Evaluation Use for Policy, Program, and Project Planning

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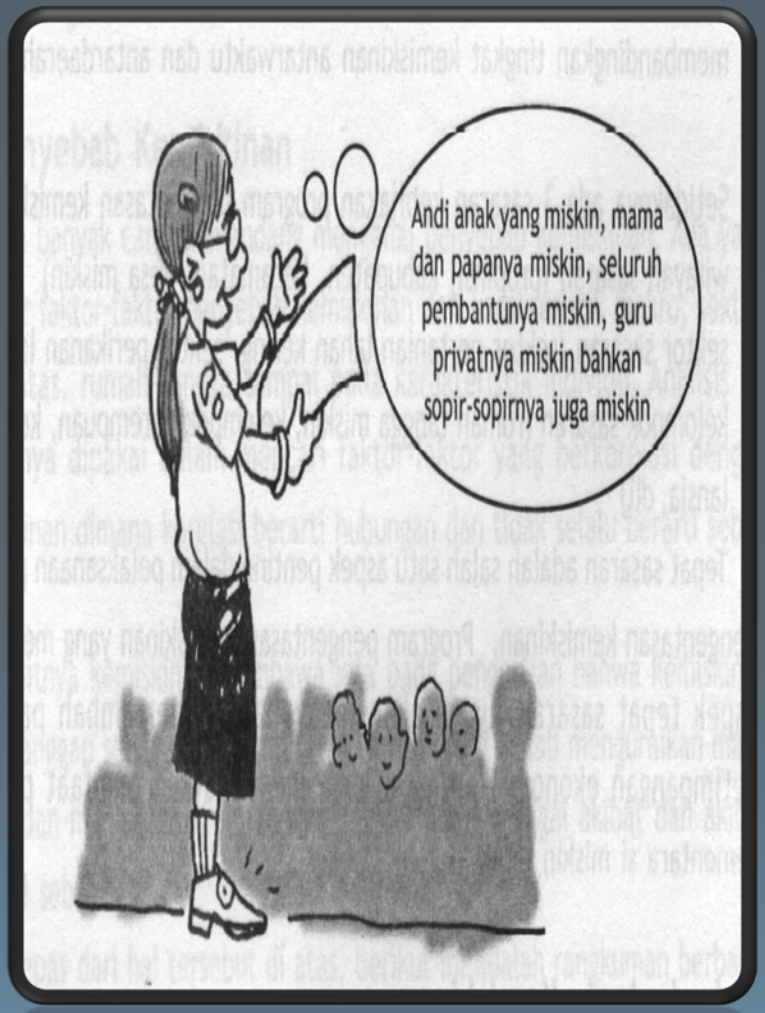
Outline

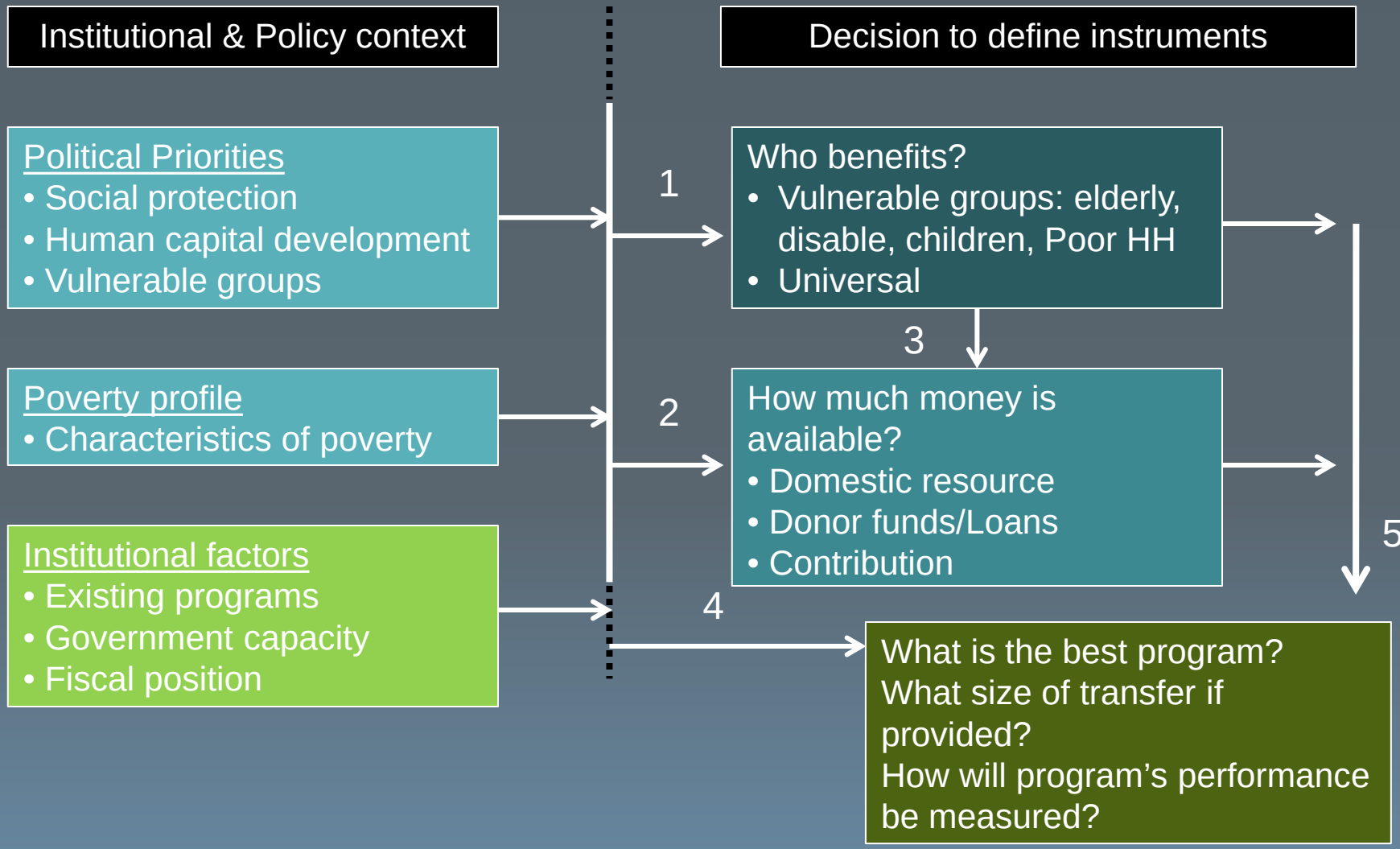
- Some Background
- Designing programs, data, & monev
- Evaluations
- Some examples from program evaluations
- Conclusion

Some background



- High poverty incidence in Indonesia
  - Better understanding of poverty and its root of problems
  - Better targeting
- Designing projects that provide sustainable benefits to accelerate poverty reduction
  - Reduce fragmentation of services and development assistances
  - Simplify design, procedures, database, performance indicator, and monev.
- Based on results, best practices and lessons learned.

Designing Social Protection & Poverty Alleviation Program



Profile of the Poor and its implication toward policy development - example

- Are there more poor households in rural or urban?
- What the poor do?
- What is the level of education of the poor?

Indonesian Population Profile	Indonesian Poor Profile
From 100 Indonesian people:	From 100 Poor people:
- 57 people live in urban	- 69 peopel live in rural
- 44 people don't have access to clean water	- 52 people don't have access to clean water
- 29 people have member of family more than 5 people	- 40 people have member of family more than 5 people
- 49 people dropped out from elementary school	- 55 people dropped out from elementary school
- 11 people are illiterate	- 16 people are illiterate
- 44 people work in agriculture sector	- 64 people work in agriculture sector
- 60 people work in informal sector	- 75 people work in informal sector
- 16 people work as family workers without salary	- 22 people work as family workers without salary
- 25 children under five have malnutrition and 82 babies were delivered without medical help	- 20 children under five have malnutrition and 47 babies were delivered without medical help

Policy implication:

- PNPM Rural and PNPM Urban
- Additional Feeding at health post & school
- PKH
- Scholarship for the poor
- Trainings for rural midwifes

Monitoring and Evaluation

- **Monitoring** gives information on *where* a policy, program, or project is at any given time relative to respective targets and outcomes → measuring what happens, a fiduciary responsibility
  - Project level: monitor the awareness of good prenatal care in 6 targeted villages
  - Program level: to ensure that information on prenatal care is being targeted to pregnant women in the country
  - Policy level: monitor the overall infant morbidity and mortality rates for the same region

- **Evaluation** gives evidence of *why* targets and outcomes are or are not being achieved. → determine the relevance of objective, efficiency, effectiveness, impact, and issues of causality, an investment in increased knowledge
  - Project level: assessment of the improvement in water fee collection rates in 2 provinces
  - Program level: assessment of fiscal management of the govt system
  - Policy level: evaluate different model approaches to privatizing public water supplies

Result based ME system address the "so what" Q:

- So what about the fact that output have been generated?
- So what that activities have taken place?
- So what that the outputs from these activities have been counted?

Type Evaluation

Impact Evaluations

- Assess changes in welfare attributable to a particular intervention.
  - Did indicators change?
  - How much did they change?
  - Are the changes because of the program?
- Did impacts vary across different groups, regions or over time?
- How could program design be modified to increase impact?
- How effective is the program compared to alternative interventions?

Qualitative Techniques

- Focus on the understanding of processes, behaviors and conditions
- Yield critical insights into beneficiaries' perspectives, processes and context
- Provide more in-depth and nuanced interpretation of findings

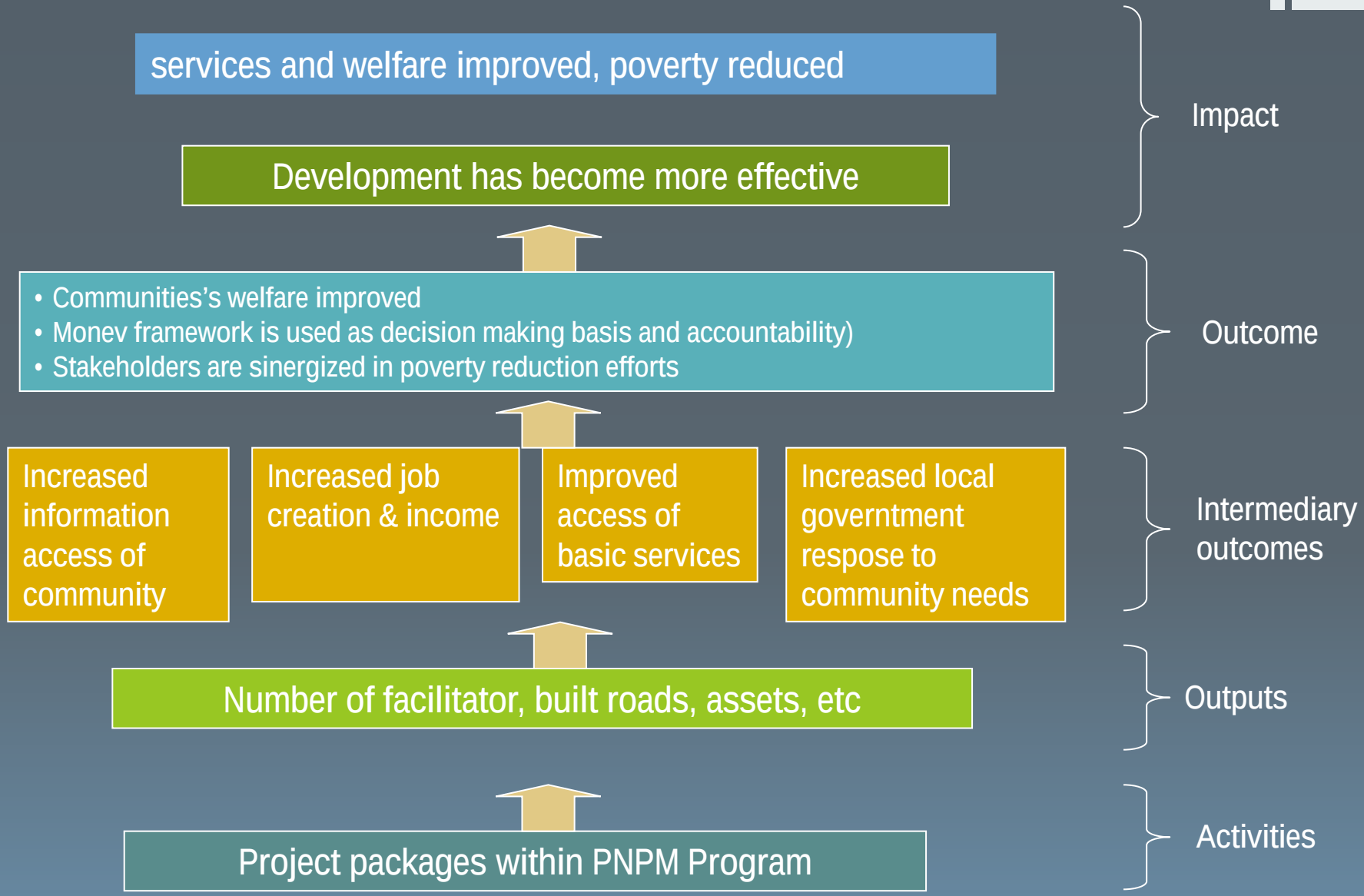
Combining Quantitative & Qualitative Methods

- 'Mixed method' approach for more comprehensive evaluation
  - Quantitative and qualitative approaches can be sequenced
- Qualitative can complement impact evaluation design/content of surveys
  - Qualitative can shed light on results of Impact evaluations and helps answer why,
  - Can focus qualitative work on 'outliers' or extreme cases

Planning an Evaluation

- Objectives – What are the key questions that need to be answered?
- Methodology – What type of evaluation is needed? Is an impact evaluation needed?
  - Need for impact evaluation if project is: innovative, replicable, strategically relevant, fill knowledge gap, and substantial policy impact
  - Impact evaluation is needed to estimate *CAUSAL* effect of on outcomes (correlation is not causation!)
- Timeframe - Depends on depth and breadth of evaluation, design and availability of data.
- Cost: average between 0.25% and 2.0% of project costs. Data collection often highest expense.
- Financing: can be financed by project, other government sources, grants or combinations.
- Capacity - balance between using international technical assistance and local capacity.

Evaluation Framework of PNPM Mandiri

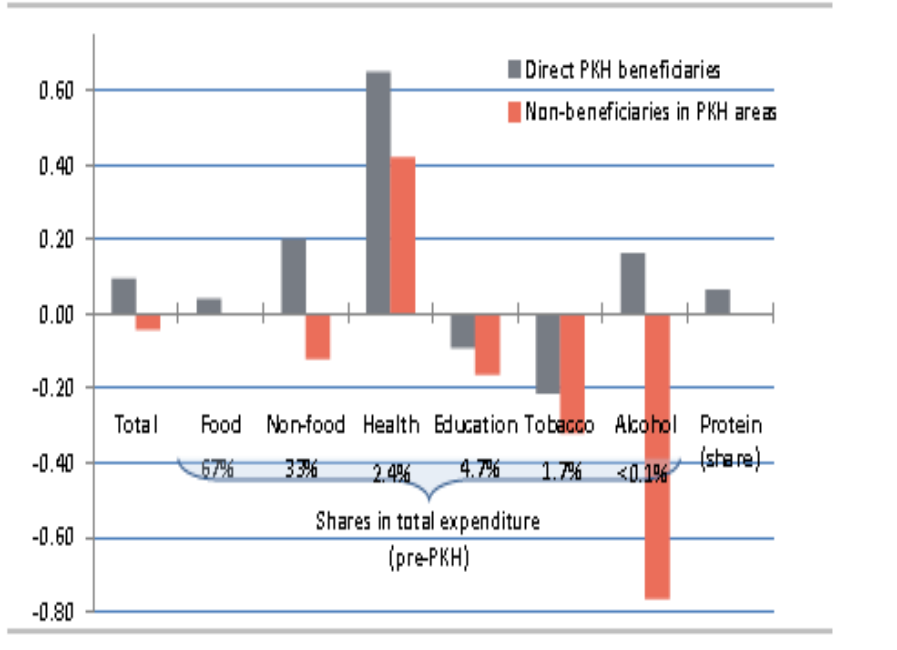


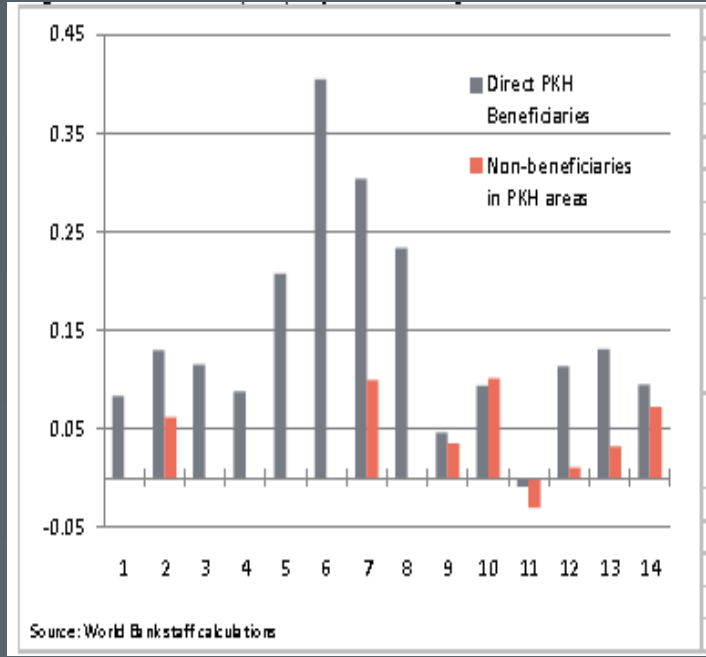
Some Key Findings from PNPM Impact Evaluation

- Does the program increase the (poor) people welfare?
- Do their access to health, education, and job increase?
- What is the program Impact for the vulnerable?

1. Households in PNPM areas saw their consumption increase by **5 percentage points** more than the increase for control areas between 2007 and 2010.
   - Households in the poorest quintile of per capita consumption saw a similar **increase of 5 percentage points** more in comparison with the increase in control areas.
   - **In Poor Kecamatans:** Households in the poorest 20% of kecamatan saw gains which were **19 percentage points** higher than the increase in control areas.
   - Households in PNPM-Rural areas which were poor in 2007 were **2.3 percentage points more likely** to move out of poverty than households in control areas.
   - Households in PNPM-Rural areas which were living on less than US$2 per day per capita in 2007 were **3.0 percentage points more likely** to move above the US$2 per day threshold than households in control areas.
2. **Access to Health Care**: Individuals in PNPM-Rural areas were approximately **5 percentage points more likely** to access outpatient care than in control areas.
3. **Unemployment:** Individuals living in PNPM-Rural areas who were unemployed in 2007 had a **1.25 percentage point greater chance** of being employed in 2010 than in control areas.
4. **Education:** No statistically significant impacts on enrollment and dropout rates for SD and SMP
5. Impact on Disadvantaged Groups
   - **Household Welfare**: Limited impacts on per capita consumption and poverty for female-headed and households with heads with no primary education.
   - **Access to Services**: access to outpatient care increased significantly for households with heads with no primary education.

Impact of PKH from Midline, 2010





1.	Pre-natal visits
2.	Pre-natal visits ≥ 4
3.	Delivery at facility
4.	Post-natal visits
5.	Post-natal visits ≥ 2
6.	Weighings ≥ 1 (1-3 yrs)
7.	Weighings ≥ 1 (0-5 yrs)
8.	Public health facility outpatient visits
9.	Public health facility outpatient visits (all HH members)
10.	Private health facility outpatient visits (all HH members)
11.	Weight
12.	Diarrhea
13.	Treated Diarrhea
14.	Fever

- Total expenditures in beneficiary HH increased by approximately Rp 19,000/cap/mo., representing approximately 10% of the mean monthly per capita expenditure levels of eligible households at baseline.
- Households used this additional income to increase their spending increases in food, health, and all non-food categories.
- There are indications that beneficiary households spent slightly more on high quality nutritious foods (meat, fish, eggs, dairy) increased by nearly three quarters of a percentage point.
  - Households that received PKH benefits were not more likely to spend the funds on non-productive goods such as tobacco or alcohol.

- Number of visits by pregnant/lactating mothers to health facilities have increased 7-9 percentage points (ppt)
- Number of babies/toddlers weighed have increased about 15-22 ppt.
- Delivery/labor process assisted by professional health staff increased 6 ppt, and at health facilities increased 5 ppt.
- Impacts of PKH are more convincing in areas with better health facilities
- There is significant spillover effect of PKH on the utilization of health facilities at non PKH sub-districts
- Impact in urban areas are better than in rural areas

Source: Impact Study PKH, the World Bank, 2010.

Impact of PKH from endline, 2014

Indikators	Koeficient	*Standard Error*	Sig. Level
Gross participation Rate SD	0.002	0.008	
Gross participation rate SMP	0.050	0.022	**
Dropout from SD	-0.012	0.007	*
Dropout from SMP	-0.003	0.013	
Child labor	-0.039	0.022	*
(>= 20 Jam/bulan)	-0.038	0.018	**

**: Siginificant at level 5%,
*: Siginificant at level 10%

- PKH has reduced dropout from elementary school about 1,2%
  - This figure is equal to about 385 thousand children at the age of SD from the poorest income group (bottom 8%) in Susenas 2012
- Impact of PKH was also significant to improve participation rate of junior high school around 5%
  - It's equal to improve access around 60 thousand childer at the age of SMP from the poorest income group (bottom 8%).
- PKH has also reduced prevalency child labor about 3.9%
  - It's equal to around 10 thousand children from the poorest hoseholds who are currently don't work anymore (bottom 8%)

Source: PKH endline Study, TNP2K, 2014

Impact comparison between PKH and PNPM Generasi

Behavioral Outcomes

	HH CCT Mean (1)	Comm. CCT Mean (2)	Weighted Difference (3)
Prenatal visits	7.103	6.570	0.603***
			(0.168)
Iron	0.145	0.117	0.031
			(0.014)
Delivery by professional	0.731	0.641	0.097***
			(0.017)
Facility birth	0.567	0.437	0.129***
			(0.018)
Postnatal visits	1.720	1.598	0.125
			(0.119)

Birth Outcomes

	HH CCT Mean (1)	Comm. CCT Mean (2)	Weighted Difference (3)
Birth weight (grams)	3,171	3,171	-4.97
			(24.91)
Low birth weight	0.086	0.082	0.010
			(0.013)
Gestational age (weeks)	36.348	35.822	0.485
			(0.270)
Preterm birth	0.363	0.600	-0.223***
			(0.0261)
Height for age z-score	-1.117	-1.354	0.247**
			(0.116)

Behavioral Outcomes

- Average pregnancy checkup of PKH beneficiaries was 0,603 higher than PNPM Generasi beneficiaries;
- Delivery done by health profesional on PKH beneficiaries was 0,097 higher than PNPM Generasi;
- PNPM Generasi increased *facility birth* 0,129.

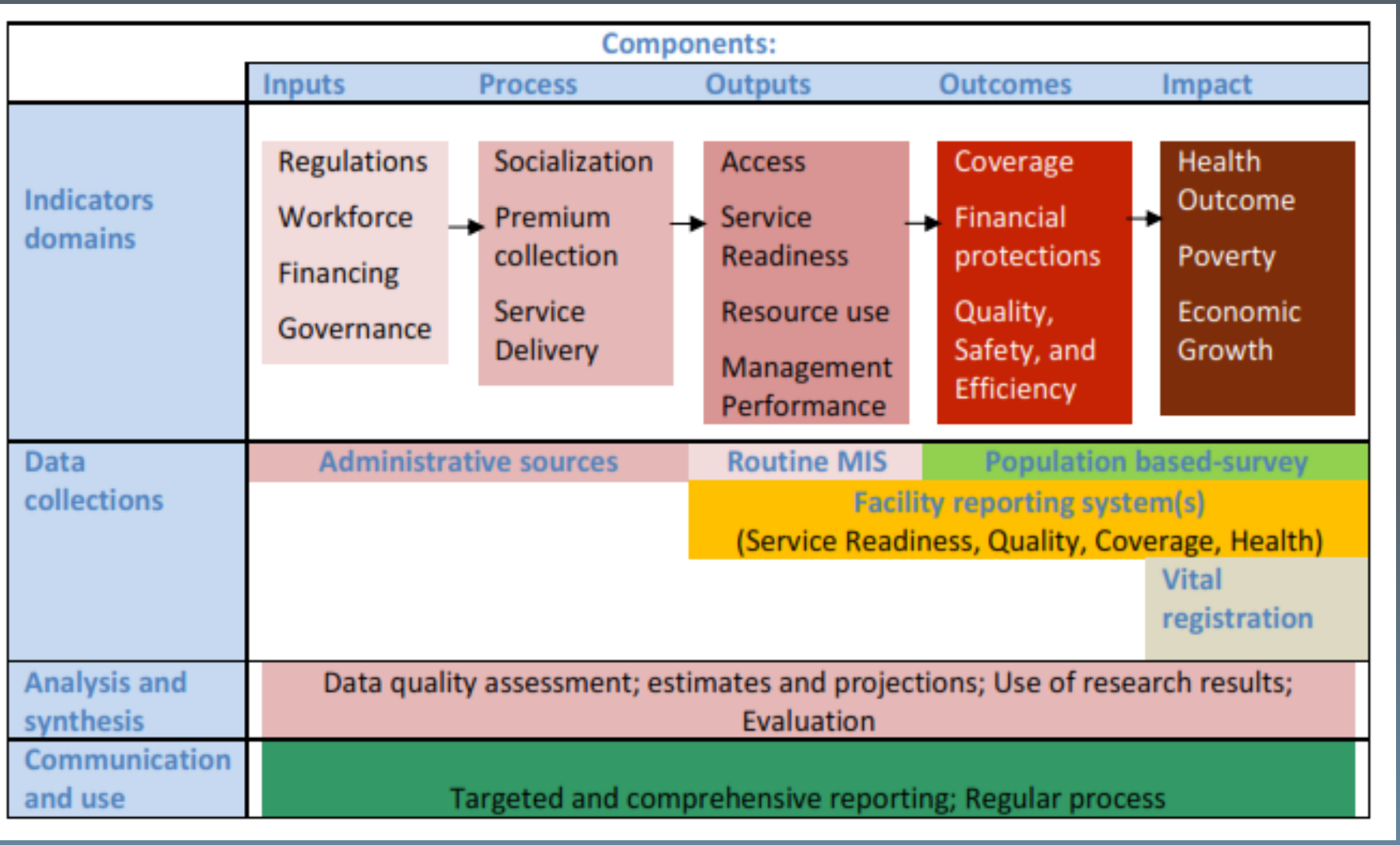
Birth Outcomes

- There was no differences on baby weight between the two programs;
- PKH has reduced premature birth around 0,223;
- Average height of babies for certain age in PKH was better than in PNPM Generasi.

Both programs are very effective to change mothers' behavior, yet PKH is more effective to improve *birth outcomes*.

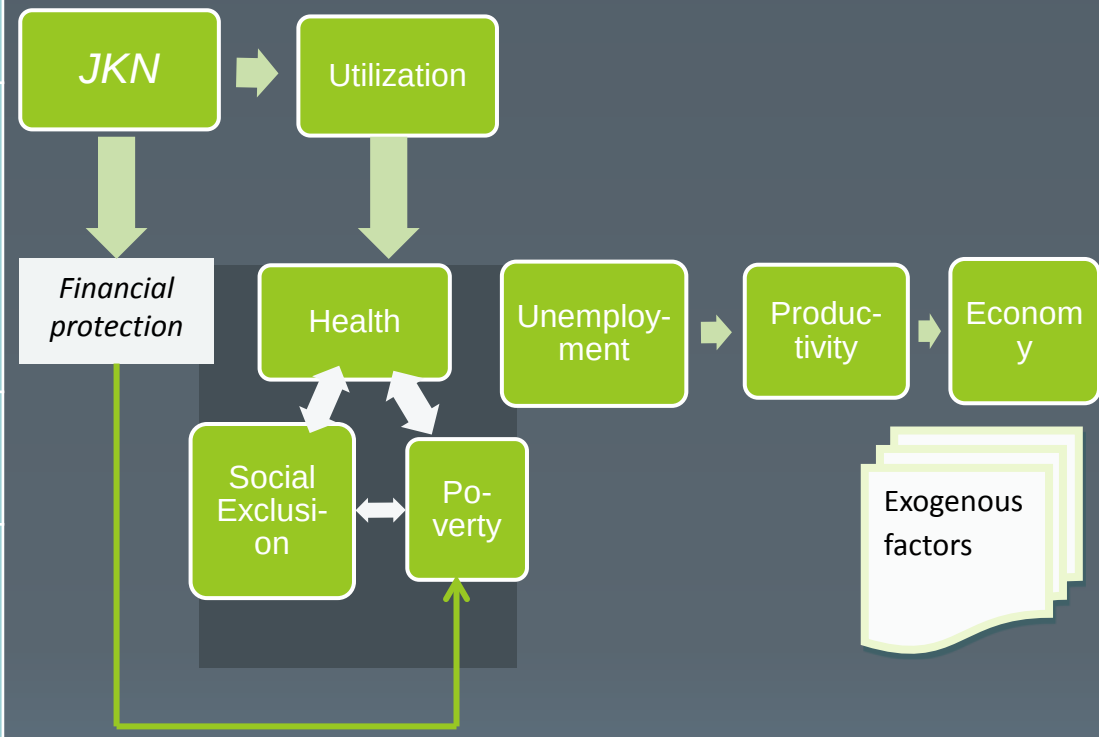
Sumber : The Effects of Household and Community-Based Interventions: Evidence from Indonesia, M. Triyana (2014)

Monev Framework of JKN



Monev Component of JKN

Component	Monitoring	Evaluation
JKN implementation	Yes	Not suitable
Causal effect: access; health status; equity; catastropic; quality; poverty, unemployment, macro econ.	Not suitable	Yes
Desain study	Observation & field-visit	Natural experiment, periodical
Data Source	MIS BPJS, audit & spot-check,	Baseline (existing data) & follow-up (piggy-back Riskesdas; IFLS)
Impementing Agency	BPJS, DJSN, OJK, & other KL	External (DJSN, University, CSO/NGO)
Usage	Improve implementation	Outcome & impact as intended & Input for planning



Framework: Insurance & its Impact

The benefit of Impact Evaluation

1. Better project planning → scope of project, funding size, etc.
2. Early detection of problems or cumulative impacts → quality of services; growing number of regions (*pemekaran*) vs. the size of transfers; quality of facilitators, etc.
3. Improved project design →
   - PNPM: refocus the intervention toward the poor (incl. the marginalized groups).
   - PKH: prioritize areas where health & education indicators are low
4. More comprehensive use of sustainability principles from the start.

   The management' span of control; involvement of LGs; OM the current results and outcomes in the community.
5. Better coordination → greater involvement and responsibility of other stakeholders

Conclusion: critical components for evaluation use

1. Demand → reporting results, regulations, int'l convention & national target requirements (ie. MDGs, poverty reduction, etc) can help to sustain the demand.
2. Clear roles and responsibilities →
   - institution will be in charge of collecting, analyzing, and reporting performance information must be clearly defined (BPS/Bappenas/TNP2K/sectors).
   - Clear direction and coordination to line ministries to collect, report & track various outcomes specified in the strategy → important for horizontal communication to keep all concerned parties informed.
   - Build a continous system of data collection and analysis that feed into larger national database (in Bappenas and/or MoF) → to keep all people involved in the "pass-through" level do not loose their interest & ownership and result poor data collection and reporting.
3. Trustworthy and credible information → to avoid debate only based on personal opinion and presumptions.
4. Accountability → all stakeholders, including media, NGOs, & parliements, have roles to ensure that the information produced is available, accurate, & address project performance.
5. Incentives → success need to be acknowledged or rewarded, problems need to be addressed, organizational learning is valued, and budget saving is shared.
6. Capacity development → recruiting & holding talented staff, creating agents of change, countinues training to tap new methods & new staff (given staff turnover)

The Power of Measuring Result

- If you do not measure results, you cannot tell success from failure.
- If you cannot see success, you cannot reward it.
- If you cannot reward success, you are probably rewarding failure.
- If you cannot see success, you cannot learn from it.
- If you cannot recognize failure, you cannot correct it.
- If you can demonstrate results, you can win public support.

Source: Osborn & Gaebler, 1992

THANK YOU