

Source: Result of in-depth interview with family respondents in 2015

7.3 Program Design Impacts on Access to and Impact of 2014 PPS

This study has the hypothesis that the family access to 2014 PPS and the impact felt with the acceptance of 2014 PPS is affected by the program design. This section tries to relate the PPS design with family access to the programs and the impacts experienced by beneficiary households. Referring to the program design in subchapter 5.1, the 2014 PPS design aspects discussed in this section are target determination and program characteristics.

7.3.1 Target Establishment

2014 PPS was designed as a program whose determination of target is integrated with the same source of data, i.e. UDB resulted from PPLS 2011 which has been completed with the result of village/*kelurahan* meeting 2013. Further, BPS upgrades the data through UDB Update 2015.⁶³ The utilization of the same database in determining 2014 PPS beneficiary targets is expected to be able to accelerate the poverty alleviation efforts and to make them to be more comprehensive as they target all livelihood aspects of the same households. KPS/KKS holding families will become PSKS beneficiaries and PBI-JKN while their children who are in school will also become BSM beneficiaries. However, the finding in the study area shows that the proportion of family samples receiving these three programs at the same time is at mere 11% (Image 13 of subchapter 7.1). The finding shows that the data integration of 2014 PPS beneficiaries in the study areas is not comprehensive, and therefore many target households only receive one or two of the programs. Low poor family access to obtain three 2014 PPS makes the impacts of these programs become less significant, including in their role as one of the strategies of overcoming the shock impacts.

As of currently, the data of PSKS beneficiaries in the study areas are fully based on BLSM beneficiary data (KPS holders), while the determination of PBI-JKN is sourced from Jamkesmas data. In fact, data of Jamkesmas beneficiaries in 2008 to 2013 are still accommodating proposal scheme from the community. As a result, when KPS ownership data is integrated with Jamkesmas data, the names of Jamkesmas beneficiaries who are not the holders of KPS and are not included in the UDB will be found. Meanwhile, the BSM beneficiary data obtained from school proposal have been referring to the data of the KPS holders. This is in line with BSM design which prioritizes students and families in the possession of KPS in beneficiary proposal process.

During the implementation of BLSM 2013, the government has established the mechanism for the replacement of KPS beneficiary households at hierarchical level through participatory village/*kelurahan* meeting (Kementerian Sosial and TNP2K, 2013: 8) in the effort to improve the UDB resulted from PPLS 2011. This aims among others to replace off-target beneficiary households with nonbeneficiary households that deserve more. Unfortunately, there are no control and strict rules to ensure that the mechanism runs properly. This, among others, also caused that none of the village governments in this study held the village meeting to improve the inaccuracy of BLSM beneficiary targeting, which affect the inaccuracy of 2014 PPS beneficiary targeting. The findings in subchapters 5.2 and 7.1 show that the target accuracy of 2014 PPS in the study area is relatively low. With the absence of strict village meeting mechanism in the program design, this is more likely difficult to change and the opportunity for nonbeneficiary poor families to access PPS, particularly PSKS and PBI JKN will become narrower.

Compared to PSKS and JKN-PBI where both have no proposal mechanism in determining program beneficiary targets, BSM provides more opportunities for poor families outside the UDB. BSM

⁶³During the course of the field study, PBDT in all study kabupaten were not finished.

design has proposal mechanism for the students whose parents are non-KPS holders or PSKS nonbeneficiaries, through school proposal form (FUS) which is made based on SKTM ownership from the village/*kelurahan*. This mechanism opens the opportunity for the students from poor families to be proposed in case the BSM beneficiary quota in the academic year of each *kabupaten* has not met by students from KPS holding families. As seen from the program design, BSM has essentially been making the effort in increasing poor family access, although in subchapter 7.1 it is stated that the percentage of BSM beneficiary families in all study areas is below 20%. Apart from the technical reason stated in the subchapter 7.1, this seems to be affected by the relatively small scope of BSM beneficiaries which tends to prioritize students from poor households that own the KPS.

7.3.2 Assistance Program Characteristics

The three programs in 2014 PPS tend to have different assistance characteristics. The different characteristics of the programs are highly relevant to the objectives of each program. PSKS was designed as unconditional cash transfer, BSM was designed as conditional cash transfer, while JKN was designed as social insurance whose benefit comes in the form of in kind support.

PSKS design as unconditional cash transfer, does not affect poor family access to the program as the requirements for receiving the assistance have been attached to the target determination process. PSKS design provides flexibility to beneficiary households to utilize the fund as needed. The finding in subchapter 7.2 shows that PSKS utilization in the study areas has more variation compared to the other two programs, covering consumption, production, and investment aspects. The flexibility certainly brings significant impact on the increase in family purchasing power toward various expenditures, particularly expenditures supporting the coping strategies (as previously explained in Chapter 6) applied by the families during crisis.

BSM design which requires beneficiary students from poor households renders the program can be accessed only by households with school students as their members. Therefore, so far, the impact of BSM in the study areas can be experienced only by the families whose children go to formal educational institutions, both public and religious-based schools. As conditional cash assistance, BSM has yet supported by a control mechanism that may ensure that the assistance fund is used merely for children education. Nevertheless, the finding in subchapter 7.2 shows that a large part of the BSM fund utilization are indeed used for educational purposes, although almost 20% of the families also use the fund for consumptions.

Meanwhile, JKN which adopts social insurance design also has no regulation which affects family access to program acceptance. JKN program which provides in kind support can only be used at health service providers. Therefore, it is not surprising to see that in subchapter 7.2, JKN ownership affect the frequency of visit to health facilities. This is also supported by JKN scheme with its more extensive health facility partner network compared to Jamkesmas, so that the beneficiary families can access the services at the nearest health facilities.

Chapter 7 Conclusion

Relatively low KPS ownership (39%) in family samples becomes an early indication that the UDB used as the basis for KPS beneficiary targets is inaccurate, albeit with balanced access for FHF and MHF. The absence of village meeting and *kelurahan* meeting mechanisms as the effort to upgrade PPLS 2011 as the basis for the UDB is predicted to be the core of the UDB inaccuracy. The finding of the study shows that 2014 PPS has very small impact on women livelihood aspects. Some arguments which explain this finding are (i) nominal value of cash assistance and beneficial value of health insurance, (ii) assistance provision timeliness, and (iii) survey implementation timeliness. This study found that PSKS has larger potential in terms of its utilization compared to conditional cash assistance (BSM) or noncash assistance (JKN). PSKS is mostly used to cover family consumption, pay school necessities, health, repaying debt, while some beneficiaries use PSKS for business capital injection. BSM characteristic as conditional cash assistance renders the utilization of BSM is focused on meeting children school necessities. This study concludes that low poor family access to obtain three 2014 PPS makes the impacts of these programs become less significant, including in their role as one of the strategies of overcoming the shock impacts.

VIII. CLOSING

This chapter describes the conclusive points on the findings in chapters 4-7 and policy recommendations that can be developed based on the result of the findings. The Conclusion section tries to present answers to the research questions as the foci of this study, while policy recommendations present possible policy formulation based on the findings of this study.

8.1 Conclusion

Poor community, particularly women, have high vulnerability and limitation of capacity in implementing coping strategies during shocks. The source of shocks to the community may be in national scale, in this study such as the changes in fuel subsidy policy applied to all regions in Indonesia, whose impacts are experienced by all strata of community. Local shocks also frequently occur, such as drought and decline in the selling price of commodities as the main livelihood for the majorities of poor communities in the study areas. Meanwhile, other incidents at household level also become potential source of shocks, such as the risk of losing employment from the family member whose role is as the breadwinner. Limited resources as the characteristics of the poor community, particularly women, cause non-optimal implementation of risk management efforts that the main purpose of the risk management may not be achieved.

In relation to the objectives of the study which tries to explore the impact of fuel price changes, this study found that the changes in fuel subsidy policy has brought different shock intensity toward all study areas, considering that several study areas have other sources of shock that brought larger impact on the livelihood of the poor community. The variety of shock impacts among the study areas occurs due to difference in prevalence and intensity of shocks in the study areas. The impacts of shocks on livelihood indicators are more apparent in study areas with the highest shock intensity, namely Kubu Raya, Pangkep, and TTS. The changes in fuel subsidy policy affect poor women livelihood through the increase in transport cost, while drought and decline in commodity selling price affect poor women livelihood through disturbance to livelihood. Although there is no apparent difference in the impact of fuel subsidy policy changes to men and women in several livelihood indicators, the study found the indication of increased women's employment participation as the implication of the disturbance in male-dominated employment sector. The entry of women into employment market creates a number of consequences in relation to the division of duties between men and women within the households, for instance in taking care of the children. Although the majority of poor women in the study areas work in informal sector and can be done from home, the implication of such phenomenon is interesting to be further observed.

Poor families made various strategies to manage arising risks as the impact of shocks, where most of the strategies use individual- household- and group-based informal mechanisms. Not many of the poor families applying market-based risk management, considering that the availability of supporting infrastructure such as banks and financial institutions and ease of access are the factors contributing to family's determination in selecting and implementing survival strategies. Although the informal risk management strategies applied by the poor communities highly vary, during shocks, support from the government is also necessary in the forms of capacity building, provision of supporting infrastructure, and social protection programs that may prevent deterioration in poverty. In relation to research question on the difference between the coping strategies of FHF and MHF, the study found that MHF made more risk management strategies compared to FHF. This indicates the difference in capacity and characteristics between woman- and man-headed families

which further affect the decision-making process on the quantity of risk management strategies. Limitation of FHF, particularly in terms of resources and community network compared to MHF, are two key factors behind the differing capacities between FHF and MHF in applying risk management strategies.

In order to maintain the welfare of poor community during shocks, the social protection programs are expected to avoid the poor communities from deterioration in poverty due to the shocks. In relation to the research objective which aims to peruse poor family access to 2014 PPS, the study found that poor family access to PPS is relatively low, in which only 39% of the family samples in the study areas are the holders of KPS. Low KPS ownership indicates that the UDB 2011 used as the basis for KPS targeting is off-target. The absence of village mechanism which was designed as the UDB 2011 upgrading effort becomes a factor predicted to result in low target accuracy of 2014 PPS. Among three social protection programs as the foci of this study, poor family access in the study areas to JKN is the higher compared to two other social protection programs, i.e. PSKS and BSM. Nevertheless, the finding contradicts the previous literature which stated that women have limited access to social protection program, as this study did not find any systematic difference in FHF and MHF access to 2014 PPS. Relatively similar access for FHF and MHF shows that FHF already receives equal information with MHF in accessing the social protection programs and therefore not becoming a marginalized group particularly on access to social protection programs.

On the impact of social protection program on poor women livelihood, the study found that 2014 PPS has very small impact on women livelihood indicators. Several factors suspected to be able to explain the findings are (i) nominal value of cash assistance and beneficial value of health insurance, and (ii) assistance provision timeliness. Nevertheless, the poor community is found to utilize the PSKS quite extensively with variations starting from consumptive spending to more productive expenditures. Meanwhile, BSM utilization is limited only on children education needs. This finding indicates that the awareness of the poor community to obtain education in the study areas is sufficient, considering that the purpose of the BSM is to maintain the educational participation of children from poor families. Further, the study found that there is a difference in the utilization of PSKS fund in FHF and MHF, particularly in the allocation of fund for education, which is more likely caused by the difference in the number of school-age family members in FHF and MHF.

Essentially, 2014 PPS was designed as a program whose determination of target is integrated with the same source of data, i.e. UDB resultedd from PPLS 2011 for the acceleration of poverty alleviation. Low proportion of family samples receiving three 2014 PPS programs shows that the data integration of 2014 PPS beneficiaries in the study areas is not comprehensive. The implication of low poor family access to obtain three 2014 PPS is that the impacts of these programs become less significant, including in their role as one of the strategies of overcoming the shock impacts. Ideally, UDB which is used as the database for the determination of PPS beneficiary targets has been complete with the result of village/*kelurahan* meeting held in 2013, so that the accuracy of the targeting improves. Unfortunately, there are no control and strict rules to ensure that the village/*kelurahan* meetings mechanism runs properly. With the absence of strict village meeting mechanism in the program design, the finding of low 2014 PPS target accuracy tends to remain and the opportunity for nonbeneficiary poor families to access PPS will become narrower. BSM (Through FUS mechanism) provides more opportunities for poor families outside the UDB to become program beneficiaries, compared to PSKS and JKN-PBI where both have no proposal mechanism in determining program beneficiary targets.

8.2 Policy Recommendations

Considering that poor women are highly vulnerable group and having limited capacity in conducting risk management efforts, joint support from various parties is necessary to lessen their burden particularly during shocks. In relation to a point in the findings of this study where women participation in employment market increases along with the disturbance to family livelihood, joint efforts at family level, particularly the division of role in the household, is necessary. The division of role within household must be more flexible, e.g. men doing household chores that are traditionally identical to women, so that the women have less burden. On higher level, the government can also start to design social protection program targeted particularly for poor women. For example, subsidy for Early Childhood Development (ECE) child care fees for children of poor families as the effort to replace non-optimal children parenting roles in poor households whose both parents have to work to meet their living cost.

In relation to the role of social protection program in the context of shocks, unconditional cash transfer program such as PSKS provides larger space for target households in allocating additional fund received to prioritized household expenditure posts, particularly when local shocks have greater impact on poor community livelihood indicators than the national-scale shocks. Unconditional cash assistance program such as PSKS is responsive and adaptive against all possible shocks to poor community lives, even household-scale shock which is very hard to detect by central government. Even so, conditional assistance programs from the central government such as BSM need to be maintained as they are proven to be able to accelerate the achievement of national development goal.

In relation to local-scale shocks in the study areas, the social protection program launched by the central government needs to be accompanied by regional government innovations in the forms of social protection programs designed according to the characteristics of poverty and livelihood of the local communities. The social protection programs designed by the central government often use the same measure for national scale, although poverty and livelihood characteristics have are closely related to regional aspects. As the extension of the central government, the regional government that is nearer to the local community must be able to act more responsive, particularly in detecting and anticipating local shocks. Therefore, it is hoped that the regional government's role can be improved not only as the implementer of the social protection program distribution from the central government, but also actively designing and distributing social protection programs that are more sensitive to the poverty and livelihood characteristics of local people.

The accuracy of the social protection program distribution targeting determines the value of the social protection programs benefits, where highly dynamic changes in community welfare demand consistent and accurate database upgrade. The database used as the basis for the social protection program distribution must be constantly upgraded using systematic mechanism which is well-socialized to the lowest level of government at villages. Village meeting mechanism has high potential to increase the accuracy of the database used by the central government, with assistance and capacity development from TSKS for optimal implementation and the purpose of the village meetings increase the target accuracy of the social protection program can be achieved.

In order to improve the benefits of the social protection programs for the community livelihood, the government also needs to provide special attention to the determination of assistance disbursement time so that its benefit can be optimally felt by target households and the poor community can feel government's presence during shocks. The beneficial value of the social protection programs received by the poor communities is highly affected by the timeliness of the program distribution, where an assistance received in coincidence with a shock have higher

beneficial value compared to those received after the shocks. The largest impact of fuel subsidy policy changes is commonly experienced by poor communities when the shock first hit, while over time, the poor communities will make coping strategies to minimize the risks so that gradually, the intensity of shock impact will lessen. The distribution of social protection program at the same time of the shock is considered to be more potential in making improvement to poor community livelihood indicators affected by the shock.

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APPENDICES

APPENDIX 1

Procedure of MAMPU Quantitative Cleaning Survey Module 2015

To produce ready-to-use data, researchers first need to check the consistency of answers and correct the answer entry. Both procedures were implemented during the course of the field research as well as during the dataset preparation process after returning from the field.

The procedure during the implementation of the field research emphasizes the role of enumerators as data collectors. Apart from filling out quantitative survey questionnaires, each enumerator is required to take three types of supporting data from each family, i.e., i) photographs, ii) interview records, and iii) filled-out files. The photographs taken include houses, respondents, demographic documents, and families' social security cards. The information and data are then collected every night to the researchers at each area. Meanwhile, the files to be filled by the enumerators concerns the documentation of name changes, addition to or reduction of family members, the formation of fraction family, and the names the members of the replacement family. Replacement family is a family with the same characteristics based on the discussion and village meeting in the previous year to replace the old families that cannot be met in 2015.

Afterwards, the first thing to implement by the researchers every night is to check the consistency of the answers in the questionnaires using the software prepared. Further, the researchers consults with each enumerator on the characteristics of interviewed families and the problems faced on that day. In the case of unclear data or inconsistent answer, enumerator is asked to reconfirm based on the information available from pictures and recordings. In the case that the necessary information is unavailable in the recording or pictures taken, enumerator will contact or re-visit the respondents on the next day. This is continually done every day until the data collection process finishes.

Returning from the field, the data preparation procedure is initiated by combining the data from five study areas. The next stage is to repair and align the data respondents' residences, continued with repairing respondents' ID, particularly to enlist the ID of the replacement family. To ensure that each family and individual has unique ID, researcher then first identifies the errors on the consistency of answer using software in modules E (evaluation), R (roster), and S (cover) as the reference in checking the consistency of answers in the next modules. Researcher then explores the documents, images, and listens to the recording to ensure the respondents' answers. Based on the information obtained, the entry of the respondents' answers in modules E, R, and S are then repaired.

The next stage is to identify error on the consistency of answers using the same software in module W (employment), M (migration), I (maternal health), H (housing), K (health), and KK (family security) using modules E, R, and S as the main references. In this stage, researcher uses interview recording to confirm respondents' answers and then repairs the data entry in modules W, M, I, H, K, and KK.

After repairing the data entry for the module study 2015, researcher checks the consistency of respondents' data between the baseline study 2014 and the module study 2015. The checking is prioritized for data on respondents' demographic identities such as name, age, marriage status, and education. To ensure more exact answer entry, researcher listens to the recording of both studies. The considerations used to determine the entry among others are: who answers the question, answer consistency, how enumerator asks the question, and the story as respondents' answer background. Next, researcher improves inconsistent data in one of the studies based on the recording in both years and the consistency between respondents' answers in the same year, to produce ready-to-process module study 2015 dataset an intertemporal dataset (2014 and 2015).

APPENDIX 2

Table A1. Situation of Community Livelihood (Poor Group) in Study Area

	Kab Deli Serdang North Sumatra Prov	Kab Pangkep South Sulawesi Prov	Kab Kubu Raya West Kalimantan Prov	Kab TTS NTT Prov	Kab Cilacap Central Java Prov
Livelihood Pattern	Rainy Season agriculture	Rainy Season farming (rice and vegetables in turn), fishpond farmer	Rainy Season rice farming, vegetable farming (intercropping)	Rainy Season farming and gardening (planting season around November-December, harvesting around April)	Rainy Season farming, smoked food/crackers/cover craftsperson (part-time)
	Dry season: plantation	Dry season: farming (rice and vegetables in turn), salt farmer	Dry season: corn/pulses farming, rubber planting, sago palm planting	Dry season: tamarind seeking, salt cooking, vegetable planting, fishing at sea (around August-November)	Dry season: migrating to cities (construction worker, driver), land owner become sugar tapper
	All year: factory worker (particularly people of Desa Muliorejo)	All year: washerwoman, factory worker	All year: Migrant worker, housemaid, factory worker	All year: cloth weaving, wicker weaving, snack making	All year: small trader, migrant worker, factory worker, smoked food/crackers/cover craftsperson
Main Livelihood	1. Worker (factory, plantation, agriculture) 2. Freelancer 3. Farmer	1. Farmer (vegetable, fishpond, rice) 2. Cashew nut peeler 3. Washerwoman 4. Factory worker 5. Crab cracking 6. Construction worker	1. Farmer (rubber, field, sago palm) 2. Worker (agriculture, plantation, factory) 3. Sago palm roof maker 4. Sago palm faller 5. Migrant worker (Men dan Women) 6. Housemaid	1. Sharecropper (rice field) 2. Small animal husbandry (profit sharing system) 3. Other businesses (fishing, tamarind seeking, cloth weaving, mattress/wicker/snack/salt producing)	1. Farmer (worker) 2. Sugar tapper 3. Construction/factory worker 4. Migrant worker

Occupation for Women	<ul style="list-style-type: none"> 1. Worker (factory, plantation, agriculture) 2. Housemaid 3. House worker 	<ul style="list-style-type: none"> 1. Crab cracking 2. Cashew nut peeler 3. Factory worker 4. Vegetable farmer 5. Washerwoman 	<ul style="list-style-type: none"> 1. Rubber farmer 2. Field/vegetable farmer 3. Factory worker of PT. Alas 	<ul style="list-style-type: none"> 1. Garden/rice farmer 2. Animal husbandry 3. Other businesses (tamarind seeking, cloth weaving, wicker/copra/snack/mattress producing) 	<ul style="list-style-type: none"> 1. Farmer (worker) 2. Sugar tapper 3. Rubber tapper 4. Craftsperson (smoked foods, crackers, cover) 5. Small trader 6. Housemaid (internal, external) 7. Factory worker
Occupation for Men	<ul style="list-style-type: none"> 1. Worker (agriculture, plantation, construction) 2. Farmer 3. <i>Mocok-mocok</i> (odd job worker) 	<ul style="list-style-type: none"> 1. Fishpond/salt farmer 2. Rice farmer 3. Worker (construction, factory) 4. Fishermen 	<ul style="list-style-type: none"> 1. Farmer 2. Laborer 	<ul style="list-style-type: none"> 1. Garden/rice farmer 2. Animal husbandry 3. Business (fish, tamarind, salt) 	<ul style="list-style-type: none"> 1. Worker (agriculture, construction) 2. Sugar tapper 3. Rubber tapper

Source: FGD and interview by SMERU Research Team, 2015

APPENDIX 3

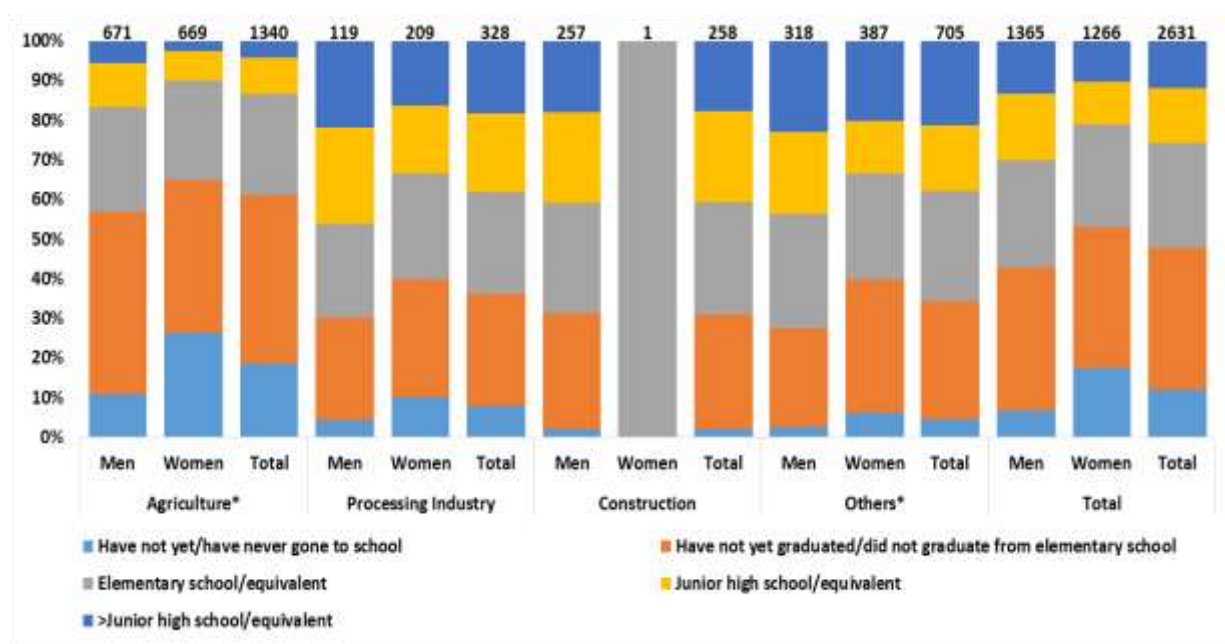


Image A1. Largest Education Level and Business Sector in Individuals of >5 years old (%)

Source: Result of survey in 2015

Remarks:

* Agriculture includes farming and fishery.

** Others cover, among others, mining, electricity, gas, water procurement, waste management, wholesale or retail, repair, transportation, warehousing, accommodation, food and beverages, communication, finance, insurance, company service, government administration, defense, educational service, health service, and social activities.

APPENDIX 4

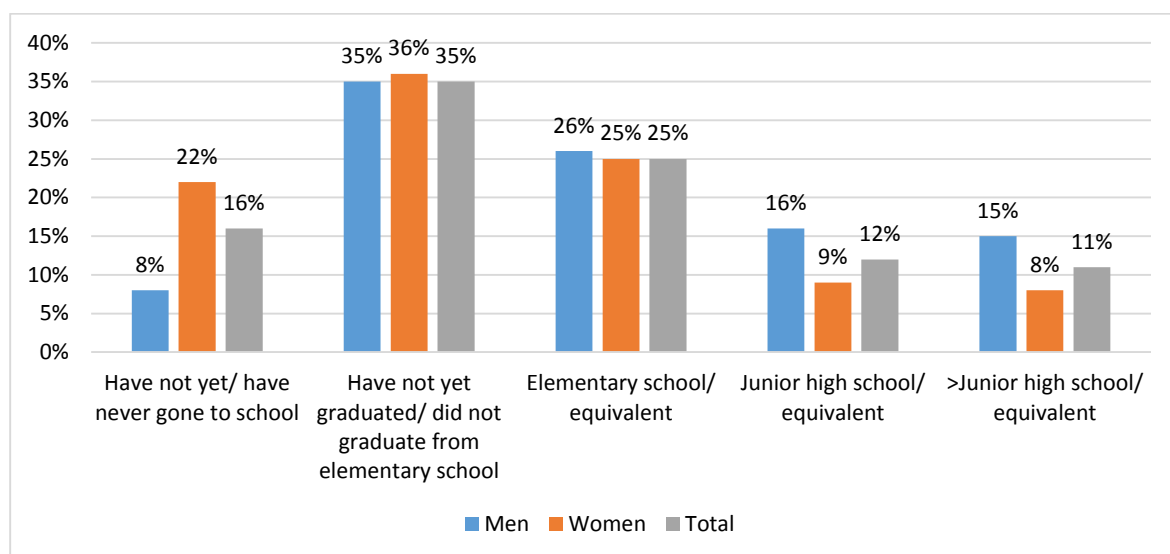


Image A2. Percentage of education Level by gender in individuals of >21 years old (%)

Source: Result of survey in 2015

Remarks: > Junior high school/equal covers senior high school/equals and higher education

APPENDIX 5

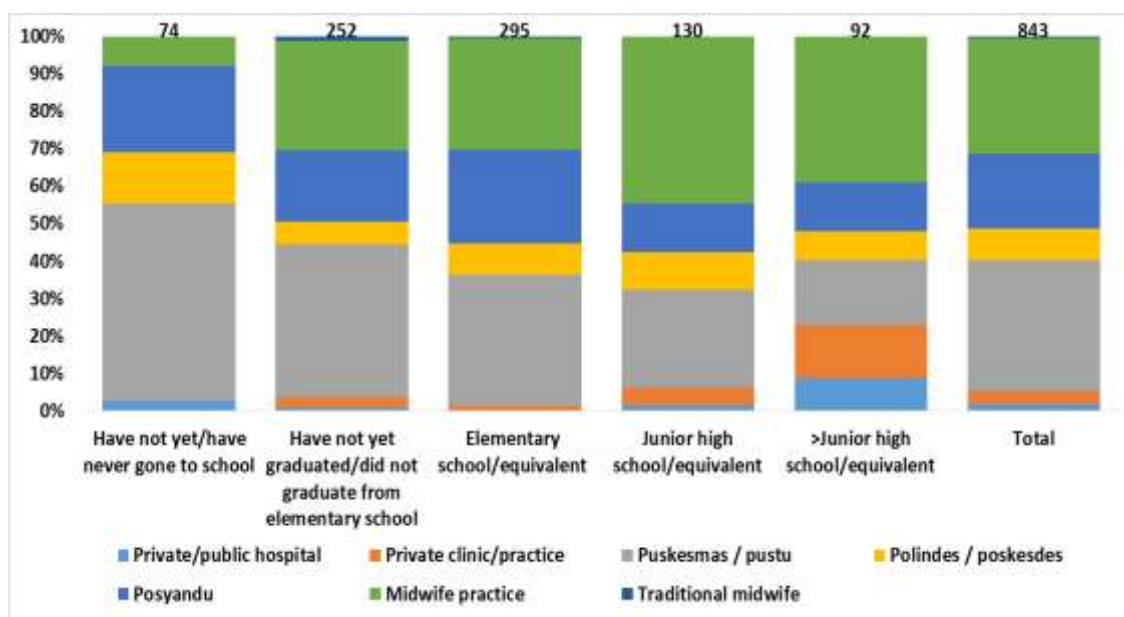


Image A3. Education level and Antenatal Care Location (%)

Source: Result of survey in 2015

Remarks: > SMP/equal covers SMA/equal and higher education

APPENDIX 6

Table A2. Change in Life-Necessity Prices in Study Area (Rp)

Region	Groceries				Transportation		Production Facilities	
	Rice (kg)	Granulated sugar (kg)	Cooking oil (liter)	Egg (piece)	To capital of <i>kecamatan</i>	To capital of <i>kabupaten</i>	Fertilizer (sack)	Pesticide
Deli Serdang	↑1,000-3,000	↑1,000-2,000	↓ 1,000*	↑200	<i>angkot</i> : ↑1,000 -2,000	<i>angkot</i> : ↑2,500	↑5,000	---
Cilacap	↑1,000-4,000	↑1,000-1,500	↑2,000-5,000	↑200-400	<i>angkot</i> : ↑3,000 -5,000	---	↑15,000-43,000	---
Kubu Raya	↑2,000-4,000	↑2,000-4,000	↑2,000-3,000	↑200-600	<i>ojek</i> : ↑10,000 -25,000	<i>ojek</i> : ↑15,000	↑15,000-45,000	↑3,000-15,000
					<i>motor air</i> : ↑1,000-5,000	<i>motor air</i> : ↑1,000-5,000		
					<i>opelet</i> : ↑6,000	---		
Pangkep	↑1,500-3,000	↑1,000-6,000	↑3,000-4,000	↑200	<i>bentor</i> : ↑3,000-5,000	<i>bentor</i> : ↑5,000	↑10,000-40,000	↑5,000-20,000
TTS	↑1,000-3,000	↑2,000-3,000	↑3,000-6,000	---	<i>ojek</i> : ↑3,000	pick-up: ↑10,000	↑60,000	---

Source: FGD and interview by SMERU Research Team, 2015

Remarks: ↑ price increase. ↓ price decrease

*Decline in oil price in Deli Serdang was triggered by the decline in oil palm price in the study area

APPENDIX 7.

Table A3. Decline in Commodity Prices in Study Area

Study Village	Rubber (Rp/kg)		Oil palm (Rp/kg)		Salt (Rp/sack)	
	2014	2015	2014	2015	2014	2015
Kubu Raya						
Desa G	8,000	3,500-5,000	Oil palm fruit: 1,250-1,350 early oil palm fruit: 1,100	Oil palm fruit: 500-600 early oil palm fruit: 400-500	-	-
Desa H	8,000	4,000-5,000	-	-	-	-
Desa I	8,000	5,000	-	-	-	-
Pangkep						
Desa J	-	-	-	-	20,000	12,000
Desa K	-	-	-	-	20,000	7,000-10,000
Desa L	-	-	-	-	20,000	13,000

Source: FGD and In-Depth Interview in Kubu Raya and Pangkep, August-September 2015

APPENDIX 8

Table A4. Dynamics of Family Consumption Frequency in Study Area

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Eggs																		
More frequent	14.29	8.43	10.6	4.17	3.98	4.05	1.59	7.73	6.36	10.78	13.23	12.37	16.13	5.45	10.03	10.12	7.87	8.67
Constant	75.24	81.46	79.15	93.33	89.77	91.22	69.84	64.55	65.72	63.73	68.78	67.01	71.77	90.3	82.35	75.68	78.02	77.18
Less frequent	10.48	10.11	10.25	2.5	6.25	4.73	28.57	27.73	27.92	25.49	17.99	20.62	12.1	4.24	7.61	14.2	14.12	14.15
N	105	178	283	120	176	296	63	220	283	102	189	291	124	165	289	514	928	1442
Fish																		
More frequent	8.57	4.49	6.01	2.5	6.82	5.07	7.94	7.27	7.42	15.69	8.99	11.34	8.06	5.45	6.57	8.37	6.68	7.28
Constant	81.9	86.52	84.81	94.17	86.36	89.53	76.19	72.27	73.14	61.76	74.6	70.1	83.87	91.52	88.24	80.54	81.57	81.21
Less frequent	9.52	8.99	9.19	3.33	6.82	5.41	15.87	20.45	19.43	22.55	16.4	18.56	8.06	3.03	5.19	11.09	11.75	11.51
N	105	178	283	120	176	296	63	220	283	102	189	291	124	165	289	514	928	1442
Chicken																		
More frequent	5.71	2.81	3.89	2.5	2.27	2.36	4.76	3.18	3.53	12.75	12.7	12.71	5.65	3.64	4.5	6.23	4.96	5.41
Constant	79.05	88.2	84.81	94.17	86.36	89.53	71.43	69.55	69.96	71.57	75.66	74.23	84.68	91.52	88.58	81.52	81.47	81.48
Less frequent	15.24	8.99	11.31	3.33	11.36	8.11	23.81	27.27	26.5	15.69	11.64	13.06	9.68	4.85	6.92	12.26	13.58	13.11
N	105	178	283	120	176	296	63	220	283	102	189	291	124	165	289	514	928	1442

Meat																		
More frequent	7.62	1.69	3.89		0.57	0.34	1.59	2.73	2.47	3.92	3.7	3.78	5.65	2.42	3.81	3.89	2.26	2.84
Constant	79.05	91.01	86.57	95.83	96.02	95.95	69.84	65.45	66.43	85.29	85.19	85.22	86.29	90.3	88.58	84.82	84.59	84.67
Less frequent	13.33	7.3	9.54	4.17	3.41	3.72	28.57	31.82	31.1	10.78	11.11	11	8.06	7.27	7.61	11.28	13.15	12.48
N	105	178	283	120	176	296	63	220	283	102	189	291	124	165	289	514	928	1442
Meal frequency																		
More frequent	0.95	1.69	1.41		0.57	0.34		0.91	0.71	1.96	3.17	2.75	1.61	1.82	1.73	0.97	1.62	1.39
Constant	96.19	97.75	97.17	98.33	98.86	98.65	100	94.55	95.76	93.14	94.18	93.81	90.32	95.76	93.43	95.14	96.12	95.77
Less frequent	2.86	0.56	1.41	1.67	0.57	1.01		4.55	3.53	4.9	2.65	3.44	8.06	2.42	4.84	3.89	2.26	2.84
N	105	178	283	120	176	296	63	220	283	102	189	291	124	165	289	514	928	1442
Cigarette Expenditure																		
Higher	5.56	4.93	5.06	4.76	14.62	12.21	18.18	7.56	8.46	33.33	23.78	25.95	23.53	11.02	13.66	16.97	12.56	13.44
Lower	11.11	17.61	16.29	11.9	14.62	13.95	9.09	13.45	13.08	11.9	11.89	11.89	11.76	6.3	7.45	11.52	12.86	12.59
Constant	83.33	77.46	78.65	83.33	70.77	73.84	72.73	78.99	78.46	54.76	64.34	62.16	64.71	82.68	78.88	71.52	74.58	73.97
N	36	142	178	42	130	172	11	119	130	42	143	185	34	127	161	165	661	826

Source: survey result of module and baseline studies in 2014-2015

APPENDIX 9

Table A5. Dynamics of Child Education Participation Level in Study Area

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Children (6-18 years old)																		
stay in school	68.3	79.3	76.8	82.6	71.6	74.6	71.2	68.5	68.8	66.3	76.0	73.4	67.8	78.9	75.5	70.7	73.8	73.1
enroll in school	9.5	6.3	7.0	4.4	6.0	5.6	8.2	11.9	11.3	5.8	3.1	3.8	2.3	3.5	3.2	5.8	7.0	6.8
leave school	4.8	4.1	4.2	5.8	6.6	6.4	5.5	5.8	5.8	7.7	5.2	5.9	9.2	6.0	7.0	6.8	5.5	5.8
remain unschooled	17.5	10.4	11.9	7.3	15.8	13.5	15.1	13.9	14.0	20.2	15.7	16.9	20.7	11.6	14.3	16.7	13.6	14.3
N	63	222	285	69	183	252	73	447	520	104	287	391	87	199	286	396	1338	1734
Girls (6-18 years old)																		
stay in school	79.2	79.3	79.3	89.5	75.3	79.50	70.7	69.8	69.9	65.1	73.3	71.4	73.8	82.5	79.9	75.0	74.8	74.8
enroll in school	4.2	3.6	3.7	2.6	4.5	3.94	4.9	13.5	12.1	4.7	4.8	4.8	2.4	4.1	3.6	3.7	7.3	6.5
leave school	4.2	5.4	5.2	2.6	7.9	6.30	9.8	6.5	7.0	11.6	5.5	6.9	9.5	6.2	7.2	8.0	6.2	6.6
remain unschooled	12.5	11.7	11.9	5.3	12.4	10.20	14.6	10.2	10.9	18.6	16.4	16.9	14.3	7.2	9.4	13.3	11.7	12.1
N	24	111	135	38	89	127	41	215	256	43	146	189	42	97	139	188	658	846
Boys (6-18 years old)																		
stay in school	61.5	79.3	74.7	74.2	68.1	69.6	71.9	67.2	67.8	67.2	78.7	75.2	62.2	75.5	71.4	66.8	72.9	71.5
enroll in school	12.8	9.0	10.0	6.5	7.5	7.2	12.5	10.3	10.6	6.6	1.4	3.0	2.2	2.9	2.7	7.7	6.8	7.0
leave school	5.1	2.7	3.3	9.7	5.3	6.4	0.0	5.2	4.5	4.9	5.0	5.0	8.9	5.9	6.8	5.8	4.9	5.1
remain unschooled	20.5	9.0	12.0	9.7	19.1	16.8	15.6	17.2	17.0	21.3	14.9	16.8	26.7	15.7	19.0	19.7	15.4	16.4
N	39	111	150	31	94	125	32	232	264	61	141	202	45	102	147	208	680	888

Source: survey result of module and baseline studies in 2014-2015

APPENDIX 10

Table A6. Dynamics of Contraception Usage Level in Women and Community Visit to Health Facilities

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Visit to health facilities																		
Remain visiting	45.8	65.7	57.4	47.8	36.7	40.8	60	70	67.1	54.2	38.7	44	74.7	82.1	78.9	58.5	58.8	58.7
Switch to visiting	10.4	0	4.35	10.9	10.1	10.4	4	8.33	7.06	12.5	15.1	14.2	3.8	5.66	4.86	8.13	8.15	8.14
Not visiting	39.6	31.3	34.8	32.6	35.4	34.4	24	18.3	20	16.7	29	24.8	13.9	11.3	12.4	24	24.4	24.3
Still not visiting	4.17	2.99	3.48	8.7	17.7	14.4	12	3.33	5.88	16.7	17.2	17	7.59	0.94	3.78	9.35	8.64	8.91
N	48	67	115	46	79	125	25	60	85	48	93	141	79	106	185	246	405	651
Contraception Utilization																		
Stay using	4.76	54.1	44.3	7.69	61.4	48.6	0	66.9	61.8	5.56	77.6	67.2	0	58.8	48.8	4.49	64.9	55.2
Switch to using	0	9.41	7.55	19.2	9.64	11.9	20	10.7	11.5	16.7	9.35	10.4	0	10.3	8.54	11.2	9.91	10.1
Switch to not using	9.52	18.8	17	7.69	9.64	9.17	10	13.2	13	33.3	5.61	9.6	21.4	13.2	14.6	15.7	11.9	12.5
Remain not using	85.7	17.6	31.1	65.4	19.3	30.3	70	9.09	13.7	44.4	7.48	12.8	78.6	17.6	28	68.5	13.4	22.2
N	21	85	106	26	83	109	10	121	131	18	107	125	14	68	82	89	464	553

Source: result of module and baseline studies surveys in 2014-2015

APPENDIX 11

Table A7. Dynamics of Individual Employment Participation in Study Area

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Men																		
Stay working	65.96	64.81	65.06	59.26	64.31	63.27	60	62.47	62.22	44.36	64.12	58.98	54.84	65.22	62.76	55.48	64.02	62.31
Switch to working							5.45	3.3	3.52	1.5	0.26	0.59		1	0.77	1.1	1.1	1.1
Become unemployed	28.72	31.09	30.57	39.51	34.08	35.2	20	25.57	25	51.88	32.72	37.7	43.01	33.11	35.46	39.25	30.8	32.5
Stay unemployed	5.32	4.11	4.37	1.23	1.61	1.53	14.55	8.66	9.26	2.26	2.9	2.73	2.15	0.67	1.02	4.17	4.08	4.1
N	94	341	435	81	311	392	55	485	540	133	379	512	93	299	392	456	1815	2271
Women																		
Stay working	62.09	37.54	45.53	45.7	30.07	36.1	53.08	29.42	34.71	45.99	29.57	35.34	43.1	28.72	35.14	48.94	30.95	37.1
Switch to working	12.42	7.89	9.36	8.06	8.78	8.51	19.23	19.03	19.07	10.7	11.88	11.47	9.21	8.78	8.97	11.28	11.96	11.73
Become unemployed	5.23	8.83	7.66	16.13	18.58	17.63	6.92	11.73	10.65	11.23	13.91	12.97	16.32	16.89	16.64	11.96	13.72	13
Stay unemployed	20.26	45.74	37.45	30.11	42.57	37.76	20.77	39.82	35.57	32.09	44.64	40.23	31.38	45.61	39.25	27.82	43.38	38.02
N	153	317	470	186	296	482	130	452	582	187	345	532	239	296	535	895	1706	2601
Individual																		
Stay working	63.56	51.67	54.92	49.81	47.61	48.28	55.14	46.53	47.95	45.31	47.65	46.93	46.39	47.06	46.82	51.15	48	48.87
Switch to working	7.69	3.8	4.86	5.62	4.28	4.69	15.14	10.89	11.59	6.88	5.8	6.13	6.63	4.87	5.5	7.85	6.36	
Become unemployed	14.17	20.36	18.67	23.22	26.52	25.51	10.81	18.89	17.56	28.13	23.76	25.1	23.8	25.04	24.6	21.17	22.52	22.1
Stay unemployed	14.57	24.16	21.55	21.35	21.58	21.51	18.92	23.69	22.91	19.69	22.79	21.84	23.19	23.03	23.09	19.84	23.12	22.21
N	247	658	905	267	607	874	185	937	1122	320	724	1044	332	595	927	1351	3521	4872

Source: result of module and baseline studies surveys in 2014-2015

APPENDIX 12

Table A8. Dynamics of Individual Work Duration in Study Area

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Men																		
More working hour	12	9.78	10.26		6.21	5.39	13.04	8.96	9.28	7.41	10.89	10.48	17.14	8.24	9.76	10.83	8.98	9.24
Less working hour	10	14.13	13.25	13.64	7.59	8.38	4.35	13.43	12.71	7.41	14.85	13.97	20	10.59	12.2	11.46	12.49	12.34
Constant working hour	78	76.09	76.5	86.36	86.21	86.23	82.61	77.61	78.01	85.19	74.26	75.55	62.86	81.18	78.05	77.71	78.53	78.42
N	50	184	234	22	145	167	23	268	291	27	202	229	35	170	205	157	969	1126
Women																		
More working hour	5.05	6.96	6.07	3.8		1.95	5.13	4.55	4.71	6.45	6.78	6.64	7.84	11.11	9.38	5.76	5.87	5.83
Less working hour	14.14	7.83	10.75	6.33	6.67	6.49	10.26	7.58	8.33	12.9	7.63	9.95	17.65	6.67	12.5	12.64	7.38	9.65
Constant working hour	80.81	85.22	83.18	89.87	93.33	91.56	84.62	87.88	86.96	80.65	85.59	83.41	74.51	82.22	78.13	81.6	86.74	84.53
N	99	115	214	79	75	154	78	198	276	93	118	211	102	90	192	451	596	1047
Individual																		
More working hour	7.38	8.7	8.26	2.97	4.09	3.74	6.93	7.08	7.05	6.67	9.38	8.64	10.22	9.23	9.57	7.07	7.8	7.59
Less working hour	12.75	11.71	12.05	7.92	7.27	7.48	8.91	10.94	10.58	11.67	12.19	12.05	18.25	9.23	12.34	12.34	10.54	11.04
Constant working hour	79.87	79.6	79.69	89.11	88.64	88.79	84.16	81.97	82.36	81.67	78.44	79.32	71.53	81.54	78.09	80.59	81.66	81.36
N	149	299	448	101	220	321	101	466	567	120	320	440	137	260	397	608	1565	2173

Source: survey result of module and baseline studies in 2014-2015

APPENDIX 13

Table A9. Dynamics of Individual Income in Study Area

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Men																		
Increased income	31.25	19.23	21.74		15.28	13.41	9.09	12.62	12.44	36.84	23.44	24.64	21.21	14.46	15.58	22.9	17.04	17.78
Decreased income	16.67	18.68	18.26	15	17.36	17.07	18.18	30.84	30.22		30.73	27.96	27.27	24.1	24.62	16.79	24.94	23.91
Constant income	52.08	62.09	60	85	67.36	69.51	72.73	56.54	57.33	63.16	45.83	47.39	51.52	61.45	59.8	60.31	58.02	58.31
N	48	182	230	20	144	164	11	214	225	19	192	211	33	166	199	131	898	1029
Women																		
Increased income	24.21	19.09	21.46	12.99	9.38	11.35	13.33	12.2	12.68	20.73	22.97	21.79	13.13	9.88	11.67	17.19	15.09	16.14
Decreased income	22.11	7.27	14.15	17.58	4.69	10.64	23.33	21.95	22.54	43.9	28.38	36.54	33.33	20.99	27.78	28.09	16.3	22.21
Constant income	53.68	73.64	64.39	71.43	85.94	78.01	63.33	65.85	64.79	35.37	48.65	41.67	53.54	69.14	60.56	54.72	68.61	61.65
N	95	110	205	77	64	141	60	82	142	82	74	156	99	81	180	413	411	824
Individual																		
Increased income	26.57	19.18	21.61	10.31	13.46	12.46	12.68	12.5	12.53	23.76	23.31	23.43	15.15	12.96	13.72	18.57	16.42	17.05
Decreased income	20.28	14.38	16.32	15.46	13.46	14.1	22.54	28.38	27.25	35.64	30.08	31.61	31.82	23.08	26.12	25.37	22.23	23.15
Constant income	53.15	66.44	62.07	74.23	73.08	73.44	64.79	59.12	60.22	40.59	46.62	44.96	53.03	63.97	60.16	56.07	61.34	59.79
N	143	292	435	97	208	305	71	296	367	101	266	367	132	247	379	544	1309	1853

Source: survey result of module and baseline studies in 2014-2015

APPENDIX 14

Table A10. Dynamics of Transport Cost to Reach Workplace

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Men																		
Transport cost increased	36.84	33.1	33.88	22.22	33.33	31.75	50	55.56	54.55	50	55.56	55.14	26.32	34.74	33.33	35	40.24	39.4
Transport cost decreased	5.26	11.03	9.84		7.41	6.35	16.67	7.41	9.09	12.5	6.06	6.54	36.84	10.53	14.91	13.75	9.05	9.8
Constant transport cost	57.89	55.86	56.28	77.78	59.26	61.9	33.33	37.04	36.36	37.5	38.38	38.32	36.84	54.74	51.75	51.25	50.71	50.8
N	38	145	183	9	54	63	6	27	33	8	99	107	19	95	114	80	420	500
Women																		
Transport cost increased	45.65	29.27	38.93		20	10	50	55.56	54.55	45.45	53.33	51.22	6.67	36.36	19.23	33.33	38.61	36.22
Transport cost decreased	6.52		3.45		10	5				9.09	3.33	4.88	6.67		3.85	5.95	1.98	3.78
Constant transport cost	47.83	70.73	58.62	100	70	85	50	44.44	45.45	45.45	43.33	43.9	86.67	63.64	76.92	60.71	59.41	60
N	46	41	87	10	10	20	2	9	11	11	30	41	15	11	26	84	101	185
Individual																		
Transport cost increased	41.67	32.26	35.19	10.53	31.25	26.51	50	55.56	54.55	47.37	55.04	54.05	17.65	34.91	30.71	34.15	39.92	38.54
Transport cost decreased	5.95	8.6	7.78		7.81	6.02	12.5	5.56	6.82	10.53	5.43	6.08	23.53	9.43	12.86	9.76	7.68	8.18
Constant transport cost	52.38	59.14	57.04	89.47	60.94	67.47	37.5	38.89	38.64	42.11	39.53	39.86	58.82	55.66	56.43	56.1	52.4	53.28
N	84	186	270	19	64	83	8	36	44	19	129	148	34	106	140	164	521	685

Source: survey result of module and baseline studies in 2014-2015

APPENDIX 15

Table A11. Dynamics of the Number of Migrants in Study Area

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Number of migrants in the family																		
Increased	4.76	7.3	6.36	2.5	7.3	10.47	17.5	9.55	11.32	11.8	9.52	10.32	8.06	8.48	8.30	7.98	10.1	9.34
Decreased	0	2.25	1.42	5.83	2.25	10.81	9.52	9.55	9.54	13.7	4.23	7.55	4.84	3.03	3.81	6.42	6.79	6.66
Constant	95.2	90.4	92.18	91.7	90.4	78.74	73	80.9	79.14	74.5	86.2	82.10	87.1	88.5	87.90	85.6	83.1	83.99
N	105	178	283	120	178	296	63	220	283	102	189	291	124	165	289	514	928	1442

Source: survey result of module and baseline studies in 2014-2015

APPENDIX 16

Table A12. Dynamics of Remittance Delivered by Migrants

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Men																		
More frequent in remittance sending	60	22.22	14.29	4.35	17.07	10.94	20	7.14	5.26	25	7.69	16	33.33	14.29	15.38	8.93	12.24	11.04
Less frequent in remittance delivery	40	11.11	28.57	95.65	7.32	6.25	80	17.86	18.42	75	15.38	8	66.67	85.71	7.69	10.71	12.24	11.69
Unchanged		66.67	57.14		75.61	82.81		75	76.32		76.92	76			76.92	80.36	75.51	77.27
N	5	9	14	23	41	64	10	28	38	12	13	25	6	7	13	56	98	154
Women																		
More frequent in remittance sending				6.67	9.09	8.11				20	25	22.22				5.26	7.32	6.33
Less frequent in remittance delivery				6.67	13.64	10.81	11.11	10	10.53	80	75	77.78	12.5	100	10	7.89	9.76	8.86
Unchanged	100	100	100	86.67	77.27	81.08	88.89	90	89.47				87.5		90	86.84	82.93	84.81
N	1	3	4	15	22	37	9	10	19	5	4	9	8	2	10	38	41	79
Individual																		
More frequent in remittance sending		16.67	11.11	2.63	14.29	9.9	15.79	5.26	3.51	23.53	11.76	17.65	14.29		8.7	7.45	10.79	9.44
Less frequent in remittance delivery	50	8.33	22.22	5.26	9.52	7.92	84.2	15.79	15.79	76.47	11.76	5.88	7.14	11.11	8.7	9.57	11.51	10.73
Unchanged	50	75	66.67	92.11	76.19	82.18		78.95	80.7		76.47	76.47	78.57	88.89	82.61	82.98	77.7	89.83
N	6	12	18	38	63	101	19	38	57	17	17	34	14	9	23	94	139	233

Source: survey result of module and baseline studies in 2014-2015

APPENDIX 17

Table A13. Dynamics of Migrant House Visit Frequency

	Deli Serdang (%)			Cilacap (%)			TTS (%)			Kubu Raya (%)			Pangkep (%)			Total (%)		
	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total	FHF	MHF	Total
Men																		
More frequent visit		9.09	6.25		4.26	2.82				16.7	5.56	11.1	14.3		7.14	6.25	3.36	4.37
Less frequent visit		18.18	12.5	8.33	12.77	11.3	10	2.78	4.35	5.56	11.1	8.33	14.3		7.14	7.81	9.24	8.74
Unchanged	100	72.73	81.3	91.67	82.98	85.9	90	97.2	95.7	77.8	83.3	80.6	71.4	100	85.7	85.9	87.4	86.9
N	5	11	16	24	47	71	10	36	46	18	18	36	7	7	14	64	119	183
Women																		
More frequent visit				5.88		2.44				12.5	20	16.7	12.5	50	25	6.38	6.78	6.6
Less frequent visit		33.33	25		12.5	7.32	15.4	11.1	12.9				12.5		8.33	6.38	10.2	8.49
Unchanged	100	66.67	75	94.12	87.5	90.2	84.6	88.9	87.1	87.5	80	83.3	75	50	66.7	87.2	83.1	84.9
N	1	3	4	17	24	41	13	18	31	8	10	18	8	4	12	47	59	106
Individual																		
More frequent visit		7.14	5	2.44	2.82	2.68				15.4	10.7	13	13.3	18.2	15.4	6.31	4.49	5.19
Less frequent visit		21.43	15	4.88	12.68	9.82	13	5.56	7.79	3.85	7.14	5.56	13.3		7.69	7.21	9.55	8.65
Unchanged	100	71.43	80	92.68	84.51	87.5	87	94.4	92.2	80.8	82.1	81.5	73.3	81.8	76.9	86.5	86	86.2
N	6	14	20	41	71	112	23	77	77	26	28	54	15	11	26	111	178	289

Source: result of module and baseline studies surveys in 2014-2015

APPENDIX 18

Table A14. List of Programs/Activities Sourced from Central Government and Their Utilization

Programs/Activities and Utilization	Kabupaten Deli Serdang			Kabupaten Cilacap			Kabupaten Kubu Raya			Kabupaten Pangkep			Kabupaten TTS		
	Desa A	Desa B	Desa C	Desa D	Desa E	Desa F	Desa G	Desa H	Desa I	Desa J	Desa K	Desa L	Desa M	Desa N	Desa O
PSKS	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Assisting household's daily needs	√	√	√	√	√	√	√	√	√	√	√	√		√	√
Increasing consumption quality for a while					√	√									
Assisting for religious holiday necessities	√	√	√												
Assisting for child school necessities	√		√		√		√	√	√	√		√	√		
Child school enrollment fee									√						
Business capital	√				√					√		√			
Purchasing production facilities										√					
PIP	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Assisting for child school necessities	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Assisting household's daily needs			√							√		√			
School fund can be allocated for daily needs											√				
Enhancing children school spirit				√											
JKN	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Reducing health treatment cost	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Reducing maternity cost	√	√	√				√	√	√	√		√	√		√
Free contraception										√		√			

Programs/Activities and Utilization	Kabupaten Deli Serdang			Kabupaten Cilacap			Kabupaten Kubu Raya			Kabupaten Pangkep			Kabupaten TTS		
	Desa A	Desa B	Desa C	Desa D	Desa E	Desa F	Desa G	Desa H	Desa I	Desa J	Desa K	Desa L	Desa M	Desa N	Desa O
Medical treatment fund can be allocated for child's school needs			√												
Raskin	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Assisting for meeting rice needs	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Substitute food for people with diabetes	√		√												
Can be used for celebration/party				√	√										
All community members can receive due to even distribution									√						
BOS	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Assisting for child school necessities	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
School fund can be allocated for daily needs	√	√													
Enhancing children school spirit				√											
Assisting the needs of school and temporary teachers													√		
Reducing school dropout rate														√	
PKH				√	√	√	√	√	√	√	√	√	√	√	
Children from poor families can stay in school				√										√	
Expecting mothers increase their frequency to check their pregnancy at posyandu and health facilities				√			√								
Mothers with infants/toddler increase their frequency to check their child's health at posyandu				√			√				√				

Programs/Activities and Utilization	Kabupaten Deli Serdang			Kabupaten Cilacap			Kabupaten Kubu Raya			Kabupaten Pangkep			Kabupaten TTS		
	Desa A	Desa B	Desa C	Desa D	Desa E	Desa F	Desa G	Desa H	Desa I	Desa J	Desa K	Desa L	Desa M	Desa N	Desa O
Assisting for child school necessities					√	√	√	√	√	√	√	√	√	√	
Assisting for infant/toddler necessities						√		√	√		√	√	√	√	
Assisting for pregnant mother's necessities									√					√	
Enhancing children school spirit							√				√				
Assisting household's daily needs										√		√			
Reducing maternity cost									√				√		
Reducing maternal mortality rate														√	
Reducing infant mortality rate														√	
Village Fund for infrastructure development (road/bridge)				√	√	√				√	√	√			√
Streamlining access to transport				√	√	√				√	√	√			√
Increasing economic activities				√							√				
Facilitating women to bring meals to paddy field										√					
Facilitating women to bring harvest yields											√				
Facilitating women to fetch water												√			
Facilitating women to go to market/carry groceries												√			
PNPM (especially SPP)				√	√	√									
Obtaining loan with low interest rate				√											
Increasing business capital and economic activities				√	√	√									
PNPM Generasi							√	√							

Programs/Activities and Utilization	Kabupaten Deli Serdang			Kabupaten Cilacap			Kabupaten Kubu Raya			Kabupaten Pangkep			Kabupaten TTS		
	Desa A	Desa B	Desa C	Desa D	Desa E	Desa F	Desa G	Desa H	Desa I	Desa J	Desa K	Desa L	Desa M	Desa N	Desa O
Reducing maternity cost (transport cost assistance to health facilities)							√	√							
Assisting for child school necessities							√	√							
Enhancing children school spirit								√							
PDM-DKE						√									
Increasing business capital and economic activities						√									
PPIP						√									
Streamlining access to transport						√									
Facilitating vendors who are mostly women						√									
RTLH									√						
House is more livable									√						
PUGAR											√				
Can store harvest yield											√				
PKH Kube (currently in socialization)														√	

Source: FGD and interview by SMERU Research Team, 2015

APPENDIX 19

Table A15. List of Programs/Activities Sourced from Regional Government and Their Utilization

Programs/Activities and Utilization	Kabupaten Deli Serdang			Kabupaten Cilacap			Kabupaten Kubu Raya			Kabupaten Pangkep			Kabupaten TTS		
	Desa A	Desa B	Desa C	Desa D	Desa E	Desa F	Desa G	Desa H	Desa I	Desa J	Desa K	Desa L	Desa M	Desa N	Desa O
ADD				√	√	√				√			√		√
Fund available for village agency operations				√	√	√									
Fund available for PKK activities and posyandu				√	√	√									
Farmers/farm workers work easier with rice thresher machine										√					
Women of Majelis Taklim now have uniforms										√					
Capital injection for cloth/wicker weaving women's group													√		
PKK members receiving training on making supplementary food													√		
Assistance for production facilities for cloth weaver and mattress maker women's group															√
Assistance for school needs for achieved SD and SMP students															√
Regional tax and retribution profit sharing				√	√										
Fund available for village operations				√											
Village office will have embankment					√										
Proda/land certification (currently in socialization)							√								
Clearer land ownership for the community							√								

BUMDes								√	√	√
Receiving business capital injection								√	√	√
Increasing economic activities (commodities increase in variations)										√
Anggur Merah										√
Obtaining capital for animal husbandry and trading									√	√
BPMD									√	
ECE students receiving supplementary food and milk									√	
Parents can reduce children's allowance money									√	
Social Assistance (Groceries)										√
Assisting household's daily needs										√
Road repair/construction	√	√	√	√	√	√		√	√	
Streamlining access to transport	√	√	√	√	√	√			√	
Facilitating women to go to market/carry groceries		√							√	
Facilitating women to bring meals to paddy field									√	
Peddlers can access and therefore reducing women's visit to market									√	
Facilitating women in delivering children to school by motorcycle									√	
Dam/irrigation channel repair/construction					√			√		
Most farmers can harvest twice a year								√		
Female farm workers can also harvest and receive harvest yield sharing twice								√		

School building renovation (currently in socialization)							√		
Functional Literacy (FL)							√		
Participants become literate							√		
Jamkesda	√	√	√	√	√	√	√	√	√
Reducing health treatment cost	√	√	√	√	√	√	√	√	√
Reducing maternity cost	√	√	√				√	√	√
Free contraception							√	√	√
Health education and assistance		√		√		√		√	√
Increasing knowledge on health, including reproductive health		√		√				√	√
Number of immunized children increases							√		
Increasing mothers' knowledge on pregnancy and how to monitor child growth						√		√	√
Motivating mothers to <i>posyandu</i>						√		√	√
Motivating mothers to give birth to health facilities to eliminate traditional birth attendants								√	
Receiving supplementary food assistance for toddlers								√	√
Examination of reproductive health							√		
Maternity Class							√		
Obtaining knowledge on the importance of maintaining health during pregnancy							√		
Maintaining health more during pregnancy							√		
Mosquito net distribution								√	√
Residents protected from malaria- and dengue-carrying mosquitos								√	√
Decreasing malaria and dengue cases								√	√

Sanitation (public toilet and tank)				√			
Residents can purchase water in cheaper price				√			
Residents can use public toilets free of charge				√			
Women can wash nearby tanks				√			
Facilitating women to fetch water				√			
Agricultural education and assistance	√	√		√	√	√	
Reducing workload				√			
Accelerating soil processing				√			
Availability of production facilities						√	
Obtaining free seeds					√	√	√
Vegetable harvest can be consumed (more efficient) and sold (increasing income)				√			
Increasing farming knowledge				√	√	√	
Women Farmer's Group				√			
Obtaining knowledge on farming and animal husbandry				√			
Introducing productive activities				√			
Increasing family economy				√			
Fishery education and assistance		√		√		√	√
Increasing knowledge on proper way to keep fish				√			
Obtaining fish seeds				√		√	
River dredging carried out to avoid water overflowing to rice field/fishpond					√		
Fishpond extension increases the business scale of group members						√	

Assisting in catching fish with support of boat motor		√
Livestock assistance (goats/cows)	√	√
Increasing animal husbandry products	√	√
Development of tourism village (construction of pier)		√
Streamlining access to transport		√
Facilitating in transporting harvest yield		√
Increasing economic activities		√
Women can reach nearer market in the island		√
Tourism counseling	√	
Obtaining knowledge and education on certifications	√	

Source: FGD and interview by SMERU Research Team, 2015

APPENDIX 20

Table A16. List of Programs/Activities Sourced from Regional Government and Their Utilization

Programs/Activities and Utilization	Kabupaten Deli Serdang			Kabupaten Cilacap			Kabupaten Kubu Raya			Kabupaten Pangkep			Kabupaten TTS		
	Des a A	Des a B	Des a C	Des a D	Des a E	Des a F	Des a G	Des a H	Des a I	Des a J	Des a K	Des a L	Des a M	Des a N	Des a O
Aisyiyah				√						√	√				
Increasing knowledge on health, particularly reproductive health				√						√	√				
Examination of reproductive health				√						√	√				
Increasing religious knowledge through Koran recital				√						√	√				
Becoming more active in social activities				√						√	√				
Starting to be confident to share opinion and speak in front of public										√	√				
Receiving vocational training and increasing income										√	√				
Indipt (assistance to migrant workers)					√										
Obtaining knowledge and education on safety for migrant workers					√										
PEKKA							√	√							
Receiving loan for business and other necessities							√								
Receiving vocational training (sewing, snack making, etc.)							√								
Adding friend and training public speaking skills							√								
Receiving supplementary vegetables and pulses for consumption							√								
Receiving assistance to make marriage certificate and JKN card								√							
Able to legally marry and have marriage certificate								√							

Programs/Activities and Utilization	Kabupaten Deli Serdang			Kabupaten Cilacap			Kabupaten Kubu Raya			Kabupaten Pangkep			Kabupaten TTS		
	Des a A	Des a B	Des a C	Des a D	Des a E	Des a F	Des a G	Des a H	Des a I	Des a J	Des a K	Des a L	Des a M	Des a N	Des a O
Child's birth certificate is complete as the mother and father's name are written								√							
Data collected to be proposed as Regional Contribution Assistance Beneficiaries of BPJS Kesehatan (on process)								√							
YSSP														√	
Increasing knowledge and awareness on domestic violence, HIV/AIDS, trafficking, and gender equality														√	
Decreased domestic violence cases														√	
Division of duties starts to exist within household														√	
Muslimat NU (Family Planning safari)				√											
Receiving free contraception implant				√											
YSBS (road repair material assistance)						√									
Streamlining access						√									
KAKI Foundation (nutrition counseling)													√		
Increasing knowledge and awareness on the significance of nutrition													√		
WFP (supplementary food assistance)													√		
Improving the nutrition of pregnant mothers and toddlers through supplementary food													√		
Reducing malnutrition rate													√		
PLAN International Indonesia (healthy toilet campaign)													√		
Residents have toilets for more sanitary environment													√		

Programs/Activities and Utilization	Kabupaten Deli Serdang			Kabupaten Cilacap			Kabupaten Kubu Raya			Kabupaten Pangkep			Kabupaten TTS		
	Des a A	Des a B	Des a C	Des a D	Des a E	Des a F	Des a G	Des a H	Des a I	Des a J	Des a K	Des a L	Des a M	Des a N	Des a O
CIS TIMOR and CARE															√
Providing easy access with bridge construction															√
COREMAP (currently in socialization)												√			
Company assistance	√	√								√	√	√			
Assisting household's daily needs through grocery assistance	√														
Purchasing LPG 3 kg with more affordable price at bazaar		√													
Assisting for clean water necessity										√	√				
Assisting for child school necessities through scholarship										√	√	√			
Assisting household's daily needs through scholarship										√	√	√			
Assistance from political parties (free ambulance)	√														
Facilitating in transporting sick people, mothers in labor, or corpse	√														
Individual assistance through church													√		
Receiving money assistance to pay raskin													√		
Receiving free health examination													√		
Agricultural counseling					√										
Increasing farming knowledge					√										
KKU Muhammadiyah							√								
Receiving skills training							√								
Children learn how to write and read without cost							√								

Programs/Activities and Utilization	Kabupaten Deli Serdang			Kabupaten Cilacap			Kabupaten Kubu Raya			Kabupaten Pangkep			Kabupaten TTS		
	Des a A	Des a B	Des a C	Des a D	Des a E	Des a F	Des a G	Des a H	Des a I	Des a J	Des a K	Des a L	Des a M	Des a N	Des a O
Receiving free health examination							√								
Facilitating the residents for ablution at the mosque							√								
Tanjung Pura University and Buddhist (free medical treatment)								√							

Source: FGD and interview by SMERU Research Team, 2015

APPENDIX 21

Table A17. List of Infrastructures in Kabupaten Deli Serdang

Availability of Facility	Desa A	Desa B	Desa C
HEALTH FACILITIES			
Posyandu	13 toddler posyandu	10 toddler posyandu	8 toddler posyandu and 1 elderly posyandu
Poskesdes/polindes	N/A	N/A	N/A
Pustu	N/A	1 pustu	1 pustu
Puskesmas	1 puskesmas	N/A, the nearest located in the capital of <i>kecamatan</i> (13 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (6 km)
Hospital	N/A, the nearest located in other village (1.5 km)	N/A, the nearest located in other <i>kecamatan</i> (14 km)	N/A, the nearest located in the capital of province (12 km)
Physician	4 physicians	N/A, the nearest located in other <i>kecamatan</i> (13 km)	1 physician
Midwifery practitioner	10 midwifery practitioners	5 midwifery practitioners	4 midwifery practitioners
Orderly/nurse practitioner	N/A	N/A	2 orderly practices
EDUCATIONAL FACILITIES			
ECE	13 ECEs	1 ECE	3 ECEs
Kindergarten	13 Kindertartens	5 Kindertartens	4 Kindertartens
SD/MI	5 state SD and 4 private MI	5 state SD and 1 private MI	4 state SD and 3 private MI
SMP/MTs	1 state SMP, 2 private SMP, and 1 private MTs	1 private SMP and 1 private MTs	4 private SMP
SMA/SMK/MA	1 private SMA and 1 private MA	1 private SMA	1 private SMK

FINANCIAL AGENCY FACILITIES			
Bank	Bank Syariah Mandiri, BRI, BPR, and Bank Sumut available along Jalan Medan-Binjai	N/A in Desa Payabakung	N/A in Desa Klambir V Kebun. Bank Sumut is the nearest, located 3 km far.
Pegadaian (Pawnshop)	Pawnshop available nearby BRI	No pawnshop. The nearest pawnshop is in Desa Mulioorejo about 3 km.	N/A in Desa Klambir V Kebun. The nearest pawnshop is in the neighboring village about 2 km far.
Other financial agencies (cooperatives, mobile banks/informal moneylenders)	Cooperative available in <i>dusun</i> (in one of <i>dusun</i>). Non legal financial institution (moneylender) using tickets is also available.	<i>dusun</i> cooperative and STM (<i>Serikat Tolong Menolong</i>)/Mutual Help Union	Two, available in Dusun 19 (pasar V) and Dusun 10 (Harapan) but the head of the village has no knowledge about the name of the financial institutions. Financial agencies commonly are also available at <i>Serikat Tolong Menolong</i> (STM)/Mutual Help Union and Koran recital.

Source: Interview by SMERU Research Team, 2015

APPENDIX 22

Table A18. List of Infrastructures in Kabupaten Cilacap

Availability of Facility	Desa D	Desa E	Desa F
HEALTH FACILITIES			
Posyandu	6 toddler posyandu and 1 elderly posyandu	6 toddler posyandu and 1 elderly posyandu	7 toddler posyandu and 1 elderly posyandu
Poskesdes/polindes	N/A	1 polindes	1 polindes
Pustu	1 pustu	N/A	N/A
Puskesmas	N/A, the nearest located in other village (7 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (13 km)	N/A, the nearest located in the neighboring capital of <i>kecamatan</i> (8 km)
Hospital	N/A, the nearest located in the capital of <i>kabupaten</i> (32 km)	N/A, the nearest located in other <i>kecamatan</i> (30 km)	N/A, the nearest located in other <i>kecamatan</i> (30 km)
Physician	N/A	N/A	1 physician
Midwifery practitioner	4 midwifery practitioners	2 midwifery practitioners	3 midwifery practitioners
Orderly/nurse practitioner	N/A	2 orderly practices	2 orderly practices
EDUCATIONAL FACILITIES			
ECE	2 ECEs	1 ECE	2 ECEs and 3 RA; only 2 ECE and 2 RA last year
Kindergarten	1 Kindergarten	2 Kindergartens; only 1 Kindergarten last year	1 Kindergarten
SD/MI	2 state SD	3 state SD and 2 private MI	5 state SD and 2 private MI
SMP/MTs	1 private SMP; nonexistent last year	1 state SMP and 1 private MTs	1 private MTs
SMA/SMK/MA	N/A, the nearest located in neighboring village (7 km)	N/A, the nearest located in neighboring village (5 km)	N/A, the nearest located in neighboring village (4.5 km)

FINANCIAL AGENCY FACILITIES			
Bank	Bank BRI in Jeruk Legi, although Link BRI is available in Desa Citepus since 2015 which is managed by the local residents for savings, money transfer, money withdrawal, paying electricity bills, and paying phone bills	The nearest bank is located in Desa Tambaksari. Bank also available at the capital of kecamatan (Kedungreja) and Kecamatan Sidareja. In this village Link BRI is also available since 2015 which is managed by the local residents for savings, money transfer, money withdrawal, paying electricity bills, and paying phone bills	The nearest bank is located in Desa Tambaksari. Bank also available at the capital of <i>kecamatan</i> (Kedungreja) and Kecamatan Sidareja
Pegadaian (Pawnshop)	The nearest pawnshop is in the neighboring <i>kabupaten</i> (Kecamatan Wangon-Banyumas)	The pawnshop is in Sidareja about 13 km	The pawnshop is in Sidareja about 13 km
Other financial agencies	Some mobile banks of several agencies (possibly cooperatives) operate on Monday-Saturday	BMT available in Tambaksari about 7 km and other micro financial agencies such as mobile banks.	BMT available in Tambaksari about 7 km and other micro financial agencies such as mobile banks.

Source: Interview by SMERU Research Team, 2015

APPENDIX 23

Table A19. List of Infrastructures in Kabupaten Kubu Raya

Availability of Facility	Desa G	Desa H	Desa I
HEALTH FACILITIES			
Posyandu	6 toddler <i>posyandu</i>	4 toddler <i>posyandu</i>	4 toddler <i>posyandu</i>
Poskesdes	2 poskesdes	1 poskesdes	1 poskesdes
Pustu	1 pustu	1 pustu	N/A
Puskesmas	N/A, the nearest located in the capital of <i>kecamatan</i> (13 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (8 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (15 km)
Hospital	N/A, the nearest located in the capital of <i>kecamatan</i> (13 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (8 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (15 km)
Physician	N/A, the nearest located in other village (4 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (8 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (15 km)
Midwifery practitioner	N/A, the nearest located in other village (4 km)	1 midwifery practitioner	N/A, the nearest located in the capital of <i>kecamatan</i> (15 km)
Orderly/nurse practitioner	N/A, the nearest located in other village (4 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (8 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (15 km)
EDUCATIONAL FACILITIES			
ECE	4 ECEs	5 ECEs	2 ECEs
Kindergarten	N/A, the nearest located in other village (4 km)	1 Kindergarten	N/A, the nearest located in the capital of <i>kecamatan</i> (15 km)
SD/MI	4 state SD and 1 private MI	4 state SD	6 state SD and 1 private MI
SMP/MTs	3 private SMP, 1 state SMP, and	1 state SMP and 1 private SMP	1 state SMP

SMA/MA/SMK	2 private SMA and 1 state SMK	2 private SMA and 1 private SMK	N/A, the nearest located in the capital of <i>kecamatan</i> (19 km)
FINANCIAL AGENCY FACILITIES			
Bank	BRI in Sungai Durian is the nearest bank. Mobile BRI also available at Pasar Alas Kusuma in Desa Kuala Dua. It is within ± 5 km with 5-15 minutes of travel time using motorcycle/bicycle.	The nearest bank is in Sungai Raya (BRI). It is within ± 15 km with ± 30 minutes of travel time using motorcycle and <i>motor air</i> .	BRI in Sungai Durian is the nearest bank. Mobile BRI available at Pasar Alas Kusuma in Desa Kuala Dua but with unfixed schedule. It is within ± 6 km with 20 minutes of travel time (by road or water).
Pegadaian (Pawnshop)	The nearest pawnshop is ± 18 km in Sungai Raya. Travel time 60 minutes using motorcycles/bicycles	Pawnshop is available in Sungai Raya. It is within 15 km with 30 minutes of travel time using motorcycle and <i>motor air</i> .	The nearest pawnshop is ± 19 km in Sungai Raya. Travel time 60 minutes (by road and by water)
Other financial agencies	(1) Cooperatives and moneylenders not exist (2) Credit union exists around the capital of <i>kecamatan</i>	around 5% of the residents are members of CU (Credit Union) Khatulistiwa Bakti in Desa Kapur (2) Moneylenders still exist (5-10 people) and $\pm 10\%$ of the residents still borrow to moneylenders	(1) CU Pancur Kasih in Sungai Raya and Lintang Tipo (2) Moneylenders still exist (local people or neighbors who give loans with high interest rate, e.g. a loan amounting Rp100,000 shall be paid Rp 120,000

Source: Interview by SMERU Research Team, 2015

APPENDIX 24

Table A20. List of Infrastructures in Kabupaten Pangkajene dan Kepulauan

Availability of Facility		Desa J	Desa K	Desa L
HEALTH FACILITIES				
Posyandu	3 toddler <i>posyandu</i>	4 toddler <i>posyandu</i>	3 toddler <i>posyandu</i>	
Poskesdes/polindes	N/A	1 poskesdes	1 poskesdes	
Pustu	N/A	1 pustu	N/A	
Puskesmas	1 puskesmas	N/A, the nearest located in the center of <i>kecamatan</i> (2 km)	N/A, the nearest located in the center of <i>kecamatan</i> (2 km)	
Hospital	N/A, the nearest located in the capital of <i>kabupaten</i> (5 km)	N/A, the nearest located in the capital of <i>kabupaten</i> (15 km)	N/A, the nearest located in the capital of <i>kabupaten</i> (7 km)	
Physician	N/A, the nearest located in other village (4 km)	N/A, the nearest located in other village (4 km)	N/A, the nearest located in other village (4 km)	
Midwifery practitioner	1 midwifery practitioner	N/A	N/A	
Orderly/nurse practitioner	N/A	N/A	N/A	
EDUCATIONAL FACILITIES				
ECE	1 ECE, nonexistent last year	5 ECE, only 5 ECE last year	2 ECEs	
Kindergarten	1 Kindergarten	N/A, the nearest located in other village (2 km)	N/A, the nearest located in other village (2 km)	
SD/MI	2 state SD	4 state SD and 1 private MI	2 state SD	
SMP/MTs	1 private SMP and 1 private MTs	1 state SMP	N/A, the nearest located in other village (1 km)	
SMA/MA/SMK	1 private SMA and 1 private MA	N/A, the nearest located in other village (2 km)	N/A, the nearest located in other village (2 km)	

FINANCIAL AGENCY FACILITIES			
Bank	The nearest access is located in Kelurahan Samalewa (BRI; 4 km)	The nearest access is located in Kelurahan Samalewa (BRI; 7 km)	The nearest access is located in Kelurahan Labakkang (BRI; 4 km)
Pegadaian (Pawnshop)	The nearest access is located in Kelurahan Samalewa (BRI; 4 km)	The nearest access is located in Kelurahan Samalewa (BRI; 7 km)	The nearest access is located in Kecamatan Bungoro
Other financial agencies	Komida (<i>koperasi mitra dhuafa</i> /poor people's partner cooperative)	N/A	Komida (<i>koperasi mitra dhuafa</i> /poor people's partner cooperative)

Source: Interview by SMERU Research Team, 2015

APPENDIX 25

Table A21. List of Infrastructures in Kabupaten Timor Tengah Selatan

Availability of Facility	Desa M	Desa N	Desa O
HEALTH FACILITIES			
Posyandu	3 toddler <i>posyandu</i>	3 toddler <i>posyandu</i>	3 toddler <i>posyandu</i>
Poskesdes/polindes	N/A	N/A	1 polindes
Pustu	N/A	N/A	N/A
Puskesmas	N/A, the nearest located in the capital of <i>kecamatan</i> (8 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (8 km)	N/A, the nearest located in the capital of <i>kecamatan</i> (1 km)
Hospital	N/A, the nearest located in the capital of <i>kabupaten</i> (85 km)	N/A, the nearest located in the capital of <i>kabupaten</i> (84 km)	N/A, the nearest located in the capital of <i>kabupaten</i> (58 km)
Physician	N/A	N/A	N/A
Midwifery practitioner	N/A	N/A	N/A
Orderly/nurse practitioner	N/A	N/A	N/A
EDUCATIONAL FACILITIES			
ECE	4 ECEs	2 ECEs	2 ECEs
Kindergarten	N/A	2 Kindergartens	N/A
SD/MI	2 state SD	2 private SD	2 state SD
SMP/MTs	N/A, the nearest located in other village (1 km)	1 state SMP	N/A, the nearest located in the capital of <i>kecamatan</i> (1 km)
SMA/MA/SMK	1 state SMK	1 state SMA	N/A, the nearest located in the capital of <i>kecamatan</i> (1 km)

FINANCIAL AGENCY FACILITIES			
Bank	BRI and Bank NTT in Panite	BRI and Bank NTT in Panite	BRI and Bank NTT in Panite
Pegadaian (Pawnshop)	N/A	N/A	N/A
Other financial agencies (cooperatives, mobile banks/informal moneylenders)	(1) There are members of community who access loan from BRI. (2) Several years ago Women's Savings and Loans existed as a part of PNPM. SPP was closed around 2013-2014 so that women no longer have access to obtain loan (3) Mobile cooperative provides loan to residents. Loan is repaid by making daily installment payment.	Cooperative available to provide loan with daily repayment and relatively high interest rate.	<i>Koperasi semut</i> available in Panite, but was disbanded since five (5) years ago.

Source: Interview by SMERU Research Team, 2015

APPENDIX 26

Table A22. Average Satisfaction level of BLSM 2014 Implementation according to Village Apparatus and Community Figures Assessment in Study Kabupaten

Study Kabupaten	Assessment Aspects					
	Socialization	Coordination	Target Accuracy	Fund Disbursement	Monitoring	Complaint
Deli Serdang	3.2 Limited socialization	3.3 Village apparatus receives information on disbursement clearly Village government involved in disbursement	2.3 Some advantaged family received assistance Data not updated	4 Relatively streamlined and orderly disbursement Disbursement can be carried out in the village	1.3 Village government not involved in monitoring Monitoring conducted by external party, such as the press	2 Village government unaware of complaint mechanism for residents who would like to complain
Cilacap	4 Residents only know about the cash assistance but not about the details	4.7 Relatively better than previous year Meeting with head of village before disbursement in Desa E	3 Some are not well-targeted Residents who deserve did not receive the assistance	5 Easy requirements Disbursement in village No deduction	2.3 Monitoring from the police and Military Commander in Desa E Participants from Desa D did not give score	2 Limited complaint system only at village level
Kubu Raya	1.3 Socialization only on disbursement schedule	2.3 No coordination with village government, except in Desa G concerning disbursement	3.3 Target inaccuracy percentage 10%-50% Beneficiary criteria are unclear Many residents who deserve did not receive the assistance In Desa I some mothers have small protest to head of village	5 Easy disbursement process and requirements Representable No deduction	3 Not specially involving village government (only several heads of <i>dusun</i> assisting the residents) TKSK and the police monitor disbursement process in Desa G	1 No clear complaint media

Study Kabupaten	Assessment Aspects					
	Socialization	Coordination	Target Accuracy	Fund Disbursement	Monitoring	Complaint
Pangkep	1.3 Socialization limited only on disbursement info	2 Coordination only when approaching disbursement and incidental	2.7 Target inaccuracy percentage 20%-40% Many residents who deserve did not receive the assistance	4 Streamlined disbursement process Requirements relatively easy Disbursement venue is closer (at <i>kecamatan</i> office)	4.7 Monitoring by head of village/other village apparatus (initiative from village government) Monitoring by TKSK	2.3 No complaint media Head of village collects residents' complaint and submit them to social agency
TTS	2.7 Very limited socialization although involving village government, such as in Desa N	3 Coordination with village government relatively good, but only done when approaching disbursement	2 Some advantaged family received assistance, while the poor ones did not Government of Desa N feels excluded in determining beneficiaries	3.7 Relatively streamlined disbursement Government of Desa N feels excluded	1 Village government feels excluded and therefore not knowing how to implement the monitoring scheme	1 Village government has no knowledge on complaint flow, and therefore can do little when receiving protest from residents

Source: FGD by SMERU Research Team, 2015

APPENDIX 27

Table A23. Average Satisfaction level of BSM 2014/2015 Implementation according to Village Apparatus and Community Figures Assessment in Study Kabupaten

Study Kabupaten	Assessment Aspects					
	Socialization	Coordination	Target Accuracy	Fund Disbursement	Monitoring	Complaint
Deli Serdang	1 Socialization only through schools	0.7 No coordination with village government	3.3 Beneficiaries are indeed poor and holders of KPS Some advantaged people received assistance	3 The fund actually received by the children Village government has no knowledge on the detail of the process	0.7 Village government not involved in monitoring	0.3 Village government has no knowledge on complaint flow
Cilacap	4 School gives socialization to students' parents	3.3 Coordination with village government more likely to be absent	4 Generally well-targeted, although some were not Poor students who deserve did not receive the assistance	5 Easy disbursement process and requirements	3.3 No monitoring from village government Monitoring by education agency/religious affairs office	2.3 Residents commonly complain directly to school
Kubu Raya	1.7 No socialization to village government, either from education agency or from the school Direct socialization from the school to students' parents	1.3 No coordination with village government	3 Many are not well-targeted (as the beneficiaries = BLSM beneficiaries)	4.7 Easy requirements No deduction Leaving a balance of Rp50,000 for savings account	2 Village government not involved in monitoring No monitoring from education agency Monitoring from Ministry of Religious Affairs office in Desa G	1.3 No complaint media In Desa G proposal was directed to school but no response

Pangkep	1.7 No socialization to village government Direct socialization from the school to students' parents	1.7 No coordination between school and village government, including on beneficiary data	2.7 About 30% of the beneficiaries are not well-targeted Beneficiary = BLSM	3.7 Easy disbursement process and requirements This year's disbursement at bank; no deduction, but needing transport cost Disbursement of previous period at school; in Desa K and Desa L the fund deducted by the school by Rp20,000-Rp25,000	1.3 No monitoring	1.7 Nonbeneficiary parents complain to school Nonbeneficiary parents complain to head of village and followed through with the making of SKTM
TTS	2.3 Socialization only from schools, village government feels excluded	1.7 Village government excluded at all	1 Village government unaware	1 Village government unaware	1.7 Village government not involved	0.7 Village government lacks of knowledge

Source: FGD by SMERU Research Team, 2015

APPENDIX 28

Table A24. Average Satisfaction level of JKN Implementation according to Village Apparatus and Community Figures Assessment in Study Kabupaten

Study Kabupaten	Assessment Aspects					
	Socialization	Coordination	Target Accuracy	Fund Disbursement	Monitoring	Complaint
Deli Serdang	3 Socialization only on television and no direct socialization	4 Village government involved, particularly by puskesmas	2.7 Some advantaged family received assistance, while the poor ones did not	3 Health facility service considered sufficient although discriminatory practice still exists	3 Village government has been involved, although Desa A government feels excluded	1.3 Unclear complaint flow; usually village government complains to health/social agency
Cilacap	4.3 Socialization to residents available, albeit not optimal	4.7 Coordination with village government relatively good Government of Desa E receives notification about new cards	4 Generally well-targeted Some poor residents did not receive the assistance	3 Hospital treatment unsatisfactory Discriminatory treatment exists	2 No monitoring Village government unaware of the party in charge of the monitoring	2 No knowledge on where to complain
Kubu Raya	1.7 No socialization on PBI Socialization only on Non-PBI when getting medical treatment at the midwife/hospital	1 No coordination with village government	3.7 More on target than BLSM beneficiaries Beneficiaries do not have to receive BLSM	3 Different service from general patients Different hospital has different service (RS AURI is considered better)	1 No monitoring from village government or other party	1 No complaint media

Pangkep	1.7 No socialization on PBI from BPJS Kesehatan Desa K receives socialization from puskesmas and head of village receives KIS socialization from social agency In Desa L, BPJS Kesehatan statement letter provided directly to the residents (delivered to home or by midwife)	3 No coordination with village government in general In Desa K upgraded data is matched between the village apparatus and pustu	2.7 Some beneficiaries not well-targeted Many people who deserve not covered as beneficiaries In Desa L, beneficiaries of BPJS Kesehatan statement letter are BLSM beneficiaries	4 Relatively good service without discriminatory treatment No residents are rejected from getting medical treatment Free inpatient care No information on how to use the BPJS Kesehatan statement letter	2.7 No monitoring from village government Health agency monitors to puskesmas in Desa J	2.3 No complaint mechanism Non-receiving residents complain to midwife or village government
TTS	2 Information obtained from puskesmas, midwife, and hospital	2.3 Village government once involved in determining beneficiaries, a long time ago	4.3 Generally well-targeted, although some poor families did not receive	4.7 Service relatively good, not made complicated, and no discrimination	1 Village government unaware	1.3 Complaint flow is unknown while complaining to village midwife will receive slow response

Source: FGD by SMERU Research Team, 2015

APPENDIX 29

Table A25. Average Satisfaction level of BLSM 2014 Implementation according to Women Assessment in Study Kabupaten

Study Kabupaten	Assessment Aspects					
	Socialization	Coordination	Target Accuracy	Fund Disbursement	Monitoring	Complaint
Deli Serdang	4.7 During disbursement, head of <i>dusun</i> visits the houses	3.3 Some advantaged family received assistance, while the poor ones did not Widows/Divorcees and poor families already covered as beneficiaries	4.7 Relatively streamlined disbursement For participants from Desa B, disbursement venue is relatively far	4.7 No deduction from any party	4 No knowledge of complaint flow	4.7 During disbursement, head of <i>dusun</i> visits the houses
Cilacap	5 Information on disbursement from head of RT reaches the residents Residents know about BLSM	3 Not entirely well-targeted (some beneficiaries do not deserve, while some nonbeneficiaries deserve the assistance)	4.8 Disbursement process is easy and nearby (at village office) Fund fully received Participants from Desa E were more satisfied with stage I disbursement	5 No deduction	1 Complaining to head of RT or RW albeit with no follow-up (Desa F) Participants from Desa D and Desa E did not give score	5 Information on disbursement from head of RT reaches the residents Residents know about BLSM
Kubu Raya	3.3 No socialization Information from head of RT only on the date, venue, and requirements of disbursement	3.3 Some beneficiaries not well-targeted Many poor residents who deserve did not receive the assistance	4 Easy requirements and disbursement process Customers still waiting in line at the post office Particularly in Desa G, the second stage of disbursement conducted at village office	5 No deduction from post office Particularly in Desa G, deduction at Rp15,000 for disbursement cost in village office (renting tent, etc.) and the participants consider this is reasonable	2.3 No complaint media Some nonbeneficiaries protest to head of RT or village apparatus but no result as of now	3.3 No socialization Information from head of RT only on the date, venue, and requirements of disbursement

Study Kabupaten	Assessment Aspects					
	Socialization	Coordination	Target Accuracy	Fund Disbursement	Monitoring	Complaint
Pangkep	4.7 Information on disbursement delivered by village apparatus	3.7 Commonly some beneficiaries not well-targeted Residents who deserve did not receive the assistance	4.7 Streamlined disbursement process although having to wait in line Good service from post officials Easy requirements Participants from Desa K prefer disbursement stage II as it was carried out in post office, while disbursement stage I at <i>camat</i> office (longer line)	5 No deduction	3.7 Residents have no knowledge on where to complain Nonbeneficiaries in Desa K commonly complain to their neighbors or head of village	4.7 Information on disbursement delivered by village apparatus
TTS	2.7 Socialization given at village office for Desa M residents Information on disbursement remains unclear in Desa N	2.3 Some poor families did not receive the assistance, while those with better lives received the assistance Some widows/divorcees not covered as beneficiaries	3.7 Easy claim For participants from Desa M, the disbursement venue is far (spending Rp20,000 for two-way trip) No information available on the next disbursement In Desa N, disbursement at <i>camat</i> village runs properly to avoid conflict	5 No deduction, except in Desa N where deduction is allocated to village apparatus who assisted in the disbursement	3 No knowledge on where to complain	2.7 Socialization given at village office for Desa M residents Information on disbursement remains unclear in Desa N

Source: FGD by SMERU Research Team, 2015

APPENDIX 30

Table A26. Average Satisfaction level of BSM 2014/2015 Implementation according to Women Assessment in Study Kabupaten

Study Kabupaten	Assessment Aspects					
	Socialization	Coordination	Target Accuracy	Fund Disbursement	Monitoring	Complaint
Deli Serdang	4.7 Information from school fairly complete	3.3 Received by children of poor families, but there are some who did not receive Participants from Desa C did not answer	4.7 Streamlined disbursement at bank with complete document	4.7 No deduction from school or bank	4 No complaints No knowledge on where to complain	4.7 Information from school fairly complete
Cilacap	3.7 In general, socialization from school to parents is clear Socialization from school particularly on BSM program, disbursement requirements, and amount of assistance; except in Desa F, socialization on the amount of assistance was unclear In Desa E, school also socializes to parents that the BSM fund will be managed by the school	3 Some beneficiaries did not deserve the assistance, while those who deserve did not receive the assistance	4 Streamlined disbursement process and represented by schools In Desa E and Desa F, BSM fund is managed by schools	2.7 No deduction in Desa D In Desa F, deduction is applied to make savings account and students' guardian meeting cost before disbursement Participants from Desa E did not give score as they did not aware of the existence of deduction	1.7 No complain channel, so that beneficiaries can only complain by themselves Nonbeneficiary residents report to village apparatus, school principal, or teachers to make SKTM (no result as of now)	3.7 In general, socialization from school to parents is clear Socialization from school particularly on BSM program, disbursement requirements, and amount of assistance; except in Desa F, socialization on the amount of assistance was unclear In Desa E, school also socializes to parents that the BSM fund will be managed by the school

Study Kabupaten	Assessment Aspects					
	Socialization	Coordination	Target Accuracy	Fund Disbursement	Monitoring	Complaint
Kubu Raya	4.3 School principal invites beneficiary parents to school prior to disbursement Information delivered is about the schedule, venue, disbursement requirements, and the amount of money to receive. In Desa I, school principal also explains that BSM fund is used for school fees and equipment	3.7 Some not well-targeted, except in Desa G where all beneficiaries are well targeted as they are Sambas refugees Many poor residents who did not receive the assistance	4.3 Disbursement process is commonly easy as long as all requirements are met Participants from Desa H have to go back and forth as the bank experienced signal disturbance. As a result, the children have to go back-and-forth and skip school, in addition to spend too much money on cost (one-way Rp20,000 motorcycle rental Rp20,000- Rp30,000 per day) Participants from Desa G complains about <i>ojek</i> cost at Rp50,000 (two way) to the bank Participants from Desa H have leave a balance of Rp50,000 in their account	3 No deduction from bank. But participants from Desa I were deducted by Rp50,000 during disbursement stage II (different from disbursement stage I) Participants' fund in Desa H deducted by Rp10,000 by the school for administrative purpose In Desa G, the fund collected by school to buy sport uniform, batik, and books distributed to all students (result of meeting between parents and school for even distribution)	2.3 No complaint media so that nonbeneficiary residents do not complain. Participants from Desa H give score 5 as there are no issues to complain	4.3 School principal invites beneficiary parents to school prior to disbursement Information delivered is about the schedule, venue, disbursement requirements, and the amount of money to receive. In Desa I, school principal also explains that BSM fund is used for school fees and equipment

Pangkep	5 School invites parents before disbursement to inform about disbursement requirements School principal in Desa L also reminds that the fund is used for school necessities	3.7 Some are not well-targeted Some poor residents did not receive the assistance Some children of KPS holders not covered as beneficiaries	4 Commonly disbursement carried out at banks, so that residents must use <i>bentor</i> or <i>ojek</i> Participants from Desa K withdraw fund at schools (school withdraw the fund from the bank)	4.3 In Desa J and Desa L school applies deduction at Rp20,000-Rp30,000 for administration (participants from Desa J did not object) No deduction in Desa K, but parents voluntarily give the teachers	4.7 Beneficiaries and nonbeneficiaries can inquire or complain to teachers or school principal	5 School invites parents before disbursement to inform about disbursement requirements School principal in Desa L also reminds that the fund is used for school necessities
TTS	5 Socialization from school relatively good and comprehensive	5 Well-targeted	2.7 Disbursement not on time and take long time as beneficiaries had to wait in line	5 No deduction from school or bank except for paying school fees arrears	2.7 No knowledge on complaint mechanism	5 Socialization from school relatively good and comprehensive

Source: FGD by SMERU Research Team, 2015

APPENDIX 31

Table A27. Average Satisfaction level of JKN Implementation according to Women Assessment in Study Kabupaten

Study Kabupaten	Assessment Aspects					
	Socialization	Coordination	Target Accuracy	Fund Disbursement	Monitoring	Complaint
Deli Serdang	3 Information from head of <i>dusun</i> Some did not understand about the switch from Jamkesmas to BPJS	3.3 Some advantaged people received assistance Some disadvantaged people not covered as beneficiaries	4 Puskesmas service is relatively good Hospital service is good, fast, responsive, and friendly Referral still difficult to get	3.3 Complaint commonly delivered to head of <i>dusun</i> or puskesmas	3 Information from head of <i>dusun</i> Some did not understand about the switch from Jamkesmas to BPJS	3.3 Some advantaged people received assistance Some disadvantaged people not covered as beneficiaries
Cilacap	2.7 Many residents do not know as there is no socialization Socializations only given to midwife and cadres. The residents only find out when they receive the assistance or come to get medical treatment Beneficiary residents do not receive explanation on how to use the assistance	4.2 Most beneficiaries are poor families, although some beneficiaries are categorized as advantaged families Some poor residents did not receive the assistance	4.3 Commonly satisfied with services and not receiving different treatment, except in Desa D	3 No information on where and how to complain	2.7 Many residents do not know as there is no socialization Socializations only given to midwife and cadres. The residents only find out when they receive the assistance or come to get medical treatment Beneficiary residents do not receive explanation on how to use the assistance	4.2 Most beneficiaries are poor families, although some beneficiaries are categorized as advantaged families Some poor residents did not receive the assistance

Kubu Raya	<p>3.3</p> <p>No socialization from Health Agency or BPJS Kesehatan.</p> <p>The residents just found out when looking for health treatment at the midwife.</p>	<p>4</p> <p>Generally well-targeted, although some were not</p> <p>Some poor residents do not receive the assistance</p>	<p>3.3</p> <p>Participants from Desa G and Desa I assess discrimination in service and medicine still exists</p> <p>Examination at polindes in Desa G is limited only at 08:00-11:00</p> <p>Examination at polindes in Desa I is free, except for antenatal care and childbirth</p> <p>Participants from Desa H give score 5 as midwife is considered kind and willing to serve at anytime</p>	<p>2</p> <p>No complaint media</p> <p>Commonly nonbeneficiary residents complains to head of RT albeit without result</p>	<p>3.3</p> <p>No socialization from Health Agency or BPJS Kesehatan.</p> <p>The residents just found out when looking for health treatment at the midwife.</p>	<p>4</p> <p>Generally well-targeted, although some were not</p> <p>Some poor residents do not receive the assistance</p>
Pangkep	<p>4</p> <p>Socialization given from puskesmas in Desa J about the benefits of the program</p> <p>Pustu midwife in Desa K gives socialization that Jamkesmas will be replaced by BPJS (residents were asked to bring their Jamkesmas card and Family Card to the midwife to be reported and delivered to Jakarta)</p> <p>No socialization from puskesmas</p>	<p>3</p> <p>Desa J beneficiaries are well-targeted</p> <p>Some beneficiaries in Desa K and Desa L are not well-targeted</p> <p>Many poor residents who did not receive the assistance</p>	<p>5</p> <p>No difference in treatment at puskesmas and RSUD, but sometimes inpatient care at RSUD is full so that participant has to apply as general patient</p> <p>Never been rejected when finding health treatment</p> <p>Good and free medicine</p> <p>Free maternity fees</p> <p>In Desa L, letter from BPJS can be utilized to receive free treatment in village midwife. In Puskesmas, however, the letter should be first exchanged into BPJS card.</p>	<p>4</p> <p>No complaints from beneficiaries (high satisfaction)</p> <p>Nonbeneficiaries commonly report to village midwife. The midwife asks to bring Family Card and record the nonbeneficiary's name to be submitted to puskesmas.</p>	<p>4</p> <p>Socialization given from puskesmas in Desa J about the benefits of the program</p> <p>Pustu midwife in Desa K gives socialization that Jamkesmas will be replaced by BPJS (residents were asked to bring their Jamkesmas card and Family Card to the midwife to be reported and delivered to Jakarta)</p> <p>No socialization from puskesmas and midwife in Desa L. Residents just</p>	<p>3</p> <p>Desa J beneficiaries are well-targeted</p> <p>Some beneficiaries in Desa K and Desa L are not well-targeted</p> <p>Many poor residents who did not receive the assistance</p>

	and midwife in Desa L. Residents just found out that they receive the letter from BPJS when receiving health treatment, but have no knowledge on how to use it.					found out that they receive the letter from BPJS when receiving health treatment, but have no knowledge on how to use it.	
TTS	4	3.3	5	3	4	3.3	
	Socialization available and relatively good Good understanding of village apparatus, midwives, cadres, and physicians on JKN, so that the residents can easily ask	Some advantaged family received assistance, while the poor ones did not Card being used is registered to individual, therefore one Family Card does not automatically receive the assistance	Good, friendly and polite service although free of charge from using Jamkesmas Service not made complicated Medicine always available	No knowledge about the complaint flow, but can file complaint to midwife	Socialization available and relatively good Good understanding of village apparatus, midwives, cadres, and physicians on JKN, so that the residents can easily ask	Some advantaged family received assistance, while the poor ones did not Card being used is registered to individual, therefore one Family Card does not automatically receive the assistance	

Source: FGD by SMERU Research

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