Coverage and Targeting in the Indonesian Social Safety Net Programs:
Evidence from 100 Village Survey

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Introduction

In response to the economic crisis which began in mid 1997, the government of Indonesia established a series of new and expanded programs. These programs are widely known as the "Social Safety Net" or "***JPS" programs,*** an acronym of its Indonesian name ***"Jaring Pengaman Sosial"***. The programs were intended to help protect the traditionally poor and newly poor suffering from the crisis in three areas: ensuring the availability of food at affordable prices for the poor, supplementing purchasing power among poor households (HHs) through employment creation, and preserving access of the poor to critical social services such as health and education.

The funding to expand these various social safety net programs comes mostly in the forms of loans provided by the World Bank, Asian Development Bank, and bilateral donors, either directly through project support or indirectly through program loans which provide budget support. Disbursement of these funds will accumulate into Indonesian foreign national debt, whose amount was large before the crisis and has increased rapidly due to the crisis. Since these funds are a loan, the Indonesian people will eventually have to repay this debt. This strengthens the need

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to make sure that these programs are effective, efficient, and able to meet their objectives. Efforts to monitor the implementation of these programs are already going on, involving the government, the donors, as well as non-governmental organizations.

This note is a preliminary evaluation on how effective the JPS programs have been in achieving their purpose of helping the poor and the needy to cope with the crisis impacts. This is done by assessing the coverage of the programs among the poor as well as how the benefits of the programs have been distributed between the poor and the non-poor. The data used in the analysis were collected through the December 1998 round of the '100 Village Survey' by the Indonesian Central Agency of Statistics ("Badan Pusat Statistik" or BPS).

The first section briefly explains the source of the data, i.e. the '100 Village Survey' and the method used in evaluating the effectiveness of the program. Section two discusses the main findings of this note, namely the coverage of the programs (how many of the poor are participating) and their targeting (how much of the benefits are going to the poor). Section three summarizes the findings discussed in section two and compares relative performances of the districts. Finally, section four provides conclusions.

I. Data and Methods: Using the 100 Village Survey Data

Data. The 100 Village Survey ("Survei Seratus Desa" or SSD) was sponsored by UNICEF and carried out by BPS, collected data from 12,000 HHs in December 1998 (many of whom were previously surveyed in August 1998 and May 1997). The survey covers 100 'villages' located in 10 districts ("kabupaten") spread across 8

provinces. The SSD surveyed 120 HHs in each of the 100 villages in each round of the survey.

The SSD sample, while quite large, was not designed to be statistically representative of the country. The '100 villages' are geographically quite concentrated, located in only 10 of the country's over 300 districts. The survey areas were chosen in 1994, before the crisis, based on a purposive sampling approach to capture various types of villages that were 'representative' of various parts of the rural economy. Since the areas were chosen before the crisis, there is no reason to suspect the sampling was influenced by the crisis. On the other hand, this survey was meant to focus on rural and relatively poor areas, so we know in advance it is not representative of the entire country in *levels*.[1] How representative it is of the *changes* due to the recent shock is impossible to know.[2] Until this data can be matched with analysis of the new national data on JPS from SUSENAS 1999 (which will not be available until after September 1999), it is impossible to say how 'representative' the impact of the crisis in the areas might be. For this reason we focus first on the district by district analysis and remind the readers the conclusions are valid only for this sample.

[1] The HHs sampled are not even representative in *levels* of the population of the 10 districts. The National Family Planning Coordinating Agency ("Badan Koordinasi Keluarga Berencana Nasional" or BKKBN) divides Indonesian HHs into several socio-economic categories with 'pre-prosperous' being the lowest category. In this sample there are 49 percent 'pre-prosperous' HHs, while the same districts have only 26 percent 'pre-prosperous' HHs.

[2] Although evidence presented in an earlier paper suggests reasonably close correspondence of estimates of changes in national poverty rates. See Suryahadi, Asep and Sudarno Sumarto (1999), *Update on the Impact of the Indonesian Crisis on Consumption Expenditures and Poverty Incidence: Results from the December 1998 Round of 100 Village Survey*, SMERU Working Paper, August, Social Monitoring & Early Response Unit, Jakarta.

The December 1998 round of SSD has a module on respondent's awareness and participation in various JPS programs. The exact questions of this module in Bahasa Indonesia together with their English translation are presented in the Annex.

Methods: Coverage and Targeting Effectiveness. The social safety net programs are intended to help the poor -- and the newly poor suffering from the economic crisis -- in coping with the impacts of the crisis. It is hoped that through the implementation of various programs which jointly form the social safety net program, the worst forms of the crisis impacts such as widespread hunger, poverty, unemployment, children dropping out of schools, or malnutrition will be reduced. However the question in the SSD questionnaire included only whether or not a family 'participated' in a given program in the last three months, and did not include any estimate on the magnitude of the benefits or their impacts. So at this stage we focus not on the impacts but simply on *coverage*, i.e. how many of the poor participated in the program, and *targeting effectiveness*, i.e. what fraction of the program benefits went to the poor.

This is done through three steps: *first*, the samples in each district are classified into non-poor and poor; s*econd*, program coverage is calculated for each group, i.e. the percent of poor (and non-poor) HHs which were beneficiaries of the program; and *third*, targeting effectiveness is calculated for each program as the ratio of participation of the *non-poor* in a program compared to the fraction of non-poor in the sample.

The targeting ratio (TR) is defined as: $TR = B_n/P_n$, where B_n is fraction of participants in the program who are non-poor and P_n is fraction of overall population non-poor. If all recipients of a program are poor HHs only, which

indicates that the program achieves a perfect targeting, then the value of this targeting ratio will be zero (since $B_n = 0$). On the other hand, if all recipients of the program are non-poor HHs only, which indicates that the program misses its target completely, and supposed non-poor HHs are 80 percent of population, then the value of targeting ratio will be equal to 1.25 (since $B_n = 100$ divided by $P_n = 80$). Meanwhile, if the distribution of program beneficiaries is the same as distribution of the population in the sample, which indicates that the program has no targeting (e.g. reaches poor and non-poor in equal amounts), then the value of targeting ratio will be equal to 1 (since $B_n = P_n$).

Defining poor versus non-poor. The samples are divided into poor and non-poor HHs by two criteria, either consumption expenditures per capita or the official 'welfare' ("sejahtera") lists of the BKKBN.

The first method uses per capita consumption level in December 1998, where the 20th percentile of HHs ranked by nominal expenditures per capita in *each* district is used as the dividing line. This poverty line is admittedly drawn arbitrarily, but has three advantages. First, we do not have sufficiently detailed consumption expenditure or particularly price data to re-estimate a poverty line for each district. But a reasonable estimate of the national incidence of poverty rate in this period is around 20 percent.[3] Second, just using a quintile makes our results on program participation consistent with a large and growing literature on benefit incidence, which typically uses not poverty rates, but income or consumption expenditure quintiles. Third, we *do not attempt* to capture differences in poverty across districts in the sample. For this we would have to convert nominal expenditures into 'real'

[3] See Suryahadi and Sumarto (1999).

expenditures that take into account regional price variations. The required price data to do this exercise well and actually make reliable cross-district comparisons of poverty do not presently exist. So in this case we focus only on the targeting *within* district, asking the question, do the HHs which are *relatively* poor *within* the district (e.g. the bottom 20 percent) receive the benefits in *that* district? But we do not even attempt to treat the question of whether *across* districts it is the relatively poor district which receive the benefits or whether equivalently poor people in two different district are more or less likely to receive benefits.

Official Targeting Criteria. The HH targeting for some JPS programs is based on a HH classification created by the BKKBN. In this classification, HHs are grouped into four socio-economic status: 'pre-prosperous' ("pra-sejahtera" or PS), 'prosperous I' ("sejahtera I" or KS I), KS II, and KS III. The KS I to KS III categories are often lumped together as KS category. In past years, eligible recipients for some JPS programs are only PS card holders, but for some programs eligibility was extended to include KS I HHs as well (e.g. OPK).

To see how well the "prosperous/pre-prosperous" HH classification matches the "non-poor/poor" classification, Table 1a cross tabulates the two classifications using the 20th consumption percentile as the poverty line. The table shows that while only 15 percent of the 'prosperous' HHs are poor, 75 percent of the 'pre-prosperous' HHs are non-poor. On the other hand, 46 percent of the non-poor HHs are 'pre-prosperous' and 38 percent of the poor HHs are 'prosperous'.

This implies the two criteria, expenditures and BKKBN, do not match well at all. To reduce the possibility that this 'mismatch' is caused by poverty line which is "too low", the level of poverty line is raised to match the proportion of 'pre-prosperous'

HHs in the sample, which is 49 percent. The results of cross tabulation between this new 'non-poor/poor' classification with the 'prosperous/pre-prosperous' classification are presented in Table 1b. Now there are 41 percent of the 'prosperous' HHs which are poor, 43 percent of the 'pre-prosperous' HHs which are non-poor, 41 percent of the non-poor HHs which are 'pre-prosperous' and 43 percent of the poor HHs which are 'prosperous'. Both Tables 1a and 1b therefore consistently show that there is a quite large degree of mismatch between the 'prosperous/pre-prosperous' HH classification from BKKBN with HH welfare as measured by consumption level.

Unfortunately, when the two classifications disagree, it is impossible to say which is a 'mistake' from a targeting point of view. On the one hand, many feel that by being based on relatively permanent characteristics (e.g. type of floor) and including non-economic criteria (e.g. whether families are able to fulfill their religious obligations), the BKKBN indicator is not a valid poverty indicator and especially will not capture current poverty status and hence HHs which are newly poor due to the crisis. On the other hand, consumption expenditures are difficult to measure accurately and it could be that 'consumption poor' HHs are the results of measurement error in expenditures. In the instance where the distinction is important, i.e. in the OPK program where the BKKBN criteria was the "official" criteria (this has been changed for the present (99/00) fiscal year), we will use both indicators in the analysis.

II. Results and Interpretation by Program

The JPS program is implemented through various activity programs encompassing food security, employment and income maintenance, and preservation of access to main social services (mainly health and education). Here we present results on coverage and targeting effectiveness of various social safety net programs implemented in fiscal year 1998/99 using methods outlined in the previous section. In all cases, the ten districts included in the survey are ranked by the highest program coverage of the poor.

II.A. The Food Security Program

The purpose of food security programs is to help the poor -- including the newly poor because of the crisis -- to fulfill their needs for food, which may have been hindered by both falling real income and food price escalation. The government tried to achieve this objective by establishing various programs, which include maintenance of sufficient national food stock and providing cheap basic necessities ("sembako") for the poor through special market operation ("operasi pasar khusus" or OPK). Under the OPK program, each eligible HH is now allowed to purchase 20 kilograms of rice per month (the program began at 10 kg/month) at a highly subsidized price of Rp. 1,000/kg. The market price for medium quality rice in October to November 1998 period was around Rp. 2,500/kg.[4] Originally, only HHs under PS category of BKKBN classification were eligible to participate in the program. But coverage was expanded during the course of the year.

[4] Rahayu, Sri Kusumastuti *et al* (1998), *Results of a SMERU Rapid Field Appraisal Mission: Implementation of Special Market Operation (OPK) Program in Five Provinces*, SMERU Special Report, December, Social Monitoring & Early Response Unit, Jakarta.

Food security program is probably the most critical component of the JPS programs since it deals with ensuring that the poor can afford to buy their staple foods, particularly rice. One impact of the crisis was a shooting up of prices due to both large rupiah devaluation and fast increasing money supply when the government tried to shore up banks which were being rushed by their depositors. The ensuing high inflation rate made basic necessities are practically out of reach of the poor, at least in the very short run before their nominal incomes could expand to keep pace. This program, therefore, particularly the provisions of cheap rice for the poor, was deemed essential in avoiding widespread hunger, which may exacerbate the already chaotic political and economic situation of the country.[5]

The coverage of these basic necessities provision programs in the districts included in the survey is analyzed in Table 2a. Unfortunately the data cannot distinguish between OPK and other programs. Moreover, respondents may have included the receipt of "sembako" from other sources. The table shows that the two districts in Central Java, i.e. Rembang and Banjarnegara, have been highly successful in ensuring that the poor receive the benefits of this program and show a program coverage of the poor of over 90 percent. The third best program coverage of the poor was in Kendari (Southeast Sulawesi), where 67 percent of the poor participated in the program. Then follows Lampung Selatan (Lampung) with 58 percent. The rest of districts, however, have program coverage of the poor which were less than 50 percent. The worst reported coverage of the poor was in Kutai (East

[5] Since the amount of rice is substantially below total consumption, in practice the program serves as equivalent to an income transfer. However, since the price was fixed in nominal terms, the magnitude of the income transfer was scaled to the needs for food. In this sense the program can be seen as a combination of income transfer and food security.

Kalimantan), where curiously only around 5 percent of the poor reported receiving the benefits of this program.

In terms of targeting ratio, the table shows that in most districts the values of this ratio are only slightly less than one. This indicates that the majority of districts did not target the basic necessities provisions program solely for the poorest as measured by consumption expenditures. Instead, they provided cheap basic necessities from the program for the general population, with only slight inclination favoring the poor. In Kutai, there was even a tendency for the non-poor as program recipients to be even proportionally higher than the poor. The highest targeting provide the benefits of the program toward the poor, with targeting ratio of 0.74, is found in Indragiri Hilir (Riau).

More details on targeting are contained in Table 2b. This table shows the program coverage by per capita consumption quintiles. Here it shows that participation falls off only very slowly with income. For instance, in Kendari 67 percent of the poor receive some "sembako." The next quintile receives roughly the same amount (slightly more) so the ratio to quintile I to quintile II participation is 1.03. Even by the time top quintile is reached, there is still half as much participation as among the poor (participation ratio quintile V to quintile I of 0.48). In Indragiri Hilir, the top quintile receives only 10% of the coverage of the lowest quintile. In other districts, the ratio ranges between 0.3 and 0.7 times. In Kutai, however, the richest quintile have much participation than among the poor.

Since the HH targeting of this program is supposed to be based on the HH classification created by BKKBN, it is interesting to see how effective the program has been in reaching those households who reported being in that classification as

the program beneficiaries. Table 2c evaluates the effectiveness of the basic necessities provisions program in distributing the benefits of the program to PS households. The table is sorted by the values of program coverage of PS households. Hypothetically, if the program reached all and only PS households (and the self reported classification are correct) then the observed sample coverage should have been 100 percent and targeting ratio of 0.

In this measure, the Central Java province still achieves the highest marks. The two districts in this province still have the highest program coverage of PS HHs, although the values are slightly lower than in Table 2a. In general, the order of districts in Table 2c does not change very much from that in Table 2a, particularly for districts with high values on coverage of the poor. The worst achiever now is Sumedang in West Java, where only around 8 percent of PS HHs participated in the program.

Comparing the targeting ratios in Tables 2a and 2c, the targeting ratio values in Table 2c are lower (better targeting) than the values in Table 2a in 8 of the 10 districts included in the survey.[6] This indicates that, by and large, the program was more based on the BKKBN classification than on current expenditures or poverty. However, the targeting ratios are still substantially larger than zero, even though theoretically only PS HHs which are eligible to become beneficiaries of this program.

These quantitative findings from a survey accords well with anecdotal reports that there was pressure from villagers to allocate the rice more evenly across villagers rather than following strictly the allocation criteria. This raises important questions

[6] In Table 2c, the maximum value of the targeting ratio is not 1.25, but equals to the inverse of the KS HH proportion in each district. These maximum possible values are presented in an additional column in the table.

about what is in fact the optimal targeting, as either criteria, i.e. consumption expenditures or BKKBN classification, may not capture who truly needs the rice within any given community. Hence it is possible that some of what is recorded as going to non-poor by either Table 2a or Table 2c classification may have gone to HHs truly in need. However, it is also possible that social pressures lead to uniform or equal distribution simply as the only allocation that was perceived as 'fair'. The danger is that it may lead back to a pure 'equal' distribution which, for a fixed total amount of rice, leads to lower availability for the poor. The magnitude of those, even in the top quintile, receiving the program benefits suggests powerful pressures for uniformity. In fiscal year 1999/2000, the procedure for determining HHs has been expanded so to include mechanisms for local flexibility, to add household to the eligible list combined with a procedure for publicizing such a list. This hopefully will reduce pressures for uniform distribution while still allowing necessary flexibility.

II.B. The Employment Creation Program

The employment creation (or "padat karya") programs are established as a response to the threat of burgeoning unemployment because of economic contraction which has forced firms to either lay off part of their workers or shutdown completely. In accordance with the urban nature of the crisis, the geographical targets for these programs are pointed to urban areas plus some rural areas which experienced harvest failures. The programs which fall into this employment creation category include redesigning of some on going projects into labor intensive projects, community funds with open menus directed toward poorer areas (such as the Kecamatan Development Program, Village Infrastructure, and

PDM-DKE Program), and special labor intensive work (forestry, rural-urban, retraining of laid off workers).

The same method of analysis is applied to employment creation programs to assess their effectiveness in targeting the poor, with the results presented in Table 3a. This is even more complex as there were a variety of public work programs (there were at least 11 programs in FY 98/99 with a "padat karya" element). The hope was that the wages would be paid as a benefit to the poor and those newly unemployed workers due to mass lay off and declining economic activities during the crisis. The programs are generally implemented through the creation of labor intensive public work, such as for maintaining public infrastructures, but some programs (e.g. forestry) were for specific sectoral activities.

While these programs should be available only for those who are already unemployed and are willing to receive the wage rate, it is well known that the level of the wage is critical for achieving good targeting outcomes in employment programs. If this target is achieved, most, if not all, of the jobs will go to the poor. Table 3a, however, show that in most districts the program coverage of the poor are low even though coverage is measured as any participation in the last three months (even if only for a few days). The highest coverage of the poor is found in Kupang (East Nusa Tenggara), where 49 percent of the poor participated in some "padat karya" program. In a set of three other districts, Kendari, Lampung Selatan, and Rembang, coverage of the poor was over 20 percent but less than 30 percent. This suggests that there were some programs operating and at least reaching significant number of workers (but again many of these programs may have only provided a few days employment any time in the previous three months).

There are three districts (Pandeglang, Sumedang, and Karang Asem) with small participation between 6 and 11 percent. Finally, there are three districts with essentially no reported participation in "padat karya" programs at all with less than one percent of the poor having ever participated, i.e. Kutai, Banjarnegara, and Indragiri Hilir.

In most districts, the value of the targeting ratio is quite close to one. This indicates that the implementation of the program did not appear to specifically favor the poor (as measured by consumption expenditures). In Lampung Selatan with a targeting ratio of 0.97 and Sumedang with 0.96, there was no targeting with the equivalent of a completely random allocation of the program across income groups. In Indragiri Hilir, meanwhile, all of the few jobs were taken by the non-poor. Meanwhile, the district favoring the poor the most in this program relative to other districts is Karang Asem, but this is from a very low base of only 3.75 percent overall participation.

The coverage of this program across per capita consumption quintiles is presented in Table 3b. In some districts, the coverage in higher quintiles falls off relatively significantly, with the coverage in the highest quintile reaches one third or less than that in the lowest quintile. There was no participation in the highest quintile in Karang Asem. In other districts, however, particularly in Kutai and Banjarnegara, coverage in higher quintiles is much higher than in the lowest quintile. In Lampung Selatan, coverage in the highest quintile is *higher* than in the lowest quintile. In Indragiri Hilir, since there was *no* participation in the lowest quintile, coverage in higher quintiles relative to the lowest quintile cannot be evaluated.

II.C. The Subsidized Credit Program

Another JPS program which falls into the employment creation and income maintenance category are credit schemes to supplement the falling income of the small and medium enterprises. These programs are designed to help small scale and medium enterprises as well as cooperatives with operating costs, so that they can continue their operation during the crisis. The economic crisis in Indonesia has been made worse by a banking crisis, which has led to a credit crunch and escalating nominal interest rates. The real sector, therefore, is hit really hard by the crisis because on the one hand they have to face increasing prices of raw materials, on the other they have to deal with the dried up of credit supply and increasing cost of fund. This is in addition to falling demand for firms selling their products in domestic market. The credits provided through these programs cover almost all economic activities from production, distribution, retail, services, and also include the agricultural credit in relation to the food security program. Again, as with "padat karya", there are a wide variety of programs and the data cannot separate them out individually. The effectiveness of these programs in helping the poor is analyzed using the same method as the previous programs, with the results presented in Table 4a.

The table shows that, in general, program coverage of these type is quite low. The highest coverage of the poor was found in Kupang, where 16 percent of the poor reported receive the benefits of the program. In the rest of the districts, the program coverage of the poor is below 10 percent. In two districts, Indragiri Hilir and Kutai, actually there were none of the poorest 20 percent who joined the program (hence, in these two districts, *the values* of their targeting ratio reach the maximum value of

1.25). In other districts, the values of targeting ratio are close to one. The exception is Rembang where nearly all participants are poor. In Kendari and Sumedang, targeting ratios are also reasonably low (0.68 and 0.66). The general implication, however, is that the recipients of this program in most districts were either not selected on income criteria or dominated by non-poor HHs. Perhaps this is to be expected as those who were engaged in small and medium enterprises were likely to not belong to the lowest group of income distribution.

This program's coverage by per capita consumption quintiles is presented in Table 4b. Some districts have coverage in higher quintiles which falls off relatively quickly to reach one third or less of the lowest quintile's coverage. Some other districts, particularly in Banjarnegara and Pandeglang, have coverage in higher quintiles which is higher than in the lowest quintile. Indragiri Hilir and Kutai have no participation in the lowest quintile and, hence, coverage in higher quintiles relative to the lowest quintile cannot be evaluated.

II.D. The Scholarship Program

At the earlier stage of the crisis, there was a worry that the crisis may force parents to withdraw their children from schools as a way to cope with falling incomes and rising costs, hence triggering a large increase in school drop out rates. This rightly alarmed the government, which then led it to establish an education funding support program. This program has two components, one is a grant to schools to help them continue operating and the other is scholarships for students from poor families to enable them stay in schools due to budgets. This program was intended to reach at most 6 percent of primary students and 17 percent of junior secondary students and

10 percent of senior secondary students nationwide. Since the program was targeted this coverage will be higher in some districts and lower in others. The 60 percent of poorest schools in each district should have received grants (although this will not be captured in the HH survey).

The effectiveness of this program in helping poor families maintaining their children enrollments in schools is analyzed using the same method, but only applied to eligible HHs, that is HHs with children already enrolled in schools. Table 5a does the analysis for HHs that have children enrolled in primary schools ("Sekolah Dasar" or SD) and religious primary schools ("Madrasah Ibtidaiyah" or MI), while Table 5b shows the coverage of this program by per capita consumption quintiles. Table 6a does the analysis for HHs that have children enrolled in junior secondary schools ("Sekolah Lanjutan Tingkat Pertama" or SLTP) and religious junior secondary schools ("Madrasah Tsanawiyah" or MT), while Table 6b shows the coverage of this program by per capita consumption quintiles.[7]

Both Tables 5a and 6a shows that the Banjarnegara district in Central Java has the highest program coverage of the poor at both primary and junior secondary levels. At the primary level, 38 percent of the poorest HHs that have children enrolled in schools in this district received the program benefits. At the junior secondary level, program coverage of the poor reaches 71 percent in Banjarnegara. This is substantially higher than the national program targets and either reflects an exceptionally high allocation or perhaps could helped by additional formal or informal efforts at providing assistance.

[7] Unfortunately, if a HH reported receiving the benefit of this program and it has children enrolled in both primary and junior secondary levels, then it is impossible to identify which child received the scholarship. Hence, such HH is recorded as a program beneficiary in both Tables 5a and 6a.

The program coverage of the poor in other districts, meanwhile, ranges between 2 and 10 percent at the primary education level and between 3 and 26 percent at the junior secondary education level. Among the districts with the lowest coverage of the poor are Kutai, Lampung Selatan, and Kupang for the primary level and Karang Asem, Sumedang, and Pandeglang for the junior secondary level.

In terms of targeting ratio, Sumedang has the lowest ratio (most favoring the poor) at both levels of education, with Kutai joined it for the junior secondary education level, but they are all from small level of coverage. Other districts, however, have targeting ratios which are close to one, implying that in most districts the scholarship recipients have been more or less not strongly selected on the basis of consumption expenditures. In Kupang, Lampung Selatan, and Kendari for primary level and in Karang Asem for junior secondary level, there were tendencies that the program benefits reaped proportionally more by the non-poor than by the poor.

Table 5b shows that only in Sumedang, Rembang, and Banjarnegara coverage in higher quintiles falls off significantly from that in the lowest quintile. The rest of the districts have coverage in the highest quintile which is about the same as or higher than coverage in the lowest quintile. Table 6b also shows that the trend in coverage of scholarships program for junior secondary students by consumption quintiles across districts is as diverse as in the case of scholarships for primary students.

These findings on coverage and targeting in the scholarship program raise a very complex issue, since in the program the children were chosen by school level committees comprising school official as well as parent and community representatives. Indications that the recipient do not match "poverty" as it is

typically measured consumption expenditures from HH surveys could mean either that the survey criteria do a poor job of identifying the needy while the local committees did a better job of using local knowledge; *or* it could mean that the local targeting procedures either were not followed or were insufficient to reach the most needy. This alternative explanations cannot be distinguished with the data in the SSD. This obviously highlights the difficulties of *ex post* evaluation of programs, which must be done both on *process* and on *outcomes*. Moreover, this suggests caution in over interpreting any single piece of evidence but rather taking into account all evidence, both internal, qualitative, and quantitative in assessing program performance.

II.E. Health Programs

Falling real income and increasing costs of medical services due to the crisis may force poor HHs to abandon modern medical services even when the needs for doing so arise. This will make the society's health condition deteriorate, reversing improvements in this area accumulated during the past three decades. To anticipate this, the government with help from donor agencies established JPS program in health. Through these programs it is hoped that the poor will not be forced to stop using modern medical services because they could not afford them anymore. Various programs which were specifically established to achieve this social protection objective are providing subsidies for medicines and imported medical equipment, operational support funds for health centers, and free medical services and supplemental food for pregnant women and children under five.

The effectiveness of free medical services and free pregnancy check up and labor programs are analyzed in this subsection using the same method as before with the results presented in Tables 7a and 8 respectively. Table 7b, meanwhile, shows the coverage of free medical services program by per capita consumption quintiles. The coverage of free pregnancy check up and labor program by per capita consumption quintiles is not calculated due to small sample size.

Table 7a shows that, in all districts, the coverage of free medical services program of the poor is quite low. Only in three districts (Indragiri Hilir, Pandeglang, and Rembang) did the coverage reach over 10 percent of the poorest HHs (but not more than 15 percent). In all but those three districts, the coverage is much lower, i.e. less than 5 percent. In Kutai, none of the poor were covered by the program

In terms of targeting ratio, most of the districts have the values of the ratio which are close to one. This indicates that the benefits of this program have a tendency to be reaped by the poor and the non-poor equally. Only in Indragiri Hilir (0.62) and Pandeglang (0.72), and Sumedang (0.31) are the targeting ratios lower than 0.9. In Kutai, on the other hand, the non-poor have gained all the benefits of this program.

The coverage across consumption quintile in Table 7b again shows diversity across districts, where some districts have much lower coverage in the highest quintile compared to the coverage in the lowest quintile and some other districts have the opposite trend. In Banjarnegara, the coverage across all five quintiles is interestingly the same. The coverage in higher quintiles in Kutai cannot be calculated due to non-participation in the lowest quintile.

The analysis of free pregnancy check up and labor program is only applied to eligible HHs. This leaves extremely small sample size for this analysis since to be

'eligible' a HH must have included a pregnant woman (HHs themselves reported eligibility). Table 8 shows that in six districts the coverage of free pregnancy check up and labor program for the poor is higher than their coverage of the poor on free medical services program. The highest coverage is in Kupang, where one third of the poor received the benefits of the program. In four districts, however, *none* of the poor participated in the program. In one of these districts, i.e. Sumedang, actually no woman in the sample (all reported eligible) participated in the program. The other three districts, therefore, reached the maximum targeting ratio of 1.25. Hence, in these districts, the program has benefited only the non-poor. On the other hand, in Kutai the targeting ratio reached the minimum value of zero, indicating that the program recipients in this district were all from the poor HHs. In the rest of the districts, except in Kupang (TR = 0.26), the values of targeting ratio are close to one, indicating that the recipients of the program in these districts are more or less randomly selected.

II.F. The Nutrition Program

Nutritional intake of unborn babies and children under five is a determinant of the physical and intellectual capabilities of people at later ages. Hence, the lowering of quality and quantity of food intake by Indonesian families due to the crisis may pose a danger to the quality of the nation's human resources in the future. Some people have even entertained the idea of a 'lost generation' in Indonesia because of the crisis, i.e. a cohort of population who suffer from physical and intellectual defects due to the deterioration of their food intake during pre-natal and early childhood period because of the crisis. In response to this, the government with the support

from donor agencies established a program providing supplemental food for pregnant women and babies.

The effectiveness of this program in helping the poor improving their food intake is analyzed using the same method as other programs. The results are presented in Table 9 for pregnant women and Table 10a for babies. Both are applied only to eligible HHs, which means that, even beginning from what are quite large samples of HHs (1200 per district), the samples are very small, hence the estimates will be imprecise. (< 70 for pregnant woman, <400 for babies). Due to this small sample, coverage across per capita consumption quintile for this program for pregnant women cannot be calculated. Meanwhile, for babies it is shown in Table 10b.

Table 9 indicates that only three districts which have non-zero program coverage of the poor in the supplemental food for pregnant women program. Among these three districts, Kutai has the highest coverage with 50 percent, while Lampung Selatan has the lowest coverage with around 8 percent. Among the rest, seven districts have zero coverage of the poor and three districts have zero total coverage (meaning that no woman in the sample in these districts participated in the program). The other four districts, meanwhile, have maximum targeting ratio of 1.25, implying that in these districts the poor have not been benefited at all by this program. On the other hand, in Kutai and Kupang the targeting ratios are quite low and even equal zero in Kutai. This indicates that in these districts the benefits of the program have gone mostly to the poor.

Table 10a show that the supplemental baby food program in all districts has low program coverage of the poor. The highest coverage is found in Kupang with 15 percent, but in all other districts the coverage only ranges from 1 to 6 percent.

In terms of targeting ratio, the values in most districts are either close to or higher than one. The lowest value is found in Sumedang with 0.5, which is quite strict targeting, while the highest value is found in Pandeglang with the value of 1.21, which indicates a tendency that the benefits of the program have been enjoyed proportionally more by the non-poor rather than poor HHs.

Table 10b, meanwhile, shows that in the majority of districts, this program's coverage in the highest quintile is much higher than the coverage in the lowest quintile. However, in two districts, i.e. Sumedang and Indragiri Hilir, there was no participation in the highest quintile.

III. Summary and Comparison Across Districts

Table 11 recapitulates all the program coverage of the poor and targeting ratios from Tables 2a to 10a. For each program, the magnitudes of coverage of the poor and targeting ratio as well as the rank of districts relative performance within the program are presented. To make it easier to identify the best performing districts in each program, their coverage of the poor and targeting ratio numbers are in boldface type. For example, for the basic necessities program, the four best performing districts in terms of coverage of the poor are Rembang, Banjarnegara, Kendari, and Lampung Selatan, while in terms of targeting ratio the four best are Indragiri Hilir, Pandeglang, Sumedang, and Karang Asem. Identification of best performing districts in other programs can be done similarly.

In addition, Table 11 can be used as a score card for a district in relative performance compared to other districts. For example, in terms of program coverage of the poor, Kupang has the highest number of programs where this district

becomes one of the best performing districts. This is indicated by the fact that this district has six boldface numbers, more than any other district. The next two districts which have the highest number of best performing districts within a certain program are Rembang and Kendari, with five and four boldface numbers respectively. On the other hand, the districts which have the least numbers of best performing districts are Karang Asem and Sumedang. In fact, Karang Asem has none, while Sumedang has only single, boldface number. Kutai does poorly in all of the non-health program, but quite well in health.

In terms of targeting ratio, districts which have the highest number of best performing districts within a certain program are Sumedang, Rembang, and Kupang. There are six boldface numbers in the case of Sumedang and five in both Rembang and Kupang. Meanwhile, the districts which have the least numbers of best performing districts are Lampung Selatan and Banjarnegara. None of the programs in Lampung Selatan and only one in Banjarnegara places these districts among the four best performing districts in terms of targeting ratio.

The case of Kupang and Rembang, where they are two districts which have the highest numbers of best performing districts in terms of both program coverage of the poor and targeting ratio, seems to suggest that a district which receives a lot of resources will have good program coverage and better targeting toward the poor. However, the case of Sumedang, where it is one of the districts which have the least numbers of best performing districts in terms of program coverage of the poor, but at the same time one of the districts which have the highest number of best performing districts in terms of targeting ratio, suggests that program coverage could be quite independent from effective targeting toward the poor.

IV. Conclusion

In early 1998 the government of Indonesia created social safety net programs. The programs were intended to help protect the traditionally poor and the crisis created newly poor. The programs include: ensuring the availability of food at affordable prices for the poor, supplementing purchasing power among poor HHs through employment creation, and preserving access to critical social services, particularly health and education. The intended beneficiaries of these programs are the needy which may not be able to cope with impacts of the crisis without outside help. This implies that the effectiveness of these programs can be measured by their coverage of the poor and how much the benefits of the programs have gone to the poor, which are the target of these programs.

The findings of this study, unfortunately, point out that in many cases the target groups have been largely missed by the programs—both in terms of low coverage and being only loosely targeted in practice.[8] Nevertheless, it should be emphasized that effectiveness of the programs varies across programs and regions. Some programs have both high coverage amongst the poor and show some reasonable amounts of targeting. For instance, in Rembang (Central Java) the 'basic necessities' program had 88 percent coverage of the 'pre-prosperous' HHs and a targeting ratio of 0.77. On the other hand, some programs in some districts show both low coverage and little or no targeting. For instance, employment programs in

[8] Another study has similar findings with this study in some respects (e.g. targeting ratios for PDM-DKE and "padat karya" programs), but different in other respects (e.g. higher coverage on scholarships program). See Hardjono, Joan (1999), *The Micro Data Picture: Results of a SMERU Social Impact Survey in the Purwakarta – Cirebon Corridor*, SMERU Special Report, July, Social Monitoring & Early Response Unit, Jakarta.

Banjarnegara have both low coverage and participation was more than proportionately of the non-poor.

This regional variability in performance raises an interesting avenue for future study as some districts appear to be much better than others in implementing common national programs. What accounts for these differences? Is it administrative capacity? Political will? Or other factors? With decentralization, these differences in performance across districts might grow even larger and this makes the determinants of performance at a regional level an ever more interesting question.

The general picture, however, points to the need for a large improvement in the program implementations, in particular in targeting the beneficiaries of a particular program and raising coverage within the target groups. Considering the importance of the programs in mitigating the social impact of the crisis, it is necessary that program implementation be improved to better target the most in need. This can be done through, among other actions, extensive information dissemination campaign and intensive monitoring.

Table 1a. Crosstab between "Prosperous/Pre-Prosperous" with "Non-Poor/Poor" (20% Poor)			
	Non-Poor	Poor	Total
Prosperous	5,197	920	6,117
% Row	*85.0*	*15.0*	*100.0*
% Column	54.2	38.3	51.0
Pre-Prosperous	4,400	1,480	5,880
% Row	*74.8*	*25.2*	*100.0*
% Column	45.9	61.7	49.0
Total	9,597	2,400	11,997
% Row	*80.0*	*20.0*	*100.0*
% Column	100.0	100.0	100.0

Table 1b. Crosstab between "Prosperous/Pre-Prosperous" with "Non-Poor/Poor" (49% Poor)			
	Non-Poor	Poor	Total
Prosperous	3,585	2,532	6,117
% Row	*58.6*	*41.4*	*100.0*
% Column	58.7	43.0	51.0
Pre-Prosperous	2,523	3,357	5,880
% Row	*42.9*	*57.1*	*100.0*
% Column	41.3	57.0	49.0
Total	6,108	5,889	11,997
% Row	*51.0*	*49.0*	*100.0*
% Column	100.0	100.0	100.0

Table 2a. The Effectiveness of Basic Necessities Provisions Program								
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting	
		Non-Poor	Poor	Non-Poor	Poor	Average	% Non-Poor	Targeting Ratio
Rembang, Central Java	1,200	80.00	20.00	71.25	97.92	76.58	74.43	0.93
Banjarnegara, Central Java	1,200	80.00	20.00	86.67	93.75	88.08	78.71	0.98
Kendari, Southeast Sulawesi	1,200	80.00	20.00	52.08	67.08	55.08	75.64	0.95
Lampung Selatan, Lampung	1,200	80.00	20.00	44.48	58.33	47.25	75.31	0.94
Kupang, East Nusa Tenggara	1,198	80.00	20.00	35.28	42.92	36.81	76.68	0.96
Indragiri Hilir, Riau	1,200	80.00	20.00	12.40	34.58	16.83	58.91	0.74
Karang Asem, Bali	1,200	80.00	20.00	22.19	34.17	24.58	72.20	0.90
Pandeglang, West Java	1,200	80.00	20.00	9.79	20.00	11.83	66.20	0.83
Sumedang, West Java	1,200	80.00	20.00	11.46	19.58	13.08	70.06	0.88
Kutai, East Kalimantan	1,199	80.00	20.00	19.40	5.42	16.60	93.47	1.17

Table 2b. Coverage of Basic Necessities Provisions Program by Per Capita Consumption Quintiles							
District, Province	Number of Sample	Program Coverage (%)	Program Coverage Relative to Quintile I				
		1-20% tile	21-40% tile	41-60% tile	61-80% tile	81-100% tile	Total
Rembang, Central Java	1,200	97.92	0.97	0.89	0.63	0.43	0.78
Banjarnegara, Central Java	1,200	93.75	1.03	1.00	0.96	0.71	0.94
Kendari, Southeast Sulawesi	1,200	67.08	1.03	0.88	0.72	0.48	0.82
Lampung Selatan, Lampung	1,200	58.33	0.89	0.74	0.71	0.71	0.81
Kupang, East Nusa Tenggara	1,198	42.92	0.89	0.93	0.99	0.48	0.86
Indragiri Hilir, Riau	1,200	34.58	0.58	0.52	0.24	0.10	0.49
Karang Asem, Bali	1,200	34.17	1.15	0.78	0.37	0.30	0.72
Pandeglang, West Java	1,200	20.00	0.46	0.56	0.48	0.46	0.59
Sumedang, West Java	1,200	19.58	0.94	0.60	0.49	0.32	0.67
Kutai, East Kalimantan	1,199	5.42	2.54	3.46	4.69	3.63	3.06

Table 2c. The Effectiveness of Basic Necessities Provisions Program (Based on BKKBN Classification)									
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting		Maximum Possible Value
		KS	PS	KS	PS	Average	% KS	Targeting Ratio	
Banjarnegara, Central Java	1200	39.67	60.33	83.40	91.16	84.95	37.56	0.95	2.52
Rembang, Central Java	1200	39.00	61.00	58.76	87.98	64.60	29.92	0.77	2.56
Kendari, Southeast Sulawesi	1200	23.92	76.08	30.31	62.87	36.82	13.16	0.55	4.18
Lampung Selatan, Lampung	1200	40.25	59.75	43.69	49.65	44.88	37.21	0.92	2.48
Kupang, East Nusa Tenggara	1198	24.96	75.04	21.40	41.94	25.51	14.51	0.58	4.01
Indragiri Hilir, Riau	1200	58.58	41.42	12.09	23.54	14.38	42.08	0.72	1.71
Pandeglang, West Java	1200	72.75	27.25	7.56	23.24	10.70	46.48	0.64	1.37
Kutai, East Kalimantan	1199	80.07	19.93	15.42	21.34	16.60	74.38	0.93	1.25
Karang Asem, Bali	1200	62.58	37.42	27.16	20.27	25.78	69.15	1.10	1.60
Sumedang, West Java	1200	68.08	31.92	15.54	7.83	14.00	80.89	1.19	1.47
Note: KS = "Prosperous", PS = "Pre-Prosperous"									

Table 3a. The Effectiveness of Employment Creation Program								
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting	
		Non-Poor	Poor	Non-Poor	Poor	Average	% Non-Poor	Targeting Ratio
Kupang, East Nusa Tenggara	1198	80.00	20.00	28.60	48.75	32.63	70.12	0.88
Kendari, Southeast Sulawesi	1200	80.00	20.00	13.33	27.08	16.08	66.32	0.83
Lampung Selatan, Lampung	1200	80.00	20.00	23.54	26.67	24.17	77.93	0.97
Rembang, Central Java	1200	80.00	20.00	8.54	21.25	11.08	61.65	0.77
Pandeglang, West Java	1200	80.00	20.00	5.83	10.42	6.75	69.14	0.86
Sumedang, West Java	1200	80.00	20.00	7.40	8.75	7.67	77.17	0.96
Karang Asem, Bali	1200	80.00	20.00	3.02	6.67	3.75	64.44	0.81
Kutai, East Kalimantan	1199	80.00	20.00	1.36	0.42	1.17	92.86	1.16
Banjarnegara, Central Java	1200	80.00	20.00	1.04	0.42	0.92	90.91	1.14
Indragiri Hilir, Riau	1200	80.00	20.00	0.21	0.00	0.17	100.00	1.25

Table 3b. Coverage of Employment Creation Program by Per Capita Consumption Quintiles							
District, Province	Number of Sample	Program Coverage (%)	Program Coverage Relative to Quintile I				
		1-20% tile	21-40% tile	41-60% tile	61-80% tile	81-100% tile	Total
Kupang, East Nusa Tenggara	1198	48.75	0.64	0.75	0.62	0.33	0.67
Kendari, Southeast Sulawesi	1200	27.08	0.89	0.52	0.37	0.18	0.59
Lampung Selatan, Lampung	1200	26.67	0.64	0.89	0.77	1.23	0.91
Rembang, Central Java	1200	21.25	0.61	0.49	0.33	0.18	0.52
Pandeglang, West Java	1200	10.42	0.76	0.80	0.52	0.16	0.65
Sumedang, West Java	1200	8.75	1.05	1.10	1.10	0.14	0.88
Karang Asem, Bali	1200	6.67	1.12	0.44	0.25	0.00	0.56
Kutai, East Kalimantan	1199	0.42	5.00	4.00	3.00	1.00	2.80
Banjarnegara, Central Java	1200	0.42	7.00	2.00	0.00	1.00	2.20
Indragiri Hilir, Riau	1200	0.00	-	-	-	-	-

Table 4a. The Effectiveness of Subsidized Credit Program								
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting	
		Non-Poor	Poor	Non-Poor	Poor	Average	% Non-Poor	Targeting Ratio
Kupang, East Nusa Tenggara	1198	80.00	20.00	5.95	15.83	7.93	60.05	0.75
Rembang, Central Java	1200	80.00	20.00	0.31	7.08	1.67	15.00	0.19
Kendari, Southeast Sulawesi	1200	80.00	20.00	1.88	6.25	2.75	54.55	0.68
Karang Asem, Bali	1200	80.00	20.00	3.54	5.00	3.83	73.91	0.92
Lampung Selatan, Lampung	1200	80.00	20.00	7.71	4.58	7.08	87.06	1.09
Banjarnegara, Central Java	1200	80.00	20.00	7.08	4.17	6.50	87.18	1.09
Sumedang, West Java	1200	80.00	20.00	0.94	3.33	1.42	52.94	0.66
Pandeglang, West Java	1200	80.00	20.00	1.04	1.67	1.17	71.43	0.89
Indragiri Hilir, Riau	1200	80.00	20.00	0.10	0.00	0.08	100.00	1.25
Kutai, East Kalimantan	1199	80.00	20.00	0.73	0.00	0.58	100.00	1.25

Table 4b. Coverage of Subsidized Credit Program by Per Capita Consumption Quintiles							
District, Province	Number of Sample	Program Coverage (%)	Program Coverage Relative to Quintile I				
		1-20% tile	21-40% tile	41-60% tile	61-80% tile	81-100% tile	Total
Kupang, East Nusa Tenggara	1198	15.83	0.61	0.45	0.29	0.16	0.50
Rembang, Central Java	1200	7.08	0.00	0.06	0.06	0.06	0.24
Kendari, Southeast Sulawesi	1200	6.25	0.80	0.33	0.00	0.07	0.44
Karang Asem, Bali	1200	5.00	1.17	0.83	0.50	0.33	0.77
Lampung Selatan, Lampung	1200	4.58	1.91	1.55	2.27	1.00	1.55
Banjarnegara, Central Java	1200	4.17	0.80	1.60	2.60	1.80	1.56
Sumedang, West Java	1200	3.33	0.50	0.13	0.38	0.13	0.43
Pandeglang, West Java	1200	1.67	0.50	0.25	0.50	1.25	0.70
Indragiri Hilir, Riau	1200	0.00	-	-	-	-	-
Kutai, East Kalimantan	1199	0.00	-	-	-	-	-

Table 5a. The Effectiveness of Scholarship Program (evaluated on HHs with children in SD/MI)								
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting	
		Non-Poor	Poor	Non-Poor	Poor	Average	% Non-Poor	Targeting Ratio
Banjarnegara, Central Java	602	80.00	20.00	24.12	38.02	26.90	71.73	0.90
Rembang, Central Java	522	80.00	20.00	3.60	10.48	4.97	57.87	0.72
Indragiri Hilir, Riau	551	80.00	20.00	5.23	8.11	5.80	72.06	0.90
Kendari, Southeast Sulawesi	656	80.00	20.00	11.07	6.06	10.07	87.96	1.10
Karang Asem, Bali	420	80.00	20.00	7.44	5.95	7.14	83.33	1.04
Pandeglang, West Java	643	80.00	20.00	3.31	3.88	3.42	77.34	0.97
Sumedang, West Java	459	80.00	20.00	0.27	3.26	0.87	25.05	0.31
Kupang, East Nusa Tenggara	582	80.00	20.00	7.10	2.56	6.19	91.72	1.15
Lampung Selatan, Lampung	620	80.00	20.00	7.26	2.42	6.29	92.31	1.15
Kutai, East Kalimantan	467	80.00	20.00	1.88	2.13	1.93	77.92	0.97

Table 5b. Coverage of SD/MI Scholarship Program by Per Capita Consumption Quintiles							
District, Province	Number of Sample	Program Coverage (%)	Program Coverage Relative to Quintile I				
		1-20% tile	21-40% tile	41-60% tile	61-80% tile	81-100% tile	Total
Banjarnegara, Central Java	602	38.02	0.92	0.67	0.59	0.35	0.71
Rembang, Central Java	522	10.48	0.46	0.36	0.28	0.28	0.48
Indragiri Hilir, Riau	551	8.11	0.56	0.67	0.45	0.90	0.72
Kendari, Southeast Sulawesi	656	6.06	1.89	1.89	1.76	1.76	1.66
Karang Asem, Bali	420	5.95	2.00	1.80	0.20	1.00	1.20
Pandeglang, West Java	643	3.88	0.80	0.81	1.00	0.81	0.88
Sumedang, West Java	459	3.26	0.00	0.33	0.00	0.00	0.27
Kupang, East Nusa Tenggara	582	2.56	1.68	2.00	3.03	4.37	2.41
Lampung Selatan, Lampung	620	2.42	2.00	1.33	4.33	4.33	2.60
Kutai, East Kalimantan	467	2.13	1.01	0.00	1.01	1.52	0.91

Table 6a. The Effectiveness of Scholarship Program (evaluated on HHs with children in SLTP/MT)								
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting	
		Non-Poor	Poor	Non-Poor	Poor	Average	% Non-Poor	Targeting Ratio
Banjarnegara, Central Java	190	80.00	20.00	49.34	71.05	53.68	73.53	0.92
Kendari, Southeast Sulawesi	269	80.00	20.00	13.02	25.93	15.60	66.77	0.83
Kupang, East Nusa Tenggara	137	80.00	20.00	15.60	17.86	16.05	77.75	0.97
Indragiri Hilir, Riau	200	80.00	20.00	10.63	15.00	11.50	73.91	0.92
Rembang, Central Java	202	80.00	20.00	3.11	7.32	3.95	62.93	0.79
Kutai, East Kalimantan	142	80.00	20.00	1.77	6.90	2.80	50.66	0.63
Lampung Selatan, Lampung	224	80.00	20.00	7.82	6.67	7.59	82.43	1.03
Pandeglang, West Java	123	80.00	20.00	5.10	4.00	4.88	83.61	1.05
Sumedang, West Java	125	80.00	20.00	1.00	4.00	1.60	50.00	0.63
Karang Asem, Bali	165	80.00	20.00	6.82	3.03	6.06	90.00	1.13

Table 6b. Coverage of SLTP/MT Scholarship Program by Per Capita Consumption Quintiles							
District, Province	Number of Sample	Program Coverage (%)	Program Coverage Relative to Quintile I				
		1-20% tile	21-40% tile	41-60% tile	61-80% tile	81-100% tile	Total
Banjarnegara, Central Java	190	71.05	1.00	0.85	0.63	0.30	0.76
Kendari, Southeast Sulawesi	269	25.93	0.86	0.29	0.50	0.36	0.60
Kupang, East Nusa Tenggara	137	17.86	0.62	0.80	1.24	0.83	0.90
Indragiri Hilir, Riau	200	15.00	1.00	0.67	0.67	0.50	0.77
Rembang, Central Java	202	7.32	0.00	0.67	0.34	0.68	0.54
Kutai, East Kalimantan	142	6.90	0.00	0.00	0.00	1.04	0.41
Lampung Selatan, Lampung	224	6.67	1.33	0.67	1.00	1.70	1.14
Pandeglang, West Java	123	4.00	2.00	1.04	1.00	1.04	1.22
Sumedang, West Java	125	4.00	1.00	0.00	0.00	0.00	0.40
Karang Asem, Bali	165	3.03	4.00	4.00	1.00	0.00	2.00

Table 7a. The Effectiveness of Free Medical Services Program								
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting	
		Non-Poor	Poor	Non-Poor	Poor	Average	% Non-Poor	Targeting Ratio
Indragiri Hilir, Riau	1200	80.00	20.00	3.65	14.58	5.83	50.00	0.62
Pandeglang, West Java	1200	80.00	20.00	3.85	11.25	5.33	57.81	0.72
Rembang, Central Java	1200	80.00	20.00	6.35	10.00	7.08	71.76	0.90
Lampung Selatan, Lampung	1200	80.00	20.00	9.17	4.17	8.17	89.80	1.12
Kendari, Southeast Sulawesi	1200	80.00	20.00	2.40	3.33	2.58	74.19	0.93
Karang Asem, Bali	1200	80.00	20.00	2.50	2.92	2.58	77.42	0.97
Kupang, East Nusa Tenggara	1198	80.00	20.00	1.36	1.67	1.42	76.51	0.96
Sumedang, West Java	1200	80.00	20.00	0.10	1.25	0.33	25.00	0.31
Banjarnegara, Central Java	1200	80.00	20.00	0.42	0.42	0.42	80.00	1.00
Kutai, East Kalimantan	1199	80.00	20.00	1.46	0.00	1.17	100.00	1.25

Table 7b. Coverage of Free Medical Services Program by Per Capita Consumption Quintiles							
District, Province	Number of Sample	Program Coverage (%)	Program Coverage Relative to Quintile I				
		1-20% tile	21-40% tile	41-60% tile	61-80% tile	81-100% tile	Total
Indragiri Hilir, Riau	1200	14.58	0.40	0.40	0.17	0.03	0.40
Pandeglang, West Java	1200	11.25	0.37	0.37	0.33	0.30	0.47
Rembang, Central Java	1200	10.00	1.08	0.54	0.63	0.29	0.71
Lampung Selatan, Lampung	1200	4.17	0.90	1.80	2.60	3.50	1.96
Kendari, Southeast Sulawesi	1200	3.33	1.13	0.88	0.50	0.38	0.77
Karang Asem, Bali	1200	2.92	0.86	0.43	0.57	1.57	0.89
Kupang, East Nusa Tenggara	1198	1.67	1.25	0.75	0.50	0.75	0.85
Sumedang, West Java	1200	1.25	0.00	0.33	0.00	0.00	0.27
Banjarnegara, Central Java	1200	0.42	1.00	1.00	1.00	1.00	1.00
Kutai, East Kalimantan	1199	0.00	-	-	-	-	-

Table 8. The Effectiveness of Free Pregnancy Check Up and Labor Program								
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting	
		Non-Poor	Poor	Non-Poor	Poor	Average	% Non-Poor	Targeting Ratio
Kupang, East Nusa Tenggara	57	80.00	20.00	4.44	33.33	10.22	34.78	0.43
Pandeglang, West Java	48	80.00	20.00	31.58	30.00	31.26	80.81	1.01
Kutai, East Kalimantan	22	80.00	20.00	0.00	20.00	4.00	0.00	0.00
Kendari, Southeast Sulawesi	68	80.00	20.00	25.93	14.29	23.60	87.89	1.10
Banjarnegara, Central Java	42	80.00	20.00	18.18	11.11	16.77	86.75	1.08
Lampung Selatan, Lampung	61	80.00	20.00	10.42	7.69	9.87	84.42	1.06
Indragiri Hilir, Riau	36	80.00	20.00	7.14	0.00	5.71	100.00	1.25
Karang Asem, Bali	39	80.00	20.00	6.45	0.00	5.16	100.00	1.25
Rembang, Central Java	43	80.00	20.00	2.94	0.00	2.35	100.00	1.25
Sumedang, West Java	41	80.00	20.00	0.00	0.00	0.00	-	-

Table 9. The Effectiveness of Supplemental Food for Pregnant Women Program								
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting	
		Non-Poor	Poor	Non-Poor	Poor	Average	% Non-Poor	Targeting Ratio
Kutai, East Kalimantan	20	80.00	20.00	0.00	50.00	10.00	0.00	0.00
Kupang, East Nusa Tenggara	57	80.00	20.00	2.22	33.33	8.44	21.05	0.26
Lampung Selatan, Lampung	61	80.00	20.00	8.33	7.69	8.21	81.25	1.02
Kendari, Southeast Sulawesi	68	80.00	20.00	12.96	0.00	10.37	100.00	1.25
Karang Asem, Bali	39	80.00	20.00	12.90	0.00	10.32	100.00	1.25
Banjarnegara, Central Java	42	80.00	20.00	12.12	0.00	9.70	100.00	1.25
Pandeglang, West Java	48	80.00	20.00	2.63	0.00	2.11	100.00	1.25
Indragiri Hilir, Riau	36	80.00	20.00	0.00	0.00	0.00	-	-
Sumedang, West Java	41	80.00	20.00	0.00	0.00	0.00	-	-
Rembang, Central Java	43	80.00	20.00	0.00	0.00	0.00	-	-

Table 10a. The Effectiveness of Supplemental Baby Food Program								
District, Province	Number of Sample	HH Distribution (%)		Program Coverage (%)			Program Targeting	
		Non-Poor	Poor	Non-Poor	Poor	Average	% Non-Poor	Targeting Ratio
Kupang, East Nusa Tenggara	396	80.00	20.00	10.13	15.00	11.10	72.98	0.91
Sumedang, West Java	239	80.00	20.00	1.05	6.25	2.09	40.13	0.50
Karang Asem, Bali	211	80.00	20.00	5.95	4.65	5.69	83.66	1.05
Banjarnegara, Central Java	254	80.00	20.00	8.37	3.92	7.48	89.52	1.12
Rembang, Central Java	252	80.00	20.00	4.48	3.92	4.37	82.04	1.03
Lampung Selatan, Lampung	345	80.00	20.00	7.97	2.90	6.96	91.67	1.15
Kutai, East Kalimantan	171	80.00	20.00	6.62	2.86	5.87	90.26	1.13
Indragiri Hilir, Riau	252	80.00	20.00	2.49	1.96	2.38	83.54	1.04
Pandeglang, West Java	335	80.00	20.00	11.94	1.49	9.85	96.97	1.21
Kendari, Southeast Sulawesi	389	80.00	20.00	4.18	1.28	3.60	92.88	1.16

Table 10b. Coverage of Supplemental Baby Food Program by Per Capita Consumption Quintiles							
District, Province	Number of Sample	Program Coverage (%)	Program Coverage Relative to Quintile I				
		1-20% tile	21-40% tile	41-60% tile	61-80% tile	81-100%tile	Total
Kupang, East Nusa Tenggara	396	15.00	0.59	0.93	0.59	0.59	0.74
Sumedang, West Java	239	6.25	0.00	0.00	0.67	0.00	0.33
Karang Asem, Bali	211	4.65	1.02	1.02	0.51	2.56	1.22
Banjarnegara, Central Java	254	3.92	2.50	1.00	3.00	2.04	1.91
Rembang, Central Java	252	3.92	2.04	0.50	1.53	0.51	1.11
Lampung Selatan, Lampung	345	2.90	2.00	2.50	2.50	4.00	2.40
Kutai, East Kalimantan	171	2.86	0.00	4.12	3.09	2.06	2.05
Indragiri Hilir, Riau	252	1.96	2.04	2.00	1.02	0.00	1.21
Pandeglang, West Java	335	1.49	6.00	12.00	7.00	7.00	6.60
Kendari, Southeast Sulawesi	389	1.28	3.00	4.00	4.00	2.03	2.81

Table 11. Recapitulation of Coverage and Targeting of Social Safety Net Programs (four highest ranks in each category highlighted in bold)

District	Basic Necessities		Employment Creation		Subsidized Credit		Scholarship				Medical Services		Pregnancy and Labor		Food Supplement			
							SD/MI		SLTP/MT						Pregnant		Baby	
Coverage of the poor (%):		Rank		Rank		Rank		Rank		Rank		Rank		Rank		Rank		Rank
Indragiri Hilir	34.58	*6*	0.00	*10*	0.00	*9*	**8.11**	*3*	**15.00**	*4*	**14.58**	*1*	0.00	*7*	0.00	*4*	1.96	*8*
Lampung Selatan	**58.33**	*4*	**26.67**	*3*	4.58	*5*	2.42	*9*	6.67	*7*	4.17	*4*	7.69	*6*	7.69	*3*	2.90	*6*
Pandeglang	20.00	*8*	10.42	*5*	1.67	*8*	3.88	*6*	4.00	*8*	**11.25**	*2*	**30.00**	*2*	0.00	*4*	1.49	*9*
Sumedang	19.58	*9*	8.75	*6*	3.33	*7*	3.26	*7*	4.00	*8*	1.25	*8*	0.00	*7*	0.00	*4*	**6.25**	*2*
Banjarnegara	**93.75**	*2*	0.42	*8*	4.17	*6*	**38.02**	*1*	**71.05**	*1*	0.42	*9*	11.11	*5*	0.00	*4*	3.92	*4*
Rembang	**97.92**	*1*	**21.25**	*4*	**7.08**	*2*	**10.48**	*2*	7.32	*5*	**10.00**	*3*	0.00	*7*	0.00	*4*	3.92	*4*
Karang Asem	34.17	*7*	6.67	*7*	5.00	*4*	5.95	*5*	3.03	*10*	2.92	*6*	0.00	*7*	0.00	*4*	4.65	*3*
Kupang	42.92	*5*	**48.75**	*1*	**15.83**	*1*	2.56	*8*	**17.86**	*3*	1.67	*7*	**33.33**	*1*	**33.33**	*2*	**15.00**	*1*
Kutai	5.42	*10*	0.42	*8*	0.00	*9*	2.13	*10*	6.90	*6*	0.00	*10*	**20.00**	*3*	**50.00**	*1*	2.86	*7*
Kendari	**67.08**	*3*	**27.08**	*2*	**6.25**	*3*	6.06	*4*	**25.93**	*2*	3.33	*5*	14.29	*4*	0.00	*4*	1.28	*10*
Targeting ratio:																		
Indragiri Hilir	**0.74**	*1*	1.25	*10*	1.25	*9*	**0.90**	*3*	0.92	*5*	**0.62**	*2*	1.25	*7*	-	-	1.04	*4*
Lampung Selatan	0.94	*6*	0.97	*7*	1.09	*7*	1.15	*9*	1.03	*8*	1.12	*9*	1.06	*6*	1.02	*3*	1.15	*8*
Pandeglang	**0.83**	*2*	**0.86**	*4*	0.89	*5*	0.97	*5*	1.05	*9*	**0.72**	*3*	1.01	*3*	1.25	*4*	1.21	*10*
Sumedang	**0.88**	*3*	0.96	*6*	**0.66**	*2*	**0.31**	*1*	**0.63**	*1*	**0.31**	*1*	-	-	-	-	**0.50**	*1*
Banjarnegara	0.98	*9*	1.14	*8*	1.09	*7*	**0.90**	*3*	0.92	*5*	1.00	*8*	1.08	*4*	1.25	*4*	1.12	*6*
Rembang	0.93	*5*	**0.77**	*1*	**0.19**	*1*	**0.72**	*2*	**0.79**	*3*	**0.90**	*4*	1.25	*7*	-	-	1.03	*3*
Karang Asem	**0.90**	*4*	**0.81**	*2*	0.92	*6*	1.04	*7*	1.13	*10*	0.97	*7*	1.25	*7*	1.25	*4*	1.05	*5*
Kupang	0.96	*8*	**0.88**	*5*	**0.75**	*4*	1.15	*9*	0.97	*7*	0.96	*6*	**0.43**	*2*	**0.26**	*2*	**0.91**	*2*
Kutai	1.17	*10*	1.16	*9*	1.25	*9*	0.97	*5*	**0.63**	*1*	1.25	*10*	**0.00**	*1*	**0.00**	*1*	1.13	*7*
Kendari	0.95	*7*	**0.83**	*3*	**0.68**	*3*	1.10	*8*	**0.83**	*4*	0.93	*5*	1.10	*5*	1.25	*4*	1.16	*9*

Annex: The Question on Social Safety Net Programs in 100 Village Survey Questionnaire

Pengetahuan dan keikutsertaan rumah tangga dalam program Jaring Pengaman Sosial (JPS)

Household's awareness and participation in Social Safety Net programs (JPS)

[Isikan kode 1 bila ya, kode 0 bila tidak]

[Fill in 1 for yes, 0 for no]

	Tahu program JPS *Aware of JPS program*	Pernah menerima bantuan (mengikuti kegiatan) setelah 31 Agustus 1998 *Received support (participated) after 31 August 1998*
a. Pendidikan *a. Education*	☒	☒
b. Sembako/penjualan sembako murah *b. Basic necessities/subsidized basic necessities*	☒	☒

c. Pengobatan cuma-cuma ☒ ☒

c. Free medical services

d. Pemeriksaan kehamilan/melahirkan ☒ ☒

d. Pregnancy check up/labor

e. PMT ibu hamil ☒ ☒

e. Supplemental food for pregnant women

f. PMT bayi (6-24 bulan) ☒ ☒

f. Supplemental food for babies (6-24 months)

g. Kredit/IDT ☒ ☒

g. Subsidized credits/least developed village program

h. Padat karya ☒ ☒

h. Labor intensive job creation program