



# Technical Assistance Report

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Project Number: 51313-001  
Knowledge and Support Technical Assistance (KSTA)  
October 2018

## Republic of Indonesia: Building Inclusive Social Assistance

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Asian Development Bank

## CURRENCY EQUIVALENTS

(as of 31 August 2018)

Currency unit	–	rupiah (Rp)
Rp1.00	=	\$14,800
\$1.00	=	Rp0.000068

## ABBREVIATIONS

ADB	–	Asian Development Bank
CCT	–	conditional cash transfer
FDS	–	family development session
MIS	–	management information system
MOSA	–	Ministry of Social Affairs
PKH	–	Program Keluarga Harapan (Family Hope Program)
TA	–	technical assistance

## NOTE

In this report, “\$” refers to United States dollars.

<b>Vice-President</b>	Stephen Groff, Operations 2
<b>Director General</b>	Ramesh Subramaniam, Southeast Asia Department (SERD)
<b>Directors</b>	Ayako Inagaki, Human and Social Development Division, SERD Winfried Wicklein, Indonesia Resident Mission, SERD
<b>Team leader</b>	Uzma Hoque, Senior Social Sector Specialist, SERD
<b>Team members</b>	Janice Maureen Mariano, Operations Assistant, SERD Karin Schelzig, Principal Social Sector Specialist, SERD
<b>Peer reviewer</b>	Sri Wening Handayani, Principal Social Development Specialist, Sustainable Development and Climate Change Department

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## KNOWLEDGE AND SUPPORT TECHNICAL ASSISTANCE AT A GLANCE

<b>1. Basic Data</b>		<b>Project Number:</b> 51313-001	
<b>Project Name</b>	Building Inclusive Social Assistance	<b>Department/Division</b>	SERD/SEHS
<b>Nature of Activity</b>	Capacity Development	<b>Executing Agency</b>	Ministry of Social Affairs of the Republic of Indonesia
<b>Modality</b>	Regular		
<b>Country</b>	Indonesia		
<b>2. Sector</b>	<b>Subsector(s)</b>	<b>ADB Financing (\$ million)</b>	
		<b>Total</b>	<b>0.00</b>
<b>3. Strategic Agenda</b>	<b>Subcomponents</b>	<b>Climate Change Information</b>	
Inclusive economic growth (IEG)	Pillar 3: Extreme deprivation prevented and effects of shocks reduced (Social Protection)	Climate Change impact on the Project	Low
<b>4. Drivers of Change</b>	<b>Components</b>	<b>Gender Equity and Mainstreaming</b>	
Governance and capacity development (GCD)	Organizational development	Effective gender mainstreaming (EGM)	✓
Partnerships (PAR)	Bilateral institutions (not client government) Official cofinancing		
<b>5. Poverty and SDG Targeting</b>		<b>Location Impact</b>	
Geographic Targeting	No	Not Applicable	
Household Targeting	No		
SDG Targeting	Yes		
SDG Goals	SDG1, SDG2, SDG3, SDG4, SDG5, SDG10		
<b>6. Risk Categorization</b>	Low		
<b>7. Safeguard Categorization</b>	Safeguard Policy Statement does not apply		
<b>8. Financing</b>			
<b>Modality and Sources</b>		<b>Amount (\$ million)</b>	
<b>ADB</b>		<b>0.00</b>	
None		0.00	
<b>Cofinancing</b>		<b>2.00</b>	
Japan Fund for Poverty Reduction (Full ADB Administration)		2.00	
<b>Counterpart</b>		<b>0.00</b>	
None		0.00	
<b>Total</b>		<b>2.00</b>	
<b>Currency of ADB Financing:</b> USD			

## I. INTRODUCTION

1. Indonesia's national medium-term development plan for 2015–2019 aims to establish a social protection system for all citizens.<sup>1</sup> This knowledge and support technical assistance (TA) will support the expansion of Indonesia's conditional cash transfer (CCT) program, the Family Hope Program (PKH). The program pays benefits to mothers and aims to reduce poverty and inequality through increased access to, and consumption of basic services. The Ministry of Social Affairs (MOSA) has enrolled four million new households in 2018, bringing the total beneficiary households to 10 million, but its institutional capacity to scale up and promote PKH is limited. The TA will (i) build PKH staff capacity to implement PKH and its family development sessions (FDSs); (ii) increase inclusiveness by supporting the PKH expansion to remote areas and vulnerable groups (elderly and people with disabilities); and (iii) strengthen the PKH staff's analytical, communications, and advocacy skills to bolster stakeholder support. The TA directly supports the Asian Development Bank's (ADB) Strategy 2030 through the operational priority of ensuring social protection for those in need. It is closely aligned with the country partnership strategy, 2016–2019, and included in the country operations business plan, 2018–2020 of the ADB for Indonesia.<sup>2</sup>

## II. ISSUES

2. Indonesia has achieved consistent and sound economic growth averaging more than 5% per year over the last four years, and this rate is expected to continue into 2018. This growth has supported poverty reduction and reduced inequality. For example, the poverty rate has declined to 9.8% in March 2018 from 24% in 1999, while the Gini coefficient fell to 0.39 in March 2017, its lowest since 2011. Nevertheless, poverty levels remain high for a middle-income country and the Gini coefficient is still one of the highest in Southeast Asia. About 65 million people are near-poor and highly vulnerable to poverty, evidencing the formidable challenges facing the government as it works to further reduce poverty and inequality. To address these issues, the government has recognized that poverty has a regional dimension as per capita incomes are lower in rural areas than urban areas, and lower in eastern Indonesia than western Indonesia.<sup>3</sup> In addition, income disparities strongly correlate with differences in human capital (health, education) and household resilience to shocks.<sup>4</sup>

3. In response, the government increased investments in targeted social assistance by expanding PKH. It adopted unconditional cash transfers to mitigate the impact of rising fuel prices in 2005, with a view toward making it a CCT. It launched the pilot CCT in 2007 with design and implementation support from ADB and the World Bank.<sup>5</sup> Targeted social assistance programs were in place by 2010 and social assistance expenditure was 0.7% of gross domestic product in 2016.<sup>6</sup> PKH expanded to 3.5 million households in 2015 and to 6 million by 2017. Consistent with global CCT evaluation findings, PKH has been effective in reducing poverty and improving human

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<sup>1</sup> Government of Indonesia. 2015. *National Medium-Term Development Plan (RPJMN) 2015–2019*. Jakarta.

<sup>2</sup> ADB. 2018. *Strategy 2030*. Manila; ADB. 2015. *Country Partnership Strategy, 2016-2019*. Manila; and ADB. 2017. *Country Operations Business Plan: Indonesia, 2018–2020*. Manila.

<sup>3</sup> P. Aji. 2015. Summary of Indonesia's Poverty Analysis. *ADB Papers on Indonesia*. No. 04. Manila: ADB.

<sup>4</sup> World Bank. 2016. *Indonesia's Rising Divide*. Jakarta.

<sup>5</sup> ADB. 2007. *Technical Assistance Completion Report: Integration of Poverty Considerations in Decentralized Education Management in Indonesia*. Manila; and ADB. 2009. *Technical Assistance Completion Report: Pro-Poor Planning and Budgeting in Indonesia*. Manila.

<sup>6</sup> Indonesia's four large-scale targeted social assistance programs are (i) the Beras Untuk Rakyat Sejahtera subsidized rice program; (ii) the Jaminan Kesehatan Nasional–Penerima Bantuan Iuran subsidized health insurance program; (iii) the PKH CCT; and (iv) the Program Indonesia Pintar cash transfer for poor students.

capital.<sup>7</sup> It supports sustainable development goals through its conditions (children's school enrollment, attendance, and health checks; and maternal health care) and payment of grants to mothers.<sup>8</sup> The 2018 expansion will bring the number of household beneficiaries to 10 million. The total program cost for 2017–2020 is about \$4.042 billion, 96% of which is funded by the government.<sup>9</sup>

4. However, the major upscaling has increased program complexity and put pressure on capacity. The PKH reached 20 provinces in 2010 and by 2016, it covered all 34 provinces and 514 districts. Apart from new beneficiaries, wider geographic spread, and more transactions, the expansion will add new modes of payment, increase the role of local governments, and broaden the coverage of vulnerable groups in remote areas. The FDSs will also experience significant changes in content and mode of delivery.<sup>10</sup> In fact, the surge in coverage has placed additional burden on an already challenged human resources and management information systems (MISs). The PKH suffers from high staff turnover (about 20% a year), hiring difficulties, and weak training. MOSA aims to hire 16,000 staff who will need training and coaching, as will the existing 26,000 facilitators, coordinators, and supervisors. The human resources strategy, performance management system, training modules, and delivery mechanisms urgently need updating. The PKH MIS also needs strengthening to manage PKH's increased transactions.<sup>11</sup>

5. A review of Indonesia's social assistance system highlights additional PKH challenges, including unequal coverage, low benefit levels, inadequate field staff training and support, and limited coordination with health and education service providers.<sup>12</sup> It highlights the need to strengthen implementation capacity, rationalize information technology systems, improve human resources management, and provide adequate training. MOSA is implementing reforms to address these challenges, but its capacity is low. MOSA has identified 20 critical technical focus areas where TA support is needed, under four broad categories (i) strengthening the PKH delivery system, (ii) improving access to basic services and program complementarity, (iii) expanding PKH inclusion and coverage, and (iv) strengthening the PKH foundations (footnote 8).

6. Reaching the poor and the vulnerable in remote and disadvantaged regions is difficult. The PKH covers remote and underserved provinces under PKH Akses, which is initially offered in Papua and West Papua provinces.<sup>13</sup> The PKH faces policy and operational challenges in these locations that require business process modifications. It covers 45,000 households, one-tenth of the potential target of 450,000. Shortfalls highlighted by MOSA and confirmed by the joint monitoring of MOSA, and the National Development Planning Agency include (i) lack of health and education services to ensure compliance with PKH conditions; (ii) lack of automated teller machines for payments; (iii) poor physical access, which highlights the need for better logistical and administrative requirements for implementers; and (iv) higher levels of vulnerability among

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<sup>7</sup> E. Satriawan. 2016. *Evaluating Longer-Term Impact of Indonesia's CCT Program: Evidence from A Randomised Control Trial*. Presentation at the JPAL SEA Conference on Social Protection. Jakarta. 12 January.

<sup>8</sup> Summary of the Program Keluarga Harapan and its Technical Assistance Framework (accessible from the list of linked documents in Appendix 3).

<sup>9</sup> World Bank. 2017. *International Bank for Reconstruction and Development Program Appraisal Document on a Proposed Loan in the Amount of US\$200 Million to the Republic of Indonesia for a Social Assistance Reform Program*. Jakarta.

<sup>10</sup> FDSs are monthly group-based learning meetings originally designed as an instrument to support beneficiary graduation out of the PKH. MOSA is now expanding FDSs to all beneficiaries.

<sup>11</sup> PKH MIS includes beneficiary registry, compliance verification, grievance redress, and monitoring functions.

<sup>12</sup> World Bank. 2017. *Towards a Comprehensive, Integrated, and Effective Social Assistance System in Indonesia. Indonesia Social Assistance Public Expenditure Review Update*. Jakarta.

<sup>13</sup> PKH Akses is the term used by MOSA to refer to the operations of the PKH program in difficult to reach and poor regions of Indonesia.

beneficiaries. Other provinces not included in the Akses program also suffer from the same geographic isolation and poor basic services. PKH also extended its coverage to include the elderly under the Akses program. However, for beneficiaries in isolated locations and the elderly, compliance protocols required by the general PKH program and operations need to be more flexible for PKH Akses.

7. Finally, awareness and appreciation of PKH is weak, including among key stakeholders. All levels of program operations have low access to information, and PKH staff have limited information and updates on program guidelines. Beneficiaries, principally women, are often not familiar with requirements or have weak understanding of the PKH. The need for better-informed partners to play a more prominent role in PKH (local governments and supply-side agencies) requires strong communications. The expansion also requires better appreciation of program results by policy makers—including legislators, other government agencies, and media. PKH does not have a dedicated communications team.

8. The TA will address key technical support needs identified (paras. 4–5). It considers lessons learned in the Philippines.<sup>14</sup> ADB will take a lead role in supporting PKH Akses, training field staff, and in developing a communications strategy. The TA is coordinated with other development partners, including partnerships on strengthening program operations, MIS, and FDSs.<sup>15</sup> The TA will also complement ADB's ongoing public expenditure management program, which aims to address deficiencies in social spending and improve the effectiveness of social protection programs.<sup>16</sup>

### III. THE TECHNICAL ASSISTANCE

#### A. Impacts and Outcome

9. The TA is aligned with the following impacts: quality of life improved and disparity and inequality reduced (footnote 1). The TA will have the following outcome: MOSA's capacity to implement, expand, monitor, and report on the CCT program improved.<sup>17</sup>

#### B. Outputs, Methods, and Activities

10. **Output 1: Capacity of selected PKH implementers improved.** Training, human resource development, and on-call technical advice are the key activities under Output 1. The TA will undertake a capacity needs assessment and design training interventions for supervisory and field staff. MOSA has identified 15 staff, 300 facilitators and provincial and regional coordinators, and 300 supervisors as target trainees.<sup>18</sup> Capacity support will focus on strengthening operational and management capacity in implementing the PKH and conducting FDSs. The TA team will

<sup>14</sup> ADB. 2015. *Report and Recommendation of the President to the Board of Directors: Proposed Loan for Additional Financing and Technical Assistance Grant to the Republic of the Philippines for the Social Protection Support Project*. Manila

<sup>15</sup> Key social assistance partners in Indonesia are Australia's Department of Foreign Affairs and Trade, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the World Bank, and the World Food Programme. The United Nations Children's Fund (UNICEF) primarily supported early FDS modules.

<sup>16</sup> ADB. 2016. *Report and Recommendation of the President to the Board of Directors: Proposed Programmatic Approach and Policy Based Loan for Subprogram 1 to the Republic of Indonesia for the Fiscal and Public Expenditure Management Program*. Manila.

<sup>17</sup> The design and monitoring framework is in Appendix 1.

<sup>18</sup> PKH coordinators and facilitators are the frontline staff dealing directly with beneficiaries. Supervisors are above the field staff and coordinators and exercise some supervision and management functions.

review and improve existing learning modules in cooperation with other partners.<sup>19</sup> Human resource development support will identify core competencies required by the program, develop terms of reference for field staff, design pre and in-service training, and review and propose logistical and administrative support requirements to address high staff turnover. On-demand advice will consist of coaching support in MOSA-identified areas, such as managing cases; monitoring FDS outcomes; managing multiple stakeholders; and improving payment and accountability systems, fiduciary management, and MIS support.<sup>20</sup> An institutionalization plan to build the capacity of core Directorate of Family Social Insurance staff and MOSA's training unit to roll out training will promote sustainability.

11. **Output 2: PKH implementation in disadvantaged areas strengthened.** The TA will support the PKH expansion in Papua and West Papua. It will provide advisory support for policy and operational issues, human resources and staffing, and specialized training to Akses teams and their local counterparts in other ministries and local governments.<sup>21</sup> Technical and policy advice will (i) identify expansion options in remote and poor areas for the Akses program; (ii) review the experience of CCT programs on payment frequency and modality, accountability mechanisms, grant levels, and logistical and administrative support to frontline staff; and (iii) recommend business processes and improvement plans tailored to local realities. The TA will prepare a technical paper on operationalizing the PKH in remote locations, an assessment of PKH transfers for the elderly and children with disability, and options for improvement.<sup>22</sup>

12. **Output 3: Analytical, communications, and advocacy skills of MOSA staff enhanced.** The TA will improve and develop a communications and advocacy strategy for the PKH and will help MOSA establish a dedicated communications unit. The TA will develop options for communicating progress and success stories, information on project operations and processes, benefits and payment modes, and other relevant information through traditional and nontraditional media, such as radio, print, social media, and other broadcast media. Training and coaching will improve the analytical skills of MOSA staff to develop and share PKH knowledge internally and externally, including regular reporting to parliament, local governments, line ministry officials, beneficiaries, and international partners. This output will provide demand-driven analytical and communications support to MOSA and the National Development Planning Agency for assessing capacity gaps and providing advice to strengthen the noncash social assistance program and the PKH.<sup>23</sup>

### C. Cost and Financing

13. The TA is estimated to cost \$2,150,000, of which \$2,000,000 will be financed on a grant basis by the Japan Fund for Poverty Reduction and administered by ADB. Key expenditure items are in Appendix 2. The government will provide counterpart support in the form of office space, supplies, furniture and utilities, counterpart staff, secretarial assistance, and other in-kind contributions.

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<sup>19</sup> The GIZ, UNICEF, and the World Food Programme support FDS module development and the e-learning pilot program.

<sup>20</sup> Initial areas identified for MIS support include data migration, digitization of records, business process automation, development of applications for field staff, and other information and communications technology uses for the PKH.

<sup>21</sup> These include the local Dinas Sosial and representatives of the health and education ministries; the Department of Population and Civil Registration; and Himbara, the association of state-owned banks.

<sup>22</sup> Support for the PKH social transfers for the elderly will complement ongoing and proposed ADB support for elderly care policy and home and community-based care services in Indonesia.

<sup>23</sup> This includes reviewing support to improve MOSA's capacity to manage the Bantuan Pangan Non Tunai program.



14. Ineligible expenditures under the Japan Fund for Poverty Reduction include (i) vehicle purchases, (ii) civil servant salaries, (iii) foreign travel, (iv) scholarships or long internships, (v) detailed engineering design, (vi) civil works and other related expenses, and (vii) those under ADB's List of Ineligible Items (or Negative List) and Prohibited Investment Activities List.<sup>24</sup>

#### D. Implementation Arrangements

15. ADB will administer the TA and its Southeast Asia Department will select, supervise, and evaluate consultants. MOSA is the executing agency. The implementation arrangements are in the table.

Implementation Arrangements			
Aspects	Arrangements		
Indicative implementation period	October 2018–September 2020		
Executing agency	MOSA		
Implementing agencies	JSK and MOSA. The JSK director general and the coordinator of the national board of the PKH will provide overall policy and implementation guidance. The JSK sub-directorate of resources will lead Output 1 and will co-lead Output 2 with the sub-directorate of beneficiaries. The JSK technical secretariat will lead Output 3.		
Consultants	To be selected and engaged by ADB		
	Capacity building firm	QCBS (90:10)	\$996,080
	Communications firm	QCBS (90:10)	\$575,080
	Individual consultant selection	International (20 person-months) National (15 person-months)	\$261,075
Procurement	Procurement of goods and services related to training, seminars, workshops, forums, and conferences will follow the ADB Procurement Policy (2017, as amended from time to time) and its associated PAIs and staff instructions.		
Disbursement	The TA resources will be disbursed following ADB's <i>Technical Assistance Disbursement Handbook</i> (2010, as amended from time to time).		

ADB = Asian Development Bank, JSK = Jaminian Sosial Keluarga (Directorate of Family Social Insurance), MOSA = Ministry of Social Affairs, PAI = project administration instruction, PKH = Program Keluarga Harapan (Family Hope Program), QCBS = quality- and cost-based selection, TA = technical assistance.

Source: Asian Development Bank.

16. **Consulting services.** ADB will engage consultants following the ADB Procurement Policy (2017, as amended from time to time) and its associated project administration instructions and/or staff instructions. The TA will require 34 person-months of international and 113 person-months of national consulting. ADB will engage consultants on time-based and an intermittent basis, when feasible, for Output 2 (35 person-months) using individual consultant selection. ADB will engage international consulting firms for Outputs 1 (71 person-months) and 3 (41 person-months) using quality- and cost-based selection, with 90:10 quality–cost ratio and simplified technical proposals when feasible. The consulting firms will have lump-sum and performance-based contracts.<sup>25</sup>

#### IV. THE PRESIDENT'S DECISION

17. The President, acting under the authority delegated by the Board, has approved the Asian Development Bank administering technical assistance not exceeding the equivalent of \$2,000,000 to the Government of Indonesia to be financed on a grant basis by the Japan Fund for Poverty Reduction for Building Inclusive Social Assistance, and hereby reports this action to the Board.

<sup>24</sup> ADB. 2011. *Cost Sharing and Expenditure Eligibility: Policy Implementation Review*. Manila.

<sup>25</sup> Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 3).

## DESIGN AND MONITORING FRAMEWORK

<b>Impacts the TA is Aligned with</b> Quality of life improved (National Medium-Term Development Plan) <sup>a</sup> Disparity and inequality reduced (National Medium-Term Development Plan) <sup>a</sup>			
<b>Results Chain</b>	<b>Performance Indicators with Targets and Baselines</b>	<b>Data Sources and Reporting Mechanisms</b>	<b>Risks</b>
<b>Outcome</b> MOSA's capacity to implement, expand, monitor, and report on the CCT program improved	By 2020: a. 50% of trained PKH beneficiaries demonstrated improved knowledge based on improved FDSs delivered by trained facilitators (2018 baseline: 0)  b. Beneficiary coverage in remote areas increased by 10%, with at least 80% of grants paid to mothers (2018 baseline: 40,000 beneficiaries)  c. PKH online and mass media exposure increased by 40% (2018 baseline: 80 media clippings per year—TBC during TA implementation)	a. MOSA pre- and post-training assessments, regular implementation spot checks, and monitoring reports on PKH facilitator performance (2018–2022)  b. MOSA's PKH beneficiary reports and quarterly TA consultant reports  c. TA consultant report on press clippings, social media mentions, and website traffic (2020); and TA consultant assessment of exposure through media clippings	Insufficient institutional commitment to capacity development and communications
<b>Outputs</b> 1. Capacity of selected PKH implementers improved	1a. 300 PKH coordinators, 60% of whom are women, demonstrate improved knowledge of CCT business processes and FDS modules and delivery by 2020 (2018 baseline: 0)  1b. 300 PKH supervisors, 60% of whom are women, demonstrate improved knowledge of CCT business processes and FDS modules and delivery by 2020 (2018 baseline: 0)  1c. ICT-based learning modules developed and used in training by 2019 (2018 baseline: not applicable)  1d. Institutionalization plan on capacity building and training developed and adopted by	1a–d. Quarterly TA consultant reports	High staff turnover rates compromising coordination and implementation

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
2. PKH implementation in disadvantaged areas strengthened	<p>MOSA by 2020 (2018 baseline: not applicable)</p> <p>2a. Staffing and training plan for disadvantaged areas disseminated with clear gender targets by 2019 (2018 baseline: not applicable)</p> <p>2b. Gender-balanced staffing for disadvantaged regions completed and deployed by 2020 (2018 baseline: not applicable)</p> <p>2c. Standard operating procedures for program implementation in disadvantaged areas and for vulnerable groups adopted by MOSA and disseminated by 2019 (2018 baseline: not applicable)</p>	<p>2a. MOSA 2019 staffing and training plan for PKH Akses and quarterly TA consultant reports</p> <p>2b. Quarterly TA consultant reports and MOSA 2019 staffing report and organizational chart</p> <p>2c. MOSA standard operating procedures publication (2019)</p>	
3. Analytical, communications, and advocacy skills of MOSA staff enhanced	<p>3a. In-house PKH communications unit established and added to MOSA organizational chart by 2019 (2018 baseline: not applicable)</p> <p>3b. Proactive, progressive, and gender-sensitive PKH communications strategy developed and disseminated by 2020 (2018 baseline: not applicable)</p> <p>3c. At least 10 knowledge products and advocacy materials tailored to specific target audiences produced and disseminated by 2020 (2018 baseline: 0)</p> <p>3d. At least one of the following: Use of digital platforms and social media for communicating program status introduced by 2019 (2018 baseline: not applicable)</p>	<p>3a. MOSA 2018 organizational chart</p> <p>3b. MOSA's 2018 PKH communication strategy</p> <p>3c–d. Quarterly TA consultant reports</p>	

<p><b>Key Activities with Milestones</b></p> <p><b>1. Capacity of selected PKH implementers improved</b></p> <p>1.1 Review past and ongoing capacity development initiatives and conduct needs assessments (Q4 2018–Q1 2019)</p> <p>1.2 Develop a training strategy outlining training modules, service providers, and delivery modalities (Q1 2019)</p> <p>1.3 Support MOSA and JSK in delivering training to selected job functions in selected locations, with pre- and post-training assessments (Q1–Q4 2019)</p> <p>1.4 Develop an institutionalization plan on training provision (Q4 2019)</p> <p>1.5 Ensure gender is mainstreamed in all capacity development efforts (2018–2020)</p> <p><b>2. PKH implementation in disadvantaged areas strengthened</b></p> <p>2.1 Undertake a program implementation gap assessment and workload review in selected disadvantaged areas and for specific vulnerable groups (Q4 2018–Q1 2019)</p> <p>2.2 Develop and test standard operating procedures for disadvantaged areas and specific vulnerable groups (Q4 2018–Q3 2019)</p> <p>2.3 Finalize technical papers on operationalizing CCTs in remote areas and for specific vulnerable groups (Q3 2019)</p> <p>2.4 Provide training and technical guidance on standard operating procedures to selected <i>kabupaten</i> (district) operators (Q4 2019–Q2 2020)</p> <p><b>3. Analytical, communications, and advocacy skills of MOSA staff enhanced</b></p> <p>3.1 Establish and train an in-house PKH communications team (Q1–Q2 2019)</p> <p>3.2 Develop, test, and disseminate PKH communications strategy (Q1–Q2 2019)</p> <p>3.3 Develop tailored knowledge products and advocacy materials for target audiences, such as quarterly reports for parliamentarians, fact sheets for beneficiaries, and press releases (including reporting templates) (2019–2020)</p> <p>3.4 Provide policy, analysis, and communications support for other planned social assistance reforms as needed, coordinating with other agencies including BAPPENAS (2019–2020)</p> <p>3.5 Support MOSA’s updating and establishment of a digital and social media platform for information dissemination and learning (Q1 2019)</p>
<p><b>Inputs</b></p> <p>Japan Fund for Poverty Reduction: \$2,000,000</p> <p>Note: The government will provide counterpart support in the form of counterpart staff, office space, office supplies and utilities, secretarial assistance, and other in-kind contributions.</p>
<p><b>Assumptions for Partner Financing</b></p> <p>Not Applicable</p>

BAPPENAS = Badan Perencanaan dan Pembangunan Nasional (National Development Planning Agency), CCT = conditional cash transfer, ICT = information and communication technology, FDS = family development session, JSK = Jaminian Sosial Keluarga (Directorate of Family Social Insurance), MOSA = Ministry of Social Affairs, PKH = Program Keluarga Harapan (Family Hope Program), TA = technical assistance, TBD = to be determined.

<sup>a</sup> Government of Indonesia. 2015. *National Medium-Term Development Plan (RPJMN) 2015–2019*. Jakarta.

Source: Asian Development Bank.

**COST ESTIMATES AND FINANCING PLAN**  
(\$'000)

Item	Amount
<b>Japan Fund for Poverty Reduction<sup>a</sup></b>	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	643.0
ii. National consultants	558.0
b. Out-of-pocket expenditures	
i. International and local travel	83.0
ii. Reports and communications	4.0
iii. Miscellaneous administration and support costs <sup>b</sup>	4.0
2. Training, seminars, workshops, forum, and conferences	544.0
3. Contingencies	164.0
<b>Total</b>	<b>2,000.0</b>

Note: The technical assistance (TA) is estimated to cost \$2,150,000, of which contributions from the Japan Fund for Poverty Reduction are presented in the table above. The government will provide counterpart support in the form of counterpart staff, office space, office supplies and utilities, secretarial assistance, and other in-kind contributions. The value of government contribution is estimated to account for 7% of the total TA cost.

<sup>a</sup> Administered by the Asian Development Bank.

<sup>b</sup> Covers insurance and expenses for administrative staff during seminars.

Source: Asian Development Bank estimates.

**LIST OF LINKED DOCUMENTS**

<http://www.adb.org/Documents/LinkedDocs/?id=51313-001-TARreport>

1. Terms of Reference for Consultants

**Supplementary Documents**

2. Summary of the Program Keluarga Harapan and its Technical Assistance Framework
3. Problem Tree