PICKING UP THE SLACK: COMMUNITY ACTION AND SOCIAL PROTECTION IN INDONESIA

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Framing Questions

- What are the challenges to developing and delivering social protection programs and policies in a highly decentralized context like Indonesia?

- What governance problems exist in this context?

- Will richer regions deliver more and better social protection than poor ones, thereby exacerbating inequality?

- Are local governments, and local organization, the future of social protection?

Challenges to delivering social protection in Indonesia

- Huge variation in quality and availability of basic services, particularly in rural areas
  - National government has invested heavily, but "derailed' somewhat by decentralization
  - Significant service delivery failures
  - GOI does not implement CCTs in poorest areas yet
- Difficult to target the poor
  - Indonesia's poverty profile→ PMT error rates are high
  - Necessary administrative capacity; high costs
- No universal social protection programs
- Policy prescriptions from LAC don't apply

- Government recognized these problems and came up with an alternative

Community-led partnerships to deliver social protection

- PNPM Generasi designed as community-based complement to household CCT program
- Community members, program facilitators, and frontline service providers work together to achieve common set of health and education goals
- Uses community based targeting methods
- Flexible enough to target demand- or supply-side problems
- Communities receive performance bonuses based on improvements

Impact eval shows that PNPM Generasi worked

- Increased utilization of basic services
- Improved health and education outcomes
  - Incidence of child malnutrition was 9.5 percent lower;
  - School participation of primary and junior secondary aged children was 22-35% higher in treatment areas compared with controls
- Effective in poor areas with poor service delivery
  - About twice as effective in areas at the 10th percentile of service provision (very low health and education status) at baseline
  - Impacts were not affected by differences in access to health and education facilities
- Effective at targeting program benefits to the poorest
  - Communities were statistically significantly able to target the bottom two income quintiles in providing school uniforms, other school supplies, and other school support.

Compatible with other SP and service delivery programs

- Stimulated effort by service providers and communities
- PNPM Facilitators play key linkage role
  - Collect and share information on other programs
  - Solicit technical inputs for community proposals from schools, clinics, LG departments
  - Organize training for community volunteers
- Uses same health and education targets as CCT

Vignette: Indonesia's Innovative Targeting Experiments*

- Poverty is falling, but much of the population lives near the poverty line and is vulnerable
- Government has put in place a unified registry of beneficiaries and mandated its use
- Government has also experimented with different ways of targeting
  - PMT, community-based methods, self-targeting

Community-based methods work well, but little uptake

- PMT had the lowest rate of mis-targeting, but communities were better at identifying the very poor
- Village government, communities more satisfied with community-based method
- This matters in a context in which it's difficult to distinguish between different levels of poverty
- Maintaining social cohesion is a high priority for local governments
- Study shows that it's replicable, but mechanisms to deliver the community-based methods at scale not pursued (except in Raskin pilot)

Indonesia's Poverty Reduction Strategy

- Three-cluster framework
  - Household-based social protection
  - Community Empowerment
  - Small- and Medium Enterprise Development
- MP3KI (2012-2025)
  - Comprehensive Social Protection system
  - Improving basic services for the poor and vulnerable
  - Sustainable livelihoods for the poor and vulnerable
- PNPM Roadmap
  - Integrating community empowerment and poverty reduction program delivery
  - "One village, one plan, one facilitation"

What next?

- Need a supply-side push→ service delivery units?
- Communities will continue to play an important role
  - Integrated community service posts (Posyandu)
    - Reduced under-five mortality and improved child nutritional status over the period 1988 to 2000*
    - In 2010, 56% of mothers reported getting vaccinations at Posyandu
  - PNPM community empowerment facilitators, implementation teams
    - Oversee infrastructure project construction; improve targeting
    - Community empowerment efforts evolve towards information and referral?
  - Volunteer-led play groups, ECD centers increasingly popular
- Yet obtaining systematic top-down buy-in from LGs, beyond individual champions remains challenging

What can practitioners and academics do?

- Recognize that Indonesia has a unique set of programs in its arsenal
- Support GOI as it works towards convergence
  - Build platforms to provide evidence on synergies and combined effects of social protection and community empowerment programs
  - Develop a shared understanding of the binding constraints to service delivery
  - Support GoI efforts to reward local collaboration in implementation
  - "Scale-up" community-based targeting
- Avoid siloed advice and data both within institutions and in engagements externally
- What does the new rage around the "science of delivery" mean for social protection in Indonesia?