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EVALUATION

KINERJA Mid-Term Evaluation Report

March 2013

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KINERJA MID-TERM EVALUATION:

March 2013

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

CONTENTS

TABLE OF CONTENTS

- Executive Summary**..... 1
- Evaluation Purpose and Questions**..... 7
 - Evaluation Purpose7
 - Evaluation Questions.....8
- Project Background**..... 10
- Evaluation Methods and Limitations** 11
- Findings, Conclusions, & Recommendations** 14
 - Question 1: To What Extent Has Kinerja Met Its Stated Performance Targets? 14
 - Question 2: What Aspects Of Kinerja Do Key Stakeholders (Local Governments, Grantees) Value The Most? 22
 - Question 3: What Primary Challenges* Has Kinerja Encountered? 26
 - Question 4: *What Are The Prospects For Sustainability Of Kinerja Benefit Streams?* 30
 - Question 6: *To What Extent Are Service Delivery Units In Supported Regions Utilizing Minimum Service Standards (MSS)?* 34
 - Question 5: *What Programmatic Or Managerial Adjustments Would Help Kinerja Achieve Intended Results More Effectively And Efficiently?*..... 38
- ANNEX I: Evaluation Terms of Reference**..... 44
- ANNEX II: Availability of Data** 57
- ANNEX III: Achievement for 20 Indicators Through September/December 2012**..... 74
- ANNEX IV: MSS Activities by District**..... 75
- ANNEX IV: Illustrative Data Collection Protocols**..... 76
- ANNEX V: Sources of Information**..... 92

ACRONYMS

ADS	Automated Directives System
BEE	Business Enabling Environment
BOSP	Educational Unit Operational Cost Analysis
CHS	Complaint Handling Survey
CJ	Citizen Journalist
COP	Chief of Party
CSO	Civil Society Organization
DBEI	Decentralized Basic Education I
DCOP	Deputy Chief of Party
DEC	Development Experience Clearinghouse
DPRD	Regional Legislative Body at District/Provincial Level
FOG	Fixed Obligation Grant
FY	Fiscal Year
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HSP	Health Strengthening Program
IE	Impact Evaluation
IFACS	Indonesian Forest and Climate Support
IO	Intermediary Organization
KII	Key Informant Interview
LPSS	Local Public Service Specialist
PC	Provincial Coordinator
PE	Performance Evaluation
PMP	Performance Monitoring Plan
PTD	Proportional Teacher Distribution
PTSP	<i>Pelayanan Terpadu Satu Pintu</i> – One Stop Services for business licensing
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MSF	Multi Stakeholder Forums
MSS	Minimum Service Standards
MTE	Mid-Term Evaluation
NGO	Non-Governmental Organization
NO	National Organization
RKS	School Plan
RPJMD	Medium Term Development Plan

SI	Social Impact, Inc.
SDU	Service Delivery Unit
SBM	School-Based Management
SKPD	Provincial/District Technical Working Unit Standard Operating Procedure
SOP	Standard Operating Procedure
SOW	Statement of Work
STTA	Short Term Technical Assistance
TS	Technical Specialist
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

USAID/Indonesia's **Kinerja** ("Performance") project is an approximately \$33 million dollar initiative to strengthen the capacity of Indonesian local governments to better provide a range of health, education, and business-enabling services.¹ A robust monitoring and evaluation (M&E) system was integrated into the program, emphasizing USAID's commitment to rigorously tracking and measuring the effects of democracy and governance support. This report presents the findings, conclusions and recommendations produced by the program mid-term evaluation (MTE).

EVALUATION PURPOSE

Covering the first two years of implementation, the evaluation was designed to provide a mid-term review of program performance. The primary purpose of the MTE was to provide actionable and timely information on various issues around the processes of implementation. The evaluation was structured around six key evaluation questions detailed in the body of the report below. Particular importance was afforded to an exploration of programmatic challenges and synthesis of lessons learned from the first two years of implementation. This report is intended for use by both USAID and Kinerja management as inputs for improving program performance. A secondary, but important, intention is for the evaluation to provide an opportunity for Kinerja partners to engage more closely with the project and its intended results.

PROJECT BACKGROUND

Indonesia has made dramatic progress in strengthening local governments over the past decade, greatly increasing local budgetary resources and service delivery responsibilities. While local autonomy has expanded, there remain critical gaps in local government capacity. This is most evident in the lack of attention to the quality—or performance—of local service delivery. The design of Kinerja was intended to close this "performance gap" by testing and replicating interventions to improve measurable performance in the three key sectors: education, health services, and the local business environment.

Kinerja is predicated on the assumption that better incentive structures, greater innovation, and more avenues for replication of improved practices will lead local governments to deliver higher quality, less expensive services, while being more responsive to the needs and preferences of local constituencies. In operationalizing this approach, Kinerja was designed to address both the demand and supply sides of local public service delivery. This was done to avoid stimulating demand without a subsequent local government response, or alternatively, providing services that remain unused by the public, while keeping in mind the critical need to maintain a balance and facilitate successful models of functioning feedback mechanisms.

Technical assistance is delivered by way of seven different intervention "packages," operationalized by intermediary organizations (IOs). Each IO is given a one-year grant to implement their package, with continuing support provided by Kinerja staff upon completion of the grant period.

¹ This is inclusive of the initial \$24.7 million, as well as the \$8 million Papua expansion (3/2012)

EVALUATION METHODOLOGY

The MTE utilized a mixed-methods approach to triangulate findings and leverage the strengths of both quantitative and qualitative data. The evaluation drew on the expertise of both Kinerja M&E partners, allocating quantitative data collection and analysis to SI and qualitative data collection and analysis to SMERU. On evaluation aspects that bridged the two approaches, the two organizations collaborated in synthesizing findings.

Quantitative Data Analysis

SI focused on questions answerable through analysis of Kinerja performance monitoring data. The team addressed Kinerja's performance from inception until September 30, 2012 (end of fiscal year 2012) by tracking performance indicator targets against achievements. Additionally, the SI team performed key informant interviews (KIIs) with 11 Kinerja National Office staff to seek in-depth information related to specific performance indicators. In instances where evidence of ramp-up were particularly apparent, the team also performed analysis on achievements against performance indicator targets for the first quarter of fiscal year 2013 (October – December 2012).

Qualitative Data Analysis

SMERU completed qualitative, field-based data collection in 12 of the 20 Kinerja districts. The majority of sampled districts were also included in the baseline data collection conducted in late 2011/early 2012. District selection was made primarily on the basis of package types, so as to ensure adequate package coverage within each province. SMERU conducted in-depth interviews with over 300 respondents at the district and service delivery unit levels across a large number of key stakeholder categories

FINDINGS AND CONCLUSIONS

The full exploration of findings and conclusions for each evaluation question is detailed in the body of the report. What follows are high-level excerpts of the most important aspects of program performance.

Performance Against Targets

Based on the indicator data, two important conclusions emerge. First, while performance varies significantly across indicators, as evidenced by achievement rates ranging from 19% to 330%, variation does not appear to be correlated with indicator type. That is, we do not see systematically better (or worse) performance on higher versus lower level off supply versus demand side indicators. We do find some consistent variation in performance by package, but not systematically by implementer or geography. This suggests that performance is to a greater extent related to the intersection of geography, implementer, and package, which corresponds to capacity and motivation of local implementing staff and SDU, a supposition backed by interviews with Kinerja technical staff. In other words, as reported in qualitative data collection, the performance of the program seems to be better in areas where the implementer has strong local staff and a supportive local government or SDU partner.

The second conclusion relates to trends in performance. While the project as a whole remains behind on 50% of its indicators, there is strong evidence of a "ramp-up" in project performance. The first round of grants to Kinerja Implementing Partners was awarded in October 2011 with activities through

September 2012, after which all but one grantee received a no cost extension. The slow start-up phase of these grants and achievement closer to the end of the grant cycle is clearly visible within performance monitoring data, for example with 70% of FY2012 achievements logged in the last quarter. While the subsequent quarter (Q1 of FY2013) was originally not expected to be as active in terms of indicator achievements due to the signing of the second round of grants, Round 1 grantees continued to log many performance achievements over the course of their no cost extensions.

Cost

Although we do find similarities between per district spending and indicator performance, there is little evidence of a correlation between the two. It is important, not to put too much emphasis on these general trends, for two important reasons. First, packages are expected to affect different indicators in different ways, and not all indicators are of the same importance. Secondly, packages are being implemented in different areas, where costs can vary significantly.

Spillovers

Spillovers and unintended consequences have been noted, although relatively infrequently, at two levels. First, the team found examples of work with partner Service Delivery Units (SDUs) influencing the work of other SDUs in the district, both positively (sharing information) and negatively (generating jealousy and competition for resources). Second, we also found examples of spillovers, both positive and negative, of project activities to other types of work within a given SDU or partner. While the evidence does not seem overwhelmingly positive or negative, it does suggest that streamlined procedures and requirements, which both increase the ease of dissemination and reduce time and resource burdens, could help improve positive spillovers.

Key External Factors

Package performance seems to be much more related to idiosyncratic local factors, particularly local capacity and commitment, which were identified as both critical enabling and inhibiting factors. The areas with stronger local support are typically perceived as performing better. It is important to recognize, however, that local support is to some degree endogenous, as it requires an element of effort and cultivation from the project. As such, local commitment and, to a slightly lesser degree, local capacity cannot be considered completely external factors to the same extent that infrastructure or political turnover might be.

Stakeholder Engagement

Most stakeholders agree that Kinerja interventions are relevant to local needs and provide local benefits, although with some variation across sectors and locations on whether the program addresses the most pressing local needs. Some Kinerja interventions (e.g. SBM) are seen as providing effective alternative solutions to local problems, while in other cases (health, PTD), local governments see Kinerja interventions as beneficial but not necessarily addressing their most urgent priorities. "Demand-side" stakeholders are appreciative of Kinerja activities in strengthening community participation and monitoring, as these are typically viewed by stakeholders as the most valuable activities, but also feel a need for follow-up and continued support.

In general, Kinerja's stakeholders understand the ultimate goal of Kinerja as improved governance and service delivery. All implementers, including IOs and LPSS, and some local government informants have a clear understanding that this objective is achieved by strengthening both the supply and demand side. However, there is significant variation in the perspectives of stakeholders on whether Kinerja is striking the right balance between supply and demand side activities. Since targeted stakeholders come from both supply and demand sides, the diversity of opinion on program balance is unsurprising. Indeed, since the program seeks to stimulate mechanisms of accountability, interaction, and participation in service

delivery, a process which can generate low-level tension as evidenced by reactions to the complaint survey, consonance of opinion would perhaps be a more worrisome finding. We find that stakeholders generally see things from their own perspective, claiming that the “other” side (i.e. the supply side from the perspective of community members and demand side from the perspective of the local government) has received the majority of support. Moreover, given the complex nature of Kinerja, most local stakeholders were not able to comment on all aspects of Kinerja as they only have partial information about Kinerja’s activities. Nevertheless, a lack of understanding of the project goals or approach has generally not been viewed by stakeholders as a constraint to project engagement.

Key Challenges

Kinerja is a complex program that is deeply dependent on the quality of its partner organizations. The evaluation team found that many IOs do not have sufficient technical capacity to carry out the intervention for which they received the grant. There are a number of explanations for this situation, including: (1) Kinerja over-estimated IO capacity (technical or managerial, or both) at the beginning of the grantee period, (2) national IOs delegated responsibilities to regional IOs but did not follow up with appropriate capacity building, and (3) technical expertise within IOs was not appropriately aligned with the needs of the beneficiaries. While Kinerja had a capacity development component built into grantee orientation and limited mentoring support thereafter, these capacity development efforts were not sufficient. Isolated cases of IOs that received further capacity development beyond the orientation at the beginning of the grantee period (often from national IOs or LPSS) resulted in smoother processes and were more effective in implementation. Additional, targeted capacity development for IOs is critical to improving the prospect of success.

At the time of the survey, the division of roles and responsibilities at the provincial, district/city, and SDU levels was not sufficiently clear among all stakeholders. Confusion in this regard leads to delays in submitting reports/requests and receiving responses. Kinerja’s decision-making and authoritative structure is top-heavy: technical specialists carry the majority of the responsibility, though they are 2-3 steps removed from implementation. The role of the LPSS is particularly challenging. While they have the primary coordinating function, they are unable to hold IOs responsible for their requirements or directly intervene on technical matters.

Prospects for Sustainability

Stakeholders are in general agreement regarding the potential for the program to be sustainable, and there is evidence of independent organization and fundraising that supports this finding. Yet fully capitalizing on this potential requires additional project support, both in the technical sectors as well as in how to sustain activities after the project ends. Sustainability is seen as strongly related to local government or regulatory support and outside funding. Perhaps because of this, ‘demand’ side activities, including the MSF and CJ components, which are more independent of government support and funding decisions, are viewed as being most sustainable.

Kinerja has made progress developing a replication strategy at the national level and has outlined the main steps or tasks required in each phase. However, at the time of the survey this strategy had not been formally approved or socialized with project stakeholders at the local level. Nevertheless, evidence of replication exists, typically due to the initiative of local stakeholders. Kinerja field-tested a replication package for SBM in November 2012 and is continuing to develop the components of the replication package.

RECOMMENDATIONS

In the body of the report, the evaluation team proposes a number of actionable recommendations that flow directly from MTE findings and conclusions. Presented below are priority recommendations, as determined by USAID priorities, feasibility of implementation, and anticipated level of impact on the project's effectiveness and efficiency.

- **Socialization:** Greater explanation of project objectives and roles/responsibilities to Kinerja IOs, who need to understand not only their role for their specific intervention, but also how their role fits into Kinerja's overall project objectives. An understanding of both the supply and demand side foci of Kinerja is an important first step for generating buy-in at the IO level. IOs also need to understand the different players in the Kinerja mechanism – who they are and their respective roles. There is a need to provide clear information to IOs regarding who they can reach out to for technical and administrative assistance, who will hold them accountable for the terms of the grants, and where they should be reporting their activities. Because the second round of grants has already been awarded, Kinerja should do a “check-in” with the IOs to ensure that they understand roles and responsibilities. The next round of grants should include a more in-depth discussion of this topic at the outset, followed up by regular check-ins.
- **Coordination:** In the early stages of the second grantee period, the Kinerja COP, DCOP, and TS's should systematically map, clarify, and communicate roles, responsibilities, and lines of authority of various actors, with assistance from PCs and LPSS where needed. More specifically, Kinerja needs to more carefully define and document what authority can be assumed at a local and provincial level in relation to coordination between local stakeholders, technical oversight, and administrative oversight. Particular attention should be paid to the role of LPSS – they seem to be the most closely involved with the IOs, but do not wield any formal authority over them.
- **Capacity Building:** Kinerja should conduct a systematic needs assessment of IOs at the outset of the grantee period (or, in the case of second year grantees, immediately), potentially by enabling LPSS with a tool to identify capacity building needs. Needs should be reported to technical specialists so that they can respond accordingly. Technical specialists within Kinerja could develop this tool, or an outside consultant could be hired. Targeted capacity building should then take place both before and during implementation.
- **Measurement:** The Kinerja M&E team should roll-out the improved online quarterly indicator reporting system to existing grantees (both Y1 and Y2) to facilitate more efficient tracking of indicator performance (this activity is planned for Q3 of FY 2013). Additionally, the online system should be modified as soon as possible to include tools for the monitoring team to analyze or disaggregate reports (e.g. by package, location, implementer) and to easily export the data. As soon as the new design of the online system is developed, the M&E team should conduct trainings at the subsequent field staff meetings.

- **Gender:** Kinerja should assign a qualified gender expert on a short term assignment to develop a plan better integrating gender systematically into field activities or at minimum assign a qualified staff member as a gender focal point to lead planning and coordinate gender integration. Additionally, Kinerja technical specialists, the COP, and DCOP, working with a gender expert or focal point, should develop specific gender equality goals for each activity, per the USAID Gender Equality and Female Empowerment Policy.
- **Replication:** Within the next six months, Kinerja should finalize and formally approve the replication strategy, which must include concrete plans for socialization. Existing examples of replication highlighted in this evaluation should be studied in the development of the strategy. Current replication plans should be communicated to provincial and local levels, as well as IOs, as soon as possible.

EVALUATION PURPOSE & EVALUATION QUESTIONS

EVALUATION BACKGROUND

USAID/Indonesia's **Kinerja** ("Performance") project is an approximately \$33 million dollar initiative to strengthen the capacity of Indonesian local governments to better provide a range of health, education, and business-enabling services.² A robust monitoring and evaluation (M&E) system was integrated into the program, emphasizing USAID's commitment to more rigorously tracking and measuring the effects of democracy and governance support. In addition to performance monitoring, Kinerja is subject to both types of evaluation defined under USAID's Evaluation Policy.

- **Impact Evaluations (IEs)** allow for attribution of measured changes to projects through the use of comparison groups. These evaluations *"are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change."*

Kinerja has two built-in impact evaluations: one explores macro-level changes through secondary data, while the other analyzes the impact of the school-based management (SBM) intervention through primary data. These evaluations are scheduled to be completed toward the end of the project's period of performance, and will be elaborated through separate reports.

- **Performance Evaluations (PEs)** "focus on descriptive and normative questions: what a particular project or program has achieved...; how it is being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision making."³

This evaluation report falls into the latter category. The Kinerja mid-term evaluation (MTE) was designed to analyze issues of process and provide a mid-way review of Kinerja's performance against targets. By its nature, and specifically due to the lack of a rigorously defined counterfactual, the mid-term performance evaluation is not able to make any statements about causality or attribution.

EVALUATION PURPOSE

At the time the evaluation was commissioned, the project had been in operation for two years and the first round of grantees were finalizing their activities. USAID and Kinerja management saw this clearly delineated mid-way point as an opportunity to take stock of how the project performed under the first series of grants. The main purpose of the MTE was to provide actionable and timely information on various aspects of project performance, specifically identifying challenges and synthesizing lessons learned from the first two years of implementation. So as to increase the utility of this analysis, the evaluation presents prioritized, realistic recommendations on the basis of the findings and associated

² This is inclusive of the initial \$24.7 million, as well as the \$8 million Papua expansion (3/2012)

³ USAID Evaluation Policy (2011) page 1

conclusions.

This report is intended for use by both USAID and Kinerja management as inputs for improving program performance. A secondary, but important, intention is for the evaluation to provide an opportunity for Kinerja partners to engage more closely with the project and its intended results.

EVALUATION QUESTIONS

The Kinerja MTE is structured around six key evaluation questions, and the associated sub-questions.

QUESTION 1: TO WHAT EXTENT HAS KINERJA MET ITS STATED PERFORMANCE TARGETS?

1. What are the key achievements to date, as expressed in terms of **Kinerja** indicators and other relevant project performance data?
2. How does spending, including in-kind contributions from local implementing partners, local governments, and the private sector, compare to results for each package?
3. To what extent is participation in Kinerja activities different by sex? Secondly, is there any preliminary evidence of differential outcomes by gender?
4. What has been the nature and extent of spill-over⁴ and unintended consequences (both positive and negative) of **Kinerja** on governance practices?
5. What key external factors have driven or inhibited Project implementation? Or what factors have been associated with achievement (or lack of progress) on package goals?

QUESTION 2: WHAT ASPECTS OF KINERJA DO KEY STAKEHOLDERS (LOCAL GOVERNMENTS, GRANTEES) VALUE THE MOST?

1. Are goals and approaches of Kinerja sufficiently clear to stakeholders so that they can understand the project and engage in its activities?
2. To what extent do stakeholders accept Kinerja assistance as relevant to needs of partners and service users?
3. What aspects of Kinerja assistance do stakeholders find most valuable?

QUESTION 3: WHAT PRIMARY CHALLENGES* HAS KINERJA ENCOUNTERED?

1. To what extent has **Kinerja** been able to learn from and adapt to these challenges?

*Note: primary challenges investigated should include those already broadly identified by the program team:

- The size/complexity of Kinerja packages
- The capacity of Kinerja grantees
- Staffing levels at the provincial and district level
- Internal coordination between Kinerja national, provincial, and district offices

⁴ Spill-over is intended in the service delivery unit (SDU) level within the districts. The MTE will seek information whether there are other SDUs adopting/implementing Kinerja's approaches or planning to adopt Kinerja's approaches. SMERU will not sampling districts outside Kinerja's districts due to budget limitation

- Coordination between Kinerja, Kinerja grantees, and various governmental and non-governmental stakeholders

QUESTION 4: WHAT ARE THE PROSPECTS FOR SUSTAINABILITY OF KINERJA BENEFIT STREAMS?

1. Do stakeholders perceive the current programming and approach of Kinerja to be sustainable?
2. Are specific components or packages viewed as being more or less sustainable than others?
3. What is the state of Kinerja's replication planning?

QUESTION 5: WHAT PROGRAMMATIC OR MANAGERIAL ADJUSTMENTS WOULD HELP KINERJA ACHIEVE INTENDED RESULTS MORE EFFECTIVELY AND EFFICIENTLY?

1. What are the most urgent/ important adjustments that **Kinerja** should make?

QUESTION 6: TO WHAT EXTENT ARE SERVICE DELIVERY UNITS IN SUPPORTED REGIONS UTILIZING MINIMUM SERVICE STANDARDS (MSS)?

1. Have participating regional governments issued regional regulations or executive regulations to support the application of service standards?
2. What factors do relevant stakeholders view as supporting or constraining implementation of MSS at the service delivery unit level?
Based on Kinerja support provided to regional governments to apply service standards, which types of service standards (e.g. from KemenPAN&RB, KemenDaGri, technical ministries, etc.) have seen the most take-up?

PROJECT BACKGROUND

Indonesia has made dramatic progress in strengthening local governments over the past decade, greatly increasing local budgetary resources and service delivery responsibilities. While local autonomy has expanded, there remain critical gaps in local government capacity. This is most evident in the lack of attention to the quality—or performance—of local service delivery. The design of Kinerja was intended to close this “performance gap” by testing and replicating interventions to improve measurable performance in the three key sectors: education, health services, and the local business environment.

Kinerja is predicated on the assumption that better incentive structures, greater innovation, and more avenues for replication of improved practices, will lead local governments to deliver higher quality, less expensive services, while being more responsive to the needs and preferences of local constituencies. In operationalizing this approach, Kinerja was designed to address both the demand and supply sides of local public service delivery. This was done to avoid stimulating demand without a subsequent local government response, or alternatively, providing services that remain unused by the public, while keeping in mind the critical need to maintain a balance and facilitate successful models of functioning feedback mechanisms.

On the supply side, the project works through local institutions to build organizational capacity and encourage sustainable partnerships with local governments. Kinerja strives to build on previous experience in applying innovative solutions to improve local government service provision. Examples include the application of tools developed by two USAID sectoral programs (Health Services Program [HSP] and Decentralized Basic Education I [DBEI]). On the demand side, Kinerja seeks to strengthen accountability mechanisms, enabling local governments to better respond to citizens’ needs. Kinerja has sought to solidify the links between stimulation of demand for services through active civil society engagement and improved local government response. Examples of this engagement and oversight are the multi-stakeholder forums and citizen journalists.

Technical assistance is delivered by way of seven different intervention “packages:” Business Enabling Environment (BEE), Health, Proportional Teacher Distribution (PTD), Educational Unit Operational Cost Analysis (BOSP), School-Based Management (SBM), Media, and Complaint Handling Survey (CHS). These packages address different aspects of service delivery across the three Kinerja sectors, and represent varying levels of complexity.⁵ In the education sector, the packages are School-Based Management (SBM), BOSP, and Proportional Teacher Distribution (PTD). The media sector package includes training and capacity building for citizen journalists and PPID. The health sector package provides technical assistance to several different aspects of Maternal and Child Health (MCH) at both the district and SDU level. Implementation of packages are operationalized by intermediary organizations (IOs). Each IO is given a one-year grant to implement their package, with continuing support provided upon completion of the grant period.

The organizational structure of Kinerja has multiple levels of coordination and communication. At the top of the hierarchy are sectoral technical specialists (TS), based in the national office (NO). The TS work closely with provincial coordinators (PCs) in each province, who oversee package implementation

⁵ For instance, BOSP and PTD are focused on targeted technical support at the district level, whereas the SBM and health packages work across several different aspects at both district and SDU levels.

by implementing organizations (IOs). Each district has a Local Public Service Specialist (LPSS) who coordinates with the IOs in his or her district.

EVALUATION METHODS & LIMITATIONS

This evaluation utilized a mixed-methods approach to triangulate findings and leverage the strengths of both quantitative and qualitative data. The MTE drew on the expertise of both Kinerja M&E partners (SI and SMERU) by allocating quantitative data collection and analysis tasks to SI and qualitative data collection and analysis to SMERU. On evaluation aspects that bridged the two approaches, the two organizations collaborated in synthesizing findings. A detailed description of data collection methodologies for each evaluation question can be found in Annex II.

Quantitative Data Analysis

SI focused on questions answerable through analysis of Kinerja performance monitoring data. The team addressed Kinerja's performance from inception until September 30, 2012 (end of fiscal year 2012) by tracking performance indicator targets against achievements. Additionally, the SI team performed key informant interviews (KIIs) with 11 Kinerja NO staff to seek in-depth information related to specific performance indicators. In instances where evidence of ramp-up were particularly apparent, the team also performed analysis on achievements against performance indicator targets for the first quarter of fiscal year 2013 (October – December 2012). The evaluation team chose to include achievements for this time period because many of the grants received no-cost extensions beyond the one-year grant period ending September 2012, resulting in many achievements being logged later than initially planned. For an indicator-by-indicator review of data availability, please see Annex II.

Qualitative Data Analysis

SMERU completed qualitative, field-based data collection in 12 of the 20 Kinerja districts. The majority of sampled districts were also included in the baseline data collection conducted in late 2011/early 2012. District selection was made primarily on the basis of package types, so as to ensure adequate package coverage within each province. SMERU also incorporated suggestions from the Kinerja national office into sampling. For more information about district-level sampling, please see Annex I.

SMERU conducted in-depth interviews with over 300 respondents in a number of key stakeholder categories:

- I. **District Level** – Key informants and respondents were selected to cover every Kinerja district package. An illustrative list of institutions reached for qualitative data collection is included below:
 - District agencies
 - District Development Planning Agency (Badan Perencanaan Pembangunan Daerah-Bappeda), Social Culture Division
 - District Secretary (Sekretaris Daerah-SekDa), Assistant II and Public Relations Officer
 - Transportation Agency (Dinas Perhubungan), Communication and Information Division

- Health Agency (Dinas Kesehatan), Family's Health and Health Service Division
- Education Agency (Dinas Pendidikan), Primary Education Division
- Trade Agency (Dinas Perdagangan)
- Industry Agency (Dinas Perindustrian)
- One Stop Service for business licensing unit at the district (Pelayanan Terpadu Satu Pintu-PTSP)
- Multi-Stakeholder Forums (MSF)
- Kinerja Intermediary Organizations (IOs)⁶

2. **Service Delivery Unit Level** – Key informants and respondents of this study were purposively selected for each Kinerja package. The following two types of institutions were targeted⁷ for qualitative data collection:

- Schools⁸, including:
 - The education unit at the sub-district level; and,
 - The head of schools/ principals, school committees and teachers at the school level
- Community Health Centers, including the Head of the Community Health Center, midwives and the midwives coordinators⁹

Evaluation Team Members

Qualitative data collection and synthesis were completed by members of SMERU, comprised of:

- SMERU Senior Researcher Palmira Bachtiar, SMERU Senior Researcher Sulton Mawardi, SMERU Researcher Asri Yusrina, SMERU Researcher Sofni Lubis, and SMERU field and local partner researchers, including a team of SMERU field researchers and academics from University of Syiah Kuala (Aceh), University of Tanjung Pura (West Kalimantan), University of Islam Makassar (South Sulawesi) and University of Brawijaya in East Java.

Analysis of performance monitoring data and Kinerja NO KIs were conducted by Social Impact Monitoring and Evaluation (M&E) Team members:

- Erwien Djayusman, M&E Specialist; Mariana Saragih, M&E Team Leader; and Sugih Hartono, M&E Statistician.

Limitations

- 1) **Inability to explore causality** – The MTE was intended to evaluate process-related performance rather than attribution of impact. Unlike the two Kinerja IEs, the evaluation can shed light on causal chains but not authoritatively ascribe impact or any causal relationships between observed outcomes and the Kinerja program.

⁶ In addition to qualitative research, SMERU used IOs' online reporting as a reference to understand the current state of implementation. SMERU interviewed IOs to understand the nature and quality of their technical assistance.

⁷ SMERU visited 3-4 schools/health clinics at most per district (depending on the selected package). Change of number of schools/health clinics are possible in order to see more information on replication possibilities in SDU level. Such changes, if any, will be decided during field work.

⁸ SMERU randomly selected 3 out of 16 Kinerja's SBM schools and 1 out of 16 control schools.

⁹ Within each Community Health Center, there is one midwives coordinator.

- 2) **Qualitative research** – While providing rich, in-depth information, the SMERU component of the evaluation is subject to standard limitations of qualitative research. Chief among these are the limited ability to generalize findings beyond direct respondents and the purposive nature of sampling.
- 3) **Performance monitoring data** – Given the scale and complexity of the program, it is not possible to track every aspect of program performance. Kinerja performance monitoring indicators only track aspects of performance that were identified as important at the time the Performance Management Plan (PMP) was designed and approved. Additionally, while the Kinerja M&E team reviews and authorizes all achievements before they are formally logged, the program depends on reporting from IOs and local staff.
- 4) **Time frame** – The evaluation was intended to capture performance at the program’s midpoint. In some cases (e.g. with replication), much has happened since September 30 that is not captured in the evaluation.
- 5) **Limited availability and quality of secondary data** –SMERU’s attempt to collect secondary data to augment their qualitative research was limited by the availability of relevant, high quality secondary data.
- 6) **Lack of comparison with non-recipients** – Non-participating districts and SDUs were not visited, limiting the exploration of spillovers.
- 7) **Difficulty in comparing across packages/regions** – Each Kinerja package and implementing locale is unique. By synthesizing findings that are common across these units, much richness of data is lost.
- 8) **Limited comparability with the baseline data** – While SMERU re-visited many of the same locations as the baseline study, the substantively different focus of the two studies limits comparability: while the MTE was focused on process and program achievements, the qualitative baseline study was designed to investigate the baseline state of service provision (health and education) in targeted districts.

FINDINGS, CONCLUSIONS & RECOMMENDATIONS

QUESTION I: TO WHAT EXTENT HAS KINERJA MET ITS STATED PERFORMANCE TARGETS?

Kinerja’s Performance Management Plan (PMP) is based around 48 indicators spanning outputs to high level impacts. Given that the MTE is intended to evaluate process-related performance rather than attribution of impact, which is the subject of two ongoing impact evaluations of Kinerja, this MTE looks at progress relative to targets for the subset of 20 indicators measuring performance at the output and intermediate result levels. We do not evaluate progress on the program’s highest level indicators (impact and goal level) in part due to the focus of the evaluation and the fact that measureable change is not expected in these indicators until later in the project. Moreover, data on many of these indicators will only be available at the end of the project through the impact evaluations. We also do not evaluate progress on seven indicators related to replication activities which have principally been planned to begin in FY 2013, as FY 2011 and FY2012 targets for these indicators are zero.

Annual targets have been set for each of the 20 indicators that are the focus of the MTE, so we principally compare data on achievement levels from FY 2011 and FY 2012 against targets to evaluate performance. To investigate the possibilities of delayed effects or achievements, we also consider performance data from the first quarter of FY 2013 (i.e. October-December 2012).

I.1 What are the key achievements to date, as expressed in terms of Kinerja indicators and other relevant project performance data?

FINDINGS

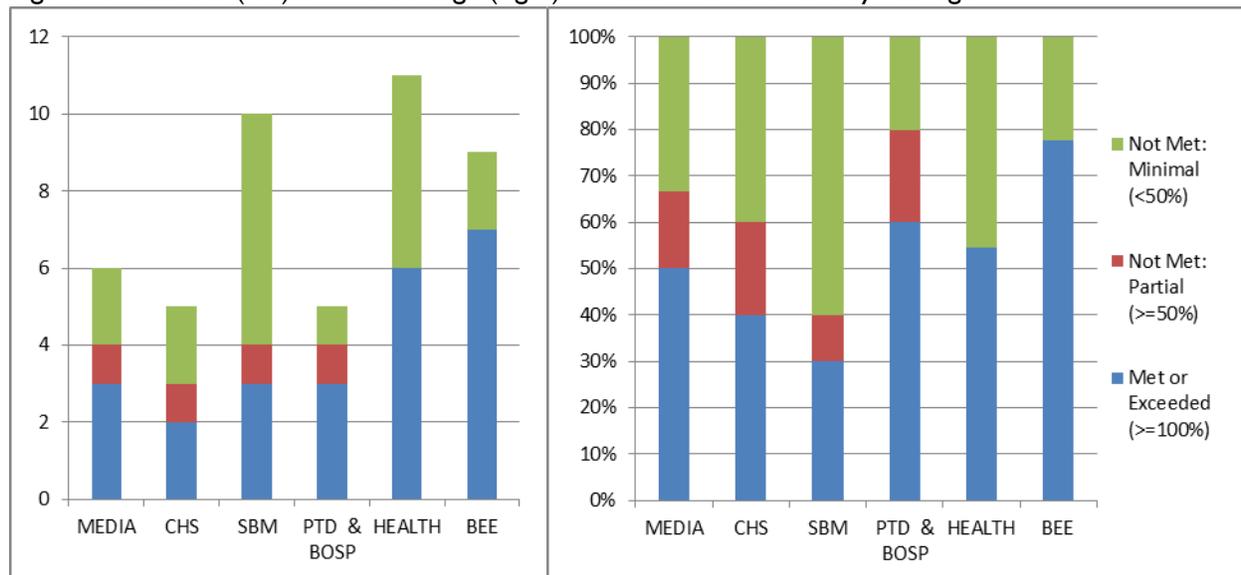
Overall Performance: As of the end of FY 2012, Kinerja has met 35% of its targets (7 out of 20 indicators). Of the seven targets met, Kinerja exceeded performance targets on five indicators (25% of the 20 overall indicators). This leaves 13 indicators (65%) for which Kinerja did not meet targets through FY 2012, including five indicators (25% of the overall 20 indicators) which are significantly behind (as measured by meeting less than 50% of its target). When considering data through December 2012, Kinerja met the targets for three indicators that were significantly behind, increasing the number of targets met or exceeded to 50%. Indicator and target values for all evaluated indicators are included in Annex III.

Table I. Summary of Indicator Achievement through September 2012 and December 2012

N = 20	Through September 2012		Through December 2012	
	# Indicators	% of Indicators	# Indicators	% of Indicators
Met or Exceeded Target	7	35%	10	50%
- Exceeded Target	5	25%	9	45%
Did not Meet Target	13	65%	10	50%
- Less than 50% of Target	5	25%	2	10%

Performance by Package: Of the 20 reviewed indicators, 14 had targets disaggregated by package.¹⁰ As Figure I shows, both the number and relative percentage of indicators met varies by package. The BEE and Health packages met or exceeded the most indicators, 7 and 6 respectively. The BEE package also met the highest percentage of the indicators for which it had targets, meeting 78% (7 of 9). The SBM package achieved the fewest of its targets, meeting or exceeding only three of ten (30%).

Figure I. Absolute (left) and Percentage (right) Indicator Achievement by Package



Other Factors of Variation: Targets for each indicator were not set for every district or province so our ability to analyze performance by geography is limited. We see significant variation in target achievement by implementer, ranging from 17% to 100% of indicator targets met, with both of these extremes representing implementers of the Health package in East Java (PKBI and YKP respectively). PKBI’s performance implementing the Health package in West Kalimantan has also been fairly low, meeting 38% of the stated targets. YKP, who implements the Reproductive Health component of the health package, was the only implementer to meet or exceed all of its targets. Implementer performance was much more consistent in the other packages implemented by multiple organizations, with three of four implementers of the BEE package achieving between 75%-80% of their targets (the other achieved 50%) and both of the implementers of the Media program achieving 50% of their targets. Our ability to tease apart performance differences attributable to package, implementer, and geography is limited due to a lack of variation in who implements a given package in each district. For example, to determine if the package type is related to performance, we would want to look at results for the same implementer, implementing different packages in the same district. Otherwise, differences in performance could be attributed to differences in geography or implementer. It is also important to note that the packages vary in nature. Those packages addressing the “supply side” of service delivery were of a technical nature, while packages addressing the “demand side” were of a governance nature for the first round of

¹⁰ However, not every indicator with package-disaggregated targets has targets for all packages, as some packages are not expected to directly influence a given indicator over the evaluation period.

grants.¹¹ These functions have been combined for the second round of grants.

Key Achievements and Areas for Improvement: The significant variation in the achievement of targets on aggregate masks important successes and areas for improvement on important individual indicators. Key indicator achievements through December 2012 include:

- 48 KINERJA-supported improved service delivery models or approaches adopted by local governments (178% of the target through FY2012);
- 109 KINERJA-supported technical recommendations to SKPD/DPRD/Bupati have involved or are formally endorsed by other non-government actors (330% of the target through FY2012);
- 30% of complaints about services received through the KINERJA-supported complaint survey process were addressed by public service delivery units (100% of the target through FY2012);
- 14 non-media CSOs reported on local government performance (108% of the FY2012 target);
- 127 KINERJA-supported service delivery units made available key planning documents to stakeholders (205% of the FY2012 target through December 2012, up from only 27 SDUs through September 2012);
- 130 KINERJA-supported service delivery units made available key planning documents to stakeholders (206% of the FY2012 target through December 2012, up from only 30 through September 2012); and
- 8 of 12 districts (67%) visited for qualitative data collection have established Multi Stakeholder Forums (MSF) at the district level, while 5 of 7 relevant districts (71%) have established MSF at SDU level.

Yet, in other important areas, Kinerja underperformed compared to its targets:

- KINERJA-supported improved practices for service delivery have been institutionalized by service delivery units 255 times, which represents only 61% of the FY2012 target. At the end of FY2012, this figure was much lower, 141 or 33% of the target;
- 8 KINERJA-supported mechanisms have incentivized district government or service delivery units based on actual performance, 57% of the FY 2012 target;
- 19 KINERJA-supported citizen journalists actively reporting on local government performance, 19% of the FY2012 target; and
- 5 KINERJA-affiliated Indonesian CSOs have developed new or updated products or services for local governments, 20% of the target.

CONCLUSIONS

Based on the indicator data, two important conclusions emerge. First, while performance varies significantly across indicators, as evidenced by achievement rates ranging from 19% to 330%, variation does not appear to be correlated with indicator type. That is, we do not see systematically better (or worse) performance on higher versus lower level or supply versus demand side indicators. We do find some consistent variation in performance by package, but not systematically by implementer or geography. This suggests that performance is to a greater extent related to the intersection of geography, implementer, and package, which corresponds to capacity and motivation of local

¹¹ Technical packages include PTD, BOSP, SBM, Health, and BEE. Governance packages include MSF, Complaint Handling Surveys (CHS), and Media.

implementing staff and SDU, a supposition backed by interviews with Kinerja technical staff. In other words, as reported in qualitative data collection, the performance of the program seems to be better in areas where the implementer has strong local staff and a willing local government or SDU partner.

The second conclusion relates to trends in performance. While the project as a whole remains behind on 50% of its indicators, there is strong evidence of a “ramp-up” in project performance. The first round of grants to Kinerja implementing partners was awarded in October 2011 with activities through September 2012, after which all but one grantee received a no cost extension. The slow start-up phase of these grants and achievement closer to the end of the grant cycle is clearly visible within performance monitoring data, for example with 70% of FY2012 achievements logged in the last quarter. While the subsequent quarter (Q1 of FY2013) was originally not expected to be as active in terms of indicator achievements due to the signing of the second round of grants, Round 1 grantees continued to log many performance achievements over the course of their no cost extensions.

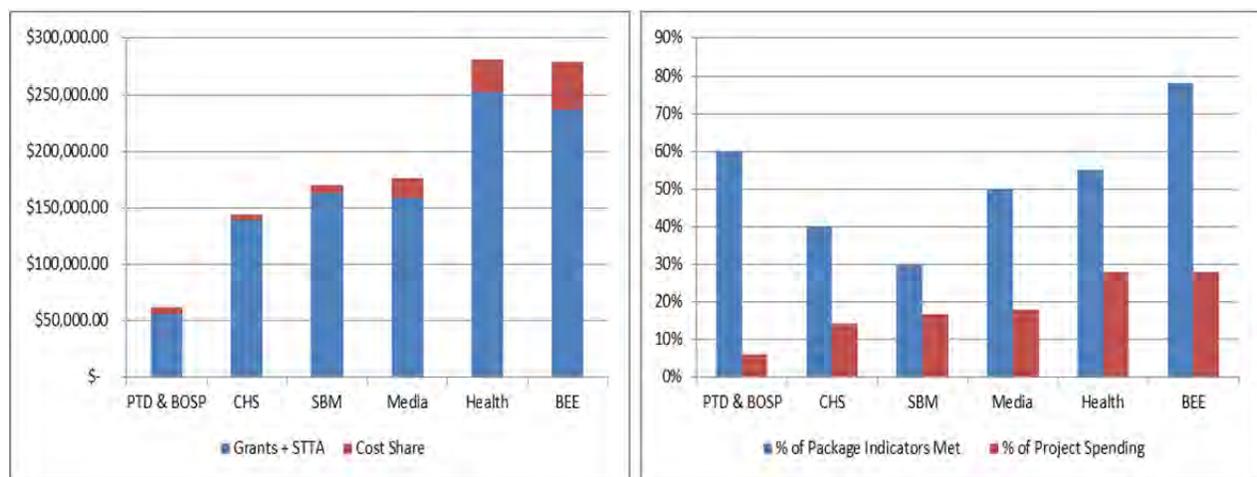
It is important to note that this analysis and conclusions use the performance targets as the metric of performance but do not evaluate the targets themselves. Given the extremes in the range of performance relative to targets, it is likely that some targets were set too low or too high.

1.2 How does spending, including in-kind contributions from local implementing partners, local governments, and the private sector, compare to results for each package?

FINDINGS

Both project spending and cost share in the form of implementer and local government contributions, vary considerably by package. Project spending ranges from a low of \$62,085.55 for PTD and BOSP to a high of approximately \$280,000 for both BEE and Health. The dollar value of cost share is also highest in Media and BEE, while the proportion of cost share relative to project spending is highest in Media (18% of project spending) followed by BEE, Health, and PTD and BOSP (all with 11%).

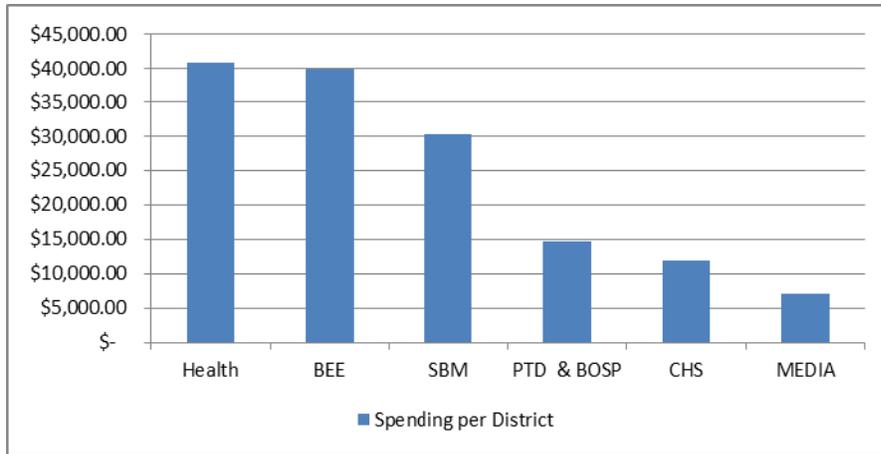
Figure 2. Spending, including cost share, by package (left) and spending versus performance by package (right)



While BEE and Health have the highest level of project funding, they also have the highest number of implementers (four in each) working in seven districts. The other packages (besides Media) each only

have one implementer¹², although they are being implemented in between four (PTD and BOSP) and ten (CHS) districts. The average per district spending ranges from about \$7,000 per district for the Media package to about \$40,000 per district for Health and BEE.

Figure 3. Average Spending per District by Package



The two packages with the most indicator targets met or exceeded, Health and BEE, are also the areas with the highest spending per district of implementation. While PTD and BOSP each receive the least amount of project funding overall (see Figure 2), these packages have collectively achieved the second highest percentage of indicators achieved, whereas SBM has achieved the lowest percentage of indicator targets, yet has the third highest spending per district.

CONCLUSIONS

Although we do find similarities between per district spending and indicator performance (e.g. Health and BEE at the top of both), there is little evidence of a correlation between the two. Media and PTD and BOSP, for example, do not fit the trend of increased performance with higher per district spending. It is important, however, not to put too much emphasis on these general trends, for two important reasons. First, different packages are expected to affect different indicators in different ways, and not all indicators are of the same importance. Secondly, the packages are being implemented in different areas, and costs can vary significantly across project locations.

1.3 What has been the nature and extent of spill-over and unintended consequences (both positive and negative) of Kinerja on governance practices?

FINDINGS

The qualitative data collection has generated evidence of both positive and negative spillovers¹³ and unintended consequences:

¹² The Media package had two implementers, but one agreement, with ISAI, was terminated early due to non-performance.

Positive:

- The active implementation and practice of Kinerja program in *Probolinggo* District spurred other SKPDs (Public Service Office and Health Office) to get involved in and help several partner schools repair their facilities and infrastructures. Moreover, facilitators in *Probolinggo* and *Melawi* have applied SBM concepts not only in treatment schools but also in non-treatment schools in their area of supervision.
- In three of the locations visited for qualitative data collection, Kinerja activities were publicized independently through radio and print media, including once in *Melawi* District where a local facilitator of the complaint survey also happens to be a radio broadcaster.
- In *Bulukumba* District, school principals who are not targeted by the training received information on BOSP calculation (which is beneficial in calculation of school budgets) from a school principal who is a member of the BOSP calculation team.
- In *Bener Meriah*, the presence of external parties such as Kinerja, USAID, Save The Children, Mercy Corps, and others have motivated staff of the District Health Office in carrying out their main responsibilities. “When non-government people would have concern and do their best to improve the health in Bener Meriah, the District Health Office cannot just do nothing.”
- In *Sambas*, the district has expressed interest in scaling up Kinerja innovations from the current five puskesmas to all the remaining puskesmas in the district. Difficulties in budget negotiations with DPRD have, however, delayed implementation of this expansion.
- In *Luwu Utara*, the Education Service Office contracted the IO (LPKIPI) to provide technical assistance for management planning and school finance reporting. LPKIPI also provided technical assistance in establishing an intranet network between the Education Service Office and the UPTD (the sub-district level education service office) for data collection.

Negative:

- In *Singkawang*, Kinerja activities have created jealousy in non-supported Puskesmas, with one claiming that USAID ‘is being partial’ in choosing the selected Puskesmas for support.
- In *Bengkayang and Melawi*, some partner schools feel burdened with so many training and reporting activities on Kinerja’s programs, leaving them feeling overwhelmed. Likewise, In *Singkawang*, stakeholders stated that Kinerja’s activities have required large time commitments, at times detracting from the ability to accomplish other tasks. One respondent noted, “Kinerja has too many activities. It’s not only us complaining but also Puskesmas. They have meetings every day.”

CONCLUSIONS

Spillovers and unintended consequences have been noted, although relatively infrequently, at two levels. First, the team found examples of work with partner SDUs influencing the work of other SDUs in the district, both positively (sharing information) and negatively (generating jealousy and competition for resources). Second, we also found examples of spillovers, both positive and negative, of project activities to other types of work within a given SDU or partner. While the evidence does not seem overwhelmingly positive or negative, it does suggest that streamlined procedures and requirements,

¹³ Spillovers are defined rather broadly to incorporate not only effects on non-treated districts and SDUs but also effects on other non-project work within participating districts and SDUs.

which both increase the ease of dissemination and reduce time and resource burdens, could help improve spillovers.

I.4 What key external factors have driven or inhibited Project implementation? Or what factors have been associated with achievement (or lack of progress) on package goals?

FINDINGS

Inhibiting factors

- Poor infrastructure and limited accessibility were mentioned by project staff as key factors inhibiting success in certain locations, particularly *Melawi and Bengkayang*.
- Low human resource capacity of partners or counterparts. For example, in *Bulukumba*, some school principals are technologically challenged; they are accustomed to working manually and cannot operate a computer to calculate BOSP.
- Changing political landscape: Elections leading to changes in government partners have caused inefficiencies, as the project invests time in building relationships and support among political leaders. Turnover from the regional election at the province level in South Sulawesi as well as at the regency level in *Tulungagung* obliged LPSS to re-explain Kinerja from the beginning. In *Bulukumba*, there have been four transfers of officials at Bappeda since March 2011, and in *Melawi*, the head of Bappeda changed three times in one year. In *Singkawang*, the incumbent Mayor had reduced influence following his loss in the election, leaving stakeholders reluctant to get involved in any activities with the incumbent Mayor because of concern about their positions and not wanting to be overly associated with programs of the outgoing Mayor. In *Bondowoso*, the head of Kantor Humas (responsible for PPID) moved, leaving a leadership vacuum in this area.
- Donor Competition: The presence of other USAID programs, such as Indonesian Forest and Climate Support (IFACS) in *Melawi* and Prioritas in *Bener Meriah*, have also influenced local government's 'preference'. Stakeholders consider that IFACS programs fit their needs better, with regards to funding and usage.¹⁴

Enabling factors

- Local commitment: In *Bulukumba*, despite the low capacity of some local counterparts, the BOSP calculation team has shown high levels of commitment demonstrated by strong participation in trainings and take-up by school principals of the BOSP calculation template. In *Singkawang* (prior to elections) and *Bondowoso*, support from Bappeda has taken the form of their willingness to become a "microphone" for Kinerja. In *Luwu*, the LPSS was able to build strong relationships with elite bureaucrats, making the local government more receptive to feedback from Kinerja.
- Policy support: In *Singkawang*, the establishment of a Mayoral Regulation regarding safe labor, exclusive breastfeeding, and initiation of early breastfeeding has increased interest in Kinerja

¹⁴ This may be attributed to the fact that IFACS and PRIORITAS do not require cost share, whereas Kinerja does require cost share from its partners. Also, under IFACS, local NGOs are able to submit their own proposals for direct funding, whereas they must select a cost-share package from Kinerja. IFACS interventions are perceived to be more "tangible" in comparison to Kinerja technical assistance interventions.

health activities. At the national level, policies such as availability of national Minimum Service Standards for both education and health and the presence of Law No. 14/2008 regarding Transparency of Public Information have helped increase support for Kinerja. Likewise, the existence of the 5-Minister Joint Regulation, which provides sanctions to local governments for failure to provide local regulations on PTD, has become a critical factor supporting PTD implementation, and the Public Service Delivery Act has greatly supported implementation of CHS.

CONCLUSIONS

Discussions with key stakeholders have identified both inhibiting and enabling external factors that they believe affect project implementation. As discussed under sub-question 1.1, this is consistent with our analysis of indicator performance, which does not exhibit consistent trends based on internal project factors including package or implementer. Performance instead seems to be much more related to idiosyncratic local factors, particularly local capacity and commitment, which were identified as both critical enabling and inhibiting factors. The areas with stronger local support are typically perceived as performing better. *Singkawang* provides an excellent example. The project received strong support from the Mayor, the Mayor's wife, and a DPRD commission. These factors, combined with a strong¹⁵ IO (PKBI), have contributed to relatively strong project performance in Singkawang. Yet, following elections which the incumbent Mayor lost, many of the local stakeholders who were supportive were reluctant to continue with their support until they observed the level of support of the incoming mayor (who was not yet in place during field work). This illustrates the strong effect that local conditions can have on performance as well as how quickly that support can change.

It is important to recognize, however, that local support is to some degree endogenous, as it requires an element of effort and cultivation from the project. As such, local commitment and, to a slightly lesser degree, local capacity cannot be considered completely external factors to the same extent that infrastructure or political turnover might be.

1.5 What are ways Kinerja can more effectively incorporate gender into relevant programming?

Given lack of an overt gender strategy in Kinerja, most stakeholders do not have a keen understanding of gender issues and do not systematically integrate gender into their programming. Nevertheless, we do find evidence of participation of women in project activities and incorporation of gender issues into various project initiatives, largely stemming from initiatives at the IO level:

- LPSS and IOs agree that one way to strategically promote gender in Kinerja's women and children's health program is to involve men, especially prominent figures in the community and religions ("Duta KIA" – Banda Aceh & Bener Meriah);
- In East Java, Kinerja is involving female business owners/operators and prioritizing women's participation in Public-Private Dialogue and has included it as a requirement for Year 2 implementation;
- Women were reported to be active in MSF discussions in the education sector. For meetings which involve students' parents, about 70% of attendants are reported to be women; however, men were reported to more actively participate; and

¹⁵ The evaluation team determined that this was a strong IO because PKBI provided baseline survey data which could be used to map out the number, residences, and distribution of traditional midwives and breastfeeding mothers.

- Some stakeholders stated that the female principals of Kinerja school partners seem to be more active and progressive in promoting SBM than the male principals.

Specific recommendations on how Kinerja can more effectively incorporate gender are presented in the recommendations section.

QUESTION 2: WHAT ASPECTS OF KINERJA DO KEY STAKEHOLDERS (LOCAL GOVERNMENTS, GRANTEES) VALUE THE MOST?

2.1 Are goals and approaches of Kinerja sufficiently clear to stakeholders so that they can understand the project and engage in its activities?

FINDINGS

There is a general consensus on and understanding of project goals, with stakeholders from various groups including local government partners, grantees, community members, and local staff across locations and packages identifying Kinerja as seeking to improve service delivery by improving governance, participation, and efficiency.

Understanding of Kinerja's approach, specifically related to working through both the supply and demand sides, was less uniform:

- While health stakeholders in *Banda Aceh* and *Bondowoso* reported a balanced approach to both the supply and demand side, Puskesmas staff in *Bener Meriah* and *Singkawang*, felt Kinerja was focusing more on the community rather than Puskesmas, pointing in particular to the complaint survey which was difficult for service providers to accept.
- In the SBM package, perspective on the balance of supply versus demand approaches were mixed, although stakeholders seemed to recognize that the program was working with both. Stakeholders in *Probolinggo* felt activities were well balanced, yet in *Bengkayang*, stakeholders generally view Kinerja to have focused more on the supply side than on the demand side, in light of the large number of trainings involving teachers and principals. On the other hand in *Melawi*, stakeholders generally view Kinerja's mentoring to have been focused on improving the community's participation since mentoring there is accompanied by meetings with the school committee and parents.
- In the BEE package, both IOs in *Tulungagung* and in *Makassar* presented a more nuanced perspective¹⁶ stating that the emphasis in year one was on supply, with a more balanced approach in year two and a focus on demand in year three. Some BEE grants differ from other package grants in that it can take the form of a multi-year grant, whereas the other packages offer one-year grants with follow-on assistance.

Variation in understanding of target activities was also evident:

- At the beginning of SBM implementation, especially in *Bengkayang* and *Melawi*, stakeholders thought that Kinerja was to provide physical assistance to schools, such as upgrading of school facilities and infrastructure. Additionally, Komsek (school committee) members thought they would receive salary/fee from Kinerja for their roles in the committee.
- Similarly, in districts implementing the health package, some stakeholders, both from the government and the community, assumed that Kinerja would provide direct assistance, in terms of funding or in-kind resources, in addition to technical assistance.

¹⁶ This approach differs from the intended approach as laid out in Kinerja annual workplans, which presents a more balanced approach for grantee years 1 and 2, and does not assume a grantee year 3.

CONCLUSIONS

In general, Kinerja's stakeholders understand the ultimate goal of Kinerja as improved governance and service delivery. All implementers, including IOs and LPSS, and some local government informants have a clear understanding that this objective is achieved by strengthening both the supply and demand side. However, there is significant variation in the perspectives of stakeholders on whether Kinerja is striking the right balance between supply and demand side activities. Since targeted stakeholders come from both supply (e.g. local government) and demand (e.g. community members in MSFs) sides, the diversity of opinion on program balance is unsurprising. Indeed, since the program seeks to stimulate mechanisms of accountability, interaction, and participation in service delivery, a process which can generate low-level tension as evidenced by reactions to the complaint survey, consonance of opinion would perhaps be a more worrisome finding. We find that stakeholders generally see things from their own perspective, claiming that the “other” side (i.e. the supply side from the perspective of community members and demand side from the perspective of the local government) has received the majority of support. Moreover, given the complex nature of Kinerja, most local stakeholders were not able to comment on all aspects of Kinerja as they only have partial information about Kinerja's activities. Nevertheless, a lack of understanding of the project goals or approach has generally not been viewed by stakeholders as a constraint to project engagement.

2.2 & 2.3 To what extent do stakeholders accept Kinerja assistance as relevant to needs of partners and service users? What aspects of Kinerja assistance do stakeholders find most valuable?

FINDINGS

While stakeholders generally agree that the Kinerja activities are useful, their perceptions regarding how they address priority needs, and what those needs are, vary across packages and stakeholder groups:

- The majority of stakeholders in *Melawi* and *Bengkayang* considered the SBM package to be relevant to the school's needs, addressing a critical gap of community involvement in schools.
- In *Bulukumba*, local government, SDU staff and the IO agreed that BOSP addressed a current weakness in that they did not have the guidelines for calculating the needs of a school. However, in *Aceh Tenggara*, because BOSP had been previously calculated by an AusAID project it was considered less necessary and the local government eventually requested a shift to SBM, which was documented and facilitated by Kinerja.
- Related to MSS, socialization conducted by Kinerja in *Banda Aceh* has been regarded as very significant considering that MSS indicators have become one of the most significant requirements in the making of the RPJMD (Medium Term Development Plan).
- In *Makassar*, the OSS interventions have been seen as highly relevant by both the LPSS and Bappeda, directly in line with government planning priorities.
- Some stakeholders said that Kinerja interventions are beneficial but not of the highest priority. For example, in *Luwu*¹⁷ and *North Luwu*, while PTD was seen as useful because of its focus on data processes, the main problem identified by stakeholders was the lack of qualified, government-employed teachers rather than the *distribution* of teachers. In the health sector, local governments and especially Puskesmas, see “hard” constraints as more binding (e.g. infrastructure, vaccinations, lack of training for personnel) and that these are less addressed by

¹⁷ In Luwu, the shortage of teachers was worsened by large numbers of government-employed teachers and elementary school principals who were assigned to be school supervisors.

Kinerja. In *Singkawang*, for example, stakeholders identified HIV/AIDS and immunization as the most urgent problems.

Although there was not consensus among stakeholders, two areas were highlighted as being particularly valuable:

1. Program Innovations: Stakeholders expressed interest and value in innovative applications or variations to sometimes old approaches. In *Probolinggo*, the SBM IO realized from the beginning the need to innovate on the standard SBM which had already been pushed previously in the area. Accordingly, they developed an SBM model supported by the achievement of 22 indicators and integrated a number of innovations at the school level such as a suggestion box, information board, publication of data and teachers' names, and introduction of SOPs.
2. Facilitation of interaction between supply and demand side: Beyond simply stimulating the demand side, two interventions that have been noted as being particularly valuable to stakeholders have focused on the interaction of the supply and demand side. For the community, the complaints survey has been a very powerful tool. *"If only it had started long ago (data collection through complaints survey) we would have known and understood where to forward our complaints and concerns related to the school service"* said a school facilitator informant paraphrasing the community. The same opinion was expressed by the PC who noted that the complaints survey has become an important element in schools' efforts to gather information on community sentiments and areas requiring improvement of public service at school. It should be noted, however, that the complaint survey was not universally praised. Perhaps unsurprisingly, a few supply-side stakeholders in Bener Meriah and Singkawang expressed resistance to the surveys, as they were perceived to cast blame on SDUs. The nature of this resistance was also related to the fact that some of the survey results were not aligned with current data and Health Service Office policies. A second source of this interaction which was noted as being valued by stakeholders is the MSF. Again, despite the generally very positive support for the MSF, there was a small amount of resistance from supply-side stakeholders.

CONCLUSIONS

Most stakeholders agree that Kinerja interventions are relevant to local needs and provide local benefits, although with some variation across sectors and locations on whether the program addresses the most pressing local needs. Some Kinerja interventions (e.g. SBM) are seen as providing effective alternative solutions to local problems, while in other cases (health, PTD), local governments see Kinerja interventions as beneficial but not necessarily addressing their most urgent priorities. "Demand-side" stakeholders are appreciative of Kinerja activities in strengthening community participation and monitoring, as these are typically viewed by stakeholders as the most valuable activities, but also feel a need for follow-up and continued support

QUESTION 3: WHAT PRIMARY CHALLENGES HAS KINERJA ENCOUNTERED?

Kinerja (K1) is a \$24.7 million program¹⁸ supporting both the supply and demand sides of service delivery in three different sectors. Focusing on 20 target districts, Kinerja operates at all levels of government, from national to local. For a program of this size and scope, and particularly one that relies on cooperation of so many partner organizations, implementation challenges are a norm. This section presents findings on several challenges Kinerja has encountered, organized in three domains: size/complexity of Kinerja packages; capacity of Kinerja grantees; and coordination/communication.

FINDINGS

Size/Complexity of Kinerja Packages

Given Kinerja's large geographic and sectoral scope, the design, implementation and oversight of so many sub-components is a very large-scale undertaking. This challenge is particularly acute due to the fact that Kinerja does not directly implement any of the seven packages. With the goals of decentralization, capacitation and sustainability, Kinerja works through local intermediary organizations. After a competitive bidding process, each IO is awarded a one-year grant to implement the selected package. While grant timeframes are all equal, the nature of IO work varies significantly in relation to the package they are supporting. For example, whereas BOSP and PTD are largely focused on targeted technical support at the district level, the health package works across several different aspects of M&CH at both the district and SDU level.

The evaluation team found evidence of limited buy-in for the Kinerja approach on the part of grantees. Many IOs felt that their packages required too large an undertaking to be successfully completed in the one-year grant period. Respondents questioned the capacity of Kinerja to change the local government attitude towards public-service with such short-term initiatives. In addition to challenges of achieving systemic results in a short period, interviewees also noted that IOs tended to focus more on delivering outputs and meeting targets than on institution-wide change. In addition to the feeling that they did not have adequate time to achieve project objectives, very few IOs had a clear understanding of Kinerja's long-term vision. Specifically, key informant interviews revealed that at the time of the interview most IOs did not know what follow-on activities Kinerja would be providing after the grant period expires.

Difficulties in meeting program expectations were not restricted to IOs. Kinerja staff reported feeling "spread thin" in implementing seven multi-level sectoral packages with both supply-side and demand-side components. In addition to the technical workload, some IO respondents, especially those working within the Health sector and with the School-Based Management (SBM) package, felt that Kinerja's activities were burdensome because of the associated administrative and reporting requirements.

Capacity of Kinerja Grantees

Kinerja's reliance on local implementing partners dictates that the program is only as strong as the partners it works through. It is concerning, therefore, that the majority of respondents expressed concerns about technical limitations as well as lack of expertise among many Kinerja IOs. This sentiment did not extend for all partner organizations: while all three national IOs¹⁹ were perceived to have the

¹⁸ Kinerja was also awarded an \$8m add-on to expand the program into Papua in March 2012.

¹⁹ Konsil LSM, YKP, ISAI.

appropriate technical qualifications (only two of these also had the appropriate managerial capacity), regional and local IOs were seen as capacity-constrained. However, these smaller IOs often held a partnering relationship with one of the national IOs, acting as the mechanism for implementation in their respective districts or SDUs. This capacity issue was particularly evident for those IOs who were themselves responsible for building capacity. Many implementers were found to lack the specific expertise expected of them, especially in the health sector, where beneficiaries expressed concern that the IO facilitators for trainings were under-qualified to deliver the training and lacked the appropriate expertise to train others. Some IO respondents admitted that they used the Kinerja assignment as an opportunity to learn about topical areas. In one telling example, facilitators in the media sector learned PPID only with socialization by ISAI, but this was not followed up with specific activities to enhance facilitators' technical knowledge. Media facilitators in the field were expected to provide PPID mentoring to the regional government, but were not capacitated to do so.

To an extent, the issue of limited partner capacity was predicted and cited as a challenge in Kinerja work plans. Specifically, many of the IOs did not have expertise in both the governance *and* technical aspects of Kinerja. While Kinerja provided support to IOs, assistance could have been more robust and monitoring of this challenge could have been more intentional. For the first round of grantees, capacity building was conducted through an early-stage orientation and periodic mentoring by TSs. As a result, support was primarily of a technical nature; however, many of the IOs did not have sufficient capacity in the governance aspects of implementation (i.e. approaching local governments), and Kinerja staff identified this as a particular challenge. IO capacity for governance often depended on the strength of the LPSS.

Coordination and Communication

In addition to its ambitious scope, Kinerja's institutional structure provides an additional level of program complexity. Before discussing challenges related to communication and coordination between Kinerja's many stakeholders, below is a simplified exposition of the program's multi-stage reporting structure:

- Technical specialists (TSs) based in the National Office (NO) work directly with provincial coordinators (PCs) and local public service specialists (LPSSs) at the district/city level.
- In turn, the PCs and LPSSs work with the IOs and local governments to implement packages at either the district or SDU level (depending on the package).
- For certain packages, IOs work directly with program beneficiaries.

This type of an arrangement produces two related challenges: effectively communicating key information up and down the chain of command, and ensuring that all stakeholders are coordinating their actions so as to reduce inefficiency. Given the program's complex structure, it is not surprising that reporting and response times within the Kinerja hierarchy were found to be sluggish. With regard to top-down communication, local level respondents complained of delays with online monitoring reporting, approval of TORs, and other requests.²⁰ With regard to bottom-up reporting, the substantial reporting and administrative responsibilities were underestimated by IOs and are a source of frustration. Respondents said that these responsibilities place an additional strain on already overworked staff. Technical staff may often prefer to give attention to program implementation tasks rather than reporting; furthermore,

²⁰ In Singkawang, a request from the local government was outstanding for two months before receiving a response from Kinerja's national office.

because disbursements of funding by Kinerja are not tied to performance, reporting responsibilities tend to be de-prioritized.²¹

Given the program's large geographic coverage, this type of cascaded arrangement is the only cost effective approach; however, this structure is further complicated by a number of institutional factors. First, while LPSSs are responsible for local coordination with IOs, they do not have any direct authority over IOs: not only can they not make performance-based disbursement decisions, but they cannot intervene in IO activities when problems arise. If problems with a given IO are identified, they must make their way up the Kinerja chain of command (LPSS first reports the problem to the PC, only then does the PC report the problem to the TS). The TS, the stakeholder furthest away from the problem, is the only actor with the authority to directly intervene with the IO. Second, some IOs have their own internal structures that allow for partnership between regional and sub-regional IOs, adding an additional layer of communication and reporting. Third, some IOs employ individuals that do not reside in implementation areas. Of the three IOs that utilized this approach, risk of distorted coordination was found to be high.

TSs in the NO expressed that they coordinate well with each other and each has a workplan to track activities and implementation of interventions by IOs. However, among IOs, LPSS, and PCs the evaluation team discovered confusion regarding roles and responsibilities. For instance, delays in establishing Multi-Stakeholder Forums (MSFs) in several areas were credited by IOs to a lack of understanding of their roles and responsibilities. While there were three different actors above them in the chain of command, these respondents did not feel sufficiently informed by LPSS, PC, or Kinerja NO staff. Lack of coordination and clarity in package design, as evidenced by ongoing revisions to the workplan and programmatic approaches, was also blamed by several IOs for delaying implementation. For instance, the format and content of school plans (RKS) in Melawi changed six times between May and October 2012.

Lastly, and unrelated to issues of implementation, at the time of data collection there was still widespread confusion regarding the purpose and nature of Kinerja assistance. Many local government officials also expressed confusion regarding the nature of Kinerja assistance and how/why it is not in the form of direct aid. Additionally, IOs tend to understand the specific function they serve, but not necessarily how this function fits into Kinerja's overall programming. For example, most interviewees were only able to comment on the particular intervention they were associated with, but had difficulty discussing Kinerja as a whole. Among IOs, and especially at the service delivery unit level, there was particular confusion regarding the difference between "supply-side" and "demand-side."

Extent of Learning from and Adapting to these Challenges

Kinerja's annual work plan for Y3 (October 2012-September 2013) acknowledges and addresses some of these challenges. Kinerja recognized that confusion on the part of local government partners often led to resistance, as well as limited service delivery capacity on the part of some local governments. While associated activities were outside the scope of this evaluation, Kinerja affirmed the need to focus on capacity building in the workplan.²²

²¹ Grants implemented as fixed obligation grants (FOGs) feature reports as performance milestones.

²² "Kinerja management will continue to focus on capacity development of IOs through ongoing mentoring, regular feedback, technical workshops, and administrative and finance training." Kinerja is also in the process of establishing a Capacity Development Task Force to provide administrative/financial, technical and managerial and leadership training to IOs.

CONCLUSIONS

Kinerja is a complex program that is deeply dependent on the quality of its partner organizations. The evaluation team found that many IOs do not have sufficient technical capacity to actually carry out the intervention for which they received the grant. There are a number of explanations for this situation, including: (1) IO capacity was over-estimated at the beginning of the grantee period, (2) national IOs delegated responsibilities to regional IOs but did not follow up with appropriate capacity building, and (3) technical expertise within IOs was not appropriately aligned with the needs of the beneficiaries. While Kinerja had a capacity development component built into grantee orientation and limited mentoring support thereafter, these capacity development efforts were not sufficient. Isolated cases of IOs that received further capacity development beyond the orientation at the beginning of the grantee period (often from national IOs or LPSS) resulted in smoother processes and were more effective in implementation. Additional, targeted capacity development for IOs is critical to improving the prospect of success.

The division of roles and responsibilities at the provincial, district/city, and SDU levels is not sufficiently clear. Confusion in this regard leads to delays in submitting reports/requests and receiving responses. Kinerja's decision-making and authoritative structure is top-heavy: technical specialists carry the majority of the responsibility, though they are 2-3 steps removed from implementation. The role of the LPSS is particularly challenging. While they have the primary coordinating function, they are unable to hold IOs responsible for their requirements or directly intervene on technical matters.

Lastly, socialization efforts among local governments and IOs were not sufficient. Partners were confused about the purpose of the broader program and were found to only view Kinerja through the "lens" of their own activities. Many local governments remain insufficiently informed about the purpose and nature of Kinerja.

While the program has committed to take action to address many of these issues into the FY2013 work plan, some challenges are inherent in the program's complex structure.

QUESTION 4: WHAT ARE THE PROSPECTS FOR SUSTAINABILITY OF KINERJA BENEFIT STREAMS?

4.1 Do stakeholders perceive the current programming and approach of Kinerja to be sustainable? Are specific components or packages viewed as being more or less sustainable than others?

FINDINGS

Sustainability, in the Kinerja context, is the continuation of good practices and their streams of benefits well into the future. This can refer to both the organizational structure put in place by Kinerja and the practices supported by Kinerja activities. The majority of stakeholders report they believe Kinerja to have the potential to be sustainable. However, they raised concerns and identified additional steps that need to be taken to increase the likelihood of sustainability.

- Health sector stakeholders in *Bener Meriah*, *Bondowoso* and *Singkawang* are confident that Kinerja has the potential to be sustainable, yet many felt outside funding would be required in order for Kinerja-supported practices to continue beyond the one-year grantee period. One IO (IMPACT) has developed plans to get private sector involvement and funding to continue the program. One MSF has also lobbied the DPRD to allocate funding to continue. The IOs implementing the health package in *Banda Aceh* and media package in Sulawesi also have very general plans to try to raise funds.
- Similarly, local governments of both *Luwu* and *Luwu Utara* think that PTD will continue after Kinerja, as it is in line with the policy of the central government. Moreover, SKPD in both regencies believe the program will continue because of support from the community represented in MSF.
- In *Bengkayang* and *Melawi*, the SBM program's sustainability is strengthened by community participation through the school committee. However, stakeholders, particularly at the school level, also reported that further support from Kinerja is required to improve sustainability, especially considering relatively low capacity at the school level and limited external budget to support. The package, as it stands currently, is viewed as more likely to be sustained in *Probolinggo* due to stronger local government support, better infrastructure, and project innovations that have provided a new approach to SBM in the area.
- *Tulungagung* has made efforts to make the OSS intervention sustainable. The local government established a call center to follow up on complaints of OSS users.



Call center in Tulungagung for OSS complaints

During the qualitative data collection, stakeholders rated the MSF mechanism as having the highest likelihood of sustainability, with 95% of respondents (n=57) across seven districts rating it as “more likely” or “most likely”, the two highest possible responses on a five point scale. Most members rate the possibility of their continuing to participate in the MSF after Kinerja highly, but admit that they are not necessarily ready to function entirely independently. Funding, particularly for transport allowances, were commonly raised as impediments to sustainability of the MSF. Nevertheless, in at least two districts (*Singkawang* for health and *Tulungagung* for BEE), regular meetings are already conducted without payments to members. The CJ component was also rated highly with 70% of respondents (n=43) across all 12 districts studied rating it as either more or most likely to be sustainable after the project ends. Moreover, alumni of Citizen

Journalism training in some areas have organized to develop their ability to operate independently. In *Tulungagung* the MSFs have created their own cash fund for their routine activities. In *South Sulawesi* and in *Tulungagung*, the Citizen Journalists have created a Facebook account.

CONCLUSIONS

Stakeholders are in general agreement regarding the potential for the program to be sustainable, and there is evidence of independent organization and fundraising that supports this finding. Yet fully capitalizing on this potential requires additional project support, both in the technical sectors as well as in how to sustain activities after the project ends. Sustainability is seen as strongly related to local government or regulatory support and outside funding. Perhaps because of this, ‘demand’ side activities, including the MSF and CJ components, which are more independent of government support and funding decisions, are viewed as being most sustainable.

4.2 What is the state of Kinerja’s replication planning?

Replication is defined to have occurred when “interventions (or elements/mechanisms of interventions) demonstrated on a small scale by Kinerja are continued, expanded and institutionalized with increasing use of non-project resources”, and is distinguished from sustainability in that it is expected to occur during the project period.²³ We distinguish between replication and spillovers by focusing replication on the expanded or new implementation of Kinerja *activities*, whereas spillovers are defined by the presence of *effects* of Kinerja activities in non-supported locations, SDUs, or in non-supported activities within an SDU. Accordingly, if replication activities have effects in new areas, those would be considered spillovers, but simply replicating is not considered a spillover (nor is a spillover necessarily caused by a replication event).

FINDINGS

Kinerja has developed and refined a draft replication strategy, with the most recent version (at the time of the evaluation) dated October 23, 2012.²⁴ This document outlines an overall approach as well as calls for district-specific plans for the 20 Kinerja districts. The strategy emphasizes replication within Kinerja districts, placing less emphasis on replication to other districts in the four targeted provinces or to other provinces. However, Kinerja seeks to influence the actions of the local government and other actors, so the project’s actions likely have further-reaching effects beyond the targeted districts. This strategy was reviewed by Kinerja at a workshop in early December 2012, which resulted in a draft roadmap of tasks involved in each of the three phases of the replication process: consolidation, scaling up and small-scale learning, and wider replication. Kinerja staff also participated in a modeling exercise in November 2012 in Probolinggo City, in cooperation with UNfI, to offer a model of replication packages to come. At the time of writing, neither the strategy document nor the roadmap had been formally

²³ This definition of replication is taken from the most recent Kinerja Replication Strategy document.

²⁴ An updated replication strategy was presented in February 2013. Kinerja is now committed to replicate to 30-45 districts within Kinerja provinces and to 50-75 districts nation-wide.

approved or disseminated to stakeholders at the local level, so it is likely that the current replication strategy uses an altered approach.²⁵

Though Kinerja has made progress in refining its replication strategy at a national level, most stakeholders at the local level are still unaware of the replication framework. Nevertheless, there are examples of Kinerja activities being shared with and replicated in new areas.

- The provincial government of *East Java* carried out a workshop of Kinerja SBM replication planning by inviting the five Kinerja districts and 21 non-Kinerja districts that had previously expressed interest in the program. This workshop was intended to share information from the five Kinerja districts to other districts and to call upon their willingness and readiness to replicate the Kinerja program. Also in 2013, the education services office of *Probolinggo* plans to start a replication program, constructing an SBM clinic to centralize SBM information and communicate with all schools in the district.²⁶
- SBM replication has been less advanced in *West Kalimantan*. While the *Melawi* regional government stated that the SBM concept would be developed in non-partner schools, in *Bengkayang*, SBM continues to be viewed as a project, and the non-partner schools have not demonstrated interest in replication nor has a specific plan been developed by the local government or education office.
- In *South Sulawesi*, the provincial education office has invited a member of the district education office from *Bulukumba* to present BOSP to other districts. Following the presentation, some districts have expressed their interest in replicating the BOSP package.
- The district health office in *Aceh Singkil* invited the head of a progressive Puskesmas in *Banda Aceh* to share good practices to eight Puskesmas in *Aceh Singkil*.
- The Education Agency of *Luwu* Regency has set up a plan to implement PTD in all 21 sub-districts, as expressed in a 2012 draft Regional Regulation. In *Luwu Utara*, a plan to implement Kinerja's replication on PTD in nine other sub-districts (not only the three Kinerja targeted sub-districts) had been already begun by validating the required data in these nine sub-districts done through the education agency/office (UPTD) in all sub-districts.
- In *Bulukumba*, the local government, LPSS, and MSF all report that the Kinerja program is sustainable because the regulatory framework is in place to support its implementation. Moreover, school principals note that it meets their needs and hence they are willing to act as facilitators for BOSP calculation in other schools.
- In *Tulungagung* and *Makassar*, the local government has adopted the Kinerja methodology of conducting the Customer Satisfaction Index.
- In *East Java*, BEE is planning on facilitating and mentoring the establishment of a provincial OSS forum. The OSS in this province is working with the provincial government on the Provincial OSS Performance Indicator (POPI). Sub-provincial workshops were held in *Probolinggo*, *Tulungagung*, and *Surabaya*.
- Kinerja revitalized provincial OSS forums in *Aceh* and led workshops to establish an OSS forum in *West Kalimantan* and *South Sulawesi*.

Despite these examples, stakeholders identified key challenges to replication, including weak commitment of SKPDs, geography/infrastructure, human resources at the SDU level, and budget support from local government. Even in *Probolinggo* where replication activities have already advanced,

²⁵ The current replication strategy (February 2013) focuses on both Kinerja-assisted districts and dissemination to new districts.

²⁶ This has been included as part of the current replication strategy (February 2013)

the LPSS and IO noted that replication would be contingent on continued local government support and additional Kinerja mentoring and skills transfer.

CONCLUSIONS

Kinerja has made progress developing a replication strategy at the national level and has outlined the main steps or tasks required in each phase. However, this strategy has not been formally approved or socialized with project stakeholders at the local level. Nevertheless, evidence of replication exists, typically due to the initiative of local stakeholders. This is consistent with the evidence on sustainability and spillovers: In spite of a lack of a coordinated effort by Kinerja²⁷ to encourage replication, it has occurred. This is encouraging for the prospects of future replication activities, and these examples can perhaps provide information on the planning and rollout of the replication strategy.

²⁷ It is important to note that Kinerja's original strategy did not envision significant replication or sustainability related activities during the period being evaluated; rather these activities were planned to be intensified in later project years.

QUESTION 6: TO WHAT EXTENT ARE SERVICE DELIVERY UNITS IN SUPPORTED REGIONS UTILIZING MINIMUM SERVICE STANDARDS (MSS)?

It is important to note that full coverage of all education and health SS standards is not part of the Kinerja's project design; rather, Kinerja uses a targeted approach with local governments to apply those MSS that relate to Kinerja packages in education and health and demonstrate their usefulness. Though pilot tested in South Sulawesi in Y1, MSS interventions were not brought to the remaining three districts until the first year of grants was already underway. It is also important to distinguish the difference between minimum service standards (MSS), that is, rules and regulations decided upon at a national level, and service standards, which broadens the scope to include standard operating procedures (SOPs) and general quality standards. Kinerja has supported both initiatives, but MSS is specific to government-issued regulations, whereas SOPs are usually created at an organizational level.

Kinerja's involvement with MSS has been both general in all Kinerja districts and sector-specific, particularly with the Health and Education sectors (for instance, costing of MSS is part of the BOSP intervention). Kinerja's MSS focus is limited to those MSS that are related to Kinerja interventions. According to the Kinerja Y2 workplan, Kinerja intended to work with health project district regions to develop district Service Standard Application Guidelines through district-level workshops and mentoring for interested IOs. In education, Kinerja interventions (SBM, BOSP, and PTD) were selected because they were recognized by governments as critical issues in promoting access to education, and Kinerja later added the MSS program to work in tandem with these packages.

Seven of the twelve districts visited by SMERU had received service standard-related capacity building, including workshops in each of the four provinces (with South Sulawesi being the pilot province), visits by technical specialists, and training by LPSS. Kinerja reporting data reveal that 17 out of 20 districts received the service standard awareness and knowledge-building workshop, and 10 of these received additional service standard-related assistance (see Annex IV) Particularly, Kinerja has been working with local governments to encourage increased attention to various types of service standards (e.g. MSS, PSS, SOP), and has also provided technical assistance on creating and implementing service standards. Kinerja has also facilitated the integration of relevant service standards into planning and budgeting at the SDU and district/local government. Kinerja has provided technical assistance to SDUs through a sequence of workshops on the following topics: application and awareness of service standards; identification and analysis of MSS indicator gaps; costing and prioritizing MSS; and, budgeting for MSS. The MSS package consists of an awareness workshop, a mini-workshop after completing a form on the current status of service standard achievement, three coaching sessions covering topics such as monitoring, SOPs, and budgeting, and in some cases, a comparative study tour. As of the end of December 2012, 22 standards workshops had been completed in education and 6 in health.

FINDINGS

6.1 Have participating regional governments issued regional regulations or executive regulations to support the application of service standards?

Again, it is important to note that MSS are national regulations. Guidelines for application of MSS may be established at the SDU or district level, but this is not required; advances on standards may, and are in some cases, made without the presence of local regulations. At the time of the evaluation, 10 of 12 districts had not established local regulations for MSS related to the respective package program, but instead referred to the MSS issued by the Ministries of Education and Health. However, the evaluation team saw evidence of movement toward service standards in several districts and witnessed support for stronger MSS adherence among stakeholders in the health and education sectors. In *Banda Aceh*, in the health sector, the

Bappeda recognized the value of MSS and instructed the SDU to prepare SOPs that aligned with MSS. These SOPs clarify the rights and obligations of health workers and service users alike. The Section Head of Organization and Working Structure in *Luwu* (working in the education sector) initiated the MSS regulation process in 2010 with provincial endorsement.

In *Bondowoso*, all Kinerja-partnered Puskesmas have developed their own SOPs to align with health MSS. After Kinerja assistance in this district, the planning division of the DHO began to involve Puskesmas in discussions for preparation of the DHO budget to allow sufficient funding for MSS. Also as a result of Kinerja, the LPSS in this district reported that Puskesmas are now able to calculate how much funding they would need for the health-alert village program.

In *Melawi* for education MSS, progress has been slower. Despite strong commitment by the local government to support MSS²⁸, this district faces a number of challenges related to infrastructure and availability of the district head. This district has allocated some of its budget (to be released April 2013) to include incorporation of MSS into the education regulation.

6.2 What factors do relevant stakeholders view as supporting or constraining implementation of MSS at the service delivery unit level?

Constraining Factors

The SDUs in the health sector cited three key constraints to implementation of MSS – (a) accessibility of data; (b) budgetary limitations; and (c) cultural preferences. Accessibility of data was cited as a constraint for implementing MSS, especially in the health sector. For example, in *Banda Aceh*, Puskesmas are not able to track progress toward achievement of MSS because reports on achievement are generated at the Dinas level. Furthermore, the data that could be available may be out of date or inaccurate, due to capacity of Puskesmas staff. Many Puskesmas staff are unfamiliar with the reporting system, and thus the accuracy of the data reported can be problematic. Puskesmas in *Bener Meriah* and *Banda Aceh* cited budgetary limitations as a constraint. This constraint is likely linked to the delayed prioritization of MSS in Kinerja, as well as district level coordination. Prior to Kinerja interventions, district budgets were prepared with little input from Puskesmas, and many did not account for strengthening of MSS. Kinerja plans to conduct a district level costing event in March or April 2013 and additional assistance through the MSS. Interviewees noted that the cultural context of *Bondowoso* was a constraining factor in MSS achievement. Decisions on maternal delivery are often in the hands of grandparents and religious leaders, who prefer traditional birth attendants over the MSS-preferred trained midwives.

Local government and IO respondents in the education sector cited physical and managerial constraints to achievement or implementation of MSS. In *Melawi*, *Luwu*, and *Luwu Utara*, respondents noted that remoteness and poor infrastructure were key constraints to achievement of MSS, as these factors create challenges in sending teachers to remote areas. The local government in *Bengkayang* is constrained by high workload so, while MSS are available, discussion and dissemination of MSS have not occurred in many cases and service providers have not yet fully incorporated MSS into services. Respondents in *Probolinggo* identified the absence of a guidebook for MSS as a constraint to implementation because, while

²⁸ According to the LPSS interviewed there

the trainings and workshops are very helpful, they do not have a tangible guide for how to implement MSS.

Supporting Factors

As has been seen in other areas of Kinerja implementation, successes are found to be largely dependent on individual actors within the Kinerja structure. LPSSs in *Bondowoso*, *Singkawang* (health), *Luwu*, and *Luwu Utara* (education) have taken steps to assist SDUs in aligning SDU practice with national MSS. Another example of this occurred in *Bener Meriah*, where local guidelines for MSS were not yet established, but one Puskesmas developed its own SOP to align services with MSS.

In *Banda Aceh*, Kinerja interventions and assistance with developing SOPs is accompanied by Provincial Health Office interventions to establish SOPs in two Puskesmas²⁹. The LPSS there reported that the presence of SOPs support the achievement of MSS at both the SDU and district level. At the SDU level, health workers are more familiar with MSS through use of the SOPs and, with service user MSS knowledge, are held accountable to MSS. At the district level, MSS assistance raises district awareness of the importance of having SOPs in place so that they can more effectively monitor use and application of MSS-related SOPs. The LPSS also identified the MSF as a key supporting factor to MSS implementation.

In *Probolinggo*, an IO respondent mentioned that standard service charters for education have indirectly and directly influenced school partners at the SDU level to implement MSS and that schools would be held accountable for MSS by NGOs, community members, and the MSF.

6.3 Based on Kinerja support provided to regional governments to apply service standards, which types of service standards (e.g. from KemenPAN&RB, MoHA, technical ministries, etc.) have seen the most take-up?

Again, as noted above, it is important to keep in mind that Kinerja supports the socialization to, and implementation of, standards for service delivery in Kinerja's focused sectors, and such progress with standards need not involve taking up of standards from central Gol ministries. SOPs may be developed at the local level with or without connection to national-level standards.

With this recognized, the evaluation team has found that .Kinerja has offered support in establishing SOPs and encouraging local governments to adhere to MSS. In *Luwu Utara*, the Kinerja LPSS assisted the local government by providing specific data on the MSS achievements for schools in three sub-districts. The local government plans to integrate those achievements into planning future education developments proposed in the strategic plan of Dinas Pendidikan and the local government budget plan. Similar budgeting for MSS is taking place in *Bondowoso* and *Melawi*, and several respondents acknowledged the value of Kinerja assistance to the district budgeting process.

Stakeholders have expressed particular support for Kinerja's role in preparing, strengthening and building SOPs for SDUs. Not only have service standards helped SDUs align more closely

²⁹ Meuraxa and Kopelma

with MSS, but they have also clarified roles and responsibilities and provided a guideline for organizational planning.

CONCLUSIONS

The evaluation team saw evidence of MSS application at both the SDU and district level. While MSS application throughout all observed districts was partial (as per design in the sense that districts have not been trained to achieve application of all MSS indicators), selected districts and SDUs in each of the four provinces demonstrated movement toward fuller integration of MSS into their operation and planning procedures. At the district level, the evaluation team saw 3 district governments take steps toward incorporating MSS implementation into their budgeting process and, in the case of *Bondowoso*, increased communication with Puskesmas in that district. At the SDU level, the evaluation team saw several instances of SOP development so that SDUs would more fully align with MSS.

Kinerja's assistance in developing SOPs and encouraging application of MSS is considered highly valuable among stakeholders. Kinerja has played a role in encouraging steps toward achievement and implementation of service standards, especially through assistance with SOP development, service standards workshops to raise familiarity, and continued coaching/technical assistance in some districts.

QUESTION 5: WHAT PROGRAMMATIC OR MANAGERIAL ADJUSTMENTS WOULD HELP KINERJA ACHIEVE INTENDED RESULTS MORE EFFECTIVELY AND EFFICIENTLY?

The evaluation team proposes the following recommendations based on current USAID priorities, feasibility of implementation at this point in the project's life-cycle, and anticipated level of impact on the project's effectiveness and efficiency. Recommendations are presented by topic area, related to the other evaluation question themes.

RECOMMENDATIONS FOR SOCIALIZATION

The mid-term evaluation highlighted the need for continued socialization among Kinerja stakeholders due to a deficiency of understanding among local stakeholders regarding Kinerja's approach. Future socialization efforts should include:

- **Priority:** Greater explanation of project objectives and roles/responsibilities to Kinerja IOs – IOs need to understand not only their role for their specific intervention, but also how their role fits into Kinerja's overall project objectives. An understanding of both the supply and demand side focus of Kinerja is an important first step for generating buy-in at the IO level. IOs also need to understand the different players in the Kinerja mechanism – who they are and their respective roles. There is a need to provide clear information to IOs regarding who they can reach out to for technical and administrative assistance, who will hold them accountable for the terms of the grants, and where they should be reporting their activities. Because the second round of grants has already been awarded, Kinerja should do a “check-in” with the IOs to ensure that they understand roles and responsibilities. The next round of grants should include a more in-depth discussion of this topic at the outset, followed up by regular check-ins.
- An explanation of the project approach to beneficiaries, most especially local governments – Because the Kinerja approach does not supply direct assistance, greater socialization of this approach should be given up-front in order to avoid confusion among beneficiaries, who will likely not be accustomed to this approach. Expectations should be set early and reinforced repeatedly by PCs in order to generate buy-in more quickly and improve efficiency of implementation.
- A clear explanation of what will happen after the one-year grantee period ends. Many IOs and other local stakeholders were not aware of the follow-on activities that Kinerja had planned, resulting in the perception that Kinerja did not have an adequate close-out strategy for the grantees. Plans related to continuing assistance or no-cost extensions of grants need to be clearly communicated at the beginning of the grantee period by TSs, and reinforced by PCs, but a balance must be struck in the level of emphasis placed on these follow-on activities in order to avoid IOs relying on these follow-on activities and making inefficient use of the grantee period. This should be reinforced with second-year grantees within the quarter as they approach the “halfway point” in their grantee period.
- In summary, Kinerja should consider the findings presented in the mid-term evaluation report to revise the approach for the second round of grantees, especially related to capacity building, measuring spillovers, and socialization. The first phase of the grantee period is especially important in helping grantees understand the scope of Kinerja and the ways in which the particular grantee's activities fit into the overall project objectives. It is also a critical time for technical specialists, LPSS, and PCs to identify capacity-building needs and respond accordingly.

Because the second round of grants has already begun, gaps in socialization should be identified immediately and addressed.

RECOMMENDATIONS FOR COORDINATION

The mid-term evaluation revealed that the complex structure of Kinerja lends itself to confusion at many levels, as well as overburdened staff and inefficient response to needed programmatic adjustments. The evaluation team recommends:

- **Priority:** In the early stages of the second grantee period, the Kinerja COP, DCOP, and TSs should systematically map, clarify, and communicate roles, responsibilities, and lines of authority of various actors, with assistance from PCs and LPSS where needed. More specifically, Kinerja needs to more carefully define and document what authority can be assumed at a local and provincial level in relation to coordination between local stakeholders, technical oversight, and administrative oversight. Particular attention should be paid to the role of LPSS – they seem to be the most closely involved with the IOs, but do not wield any formal authority over them. Kinerja should consider the benefits of increasing oversight and communication with IOs for LPSS, with the understanding that this would likely need to be accompanied with increased capacity building for LPSS. LPSS should communicate more actively with the M&E team, as they have the closest level of coordination with IOs and can comment on their achievement.
- **Priority:** Kinerja should carefully consider the benefits and risks of the use of IO networks. When a central IO delegates implementation responsibilities to local IOs, it can allow for partnership and capacity building within the IO network, but it also adds another layer of coordination and communication. If Kinerja decides to continue using such networks, there should be an early recognition and allocation of resources to ensure communication and coordination are efficient.

RECOMMENDATIONS FOR CAPACITY BUILDING

The need for increased capacity building, especially at the IO level, was a key finding of the mid-term evaluation. In order to address the capacity building need, the evaluation team recommends:

- **Priority:** Kinerja should conduct a systematic needs assessment of IOs at the outset of the grantee period (or, in the case of second year grantees, immediately), potentially by enabling LPSS with a tool to identify capacity building needs. Needs should be reported to technical specialists so that they can respond accordingly. Technical specialists within Kinerja could develop this tool, or an outside consultant could be hired. Targeted capacity building should then take place both before and during implementation. However, to counteract the potential risk that key IO staff will leave the organization after receiving such capacity building, LPSS should notify technical specialists of potential risks and coordinate with them to address new capacity issues as they arise.
- USAID should weigh the benefits and risks of decentralized technical support at the provincial level. At present, the technical specialists and STTA are the only technical authority and resource for IOs, placing much of the burden for technical response and capacity building in the national office. Decentralization may improve the efficiency and effectiveness of communication,

but this should be weighed against possible inadequate capacity of PCs or LPSS, as well as the costs of adding another layer of complexity with technical specialists at the provincial level.³⁰

- The mentoring activities at the IO level were cited as a valuable benefit of the Kinerja project, since it was not part of the original design. This approach should be implemented more systematically at the IO level, and can potentially encompass two different forms: (a) IOs provide continued mentoring to beneficiaries, rather than just training; (b) technical specialists or STTA (or another technical authority) could provide mentoring to IOs to address technical issues as they arise and continue to build capacity of local IOs.
- For MSS, develop a guidebook to accompany the introductory workshop with suggestions and step-by-step guidance for implementing MSS.

RECOMMENDATIONS FOR PERFORMANCE MEASUREMENT

Now that the first year of grants has come to a close, Kinerja should conduct a review of the performance measurement approach.

- **Priority:** The Kinerja M&E team should roll-out the improved online quarterly indicator reporting system to existing grantees (both Y1 and Y2), which facilitates more efficient tracking of indicator performance.³¹ Additionally, the online system should be modified as soon as possible to include tools for the monitoring team to analyze or disaggregate reports (e.g. by package, location, implementer) and to easily export the data. As soon as the new design of the online system is developed, the M&E team should conduct trainings at the subsequent field staff meetings.
- Within the next three months, Kinerja M&E and technical teams should jointly revisit the PMP to determine (a) which targets should be adjusted for realism; (b) which indicators need to be adjusted to more closely align with desired program achievements; and (c) whether indicators need to be added or deleted to capture Kinerja's most significant achievements. The monitoring team should work closely with technical specialists to revise the PMP and then train the new round of grantees on reporting requirements.
- Throughout the grantee period, technical specialists should work closely with the M&E team to ensure that the current round of grantees fully understand reporting procedures and indicator definitions. Gaps in capacity should be reported to the M&E team so that workshops can be tailored toward addressing these gaps.

RECOMMENDATIONS FOR GENDER

Kinerja's original design did not include a systematic plan for integrating gender into project activities, but USAID's priorities have since turned more focus on gender. The USAID Gender Equality and Female Empowerment Policy was released in March 2012 and implementation of this policy seeks to reduce the gaps between men and women. USAID implementing partners will be held increasingly accountable for gender integration in programming. The second round of grants is an opportune time to integrate gender into the project's design and implementation.

³⁰ Kinerja recruited local provincial-level technical experts to conduct mentoring and technical oversight for year 2 grantees.

³¹ This activity is planned for Q3 of FY 2013

- **Priority:** Kinerja should assign a qualified gender expert on a short term assignment to develop a plan better integrating gender systematically into field activities or at minimum assign a qualified staff member as a gender focal point to lead planning and coordinate gender integration.³²
- **Priority:** Kinerja technical specialists, the COP, and DCOP, working with a gender expert or focal point, should develop specific gender equality goals for each activity, per the USAID Gender Equality and Female Empowerment Policy.
- During the indicator review recommended above, indicators should be assessed and revised to ensure they incorporate gender as appropriate. Indicators should go beyond sex disaggregation to address constraints women and men face and uncover unintended positive and negative consequences.
- Current IO agreements should be reviewed with consideration for gender integration. IOs should be continually encouraged to address gender by TSs and build a gender focus into implementation (i.e. present a gender module in trainings; identify the different constraints faced by men and women, etc.)
- IOs should continue to be given flexibility to identify and respond to localized approaches. Different districts have different gender dynamics, and IOs need to have the appropriate level of freedom to customize their approach, rather than pursuing a “one-size-fits-all” approach to gender.

RECOMMENDATIONS FOR SUSTAINABILITY AND REPLICATION

As Kinerja has passed the “halfway point” in the project’s life-cycle, greater attention has been paid to replication and sustainability. In Q1 of FY 2013, Kinerja continued to develop its replication strategy. In order to address sustainability and replication in the second round of grants and project close-out, the evaluation team recommends:

- **Priority:** Within the next six months, Kinerja should finalize and formally approve the replication strategy, which must include concrete plans for socialization. Existing examples of replication highlighted in this evaluation should be studied in the development of the strategy. Current replication plans should be communicated to provincial and local levels, as well as IOs, as soon as possible.
- USAID should consider the pace of replication during the life of the project. The one-year grantee period leaves little time for replication planning and project implementation. Kinerja staff noted that much of the evidence of replication will likely appear after the project has ended and could take several years. USAID should consider planning an impact evaluation not only at the end of Kinerja’s period of performance, but also three years after the project has closed out.
- Given members’ positive perceptions of multi-stakeholder forums but the need for ongoing support, Kinerja should continue to empower and capacitate the forums, especially those which demonstrate high potential for sustainability, through attempting to carry out activities independent of Kinerja support. Kinerja should also highlight the sustainability of MSFs to

³² This activity was completed during evaluation report writing

promote the use of this mechanism through success stories and encouragement to local governments and partners.

ANNEXES

ANNEX I: EVALUATION TERMS OF REFERENCE

Terms of Reference KINERJA Mid-Term Performance Evaluation

1. Introduction

USAID/Indonesia’s Kinerja (“Performance”) project is a major initiative to strengthen the capacity of Indonesian local governments to provide improved health, education, and business-enabling services. From its inception, monitoring and evaluation (M&E) have been deeply integrated into the program, carrying greater importance than in many other democracy and governance projects. With regard to the evaluation component, the Cooperative Agreement (CA) calls for the project to conduct both a rigorous impact evaluation (IE) as well as a mid-term performance evaluation (MTE). Whereas the IE will investigate the extent to which Kinerja as a whole, and the School-Based Management activity specifically, resulted in improved outcomes, the MTE will focus on an analysis of process and the extent to which Kinerja is on track vis-à-vis performance targets.

1.1. Program Background and Context

Indonesia has made dramatic progress in strengthening local governments over the past decade, greatly increasing local budgetary resources and service delivery responsibilities. Local democracy and autonomy have been expanded, and capacity for local management and governance has been steadily increasing. Despite this overall progress, however, there remain some critical gaps in local government capacity, most notably lack of attention to the quality—or performance—of local service delivery. The U.S. Agency for International Development’s (USAID’s) Kinerja Program is designed to close this “performance gap” by testing and replicating interventions to improve measurable performance in the three key sectors of education, health services, and the local business environment.

1.2. Objectives and Results

With better incentives, greater innovation and more avenues of replication, Indonesian local governments are expected to deliver services that are higher quality, less expensive, more responsive to the needs and preferences of local constituencies. Kinerja addresses both the demand, as well as the supply side, of service delivery. The program works through local institutions to build organizational capacity and encourage sustainable partnerships with local governments. Additionally, it is designed to strengthen accountability mechanisms, enabling local governments to better respond to citizens’ needs.

Kinerja builds on the body of existing innovative practices in local governance programs and sector initiatives in education, health, and economic development. Its approach centers on stimulating local demand for better service delivery and on establishing strategies for nationwide dissemination. Kinerja will review and adapt relevant tools in the respective sectors. For example, two sectoral USAID programs, Health Services Program (HSP) and Decentralized Basic Education 1 (DBE1) developed a wide range of tools that have been implemented in local governments and communities that participated in these programs. Some of the governance issues that arose during the implementation of these programs will be addressed by Kinerja, using management tools or community participation models developed through these programs to deepen the reforms already started (in districts where there is continuity) or to replicate the tools in new local governments.

Kinerja seeks to solidify the links between stimulation of demand for good services through active civil society engagement and improved local government response. One stark example in the health sector illustrates the critical need to improve the links. In one health program in Indonesia, civil society was effective in stimulating demand for the use of a referral system for mothers to use hospital services and access qualified birth attendants that can assist with complications in deliveries. In one case, a mother was referred to a hospital, but when she arrived, no doctors were available to assist her and she died. Stimulating demand without a subsequent local government response, or alternatively, providing services that remain unused by the public, are both ineffective. Kinerja will address both the demand and supply side of local public service delivery, keeping in mind the critical need to maintain a balance and facilitate successful models of functioning feedback mechanisms.

Kinerja's framework includes three intermediary results:

1. *Creating incentives for improved local government service delivery performance.* These incentives include expectation of better performance outcomes that come with greater involvement of and accountability to citizens, rewards (or penalties) for good (or bad) performance, and prestige (or shame) that comes when information on local government performance is publicly available. Kinerja assistance contributes to stronger incentives by giving citizens a more effective voice in public service delivery, supporting performance management systems in local governments, and increasing competition through benchmarking, competitive awards programs, and public information.
2. Encouraging the *adoption of innovative service delivery.* Kinerja offers a targeted and well-designed menu of technical interventions in the three sectors of education, health, and the business-enabling environment. It focuses on a few crucial elements of service delivery in these particular sectors; those where an impact can be made, rather than undertaking too many disparate activities.
3. *Replicating* improved management systems and disseminating them on a larger scale through intermediary organizations. Kinerja's impact will expand nationally via Web-based dissemination and service provider capacity building, using linkages with local government associations, national and provincial training institutes, nongovernmental organizations (NGOs), and universities.

2. Mid-Term Evaluation Objectives (including Key Evaluation Questions)

The main purpose of the Kinerja Mid-Term Evaluation (MTE) is to provide actionable and timely information on various aspects of project performance, based on the first two years of implementation. On the basis of the findings and associated conclusions, the evaluation team will offer recommendations for improving Kinerja approaches and practices. This information is intended for use by both USAID and Kinerja management as inputs for improving program performance. Additionally the evaluation is expected to provide an opportunity for Kinerja partners to engage more closely with the project and its intended results.

As noted in the Kinerja Performance Management Plan (PMP), the MTE is designed to answer “process-oriented questions: why (or why not) the project has been effective in reaching its (targets).”³³

In order to accomplish this goal, the Kinerja MTE will answer six key evaluation questions, and the associated sub-questions:

QUESTION 1: *TO WHAT EXTENT HAS KINERJA MET ITS STATED PERFORMANCE TARGETS?*

1. What are the key achievements to date, as expressed in terms of Kinerja indicators and other relevant project performance data?
2. How does spending, including in-kind contributions from local implementing partners, local governments, and the private sector, compare to results for each package?
3. What has been the nature and extent of spill-over³⁴ and unintended consequences (both positive and negative) of Kinerja on governance practices?
4. What key external factors have driven or inhibited Project implementation? Or what factors have been associated with achievement (or lack of progress) on package goals? *What are ways Kinerja can more effectively incorporate gender into relevant programming?*

QUESTION 2: *WHAT ASPECTS OF KINERJA DO KEY STAKEHOLDERS (LOCAL GOVERNMENTS, GRANTEES) VALUE THE MOST?*

1. Are goals and approaches of Kinerja sufficiently clear to stakeholders so that they can understand the project and engage in its activities?
2. To what extent do stakeholders accept Kinerja assistance as relevant to needs of partners and service users?

³³ Kinerja Program Performance Management Plan (PMP), 2012, p.1.

³⁴ Spill-over is intended in the service delivery unit (SDU) level within the districts. The MTE will seek information whether there are other SDUs adopting/implementing Kinerja's approaches or planning to adopt Kinerja's approaches. SMERU will not sampling districts outside Kinerja's districts due to budget limitation.

3. What aspects of Kinerja assistance do stakeholders find most valuable?

QUESTION 3: WHAT PRIMARY CHALLENGES HAS KINERJA ENCOUNTERED?*

1. To what extent has Kinerja been able to learn from and adapt to these challenges?

*Note: primary challenges investigated should include those already broadly identified by the program team:

- The size/complexity of Kinerja packages
- The capacity of Kinerja grantees
- Staffing levels at the provincial and district level
- Internal coordination between Kinerja national, provincial, and district offices
- Coordination between Kinerja, Kinerja grantees, and various governmental and non-governmental stakeholders

QUESTION 4: WHAT ARE THE PROSPECTS FOR SUSTAINABILITY OF KINERJA BENEFIT STREAMS?

1. Do stakeholders perceive the current programming and approach of Kinerja to be sustainable?
2. Are specific components or packages viewed as being more or less sustainable than others?
3. What is the state of Kinerja's replication planning?

QUESTION 5: WHAT PROGRAMMATIC OR MANAGERIAL ADJUSTMENTS WOULD HELP KINERJA ACHIEVE INTENDED RESULTS MORE EFFECTIVELY AND EFFICIENTLY?

1. What are the most urgent/important adjustments that Kinerja should make?

QUESTION 6: TO WHAT EXTENT ARE SERVICE DELIVERY UNITS IN SUPPORTED REGIONS UTILIZING MINIMUM SERVICE STANDARDS (MSS)?

1. Have participating regional governments issued regional regulations or executive regulations to support the application of service standards?
2. What factors do relevant stakeholders view as supporting or constraining implementation of MSS at the service delivery unit level?
3. Based on Kinerja support provided to regional governments to apply service standards, which types of service standards (e.g. from KemenPAN&RB, KemenDaGri, technical ministries, etc) have seen the most take-up?

3. Methodology

This evaluation will utilize a mixed-methods approach to triangulate findings and leverage the strengths of both quantitative and qualitative data. Specifically, the MTE will draw on the expertise of both Kinerja M&E partners by allocating quantitative data collection and analysis

tasks to SI and qualitative data collection and analysis to SMERU. On evaluation aspects that bridge the two approaches, the two organizations will collaborate directly: SMERU will take primary responsibility for analyzing qualitative data, while SI will take the lead on quantitative analysis. The relevant report sections will be written in tandem, with each organization taking primary authorship over the relevant data. While there exists a distinction in terms of data collection responsibilities, both qualitative and quantitative information are deeply integrated into the evaluation design and are equally essential to answer, in a rigorous manner, the evaluation questions listed above.

3.1. PART A – QUANTITATIVE

This component will be carried out by Kinerja M&E Team (Social Impact) and will address questions answerable by data analysis of the Kinerja M&E system and secondary data sources identified in the Kinerja PMP. With the exception of impact indicators, PMP data are expected to be available and relevant for use in the MTE. This review will address Kinerja's performance from inception until September 30, 2012 (end of fiscal year 2012) by comparing performance indicator targets against achievements. Where relevant and necessary, the Kinerja M&E Team will conduct field trips to visit Kinerja field staff and partners in clarifying and seeking in-depth information related to specific performance indicator data. For an indicator-by-indicator review of data availability, please see Annex II.

3.2. PART B – QUALITATIVE

This section will be implemented by SMERU through qualitative, field-based data collection in 12 Kinerja districts. For the most part, these will be the same districts visited by SMERU during qualitative baseline data collection conducted in late 2011/early 2012. District selections were made primarily on the basis of package types, so as to ensure adequate package coverage within each province. SMERU incorporated suggestions from the Kinerja national office into sampling.

For the MTE, data collection will be conducted through in-depth interviews with key stakeholders at two levels:

1. **District Level** – Key informants and respondents of this study will be purposively selected based on each Kinerja Year One package in the district. An illustrative list of potential institutions targeted for qualitative data collection is included below:
 - District agencies
 - District Development Planning Agency (Badan Perencanaan Pembangunan Daerah-Bappeda), Social Culture Division
 - District Secretary (Sekretaris Daerah-SekDa), Assistant II and Public Relations Officer
 - Transportation Agency (Dinas Perhubungan), Communication and Information Division
 - Health Agency (Dinas Kesehatan), Family's Health and Health Service Division
 - Education Agency (Dinas Pendidikan), Primary Education Division
 - Trade Agency (Dinas Perdagangan)
 - Industry Agency (Dinas Perindustrian)

- One Stop Service for business licensing unit at the district (Pelayanan Terpadu Satu Pintu-PTSP)
- Multi-Stakeholder Forums
- Kinerja Intermediary Organizations (IOs). SMERU will use IOs' online reporting as a reference to understand the current state of implementation. Subsequently, SMERU will interview IOs to understand the nature and quality of their technical assistance. The following is a list of IOs working in the sampled districts:

Kinerja Package	Province			
	Aceh	Sulawesi Selatan	Kalimantan Barat	Jawa Timur
Safe Delivery, Early and Exclusive Breastfeeding	Inspiration for Managing People's Actions (IMPACT)		Perkumpulan Keluarga Berencana Indonesia (PKBI Kalbar)	Perkumpulan Keluarga Berencana Indonesia, Yayasan Kesehatan Perempuan (YKP)
School Based Management			Lembaga Pengkajian Kemasyarakatan dan Pembangunan (LPKP)	
Proportional Teacher Distribution		Lembaga Pelatihan & Konsultan Inovasi Pendidikan Indonesia (LPKIPI), Latimojong 30, Pambalut		
Education Unit Operating Cost Calculation		Lembaga Pelatihan & Konsultan Inovasi Pendidikan Indonesia (LPKIPI), Forum Bulukumba		
One Stop Service - Business Enabling Environment				Perkumpulan Untuk Peningkatan Usaha Kecil
Increasing Community Participation in Public Service	Konsil LSM Indonesia		Konsil LSM Indonesia	Konsil LSM Indonesia
Strengthening Media and Public Information Access (Media)	KIPPAS	JURnal Celebes	Institut Studi Arus Informasi	Qlique

2. **Service Delivery Unit Level** – Key informants and respondents of this study will be purposively selected for each Kinerja package. The following two institutions will be targeted³⁵ for qualitative data collection:

- Schools³⁶, including:
 - The education unit at the sub-district level; and,
 - The head of schools/principals, school committees and teachers at the school level
- Community Health Centers, including the Head of the Community Health Center, midwives and the midwives coordinators³⁷

This study will also make use of qualitative data SMERU collected during the baseline survey. Where possible, pre-post comparisons will be made during analysis. Comparability, however, will be somewhat limited as there are substantive differences of focus between the two studies: while the MTE is focused on process and program achievements, the qualitative baseline study was designed to investigate the baseline state of service provision (health and education) in targeted districts.

Lastly, the qualitative study will collect and analyze secondary data from District and Sub-District Figures (*Kabupaten Dalam Angka*) - documents published by the respective District Statistical Offices.

3.3. Data Collection Responsibilities

The Kinerja M&E and SMERU teams will take primary responsibilities for conducting data collection, analysis, synthesizing of results, and writing the following evaluation questions, as stated in the Section 2 of Terms of Reference, as follows:

QUESTIONS		RESPONSIBILITIES	
		KINERJA M&E	SMERU
1. TO WHAT EXTENT HAS KINERJA MET ITS STATED PERFORMANCE TARGETS?	1.1	√	
	1.2	√	
	1.3	√	√
	1.4		√
	1.5		√
2. WHAT ASPECTS OF KINERJA DO KEY STAKEHOLDERS VALUE THE MOST?	2.1		√
	2.2		√

³⁵ SMERU will visit 3-4 schools/health clinics at most per district (depending on the selected package). Change of number of schools/health clinics are possible in order to see more information of replication possibilities in SDU level. Such changes, if any, will be decided during field work

³⁶ SMERU randomly selected 3 out of 16 Kinerja's SBM schools and 1 out of 16 control schools

³⁷ Within each Community Health Center, there is one midwives coordinator

	2.3		√
3. WHAT PRIMARY CHALLENGES HAS KINERJA ENCOUNTERED?	3.1	√	√
4. WHAT ARE THE PROSPECTS FOR SUSTAINABILITY OF KINERJA BENEFIT STREAMS?	4.1		√
	4.2		√
	4.3	√	√
5. WHAT PROGRAMMATIC OR MANAGERIAL ADJUSTMENTS WOULD HELP KINERJA ACHIEVE INTENDED RESULTS MORE EFFECTIVELY AND EFFICIENTLY?	5.1	√	√
6. TO WHAT EXTENT ARE SERVICE DELIVERY UNITS IN SUPPORTED REGIONS UTILIZING MINIMUM SERVICE STANDARDS (MSS)?	6.1		√
	6.2		√
	6.3	√	√

The Kinerja M&E and SMERU teams will develop detailed methodologies to address these questions as part of the development of the MTE Work Plan.

The Kinerja M&E and SMERU teams will ensure that the evaluation successfully synthesizes Parts A and B and provides empirically interconnected findings, conclusions, and recommendations. Lastly, the evaluation team will strive to keep evaluation utility in mind by making all recommendations actionable and realistic.

4. Geographic Scope

The Kinerja M&E and SMERU teams, in consultation with Kinerja Management, will select districts on the basis of Kinerja Year One³⁸ package types, so as to ensure adequate package coverage within each province. To the extent possible, districts visited during the baseline data collection will be revisited to allow for an analysis of changes. The qualitative baseline study, conducted by SMERU in late 2011/early 2012, covered 11 districts across four provinces. 12 districts will be included in the qualitative MTE sample, of which 10 will be revisited from the baseline.

The one district dropped from baseline is Kabupaten Aceh Tenggara, for which The Kinerja National Office changed the first year package from *Education Unit Operating Cost Calculation* to *School Based Management* in response to a request from district leadership. Due to this change, Kinerja made limited progress in both the *Education Unit Operating Cost Calculation* and the *School Based Management* packages. While a case study exploring the reasoning behind the change and any lessons learned will be presented based on desk research and interviews with project staff, Kabupaten Aceh Tenggara will be omitted from MTE field work.

³⁸ Also known within Kinerja team as Phase One Grant

The two newly added MTE districts are Tulungagung and Kota Makassar, located in the East Java and South Sulawesi Provinces, respectively. These districts received the *One Stop Service* (OSS) in their first year of Kinerja's package assistance. The inclusion of these districts was based on their trade/business condition, district accessibility, and the prospects of studying *Business Enabling Environment* package continuity. Based on the discussion with the responsible Kinerja Technical Specialist, these two districts represent different types of collaboration with local governments: Tulungagung is very committed to the package and had already started to implement One Stop licensing, while Kota Makassar is an example of Kinerja's assistance where the One Stop Service is having challenges with the commitment of local government.

There are two other changes based on the discussion with Kinerja Chief of Party is the removal of Melawi (West Kalimantan) and in turn the inclusion of Kota Probolinggo (East Java) for the SBM package. Sekadau and Bengkayang stay the same. The other change is the removal of Barru from the Proportional Teacher Distribution package and changed it to Luwu Utara. Both districts are located in South Sulawesi. These compositions are intended to enable learning from relatively well-performing districts.

KPPOD (Regional Autonomy Watch), one of Kinerja's IOs for *Business Enabling Environment* package, conducted a quantitative and qualitative baseline study for all seven Kinerja districts receiving the *Business Enabling Environment* package, SMERU will make use of these findings in the two selected districts to gain a better understanding of their baseline situation.

Kinerja Package	Province				
	Aceh	Sulawesi Selatan	Kalimantan Barat	Jawa Timur	Total
Safe Delivery, Early and Exclusive Breastfeeding	Kota Banda Aceh, Bener Meriah		Kota Singkawang	Bondowoso	4
School Based Management			Sekadau, Bengkayang	Kota Probolinggo*	3
Proportional Teacher Distribution		Luwu Luwu Utara*			2
Education Unit Operating Cost Calculation		Bulukumba			1
One Stop Service - Business Enabling Environment		Kota Makassar*		Tulungagung*	2
Total Number of Districts to be Visited					12

* Added to the mid-term evaluation

All field visits will be carried out by SMERU, with possible support and independent verification from the Kinerja M&E Team.

5. Team Structure and Roles

The mid-term evaluation will be a collaborative effort among the Kinerja project, the Kinerja M&E Team and SMERU.

5.1. Team Composition

1. Technical Advisor – Mark Fiorello (SI) will provide guidance and quality control on the evaluation design and all deliverables. Additionally, Mr. Fiorello will be available to support implementation, data analysis, and reporting.
2. Kinerja M&E Team leader Yulianto Dewata
3. Kinerja M&E Statistician Sugih Hartono
4. Kinerja M&E Specialist Erwien Temasmico Djayusman
5. SMERU Senior Researcher Palmira Bachtiar
6. SMERU Senior Researcher Sulton Mawardi
7. SMERU Researcher Asri Yusrina
8. SMERU Researcher Sofni Lubis
9. SMERU field and local partner researchers, including a team of SMERU field researchers and academics from University of Syiah Kuala (Aceh), University of Tanjung Pura (West Kalimantan), University of Islam Makassar (South Sulawesi) and University of Brawijaya in East Java

5.2. Roles and Responsibilities

5.2.1. Kinerja M&E Team/Social Impact

Leadership of the mid-term evaluation will rest with Social Impact.

In addition to conducting all Part A data compilation and analysis, the Kinerja M&E Team will be responsible for technical review of design refinements, proposed sampling approaches, qualitative data collection tools, data analyses and draft products. The M&E Team will be responsible for writing Part A of the MTE report and delivering the draft and final MTE report to Kinerja Management for review (and subsequent delivery to USAID for review and comment). The Kinerja M&E Team will invite SMERU to review and comment on the draft full report.

5.2.2. SMERU

In addition to carrying out all Part B data collection, SMERU will contribute refinements to the design for qualitative data collection, inform the sampling plan, draft data collection tools, and write sections of the MTE report covered by Part B. SMERU will submit the draft Part B report to Kinerja M&E Team for review and revision. After each round of fieldwork, SMERU will meet with SI and relevant members of the Kinerja implementation team to discuss key findings and finalize plans/tools for the next round of fieldwork.

5.2.3. Kinerja Project

The Kinerja Project will provide input on the MTE Terms of Reference and the Work Plan, and will review the draft report and offer revisions as needed. All formal submissions to USAID will be conducted by the Kinerja Project.

In accordance with the Kinerja evaluation “firewall,” the Kinerja M&E Team will have the opportunity to include comments on Kinerja revisions to the report if the Team should find this necessary to protect accuracy in reporting.

5.2.4. USAID

USAID/Indonesia will review the terms of reference, Work Plan and draft report. If any revisions are required, it will be the responsibility of the evaluation team to incorporate them into the body of the report. Ultimate approval of the MTE report will come from USAID/I.

5. Deliverables

Products of the MTE will include:

- a. A draft Report in English, including annexes describing methodology, data sources and other technical matters;
- b. A briefing to Kinerja and USAID summarizing key findings, conclusions and recommendations from the evaluation; and
- c. A final report in English, incorporating comments by Kinerja and USAID.

6. List of Key Activities and Schedule

Time Segment	Activities
May – July 2012	<ul style="list-style-type: none"> • Finalization of ToR, including: <ul style="list-style-type: none"> ○ Refinement of methodology ○ Final selection of target Kabupaten for field visits • Submission of Work Plan
July – August 2012	<ul style="list-style-type: none"> • Preparation, review and finalization of qualitative data collection instruments • Acquisition of research permits
15 September 2012 – 15 December 2012	<ul style="list-style-type: none"> • Part A data compilation and analysis (SI) • Part B field data collection (SMERU)
January 2013	<ul style="list-style-type: none"> • Drafting of report sections
1 February 2013	<ul style="list-style-type: none"> • SMERU submits draft section to SI for technical review and incorporation to consolidated report
13 February 2013	<ul style="list-style-type: none"> • SI submits draft report to Kinerja
Mid-February 2013	<ul style="list-style-type: none"> • Kinerja, SI and SMERU present findings to USAID
22 February 2013	<ul style="list-style-type: none"> • SI submits final report to RTI
28 February 2013	<ul style="list-style-type: none"> • RTI submits final report to USAID

Detailed Timeframe for Field Work

Field Work Location	Time Frame
Kota Banda Aceh & Bener Meriah	16 – 24 September 2012
Luwu & Luwu Utara	30 September – 8 October 2012
Kota Singkawang & Kota Makassar	14 – 22 October 2012
Sekadau & Bengkayang	28 October – 3 November 2012
Bulukumba & Bondowoso	18 – 26 November 2012
Kota Probolinggo & Tulungagung	2 – 10 December 2012

ANNEX II: DATA AVAILABILITY FOR QUANTITATIVE ANALYSES

Quantitative analyses for the MTE will use data identified in the Kinerja Performance Management Plan (PMP). Table A-1 exhibits availability of data during the planned September-through-December, 2012, data collection period by indicator. In summary:

- Data for *GJD, activity and relevant replication indicators* will be available. Given that many of the replication activities are not intended to begin until the next fiscal year, the MTE will only review progress against the replication indicators with non-zero targets through the end of FY2012. These indicators are included in Table A-1.
- Indicators 28 through 38 are *Program Goal indicators*; data for these are obtained from district governments. For some goal indicators data will only be available to cover performance through December 2011, while for others (such as education indicators) data will only cover performance through June of 2012. For some of the indicators where final data are not available, Kinerja will work with project field staff and/or SMERU to gather indicative (e.g., partial year) data. Additionally, where technically feasible Kinerja will use partial-year data, combined with historical data from previous years, to statistically estimate data for the full year (such estimation will be noted and explained in the report). Overall, with the exception of data for Indicator 34 (Percentage of babies breastfed exclusively) data for all Program Goal indicators should be available.
- Kinerja has determined that inclusion of *impact indicators* (Nos. 39-48) would not be possible or practical for inclusion in the MTE, for two reasons:
 - Data availability: RISKESDAS data are not available whatsoever (we would be using the same dataset used as baseline), and SUSENAS data will likely only be available for 2011, not yet for 2012; and
 - Interpretability: Even if the data were to be available, we do not expect that they would be capturing information interpretable as impacts, given that district-level implementation would be effectively in place for only one year (or less).

Table A-1. KINERJA PERFORMANCE INDICATORS AND DATA AVAILABILITY AS OF SEP-DEC 2012

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
1	USAID GJD	Sub-IR 2.1	GJD 2.2.3-3: Number of local mechanisms supported with US Government assistance for citizens to engage their subnational government	Project records	M&E TEAM	Kinerja quarterly period	Disaggregated by: Province	Y
2	USAID GJD	IR 2 IR 3	GJD 2.2.3-4: Number of local non-governmental and public sector associations supported with US Government assistance	Project records	M&E Team	Kinerja quarterly period	Disaggregated by: Sector	Y
3	USAID GJD	IR 1 IR 3	GJD 2.2.3-5: Number of sub-national entities receiving US Government assistance that improve their performance	Project records	M&E Team	Kinerja quarterly period	Disaggregated by: Province	Y
4	USAID GJD	IR 2 IR 3	GJD 2.4.1-9: Number of civil society organizations (CSOs) receiving USG assistance engaged in advocacy interventions	Project records	M&E Team	Kinerja quarterly period	Disaggregated by: Sector	Y
5	IRs: Improved Approaches & Incentives	IR 1	Number of times KINERJA-supported improved service delivery models or approaches are adopted by local governments	Intermediary Organization Reporting; Official documents	LPSS/Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province Sector	Y
6	IRs: Improved Approaches & Incentives	Sub-IR 1.1	Number of KINERJA-supported technical recommendations to SKPD / DPRD / Bupati that have involved or are formally	Intermediary Organization Reporting; Official documents	LPSS/Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province Sector	Y

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
			endorsed by other non-government actors					
7	IRs: Improved Approaches & Incentives	Sub-IR 1.1	Number of service charters agreed with KINERJA support	Intermediary Organization Reporting; Official documents	LPSS/Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province Sector	Y
8	IRs: Improved Approaches & Incentives	Sub-IR 1.2	Number of times KINERJA-supported improved practices for service delivery are institutionalized by service delivery units	Intermediary Organization Reporting; District Documents	LPSS/Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province Sector	Y
9	IRs: Improved Approaches & Incentives	IR 2	Number of KINERJA-supported mechanism that incentivize district government or service delivery units based on actual performance	Project Records; Intermediary Organization Reporting;	LPSS/Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province Sector	Y
10	IRs: Improved Approaches & Incentives	Sub-IR 2.1	Number of KINERJA-supported feedback mechanisms at district government or service delivery units level used by clients/users	Project Records; Intermediary Organization Reporting;	LPSS/Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province Sector	Y
11	IRs: Improved Approaches & Incentives	Sub-IR 2.1	Percentage of complaints about services received through KINERJA-supported complaint survey process, which are addressed by public service delivery units	Intermediary Organization Reporting; Service Charter Documents	LPSS/Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province Sector	Y

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
12	IRs: Improved Approaches & Incentives	Sub-IR 2.1	Number of KINERJA-supported linkages between CSOs, users, DPRD, Dinas, etc., which are active in oversight of service delivery	Intermediary Organization Reporting; District Documents	LPSS/Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province Sector	Y
13	IRs: Improved Approaches & Incentives	Sub-IR 2.2	Number of KINERJA-affiliated non-media CSOs that report on local government performance	Project Records; Intermediary Organization Reporting; Publications	LPSS/Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province	Y
14	IRs: Improved Approaches & Incentives	Sub-IR 2.2	Number of KINERJA-supported citizen journalists actively reporting on local government performance	Intermediary Organization Reporting, Publications, Internet/ Media Monitoring, Self-reporting by citizen journalists	Kinerja Service Provider/LPSS /Accountability & Media Specialist	Kinerja quarterly period	Disaggregated by: Province	Y
15	IRs: Improved Approaches & Incentives	Sub-IR 2.2	Number of KINERJA-supported service delivery units where key planning documents are made available to stakeholders	Intermediary Organization Reporting; Direct Observation	Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Province District Sector	Y
16	IRs: Improved Approaches & Incentives	Sub-IR 2.2	Number of KINERJA-supported service delivery units where key budgeting documents are made available to stakeholders	Intermediary Organization Reporting; Direct Observation	Kinerja Service Provider	Kinerja quarterly period	Disaggregated by: Province District Sector	Y

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
17	IRs: Improved Approaches & Incentives	Sub-IR 2.2	Number of KINERJA-supported service delivery units where key financial reporting documents are made available to stakeholders	Intermediary Organization Reporting; Direct Observation	Kinerja Service Provider	Kinerja quarterly period	Disaggregated by: Province District Sector	Y
18	IR: Replication	IR 3	Number of times KINERJA-supported good practices are adopted by local governments outside of the original KINERJA target jurisdictions	Activity Report, Direct Observation from KINERJA staff and/or KINERJA-supported Organizations	Kinerja Service Providers, M&E Team, Kinerja Provincial Coordinators	KINERJA fiscal year	Disaggregated by: Province Sector	N/A
19	IR: Replication	IR 3	Number of non KINERJA-supported districts where adoption of KINERJA-supported good practices take place	Activity records, Direct observation from KINERJA staff and/or KINERJA supported organizations	KINERJA implementing organizations, M&E Team, KINERJA provincial coordinators, KINERJA LPSS	KINERJA fiscal year	Disaggregated by: Province	N/A

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
20	IR: Replication	IR 3	Number of times KINERJA-supported improved practices for service delivery are institutionalized by service delivery units not receiving direct implementation support.	Activity Report, Direct Observation from KINERJA staff and/or KINERJA-supported Organizations, Reports from KINERJA IO's and/or local governments	Kinerja Service Providers, M&E Team, Kinerja Provincial Coordinators, Kinerja LPSS	KINERJA fiscal year	Disaggregated by: KINERJA- vs non-KINERJA-supported districts	N/A
21	IR: Replication	IR 3	Number of KINERJA-affiliated Indonesian civil society organizations that have developed new or updated products or services for local governments	Project Records; Brief Survey of Kinerja-Supported Organizations	M&E Team	KINERJA fiscal year	Disaggregated by: Sector	Y
22	IR: Replication	IR 3	Number of KINERJA-affiliated Indonesian civil society organizations that have marketing or outreach strategies targeting local government	Brief Survey of Kinerja-Supported Organizations	M&E Team	KINERJA fiscal year	Disaggregated by: Sector	N/A
23	IR: Replication	IR 3	Number of KINERJA-supported good practices which are contained in replication packages available for use by Indonesian civil society organizations	Activity Report, Direct Observation from KINERJA supported grantees	M&E Team	KINERJA quarterly period	Disaggregated by: Sector Notes: This is a non-cumulative indicator	N/A

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
24	IR: Replication	IR 3	Number of engagements where KINERJA-affiliated Indonesian civil society organizations provide technical assistance or other support for KINERJA-supported products to districts outside of the original target jurisdiction	Brief Survey of Kinerja-Supported Organizations	M&E Team, Kinerja Provincial Coordinators	KINERJA fiscal year	Disaggregated by: Province Sector	N/A
25	IR: Replication	IR 3	Number of engagements where local governments or service delivery units contribute to cost of technical assistance from KINERJA-affiliated Indonesian civil society organizations	Project Records; Brief Survey of Kinerja-Supported Organizations	M&E Team	KIENRJA fiscal year	Disaggregated by: KINERJA- vs non-KINERJA-supported districts Sector Notes: This Indicator to be reported annually BY CALENDAR YEAR, not by Kinerja annual year.	N/A
26	IR: Replication	IR 3	Number of policy papers published that are directed at the provincial or national level to support replication of good practices in local service delivery	Project Records; Policy Papers	Provincial Coordinators, PSD Team, Kinerja Service Providers	Kinerja quarterly period	Disaggregated by: Sector	Y

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
27	IR: Replication	IR 3	Number of KINERJA-supported mechanisms to support replication of good practices related to KINERJA activities	Activity Report, Direct Observation from KINERJA supported grantees	Provincial Coordinators, LPSS, Kinerja Service Providers	KINERJA fiscal year	Disaggregated by: Nature of Funding (fully funded by Kinerja / partially funded by Kinerja / funded independently of Kinerja)	Y
28	Package-specific PSD Goal: Proportional Teacher Distribution (PTD)	Program Goal	Percentage of all public schools meeting minimum service standards for availability of teachers	District government information	LPSS	annually: as of Sep 30 for previous school year (e.g. Sep 2012 for July 2011 – June 2012)		Y; Data would be available, but covering only through June 2012.
29	Package-specific PSD Goal: PTD	Program Goal	Percentage of all public schools meeting minimum service standards for availability of teacher with academic qualifications	District government information	LPSS	annually: as of Sep 30 for previous school year (e.g. Sep 2012 for July 2011 – June 2012)		Y; Data would be available, but covering only through June 2012.

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
30	Package-specific PSD Goal: PTD	Program Goal	Percentage of schools meeting minimum service standards for availability of certified teachers	District government information	LPSS	annually: as of Sep 30 for previous school year (e.g. Sep 2012 for July 2011 – June 2012)		Y; Data would be available, but covering only through June 2012.
31	Package-specific PSD Goal: School-Based Management (SBM)	IR1 & IR2 & IR3	Percentage of all public schools meeting the minimum service standard for application of principles of school-based management	District government information	LPSS	annually: as of Sep 30 for previous school year (e.g. Sep 2012 for July 2011 – June 2012)		Y; Data would be available, but covering only through June 2012.
32	Package-specific PSD Goal: SBM	Program Goal	Percentage of KINERJA-supported schools meeting minimum service standards for availability of basic educational supplies	School	Kinerja Service Provider, LPSS	annually: as of Sep 30 for previous school year (e.g. Sep 2012 for July 2011 – June 2012)		Y; Data would be available, but covering only through June 2012.

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
33	Package-specific PSD Goal: Educational Unit Operational Cost (BOSP)	Program Goal	Percentage of BOSP (Educational Unit Operational Cost) met by national, provincial, or district government sources	District government information	LPSS	annually: as of Mar 31 for previous calendar year (e.g. Mar 2012 for Jan-Dec 2011)		N; We will not be able to report on this indicator until after March 2013.
34	Package-specific PSD Goal: Maternal & Child Health (MNCH)	Distant Goal	Percentage of babies breastfed exclusively	BPS-Statistics Indonesia: SUSENAS (core) dataset	M&E Team	annually: as of Mar 31 for previous calendar year (e.g. Mar 2012 for Jan-Dec 2011) (depending on timing of data release from BPS)	We will not be able to report on indicator 34-36 until after March 2013 and very much depending on timing of data release from Statistic Office	N; Only 2011 data would be available; this period of coverage is too early for capturing Kinerja results

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
35	Package-specific PSD Goal: MNCH	Program Goal	Percentage of pregnancies in KINERJA-supported health clinic areas where the mother received antenatal services at least 4 (four) times during pregnancy	District government information (DinasKesehatan)	LPSS	annually: as of Mar 31 for previous calendar year (e.g. Mar 2012 for Jan-Dec 2011)(depending on date of availability from District Health Office)		Y; Kinerja can request data for January through July and statistically estimate data for August through December
36	Package-specific PSD Goal: MNCH	Program Goal	Percentage of births in KINERJA-supported health clinic areas assisted by qualified healthcare workers	District government information (DinasKesehatan)	LPSS	annually: as of Mar 31 for previous calendar year (e.g. Mar 2012 for Jan-Dec 2011)(depending on date of availability from District Health Office)		Y; Kinerja can request data for January through July and statistically estimate data for August through December

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
37	Package-specific PSD Goal: One Stop Shops (OSS)	Program Goal	Number of business permits issued annually	District government information	LPSS	annually: as of Mar 31 for previous calendar year (e.g. Mar 2012 for Jan-Dec 2011)	Y; We could request Jan-Jul data and do the estimation for Jan-Dec.	Y; Kinerja can request data for January through July and statistically estimate data for August through December
38	Package-specific PSD Goal: One Stop Shops (OSS)	Program Goal	Customers Satisfaction Index on licensing office service delivery quality	Survey of businesses who have applied for business licenses	Kinerja Intermediary Organizations and/or District Governments	annually: as of Sep 30 for Index calculated during current KINERJA fiscal year (e.g. Sep 2012 for index calculated in Jan 2012)	Disaggregated by: District	Y; would require coordination with IOs via BEE specialists

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
39	Impact: Education	Distant Goal	School Enrollment Rate (Net) – Primary School (age 7-12)	BPS-Statistics Indonesia: SUSENAS (core) dataset	SMERU	Baseline: June 2011 for SUSENAS data collected in July 2010 Endline: June 2014 for SUSENAS data collected in Mar/Jun/Sep/ Dec 2013	Disaggregated by: Province Gender	N
40	Impact: Education	Distant Goal	School Enrollment Rate (Net) - Junior Secondary School (age 13-15)	BPS-Statistics Indonesia: SUSENAS (core) dataset	SMERU	Baseline: June 2011 for SUSENAS data collected in July 2010 Endline: June 2014 for SUSENAS data collected in Mar/Jun/Sep/ Dec 2013	Disaggregated by: Province Gender	N

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
41	Impact: Education	Distant Goal	School Dropout Rate	BPS-Statistics Indonesia: SUSENAS (core) dataset	SMERU	Baseline: June 2011 for SUSENAS data collected in July 2010 Endline: June 2014 for SUSENAS data collected in Mar/Jun/Sep/Dec 2013	Disaggregated by: Province Gender Notes: this indicator includes "transition" drop-outs from primary to junior secondary school as part of the primary school drop-out rate.	N
42	Impact: Health	Distant Goal	Percentage of babies breastfed exclusively	BPS-Statistics Indonesia: SUSENAS (core) dataset	SMERU	Baseline: June 2011 for SUSENAS data collected in July 2010 Endline: June 2014 for SUSENAS data collected in Mar/Jun/Sep/Dec 2013	Disaggregated by: Province	N

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
43	Impact: Health	Distant Goal	Percentage of babies breastfed immediately	Health Research and Development Board, MOH: Riskesdas dataset	SMERU	Baseline: March 2011 for Riskesdas data collected May-Aug 2010 Endline: March 2014 for Riskesdas data collected May-Aug 2013	Disaggregated by: Province Notes: "Gold Standard" from WHO/UNICEF is breastfeeding within 1 hour after birth.	N
44	Impact: Health	Program Goal	Citizen use of public health facilities	BPS-Statistics Indonesia: SUSENAS (core) dataset	SMERU	Baseline: June 2011 for SUSENAS data collected in July 2010 Endline: June 2014 for SUSENAS data collected in Mar/Jun/Sep/Dec 2013	Disaggregated by: Province Gender	N

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
45	Impact: Health	Program Goal	Percentage of pregnancies that receive antenatal services at least 4 times during pregnancy	Health Research and Development Board, MOH: Riskesdas dataset	SMERU	Baseline: March 2011 for Riskesdas data collected May-Aug 2010 Endline: March 2014 for Riskesdas data collected May-Aug 2013	Disaggregated by: Province	N
46	Impact: Health	Program Goal	Percentage of births assisted by qualified health care workers	BPS-Statistics Indonesia: SUSENAS (core) dataset	SMERU	Baseline: June 2011 for SUSENAS data collected in July 2010 Endline: June 2014 for SUSENAS data collected in Mar/Jun/Sep/Dec 2013	Disaggregated by: Province	N

No.	Indicator Type	Link to RF	Indicator Name	Data Source	Kinerja Person/Unit Responsible for Collection	Frequency of Reporting	Notes	Available for MTE? (Y/N)
47	Impact: Health	Program Goal	Percentage of postpartum mothers who receive care after birth	Health Research and Development Board, MOH: Riskesdas dataset	SMERU	Baseline: March 2011 for Riskesdas data collected May-Aug 2010 Endline: March 2014 for Riskesdas data collected May-Aug 2013	Disaggregated by: Province	N
48	Impact: Health	Program Goal	Percentage of neonates who receive care at least 3 times after birth	Health Research and Development Board, MOH: Riskesdas dataset	SMERU	Baseline: March 2011 for Riskesdas data collected May-Aug 2010 Endline: March 2014 for Riskesdas data collected May-Aug 2013	Disaggregated by: Province	N

ANNEX III: ACHIEVEMENT FOR 20 INDICATORS THROUGH SEPTEMBER/DECEMBER 2012

Indicator Number	Indicator	Target for FY 2012	Achievement through September 2012	Achievement through December 2012
GJD 2.2.3-3	Number of local mechanisms supported with US Government assistance for citizens to engage their subnational government	372	300 (81%)	370 (99%)
GJD 2.2.3-4	Number of local non-governmental and public sector associations supported with US Government assistance	36	37 (103%)	60* (167%)
GJD 2.2.3-5	Number of sub-national entities receiving US Government assistance that improve their performance	20	13 (65%)	15 (75%)
GJD 2.4.1-9	Number of civil society organizations (CSOs) receiving USG assistance engaged in advocacy interventions	33	32 (97%)	42* (127%)
5	Number of times KINERJA-supported improved service delivery models or approaches are adopted by local governments	27	38 (141%)	48 (178%)
6	Number of KINERJA-supported technical recommendations to SKPD/DPRD/Bupati that have involved or are formally endorsed by other non-government actors	33	86 (261%)	109 (330%)
7	Number of service charters agreed upon with KINERJA support	138	122 (88%)	125 (91%)
8	Number of times KINERJA-supported improved practices for service delivery are institutionalized by service delivery units	421	141 (33%)	255 (61%)
9	Number of KINERJA-supported mechanisms that incentivize district government or service delivery units based on actual performance	14	7 (50%)	8 (57%)
10	Number of KINERJA-supported feedback mechanisms at district government or service delivery units level used by clients/users	23	16 (70%)	22 (96%)
11	Percentage of complaints about services received through KINERJA-supported complaint survey process, which is addressed by public service delivery units	30%	30% (= target)	30% (= target)
12	Number of KINERJA-supported linkages between CSOs, users, DPRD, Dinas, etc., which are active in oversight of service delivery	144	81 (56%)	91 (63%)
13	Number of non-media CSOs that report on local government performance	13	13 (100%)	14 (108%)
14	Number of KINERJA-supported citizen journalists actively reporting on local government performance	100	11 (11%)	19 (19%)
15	Number of KINERJA-supported service delivery units where key planning documents are made available to stakeholders	62	27 (44%)	127 (205%)
16	Number of KINERJA-supported service delivery units where key budgeting documents are made available to stakeholders	63	30 (48%)	130 (206%)
17	Number of KINERJA-supported service delivery units where key financial reporting documents are made available to stakeholders	65	47 (72%)	47 (72%)
21	Number of KINERJA-affiliated Indonesian civil society organizations that have developed new or updated products or services for local governments	25	5 (20%)	5 (20%)
26	Number of policy papers published that are directed at the provincial or national level to support replication of good practices in local service delivery	2	4 (200%)	4 (200%)
27	Number of mechanisms to support adoption of good practices related to KINERJA activities	4	5 (125%)	6 (160%)

*includes some organizations from the second round of Kinerja grants, which started in approximately October 2012.

ANNEX IV: MSS ACTIVITIES BY DISTRICT

Provinces	Districts	Sector	Type of activities	Date events	
Aceh	Banda Aceh	Health	SS Awareness/knowledge workshop	March 12 – 13, 2012	
			SPM Awareness/knowledge workshop	August 1 -2, 2012	
			SOP MNCH	August 8, 2012	
	Singkil	Health	SS Awareness/knowledge workshop	April 3 – 4, 2012	
	Bener Meriah	Health	SS Awareness/knowledge workshop	March 15 – 16, 2012	
	Aceh tenggara	Edu	SS Awareness/knowledge workshop	Oct 26 – 27, 2012	
East Java	Kota Probolinggo	Edu	SS Awareness/knowledge workshop	Feb 8 – 9, 2012	
			SPM Awareness/knowledge workshop	June 25 – 26, 2012	
			Costing and prioritizing activities	July 16 – 17, 2012	
			Integrated costing result into region planning & budgeting	Oct 11 – 13, 2012	
	Jember	Edu	SS Awareness/knowledge workshop	Feb 23 – 24, 2012	
			SPM Awareness/knowledge workshop	June 20 – 21, 2012	
			Costing and prioritizing activities	July 10 – 11, 2012	
			Integrated costing result into region planning & budgeting	July 12 – 13, 2012	
	Bondowoso	Health	SS Awareness/knowledge workshop	March 1 – 2, 2012	
			SPM Awareness/knowledge workshop	June 19 – 21, 2012	
			Costing and prioritizing activities	July 31 – august 2, 2012	
			Integrated costing result into region planning & budgeting	August 7 – 9 & Sept 19 – 20 & Sept 26, 2012	
South Sulawesi	barru	Edu	SS Awareness/knowledge workshop	Sept 20-21, 2011	
			Costing and prioritizing activities	June 27 – 28, 2012 Sept 1, 2012 Sept 14-15, 2012	
	Luwu	Edu	SS Awareness/knowledge workshop	Sept 29-30, 2011	
			Costing and prioritizing activities	June 19-20, 2012 August 14, 2012 Sept 27, 2012	
	Luwu Utara	Edu	SS Awareness/knowledge workshop	Sept 27-28, 2011	
			Costing and prioritizing activities	June 27-29, 2012 August 30-31, 2012 Sept 24-25, 2012	
	Bulukumba		SS Awareness/knowledge workshop	Oct 4-5, 2011	
			Costing and prioritizing activities	July 17-19, 2012 Sept 13-15, 2012 Oct 12, 2012	
	West Kalimantan	Singkawang	Health	SS Awareness/knowledge workshop	Feb 1-2, 2012
				Costing and prioritizing activities	July 10-12, 2012 Sept 4-6, 2012
Sekadau		Edu	SS Awareness/knowledge workshop	Jan 26-27, 2012	
Melawi		Edu	SS Awareness/knowledge workshop	Jan 24-25, 2012	
			Costing and prioritizing activities	Mei 30-June 2, 2012 July 4-6, 2012 Sept 27-28, 2012	
Bengkayang		Edu	SS Awareness/knowledge workshop	Feb 15-16, 2012	
Sambas	Health	SS Awareness/knowledge workshop	Jan 30-31, 2012		

ANNEX V: ILLUSTRATIVE DATA COLLECTION INSTRUMENTS

Technical Specialist (TS)

Interviewer :
 Interview Date :
 Time of Interview :
 Location of Interview :

Name	M/F	Age :
Informant Category/Title		
Start working from		
Telephone Number		
Start working with KINERJA		

add	1.	<ul style="list-style-type: none"> Please describe KINERJA coordination structure (coordination between TS, PC, LPSS, IO and LG) currently? Do those appropriate/match? Why? Please explain how the coordination of administrative reported mechanism (activities, financial, etc.) with the districts/provincial! <ul style="list-style-type: none"> Why the budget for TS travel is covered by provincial budget? Does this thing was socialized to PC? Please describe your role and responsibility within this project!
	2.	How TS conducted problem mapping to intervention area which is visiting? Do they communicated/socialized for every adjustment/changing in the field to the National Office? For those adjustment/changing, do they well-documented?
	3.	<ul style="list-style-type: none"> How the coordination among technical specialist in the field How the coordination among technical specialist in National Office?
I.5	4.	<p>What are you opinion/judgment to the IO under your supervision? (especially in the SMERU sample area)</p> <ul style="list-style-type: none"> Number of activities during contract periods Number and staff ability Internal and external coordination Skill and capacity related with intervention/packages (health/Education/Business enabling Environment) Administrative Capability
	5.	Which IOs, whether Local IOs and the IOs who comes from other areas who showing the best performance, Coordination and communication? Why?
	6.	Did any evaluation occurred regarding IOs work plan? How the process/pattern?
	7.	Did any evaluation conducted regarding LPSS activities report (weekly report)? How the process/pattern?
	8.	There any capacity strengthened of IOs under your supervision? How?
	9.	What Challenges and/or obstacle were your facing during giving assistances to the IOs?
I.5	10.	How the actively/performance/skill of the LPSS? What kind of things that should do in order to make roles of LPSS could lead to the increased KINERJA achievement?
I.4	11.	There are any KINERJAs or your unintended things occurred? explain!
I.5	12.	What is the supporting and inhibit factors during KINERJAs implementation time? Please explain along with the example

3.1	13.	What the problems was ever happened in-term of KINERJA project implementation? What was problem solving do? How the result? There are any other parties involved?
5.1	14.	In order to achieved KINERJAs objective, what is adjustment/solving where KINERJAs should do for?
	15.	<ul style="list-style-type: none"> • What type of good practices were TS and regional KINERJA staff understood? • Do you have been understood with the KINERJA replication planning? Explain! • Do you have an advice or suggestion for implementation of replication planning?
	16.	What are you thought about the triggering factor causing the achievement output/outcome each intervention districts different?

1.3	1.	<p>Gender aspect within activity:</p> <p>Is KINERJA considering gender composition within activities? Who the most often attending: Male or Female? Why? Who the most active and/or showing their interest to learn: male or female?</p>
1.3	2.	Do you have any suggestion regarding to make KINERJA program more considering the gender issue in the future?

OMP – KONSIL LSM

Gambaran umum:

- OMP ini bertugas di KINERJA dalam program Peningkatan Partisipasi Masyarakat dalam Pelayanan Publik di 3 Provinsi yaitu Aceh, Kalbar dan Jatim
- Kegiatan utamanya adalah MSF Kabupaten dan Survey Pengaduan (yang kemudian menghasilkan Maklumat Layanan/Janji Layanan Perbaikan).
- Janji Layanan Perbaikan dapat disusun di tingkat sekolah, puskesmas dan kabupaten.
- MSF Kabupaten bentukan Konsil ditujukan untuk memantau Janji Layanan Perbaikan.

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	Mulai bertugas di/menjabat		
	Nomor Telepon		
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add		Jelaskan struktur koordinasi KINERJA (koordinasi antara PC, LPSS, OMP dan Pemda) yang Anda jalankan? Apakah sudah sesuai/tepat? Mengapa? Bagaimana hubungan kerja anda dengan staf KINERJA yang lain? Jelaskan, berikan contoh!
2.1		Sebutkan bentuk-bentuk kegiatan KINERJA yang Anda ikuti/jalani/ketahui?
2.1 & 1.4		Menurut Anda apakah maksud atau tujuan dari kegiatan-kegiatan yang diadakan oleh KINERJA? (jawaban/tanggapan responden bisa secara umum)
2.1		Pendekatan program KINERJA mengarah pada peningkatan pelayanan yang baik (<i>supply</i>) atau peningkatan pengawasan oleh warga terhadap pelayanan (<i>demand</i>) (warga lebih paham, kritis atau partisipatif) atau keduanya? Jelaskan!
2.1		Apakah pihak lain (SKPD lain, DPRD, LSM, Media) juga mengetahui kegiatan KINERJA di lapangan? Menurut Anda, Apakah mereka mengerti maksud atau tujuan yang ingin dicapai oleh KINERJA? Mengapa? Bagaimana hubungan anda/lembaga dengan pihak lain?
2.1		Manfaat apa yang anda/lembaga anda dapatkan dari keikutsertaan dalam kegiatan KINERJA? Sebutkan dan jelaskan dengan contoh!
1.4		<ul style="list-style-type: none"> – Apakah keterlibatan anda/lembaga dalam kegiatan KINERJA tersebut mempengaruhi/berpotensimempengaruhi penguatan kapasitas diri Anda/lembaga Anda? (Jawaban bisa: mempengaruhi, berpotensi mempengaruhi, tidak mempengaruhi. Pengaruh/potensi pengaruh bisa positif atau negatif) – Apa bentuk Pengaruhnya, dan mengapa? (ilustrasikan, misal: penguatan jaringan, pengetahuan isu, cara advokasi, kemampuan untuk dampingan ke masyarakat dan pemda)

1.4	Apakah ada sesuatu yang terjadi diluar dari apa yang diharapkan oleh Kinerja (peningkatan pelayanan publik) atau anda/lembaga? Jelaskan!
1.5	<p><u>Tambahan untuk intervensi terkait Survey pengaduan dan Janji layanan perbaikan:</u></p> <ul style="list-style-type: none"> - Pelaksanaan Survey Pengaduan: <p>(tujuan, pencapaian tujuan, hambatan/dukungan [pembuatan kuesioner, pengumpulan data, surveyor, pengolahan, analisis, dll], saran perbaikan)</p> <ul style="list-style-type: none"> - Bagaimanakah tanggapan dari pengguna layanan puskesmas, pihak/staf puskesmas dan Dinas Kesehatan terhadap kegiatan Survey tsb? - Bagaimanakah tanggapan dari pengguna layanan puskesmas, pihak/staf puskesmas dan Dinas Kesehatan terhadap Hasil Survey (Indeks Pengaduan Masyarakat=IPM) tsb? - Bagaimana proses pembuatan Janji Layanan Perbaikan dari hasil survey? (hambatan/dukungan, tindak lanjut dari IPM [ditempel di papan puskesmas/disosialisasikan ke masyarakat], realisasi janji/perbaikan nyata dari pihak puskesmas) - Bagaimanakah tanggapan dari pengguna layanan puskesmas, pihak/staf puskesmas dan Dinas Kesehatan terhadap Janji Layanan Perbaikan tsb? - Bagaimanakah kerjasama anda dengan OMP-paket yang membentuk MSF di tingkat unit layanan (sekolah/puskesmas)? Apakah jalinan kerjasama tersebut akan berlanjut pada “Survey Pengaduan, IPM, Janji Layanan Perbaikan dan pemantauannya” yang dilakukan secara independen oleh MSF Kabupaten? Jika belum terjalin kerjasama, apa yang harus dilakukan/diberikan oleh KINERJA?
1.5	<p>Faktor-faktor apa saja yang menghambat dan mendukung pelaksanaan KINERJA?</p> <ul style="list-style-type: none"> - Internal lembaga (kemampuan dan kelemahan OMP) → lihat pertanyaan tambahan - Eksternal lembaga (misal: tanggapan Dinas/puskesmas/sekolah, perilaku tokoh/masyarakat)
3.1	Permasalahan yang pernah terjadi terkait pelaksanaan intervensi KINERJA yang lembaga anda fasilitasi? Tindakan apa yang dilakukan oleh KINERJA (LPSS, PC, KINERJA National Office)? Bagaimana hasilnya? Apakah ada pihak lain/siapa yang ikut membantu?
5.1	Untuk mencapai tujuan KINERJA, perbaikan/penyesuaian apa yang harus dilakukan oleh KINERJA National Office, PC, LPSS, OMP?
2.2	Apakah kegiatan intervensi KINERJA sudah sesuai dengan kebutuhan pemda dan masyarakat? Apakah: tidak, kurang, cukup, atau sangat sesuai. Mengapa
2.3	Kegiatan mana dari kegiatan intervensi KINERJA yang dianggap tidak, kurang, cukup dan sangat berguna bagi pemda dan masyarakat? MEngapa?
4.1 & 1.4	<p>Apakah ada kegiatan intervensi KINERJA yang berpotensi terus dilaksanakan/ditindaklanjuti oleh lembaga anda (walaupun tanpa pendanaan/dampingan KINERJA).</p> <ul style="list-style-type: none"> - Jika iya, kegiatan yang mana dan mengapa? <p>Apakah kegiatan tersebut direncanakan untuk ditawarkan ke kabupaten untuk kecamatan lain, ke kabupaten lain, ke donor lain?</p>

		- Jika tidak ada, mengapa?
4.2		Kegiatan mana yang paling tidak berpotensi untuk diteruskan/ditindaklanjuti? Mengapa?

1.3		Aspek gender dalam kegiatan: Apakah KINERJA mempertimbangkan komposisi gender ketika menentukan peserta kegiatan? Manakah yang lebih sering hadir dalam kegiatan KINERJA: laki-laki atau perempuan? Mengapa? Siapa yang lebih aktif/tertarik untuk belajar: laki-laki atau perempuan?
1.3		Aspek gender dalam intervensi: Apakah lembaga anda memasukan aspek gender dalam identifikasi dan pemilihan pihak yang terlibat dalam MSF?
1.3		Apakah anda memiliki usul mengenai bagaimana agar program KINERJA kedepannya lebih mempertimbangkan isu gender?

PERTANYAAN TAMBAHAN UNTUK PENILAIAN KEMAMPUAN OMP:

- a) Mohon jelaskan apa yang menjadi keunggulan atau kelemahan lembaga anda dari sisi berikut?
 - Jumlah dan kemampuan staf
 - Koordinasi internal
 - Kemampuan berdasarkan intervensi/paket (kesehatan/pendidikan/iklim usaha)
 - Kemampuan administratif
- b) Bagaimanakah keunggulan atau kelemahan tersebut mendukung pelaksanaan paket program Kinerja yang saat ini dilakukan oleh lembaga anda? Apakah kelemahan menghambat pelaksanaan program dan bagaimana lembaga anda mengatasinya?
- c) Dukungan apa yang pernah diberikan oleh Kinerja untuk membantu anda dalam melaksanakan paket program? Dukungan apa lagi yang menurut anda bisa dilakukan oleh Kinerja untuk lebih membantu lembaga anda dalam melaksanakan program?
- d) Bagaimana anda membangun hubungan yang baik dengan pemerintah daerah yang selama ini dibangun? Apakah semakin menguatkan/sama saja terkait hubungan lembaga anda dengan pemerintah daerah? Apa rencana anda untuk lebih mempromosikan keunggulan lembaga anda ke pemda lainnya?
- e) Mohon gambarkan hubungan lembaga anda dengan masyarakat sipil/ kelompok khusus dalam masyarakat. Apakah hubungan lembaga anda dengan kelompok khusus tersebut semakin menguatkan atautkah sama saja setelah kegiatan KINERJA?

LPSS

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add		Jelaskan struktur koordinasi KINERJA (koordinasi antara PC, LPSS, OMP dan Pemda) yang Anda jalankan? Apakah sudah sesuai/tepat? Mengapa? Bagaimana hubungan kerja anda dengan staf KINERJA yang lain? Jelaskan, berikan contoh!
2.1		Sebutkan bentuk-bentuk kegiatan KINERJA yang Anda ikuti/jalani/ketahui?
2.1 & 1.4		Menurut Anda apakah maksud atau tujuan dari kegiatan-kegiatan yang diadakan oleh KINERJA? (jawaban/tanggapan responden bisa secara umum)
2.1		Pendekatan program KINERJA mengarah pada peningkatan pelayanan yang baik (<i>supply</i>) atau peningkatan pengawasan oleh warga terhadap pelayanan (<i>demand</i>) (warga lebih paham, kritis atau partisipatif) atau keduanya? Jelaskan!
2.1		Apakah pihak lain (SKPD lain, BKD, DPRD, OMP, Media) juga mengetahui kegiatan KINERJA di lapangan? Menurut Anda, Apakah mereka mengerti maksud atau tujuan yang ingin dicapai oleh KINERJA? Mengapa? Bagaimana hubungan anda/lembaga dengan pihak lain?
1.4		Untuk kepentingan Anda pribadi, manfaat apa yang anda dapatkan dari keikutsertaan dalam kegiatan KINERJA? Sebutkan dan jelaskan dengan contoh! <ul style="list-style-type: none"> - Memperluas jaringan - Penguatan kapasitas diri - dll
1.4		Apakah ada sesuatu yang terjadi diluar dari apa yang diharapkan oleh Kinerja (peningkatan pelayanan publik) atau anda? Jelaskan!
1.5		Faktor-faktor apa saja yang menghambat dan mendukung pelaksanaan intervensi KINERJA? misal: keengganan sekda/dishub/SKPD/BKD/warga/media, dll
1.5		Seberapa sering terjadi mutasi pejabat di pemda? Pilkada/persiapan pilkada? Siapa saja anggota pokja/tim teknis (lembaga dan jabatan)! Apakah ada pergantian anggota pokja/tim teknis KINERJA? Bagaimana kondisi ini mempengaruhi kegiatan KINERJA?
1.5		Bagaimana dengan dukungan dari Pemda Provinsi terhadap kegiatan yang didukung KINERJA? (kebijakan, bantuan dll)
1.5		Bagaimana keaktifan/kinerja/kemampuan OMP?

3.1		Permasalahan yang pernah terjadi terkait pelaksanaan KINERJA? Tindakan apa yang dilakukan oleh KINERJA (anda/LPSS, PC, Kinerja NO, OMP)? Bagaimana hasilnya? Apakah ada pihak lain/siapa yang ikut membantu?
5.1		Untuk mencapai tujuan KINERJA, perbaikan/penyesuaian apa yang harus dilakukan oleh KINERJA National Office, PC, LPSS, OMP?
2.2		Apakah kegiatan-kegiatan KINERJA sudah sesuai dengan kebutuhan pemda dan masyarakat? Apakah: tidak, kurang, cukup, atau sangat sesuai. Jelaskan!
2.3		Kegiatan mana dari kegiatan-kegiatan KINERJA yang dianggap tidak, kurang, cukup dan sangat berguna bagi pemda dan masyarakat? Mengapa?
4.1		Dari kegiatan KINERJA yang anda ketahui mana yang berpotensi terus dilaksanakan/ditindaklanjuti oleh Pemda (dinas/unit layanan) setempat ataupun Pemda lain (walaupun tanpa pendanaan/dampingan KINERJA). Jelaskan!
4.1		Dari kegiatan KINERJA yang anda ketahui mana yang berpotensi terus dilaksanakan/ditindaklanjuti oleh OMP dalam memberikan asistensi kepada Pemda (dinas/unit layanan) (walaupun tanpa pendanaan/dampingan KINERJA). Jelaskan!
4.2		Kegiatan mana yang paling tidak berpotensi untuk diteruskan/ditindaklanjuti oleh OMP ataupun Pemda ? Mengapa?
		<ul style="list-style-type: none"> • Apakah anda sudah memahami Rencana Replikasi Kinerja? Jelaskan! • Apakah anda memiliki usulan untuk pelaksanaan Rencana Replikasi?

1.3		Aspek gender dalam kegiatan: Apakah KINERJA mempertimbangkan komposisi gender ketika menentukan peserta kegiatan? Manakah yang lebih sering hadir dalam kegiatan KINERJA: laki-laki atau perempuan? Mengapa? Siapa yang lebih aktif/tertarik untuk belajar: laki-laki atau perempuan?
1.3		Aspek gender dalam intervensi: Apakah anda dan OMP memasukan aspek gender dalam pembuatan perbup/draft perbup DGP? Atau dalam fasilitasi anda dan OMP terkait peta kebutuhan guru? Menurut Anda, Apakah OMP telah mempertimbangkan aspek gender dalam identifikasi dan pemilihan pihak yang terlibat dalam MSF/Jurnalisme warga?
1.3		Apakah anda memiliki usul mengenai bagaimana agar program KINERJA kedepannya lebih mempertimbangkan isu gender?

Provincial Coordinator (PC)

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	Mulai bertugas di/menjabat		
	Nomor Telepon		
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add		Jelaskan struktur koordinasi KINERJA (koordinasi antara PC, LPSS, OMP dan Pemda) yang Anda jalankan? Apakah sudah sesuai/tepat? Mengapa? Bagaimana hubungan kerja anda dengan staf KINERJA yang lain? Jelaskan, berikan contoh!
2.1		Sebutkan bentuk-bentuk kegiatan KINERJA yang Anda ikuti/jalani/ketahui?
2.1 & 1.4		Menurut Anda apakah maksud atau tujuan dari kegiatan-kegiatan yang diadakan oleh KINERJA? (jawaban/tanggapan responden bisa secara umum)
2.1		Pendekatan program KINERJA mengarah pada peningkatan pelayanan yang baik (<i>supply</i>) atau peningkatan pengawasan oleh warga terhadap pelayanan (<i>demand</i>) (warga lebih paham, kritis atau partisipatif) atau keduanya? Jelaskan!
2.1		Apakah pihak lain (Pemda kabkot selain dampingan, SKPD lain, DPRD, BKD, OMP, Media) juga mengetahui kegiatan KINERJA di lapangan? Menurut Anda, Apakah mereka mengerti maksud atau tujuan yang ingin dicapai oleh KINERJA? Mengapa? Bagaimana hubungan anda/lembaga dengan pihak lain?
1.4		Untuk kepentingan Anda pribadi, manfaat apa yang anda dapatkan dari keikutsertaan dalam kegiatan KINERJA? Sebutkan dan jelaskan dengan contoh! <ul style="list-style-type: none"> - Memperluas jaringan - Penguatan kapasitas diri - Dll
1.4		Apakah ada sesuatu yang terjadi diluar dari apa yang diharapkan oleh Kinerja (peningkatan pelayanan publik) atau anda? Jelaskan!
1.5		Faktor-faktor apa saja yang menghambat dan mendukung pelaksanaan intervensi KINERJA? misal: keengganan sekda/dishub/BKD/SKPD/warga/media, dll
1.5		<ul style="list-style-type: none"> - Seberapa sering terjadi mutasi pejabat di pemda kabupaten/kota dampingan KINERJA? - Pilkada/persiapan pilkada? - Seberapa sering terjadi pergantian anggota pokja/tim teknis KINERJA di kabupaten/kota dampingan? <p>Bagaimana kondisi tersebut mempengaruhi kegiatan KINERJA?</p>

1.5		Bagaimana dengan dukungan dari Pemda Provinsi terhadap kegiatan yang didukung KINERJA? (kebijakan, bantuan dll)
1.5		Bagaimana keaktifan/kinerja/kemampuan LPSS?
1.5		Bagaimana keaktifan/kinerja/kemampuan OMP? (terutama di daerah sampel SMERU)
3.1		Permasalahan yang pernah terjadi terkait pelaksanaan KINERJA? Tindakan apa yang dilakukan oleh KINERJA (anda/LPSS, PC, Kinerja NO, OMP)? Bagaimana hasilnya? Apakah ada pihak lain/siapa yang ikut membantu?
5.1		Untuk mencapai tujuan KINERJA, perbaikan/penyesuaian apa yang harus dilakukan oleh KINERJA National Office, PC, LPSS, OMP?
		<ul style="list-style-type: none"> • Apakah anda sudah memahami Rencana Replikasi Kinerja? Jelaskan! • Apakah anda memiliki usulan untuk pelaksanaan Rencana Replikasi?

1.3		Aspek gender dalam kegiatan: Apakah KINERJA mempertimbangkan komposisi gender ketika menentukan peserta kegiatan? Manakah yang lebih sering hadir dalam kegiatan KINERJA: laki-laki atau perempuan? Mengapa? Siapa yang lebih aktif/tertarik untuk belajar: laki-laki atau perempuan?
1.3		Aspek gender dalam intervensi: Apakah anda dan OMP memasukan aspek gender dalam pembuatan perbup/draft perbup DGP? Atau dalam fasilitasi anda dan OMP terkait peta kebutuhan guru? Menurut Anda, Apakah OMP telah mempertimbangkan aspek gender dalam identifikasi dan pemilihan pihak yang terlibat dalam MSF/Jurnalisme warga?
1.3		Apakah anda memiliki usul mengenai bagaimana agar program KINERJA kedepannya lebih mempertimbangkan isu gender?

DINAS Pendidikan

Bidang yang terkait dengan program KINERJA umumnya adalah

- **Bidang Pendidikan Dasar dan Menengah**
- **Bidang Pendataan dan Kepegawaian**

Daftar kegiatan intervensi:

1. **Distribusi Guru Proposional** → Persebaran Guru merupakan tuntutan SKB 5 Menteri
 - a. **peremajaan data guru dan sekolah** → Focus kegiatan peremajaan data guru (NUPTK) bentuk kegiatannya yaitu menyandingkan data laporan bulanan sekolah dengan posisi data NUPTK terakhir dengan cara melakukan koreksi pada database NUPTK! (koreksi: usia, status mutasi, pendidikan, golongan dan mata pelajaran)
 - i. Data sekolah : form Laporan Individu sekolah
 - ii. Data guru : NUPTK 2010 dan laporan bulanan sekolah yang terakhir.
 - b. **peta kebutuhan guru, rekomendasi dan analisis distribusi guru** → **MINTAKAN DOKUMEN dan DATANYA**
 - c. **perbup/draft perbup untuk DGP**
2. **PPID**
3. **SPM Pendidikan**
4. **Jurnalisme warga**
5. **MSF**

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2.1		Sebutkan kegiatan-kegiatan KINERJA yang Anda ketahui?
2.1 & 1.4		Menurut Anda apakah maksud atau tujuan dari kegiatan-kegiatan yang diadakan oleh KINERJA? (jawaban/tanggapan responden bisa secara umum)
2.1		Pendekatan program KINERJA mengarah pada peningkatan pelayanan yang baik (<i>supply</i>) atau peningkatan pengawasan oleh warga terhadap pelayanan (<i>demand</i>) (warga lebih paham, kritis atau partisipatif) atau keduanya? Jelaskan!
2.1		Apakah pihak lain (BKD, Bappeda, LSM, Media) juga mengetahui kegiatan KINERJA di lapangan? Menurut Anda, Apakah mereka mengerti maksud atau tujuan yang ingin dicapai oleh KINERJA? Mengapa? Bagaimana hubungan anda/lembaga dengan pihak lain?
1.4		Apakah ada sesuatu yang terjadi diluar dari apa yang diharapkan oleh Kinerja atau anda/lembaga? Jelaskan! (misal penolakan guru, BKD,dll)

I.4	<p>Apakah kegiatan intervensi KINERJA mempengaruhi/berpotensi mempengaruhi penguatan kapasitas lembaga Anda? (Jawaban bisa: mempengaruhi, berpotensi mempengaruhi, tidak mempengaruhi. Pengaruh/potensi pengaruh bisa positif atau negatif)</p> <p>Apa bentuk pengaruhnya, dan mengapa? Bagaimana pelaksanaannya? (ilustrasikan/berikan contoh)</p> <ul style="list-style-type: none"> - pengumpulan dan analisis data sekolah yang lebih baik dari tingkat sekolah,UPTD dan Dinas - pengumpulan dan analisis data guru PNS dan Non-PNS yang lebih baik (peremajaan data NUPTK) - pembuatan kebijakan/SOP/SPM berdasarkan data, pembuatan kebijakan untuk insentif/tunjangan guru - peningkatan efisiensi pelayanan (distribusi guru yg sesuai kebutuhan, infrastruktur/fasilitas untuk guru)
I.3	<p>Dari kegiatan KINERJA yang anda ketahui apakah sudah sensitif gender?</p> <ul style="list-style-type: none"> - Terkait perbup DGP, Apakah ada kebijakan khusus mutasi guru terkait gender? (apakah laki-laki lebih diprioritaskan untuk dimutasi ke wilayah terpencil? Mengapa? - Terkait perbup DGP, Manakah yang mungkin lebih mudah dimutasi: guru perempuan atau guru laki-laki? Mengapa (hambatan/tantangan)? - Terkait MSF atau Jurnalis Warga. Manakah yang lebih sering hadir dalam kegiatan KINERJA: laki-laki atau perempuan? Mengapa? - Terkait MSF atau Jurnalis Warga. Menurut anda, Siapa yang lebih aktif/tertarik untuk belajar: laki-laki atau perempuan?
I.3	<p>Apakah anda memiliki usul mengenai bagaimana agar program KINERJA kedepannya lebih mempertimbangkan isu gender?</p>
I.5	<p>Faktor-faktor apa saja yang menghambat dan mendukung pelaksanaan intervensi KINERJA? <i>Mengacu pada daftar kegiatan intervensi KINERJA diatas</i></p> <p>a. Internal Dinas Pendidikan:</p> <p><i>Anggaran, ketersediaan data, keberadaan/kemampuan staf dinas dan UPTD, prioritas program dinas pendidikan, selain itu,</i></p> <ol style="list-style-type: none"> 1. Apakah ada program pemberian insentif dari pemda untuk tunjangan guru di daerah terpencil? Sejauh mana program itu efektif? Sejak kapan dilakukan? Berapa persen alokasi anggaran pendidikan yang ditujukan untuk tunjangan guru di daerah terpencil? 2. Bagaimana kondisi infrastruktur atau fasilitas untuk guru di tiap sekolah di kabupaten dan 3 kecamatan intervensi? 3. Permasalahan apa yang umumnya muncul terkait penempatan/mutasi guru di sekolah? 4. Berapakah jumlah guru di kab/kot ini yang akan pensiun dalam 2-3th kedepan? Apakah ini bisa menjadi masalah? 5. Bagaimana proses pengumpulan data dari sekolah (SD dan SMP)? <ul style="list-style-type: none"> • Apakah data-data dari tingkat sekolah (SD dan SMP) dikumpulkan

		<p>secara regular? Apakah ada deadline pengumpulan dan pengiriman data dari sekolah ke Dinas Pendidikan/Kemdiknas? Kapan? Apakah pengumpulan tepat waktu? Adakah sanksi bagi keterlambatan pengumpulan?</p> <p>6. Bagaimana sarana (petugas, computer, printer) penunjang dalam proses pengumpulan data sekolah di UPTD ini?</p> <p>7. Apakah ada verifikasi data oleh UPTD ke sekolah atau dari Dinas Pendidikan ke UPTD atau SMP? Seberapa sering? Hambatannya?</p> <p>b. Eksternal Dinas Pendidikan: <i>Manajemen Kinerja (staf, pelatihan), BKD, intervensi pejabat lokal.</i></p> <p>1. Seberapa Apakah ada verifikasi data oleh UPTD ke sekolah atau dari Dinas Pendidikan ke UPTD atau SMP? Seberapa sering? Hambatannya?</p>
		<p>Apakah keberadaan guru honor sekolah akan diikutsertakan jika data yang digunakan untuk menghitung kebutuhan guru merupakan cek silang antara data NUPTK dengan laporan bulanan sekolah? Menurut anda, bagaimana konsekuensi/dampaknya terhadap peta kebutuhan guru?</p>
		<p>Apakah mungkin rasio guru dan murid yang proporsional di setiap sekolah dapat tercapai di kabupaten ini?</p>
1.5		<p>Seberapa sering terjadi mutasi pejabat di pemda? Pilkada/persiapan pilkada? Bagaimana kondisi ini mempengaruhi kegiatan KINERJA?</p>
1.5		<p>Bagaimana dengan dukungan dari PemProv terhadap kegiatan yang didukung KINERJA?</p> <ul style="list-style-type: none"> - Distribusi Guru Proporsional - PPID - SPM Pendidikan
1.5		<p>Bagaimana kemudahan anda/lembaga anda dalam mengontak/menghubungi staf KINERJA (LPSS, OMP) di kabupaten?</p>
1.5		<p>Apakah pernah terjadi masalah dalam hubungan LPSS dengan Dinas? Jelaskan!</p>
1.5		<p>Bagaimana keaktifan/kinerja/kemampuan OMP? Hubungan OMP dengan Dinas?</p>
3.1		<p>Permasalahan yang pernah terjadi terkait pelaksanaan KINERJA? Tindakan apa yang dilakukan oleh KINERJA (LPSS, OMP)? Bagaimana hasilnya? Apakah ada pihak lain/siapa yang ikut membantu?</p>
5.1		<p>Untuk mencapai tujuan KINERJA, perbaikan/penyesuaian apa yang harus dilakukan oleh staf KINERJA (LPSS, OMP)?</p>
2.2		<p>Apakah kegiatan-kegiatan KINERJA yang anda ketahui sudah sesuai dengan kebutuhan Dinas dan masyarakat? Apakah: tidak, kurang, cukup, atau sangat sesuai. Mengapa? (Daftar intervensi: Distribusi Guru Proporsional, PPID, SPM, Jurnalisme warga, MSF)</p>
2.3		<p>Kegiatan mana dari kegiatan KINERJA yang anda ketahui yang dianggap tidak, kurang, cukup dan sangat berguna bagi Dinas dan masyarakat? Mengapa?</p>

4.1		Dari kegiatan KINERJA yang anda ketahui mana yang berpotensi terus dilaksanakan/ditindaklanjuti oleh Dinas (walaupun tanpa pendanaan/dampingan KINERJA). Jelaskan!
1.4 & 4.1		Apakah Dinas tertarik untuk menerapkan kegiatan/pendekatan KINERJA ke kecamatan lain (intervensi hanya di 3 kecamatan)? Bagaimana tanggapan yang mungkin diberikan oleh UPTD atau sekolah (SD&SMP) di kecamatan lain tersebut? Bagaimana tingkat ketertarikan itu (apakah baru tingkat awal atau sudah mulai diterapkan)? Kalau ada atau tidak ada UPTD di kecamatan yang tertarik, mengapa?
4.2		Kegiatan mana yang paling tidak berpotensi untuk diteruskan/ditindaklanjuti? Mengapa?
6.1		Apakah kabupaten/kota sudah punya kerangka regulasi/rancangan kerangka regulasi terkait SPM Pendidikan? Jika sudah ada, Bagaimana pendapat Anda mengenai pencapaian target untuk kabupaten? Jika belum ada, Mengapa? Minta fotokopinya.
6.1		Bagaimana proses pembuatannya, siapa saja yang terlibat dalam pembuatannya, bagaimana isinya (apakah hanya copy paste dengan regulasi di tingkat nasional atau disesuaikan dengan kondisi lokal)? - Apakah sudah cukup tersosialisasi?
6.2		Apa yang mendukung/menghambat keberhasilan pelaksanaan SPM? Apa yang harus/sudah dilakukan agar target SPM dapat tercapai?(misal peremajaan data,dll) Apa yang dilakukan jika target SPM tidak terpenuhi? Bagaimana pengawasannya di lapangan?

Pertanyaan tambahan (bisa menjadi pembuka):

1. Mekanisme dalam penempatan/mutasi guru?
2. Pertimbangan dalam penempatan/mutasi guru?
 - a. Peta kebutuhan guru
 - b. Data kehadiran guru
 - c. Data kompetensi guru
 - d. Rekomendasi pihak tertentu
 - e. Permintaan individu
 - f. Sanksi
 - g., dll
3. Hubungan Dinas Pendidikan dengan BKD?

Jurnalisme Warga

- Gambaran Umum:
 - Tujuan dari dibentuknya Jurnalisme Warga adalah meningkatkan keterlibatan masyarakat dari berbagai unsur untuk pengawasan terhadap pelayanan publik.
 - Kegiatan utamanya adalah mengumpulkan dan memberikan pelatihan kepada warga umum untuk membuat tulisan/berita mengenai kondisi pelayanan publik.
 - Jurnalisme Warga bukan merupakan Jurnalisme Aktif (contributor/perwakilan tetap di kabupaten) untuk MEDIA utama!
 - Diharapkan bahwa tulisan yang dibuat menarik bagi MEDIA utama di kabupaten sehingga akan dicetak/dipublikasi di media tersebut.
 - OMP yang melakukan asistensi untuk intervensi ini di Sulawesi Selatan adalah Jurnal Celebes
- Metode pengambilan informasi: (1) Small Focus Group Discussion
- Alat/instrument: Flipchart, metaplan, spidol, name tag
- Peserta: 5-6 orang yang mewakili masing-masing perwakilan yang tergabung Jurnalisme Warga. Peserta atau pihak yang terlibat harus berdasarkan informasi yang diberikan kepada OMP paket!
- Waktu: minimal 1,5 jam dan sesuai kesepakatan fasilitator dengan peserta
- Tujuan small FGD:
 1. Untuk mengetahui pemahaman peserta mengenai tujuan dibentuknya Jurnalisme Warga dengan dukungan KINERJA
 2. Untuk mengetahui dukungan dan hambatan yang dihadapi peserta dalam melaksanakan kegiatan Jurnalisme Warga
 3. Untuk mengetahui bagaimana keberlanjutan Jurnalisme Warga di kemudian hari, terutama tanpa dukungan dari KINERJA

I. Pertanyaan mengenai proses pelaksanaan dukungan Kinerja (sesuai TOR):

Kegiatan KINERJA yang dimaksud adalah kegiatan-kegiatan yang dilakukan Jurnalisme Warga.

2.1		Dari mana informasi tentang KINERJA diperoleh?
2.1		Apakah anda mengetahui maksud atau tujuan dari kegiatan-kegiatan yang diadakan oleh KINERJA? (jawaban/tanggapan responden bisa secara umum)
2.1		Pendekatan program KINERJA mengarah pada peningkatan pelayanan yang baik (<i>supply</i>) atau peningkatan pengawasan oleh warga terhadap pelayanan (<i>demand</i>) (warga lebih paham, kritis atau partisipatif) atau keduanya? Jelaskan!
		Pihak yang terlibat dalam Jurnalisme Warga? Pemahaman pihak yang terlibat mengenai tujuan Jurnalisme Warga?
2.1		Sebutkan kegiatan KINERJA terkait dengan Jurnalisme Warga yang Anda ikuti/ketahui?
2.1 & 1.4		Manfaat apa yang anda dapat dari keikutsertaan dalam kegiatan KINERJA terkait Jurnalisme Warga ? Sebutkan dan jelaskan dengan contoh!
1.4		Apa yang diharapkan anda/lembaga dari kegiatan-kegiatan yang diselenggarakan oleh KINERJA terkait Jurnalisme Warga ? Sebutkan kegiatan dan jelaskan!
1.5		Apakah anda menjalin kontak/mengenal pihak MEDIA yang ada di daerah anda? a. Jika ya, sebutkan media dan contact person! Apakah OMP memberikan anda jalan dalam menjalin kontak/jaringan dengan MEDIA tsb? Bagaimana caranya? (melalui pelatihan/informal) b. Jika tidak, Apa yang bisa dilakukan oleh KINERJA agar terjalin

		kerjasama antara Anda dengan MEDIA?
1.5& 4.1		<ul style="list-style-type: none"> – Apakah materi pelatihan (dan mentoring –jika sudah terlaksana) yang disampaikan OMP dapat dimengerti dan dimanfaatkan oleh Anda? – Apakah materi pelatihan dan kegiatan yang diberikan OMP membantu anda dalam mendapat pemahaman yang lebih mendalam tentang intervensi Kinerja (DGP, SPM, PPID)? – Apakah anda sudah pernah membuat tulisan setelah pelatihan? Apakah topic/bahasan tulisan yang dibuat tersebut? – Media apa yang anda gunakan untuk menyampaikan tulisan anda kepada masyarakat atau pemerintah daerah? (termasuk tulisan di facebook,blog) – Sudahkah tulisan anda dimuat dalam MEDIA di kabupaten anda? <p>Jika belum, apa yang perlu dilakukan agar tulisan oleh Jurnalis warga dimuat dalam MEDIA di kabupaten anda atau kabupaten lain?</p> <ul style="list-style-type: none"> – Darimanakah sumber informasi untuk anda menulis? (data dari pemda/dinas, data dari masyarakat) – Apabila mendapatkan kesulitan (data/informasi) dalam menjalankan kegiatan sebagai jurnalisme warga apakah OMP turut membantu? – Apakah anda terlibat dalam pertemuan MSF? – Bagaimanakah tanggapan dari masyarakat dan pemerintah daerah terhadap kegiatan Jurnalisme Warga?
5.1		Agar kegiatan Jurnalisme warga berjalan, perbaikan/penyesuaian apa yang harus dilakukan oleh staf KINERJA (LPSS, OMP)?
2.2		Menurut anda, Apakah Pemda atau Masyarakat membutuhkan Jurnalisme Warga ? Mengapa?
4.1		Apakah kegiatan Jurnalisme Warga berpotensi terus berlanjut? (walaupun tanpa dampingan KINERJA). Mengapa? <ul style="list-style-type: none"> – Pendanaan – Kegiatan/Pertemuan regular, dll – Tanggapan/dukungan/hambatan pihak sekolah, dinas pendidikan, BKD, Bappeda

II. Pertanyaan mengenai Jurnalisme Warga:

Pengambilan informasi dilakukan secara tertutup, tiap peserta memberikan jawaban sendiri.

- a. Bagaimana tingkat kepuasan peserta pelatihan Jurnalisme Warga, dari skala 1-5

b. Menurut anda, dari skala 1-5, kemungkinan anda tetap terlibat sebagai Jurnalisme Warga dan kegiatannya.

III. Apabila dari hasil FGD dengan Jurnalisme Warga diketahui ada yang sudah memiliki JALINAN KONTAK dengan MEDIA utama di kabupaten maka harus mewawancarai pihak MEDIA tersebut sebagai konfirmasi!

Gunakan pertanyaan berikut:

- a. **Apa yang anda ketahui tentang KINERJA? Apakah anda ataupun jurnalis dari media anda pernah dilibatkan dalam kegiatan KINERJA?**
- b. **Apakah media anda pernah menulis tentang isu layanan publik yang diangkat oleh Kinerja? Jika tidak, Mengapa?**
- c. **Apa yang bisa dilakukan Kinerja untuk jurnalis warga dan media di kabupaten ini agar isu layanan publik semakin sering diangkat sebagai artikel/features dalam media anda?**
- d. **Apa pendapat anda tentang jurnalisme warga yang dikembangkan KINERJA?**
- e. **Apakah menurut anda, jurnalis warga bisa dijadikan sumber informasi? Mengapa?**

ANNEX VI: SOURCES OF INFORMATION

List of Informant Interview for Mid-Term Evaluation in National Office Level

Name	Title
Ririn Sefsani	Knowledge Management Specialist
Frida Rustiani	Business Enabling Environment Specialist
Prima Setiawan	Public Service Delivery Advisor
Marcia Soumokil	Governance Advisor
Mahlil Rubi	Senior Health Specialist
Sunardi	Senior LG performance Management Specialist
Catherine Oenawihardja	Finance & Operation Manager
Muntajid Billah	Senior Public service Oversight specialist
Elke Rapp	Chief of Party
Jana Hertz	Deputy Chief of Party

DAFTAR RESPONDEN

Luwu
1. PC
2. LPSS
3. Badan Perencanaan Pembangunan Daerah-Bappeda, Bidang Sosial Budaya
4. Sekretaris Daerah-SekDa, Asisten II and Humas atau Dinas Perhubungan, Bidang Komunikasi dan Informasi
5. MSF di tingkat kabupaten (I group interview)
6. Badan Kepegawaian Daerah (BKD)
7. Dinas Pendidikan, Bidang Pendidikan Dasar
8. UTPD Kec. XX
9. UPTD Kec. XX
10. Jurnal Celebes
11. Jurnalisme Warga (I group interview)
12. Lembaga Pemberdayaan Ekonomi dan Lingkungan Masyarakat (Pembalut)
13. Lembaga Pelatihan &KonsultanInovasiPendidikan Indonesia (LPKIPI)
Luwu Utara
1. LPSS
2. Badan Perencanaan Pembangunan Daerah-Bappeda, Bidang Sosial Budaya
3. Sekretaris Daerah-SekDa, Asisten II and Humas atau Dinas Perhubungan, Bidang Komunikasi dan Informasi
4. MSF di tingkat kabupaten (I group interview)
5. Badan Kepegawaian Daerah (BKD)
6. Dinas Pendidikan, Bidang Pendidikan Dasar
7. UTPD Kec. XX

8. UPTD Kec. XX
9. Jurnal Celebes
10. Jurnalisme Warga (1 group interview)
11. Lembaga Pemberdayaan Ekonomi dan Lingkungan Masyarakat (Pembalut)
12. Lembaga Pelatihan & Konsultan Inovasi Pendidikan Indonesia (LPKIPI)

DAFTAR RESPONDEN

Kota Singkawang
1. PC
2. LPSS
3. Badan Perencanaan Pembangunan Daerah-Bappeda, Bidang Sosial Budaya
4. Sekretaris Daerah-SekDa, Asisten II and Humas atau Dinas Perhubungan, Bidang Komunikasi dan Informasi
5. MSF (2 group interview Kecamatan dan 1 group interview Kabupaten)
6. Dinas Kesehatan, Bidang Kesga (terkait intervensi paket) dan Bidang Yankes (terkait puskesmas)
7. Puskesmas (Kepala. Puskesmas, Bidan Koordinator) Singkawang Selatan
8. Puskesmas (Kepala. Puskesmas, Bidan Koordinator) Singkawang Barat
9. PKBI Kalbar (untuk intervensi paket dan MSF kecamatan)
10. Konsil LSM (untuk survey pengaduan, janji layanan perbaikan dan MSF Kabupaten)
11. Institut Studi Arus Informasi (untuk Jurnalisme warga dan PPID)
12. Jurnalisme Warga (1 group interview)
<i>additional</i>
13. LPKIPI untuk Intervensi Distribusi guru di Sulsel

DAFTAR RESPONDEN

Kota Makassar
14. PC
15. LPSS
16. Badan Perencanaan Pembangunan Daerah-Bappeda, Bidang Sosial Budaya
17. Sekretaris Daerah-SekDa, Asisten II and Humas atau Dinas Perhubungan, Bidang Komunikasi dan Informasi
18. MSF (1 group interview Kabupaten)
19. Dinas Perdagangan dan Perindustrian
20. Kantor Pelayanan Administrasi Publik (KPAP)
21. YAS-PINUS Makassar
22. Jurnal Celebes (untuk Jurnalisme warga dan PPID) (fasilitator & Direktur)

23. Jurnalisme Warga (I group interview)
24. Lembaga Ombudsman
25. Biro Jasa

- Bappeda (kabid ekobang) : Pak Erwin No. Hp. 0811444435
- Sekda (bagian organisasi) : Ibu Nielma No. Hp.
- Humas Sekda/Dishubkominfo (terkait PPID) : Ibu Andi Kati No. Hp.081342563801
- Asda ekonomi (terkait penerbitan SITU) : Assisten II
- Komisi A : Mustagfir Shabry Bo. Hp. 081342250333
- Disperindag (terkait penerbitan SIUP, TDP dan HO) : Pak Harry No. Hp. 082191115498
- KPAP : Ibu Najmah Emma (Ka. KPAP) No. Hp. 081315107317
- YAS : Ismu Iskandar No. Hp. 08114121654
- PINUS Makassar (terkait IKM?) : Rusdi No. Hp. 081355066700
- Jurnal Celebes (Jurnalis Warga dan PPID) : Wahyu Chandra No. Hp.081355223311
- Kadin : Pak Adi Rahim No. hp. 08161109530
- Asosiasi pengusaha/ Kelompok Usaha Perempuan : Ibu Nuraeny No. Hp.081342100787
- Forda UKM : Ilham Alie No. Hp 081342331946
- Lembaga Ombudsman : P Mulyadi No. Hp. 0816256050

Respondent Totals

Sector	Location	Local Government	District OMP	Provincial OMP	National OMP	LPSS	PC	Media mainstream	FGD/warga/private sectors/ombudsmen/dewan pendidikan	Total
Health	Banda Aceh	8	1	3		1	1		15	29
	Bener Meriah	10	3	1		1			14	29
	Singkawang	8	2	1		1	1		17	30
	Bondowoso	6	3			1	1		15	26
MBS	Bengkayang	7	4	1	1	1			10	24
	Melawi	7	6	2	1	1			29	46
	Kota Probolinggo	6	4			1		1	12	24
PTD	Luwu	8	2	1		1		2	4	18
	Luwu Utara	8	1	1	1	1			7	19
PTSP	Kota Makassar	12	2	1		1	1		3	20
	Tulungagung	15	1	1		1		4	13	35
BOSP	Bulukumba	8	1	2	1	1			13	26
Jakarta	Konsil LSM				1					1
Totals		103	30	14	5	12	4	7	152	327

U.S. Agency for International Development/Indonesia
1300 Pennsylvania Avenue, NW
Washington, DC 20523