THE ROLE OF SUBDISTRICT IN THE IMPROVEMENT OF FRONTLINE BASIC SERVICES

EDUCATION ● HEALTH ● CIVIL REGISTRY

AKATIGA FOUNDATION 2016
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1 INTRODUCTION

1.1. Frontline Basic Services’ Improvement, Subdistrict, and Village Fund

1.1.1. The Role of the Subdistrict (Kecamatan)\(^1\)

In the draft of the National Medium Term Development Plan (RPJMN) from 2015 to 2019, it is stated that one of the strategies to reduce poverty and inequality is the improvement and extension of basic services to the poor and vulnerable communities. In this regard, the National Development Planning Agency (Bappenas) has implemented this strategy in 10 kecamatans since 2016. One of the focuses of the intervention is to strengthen the role of the subdistrict (kecamatan) in coordinating the implementation of basic services.

According to some parties, there are two point of views in seeing the role of subdistrict. The first is a normative view or vision that sees subdistrict as a conductor who can manage the process to achieve the desired goal. For example, a subdistrict government effectively strengthens the frontline services in its territory. The second viewpoint is a realist standpoint. It sees that there are many interests and norms that are not necessarily the same as the norm that underlies our thinking. In addition, although it leads to the same goal, there are some running systems that are not entirely within our control. Even though we have the same goal, we need to have a reality check on the systems that affect the achievement of our goals, which most of the parts of the system are likely beyond our control (the project).

In the norms of power hierarchy of region, subdistrict indeed is considered as stakeholder who has potential to improve frontline basic services. Many essential services are located in the territory of the subdistrict, such as Junior High School (SMP) and UPTD (Technical Implementation Unit of the Department), education, health centers (Puskesmas)\(^2\), and civil registration services. In the civil registration services, subdistrict potentially plays a role as coordinator of the management of some important data such as a data set of Religious Affairs Office (KUA), health data (Puskesmas), and general population records so these data do not overlap. Subdistrict is also expected to coordinate the use of budgets and joint development efforts of the villages. Why?

According to some laws/regulations, there are some legitimate general tasks of subdistrict. However, those tasks remain questionable in regards to the sycronization with the sectoral law/regulation, as well as to the technical implementation at the operational level. The sycronization is even still the case in, among others, between the draft changes of Government Regulation (PP) No.19/2008 on the District and Subdistrict, Law No. 23/2014 on Regional Government, and in some other sectoral legislations on education and health.

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\(^1\) In this report, kecamatan is translated into subdistrict while kabupaten to district. However, the report sometimes uses subdistrict and kecamatan interchangeably.

\(^2\) The report uses Puskesmas, Health Centers, and PHC interchangeably.
The draft changes of the Government Regulation No. 19/2008 on Subdistrict, for instance, article 17, Letter H states that the duties of Subdistrict head are solving the problems regarding on the government services in the kecamatan area. Letter I meanwhile states, implementing government affairs under the authority of regencies/cities that are not implemented by the work unit districts/cities in the subdistrict.

More specifically the tasks specified in Article 25 includes:

- administration of population;
- land (land transfer/purchase);
- mutation population inter-regions;
- permit of the use of state land to the community (temporary).

Article 26 includes:

- planning of community service activities in the subdistrict;
- accelerating the achievement of the minimum standard of service in its territory;
- providing guidance and supervising the implementation of the public service in the subdistrict;
- evaluating the implementation of the public service in the subdistrict; and
- reporting the implementation of activities of public services in the subdistrict to the Regent/Mayor

Meanwhile, The Law of Regional Autonomy No. 23 2014 Article 225 states that the subdistrict head duties are:

- coordinating the activities of community empowerment;
- coordinating the efforts to organize the implementation of peace and public order;
- coordinating the implementation and enforcement of Perka (local regulations) and Perkada (Regent regulations);
- coordinating the maintenance of infrastructure of public service facilities;
- coordinating the implementation of the activities carried out by the local government in the kecamatan
- implementing government affairs under the authority of the district/city that are not implemented by the regional working unit of district/city in the subdistrict

On the other hand, the absence of clear coordination between these regulations with sectoral regulations hence makes all legitimacy above cannot be translated at the sectoral regulations such as the Ministry Regulation of Education (Permen Pendidikan) No. 15/2010, Ministry of Health Regulation No. 75/2014 concerning the Puskesmas, Ministry of Health Decree No. 128/2004, and the Law on Civil Registration No. 23/2006 and its amendment of Law No. 24/2013. Based on an analysis on the rules above it can be concluded that:

- There is relatively little indication of the subdistrict’s authority in the public service, with the closest diversity being Puskesmas and schools, in implementing inter-sectoral activities. There is a connection which needs to be coordinated with other parties, such as subdistrict head,
through mini workshops to coordinate the budget requirements. While it is obvious that based on Law of Adminduk (citizen administration), subdistrict head has no authority except providing cover letter, despite the fact that a cover letter from the Neighborhood (RT) alone is sufficient.

- All sectoral laws state that the sectoral responsibility lies on the Regent/Mayor and coordinated by the related department. In Adminduk, it is even stated that Department of Population and Civil Registry has direct responsibility to the Minister of the Home Affairs (Mendagri).

Based on those points, it is clear that the responsibility for the service is set vertically upwards. From the vast differences between the two laws, there will be some questions about how subdistrict head can

- coordinate the implementation of services at the subdistrict level?
- administrate the population more than just creating cover letters?
- accelerate the achievement of minimum service standards for services in the region?
- make services plan to the people in its region?

Regent has definite authority to clarify these four points when they feel necessary. One interesting thing to observe is the authority of subdistrict head to implement the government affairs under the authority of the district/city that are not carried out by the regional work unit of district/city in subdistrict level. There are a lot of such jobs that were not implemented by junior high school (SMP), health center (Puskesmas) and Department of Population and Civil Registry (Disdukapil) that supposed to be their obligations; in this case, would it be managed by subdistrict? In fact, they do not carry out these tasks mostly because the tasks “are not interesting tasks” or difficult to be done. Given this situations, would subdistrict head be willing and able to carry the tasks out? The tasks for instances are encouraging the village to expand early childhood education, encouraging parents not to drop their children out of school, encouraging midwives to actively work in remote places, ensuring village head to monitor and provide facilities to support the work of midwives, being proactive to approach each family who recently have baby to make birth certificates, and so on.

1.1.2. Three Realities that Determine the Real Authority Level of the Subdistrict

When we see the existing reality, there are three important realities that will determine whether the authority can be delegated to subdistrict head or not. The first aspect related to the authority that has been discussed above: authorities would be strong when they are clearly supported by regulations.\(^3\)

The second reality aspect is that authority determined by how much budget the authorities have. The bigger the budget is the bigger authority and ability to perform its obligations will be. The largest funds outside civil servants (PNS) salaries for health center, elementary school, junior high school and Department of Population and Civil Registry (after the birth certificate is made for free) come from its sectoral center (Ministry of Health with the fund from health operational assistance [BOK], Social and Health Security Agency [BPJS] to replace the treatment of National Health Insurance [JKN], Ministry of Education and Culture [Kemendikbud] with its School Operational assistance [BOS] fund, and subsidiary

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\(^3\) This bureaucratic theory has been recognized from the time of Max Weber. See, for instance, Swedberg and Agevall (2005)
cost of birth certificate from the Ministry of the Home Affairs). BOK, BOS and BPJS funds are directly accounted for by SMP and Puskesmas. District departments were just assisting and coordinating the report, as for the fund for Department of Population and Civil Registry is directly given to each office.

Non-personnel funds for Puskesmas basically come from BPJS and BOK and must be in accordance with the category of the specified budget. Puskesmas only have freedom in the beginning of the year to organize the appropriate fund allocation and rules. After that, there is no longer freedom to determine the fund. Data at the national level shows that 70% of Puskesmas never propose funds to the Regional Budget (APBD). On the other hand, the fund Puskemases get from regional budget is only for civil servant salaries, apart from it, Puskesmas only get the fund from the patient/BPJS or BOK (The Indonesian Family Life Survey, 2014). There is no single source of services fund which is related directly to the subdistrict.

The third reality, in addition to the regulation and budget that can determine the role of the subdistrict is the norm of peer groups and stakeholders around the subdistrict. Moose in his writings (e.g. 2004) proves that whether a project or job can be successfully implemented, it depends on perspective agreement or interest for both the donor and its executor or group target. If there is a supportive agreement or deal, the implementer would therefore do their job properly. The stakeholder point of view will be discussed later and is one of the most important questions from this research.

In general, the assumption is that there are not many parties from the center and around the subdistrict who are interested in encouraging the improvement of the subdistrict role. The sectoral ministries would only focus on the departments and if they want to leave the function and role of the authorities to regional authority, generally it would rather promote regent and village heads than subdistrict head to do the tasks. Regent actually has a very decisive position to give the role and authority to subdistrict head, but only a few districts that have made rules on the empowerment of the subdistrict.

Stakeholders in the district generally see the role of subdistrict head not as the service providers, but as assistance that give public services only when the duty is carried out badly or unsuccessfully by the work unit. Some examples for it are reducing the drop-out rate at SMPs, encouraging every family to register the birth in Disdukcapil on time, promoting clean and healthy lifestyle to reduce dengue fever and digestive diseases. But do subdistrict head have better capability to carry out those duties better than Puskesmas, SMP, and Disdukcapil in this case? Furthermore, can subdistrict do something more without additional funds?

One of the important reasons why the question on subdistrict (roles) emerges today is due to the large amount of village funds which is mandated by The Village Law. Many people worry that the funding, which is expected to be used to build village infrastructure and improve public services at the village level, may be diverted and used ineffectively or inefficiently, or being managed with weak accountability. It is expected that the parties who should supervise the Village Law implementation are not only regent and the Village Community Empowerment Board (BPMD), but the subdistrict head should also help to supervise and bridge or coordinate the effectiveness of the use of these funds. At the current state, rather than seeing the subdistrict, village chief rather prefers to look for guidance to
the sectoral office (Public Works or BPMD) or the Regional Development Planning Board (Bappeda)/Regional Secretary (Sekda) in carrying out its authority and the use of its budget.

1.2. Research Purposes

The purpose of this study is similar to the first phase of this study:

1. Providing information to Bappenas (and other stakeholders) about the real role of the kecamatan today in basic frontline services deliveries
2. Providing baseline data for the pilot program Bappenas in 2016
3. Looking at the possibility of strengthening the role of the subdistrict that can contribute to the creation of effective basic services

This study is the second phase while the first phase of research was conducted by Research Triangle Institute (RTI) and AKATIGA in October-November 2015. This report will present the results of AKATIGA research on the condition of basic services at the lower level, the efforts made by the services provider in improving basic services (health, education, and civil records) and compared to the original target. From the assumptions described earlier, the subdistrict as official who take care the area under its authority now should be given a more effective role. However, considering conditions explained above, what kind of realistic role should be given? This is also the basic question in this study. In addition, this report will also describe the role of the subdistrict in driving the improvement of basic services and village funds. The study also tries to give an idea on which party has the potential to promote the improvement of basic services, at the same time provide recommendations that can be done by KOMPAK and Bappenas in their future piloting programs.

1.3. Research Questions

This study aims to answer two basic questions:

1. How frontline services could be improved? This study focuses on education services (SMP), health care (Puskesmas services in the aspects of Maternal–Child Health/KIA) and civil registry services (by looking at the issue of the birth certificate).
2. How can the subdistrict contribute to the improvement of these services?

Furthermore, question one is elaborated in the following questions:

1. How is the gap in educational services (SMP) between the national target, the district target, and the Minimum Service Standards (SPM) compared to the quality of the existing services? The national target is related to graduation rates, the possibility to get higher education level (the quality is good) and the drop-out rates. What are the main causes of this gap?

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4 The whole derivative/operational questions can be found in Appendix 1
2. How is the gap in maternal child health center services between the national targets/district related to maternal-children death and the reality in the field? What are the main causes of this gap?

3. How is the gap in population registration between the national targets and reality in the field? National targets want registry record that secure (e.g. ability to detect security threat such as terrorist, valid residence documents, eliminate double identity), reliable, (data is accurate and up to date), integrated with other database, affordable and simple services. What are the main causes of this gap?

Question two is elaborated to following questions:

1. Can subdistrict head have an important role to help minimizing the gaps above?
2. Do the related main actors think that subdistrict head can play an important role? Who are considered by these main actors as parties who have strategic role in solving the gaps problem above?
3. What is the role of village to fill the gaps and what kind of contributions can subdistrict head do in carrying out the village roles?
4. Based on the data gathered from the field as well as based on secondary data samplings, what role can be actually played by subdistrict head and under what condition?

The available data series are expected to answers those problems the frontline service face in order to achieve its services target? What should be improved? Who can strategically fix the problem and whether the subdistrict can play a role to help? How are the relations between the governmental district–subdistrict, frontline service center and village (in order to use the village fund effectively).

1.4. Research Methodology

This study uses a qualitative method. Data collection techniques used was in-depth interviews and secondary data collection.

1.4.1. In-depth interviews

In-depth interviews to relevant actors conducted in 10 districts and at national level. In addition, researchers also interviewed the actors in district and village to get a detailed picture of the provision of basic health services (MCH), education (SMP), civil records (birth certificate) and a description of the rules that underlie the implementation of basic services.

Informant in the level of service providers including the management and staff of the service units of the health sector (KIA), education (SMP), and civil records (birth certificate) are: Head of Puskesmas, Midwives Coordinator, School Principal, Vice Principal, Teacher, head and staff of the Ministry of Civil Registration and Administrative Integrated Services operator in subdistrict level (PATEN).

See appendix 1 for a list of questions and informants interviewed for this study.
Information obtained from the service work units is confirmed to the service beneficiaries, higher level governments as well as other units that have relation with the service sector. It is also confirmed further to the informants in national government, the relevant officials at the ministerial level.

Interviews were conducted to beneficiaries in each sector of basic services in order to obtain a picture of their real experience in accessing those services. Data exploration from the providers and beneficiaries (supply-demand information) is aimed to obtain pictures of the basic services equally.

Resource persons/informants in local government level are the relevant leaders or department officials including the chief of health department, education department, Development Planning Agency at Sub-National Level (Bappeda), and district secretary. Subdistrict head/secretary and village head/secretary are also interviewed in order to get detailed image on job descriptions and the form of support toward the basic services. Moreover, confirmative questions are also asked to the beneficiaries or other related informants who may be involved in the implementation of basic services.

Field notes made by field researchers were given feedback by the control team in Bandung. Data control team on field findings gave feedback on the information collected and sent them back to field researchers to be completed.

Furthermore, this study also conducted interviews with sources/informants at the national level to obtain the views of stakeholders on the initial conclusions of the study. These views are necessary to get an overview of the stakeholders’ practical preference, as well as how far the possibility of support to be provided as a commitment to the recommendations. Sources at the national level include officials of relevant ministries such as Bappenas, Ministry of Home Affairs, Ministry of Rural, Ministry of Health, Ministry of Education, BPJS Supervisory Board, and some others.

One of the obstacles experienced by researchers in collecting the information was they were dealing with informants who are government officials. In the implementation, these officials mostly could not answer questions in detail. This difficulty is due to the interviewees who have just got their new positions, or the intended officials have made disposition to other officials, or those who refer to others to answer the questions. These conditions often make the process of extracting data longer and the number of respondents increase.

1.4.2. Secondary data collection
Relevant secondary data were collected from each district, subdistrict, village office, and basic service providers. Secondary data is processed as supporting information related to funding, regulations, targets and achievements of basic service providers. Secondary data were obtained from the documents of planning, budgeting, monitoring, and annual reports such as the Work Plan, Strategic Plan Service Unit, and or the Medium Term Development Plan (RPJM). The documents were obtained from the service unit, the subdistrict office, the village government, and related agencies. Secondary data in the form of macro data were also obtained from The Indonesian Family Life Survey (IFLS) data. This data was
processed to get an overview of the macro data of basic services in Indonesia compared to the findings on the field.

1.5. Research Locations

The research was conducted in regions recommended by Bappenas which are seen as having a high rate of poverty. Three chosen districts have been the testing/piloting sites of P2B programs (Sustainable Livelihoods Development) by Bappenas in the budget year 2014 which include Brebes, Pemalang, and Pekalongan. In 2015, Bappenas expanded the scope of the poverty alleviation programs to some other regions⁶. There are two villages per subdistrict chosen in each district. Each of these research areas have geographical characters which can be categorized as follows:

Table 1. Research location

<table>
<thead>
<tr>
<th>Province</th>
<th>District/City</th>
<th>Subdistrict</th>
<th>Village</th>
<th>Distance from the Kecamatan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Java</td>
<td>Brebes</td>
<td>Paguyangan</td>
<td>1. Pandansari</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Paguyangan</td>
<td>Close</td>
</tr>
<tr>
<td></td>
<td>Pekalongan</td>
<td>Petungkriyono</td>
<td>1. Kayupuring</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Yosorejo</td>
<td>Close</td>
</tr>
<tr>
<td></td>
<td>Pemalang</td>
<td>Belik</td>
<td>1. Simpur</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Belik</td>
<td>Close</td>
</tr>
<tr>
<td>Special Region of Aceh</td>
<td>Bener Meriah</td>
<td>Bandar</td>
<td>1. Muyang Kute Mangku</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Simpeng Utama</td>
<td>Close</td>
</tr>
<tr>
<td>Aceh Barat</td>
<td>Arongan Lambalek</td>
<td></td>
<td>1. Alue Balok</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Drien Rampak</td>
<td>Close</td>
</tr>
<tr>
<td>Biereun</td>
<td>Simpang Mamplam</td>
<td></td>
<td>1. Kreung Meuseugob</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Meunasah Mesjid</td>
<td>Close</td>
</tr>
<tr>
<td>West Nusa Tenggara</td>
<td>Lombok Utara</td>
<td>Bayan</td>
<td>1. Sambik Elen</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Anyar</td>
<td>Close</td>
</tr>
<tr>
<td></td>
<td>Lombok Timur</td>
<td>Aikmel</td>
<td>1. Kali jaga Timur</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Aikmel</td>
<td>Close</td>
</tr>
<tr>
<td>South Sulawesi</td>
<td>Pangkajene dan</td>
<td>Liukang Tuppybiring Utara</td>
<td>1. Mattiro Walie</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td>Kepulauan</td>
<td></td>
<td>2. Mattiro Kanja</td>
<td>Close</td>
</tr>
<tr>
<td></td>
<td>Bantaeng</td>
<td>Pajuk kang</td>
<td>1. Batukareang</td>
<td>Far</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Nipa-nipa</td>
<td>Close</td>
</tr>
</tbody>
</table>

The villages are chosen by considering access to basic services and junior high schools. In this case, the chosen villages are the villages closest and farthest from the basic services. Based on the geographical

⁶ P2B program is Bappenas program which aims to boost the living standards of the poor in a sustainable manner through the strategy of increasing productivity, employment, and entrepreneurship. In 2015, the program was replicated in more areas with names PKKPM, Family Welfare Improvement Based Community Empowerment. [Http://www.pkkpm-p2b.org/pkkpm/]
conditions, subdistrict North Liukang, Tupa-biring, in Pangkajene district is an area of research with the most difficult transportation access and power source. Selected villages in this subdistrict are separated with the other villages by one island, while other research sites can easily be reached by land transport modes.

During the data gathering process, it turned out that there are more than one Puskesmas and SMP in one subdistrict area. Accordingly, the number of SMP interviewed (14 schools) are more than the number of the subdistrict. Meanwhile, interviews with key actors in the Puskesmas were conducted in each of the health centers in every subdistrict. Puskesmas selected are those covering both research villages. This was done as the management of funds and programs in Puskesmas which is relatively similar from one to another than that of junior high school, which still can be determined by the principal.

1.6. Report’s Outline

This report is organized into four chapters. The first chapter describes the background, questions, methods, and research sites, as well as the obstacles encountered during the process of data collection. The second chapter provides an overview of the research findings on real conditions of basic services (Puskesmas, SMP, and civil-birth certificate). The chapter also consists of cases that arise and help to illustrate the real condition of basic services. The third chapter describes how the real role of the subdistrict and village in improving basic services. The chapter also analyses the interviews of stakeholders at village, district, and national level regarding the role of subdistrict and village on basic services. The fourth chapter consists of some recommended strategies on how to strengthen basic services and how the subdistrict can get involved into it.
2 DESCRIPTION OF FRONTLINE BASIC SERVICES AND THEIR POSSIBLE IMPROVEMENTS

2.1. Public Health Centre/PHC (Puskesmas)

2.1.1. Target, Achievement, Planning, Monitoring and Feedback

*There is target but no follow-up.* According to the Millennium Development Goals (MDGs) in the roadmap in 2015, Indonesia has set targets on the improvement of Maternal and Infant Mortality Rate (MMR and IMR) respectively 102/100,000 live births and 23/1,000 live births. In fact, all of the Health Departments in all districts have included the MMR/IMR target, but the target is not specified into targets in every Puskesmas. Generally, Puskesmas are just trying to run the services in accordance to minimum standard of services, without targeting the success of impact. The picture of maternal death in each district varies greatly in the research as described in the table below:

<table>
<thead>
<tr>
<th>District</th>
<th>Target</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pekalongan</td>
<td>120/100.000</td>
<td>141/100.000</td>
</tr>
<tr>
<td>Pemalang</td>
<td>102/100.000</td>
<td>130/100.000</td>
</tr>
<tr>
<td>Brebes</td>
<td>102/100.000</td>
<td>155/100.000</td>
</tr>
<tr>
<td>Bener Meriah</td>
<td>165/100.000</td>
<td>231/100.000</td>
</tr>
<tr>
<td>Aceh Barat</td>
<td>102/100.000</td>
<td>90/100.000</td>
</tr>
<tr>
<td>Biereun</td>
<td>81/100.000</td>
<td>125/100.000</td>
</tr>
<tr>
<td>Lombok Utara</td>
<td>102/100.000</td>
<td>45/100.000</td>
</tr>
<tr>
<td>Lombok Timur</td>
<td>102/100.000</td>
<td>105/100.000</td>
</tr>
<tr>
<td>Pangkep</td>
<td>118/100.000</td>
<td>134/100.000</td>
</tr>
<tr>
<td>Bantaeng</td>
<td>118/100.000</td>
<td>0 death case</td>
</tr>
</tbody>
</table>

*Source: Strategic plan, working plan, LAKIP Department of Health, 2015*

Most of districts have been targeting maternal deaths number the same as the national targets and the MDGs in the amount of 102/100,000 live births. Some districts (Bener Meria, Pekalongan, Pangkep, Bantaeng) have lower target of MMR than the target of MMR in the MDGs, in sequence, they are 165/100.000, 120/100,000, and 118/100,000 live births.

However, in reality, the average maternal mortality rate in the districts under this study is still high. The highest maternal mortality rate is in Bener Meriah, which reach as high as 231/100,000 live births in

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7 Baseline conditions of performance and service quality PHC 2015 KIA in Appendix 2 and 3
8 [http://sekretariatmdgs.or.id/?lang=id&page_id=1087](http://sekretariatmdgs.or.id/?lang=id&page_id=1087)
2015, followed by high MMR level in almost all of research sites in Central Java, they are Brebes (155/100,000 live births), Pemalang (141/100,000 live births), and Pekalongan (130/100,000 live births).

Bantaeng has successfully reduced maternal mortality to zero percent in 2015. Even though the target was lower than the MDGs’, this achievement indicates that the Local Government of Bantaeng has special attention to health issues. The Regent has been working closely with the Japanese Government to support the Bantaeng Disaster Alert Program (BSB). One of the facilities in the BSB program is providing free ambulance and 24 hours medical personnel for emergency services.

In the case of IMR, the majority of the regencies have managed to achieve reduction targets as targeted by the national (23/1000 live births). Below is a table of IMR for each district.

Table 3 Infant Mortality Rate per 1,000 Live Births in 2015

<table>
<thead>
<tr>
<th>District</th>
<th>Target</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pekalongan</td>
<td>7/1.000</td>
<td>8/1.000</td>
</tr>
<tr>
<td>Pemalang</td>
<td>8.5/1.000</td>
<td>8/1.000</td>
</tr>
<tr>
<td>Brebes</td>
<td>8.2/1.000</td>
<td>10/1.000</td>
</tr>
<tr>
<td>Bener Meriah</td>
<td>11/1.000</td>
<td>16/1.000</td>
</tr>
<tr>
<td>Aceh Barat</td>
<td>17/1.000</td>
<td>27/1.000</td>
</tr>
<tr>
<td>Biereun</td>
<td>13/1.000</td>
<td>12/1.000</td>
</tr>
<tr>
<td>Lombok Utara</td>
<td>23/1.000</td>
<td>9/1.000</td>
</tr>
<tr>
<td>Lombok Timur</td>
<td>23/1.000</td>
<td>17/1.000</td>
</tr>
<tr>
<td>Pangkep</td>
<td>24/1.000</td>
<td>8/1.000</td>
</tr>
<tr>
<td>Bantaeng</td>
<td>24/1.000</td>
<td>7/1.000</td>
</tr>
</tbody>
</table>

Source: Strategic plan, working plan, LAKIP Department of Health, 2015

According to the table above, most regions have been able to achieve the target of IMR in accordance to the national targets and MDGs. The average infant mortality rate in the studied districts reaches 7-16 deaths per 1,000 live births. While in West Aceh, the target of IMR has not been achieved as there are 90 cases of death or at 27/1000 live births. Especially if it is compared to the target of IMR in West Aceh district of 17/1000 live births, in other words, the IMR in 2015 was far from reaching the target. The main causes of infant mortality in West Aceh include Infant Low Birth Weight (LBW), asphyxia (respiratory failure), hypothermia (difficulty to overcome cold temperatures), and died in the womb.

The difference in number between MMR and IMR in each district does not make the Health Service and Puskesmas in each region working more on mortality reduction of mother and baby. Puskesmas
programs and activities refer more to the budget and the requirements demanded by the budget. In the efforts to reduce MMR and IMR, Bireuen district pays attention by issuing Qanun (regulation) KIBLA (Maternal Infant and Child Birth). However, the finding of the study shows that the socialization process of Qanun was not properly performed so that there are many people who do not understand the implementation of the regulation. The socialization in fact did not make the subdistrict understand the Qanun’s material and there was only one subdistrict where Qanun run well. Meanwhile, other subdistricts in Bireuen did not understand and did not carry out any follow-up activities regarding the Qanun.

No feedback from the collected data. Districts conduct monitoring of the MMR/IMR through the data from the Puskesmas and hospitals. Yet there is no clear follow-up between death monitoring and advice or intervention to the services at the Puskesmas both from the Department of Health and the Regent. There are a lot of data that should be collected by the Puskesmas such as mother-child medical report which is written by midwives, report of high-risk pregnancy, malnutrition, and data of hospital referral preparation. Moreover, with the current national health insurance (JKN), it requires the health center to do many reports on services deliveries.

All village midwives have made the register cohort as a form of medical treatment record of the village midwives for pregnant women. Register cohorts are then reported to the midwife coordinator every month to be recapitulated by Monitoring Local Territory (PWS). PWS is useful as a management tool to monitor coverage of MCH services in certain regions (Subdistrict’s PHC) continuously in order to conduct a fast and appropriate action to the subdistricts which still have low coverage of KIA service.

However, the study finds that many forms of report were not analyzed by the medical person who is in charge at both the health department and in Puskesmas and there is no feedback whatsoever for the performance of the Puskesmas. This report is merely a compulsory administration. The main need of medical records is only for recapitulation of administrative requirements that must be reported by the Puskesmas to the Department of Health.

An example of the lack of supervision towards the quality content of the cohort happened in subdistrict Aikmel, East Lombok. In this subdistrict there was register cohort which was fabricated by a village midwife. The village midwife reported a birth of non-medical worker as a birth of medic worker. In fact, village midwife only helped with the process of postpartum because the pregnant mother had given birth by herself without medical assistance. This fake information in register cohort has happened several times and there was no warning from midwife coordinator or health department.

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9 Funding source of health centers especially Health Operational Support (BOK) has given the rules of implementation guidelines and technical guidance to the use of funds.

10 Register cohort consists of Mothers, Babies and Toddlers. Register cohorts of women is a source of antenatal care and maternity data, as well as conditions / risks that belong to mothers who are organized in particular means, and its collection involving cadres and TBAs in its region once in every month, the information in it is now more focused on the health of mothers and new-born babies without duplication of information. Register Cohorts Baby is a baby's health care data sources, including neonatal. While the toddler cohort register is a health care data sources of toddlers, aged 12 months to 5 years.
Planning and budgeting of Puskesmas are done internally with reference to the programs of the previous year as well as to the technical implementation of the user based on the available fund. Health centers planning process is mostly conducted internally in accordance to BOK regulations or other budgets that health centers get (BOK, the prime funding special events center, and the reimbursements from BPJS, state budget for non-salaries of civil servants are almost none), and it does not depend on external funding. This process is only slightly changed from year to year. The external mini workshop does not affect the planning variable, although the subdistricts officials attend it. This regular planning generally does not have funds for the human resources improvement or budget for achievement incentive. If there is an incentive service, the budget is closely related to quantity of the services rather than the performance of the services provided such as in the scheme of JKN through capitation funds.

Meanwhile, the planning of the health center is generally based on internal basis as it cannot contradict and is strongly related to the Strategic Plan (Renstra) and Action Plans (Renja) of the health department in each region. This encourages more planning to be done by the internal health center. For example, planning at the Aikmel health center in East Lombok was conducted only by internal health center from each program, like part of health promotion programs and KIA. The proposed action plan is forwarded to the administration to be recapitulated as Plan Proposed Activities (RUK) health center in one fiscal year. Usually, there are no particular changes on the action plans from year to year.

The Puskesmas budget itself consists of: (A) the budget sourced from Regional Budget (APBD); (B) BOK budget coming from the state budget (APBN); and (C) income fund from services and JKN. Planning of Puskesmas fund allocation from each source of the Puskesmas is based on the implementation guidelines and technical advice from the Department of Health which refers to the Minister of Health regulation regarding the use of BOK, accreditation of health centers, and health center performance.\(^{11}\)

A. Funds sourced from the regional budget

Allocation of funds sourced from regional budget is used to finance the salaries of civil servants, operational, and improvement of physical facilities of Puskesmas. Puskesmas Drien Rampak in West Aceh uses part of the budget to add physical infrastructure such as health care unit (Pustu)/village health post (Poskesdes) through the Subdistrict Musrembang mechanism, based on the proposal from the village. In general, physical infrastructure development is proposed by the Department of Health based on a report from Puskesmas. The Musrembang is attended by the representatives of the village, Subdistrict, Puskesmas, Department of Health and Bappeda. Proposal is then forwarded to the district level and then examined by the Department of Health through field surveys.

\(^{11}\) Regulation of the Minister of Health that are relevant include: No. 11/2015 on Technical Guidelines for Operational Support of Health, No. 46/2015 on Accreditation of health centers, Primary clinics, The Independent Practice Doctors, and The Independent Practice Dentist, No. 65/2013 on Guidelines and Development of Community Empowerment on Health, as well as No. 857 / Menkes / SK / IX / 2009 on Guidelines for Assessment performance on Health of Human Resources in Health Center.
B.  BOK from the State Budget

The Puskesmas funded by the state budget is allocated at 60% towards the program of activities, and 40% towards the management of Puskesmas. The allocation of program funds is used on nutrition activities and Maternal and Child Health, such as immunization, antenatal care, family planning activities, class of pregnant women, and so on. While the allocation for the management of the Puskesmas one of which is used for financing internal and external activities. Nationally, from the IFLS data, nearly 80% of Puskesmas rely on BOK.

C.  Service income funds and the National Health Insurance

Income from services is not a main source of fund for Puskesmas. Currently, the biggest source of funding received by Puskesmas comes from national health insurance (JKN) in the form of capitation according to the extent of coverage of Puskesmas service. JKN funds are mostly used for services (60%) and the remaining 40% is used for operational costs, including for purchasing medicines, medical devices, and disposable goods. In Anyar Puskesmas, SubdistrictBayan, East Lombok, it has been divided in detail that 40% of the cost is used for purchasing medicines, 25% for medical devices, and the remaining 15% for operational costs. Before the JKN was enacted, Puskesmas funds came from the Community Health Insurance (Jamkesmas), the Regional Health Insurance (Jamkesda) and Childbirth Insurance (Jampersal). Jamkesda fund itself comes from the regional budget (APBD). The IFLS shows that only a few Puskesmas propose funds from the APBD; what happens, instead, is Puskesmas income is deposited to the district first for the income documentation, yet it is not fully returned to Puskesmas and there are cut up to 30-40%.

There is also a fund management fee of JKN fund and Puskesmas through the General Services Agency (BLUD) such as Puskesmas Paguyangan in Brebes. In a written rule, BLUD is the Regional Work Unit within local government that was formed to provide services to the community in the form of supply of goods and/or services sold with non-profit purpose and it conducts activities based on the principle of efficiency and productivity\(^\text{12}\). In Brebes, BLUD system is the holder over four other Puskesmas. As a BLUD, Puskesmas Paguyangan is a holder with a right to determine the tariff services. The fund of BLUD comes from public health services such as capitation revenues, revenues from public counter services, hospitalization, valuable objects (health certificate of general practitioners, dental examination, laboratory tests, medical-ER services), and childbirth.

Both sources of funding in the form of JKN and fund services managed by BLUDs simplify the fund application during the planning stage. In Puskesmas Paguyangan, submission and acceptance of the need of existing funds in BLUD, Puskesmas budget committee design the program per three months and submit a claim to the treasurer of BLUD. Budget submission is checked and filtered by BLUD whether the

\(^{12}\) http://www.bpkp.go.id/dan/konten/376/Asistensi-BLUD.bpkp
The proposed budget is a priority or urgent services. If there are activities that cannot be done, then the funds will be returned to BLUD. The rest of the budget can be used for next year's budget.

**Supervision of Puskesmas by the District Health’s Department stresses the administrative supervision of financial reporting and not to the performance and quality of performance of health workers in Puskesmas.** Supervision that occurs is primarily related to the supervision of financial statements given to the Department of Health (including the use of BOK funds). From all research locations, there is no direct supervision by the Department of Health related to the performance of activities especially those related to the field supervision such as activities for village midwives, lodge of maternity village (Polindes), sub-Puskesmas (Puskesmas Pembantu, Pustu), Post of Family Planning Services - Integrated Health (Posyandu), or maternity consultation, and others. In general, administrative supervision to the Puskesmas by the Department of Health is carried out twice a year.

In East Lombok, chief of UPTD and hospital admitted that the health service monitoring is held twice a year. Supervision is done in a form of technical assistance. In this technical assistance, the minimum standard of services in Puskesmas is monitored in the form of discussion.

Meanwhile, the performance monitoring of Puskesmas at the village level is mostly done by the coordinating midwife of Puskesmas. From all research locations, form of supervision conducted by the coordinating midwife is an administrative check on midwives administration reports collected per month. However, monitoring of the performance of midwives, such as service in Polindes appropriate working hours, being proactive to pregnant women at high risk which should be done by midwives, and any others, are not carried out regularly by Puskesmas. It shows that the supervision is actually done yet it only focuses on aspect of administration hence becomes ineffective to significantly improve the services.

### 2.1.2. Key Factors in Reducing Maternal and Infant Mortality

In ten research locations, it is found that the difficulties to reduce MMR and IMR factors are not only about the unavailability of basic services. If the problem of unavailability is the case, it mostly happens in remote areas. It is not only because actors in Puskesmas are not familiar with the basic procedure of handling the problem. Maternal and infant mortality can be caused by many things. This study found that one of the main factors causing the infant and maternal mortality is the lack of profound performance of services related to maternal child health. Profound performance is influenced by key factors as follows: (i) the monitoring of nutrition and maternal high-risk; (ii) preparation of references and the use of medical records effectively; and (iii) midwives human resources or paramedic who are able to anticipate or deal with emergencies before reaching hospital. All of these points are actually part of the supervision of Puskesmas by the District Health’s Department.

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13 Before BLUDs is applicable, funds that go to PUSKESMAS (capitation and services) deposited into the Local Cash (KASDA) through bank account of income treasurer from health department. When the status of health center level up to be BLUD holder over another 4 health centers, then the incoming funds are deposited to the account of BLUD reception treasurer. The service tariff of ER in the health center is applied for all patients although they do not have health insurance (Jamkesmas) or social security (BPJS), this happens due to BPJS regulation that not all medical expenses can be claimed through BPJS, such as equipment and supplies that are not provided by health department.
of their duties in accordance with the Regulation of the Minister except the regulation related to the development of midwife human resources\textsuperscript{14}.

Monitoring on nutrition and maternal high-risk requires the diligence of midwife to visit pregnant women and conducting proper observation. Observations to be done include what possible needs do the mother and fetus/child have, including factors that may increase the risk of pregnancy (such as frequent and intensity of pregnancy history, lack of vitamin A/nutrition, and high blood pressure tendencies). Preparation of reference means that there is an analysis and good record-keeping. The preparation is also related to the coordination with various stakeholders, including families, on how to escort, transport references, and so on. Surely this all requires midwives resources and support services for midwives that meet the standards.

**However, at the research locations, many new midwives graduated without experience in directly helping a childbirth.** Consequently, it is unlikely for these midwives to actively approach pregnant mothers as they are unlikely prepared to face sudden serious situation. If this lack of experience could be anticipated at the midwife schools, such basic weakness may not appear. Nevertheless, compared to other countries with high infant mortality, the presence of midwives in Indonesia is relatively good. Data from IFLS 2014 shows that almost 80% of the villages have midwives and 22% of them even have two midwives, even in remote places where previously there was no midwife.

**Generally there is no correlation between the performance of Puskesmas and incentives which may be obtained, for example allotted training of midwives (midwives human resource development), the facility improvement, or others.** However, there is very little chance in improving the human resources of village midwives although it has been available at the Health Department work plan, and there is also rotation in accessing the improvement program. Although normatively there should be a rotation, in reality only midwife coordinator attends the training to increase their capacity, and thus, the knowledge is not equally distributed to all village midwives. Only the Department of Health of Bantaeng has allocated budget for a three-months training to village midwives candidates before working in the village. In other areas, there are no efforts to improve the readiness of midwives prior to the assignment.

**Village midwives have less learning opportunities through discussions (sharing) with their seniors or through studying the medical record evaluation they create.** Their performance is generally monitored no more than finance and administration monitoring. However, Puskesmas doctors generally do not help or support the work of midwives that much. This is shown that in all of the Puskesmas studied, ob-gyn specialists are unavailable. Moreover, the doctors on duty are not always on stand-by during their working hours.

**Transportation becomes a constraint in reducing the number MMR/IMR.** Ambulance that can actually be used for referral of pregnant women to the hospital is used more as a mobile public health services (Pusling) instead. Pusling itself aims to cover the service delivery in areas that are considerably remote and poor. It is also supposed to be used to deliver counseling by using (loud) speakers throughout the

\textsuperscript{14} For example, for a midwife, see the Ministry of Health Regulation No.1464/Menkes / Per / X /2010 on licensing and operation of midwifery practice and authority.
villages. However, in reality, many Pusling in research area are not used optimally due to high operational and maintenance expense if it is being used regularly. This situation is especially complained in the Pangkajene district and islands. Geographical and operational constraints have become the main reason Pusling was not implemented as it supposed to be.

**Actually, there are some cases in some areas where the program of MMR/IMR reduction has not been taken seriously and properly monitored, so it only occurs on the surface.** One initiative in the health service of Bantaeng is a call centre for the ambulance service for an emergency situation. However, the mechanism of emergency still tends to be passive. Puskesmas is not proactive with bringing the high-risk expectant mothers to the health facility when the time of labor is approaching. The mechanism to call the ambulance is also quite long and has to go through several steps. Ambulance can only be accessed through the village midwife or village chief.

West Aceh health department has made efforts to coordinate the delivery flow of medical records tiered (especially high-risk pregnancy/Resti) from the Puskesmas to the hospital. This coordination is intended to simplify the referral process and to make it easy to access the updated medical records. However, in reality this is not executed. Dispite of this, there is no clear penalty if such effort is not conducted practically by the department of health and its subordinates\(^\text{15}\).

An example of the lack of fast response for pregnant women occurred in the subdistrict Arongan Lambalek. In one village of the subdistrict, there is one case of pregnant women at high risk had convulsion during childbirth in Pustu. This incident was handled by a village midwife. Referral was only made after the pregnant women had fainted. The village midwife then contacted the Puskesmas to get the ambulance service. An ambulance came to take pregnant women who had unconscious at the health clinic. A Puskesmas doctor checked on her and then phoned a hospital to provide information on conditions of the referred patient. The pregnant woman got intensive treatment only after arriving at the hospital. Even though this case did not cause casualties, the handling of emergency was still far from a fast response and was not based on medical records.

In some regions which are more successful in maternal child care services, attention and follow-up of the MCH program are more consistent. Consequently, regular visits to pregnant mothers, supervision, feedback, and learning process run properly. However, the success also deeply depends on the seriousness and professionalism of the existing referral hospital.

Sometimes the urge of seriousness can also occur due to existing donor projects in the area such as in North Lombok. The National Community Empowerment Program (PNP) Healthy Smart Generation was involved in Puskesmas performance monitoring and supporting the finance of additional classes for pregnant women. Another case, in the subdistrict of Bandar, Bener Meriah district, in 2014, there was a puskesmas performance monitoring conducted by the Health Council initiated by the United States Agency for International Development (USAID) for performance issues toward healthy clean behavior

\(^{15}\) The effort is directed from the province of Aceh, but not all kecamatans are underperforming. There is no clear sanction if efforts are not made in the kecamatan because of its directives.
and MCH. Unfortunately, the program stopped in 2014 and there are only three health centers in Bener Meriah district.

Attention from regents or donor programs that are seriously monitoring the services can also encourage better coordination; for example, a village support to escort the mother who should be referred, and others. Examples showing donor program that could boost services are also found in other studies. For example, Pasuruan managed to reduce IMR basically through a good and responsive mother-child care and by empowering the Women of Nahdlatul Ulama. Takalar and Aceh Singkil are successful examples because there is an intensive capacity improvement of midwives and traditional birth attendant (TBA) through cooperation programs between TBA and midwife. Meanwhile, Kupang is widely supported by donor programs that enforce consistent comprehension monitoring toward the mother-child.16 Likewise with KAPAL, women’s association which also advocates health care needs in Pangkep village, although still in the process of case completion, such as helping the citizens to do advocacy on the replacement of health workers in health centers due to the violence case against pregnant women in Pangkep.

The findings herein are approved by the officials of the Ministry of Health, however they rather blame these on the current decentralization system and question who exactly should be responsible for supervision. It is interesting to see where exactly the target of Indonesia’s development lies on? If these stakeholders feel that more responsibilities lie on the district, it is different case with the Ministry of Finance. Although it also concerned about the fact that a lot of authority lies on the district, in fact, the Finance Ministry still try to control performance through disincentives of General Allocation Fund (DAU) and cuts in funding as a result of poor performance or less oriented towards poverty and national targets. Limitation on who should be responsible certainly cannot be decisive, but the national government would still have enough instruments to ensure the performance of frontline service is well maintained.

2.2. Junior High School (SMP)

2.2.1. Target and Achievement of Junior High School (SMP) Education17

*Improving service and graduate quality of SMP is still the job of central and local governments in the following years compared to improving access and participation of students.* National targets in terms of access and enrollment have been achieved beyond the target to improve the quality of services and graduates. In 2015, Net Enrollment Ratio (NER)18 and the Gross Enrolment Ratio (GER)19 have exceeded the national target. However, the governments should work more to improve the average score of the national exam. The average score in more than half of the districts and 14 schools studied in this research are still below the average of test scores on national level.

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16 Saputra et.al, Jurnal Kesehatan Masyarakat vol.7 no12, 2013
17 Baseline conditions of performance and service quality of SMP in 2015 can be found in Appendix 2 and 3.
18 The proportion of the populations in the age group level of education is still in school to the population in that age group (BPS).
19 The proportion between school children at a certain level of the population and particular age group population (BPS).
**NER and GER targets have been achieved.** National targets for increasing student access to SMP have been set in 2015-2019 by the central government, with NER 80.73 and GER 71.88 in 2015, NER 83.77 and GER 73.72 in 2019. In 2016, the national targets have been exceeded. All districts studied have also surpassed the national targets. The three most successful districts are located in the province of Aceh which includes Bener Meriah, Bireuen, and West Aceh. The lowest three districts are located in South Sulawesi (Bantaeng) and Central Java (Brebes and Pemalang). The achievement of those three districts is still below the national average. Here are the NER and GER of 10 districts surveyed:

<table>
<thead>
<tr>
<th>District</th>
<th>NER 2014/2015</th>
<th>GER 2014/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bener Meriah</td>
<td>98.79</td>
<td>117.85</td>
</tr>
<tr>
<td>Bireun</td>
<td>95.22</td>
<td>116.24</td>
</tr>
<tr>
<td>West Aceh</td>
<td>90.71</td>
<td>115.46</td>
</tr>
<tr>
<td>Pangkep</td>
<td>86.31</td>
<td>106.83</td>
</tr>
<tr>
<td>Pekalongan</td>
<td>83.48</td>
<td>102.21</td>
</tr>
<tr>
<td>KLU</td>
<td>80.99</td>
<td>108.98</td>
</tr>
<tr>
<td>Lotim</td>
<td>80.89</td>
<td>102.80</td>
</tr>
<tr>
<td>Pemalang</td>
<td>79.47</td>
<td>99.35</td>
</tr>
<tr>
<td>Brebes</td>
<td>77.21</td>
<td>96.68</td>
</tr>
<tr>
<td>Bantaeng</td>
<td>75.36</td>
<td>96.50</td>
</tr>
</tbody>
</table>

*Source: Center of Education Statistic Data of Ministry of Education and Culture 2014/2015*

However, in addition to NER and GER, another target is to raise the average score of National Examination (UN). National targets for improving quality of service and graduates to be achieved is the average score of UN of 62 in 2015 and 75 in 2019. The target in 2015 was almost achieved with the score reached being 61.81.

From the ten districts studied, only four have exceeded the national target and are above the national average. They are Bener Meriah (66.89), Pangkep (66.44), Lotim (65.26), and Bantaeng (63.99). The bottom three of the ten districts studied are North Lombok regency (43.53), Brebes (49.43), and Pemalang (51.31) for four subjects.

From the 14 schools studied, there are five schools that have exceeded the national targets and on the top row, they are SMPN 1 in Aikmel district (74.18), SMPN 1 and 5 Bandar (73.93 and 73.51), SMPN 6 SATAP North Tupabiring Liukang (67.55), and SMPN 1 Simpang Mamplam (67.33). When we look at the original score of UN figures (before used as index), there is actually a decline compared to a few years
ago. Various scores/measurement at the national and international scale show that (the quality of) our education has declined.20

Table 4 Average of National Examination in 10 Research Sites

<table>
<thead>
<tr>
<th>District</th>
<th>Average Total of UN Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bener Meriah</td>
<td>267.55</td>
</tr>
<tr>
<td>Bireun</td>
<td>265.75</td>
</tr>
<tr>
<td>Aceh Barat</td>
<td>261.03</td>
</tr>
<tr>
<td>Pangkep</td>
<td>255.97</td>
</tr>
<tr>
<td>Pekalongan</td>
<td>223.14</td>
</tr>
<tr>
<td>KLU</td>
<td>220.67</td>
</tr>
<tr>
<td>Lotim</td>
<td>211.88</td>
</tr>
<tr>
<td>Pemalang</td>
<td>205.24</td>
</tr>
<tr>
<td>Brebes</td>
<td>197.71</td>
</tr>
<tr>
<td>Bantaeng</td>
<td>174.1</td>
</tr>
</tbody>
</table>

Source: Center of Education Statistic Data of Ministry of Education and Culture

Graphic 1 The Average UN Scores for four subjects in 10 research location

Performance Index of Strategic Target Ministry of Education (IKSS) 2015

Source: UN Score from the www.litbang.kemdikbud.go.id, IKSS Document Strategic Planning Ministry of Education 2015-2019. Note: SMP 1 Sabutung had no graduates as the school was established in 2014

**The target generally used in the SMP is the graduation rate.** However, this was not a good indicator of success. Almost all SMP produce 100% graduation rate, although their national examination score may be bad or only a few or none of those graduates entering favorite high school. Mostly all schools chase 100% graduation rate, but we often hear in the media that graduation is fabricated by the schools, and may not showing the result of the student and teaching quality. Those who not graduated generally are due to extreme cases such as serious illness so the students cannot take the exam (and the remedial) or absent from school for a long time.

If we see thoroughly, schools that are trying to maintain the achievements generally targeted the student to succeed in scientific competitions. From all of the SMPs observed, there are three schools targeting to participate and win the competitions but none of them targeting their students to enter favorite high school graduates. These three are SMP in Paguyangan, Arongan Lambalek, and Bayan. All three schools have successfully won the competitions at the district or province level. In some cases, schools with good facilities do provide better education services (managed to bring the majority of their graduates to enter favorites high schools; such as SMP 1 Bandar in Bener Meriah district and SMP 1 Aikmel in East Lombok).

Some of the keys to success of SMPs that have successfully send the majority of their graduates to favorite high schools include the effective monitoring and a system of incentives and disincentives. Specifically these keys include (1) participation of school committees in planning and monitoring; (2) regular supervision of the principal to the presence of teachers and teaching activities; and (3) the consistency of implementation of incentives and disincentives system to teachers by the school or department.\(^\text{21}\)

Schools in Bandar subdistrict have succeeded in bringing the majority of graduates to the favorite high schools; while schools in Arongan have successfully participated in the National Science Olympiad. The three success keys of the above schools in Bandar and Arongan are because there is an encouragement of Regents and program performance, as well as a support from the program of USAID Prioritas. In Aikmel, the achievement is primarily related to the good school leadership of the principal. Encouragement of Regents is also found in schools in the Paguyangan in form of best schools competition.

However, there are only a few schools which have attention on dropout rates. Dropping out of school is considered as family responsibility (occurs due to marriage, want to work sooner, or no funding to attend school) rather than the responsibility of the school. Of the 14 schools, there are 11 schools that have the problem with dropouts; two other schools are free of problems, those located in Belik

\(^{21}\) At school Bandar there is parental support in terms of financing extracurricular, especially those for competitions. Then set strict requirements in student enrollments. These conditions are also carried out in Aikmel Kecamatan schools, plus the lack of planning that is based on the evaluation results. Special for Arongan Kecamatan schools, there is free of charge intensive training for the students who will participate in the Olympics.
Subdistrict and Bandar. The largest number of dropouts is in the kecamatans of Paguyangan and Bayan (seven students). Students drop out of school here mostly because of marriage, work, and in some cases because there is no transportation for students who live far from school.

There are already some follow-ups in reducing the number of dropouts. There are strategies implemented by Ministry of Education which work well in terms of reducing the number of dropouts. Brebes deserves to be an example. Brebes regent issued Smart Brebes Cards (KBC). According to the Secretary of the Education Department in Brebes, in the last three years, it has been reported that GER has been increased by 9% and NER by 18%. Students whom own the Smart Card (kartu pintar) are not subjected to any charges or donation. In Brebes, the problem of school drop-out rates, both those students who do not graduate from primary to secondary school or dropping out in the middle school, is due to the inability of parents to pay other fees or other school needs. Smart Card is issued for poor children so schools do not collect fees in like donations to their parents. According to the Secretary of the Education Department, there are still 3% dropouts who moved following their parents.

Another example is the education department efforts in the Bener Meriah district. Unlike the case in Brebes, to address the dropout rate in the district is to prioritize building schools and school facilities, as well as schools SATAP (One Roof) for remote areas. In addition, the reduction of dropouts is also caused by fewer school-age children who married early.

Differences in service and target achievements of schools were determined by the location of the school, whether it is located in the city center, is favorite school, or school in remote area. Schools in the city relatively have enough funds, sufficient number of teachers as well as good teachers’ presence, and school facilities such as classrooms, computers, and so on. While remote schools struggle to cope with many problems such as the lack of facilities, teachers shortage, and teachers absence or lateness, limited students, plus the shortage of external support. Locations of the remote schools are less supported by easily accessed roads, less means of transportation, and affordable transportation costs.

SMP 2 Paguyangan and SMP 1 Petungkriyono are two examples of junior high school in Central Java which are located far from the district center. The distance may be relatively close but the road conditions are bad and public transports are very limited. Teachers generally live in town and have to take the public transport which is not always available, causing them to come very late. It makes the time for teaching and learning activities shortened.

Box 1 School Conditions in Remote Areas

Extreme conditions are experienced by SMP 1 Sabutung and SMP 6 SATAP Liukang Tupabiring in the subdistrict of North Tupabiring Liukang (South Sulawesi). These Schools locate in an island which cost IDR 100,000 for shuttle boat transport to reach. In these schools there are only 20 teachers; there is only one teacher and principal with the status of civil servants, while the rest of the teachers are temporary educational staffs (honorer). About 60% of teachers are from the mainland (City Pangkajene) and the remaining 40% are people of the island. There are three classrooms, one library, one teacher’s office, and one School Health Unit (UKS). A similar situation is also found in SMP 6 SATAP in the same subdistrict. For these schools, building a guesthouse and dormitory for teachers and students to stay over becomes an important target.
Junior High School (SMP) performance is determined by the school principal and school ratings and many capable teachers prefer to stay in those favourite schools. There is rarely a regent or head of department who put civil servants or best teachers in schools in poor or marginal areas unlike the education department in Surakarta during Jokowi’s period as a mayor. For example, in Bener Meriah, there is much disparity between the proportion of certified teachers in high rated SMPs compared to others in general schools. In Bener Meriah, the inequity of teacher distribution is a serious concern which triggered the regent specifically issuing the Regent Decree No. 7/2014 regarding the Structure and Equity Civil Servant Teachers. In SMP 1 of Bandar, half of the teachers have been certified, while in SMP 5 of the same subdistrict there are only 7% certified teachers. Other example is in North Lombok, SMP 1 Bayan which is classified as a favourite school, 88% of its teachers have been certified; meanwhile in SMP 4 Bayan only 12% of teachers are certified.22

Other challenges faced by schools in remote areas are online verification Data of Basic Primary Education (Dapodikdas). In remote areas there are schools which have inconsistent Dapodik issues, particularly related to the amount of BOS funds and allowances of teachers (certification and remote teachers). This issue also happens in North Tupabiring Liukang for example. According to the chief of Division of Basic Education, Department of Education in North Liukang Tupabiring, almost all schools have issues regarding incomplete Dapodik. As a result, the principal cannot get funding from the Ministry and teachers do not get the certification allowance. Teachers and civil servants in remote and very remote areas could not get the Unique Teachers and Lecturer Number (NUPTK), therefore they could not get Incentives for Teachers in Remote Areas (Dacil).

The opportunity of teachers to improve their capacities is actually wide open compared to their colleagues at the Puskesmas. There are many training opportunities, guidance, and meetings with other teachers to discuss teaching issues. In almost all schools there are activities of Subject Teachers Committee (MGMPs), where teachers discuss teaching related issues; the program is funded by the School Operational Assistance (BOS). In almost all SMPs studied, the education department provides training for teachers. In Bayan, the department of education even requires the teachers to compile a teaching-learning journal to monitor the quality of teachers. According to the Chief of Basic Education Division, to push civil servant teachers who are underperforming, the department also requires journal assignments aside from conducting supervision and evaluation.

In remote regions still lacking of teachers, meanwhile, the department is struggling with the target on teachers certification and teachers with the bachelor degree, as happened in Bireuen. To strengthen the quality of teachers, the department is even obliged to cut 10% of certification funds to finance trainings which its management is delegated to the teachers themselves through MGMPs.

However, in general, the quality of teaching teachers with certification and training has not been successful in improving the quality of education significantly. This can be seen from the percentage of certified teachers (the total number of teachers) at each school observed (except school in Liukang

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22 http://litbang.kemdikbud.go.id, Sekolah Kita Online (Our Online Schools)
Tupabiring) and the average score of UN did not correlate significantly.\textsuperscript{23} This is in line with the findings of the World Bank\textsuperscript{24} that there is no correlation between teacher certification and the achievement of their students. According to the Survey of The Organization for Economic Co-operation and Development (OECD), the determining factors in improvement of teaching are (a) the teacher's knowledge related to teaching, (b) knowledge of teachers in teaching, (c) implementation of instructions directed toward a well-focused and well-ordered teaching, (d) teaching instruction focusing on the viewpoints of the teachers; (e) their active cooperation of teachers to teachers (other teacher observations, shared teachings, supervisions and constructive feedbacks). Many of these aspects have tried to be built in the existing system, including the certification system, unfortunately its implementation has not been seriously guarded, monitored, and integrated on their feedback systems. For example, the knowledge towards certification requirement is mainly translated that teachers must possess a bachelor degree (undergraduate/S1), which is not necessarily directly indicates the teacher's knowledge on the subject and pedagogy required. Efforts for cooperation between teachers, supervision, and feedback are also already in the system but there is no monitoring whether the system is running or not. Incentives and disincentives for teachers who do or do not perform, but the obligation system only exist in a few schools.

Although it needs to be reviewed deeper by using more samples, this study finds that the achievement of combined average score in the districts and the incentive/disincentive for excellent teachers affects the students UN quality.

**Graph 2. Comparison between Certified Teachers and the UN Score in the Research Sites**

![Graph 2](http://litbang.kemdikbud.go.id)

*Source: [http://litbang.kemdikbud.go.id](http://litbang.kemdikbud.go.id), Our Online School (Sekolah Kita Online)\textsuperscript{25}*

\textsuperscript{23} Statistical Test of the data showed no correlation between the presence of teacher certification (the percentage of teachers certified toward the total number of teachers in schools) with the average score of UN in each school.


\textsuperscript{25} Note: SMP N 6 SATAP Liukang Tupabiring North Pangkep not included here, due to the information provided which states that there is no certified teacher confirmed.
In certain cases, sometimes certification makes the teachers absent frequently from teaching and learning activities. In Paguyangan, for example, the school supervisor sees the teachers burdened with administrative tasks such as subjects overview, overview of the Graduate Competency Standards (SKL), which must be administered, as well the Lesson Plan (RPP). Teachers whose paychecks tend to pursue increased rank and terms of the administration in order to get salary benefits. The appointment and career of school principals, teachers, and supervisory positions, are determined by education department so if the performance is primarily seen from administrative terms then the target of course will be administrative success as well.

2.2.2 Planning, Monitoring, and Incentives
School budget planning generally does not change from year to year nor adjusted to BOS technical guidance. Funds for honorary teachers are taken from BOS while civil servants salaries are taken from the regional budget. Principals, along with several teachers generally prepare the school budget plan. The IFLS nationwide data indicates that almost 70% of schools rely on their income from central BOS.

Encouraging the existence of BOS funds or other sufficient subsidiary funds so that more poor students could go to school often becomes the school’s goal. However, the adequacy of funds subsidy is often unrelated to the performance of school services, but more to facility improvements for civil servant teachers.

The existence of BOS and other subsidized funds eliminate school fees, but parents’ expenses are still quite high in the forms of transport costs, extracurricular activities, exam fees, and others. According to IFLS data, nationally, 39% of schools are still receiving income from students’ parents.

The school committee often knows the financial and planning decisions that are taken, but only as complement to any signatory. However, at schools with better quality services (e.g. SMPs with a majority of graduates admitted to favorite high school), the committees involve in proposing students’ parents (orang tua wali) voices, receive complaints, and monitor the performance of schools. In certain cases, the school committee participate in the village Musrembang or Subdistrict Musrembang and propose something for the school.

The research observes that the quality of schools still deeply depends on the commitment of the principal. The role of parents, school committees, and education departments in monitoring the performance, is almost non-existent. Formally, there are school supervisors and principal’s reports to the Department. In the end, school performance is mainly determined by the willingness and ability of the principal.

In general, the principal hardly ever monitors the performance of the teachers, except in the best schools studied. In the best school, there are some specific targets of joint monitoring between primary teachers and their principal, but mostly assume that the current state is sufficient. Whatever the quality of the teachers, if principals, supervisors, or the department of education do not perform decisive
oversight performance, the quality of teachings will be relatively stagnant. However, this part is precisely the weakest of the current situation of our school system.

One of the reasons why schools in Aikmel in East Lombok have a high average of UN results is due to the school principals’ role to run an excellent controlled internal system of teacher performance. The principal seriously implements internal controls by forming a team of curriculum developers to conduct supervision that involves senior teachers. Internal oversight mechanism is undertaken to initiate clinical monitoring which is uploaded to the Basic Education Data (Dapodik). For outstanding teachers and role models (involving student assessment), the principal takes initiative to provide incentives taken from BOS. As a result, the average number of UN scores for 4 school subjects was the highest over the 14 schools that were observed (296.73).

**Departmental Supervision is mainly on the aspect of financial administration and not on performance.** The existing monitoring and supervision of the district department of education as well as from other government monitoring departments, such as the Technical Implementation Unit (UPTD) Education, Inspectorate, and the Supreme Audit Agency (BPK), basically relate to the administrative budget accountability rather than on teaching performance. Indeed, in a better school (e.g. participating in science competition), management oversight and supervisory activities of teaching and learning do really happen.

For example, Arongan, in West Aceh, successfully participated in the National Science Olympic (OSN) at the provincial level. In this district there are many institutions that are required to be school supervisors, there is a special school supervisor which was initiated by the district; there is a regular report of the presence of principals and teachers to the Department and UPTD as a condition of getting allowances, incentives from education department for outstanding students, incentives for work performance benefits for teachers and principals whose absence record is less than three days per month sourced the district budget (APBK). Meanwhile, if the teachers and principal are absent more than three days, the allowance will be withheld or cut. In addition, in the district there is an association of principals from all over the district to share information and the District Education Assembly (MPD) which organizes the rembug education (education forum).

**There have been efforts to properly run the system but this is not consistent.** For example, withholding incentives for teachers in disadvantaged and underdeveloped areas and withholding certification allowances for civil servant teachers who attend classes less than 24-hours per week, has been implemented in the North Liukang Tupabiring. In some places community monitoring efforts have been established. For example in Bener Meriah, the parents report the presence of teachers and the implementation of the Lesson Plans (RPP) to the Regional Education Assembly (MPD). This school’s UN scores include in the best five of 14 schools studied. However, there is no incentive and disincentive system for the education department, except only once in a while, as in West Aceh which was awarded by the provincial government as the third best district in terms of the integrity in the national examination.
**Intervention programs that provide supervision at the school also supports to significantly increased school performance.** An example is the program of USAID-Kinerja and Prioritas at SMP 1 Bandar. This program encourages schools to make agreements and declaration to give the ministry more transparent, participatory, and accountable services. One of the deal is encouraging the participation of the committee in the planning and supervision of schools; creating incentives, disincentives and cutting the principal and teachers’ salaries/incentives if not present at school more than three days. The agreement and declaration of relatively run until the year 2015.

Examples of good supervision as above are unfortunately very rare in other regions, and are still weak when related to the quality of education services. An evaluation by the school principal, supervisor, or department towards teachers’ teaching preparations hardly exists, which correlates with the results of UN. Something more alarming than the conditions above is not because there is no system of educational performance in Indonesia. Nationally there have been many initiatives to improve the quality of teachers such as teacher certification system, the liability of teachers graduating from bachelor degree and others. However, the system was not implemented consistently or seriously, and there is no monitoring that has significant impact on the effective incentives and disincentives for schools and teachers. In some places, this system even creates a malpractice for key people in the department as well as the principal. Lately, illegal charges on the disbursement of teacher certification have been reported in the media. This improvement system is not running in favorite schools let alone in schools in remote areas where the number of teachers, facilities, funds, and adequate numbers of pupils are still difficult to achieve. The achievements of the school will still be the next priorities rather than ensuring the schools operate smoothly every time.

To recap, the findings presented in this chapter show that there is no correlation between students’ achievements and certified teachers, the importance of the supervision system and feedback, and the need for more teachers' specific knowledge. Cooperation between teachers and mutual learning (cross learning) has been realized and approved by the ministry of education, but an attempt to deal with it does not look straightforward and effective, still tending to focus on the training efforts as usual.

**2.3. Civil Registry of Birth Certificate**

**2.3.1. Target and Achievement of Civil Registry Birth Certificate Service**

Civil registry service (Capil) is different to health and education services. This service is not a service that exists because of community needs, but is driven by the needs of the population data from the government itself. Law No. 23/2006 about the administration of population and law No. 24/2013 about its amendment requires that residents have Basic Population Number (NIK), reporting urgent incidents (birth, death, moving, arriving, married, divorced), and have citizenship documents. This law also requires that all agencies to make NIK as the basis for issuing any documents.

To ensure that the data collection is done by the community, many government services are given based on the Family Card (KK), Identity Card (KTP) and birth certificate. With many cases of terrorism, narcotics
and refugee transit related to international networks, the government feels the need to improve the quality of citizen data collection. Recently, the Ministry of Home Affairs (MoHA) issued a policy of the acceleration of coverage ownership of birth certificate\(^{26}\).

The community is also increasingly feeling the urge to ensure accurate data collection, because some essential services such as government subsidies for the poor, such as JKN, educational subsidies excluding the BOS, permit for Indonesian migrant worker (TKI), all demand physical evidences of citizenship. The central government realizes the importance of this data, so that the Minister of Home Affairs Decree states that administering of birth certificate is free of charge as well as the ID card or family card (KK) renewal, unless it is far from its expired date (even though in some regions this remains free).

However, for some time this practice has become the additional source of petty income for some officers at village, subdistrict, or the department to assist the arrangement of the birth certificate with the additional charge from the applicants. So, in one hand, if the applicants know the practical procedures they will be able to do it by themselves, but on the other hand, when they ask for assistance from the village or subdistricts officers there will be a service fee applied. The costs depend upon the needs, whether they need certificate (or other civil registry document) in line with the "livelihood" of the applicants, such as when applicant want to be TKI, or pilgrimage cost to Mecca, the cost can be quite large for poor families, as it happens in West Nusa Tenggara province.

Therefore, regarding the certificate service, things that need to be addressed are: (a) whether the service to the applicant is really free or are there additional costs like transport and others; (b) is the additional cost only for transportation or is there any ‘additional cost’ that would burden the poor families?; (c) have there been attempts from local government (Pemda) to simplify the process and make the services more accessible?; (d) does the promoting of the civil registry administration make the civil registry database better (cheaper, easier, faster)?

The expected national target to be achieved is that 75% of the population aged to 18 years old has a birth certificate\(^{27}\). There are some areas which have achieved the target, there are some areas that are approaching or have not yet reached the target. Of the 10 districts studied, at least five of them have reached the target, the West Aceh, Bener Meriah, Pangkajene Islands, Brebes, Pekalongan, while other districts only reach 60% -70%\(^{28}\).

**Areas that are quite successful in achieving the national targets generally disseminate information about the civil registration to the wider community.** An example is by spreading awareness at the subdistrict level through the installation of banners, distribution of brochures, in collaboration with the actors positioned as midwife, village leaders, religious figures and religious study groups, entrusting socialization on programs such as JKN, travel agencies for Hajj and migrant workers, and the government of the subdistricts. For example, in 2015 Brebes had activities to broaden the awareness in ten villages

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\(^{26}\) See Regulation No.16 / 2016 on the accelerated increase of coverage ownership of birth certificate.

\(^{27}\) Indicators National Target Owners of birth certificate among children aged 0-18 years is 75% in 2015, Presidential Decree No. 2/ 2015.

\(^{28}\) From the field notes each Disdukcapil officials at each study site.
located in South Brebes, seven villages in parts of the Middle Brebes, and ten villages in North Brebes. Of the 27 villages visited, there are 20-50 applicants for a birth certificate that are sent to Dukcapil.

In Pekalongan, there are two officers who are proactive visiting from area to area. At first visit, they present socialization by gathering the residents, they then announce time and day of the activity of making collective birth certificate, then go back again to get those documents. After finished, copies of the birth certificate are delivered to subdistrict. In West Aceh there are regular internal socialization, regular internal technical gathering, radio socialization, brochures, banners, temporary KK, making the Standard Operating Procedure (SOP) in 14 days (in fact, only 1-7 days), participate in the ishbat marriage event with Department of Religion.

In the Pangkajene district and Islands, taking school certificate requires a birth certificate. Dukcapil service also provides a free service to change the data on certificate within 1-2 days. In addition, there are many Capil offices that actively give services from area to area as requested by village/subdistricts in cooperation with Ministry of Religious Affairs they do travelling services to spread the letter of ishbat wedding (Aceh Barat), as well as the procurement of vehicles for travelling around its regions.

**In fact, the arrangement of a birth certificate is not completely free and easy. The free service is only perceived primarily to residents who know the ‘real processes’ of the arrangement and live close to the District Department of Population and Civil Registry**. Applicant still often have to spend IDR 20,000 to IDR 150,000 for the arrangement process. In Pemalang there is a case that applicants have to pay IDR 250,000. This cost is not completely goes to the pocket of the Puskesmas or village clerks who assisted, but also includes the cost of transport to go to the office of district department of population and civil registry that are sometimes quite far. For example, residents of Aceh Baratmasih are charged by officers of the village to arrange the birth certificate because thre is a ‘transportation costs’ for the process.

**There are intermediary efforts undertaken by the district.** Generally, the administration of civil documents including birth certificate is done in the Disdukcapil office. However, the average distance from the studied villages to the Disdukcapil office is approximately 40 km or more. One day service for registration period is often limited, such as in Pemalang. This situation led to the growth of mediators. Residents in the village commonly ask for help from village worker, midwife, and specialized brokers on document or Capil. This situation occurred in almost all studied districts. In some districts, the subdistrict worker was appointed to help, such as in Brebes and Aceh Barat. The cost for it could be as much as IDR 250,000 in Pemalang and Lombok, or at the least IDR 10,000 such as Bireuen.

However, there is also the intermediary process that does not burden the applicant. In Bireuen for example, the regent sent an announcement letter and request the Disdukcapil and health department to collaborate in order to appoint midwives to manage the administering birth certificates. Midwives often serve as intermediaries who inform and ask the people to collect the required documents, checking over documents, helping to fill out forms, and help to request the village head (Keuchik) signature. Furthermore, the completed documents and forms are collected and handed in to the midwife coordinator. Then the Disdukcapil officer would take the documents and prints out the certificate. A week later the copies are delivered to the Puskesmas.
Another example is in Pemalang. The district health department in cooperation with the Department of Family Welfare Development (PKK) collects data of the applicant's certificate whilst travelling through the area. Department of PKK provides special services for PKK members who brings request letter to make certificates. PKK cadres are trained through Technical Assistance (Bimtek) and given a data collection book. However, although it is cost free, the Department did not participate in supervising and anticipate the possibility of other costs incurred.

2.3.2 Supervision Service Civil of Birth Certificate

Some districts have actually tried to shorten the distance of the services location by establishing their services at subdistrict level (UPTD), but there are pros and cons in the district itself related to the interpretation of the regulations and rules, or decree of the Minister of Home Affairs. Pros and cons are about the institutional position of the Population Administration (Adminduk) and its high officer, whether concluded as regional institution in province and regency, or a vertical institution. These issues have actually been described in the announcement letter from Minister of Home Affairs. 29 Likewise, the pros and cons also happen on the issue of the legitimacy of Adminduk affairs which authorized to subdistrict government as occurred in East Lombok30. In the ten districts studied, there is no UPTD Capil at the subdistrict level.

Even though the initiative on data improvement was quite aggressively being implemented, the actual level of accuracy and security of demographic data remained weak. For example, there were many typos made without corrections, double data, inaccuracy on identification numbers and data from one document to another document. The data stored in the office department inside cabinets was poor-organized, they are in the form of printed papers or stored on an untrusted computer database. The accuracy and security of data input in district and subdistrict level (e.g. the Kecamatan Integrated Administrative Service or PATEN) do not meet the data security and accuracy requirements.

It is true that there has been a procedure to ensure the accuracy of data and documents through a multi-level verification processes. It begins at the registration desk to the input data, just as it is in Pemalang, and the final validation is under authorization of the head division of civil registration. This was done to ensure that data is not lost or duplicated. However, the Disdukcapil in all research locations do not have a good data entry staff and supervisors to ensure accurate data input. Disdukcapil also have no security verification system of data input. A result, the processes take a long time and the quality of the data do not necessarily accurate.

Disdukcapil funds are relatively limited to develop a good database system. Meanwhile, according to the Minister of Internal Affairs Announcement Letter No. 900/326/SJ January 17 2014 and Law 24/2013 regarding the free basic service of Disdukcapil, their budget to create an accurate database system is limited. Pekalongan has a budget of IDR 5.3 Billion while in Bantaeng only IDR 1.8 Billion, while the budget (exclude non-civil service salary) is only about IDR 1 billion.

29 The announcement letter of minister 470/1862 / Dukcapil dated 25 February 2016 explained that the position of institutions and officials of Adminduk affairs is regional not the vertical institution.
30 In Aikmel kecamatan, East Lombok Family Card (KK) printing in the kecamatan and sub-kecamatan signed. Act 24 of 2013 on the amendment of Law 23 in 2006 testified that Capil services at kecamatan level do UPT implementing agencies with the authority to issue certificates of civil registration (Article 8).
3 THE ROLE OF SUBDISTRICT AND VILLAGE RELATED TO BASIC SERVICES

3.1. The Role of Subdistrict in Strengthening Basic Services

The previous chapter shows that education and health services are strongly supported and organized by sectors at the national level. This is because many of the Puskesmas and SMPs’ fund come directly from the center, for example, BOK and National Health Insurance (JKN) for Puskesmas and BOS and/or Indonesia Smart Cards for SMP. The fundings come with several policies and technical rules that are regulated at the national level. Consequently, all actors in Puskesmas and SMP level plan, implement, and monitor activities according to the existing budget allocations and technical rules. Principals and head of Puskesmas could indeed manage activities within the detailed routine category of activities yet they could hardly come up with new program or activities outside of those regulated by the existing rules. It also means that expectations from the outside, if implemented half-hearted, will be easily rejected for not complying with the budget envelope provided. Subdistrict head is clearly not accommodated in this budget.

Even though the Puskesmas and the SMP operate under the authority of the district government, the district only allocate a very limited budget for Puskesmas and SMP, except for salaries of civil servants (which is part of a general allocation funds that come from the national government). In addition to salaries, local governments only allocate a very limited budget for the Puskesmas and SMP operations, and sometimes support them with physical supports. IFLS data on a national scale confirms this point as it shows that there are no Puskesmas proposing development budgets programs to the district. If there is one, it is because the government offers or provided the budget through informal lobbying to the related district government departments. What has been happening, ironically, is that (some) districts’ governments ask for revenue generated from Puskesmas patients as local income.

Health care and education are highly dependent on funds from the center and a portion of the payment services (e.g. JKN). This is what also makes the actors in Puskesmas and SMPs feel that they are more obliged to the Department of Health and Department of Education sector.

In guiding public health services and SMP, the ministry of the sectors hardly seea that subdistrict have a role in promoting basic services. The findings also show that subdistrict does not have a target of development, especially in basic services, because it has no power over the budget. All rules,

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31 It stated on technical guidances (Juknis) of BOK 2015, based on the Order Letter of Regency/City Health Department Chief, health center should open a giro account or common bank account on behalf of health center to collect BOK funds. The account numbers should be reported to Authorized Fund Users (KPA) to issue BOK fund allocation per health center as well as BOS technical guidances 2015.
implementation guidelines, and how an accountability fund is done are based upon the guidelines directly from the ministries. To some extent, there is clearly a role of provincial and district (including some departments under the district government). However, the role of subdistrict is completely out of sight, all set out in the technical manual BOK 2015 of the Ministry of Health which states that the BOK is provided directly from the state budget to the account of Puskesmas. This is also the same case for the flow of BOS funds in the education sector.

On the other hand, the public health and education departemtns suppose to be responsible for the supervision of service deliveries that includes certification, professional licenses, midwives assistance and curriculum, school inspectors, increase MCH services centers both public and private. However, the officers could hardly implement their responsibilities in an effective way, except for some administrative jobs. Even worse, these supervision duties have sometimes been used as a way to enable corruption, manipulation, and nepotism.

The research shows that subdistrict could play a role in coordinating the basic services delivered at the subdistrict level if the regent take initiative to regulating those roles. If there is authority and funds that can be handed down, the position and effectiveness of regent certainly become clearer. Most parties generally recognize that the subdistrict head is the coordinator of the district, however they feel that there is no clear coordinating function that belong to the subdistrict head. Subdistrict head’s involvement in some annual activities such a Musrembang is just ceremonial. For instance, Pajukukang subdistrict head coordinated with Puskesmas in an event such as in Puskesmas competition, yet this coordination was not related to the Puskesmas services.

Additionally, subdistrict head should become involved when addressing items that are avoided by the Puskesmas, SMP and Disdukcapil. For example, do monitoring when the midwife comes to the village, students who drop out before graduation, those who receive a poor reference letter, or mothers not registering the birth of their babies. Regarding these things, ministry sectors are happy if the subdistrict head can effectively encourage the village to move. However, generally subdistrict head also do not have capability, as seen in the case of coordinating elephantiasis disease in Simpang Mamplam in Aceh, where the village did not want to move by request of Puskesmas unless there is a request from the subdistrict head.

Almost all subdistricts in the study do not have annual targets as a performance parameter, besides the budget allocation. Only two subdistricts claimed to have targets (Aongan Lambalek in West Aceh and Simpang Mamplam in Bireuen). The targets include issuing some licences/permits and the implementation PATEN. Yet, the current achievements have not meet the targets. There are five

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31 Regarding the management of organizations or events so that the conducted regulations and acts do not contradict or confusing (Indonesian Great Dictionary)
Likewise, delivered by the Director of the Protection and Welfare Society Bappenas that the Kecamatan cannot make their own plans for the affairs of the Kecamatan Rural traffic-related affairs and representative of the kecamatan.
32 Juknis BOK mentioned in 2015 that based on the Warrant Chief Medical Officer / City Health Center immediately open a checking account or a regular savings on behalf of the health center to accommodate the BOK funds. The account number is reported to the Budget Authority (KPA) for the issuance of SK Allocation BOK per health centers and technical guidance BOS, 2015.
33 Subject organize an organization or activity so that the rules and actions to be implemented are not contradictory or confusing (Dictionary of Indonesian)
subdistricts that have PATEN. In Arongan Lambalek, subdistrict head is only given an authority to issue a recommendation letter. In Simpang Mamplang, meanwhile, the subdistrict has no standard in giving business permit for SMEs. Additionally, in those two subdistricts, PATEN exists only in the three other subdistricts; Aikmel in East Lombok, Petungkriyono in Pekalongan, and Paguyangan in Brebes.

Out of 10 districts, there is only one district that has issued Regent Decree regarding subdistrict authority that is in Simpang Mamplam, Bireuen. Bireuen Regent Decree No. 5A/2014 gives the services over 36 permits, and coordinating the deliveries on health service, education, and civil registry (Adminduk Capil). But the expected coordination does not occur because the regent does not actively work to ensure the regulation is implemented effectively. The subdistrict head of Simpang says that because there is no clear instruction from the regent, the schools are reluctant to coordinate with the subdistrict. When the subdistrict office asked for education data, the schools did not give the data because there was no instruction from the district education department that the schools should coordinate with the subdistrict office. To solve this situation, the informant said that he/she has raised this issue in some coordination meetings and informed that the district needs to coordinate (with schools) to the extent of knowing general knowledge of each institution. However, it is not meant to control the schools as the subdistrict office responsibility is only limited to conduct a coordination.

The kind of coordination with SMP or Puskemas that is common in all subdistricts is on the preparation of commemorating independence day and some other national days, top official visits, or on (serious) security issues in SMP and Puskemas. The subdistrict head is the coordinator of these events, though without any substantial role unless it is mandated by the regent or secretary of regent. The subdistrict head of Aikmel, for instance, knows that the role of the subdistrict head is to arrange formal coordination in meeting and formal monitoring with SKPD. The monitoring is conducted by visiting villages every Friday, being involved in Puskesmas mini workshops, seeing the technical implementation of integrated service post (Posyandu) activities, and providing some services such as PATEN.

In terms of facilitation, Musrembang can be a potential space to increasing the role of the subdistrict. However, in all research locations, the subdistrict only play a role as an organizer and host of the event, with some administrative jobs such as inviting SKPD and (local) parliament members to attend the meeting, yet they do not serve as a quality controller for the villages’ proposals. All subdistricts are required to support the Musrembang at village and subdistrict level, and assist the process to the SKPD forum. However, their support is limited to providing the meeting venue, inviting the head or village officer to the event, giving ceremonial speech in an event or meeting, and informing the meeting agenda.

In the health sector, subdistricts are involved in some meetings and sometimes attend the Puskesmas mini workshop, especially if they are invited by the Puskesmas. Among those who attend the mini workshops are the subdistrict head of Aikmel and Arongan Lambalek. The subdistrict of Bandar does not coordinate with Puskesmas and SMP as they both mostly coordinate directly with the education and health district department regarding their achievements. The head of subdistricts mostly work in the area of general administration and attending the meetings or gatherings such as having lunch or visiting kampoongs.
The subdistrict serves as one of service points in the process of arrangement of Dukcapil documents. It provides services such as PATEN and issuing of reference letter in the process of arrangement of some administrative documents, including birth certificate. Throughout the process, the subdistrict is mostly involved in providing the recommendation letter because according to the regulation, most of the services in the arrangement of birth certificate are provided by the Disdukcapil. This happens in most subdistricts. In the Arongan Lembalek, referring to regulation, the subdistrict is responsible in providing some recommendation letter such as Not Available Certificate (SKTM), Legal Heir Certificate, Livestock certificate, general certificate, and reference letter for further arrangement in the district level. Another instance, in Paguyangan, Brebes, and Pakjukungan, Bantaeng, in the process of issuing the birth certificate arrangement people could see in the subdistrict whether the parents ID number have been entered into the information system. Consequently, this arrangement takes longer time and increases transport costs, let alone some ‘additional charges’ that may follow the processes. It further implies that the administration cost for civil registration becomes more expensive yet with no better service outputs.

The research only finds one subdistrict, that is Aikmel in East Lombok, which has authority to sign and stamp the family certificate. The authority was delegated by the head of Disdukcapil by official statement of the Civil Registration Office, that the subdistricts heads in East Lombok could sign the Family Certificate on behalf of the Disdukcapil. In fact, the decision violated the Law No. 23/2006 because the official agency who has authority in signing the Family Certificate is the head of Disdukcapil. The province office of West Nusa Tenggara (NTB) has known this violation and has even sent a letter to the district explaining that such delegation of authority is not allowed.

In terms of dissemination, the Bayan subdistrict has become involved in helping the civil registration office to disseminate the administration of civil registration (ID, family certificate, birth certificate, and marriage certificate). The head of Bayan subdistrict interprets this support by providing and facilitating the SKPD activities in the subdistrict which also involves villages/communities; for example, the campaign on (identification) of fake money from the central bank and informing the Social (Welfare) Office about the need for clean water in some dry villages.

Moreover, subdistrict becomes involved in a dissemination or proactive program, but these programs are from a district level and the subdistrict only acts as an event organizer, whilst the funding is supplied from Disdukcapil. For instance, some officers in the subdistrict of Petungkriyono helps by inviting villages officers and asking them to collect some required documents for the arrangement of birth certificates. In all research locations, the role of subdistricts are limited on providing venues/locations, inviting village officers to attend a dissemination, or other programs required by the the Disdukcapil.

The head of Paguyangan subdistrict, meanwhile, lets its office to be used as a venue in which villages’ Posyandu cadres could be held in coordination with the Puskesmas. When the health department held dissemination programs on traditional birth attendants, the Paguyangan subdistrict is considered to support the program. Even though the subdistrict is involved in the program, its involvement is limited only on providing the venue for the event.

In a monitoring aspect, the formal monitoring on the implementation of education and health’s basic services deliveries is mostly conducted by the sectors office and inspectorate function. The head of subdistrict role is only so far as coordinating the district departments and the communities if there is a
particular problem or service complaint from communities. However, it is the departments that are responsible for solving the problems. There is no regulation that required the operator of basic services to submit any reports to the head of subdistrict.

In all research locations, the subdistrict head does not handle the birth certificate and does not receive reports from SMP and Puskesmas. All report coordination and consultation tracks are managed vertically to the sectoral offices. There are no horizontal roles that are mandated to the subdistrict heads. The subdistrict do not play any role in monitoring and supervising the basic services deliveries. If there is one, it is mostly based on a direct delegation from the regent or head of district departments. It happened, for instance, in the subdistrict of North Liukan Tupabiring. When there was a case of dengue fever in the subdistrict, the regent and head of district health department asked for the subdistrict’s support in solving the problem and in encouraging people living in the subdistrict area to clean the tub and keep the environment healthy. In this delegation, however, the district department did not provide any implementations and technical guidances. The subdistrict did not even have the authority to influence the planning and implementation of basic services deliveries. The regent, in fact, is only asked by subdistrict if there is a problem.

3.2. Stakeholders Perceptions on the Role of Subdistrict

The role of subdistrict have evolved in accordance with some laws. Initially, according to the Law No.1/1945, the paradigm of district and subdistrict arrangement is centralistic. The paradigm has shifted several times to become decentralistic, then centralistic, and return to decentralistic as is stated in Law No.23/2014. Based on this law, the current position of subdistrict is located as a local and regional administration operator for general administration with delegative attributive roles. In the early period of Suharto’s administration, subdistrict had some definitive roles yet gradually those roles faded away. The Ministry of Home Affairs says that the role of subdistrict remains as the actor that coordinates the villages services and development. In fact, the programs from the Ministry of Home Affairs mainly go to the district of empowerment department (Dinas Pemberdayaan), and then to villages through some department officers at the subdistrict level (yet not the subdistrict officer).

The research finds out that currently subdistrict do not have significant role in improving the quality and achievement of the target of basic service deliveries on health, education, and civil registration. Some potential roles and involvements of subdistrict are discovered in a few research locations yet these roles and involvements have not been institutionalized nor sustained. The table below shows the perception of stakeholders in villages, district, and national levels regarding the role of subdistrict.

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34 Entin Sriani Muslim, Presentation Materials on Kecamatan Roles bahan presentasi Peran Kecamatan, 2016.
35 Head kecamatan authorites include attributive authorities: carry on general duty of governance (Article 25 verse 6 Law no. 23/2014); delegative authorities: carry on a part of regional autonomy affairs (article 226 Law no. 23/2014) Kewenangan Camat meliputi kewenangan atributif : menyelenggarakan tugas umum pemerintahan (pasal 25 Ayat 6 UU No 23 Tahun 2014); kewenangan delegatif : melaksanakan sebagian urusan otonomi daerah yang dilimpahkan oleh Bupati (pasal 226 UU no 23 tahun 2014).
Table 6. The perceptions of stakeholders in villages, districts, and national levels regarding the role of subdistrict

<table>
<thead>
<tr>
<th>Subdistrict Role</th>
<th>Actors (Perceptions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role and authority of the subdistrict are strongly determined by the regent or</td>
<td>Bappenas, Kemenkes, Kemendagri, Sekretaris Daerah, Kemendikbud. Ministry of National Planning, Ministry of Health, Ministry of</td>
</tr>
<tr>
<td>regional</td>
<td>Home Affairs, Local Secretariat, Ministry of Education and Culture Affairs</td>
</tr>
<tr>
<td>Government coordinations in any subdistrict Musrembang forums</td>
<td>National Planning Agency, Regional Planning Agency, Ministry of Village, Bappenas, Bappeda, Desa</td>
</tr>
<tr>
<td>There are no coordinative and consultative tracks between service providers</td>
<td>Regional Planning Agency (Bappeda)</td>
</tr>
<tr>
<td>and orderliness</td>
<td>Bappenas, Health Department, Education Department</td>
</tr>
<tr>
<td>Guidance on making village fund planning and ADD/DD accountability</td>
<td>Regional Planning Agency, Ministry of Village</td>
</tr>
<tr>
<td>Not necessarily needed according to function, but great for maintaining regions</td>
<td>Ministry of Home Affairs</td>
</tr>
<tr>
<td>unity</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Used to be involved in determining on duty-midwives in the village</td>
<td></td>
</tr>
<tr>
<td>Coordinating with village and health department on handling endemic disease</td>
<td>Health Department, Ministry of Health, Ministry of Village</td>
</tr>
<tr>
<td>like dengue fever or elephantiasis</td>
<td></td>
</tr>
<tr>
<td>Subdistrict can sign on family card (KK) for example in Aikmel kecamatan East</td>
<td>Disdukcapil</td>
</tr>
<tr>
<td>Lombok with mandate from the regent</td>
<td></td>
</tr>
<tr>
<td>Subdistrict should not have authority to sign Dukcapil documents, it only helps</td>
<td>Ministry of Home Affairs –Civil Registry Directorate</td>
</tr>
<tr>
<td>on the process of collecting data</td>
<td></td>
</tr>
<tr>
<td>Related to the availability of village fund, health front line services now</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>more focus to cooperate with village, not kecamatan</td>
<td></td>
</tr>
<tr>
<td>Subdistrict head can also participates in supporting other thing like</td>
<td>Ministry of Education and Culture</td>
</tr>
<tr>
<td>organizing alumni for and to support SMP, organizing students’ parents to</td>
<td></td>
</tr>
<tr>
<td>actively participate at school and encouraging the students to keep on studying</td>
<td></td>
</tr>
</tbody>
</table>

Source: Analysis from stakeholders interviews (village, regency, national)

According to the table, the role of subdistrict in improving the quality of basic services remains limited. Stakeholders from the district level see that subdistrict does not have a significant role except in coordinating and facilitating Subdistrict Musrembang in line with the district’s interests.
Regent is the key in delegating (some) authorities to subdistrict. Regents should delegate authorities to subdistrict. The delegation of authority to subdistrict aims to double-check the condition of health and education services including their service qualities, separate from the SKPD report. It also aims to develop coordination among basic service operators at the subdistrict level. In addition to a coordination role, subdistrict head is expected to play an attributive role as a general administration operator in identifying the communities needs especially those related to basic services.

The subdistrict is a kind of warehouse, it is up to us to fill it or not. Who fills it is up to the district. But filling it also has some implications on budget, job distribution, and has some social, political, and psychological impacts that have to be considered.

Division Head of General Governance and regional Autonomy in Bener Meriah District

Similarly, the Bappeda thinks that the subdistrict authority currently exists in some coordination forums in general. Bappeda, as facilitator, invites the SKPD and DPRD to become involved in Musrembang. The subdistrict has authority in managing technical aspects of planning, budget, and organizing the event.

In facilitating Musrembang, the roles of subdistrict are limited to providing a venue for villages to propose their priority programs at village level. At subdistrict level it is very rare to have an idea on the improvement of services such as SMP education and Puskesmas although the two institutions are invited to the event. The priority proposal remains on physical development. This condition means the quality of services is not sufficiently addressed.

District Secretary of Bener Meriah

In some districts in the research sites, the district secretary also see that opportunities for subdistrict coordination exists on some Musrembang forums. The subdistrict can implement controls through forums such as planning, Musrembang, verification of report and proposal, and coordination of meetings. They also do location checks in the area where the subdistrict head is allowed to visit the Puskesmas in the case of complaints. The function/task of subdistrict is not to manage or control the basic services deliveries. The subdistrict may coordinate with other agencies in regency level if there is an extraordinary case, such as epidemic disease.

The absence of formal coordination and consultation track between the education and health services operators and subdistrict offices is caused by the administration structure (SOTK) of each district departments (dinas). Subdistrict head would lead the coordination if there is an emergency situation that can be solved by the head, such as a dengue case or schools brawl.

Meanwhile, from the government level below that of district, villages seem not too interested seeing head of subdistrict having a bigger authority than the current one. These situations imply that there is
almost none who want to encourage the delegation of authority from the district to subdistrict so it could play a role on coordination and monitoring on front-line basic services and villages (development).

We can’t expect too much from the subdistrict because the Village Law has regulated so, except if, let say, the head of subdistrict is chosen by people so he/she would have initiative to develop his/her area.

Aikmel village head

In education, schools not only see that subdistrict has no role in service improvement, but also see it as a burden. For instance, a teacher SMP Belik Malang says that subdistrict as a regional coordinator indeed has a role in monitoring yet in a different way. However, there has been no concrete thing done by them. There have been only some technical coordinations and cooperations in some events such as commemorating national days and cooperation between subdistrict and schools on organizing people for flag ceremony, and so on.

The principal of SMP 1 Aikmal in East Lombok also says the same things. The subdistrict involvement is only through some meetings or activities that involve many stakeholders such as the healthy school program which invites all schools in the subdistrict area. If the school is being a host event, normally there would be high costs needed. Because of the BOS, schools are seen to able to fund (the event) by themselves. However, there is a case that schools feel that they are in deficit because of subdistrict event celebrations as is also told by one of school principal in East Lombok.

BPMD and the education department do have some people who work in the subdistrict area, however the departments are not interested in delegating their sectors coordination function to the subdistrict. In all research sites, SMP supervisors mostly prefer to work at the office of education department although the UPTD is in the subdistrict area. There is almost no coordination with subdistrict in monitoring the implementation of education in SMP level. Coordination between school inspectors, schools, and subdistrict only happen in the supervision of the national test (UN). On the other hand, subdistrict also feel that they do not have authority to have intervention on education.

The head of department should have said ‘Camat, we monitor this school principals’. (But) They never say so. There is no point for us to do monitoring, we do not have any relations. Along with their ego, they even make their own UPTD subdistrict head of East Liukang Tupabiring.

Camat Liukang Tupabiring Utara

In terms of the health aspect, the head of Puskesmas in Bayan, East Lombok, says that subdistrict does not have initiative. There is no particular meeting in the subdistrict office to discuss health issues. In an external Puskesmas mini workshop, the subdistrict was involved and participated in giving some suggestions yet there was still no initiative. The puskesmas has more communication with villages than they do with the subdistrict.
The Puskesmas in Petungkriyono feels that there are still so many people who do not understand about BPJS mechanism. Puskesmas feels that it is not easy for them to keep explaining about BPJS to people. The Puskesmas expects that the subdistrict coordinates with BPJS office and villages to have a more effective information dissemination on BPJS. The dissemination to each village is needed to avoid different understanding and information between the beneficiaries and services operators (Puskesmas or Hospitals).

In the national level, one expert staff at Basic Education Division of the Ministry of Education and Culture Affairs says that basic education becomes the responsibility of local government (district/city).

*Camat (subdistrict head) follows policies made by local administration (Pemda). Camat as an agency under Pemda cannot directly make a relation with schools, especially SMP, if there is no specific instruction and authority given by Pemda to Camat. So, it is not possible for Camat to relate with schools in its area. However, aside from administration (pemerintahan) jobs, Camat may play some roles in supporting the implementation of education in its area; for instance by organizing SMP alumni to help their SMP, or organizing the students parents to actively participate in schools and encouraging their children to keep learning. These sorts of activities can be done without any specific law or regulation. SMP has to coordinate with the agency (of education), meanwhile Camat has to coordinate with the structure above it. So it is not possible for Camat to involve in education issues in its area without given a specific authority from the district administration.*

### 3.3. Budget Owned by Subdistrict

<table>
<thead>
<tr>
<th>Subdistrict</th>
<th>(in) Rupiah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petungkriyono</td>
<td>Rp 236,000,000</td>
</tr>
<tr>
<td>Belik</td>
<td>Rp 2,825,669,000</td>
</tr>
<tr>
<td>Paguyangan</td>
<td>Rp 2,507,241,000</td>
</tr>
<tr>
<td>Bandar*</td>
<td>Rp 2,282,837,457</td>
</tr>
<tr>
<td>Arongan*</td>
<td>Rp 1,788,762,513</td>
</tr>
<tr>
<td>Simpang Mamplam *</td>
<td>Rp 3,782,378,306</td>
</tr>
<tr>
<td>Bayan</td>
<td>Rp 2,853,322,554</td>
</tr>
</tbody>
</table>
In addition to other stakeholders reluctance and the long bureaucracy, the problem of authority delegation (to subdistrict) lies on the budget issue. Where does the budget come from? Recently, districts are required to spend more of their budget for the Village Allocation Budget (ADD) yet it is deducted due to the deficit of state budget. Table 7 shows that there are some remaining budgets in some subdistricts in Aceh (because of its budget autonomy) and in Lombok and Pemalang, there are still funds remaining for physical development allocation (exclude salary, regular supervision, and coordination to district). However, if the budgets are allocated to facilitate villages and to fund the assistance program for some kecamatan basic services, the available budget may not be enough. On the other hand, IDR 1.5 to 2 billion funds per year if it is allocated on village facilities, it will be quite conflicting since village and its services has possessed its own budget which can be allocated creatively and effectively.

### 3.4. The Role of Village in Improving Services

#### 3.4.1. Planning and Budgeting of Village Fund for Basic Services

The Village is now holding the position as the area leader, supported by the new Village Law. The Village has the authority to use and manage its own asset and resources, and receives a relatively large fund. However, the position of village in the future would depend on the implementation and technical instructions formulated by each district and by The Ministry of Village, Disadvantaged Region, and Transmigration on the use and accountability mechanism of village fund allocation especially for the health services, education, and civil registration.

However, in the past, before villages received village fund, yet had some budget from PNPM, generally village did not use the fund to support Puskesmas and School. The IFLS survey (related to the mothers and children) shows that 50% of Puskesmas in Indonesia feel that they have never been supported by village, 15% get support for housing and midwife clinic, and 17% get support for clinic. In addition, village also sometimes helps with cadre funding and additional cost for food/nutrient.

Village fund has become a source of funding that has increased potential for the improvement of health, education, and civil registration services. Below are a feature of the total village fund and budget in twenty villages.

<table>
<thead>
<tr>
<th>Village</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aikmel</td>
<td>Rp 2.385.402.087</td>
</tr>
<tr>
<td>Liukang Tupabiring</td>
<td>Rp 160.000.000</td>
</tr>
<tr>
<td>Pajukukang</td>
<td>Rp 550.000.000</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>Rp 1.937.161.292</strong></td>
</tr>
</tbody>
</table>

*Source: Budget Implementation Document (DPA) of Sub Kecamatan (2015) and Interview*
# Table 6 Total of village funds in 20 studied villages (in Rupiah)

<table>
<thead>
<tr>
<th>District</th>
<th>Village</th>
<th>Total of Village Fund</th>
<th>Total of Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pekalongan</td>
<td>Kayupuring</td>
<td>283,385,000</td>
<td>826,830,825</td>
</tr>
<tr>
<td></td>
<td>Yosorejo</td>
<td>281,703,000</td>
<td>800,329,299</td>
</tr>
<tr>
<td>Pemalang</td>
<td>Belik</td>
<td>352,334,000</td>
<td>1,128,108,100</td>
</tr>
<tr>
<td></td>
<td>Simpur</td>
<td>321,495,000</td>
<td>882,165,062</td>
</tr>
<tr>
<td>Brebes</td>
<td>Paguyangan</td>
<td>320,158,000</td>
<td>942,825,500</td>
</tr>
<tr>
<td></td>
<td>Pandansari</td>
<td>No data</td>
<td>701,228,500</td>
</tr>
<tr>
<td>Bener Meriah</td>
<td>Simpang Utama</td>
<td>263,792,731</td>
<td>406,392,731</td>
</tr>
<tr>
<td></td>
<td>Muyang Kute Mangku</td>
<td>258,919,370</td>
<td>384,319,370</td>
</tr>
<tr>
<td>Aceh Barat</td>
<td>Alue Bagok</td>
<td>262,944,000</td>
<td>396,929,000</td>
</tr>
<tr>
<td></td>
<td>Drien Rampak</td>
<td>257,898,000</td>
<td>467,183,000</td>
</tr>
<tr>
<td>Bireuen</td>
<td>Meunasah Mesjid</td>
<td>258,299,397</td>
<td>422,033,220</td>
</tr>
<tr>
<td></td>
<td>Krueng Meuseugob</td>
<td>278,864,280</td>
<td>450,706,572</td>
</tr>
<tr>
<td>North Lombok</td>
<td>Sambielen</td>
<td>357,215,084</td>
<td>1,636,406,684</td>
</tr>
<tr>
<td></td>
<td>Anyar</td>
<td>365,433,465</td>
<td>1,716,952,805</td>
</tr>
<tr>
<td>East Lombok</td>
<td>Aikmel</td>
<td>325,347,076</td>
<td>1,388,913,045</td>
</tr>
<tr>
<td></td>
<td>East Kalijaga</td>
<td>299,528,729</td>
<td>1,166,381,821</td>
</tr>
<tr>
<td>Pangkep</td>
<td>Mattiro Kanja</td>
<td>301,365,265</td>
<td>530,700,173</td>
</tr>
<tr>
<td></td>
<td>Mattiro Walie</td>
<td>298,318,132</td>
<td>549,825,288</td>
</tr>
<tr>
<td>Bantaeng</td>
<td>Nippa-Nippa</td>
<td>82,800,000</td>
<td>398,010,304</td>
</tr>
<tr>
<td></td>
<td>Batukaraeng</td>
<td>159,679,000</td>
<td>406,125,044</td>
</tr>
</tbody>
</table>

Source: Village Budget (APBDes) of villages in research locations, 2015.

The table shows that the average amount of village fund received by each village in 2015 was more than IDR 250 million. Anyar Village in North Lombok received biggest amount (IDR 365,433,465) and Nippa-Nippa Village in Bantaeng received the smallest amount of IDR 82,800,000. At the time of study, village fund has not been effectively fully executed, yet in the next year the village fund and ADD received by village would be bigger.

Seeing the large amount of village budget after the village fund was disbursed, the Village communities empowerment body (BPMD) in some districts have seen the potential of the budget to support the basic services in village. The BPMD in East Lombok, for instance, suggests villages to allocate 20% of the village fund for the development and empowerment of health in the village. Similarly, the health department of West Aceh district has asked the BPMD for suggesting the allocation of 10% village fund for health development and empowerment. BPMD has responded and say that they will even give penalty to villages who do not allocate some funds for the health development and empowerment in village. The penalty would be the unwillingness of BPMD to sign the village report related to fund submission and disbursement.

In the village level, the attention to the basic services improvement has appeared in some kinds of supports including fund. Almost all villages in study sites have allocated some funds for the salary of Posyandu cadres and additional nutrient/food (PMT) costs, yet the amount of support is very small, that
is about IDR 15,000/Posyandu/month for the PMT and approximately IDR 20,000-60,000/month for the cadre’s salary. This very limited fund was eventually solved by contribution funds. In Petungkriyono, women of Posyandu members requested by village midwife and posyandu cadre to pay contribution fund as much as IDR 2,000/Posyandu activity. In East Kalijaga village, the village government allocated its village fund for the transportation cost of patients from village to the hospitals.

However, the planning and allocation of village fund currently has not been oriented to the improvement of basic services. The research finds that the village fund in 2015 in all research sites were mostly used for the infrastructure development, while the other aspects like supporting and promoting the improvement of basic services remain untouched. This is also because there was an advice from each district to the villages to use village fund for the development of simple infrastructure such as road, short barrier of pavement/dam (talud), irrigation, and so on. The advice itself appeared because in 2015, many village funds lately disbursed and the deadline for the report is too short (allocating fund for infrastructure development is simple in terms of usage and reporting). In Brebes, for instance, the time from fund disbursement to the deadline allocation of all village funds was only three to four months. Another reason, as it appeared in North Lombok, is that the local government advised the villages to prioritize the village fund for infrastructure development because the district was just newly established so the infrastructure development was more prioritized than empowerment.

For the non-physical programs not much was done because people would like to see only the physical development
Head of Aikmel Village, East Lombok.

There are only a few villages which allocated funds for health and education. The head of Anyar Village in North Lombok acknowledged that the success of village development is the success in the physical development facilities. Many head of villages in the research location feel that village fund should not be allocated for Puskesmas and schools because both have their own budget from the national government.

In the national financing policy, the education, health, and civil registration services are not expected to be funded by village. It is only early education (PAUD) management which has been delegated to village or communities as an extended service of Puskesmas in village.

3.4.2. Promoting and Monitoring Basic Services (Health and Education)
Village plays a role in promoting the improvement of health and education basic services at the village level. All villages in the research locations support the school by providing reference letter or Certificate of Incompetence (SKTM) for students who asked for the letter; the teacher could even arrange for it to be approved by the village government. There were cases in two villages in Brebes and Bantaeng, where the head of village supported the school by providing data on disadvantaged students, and also helped to advise drop-out students to get into school again.
Another instance, village head in the subdistrict of Bayan, North Lombok, work with the school principal to ensure the data about poor students is accurate. Accurate data is important to make targets of government support for the poor students (BSM) more targeted. However, the data has never been used because the support itself come directly from the national government based on BPS data (according to regulation, the school actually has authority through the department [education] to the local development agency (Bappeda) to improve the quality of data from BPS and then used by the Bappenas and TNP2K).

The role of village government in education is mostly in helping the learning process by, for example, promoting a conducive situation in the (national) examination days, and helping with data for the school support. A Village in Bayan, North Lombok, for instance, managed the night markets (rona-rona) in that village. This is to prevent the event from distracting students during the mid-semester test.

**The village head leadership also plays an important role in promoting basic services in the village.** The head of Kayupuring Village in Petungkriyono, for instance, has advocated the health service for its people. The head negotiated with Kajen Hospital (RSUD) and Pekajangan Islamic Hospital when there was a poor, yet Non-JKN registered, patient referred to the hospitals. The head asked the hospitals permission for the administration requirements for the poor patient could be submitted later.

Head of villages in Bayan, North Lombok, could point villagers who own car to use it as an ‘ambulance’ in the sub village (dusun). They have also helped to provide a motorcycle (ojeg) as a dusun ambulance for the pregnant women who needed transportation to the clinic or hospital. This case was also confirmed by one of the sections head of Puskesmas Bayan.

### 3.4.3. Civil Registration Arrangement

As already described earlier in chapter 2 regarding civil registration, it is known that one of the roles played by village government in civil registration arrangement is collecting data on birth certificates through PKK, as it happened in Belik subdistrict, Pemalang. The head of village organized PKK to collect data and then report back to him. Similar processes also happened in Pankep; the village government helped make the birth certificate arrangement simpler for its people by arranging three to four documents in one visit. It also helps the Disdukcapil to increase the birth certificate numbers. The role of village government as officers, or those who help the civil registration arrangement, exists in all research sites. This role is also used by the head of the Civil Registration Agency in Bireun to create brochures on civil registration arrangements for all villagers and ask the kecamatan to deliver them to village secretary to improve the villages’ officers knowledge of civil registration.
3.5. Perception of Stakeholders on the Role of Village in Promoting Basic Services

Slightly different from their perspective on the role of subdistrict, stakeholders expect that the role of village will increase. One of the reasons is the current village fund policy should increase the role of village in the improvement of many village development aspects, including basic services. For example, the head of Facilitation Section 1 Subdistrict Region, The Ministry of Home Affairs and Bappenas, feels that village could serve as a front office for basic service delivery especially for the civil administration services to improve the quality of data through RT, midwife, and so on. In this way, subdistrict could also be supported to become a bridge between village and district departments by delivering villages objectives to the district and vice versa.

An expert from the ministry of Health says,

*Policies in Indonesia are mostly directed to promote villages to be able to independently promote health services in their areas. Village fund, for instance, can be used to improve the quality of health services such as health facility infrastructure or Posyandu cadres. Subdistrict can monitor (the process) and work with communities and NGOs in the area.*

Meanwhile, stakeholders at district level see that village could play a role in monitoring the health service delivery. Village could also help to ensure the safety of health works in village and monitoring the midwife, especially on the partnership between midwife-and traditional midwife.

*If the community are stubborn (not following the rules) there would be a penalty that the birth reference letter (SKK) which needed for the birth certificate will not be issued. In addition, they could not claim childbirth for free.*

In Bantaeng, the head of district health department also feels that the role of communities and villages are very significant in improving and monitoring the quality of services. Based on his experience, in some cases, village heads have reported directly to the agency regarding some village midwives who took some fee from patients and who are often absent from their duty. After the department investigated the case and the report was proven, the midwife would be given a penalty of temporary work-suspension and working in the department office for some months. By applying these suspensions, the guilty midwife could not serve the patients and could not earn credits. According to the informant, this kind of role must be sustained to support the quality improvement of services.

In the education sector, all aspirations are related to the role (of villages) in providing information about drop-out students, advice/campaigning its people to continue their schooling, and giving an easy process for the arrangement of some education documents such as those needed for the scholarship application. In addition, village government could also help with finding and providing a land for the development of new class rooms and home office for the teachers. Similar role could also be applied by village in health service.

Based on the descriptions of the role of village and some stakeholders’ perspectives on the role of village in promoting the services, there are some aspects that need to be considered for the future. A bigger village fund could support the role of village in promoting the basic service deliveries. However, in the beginning, there are some gaps that need to be addressed. The first issue is accountability. If there
are some funds that are regularly sent to the SMP or Puskesmas, the question is how far the communities or village government could control and ensure that the fund is used productively by the two service operators? The fund is not supposed to be used for programs that has already been funded by the (national or others) budget. Such control requires a transparency from school and Puskesmas budget which at this time seems to be very difficult to be implemented by schools and Puskesmas (though such mechanism is supported by the Information Transparency Law).

Bappeda Pekalongan even thinks that village would be reluctant to spend some funds for health and education services because there are some more urgent programs to be funded, such as infrastructure that has not been managed properly. Another issue is it should be re-checked whether there is a double budgeting (given that the basic services may have their own budget allocation from the governments). The problem of budget and accountability are also mentioned by the Bappenas, which says that Village Law potentially requires villages to have bigger responsibility and automatically need to follow clear indicators.

The second problem is that, the issue of services is strongly related to the education and health technical supervising or the improvement of teacher and midwife performance. These aspects could hardly be understood by village government and its people. How can villagers understand their concerns and contribute to these technical issues? These issues need to be addressed and solved properly because in the future, as the national government believes in the importance of increasing village fund allocation, there would be more aspects of frontline services that are expected to be funded by village in line with each village priorities (this is demand driven).

If these technical issues are not being addressed properly, the monitoring of the services would be very limited. The existing accountability programs are limited to some general issues such as the doctors/paramedic absence, the Puskesmas office hours, and teacher absence that are a good first step. However, finding the problem of maternal and baby's death, or the decrease in education quality, these issues are not only related to the absence, but also to some technical supervising and technical quality assistances. If these are expected to be monitored by communities, the communities need to be sophisticatedly organized and supported by a set of proper monitoring forms (and not only relying on the ‘creativity’ of facilitators).
STRATEGY ON SUBDISTRICT IMPROVEMENT

As described above, there are some challenges in promoting subdistrict to become institutions that can promote frontline services in their areas. Even though subdistrict may have a bigger authority, they cannot receive more budgets from the district because the local government has to allocate some of its budget for the ADD let alone the budget deficit. Subdistrict cannot receive technical authority that would make it more effective in supporting Puskesmas and Schools. In addition, even though the subdistrict head position is closer to the communities, they are not necessarily willing to work more than sectoral officers. In fact, an active subdistrict head may make the bureaucratic line longer.

4.1. The Potential Role of Camat (Subdistrict Head)

It is important to work more on this pilot project because if camat (subdistrict head) to some extent could be functioned more effectively than they are now, there would be some benefits to get.

a. Subdistrict head can be a collector for various needs coming from the bottom and serving as an open supervisor for the service performances. The head could help with and work with villages in its area in collecting community’s complaints regarding public services, BPJS, and civil registrations. In playing these roles, camat may not necessarily be willing or heard by the service operators regarding their critical attitude towards the services. In this way, in the beginning there is a need to create a conducive situation supported by regent, district secretary, or Bappeda.

b. Subdistrict head could help with disseminating information on government programs and expanding the scope of government in the ground. All stakeholders in bureaucracy would certainly agree with this role and the impact of it would benefit the people. The head may encourage people to have a birth certificate, be a member of BPJS, participate in immunization, regularly attend Puskesmas to check their children or pregnant women, ensuring that all children are involved in the nine years of compulsory education program, encouraging village midwifes to be more active in delivering their services, and so on. These are not an easy job. These jobs are part of Puskesmas, Schools, BPJS officers, Dukcapil, and village jobs. However, because these are so difficult to do and there is no monitoring for them, such jobs are often failing. In this regard, Subdistrict could help to ensure these jobs are executed properly.

c. Subdistrict head can be the data center of citizenship and of village economy. It would not cost a lot. The key to get a good data from School, Puskesmas, and village is to have a good relationship between subdistrict head, village head, and neighborhood head (RT). However, if camat only passively expects those actors to actively report their data, such targets would not
be reached. In addition, the biggest challenge in developing a database in Indonesia is maintaining the data securely. It needs a data entry officer and a monitoring mechanism for proper data entry. It needs a good (password) system and the system also needs to be designed in a way that it is easy to know who is responsible for the entry of a data set. In short, the data should be kept secure and accurate.

d. **Subdistrict head aligns the budget between village and sectors in district.** If villages are willing to coordinate their development programs among them, or the district department coordinate their budget with village development, they would get a budget bonus to be used by department in line with the joint programs they have; for instance, a public bridge, secondary sanitation, and so on. For the farming villages, for instance, subdistrict could help to align some bonus funds; agency could align their projects with the village development such as is in developing secondary and primarly sanitations. Meanwhile, the village fund can be used to build a tertiary sanitation or village may promote an integrated planting system, while the kecamatan ensuring the supply of seeds and pesticides at reasonable prices.

e. **Subdistrict head can be a controller for the land use, absentee ownership** or the unequal land ownership. As an actor who is normally asked to coordinate the land needs for the public purposes or as subtitle for the notary, subdistrict head normally has a good knowledge on the dynamics of land use and ownership. If this knowledge is not to be used for getting personal benefit, subdistrict head can actually be the actor who enforces the land use regulation, keeping the absentee and executive ownership (in low level). Such control can be supported by villages by issuing village regulation (Perdes) on the absentee or executive ownership. The village could also create a policy that promotes the village to have some land to be used by the youth who want to be farmers by using a fair profit sharing mechanism.

### 4.2. Some Choices for the Pilot Project

In achieving the project, there are many parameters that cannot be controlled by the project. It is also not easy to persuade related stakeholders to genuinely support the program. In the surface, they may support the program, yet they do it with some calculations. In this situation, there are two possibilities to design the project.

a. **Designing the project in a classical way, in which all components are prepared according to the project purposes, yet with the reasonable success criteria (not too high).** If the criteria are not too high, the project would likely succeed, though the real impact of it may not happen instantly as in many cases the desired impacts would work when some pre-conditions have been established. This would be the case especially if the service improvement would contribute to reducing poverty. The current trend shows that poverty reduction is slowing and inequality is increasing. These trends indicate that there is a structural problem in the control of...
asset/resource, opportunities, and economic networks that need to be tackled. The services, therefore, should contribute to create more equal conditions in those three issues.

b. **Designing a more flexible project through a rigorous step-wise process** (the choices would be between a controlled-project because of the fixed design, or controlled through some further rigorous preconditions. In this sort of process, the hypothesis that underlines the project design may be different with what is found in reality, so that there are some alternatives that can be offered.

Developing a step-wise project would also be beneficial in the distribution/expansion of the project achievements. Expansion through replication may not be successful. The expansion, therefore, should occur because other district and subdistrict see that the piloting achievement is attractive and beneficial, so they are interested to learn further steps to replicate it (step by step). The step wise system would also be more effective in documenting the steps, preconditions or some considerations for the further steps.

The second choices related to project design are:

a. Does the subdistrict empowerment mean subdistrict head’s empowerment? or

b. Empowerment of a few institutions in subdistrict area that could create a positive change in service delivery. The focus to subdistrict area does not mean that the positive change is focusing on subdistrict head office but in many places (Bappeda, Sekda, dynamic agencies, NGO, and so on). This is also a strategy to ‘not to put all eggs in one basket’ that not necessarily fit to carrying the eggs.

**A real support from regent is the key.** Considering some big challenges of the project, one of the most important supports is that of the regent support

- A concrete delegation to the subdistrict head
- Coordinating the development and services in each subdistrict with some clear targets to achieve. Subdistrict head are assigned to check the target achievements and in some cases support the achievement.
- Giving incentive and disincentive to the achievements or lack thereof.
- Supporting the subdistrict head in reporting aspiration, input, and complaint from the communities.
- Creating a detailed regulation on the social function of land use
- Ensuring that the civil registration database system works properly.
- Providing an incentive fund for the synchronization of village budget and of the departments, especially for the budget that have impact on the food stock, poor communities’ income, and the improvement of public services.
The national government should not be functioned as regulation maker, but are encouraged to be active in the service experiments in this piloting. There have been some positive and negative regulations, yet there is not guarantee that even the good one would work in the subdistrict level, at least in the project period. It would be better to do a trial in implementing service targets, develop it in practice, and promote consistence of some existing regulations. For instance:

A. Dukcapil database system

Learning from the success of e-budgeting program in Jakarta and Surabaya, an open and reliable electronic system is difficult to be implemented as long as its reliability is maintained and the system itself is highly beneficial.

- RT knows best about population data so the first data verification should come from RT. RT and applicants should sign the field form accurately and are ready to be responsible under the law (fabrication of the state data) if there is a mistake in the data.
- Data input is done in village/subdistrict office and verified by village head. The person who inputs the data should use a fingerprint and face passwords. This person is fully responsible for the data input and there is someone who checks the accuracy of data entry. Such jobs do not require a high level of education, yet need a high level of integrity and accuracy, similar with a book keeper.
- Data arrives on the same day in the national and distrikct level (Dukcapil). The department would verify the entry data based on the data sent from the department (the existing data should be made more accurate through verification to the RTs because the existing data has errors). If the data are logical and matched, the head of department would certify the application and data collection. The national only serves as a basic database and checks sensitive cases related to security and so on. If there is a case, the national should remind the Disdukcapil to hold the case and not to certify the application (the same mechanism exists in the immigration data).
- The data arrives to the district and national level through an electronic system that can be done through some methods:
  - Radio-based internet to the satellite and satellite to the district/national (Sragen, Ono Purbo, ITB Bandung)
  - E-mobile network (provided by phone provider)
  - Cable telephone internet
  - Parabola to satellite (paid TV)

These options would enable the one-day data process, including for the remote areas. In some small islands in Halmahera, for instance, the use of radio network is more suitable.

Diagram 1. A proposal for the effective database process on population.
Using this method, the service could be delivered in the village or subdistrict level, while the accuracy and security of the database can be maintained in the district department and the Ministry Of Home Affairs. In an interview, the director of Population and Civil Registration, Ministry Of Home Affairs, gave a positive response to the diagram proposal above. However, the ministry feels reluctant regarding the budget if all required budget should be paid by the ministry. In this way, the village fund could be used to support the process.

B. Experiment in the effectiveness of reference and evaluation on medical records in some potential Puskesmas

There are many regulations and instructions on mother and children’s treatment in Indonesia and many actors could help to assist the implementation of them. The experiment can be done to see whether subdistrict head could serve as an oversight monitoring over the internal monitoring of Puskesmas and departments if there is a regulation regarding reference, medical record evaluation, and death autopsy evaluation being done consistently so that the mortality level will be drastically decreased.

C. Experiment on tips made by the ministry of education and culture followed by its incentive and disincentive for SMP teachers to see their effect on the improvement of national test.

There are lot of tips (or instructions) made by Kemendikbud to make a better learning process. However, the problem is in the consistency of the implementation at schools and the incentive for teachers who teach their students properly. The experiment would be interesting as a learning process to make the existing guidance more consistently applied.
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