

VILLAGE KADER STUDY

AN INVESTIGATION OF KADERS IN
FIVE WEST JAVA VILLAGES

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The opinions and views expressed in this paper are those of the author and do not necessarily represent the views of USAID or any other agency.

EXECUTIVE SUMMARY

Introduction

This study is a follow-on investigation from a more general review of the experiences of rural programs that rely on village cadres (known as kaders). That review showed that while much is known about program experience with kaders, little is known about the effects of the extensive use of kaders from a multiple-program or community perspective.

The focus of this study was therefore on the following key issues: the extent of kader use in a sample of villages; multiple-program kaders (who are they and what motivates them); the effects of serving in multiple programs (on time, cost, and motivation); the impact of multiple-program kaders on de facto program integration; the supervision of kaders and the support they receive from local government; and the impact of incentives on kader motivation, level of active participation, and drop-out rates. Limited data on kader effectiveness are provided on the largest and most active kader-based program, the Family Planning/Health Posyandu (Appendix A).

Anthropological techniques were employed to investigate the above issues in a sample of five villages in West Java over a period of four weeks in September 1986. Over 400 kaders working in nine programs were surveyed and the research team conducted in-depth interviews with 183 people. The resulting report is a qualitative product augmented by quantitative data.

Findings

The recent growth in the use of village kaders in government-sponsored community programs is extensive. The plethora of development programs entering villages in the last two years has been so great that the study villages are unable to find enough kaders to staff them. The West Java Provincial LKMD (Village Social Development Board) lists 45 development programs starting in each village for 1985-1986. Each of the five study villages shows six to seven major programs that utilize kader labor intensively. Consequently, the few qualified and capable people in each village must serve simultaneously as kaders in more than one program.

Sixty percent of all kaders in the five villages serve simultaneously in two or more programs. These multiple-program kaders are more often women (65%) than men (35%) and tend to be relatively older than single-program kaders (i.e., over the age of 30). Over 75% are engaged in some kind of gainful employment, and the majority are either working as or are wives of village leaders, village administrative personnel, or local government employees.

From the overall group of kaders selected, there is a smaller core group which attends most program activities and official functions both in and outside the village. These "core kaders" (kader inti) usually serve simultaneously as kaders in three or more programs. They are primarily made up of village officials, local government employees, their wives, other kinsmen, and their associates and clients. The closer they are to the village head, the more active they usually are and the more their continued participation is determined by the three social forces of malu (shame), obligation, and sanctions. The findings described below also apply to this sub-group of kaders.

Kaders rarely volunteer; rather, they are selected by village leaders and local officials. When selected, most villagers become kaders not for altruistic reasons, but out of an intricately interwoven sense of malu, obligation, and fear of social sanctions. Kaders feel malu if they reject selection. In addition, village officials and local government employees feel a strong sense of social obligation to participate in government-sponsored programs. A third important factor in accepting a position as a kader is the fear of social/economic sanctions.

Serving as a multiple-program kader involves substantial opportunity costs. Close to 44% of multiple-program kaders spend over 20 hours a month on kader-related activities, with a high of 75 hours reported for a single month. For over 60% of them, the loss of income involved averages about Rp. 1,000 to Rp. 2,000 (roughly \$1.00 to \$2.00) per morning of kader activity. Multiple kader roles are also disruptive to housework and home life.

In general, kaders in the study villages preferred to be in one program because they see it as more manageable for their limited capabilities. They could not differentiate clearly between programs, or their roles within separate programs. Many feel inadequate in performing their tasks because before they have fully mastered the skills for one program they are thrust into another. Consequently, they become confused and filled with anxiety during kader work.

A degree of de facto program integration has occurred with the participation of multiple-program kaders, particularly in health-related activities. Village leaders have mixed opinions concerning the utility of such integration. Those who are in favor of de facto program integration see it from an administrative point of view as saving time, planning, supervision, training, and money. Those who emphasize the confusion and burden it creates for kaders are less in favor.

The question of incentives did not appear to be as important as it has in previous studies. The majority of kaders understand the voluntary nature of their work and do not realistically expect monetary

remuneration. In fact, the stated reason for dropping out of a program due to the absence of incentives constituted less than 9% of the responses. Kaders strongly feel, however, that the following incentives would assist them better in their work: uniforms which are less for status and more for job effectiveness in that the community would take them more seriously, reimbursement for transportation expenses, regular and systematic supervision, and reliable supplies of program items.

A review of kader effectiveness in the Posyandu (integrated health posts) in the study villages was conducted. Observations revealed a shortage of kaders present at the posts and that, although kaders tried their best, many mistakes and omissions in weighing and recording were still occurring at the Posyandu. The addition of medical services by Puskesmas (community health center) staff has improved the quality of Posyandu services, but the frequent schedule changes in the delivery of these services have led to less participation by the local community than was expected. The health staffs' time at the Posyandu is also not well utilized; less than 20% of their time is spent in the provision of medical services, while the remaining 80% is free time which could be spent upgrading the skills of kaders. Observations of seven Posyandu and interviews with mothers indicate that little educational activity is occurring and that only a few of the important health messages (the importance of immunization for children and the use of oral rehydration therapy) are reaching the community.

The results of the study, even though localized, raise questions about the possibility of steadily increasing the usage of kaders in village programs. The use of kaders and the focus of their activities should be carefully re-examined. Are the results of the programs commensurate with the amount of time, energy, and money invested in them by the Government of Indonesia (GOI), local communities and the kaders themselves? Are there alternative ways to achieve some program objectives other than through reliance on labor-intensive activities by kaders?

EXECUTIVE SUMMARY

Pendahuluan

Studi ini merupakan penelitian lanjutan berdasarkan pada studi yang lebih umum mengenai pengalaman-pengalaman program pembangunan yang mengandalkan para kader. Studi tersebut menunjukkan bahwa meskipun banyak yang diketahui tentang kader ditinjau dari segi pengalaman program satu-persatu, namun masih sedikit yang diketahui mengenai kader ditinjau dari segi pedesaan dan kemasyarakatan pada umumnya.

Oleh karena itu, penelitian ini difokuskan pada masalah-masalah pokok ini: jumlah kader yang dipergunakan di tiap-tiap desa; pengalaman kader yang melayani lebih dari satu program (multiple-program) - siapa mereka dan apa yang menjadi motivasi mereka; akibat dari penggunaan multiple-program kader (dari segi waktu, biaya, dan motivasi); dampak dari pemakaian multiple program kader terhadap integrasi program-program kesehatan; pengawasan terhadap kader dan sokongan yang mereka terima dari pemerintah daerah; dan dampak dari insentif terhadap motivasi kader, tingkat partisipasi yang aktif, dan angka rata-rata yang mengundurkan diri (drop out). Disamping hal-hal diatas, data disediakan juga mengenai keefektipan kader dalam Keluarga Berencana/Kesehatan Posyandu, yakni program kader yang paling besar dan paling aktif (Lampiran A).

Teknik-teknik antropologi dipergunakan untuk menyelidiki masalah-masalah diatas pada kelima desa percobaan di Jawa Barat selama 4 (empat) minggu dalam bulan September 1986. Lebih dari 400 orang kader, yang bekerja pada sembilan program, diselidiki dan tim peneliti mengadakan wawancara secara mendalam dengan 183 orang. Laporan merupakan hasil kualitatif ditambah dengan data kuantitatif.

Kesimpulan-kesimpulan

Penggunaan kader dalam program pengembangan pedesaan bertambah terus. Banyak program pembangunan masuk desa dalam 2 tahun belakangan ini sehingga desa penelitian tidak berhasil mendapatkan jumlah kader yang cukup. LKMD (Lembaga Ketahanan Masyarakat Desa) propinsi Jawa Barat mendaftarkan 45 buah program pembangunan yang dimulai di tiap desa selama periode 1985-1986. Masing-masing dari kelima desa penelitian ini menunjukkan 6-7 program pokok yang mempergunakan tenaga kader secara intensip. Akibatnya, orang yang memenuhi syarat dan mampu yang jumlahnya sedikit harus ikut sebagai kader dalam lebih dari satu program.

60% dari semua kader di lima desa penelitian melayani lebih dari satu program. Kader yang bekerja untuk "multiple" program ini lebih banyak wanita (65%) dibandingkan pria (35%) dan biasanya lebih tua daripada kader yang melayani satu program saja (yaitu, diatas umur 30 tahun). Lebih dari 75% sibuk dengan pekerjaan yang menguntungkan. Sebagian besar adalah kepala desa, istri kepala desa, pegawai administrasi desa, atau pegawai pemerintah lokal.

Dari keseluruhan kelompok kader yang dipilih terdapat kelompok inti yang menghadiri hampir semua kegiatan program dan pertemuan/upacara resmi baik di dalam maupun diluar desa. Kader inti ini biasanya bekerja sebagai kader untuk tiga program atau lebih. Mereka khususnya terdiri dari pejabat desa, pegawai pemerintah daerah, para isteri mereka, sanak saudara yang lain, serta rekan sekerja dan klien mereka. Biasanya, makin dekat mereka dengan kepala desa, makin aktif mereka. Partisipasi kader inti lebih ditentukan oleh tiga kekuatan sosial yaitu: malu, keharusan dan sanksi. Kesimpulan-kesimpulan dibawah ini juga berlaku untuk kelompok kecil kader inti.

Kader jarang bekerja sukarela; sebaliknya mereka dipilih oleh kepala desa dan pejabat pemerintah. Begitu dipilih, kebanyakan penduduk desa menjadi kader bukan dengan alasan untuk kepentingan orang lain, namun karena perasaan malu, keharusan, dan takut akan sanksi sosial yang ruwet dan berbelit-belit. Para kader merasa malu jika mereka menolak untuk dipilih. Disamping itu, pejabat desa dan pegawai pemerintah daerah merasa sudah merupakan kewajiban masyarakat untuk berpartisipasi dalam program-program yang disponsori oleh pemerintah. Faktor ketiga yang penting dalam menerima posisi sebagai seorang kader adalah kekhawatiran akan sanksi sosial/ekonomi.

Bekerja sebagai kader untuk bermacam-macam program sekaligus memerlukan biaya yang besar sekali. Hampir 44% dari kader untuk bermacam-macam program menghabiskan lebih dari 20 jam sebulan untuk kegiatan-kegiatan yang berkaitan dengan kader, dan sebanyak 75 jam yang dilaporkan untuk satu bulan saja. Bagi 60% lebih dari mereka, kehilangan pendapatan mencapai kurang-lebih Rp1,000 - Rp 2,000 (kurang lebih \$1.00 - \$2.00) untuk tiap pagi dari kegiatan kader. Peranan kader yang rangkap ini dapat mengacaukan pekerjaan rumah tangga dan kehidupan berumah tangga.

Pada umumnya para kader di desa penelitian lebih suka melayani satu program saja sebab mereka mengerti bahwa ini akan lebih mudah diatur karena kemampuan mereka yang terbatas. Mereka tidak dapat membedakan dengan jelas antara program yang satu dengan program yang lain atau peranan mereka dalam program yang berbeda-beda. Banyak yang merasa kurang memadai dalam menjalankan tugas-tugas mereka sebab sebelum mereka dapat menguasai ketrampilan yang diperlukan untuk satu program, mereka telah didesak untuk masuk kedalam program yang lainnya. Akibatnya, mereka menjadi bingung dan cemas selama bekerja sebagai kader.

Suatu tingkat integrasi program de-facto (yaitu, kenyataannya demikian walaupun tidak direncanakan atau diduga akan menjadi demikian) timbul dengan adanya partisipasi kader program ganda terutama dalam kegiatan-kegiatan yang berkaitan dengan kesehatan. Para kepala desa mempunyai pendapat yang berbeda-beda mengenai kegunaan integrasi semacam itu. Mereka yang setuju dengan integrasi program de-facto menilainya dari segi administrasi sebagai penghematan waktu, perencanaan, pengawasan, pendidikan, dan uang. Mereka yang menekankan pada kekacauan dan beban yang akan ditimbulkan bagi para kader kurang setuju.

Berbeda dengan penelitian-penelitian kader lain yang serupa, ditemukan dalam studi ini bahwa insentif untuk kader nampaknya kurang penting. Kebanyakan kader memahami sifat dasar sukarela dari pekerjaan mereka dan tidak mengharapkan upah. Sesungguhnya, alasan untuk keluar dari suatu program karena tidak adanya insentif tersebut hanya merupakan 9% dari tanggapan yang diterima. Para kader sungguh-sungguh merasakan bahwa insentif berikut ini akan membantu mereka untuk lebih baik dalam pekerjaan: baju seragam (yang sebetulnya lebih condong untuk alasan keefektifan kerja sehingga masyarakat akan menanggapi mereka dengan lebih serius dibandingkan untuk alasan status), penggantian ongkos pengangkutan, pengawasan yang teratur dan sistematis, dan persediaan barang-barang keperluan program yang dapat diandalkan.

Tinjauan terhadap keefektifan kader dalam Posyandu di desa penelitian telah dilakukan. Penelitian menemukan adanya kekurangan kader di pos, dan meskipun kader telah berusaha sebaiknya-baiknya, kesalahan dan kelalaian dalam penimbangan dan pencatatannya masih sering terjadi pada Posyandu. Tambahan pelayanan pengobatan oleh staf Puskesmas (Pusat Kesehatan Masyarakat) telah meningkatkan kualitas pelayanan Posyandu, namun jadwal pelayanan yang sering berubah-ubah menyebabkan partisipasi masyarakat desa kurang dan tidak seperti yang diharapkan. Waktu staf kesehatan di Posyandu juga tidak dimanfaatkan dengan sebaiknya-baiknya; kurang dari 20% dari waktu mereka dihabiskan untuk memberikan pelayanan medis, sementara sisanya (80%) waktu luang yang dapat dipergunakan untuk meningkatkan ketrampilan kader. Penelitian atas 7 Posyandu dan wawancara dengan para ibu menunjukkan bahwa hanya sedikit kegiatan-kegiatan pendidikan yang diadakan dan hanya sedikit pesan-pesan kesehatan yang penting (manfaat imunisasi untuk anak-anak dan kegunaan oral rehydration therapy) dapat mencapai masyarakat.

Hasil penelitian, meskipun dibatasi lokasinya, menimbulkan keragu-raguan mengenai kemungkinan terus meningkatnya penggunaan kader dalam program-program desa. Penggunaan kader dan fokus kegiatan-kegiatan mereka harus diteliti kembali secara mendalam dan objektif. Apakah hasil-hasil program sesuai dengan banyaknya waktu, tenaga, dan uang yang ditanamkan oleh Pemerintah Indonesia, oleh masyarakat desa, dan oleh kader sendiri? Apakah ada cara-cara alternatif untuk mencapai sasaran-sasaran program selain ketergantungan pada kegiatan-kegiatan kerja intensif oleh kader?

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The research team worked closely with UNICEF whose excellent contacts with the Indonesian Government enabled the study to be carried out. UNICEF staff, in consultation with the staff of the Ministry for Home Affairs at both the national (Pappenas and Bangda) and provincial (Bappeda) levels, assisted with the selection of the province and districts for study. The following government officials were especially helpful to the team: Pak Koswara, Secretary to the Social, Cultural and Governmental Department Head of West Java Province; Ir. Kurnia Mahmud, Head of Bappeda in Kabupaten Subang; the Camat of Kecamatan Pagaden; and the Camat of Kecamatan Pusakanagara.

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Two Puskesmas (health center) doctors, Dr. Alma Lucyati of Kecamatan Pagaden and Dr. Ono Suryatmana of Kecamatan Pusakanagara, not only assisted with the selection of the five villages but also gave fully of their time and cooperation as well as valuable insights into the nature of kader selection and utilization in the villages. In addition, Dr. Lucyati opened up her home to the research team and added much to their comfort while in the field. Another Puskesmas doctor, Dr. Bambang Riyanto of Kecamatan Pamanukan, provided much-appreciated moral support.

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GLOSSARY

Balita	- Children under five
BKKBN	- National Family Planning Board
Desa	- Village
Dusun	- Sub-Village
KBPD	- Literacy Program
Kecamatan	- Sub-district
Kelompok	- Radio Listening Group Program
Kepala Desa	- Village head
Kontak Tani	- Farmers' Contact Program
KPD	- Village Development Kaders Program
LKMD	- Village Social Development Board
Lurah	- Another name for the Kepala Desa, or village head
Malu	- Shame
Pamong	- Formal and informal village leaders who assist the village head
PKK	- Family Welfare Movement Program
PLKB	- Family Planning Fieldworker
Posyandu	- Integrated Health Post Program
Puskesmas	- Community health center
P2LDT	- Integrated Rehabilitation of Home and Village Environment Program
P2WKSS	- Advancement of Women's Role and a Healthy Prosperous Family
Rp.	- Rupiah, Indonesian currency with a foreign exchange rate of US \$1=Rp. 1,130 prior to the September 1986 devaluation
Sarung	- Tube cloth worn by Indonesians and used by kaders for child weighing
UPGK	- Family Nutrition Improvement Program

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1. INTRODUCTION

1.1 Purpose of the Study

This study was performed subsequent to a more comprehensive review of village cadre workers (kader) in Indonesia. The first study was a review of current literature on the kader experience including their tasks, motivation, and program inputs. The present study examines the extent of the utilization of kaders in community programs and its impact on kader motivation and effectiveness.

One major gap in our knowledge about kaders' roles, effectiveness, and costs is the "synergistic" effects of the use of multiple-program kaders in actual village contexts. The information we possess comes mainly from the point of view of particular programs and projects, with no reference to possible links of kaders to other programs. Thus, the present study asked the following: How many kaders are there in a particular village? How many are active? How many are kaders in a single program and how many in several programs? The answers to these and other questions are of major importance in determining kaders' effectiveness and motivation, the degree of integration of services, and the actual costs to individual kaders.

This study uses anthropological techniques to investigate kader-related issues in a sample of communities in West Java over a period of four weeks. The major questions explored fall into six categories:

- o Intensity of use kader in villages: How many programs employing local kaders typically operate in villages at one time? To what extent do kaders serve in one program or several programs simultaneously? What are some of the characteristics of multiple-program kaders? How does being a multiple-program kader affect time, cost, motivation and effectiveness?
- o Core kaders: Who and what are core kaders? How are they selected and why do they become core kaders? What are the implications of core kaders for programs and vice versa?
- o De facto program integration: To what extent have disparate health programs in villages experienced a degree of de facto integration given the role of multiple-program kaders? How has this affected task effectiveness?
- o Support and supervision from government: To what extent are kaders drawn from and/or supported by local government or governmental organizations, especially LKMD, PKK, and Puskesmas? What kinds of support and supervision tend to be given and what are their effects on kader motivation, drop-out rate, and effectiveness?

- o Incentives: Are low kader motivation and high drop-out rates experienced widely? What kinds of steps have been taken to remedy these problems and how effective have they been? What types of incentives have been provided for kaders? How effective have these been?
- o Observations of Posyandu: Appendix A provides some notes and comments on several Posyandu observed in the field. What is the performance of kader tasks at these posts and how effective are they?

1.2 Methods

The original project proposal called for the investigation of four village communities spread over four provinces. However, due to logistical problems and time limitations, five village communities were selected but only in one province (West Java). The study was carried out during a four-week period in September 1986. Approximately five to six days were spent in each village. The research team was made up of three anthropologists, one American and two Indonesians.

1.3 Sample Villages and Respondents

The team worked closely with UNICEF, who, in consultation with the Department of Internal Affairs at both the national (Bappenas and Bangda) and provincial (Bappeda) levels, selected the province and the districts for the study. The Puskesmas doctors of the selected districts then assisted UNICEF and the research team to choose five villages based on the following criteria: distance from the Puskesmas, minimum length of two years of programs utilizing kaders, and availability of village data in the village and the Puskesmas. A geographical variable which aptly represents the majority of Indonesian villages was also included in the selection process: inland (dataran) and coastal (peisisir) villages.

The focus of interviews in each village was on kaders. Information from kaders in all village programs was solicited, but the main emphasis was on health kaders because the Posyandu program was the most regular and visible in the village. Interviews were also conducted with other individuals in the village in order to get a more representative view of kader-related issues. The types of interviews and respondents are as follows:

o In-depth interviews:

<u>Proposed No. Per Village</u>	<u>Respondents</u>	<u>Actual No. Interviewed for 5 Villages</u>
20	Kaders-active	108
5	Kaders-non-active or drop-out	21
5	Ibu Balita (mothers of children under 5)	28
1	Kepala Desa (village head)	5
1	LKMD	5
1	PKK	6
1	Puskesmas staff	3
1	PLKB	4
	Kepala Dusun (sub-village head)	2
	Kepala RT	1
	Camat (District Chief Administrator)	1

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- o Survey (for information on kaders in multiple programs): 412 kaders in five villages were surveyed for this information. This is not the absolute number of kaders in the five villages, but all those we could find in the month of fieldwork.

Interview guides and a survey questionnaire were developed prior to going to the field. After the first two days of fieldwork, the interview guides were modified to include more focused categories of questions. The main interview language was Bahasa Indonesia.

Other sources of information were obtained from published and unpublished reports from the village office, the Posyandu, the Puskesmas, and the subdistrict (kecamatan) office.

1.4 Problems

On the whole, the village study progressed very smoothly. However, a few minor difficulties were encountered:

- o Many kaders, particularly those who are in several programs, had difficulty in differentiating their roles and recalling or calculating the amount of time spent in each kader-related activity.

- o A few kaders and ibu balita (mothers of children under the age of five) were not comfortable in Bahasa Indonesia as the language of interview. Interpreters (other kaders) were used to translate in the local dialect(s). In several instances, the interpreters spoke for the respondents and provided the answers themselves.
- o No one in the village administration staff could provide a clear account of kader-related programs or the number of kaders in each program. There was also confusion about the organization of the programs and the structure of authority after the level of the kepala desa (village head).
- o Kaders or village administrative staff who assisted in carrying out the survey of multiple-program kaders had the tendency to fill in the questionnaire themselves. The research team had to work closely with them in order to overcome this problem.
- o There was insufficient time and manpower to gather all the information the research team would have liked.
- o Complete official data from the five villages were lacking.

2. DESCRIPTIONS OF SAMPLE VILLAGES AND KADER-BASED PROGRAMS

2.1 Villages

Five villages from two kecamatan (sub-district) in Kabupaten Subang, West Java were selected for the study. The real names of the villages have been omitted as part of normal anthropological procedure. Three villages (Desa A, B, and C) are found in Kecamatan Pagaden which is located inland and is about 50 to 100 meters above sea level. The other two villages (Desa D and E) are in Kecamatan Pusakanagara on the northern coast which is about 7 meters above sea level.

The village populations ranged from 3665 to 7732 (1984-85 census), with 13% to 16% made up of children under five years old. The ethnic groups in the area are mainly Sundanese and a small percentage of Javanese, particularly in the northern coastal area. Over 95% of the people are of the Muslim faith. The economy of the region is primarily agricultural, with 55% to 75% of the adults engaged in farming supplemented by fishing in the coastal villages.

The health situation in the foothill villages of Kecamatan Pagaden is slightly better than in the coastal villages of Kecamatan Pusakanagara. Over 60% of the population in Pagaden have clean drinking water compared to 42% in Pusakanagara. The use of family latrines is still low in both areas, but Pagaden has a higher usage at 16% than Pusakanagara with 8%. The Puskesmas 1984 report for the district in which both kecamatan are located list an infant mortality rate (IMR) of 117 per 1000 live births, which is lower than the West Java provincial rate of 129 per 1000 live births. Both kecamatan have a higher than national average rate (30%) of children under five with calorie-protein deficiency: 37% for Pagaden and 39% for Pusakanagara. Immunization figures show a much higher rate for Pagaden than for Pusakanagara, for example:

	<u>Pagaden</u>	<u>Pusakanagara</u>
BCG	70.6%	46.6%
DPT II	69.7%	27.9%
Polio III	67.9%	4.8%
Measles	56.4%	11.7%
TT II (pregnant women)	49.9%	13.8%
DT II (school children)	86.9%	80.7%
TT II (school children)	93.5%	74.9%

2.2 Kader Programs

Below is a brief description of the major programs that utilize the labor of kaders in the five villages.

PKK: Pendidikan Kesejahteraan Keluarga (The Family Welfare Movement) is a women's organization and one of the ten development sections/departments under the LKMD (Village Social Development Board). LKMD's ten basic programs are as follows: 1) comprehension and practical application of Pancasila, 2) mutual self-help, 3) food, 4) clothing, 5) housing and home economics, 6) education and handicrafts, 7) health, 8) promotion of cooperatives, 9) protection and conservation of the environment, and 10) appropriate domestic planning. The PKK is sponsored by the Ministry for Home Affairs.

Posyandu: Pos Pelayanan Terpadu (Integrated Health Posts) is a recent integration of an older program, UPGK (Family Nutrition Improvement Program). Posyandu's main goals are to reduce infant mortality and to improve the health and nutritional status of children under five years of age as well as that of pregnant and lactating mothers. Its main services are: 1) monthly weighing of children under five, 2) education in nutrition and home food production, 3) promotion of oral rehydration therapy, 4) immunization, 5) family planning, 6) provision of nutritional first aid, and 7) referral services to Puskesmas for children with serious health and nutrition-related problems. The Posyandu is sponsored by the Ministries of Health, Agriculture, and Religion, and BKKBN (the National Family Planning Program Coordinating Board).

KBPD (Paket A): Kelompok Belajar Pendidikan Dasar (the Literacy Program) is aimed at teaching illiterate adults to read and write. It is sponsored by the Ministry of Education and Culture.

Kontak Tani: An agricultural program aimed at helping farmers to produce higher crop yields through the the introduction of: new farming methods and new seed varieties, the use of pesticides and fertilizers, and crop rotation. This program is sponsored by the Ministry of Agriculture.

KPD: Kader Pembangunan Desa (Village Development Kaders) is responsible for all aspects of village development. It is sponsored by the Ministry for Home Affairs.

Kelompen Capiir: Kelompok Pendengar Pembaca Pirsawan (Radio Listening Group) is a program which organizes group listening and discussions of radio programs, particularly agricultural programs. It is sponsored by the Ministry of Agriculture.

PSM-P2LDT: Pemugaran Perumahan dan Lingkungan Desa Terpadu (Integrated Rehabilitation of Home and Village Environment) is a program which helps villagers achieve healthy and well-ventilated houses as well as a clean living environment. It is sponsored by the Ministry of Social Affairs.

P2WKSS: Peningkatan Peranan Wanita Keluarga Sehat Sejahtera (the program for the Advancement of Women's Role and a Healthy Prosperous Family) is involved mainly in health projects, particularly environmental sanitation. It is sponsored by the Ministry for Women's Affairs.

There are other programs in the villages that involve kaders. Unfortunately, due to a lack of time and manpower as well as the difficulty in obtaining this type of data, no further information on kader-related programs was obtained.

3. FINDINGS

3.1 Intensity of Kader Use in Villages

In the last few years, programs entering the village have come to depend more and more on kaders. Counting development program kaders alone, the minimum number of kaders listed in the study villages is 58 in Desa A and the maximum is 113 in Desa B (see Table 2). If the recent recruitment of general election kaders is included, the number of kaders in any one village could swell to a range of 295 to 346. In this study, however, election kaders were not examined as a group because they do not fall within the category of development kaders. This role was included in the study only if the volunteer is also a kader in a development program.

Each study village had from six to seven major development programs utilizing kaders. The number of kader-related programs could actually be higher as the Provincial LKMD listing shows 45 programs entering West Java villages for 1985-86. Some of these kader-based programs were listed and briefly described in Section 2.2.

An important distinction must be made between the number of kaders per village and number of functional kader roles per village. The latter is invariably larger than the former in each village, because some persons serve as kaders in more than one program (for example, while there are 58 Kaders in Desa A, there are 151 functional roles). Each program may have up to 75 kaders in a village, with the majority of kaders working in the PKK and Posyandu programs. Table 1 shows the numbers of functional kader roles for the sample villages.

The various programs have their own schedules and differing degrees of activities. The most active is PKK which meets regularly once a week, followed by Posyandu which meets once a month. The other programs are supposed to meet once a month but in reality they meet once every two or three months. For some of these programs, e.g., KBPD (Paket A) and P2WKSS, no activities are held during the busiest months of the semi-annual agricultural cycle because not only are there no kaders available but also because there are no consumers for their services. The only program which is very active during the agricultural months is the Kontak Tani whose goal is to increase the productivity of farmers.

3.2 Multiple-Program Kaders

With the advent of the ever-increasing number of kader-related programs in the village, the pool of available and qualified candidates to perform voluntary service is decreasing. As a result, existing kaders increasingly find themselves serving in more than one program; some serve in as many as six programs simultaneously.

TABLE 1
NUMBER AND TYPE OF KADER FUNCTIONAL ROLES IN
THE FIVE WEST JAVA VILLAGES, 1986*

Desa Program	A	B	C	D	E	Total
PKK	34	45	49	24	23	175
Posyandu	49	32	49	24	18	172
KBPD (Paket A)	12	4	15	75	31	137
Kontak Tani	21	53	17	13	16	120
KPD	18	26	15	-	5	64
Kelompen Capir	16	-	42	1	-	59
Sub/Pos KB	1	1	7	3	-	12
PSM-P2LDT	-	-	-	4	4	8
P2WKSS	-	-	-	-	7	7
Total	151	161	194	144	104	754

* The role of election kader (karakterdes) is not included in this table.

Source: Data from village administrative staff supplemented by the study team's survey.

For the five villages, 412 kaders were surveyed regarding their involvement in the various programs. The results are shown in Table 2.

TABLE 2
KADER INVOLVEMENT IN MULTIPLE PROGRAMS IN
THE FIVE WEST JAVA VILLAGES, 1986*
(interviewed kaders only)

Desa	One Program (1)		Two Programs (2)		Over Two Programs (3 to 6)		Total No. of Kaders Interviewed	Total No. of Roles
	Number	%	Number	%	Number	%		
A	16	(28%)	27	(47%)	15	(26%)	58	151
B	68	(60%)	30	(27%)	15	(13%)	113	161
C	30	(33%)	28	(30%)	34	(37%)	92	194
D	21	(28%)	40	(53%)	15	(20%)	76	144
E	31	(43%)	26	(36%)	16	(22%)	73	104
All Desa	166	(40%)	151	(37%)	95	(23%)	412	754

* In this table the role of election kader (karakterdes) is included.

Source: Study team's kader survey.

Out of the 412 kaders surveyed, 37% serve as kaders in two programs while 23% are kaders in three or more programs; the remaining 40% are single-program kaders. The individual villages show a range of 40% to 73% of kaders in two or more programs. In addition, the heightened importance of Posyandu as the primary health care strategy for the Decade for the Indonesian Children 1986-1996 and the goal to increase these posts to eight per village will mean that many current Posyandu kaders will serve in not one but two or three posts, as is already happening in villages with five posts.

The majority of kaders who serve in several programs are kaders of PKK and Posyandu. Table 3 shows that 63% of all multiple-program kaders (i.e., two or more programs) work with either PKK and/or Posyandu; 26% are serving simultaneously in both programs. The other significant number of multiple-program kaders, particularly in Desa D and Desa E, belong to the KBPD and Kontak Tani programs. The time demand on these kaders, however, is less in that the tasks are seasonal and irregular while the demand on PKK and Posyandu kaders is heavier because their tasks are non-seasonal and regular. More information on time demand is given in a later section.

Some general characteristics of multiple-program kaders are discussed in the next few paragraphs.

Development kaders are generally made up of more women than men. For the five study villages, 54% of kaders are women while 46% are men. For multiple-program kaders, however, the percentage of women is higher: 65% are women while 35% are men (see Table 4). A significant number of women kaders are involved in more than one program. Among women kaders 74% are multiple-program kaders while among men kaders only 46% are so involved.

Multiple-program kaders of both genders tend to be older: 74% of the women and 92% of the men are 26 years old and above. A greater differentiation of ages shows that 41% of the women are in the 31 to 40 years age bracket while 40% of the men are above 40 years old.

There are no significant differences in terms of education for both women and men kaders, although the women kaders tend to be better educated than men. Only a few kaders have no formal education; however, all of those with no formal education are enrolled in the Paket A literacy program. The majority of kaders have attended four to six years of primary school. Three of the women kaders have a senior high school education while there are no men kaders in this category.

Contrary to popular impression, many kaders in the sample villages are engaged in income-generating activities. In the study villages over 75% of the multiple-program kaders are employed. Most of the men kaders are employed with a significant 43% working as village leaders and administrative staff and 13% as government employees. The rest are mainly farmers, with a few traders, drivers, radio mechanics, and other odd-jobbers. Surprisingly, over 63% of the multiple-program women kaders are involved in productive work. The majority are farmers with a few teachers, small-scale traders, home food producers, straw mat weavers, beauticians, and dressmakers. There are even a couple of singers who sing at weddings.

TABLE 3

MULTIPLE-PROGRAM KADERS IN PKK AND POSYANDU PROGRAMS IN FIVE WEST JAVA VILLAGES, 1986

Desa	PKK/ Posyandu No.		PKK/ Other No.		Posyandu/ Other No.		PKK/Posyandu/ Other(s) No.		PKK/Other/ Other(s) No.		Posyandu/Other/ Other(s) No.		Subtotal No. %		Total Kaders in Two or More Programs	
A	20		0		0		12		0		1		33	79%	42	
B	13		3		0		15		0		0		31	67%	45	
C	17		2		3		29		1		0		52	84%	62	
D *	10		2		0		11		0		0		23	42%	55	
E *	3		2		1		8		0		2		16	38%	42	
Total	63	26%	9	4%	4	1.5%	75	30%	1	0.5%	3	1%	155	63%	246	100%

* Desa D: 23 KBPD/Other(s) Kaders (43%)
7 Kontak Tani Kaders (13%)

Desa E: 15 KBPD/Other Kaders (36%)
10 Kontak Tani/Other Kaders (24%)

Source: Study team's kader survey.

TABLE 4:
CHARACTERISTICS OF MULTIPLE-PROGRAM KADERS
IN FIVE WEST JAVA VILLAGES, 1986

Kaders Characteristics	Female N = 144 (65%)		Male N = 77 (35%)		Total N = 221 (100%) *	
	No.	%	No.	%	No.	%
<u>Age:</u>						
20 years and below	13	9.0	0		13	5.9
21-25	24	16.7	6	7.8	30	13.6
26-30	37	25.7	12	15.6	49	22.2
31-40	59	41.0	28	36.4	87	39.3
41 years and above	11	7.6	31	40.2	42	19.0
<u>Education:</u>						
0 year	5	3.5	1	1.3	6	2.7
1-3	14	9.7	14	18.2	28	12.7
4-6	90	62.5	44	57.1	134	60.6
7-9	32	22.2	18	23.4	50	22.6
10-12	3	2.1	0		3	1.4
<u>Occupation:</u>						
Pamong/Desa staff **	1	0.7	33	42.9	34	15.4
Gov't employee	4	2.8	10	13.0	14	6.3
Other employment	86	59.7	32	41.5	118	53.4
Housewife/not working	53	36.8	2	2.6	55	24.9
<u>Spouse Occupation:</u>						
Pamong/Desa staff	36	28.0	0		36	18.2
Gov't employee	37	29.0	3	4.3	40	20.2
Other employment	55	43.0	9	12.9	64	32.3
Housewife/not working	0		58	82.8	58	29.3

* Due to incomplete information on 25 surveys, only 221 out of 246 total multiple-program kader interviews were used in this tabulation.

** Pamong are village leaders.

The occupations of the spouses of women kaders show some interesting trends. Fifty seven percent of the kaders' husbands are either village leaders/administrative staff or government employees. This finding together with that regarding the occupation of men kaders indicate that the majority of multiple-program kaders are either village leaders, administrative staff, and government employees and/or their wives. This occupational distinction has implications for the kader program and will be discussed in greater detail below.

3.3 Effects of Multiple-Program Roles

Being a multiple-program kader significantly affects a person's time and energy, earning capacity, motivation, and effectiveness. The effects, however, are dependent on factors such as the type of program, degree of activeness, occupation, other social roles in the community, and relationship with the village leadership, particularly the kepala desa.

Time

Table 5 indicates that kaders spend a considerable amount of time in program activities. The time allocation data are an estimation by kaders of the amount of time they spend directly on program activities. It was found that kaders tend to under report the amount of time they contribute because they do not take into account the time they spend in preparation, travelling, and waiting; others do not include time for filling out forms and other required papers. The time computation also does not take into account the hours spent in other activities normally associated with program objectives, such as visits by government and other officials, village competitions, and attendance at ceremonies to mark significant national holidays.

About 56% of the kaders spend up to 20 hours a month on direct program activities. This is roughly equivalent to two to four mornings of work per month. Another 26% spend from 20 to 40 hours (equivalent to four to eight mornings) a month on kader duties and the remaining 18% spend over 40 hours a month. We found one woman who spends 75 hours a month as a kader. This means that she is devoting about half the month to kader-related activities.

Women kaders tend to spend more time than men kaders on kader-related activities. About 28% of them spend 20 to 40 hours and another 23% spend over 40 hours a month working as kaders; for the men, the figures are 23% and 8%, respectively. This difference is partly due to the fact that a larger proportion of the women are either housewives and/or have part-time employment; they can therefore devote more time to program work.

TABLE 5
 TIME ALLOCATION AND TRAINING OF MULTIPLE-PROGRAM
 KADERS IN FIVE WEST JAVA VILLAGES, 1986

Kaders	Female N = 144 (65%)		Male N = 77 (35%)		Total N = 221 (100%) *	
	No.	%	No.	%	No.	%
<u>No. of Programs:</u>						
2	71	49.3	57	74.0	128	58.0
3	57	39.6	16	20.8	73	33.0
4-6	16	11.1	4	5.2	20	9.0
<u>Kader Hours Per Month:*</u>						
less than 10	24	16.7	27	35.0	51	23.1
10-20	47	32.6	26	33.8	73	33.0
21-40	40	27.8	18	23.4	58	26.3
41 and above	33	22.9	6	7.8	39	17.6
<u>Training:</u>						
1 X	41	28.5	22	28.6	63	28.5
2 X	45	31.2	38	49.3	83	37.6
3 X	15	10.4	14	18.2	29	13.1
4 X and above	3	2.1	3	3.9	6	2.7
None	40	27.8	0	0	40	18.1

* Number of hours spent in kader-related activities is based on an average of six months from April to September 1986.

Women kaders also contribute more time to kader activities because they tend to be kaders in more programs than men. About 49% of the women and 74% of the men are in two programs, while 51% of the women and only 26% of the men are in three to six programs.

In general, programs that involve the majority of women kaders, e.g., Posyandu and PKK, also tend to demand more time than programs involving men, e.g., Kontak Tani and KBPD. Posyandu meets once a month for an average of four hours and PKK meets once a week for two to four hours. Activities for these programs occur regularly. Programs such as Kontak Tani and KBPD meet once a month for an average of two hours. A few motivated kaders in these programs meet more than once a month. These programs do not meet regularly as the former is of a seasonal nature (planting season) and the latter, a literacy program, seems to attract students only during the slack agricultural seasons.

Thus far the discussion on time has been limited to program activities. When other activities are included, the amount of time for each kader can actually double or triple. For example, the research team accompanied the kaders of one study village to a "monitoring" meeting by kecamatan (sub-district) officials at the village hall. We waited in vain from 9 o'clock in the morning to 1 o'clock in the afternoon. Kaders told us that this was the second time in a month that the kecamatan officials did not show up. Kaders who showed up twice for the meeting wasted eight hours of their time for that particular month.

Activities such as village competitions are also time consuming. They can range from building and painting wooden fences to mobilizing an entire village for a family planning safari. Kaders are expected to participate and spend an inordinate amount of time preparing for them.

It is interesting to note that men kaders spend more time in training than women kaders. Also, all men kaders in the sample have received kader training while over a quarter of the women kaders have not.

Costs

Villagers who hold the view that the personal benefits and gains of being a kader far outweigh the costs are a minority. They will be discussed in greater detail in the section on motivation. For the majority, there are more costs than gains involved in being a kader. For multiple-program kaders the costs are multiplied. These costs are mainly financial in nature.

Over 60% of the kaders interviewed mentioned some loss of earning capacity during program activities. This is particularly true for Posyandu and PKK kaders who usually meet in the mornings which is a prime time for most economic activities in the village. Kaders are involved in various economic activities such as farming/harvesting, teaching,

government employment, small-scale trading, food production, sewing, hair-styling and make-up, carpentry, and radio repair. The costs involved for kader activities range from Rp. 500 to Rp. 5000 for a morning of activity, with the average cost about Rp. 1000 to Rp. 2000. These are substantial amounts for villages where the per capita income is low and Rp. 300-350 can pay for one kilogram of uncooked rice (which will feed two or three adults for a day).

When the cost to kaders is larger, kader activities tend to be sacrificed. For example, a beautician in Desa Sukamulya, who is a regular at the Posyandu, will give up her kader duties when she is invited to prepare a bride because she is paid Rp. 35,000 to Rp. 50,000 for her services. For kaders who are not economically well-off, an opportunity to earn even small wages is given priority over kader duties. This is especially true during harvesting months when half the kaders simply do not appear at Posyandu activities.

For kaders who live far from the place where program activities are held, there are transportation costs involved. The sum is usually about Rp. 200-500. Sometimes, Posyandu kaders also contribute supplementary food items and money in order to provide snacks for the children who appear at the post.

A few kaders, particularly those who are involved in home food production (snacks, cakes and ice popsicles), are able to rearrange their work schedule to leave time for kader activities and still continue to earn. For example, Ibu Yayah makes 250 ice popsicles a day which are sold to several snack stands (warung) in the village; this earns her a profit of Rp. 1500 a day. During Posyandu days she gets up extra early to deliver the popsicles, prepares lunch so that her children will have food when they return home from school, and makes it to the post by 9 o'clock in the morning. Sometimes, she leaves the post at 10:30 am before the session is over to fetch her son from kindergarten. She has more difficulty rearranging her time for the complete services Posyandu because the Puskesmas team's schedule varies monthly and she has no prior knowledge of the date.

Program activities that take place in the late afternoon or evening (e.g., KBPD) do not involve as much cost as those that occur in the morning. These programs are mainly run by men kaders. Over 42% of men kaders are also village leaders and many of them are expected to help out at Posyandu, especially in encouraging mothers to bring their children to the post. For these men kaders a morning at the post during agricultural months usually means missing out on important farmwork.

For some people there are psychological costs as well. These include the jealousy of a husband who does not approve of his wife being in mixed company at program activities, anxiety due to confusion about kader tasks, and quiet resentment at having to show up for service when

the inclination is the opposite. These problems are partially resolved sooner or later when husbands demand the resignation of their wives from kader duties or their disapproval is over-ruled by village leaders, kaders' anxiety is lessened as they learn more about their tasks over time, or they drop out from the program.

Motivation

The subject of motivation is a difficult one and we can only attempt to scratch the surface for some answers. The picture may become clearer in the discussion on core kaders in Section 3.4 of this report. For now, we will briefly explore some of the reasons why people become kaders, why some join more than one program, and why some continue as kaders and others drop out.

An overwhelming majority of people who become kaders do not actually "volunteer"; rather, they are selected by the village head and other leaders. Most of them can read and write. But the most important criterion that village leaders look for is a willingness to participate. "What's the use of a high educational level if the person is not willing to volunteer his/her services?" says a village head during an interview. "I would rather select an illiterate person if she/he has a willingness to be a kader," he concludes.

It is important to keep in mind that village leaders feel that they do not have a choice in accepting government programs. Whatever government directives are received at the village level, village leaders try to comply with them as best as they can. Village leaders fill the suggested official quota by selecting kaders themselves. It is rare for everyone selected to be totally willing to become and remain a kader. A certain amount of persuasion, and social and economic pressure, are therefore necessary to maintain participation in some kader-based programs.

The majority of people who accept the village leadership's invitation to be kaders, first in one program and later in two or three, do so with a mixed sense of obligation as a community member, shame if the invitation is refused, and fear of social sanctions if they do not agree to be a kader. These feelings are all intricately interwoven and should be viewed collectively when kaders' actions and motives are analyzed. However, in order not to confuse the reader, each of these reasons will be discussed separately. These initial reasons for participation are not necessarily negative because of the kaders who stay on, some of them eventually learn more and come to enjoy the programs.

The emotion of shame (malu) is one of the most important motivating forces among many rural Indonesians. People lead more public lives in the villages than in towns. Every behavior then becomes an item for

judgment by others. Fear of losing this standardized public identity and incurring rejection by others leads to acquiescence and conformity.*

In accordance with local culture, humility is a virtue and villagers are not supposed to push themselves forward for anything, but wait to be asked or invited. Many of the kaders interviewed say that very few people, including themselves, seek the role of kader, but they are "invited" by the village leaders to become kaders and they feel malu to refuse. There are those who politely refuse an initial invitation citing valid reasons, but eventually they join because they become malu to be asked again and again.

Over half the people who become kaders do so out of a sense of obligation either as village leaders and government employees or their wives. Among the men kaders interviewed, 56% are village leaders and government employees. Among women kaders, 57% are wives of village leaders and government employees (Table 4). Village leaders and government employees feel obliged to volunteer in government programs because of their position of government employment. This obligation is closely tied to the future security of their jobs as well as to malu. Being associated with the government through their jobs, they feel obliged to be kaders when invited to participate in a government program and if they do not fulfill their obligation, they would feel malu even if their jobs are secure.

The wives of village leaders and government employees feel a similar sense of obligation and malu if they do not participate as kaders. They express their obligation as a "must" and a "duty." These women are often urged by their husbands to join, particularly if they themselves cannot participate. Wives follow their husbands' request because they want not only to protect their husbands' jobs but also to keep peace in their household and between households. We came across several women who quit their kader roles as soon as their husbands stopped being sub-village (dusun) heads. Their sense of obligation evaporated as soon as they and their husbands were released from their roles.

The force of social sanction in a community is a difficult one to substantiate because it is not easy to differentiate how much of it is a cultural attitude and how much of it has been actually applied for "transgressions." Moreover, in rural communities where the economic prospects of each household are closely interwoven with all others, social sanction and economic sanction are not easily distinguished.

The fact that strong social sanctions do exist is supported by the large number of people who mention them. Over half the kaders interviewed say they accepted their kader roles because of the fear of

* Clifford Geertz, The Interpretation of Cultures, New York: Basic Books, 1973, pg. 402.

social sanctions should they refuse. The sanctions reported by kaders range from a mild questioning (ditegor) by the village leaders to the drastic measure of being chased out (dusir) of the village.

We were able to collect a few examples of actual applications of sanctions when villagers refused the invitation to be kaders. In one case, a husband who objected to his wife being a kader was called before the village head and "interrogated" (diinterogasi); he then agreed to let her join because he did not want to incur the displeasure of the village head and his own neighbors. In another case, the person was ignored by the village head and his wife. A third person received hints of the possibility of withdrawal of economic favors from the village head. A final case involved the exaggerated slowness of the sale of a piece of farm land which required the signature of the village head.

In villages where the village head is powerful or the fear of social sanction is stronger, the kader program is better organized. In areas that are economically disadvantaged, e.g., the coastal villages, the kader program has lower priority and there is less social pressure to be a kader.

In a sense, many people initially become kaders not for the intrinsic value of the program, but for the simple desire to remain functioning members of a community. The village leadership in turn is acting under a similar constraint vis-a-vis higher authority.

While many appear to have no choice in whether they become kaders or not, there are a few that are positively motivated to participate. They do so for various reasons such as to improve their social status, to alleviate the boredom of staying home, and to socialize with other villagers who gather for activities. Status is often achieved by wearing a kader uniform and being associated with supra-village officials and visitors. Even for some of those who join initially because of social pressure, these positive forces eventually assume greater importance in motivating them to remain active kaders.

Many kaders are not fully active in the programs to which they are assigned. Only about a quarter of them are regular attenders at all activities. Many eventually drop out formally. However, they can do so only when they are able to produce valid reasons, thus keeping social sanctions at bay. Valid reasons for dropping out include mainly the following: schooling, employment, heavy farm work, illness, having to care for infants and young children, and moving away from the village.

The majority of kaders consider multiple-program roles as undesirable. They prefer to be single-program kaders and to be able to focus on one set of activities. They see integration and their multiple-program roles as time-consuming, confusing, stressful, disruptive of their housekeeping and income-earning roles, and having a negative impact on motivation.

Effectiveness

As more programs enter the village, kaders in existing programs are asked to serve simultaneously as kaders in other programs. The village leadership feels the pressure to fill quotas even though the pool of kader candidates decreases. Villagers who are already kaders are therefore appointed to join new programs. A few villagers serve simultaneously in as many as five or six programs.

Eventually, a sacrifice has to be made -- either kaders devote a lot of time to kader activities or the quality of the program suffers. Usually, the latter is sacrificed because kaders have other roles in the community which also make demands on their time. A handful of kaders end up running most program activities. Their effectiveness is limited because they are short of assistance. At a Posyandu, for example, if there are only two kaders present, one will weigh the children and the other will register and record the weight. Weighing then becomes the only activity, as there is no one else to do more. If this continues over a period of time not only kaders but mothers themselves will become discouraged as they see their mornings wasted. Attendance by both kaders and mothers with their children may gradually drop.

Most kaders say they prefer to be kaders in only one program at a time. Not only does it cost financially to be a multiple-program kader but many of them have also not yet mastered the skills to be competent in one program when they are given new information and tasks for another program. They say they become confused and "filled with anxiety" when called upon to perform their kader roles. When we were in the field we were introduced to a term that describes the current sentiment of people associated with the kaderization of villages: The term is keder is a Betawi (ethnic Jakarta) word for "confused." We were told that people serving simultaneously in multiple programs are not kaders but keders.

The majority of multiple-program kaders also lack knowledge of any clear-cut role differentiation between the programs. They could rarely distinguish one program from another. The one exception is Posyandu which has the child weighing activity to set it apart from others. But other Posyandu activities tend to be confused with PKK, family planning, environmental sanitation, and other health programs. Most kaders view their multiple-program roles as one role and they say they are volunteers in a government (pemerintah) program.

3.4 Core Kaders

In every village, there is a group of kaders that is more active than any others. They are known as core kaders or kader inti. These kaders number about 20% or 25% of the total kader population in each village. Most of them actively participate in three or more programs. The majority are also closely associated with the village head, other village leaders, and government employees.

Core kaders are those volunteers who are present at almost all functions and events in the village. Among Posyandu kaders, they are not only present at the activity posts in their own sub-divisions but also they often help out at posts in other sub-divisions. Often, they are the same few who participate in the four or five Posyandu in the village (kader gembol).

Who are these core kaders and why are they more active than other kaders? Before answering these questions we will turn to the social relationships of multiple-program kaders, of which core kaders are a subset. Table 6 indicates that 56% of all multiple-program kaders are from the following four categories: kinsmen of the village head, formal or informal village leaders who assist the village head (pamong) and their kinsmen, government employees, and spouses of government employees. Another 22% are associates of village leaders or friends of active kaders. Government employees and their immediate families account for 20%. Most local government employees also overlap or are closely aligned with the village leadership. Spouses of local government employees also have close social if not kinship ties with the village leaders and their wives. Through their husbands' jobs and frequent government gatherings, they are brought into close contact with each other and with the village leadership. This socially intertwined group of people are also the elite of the village by virtue of their social and economic standing. The implications of these networks for the kader program will be discussed later in the section.

Core kaders, therefore, come from or are closely associated with this elite group of villagers. They are mainly from the following sub-groups: village leaders, their kinsmen, their friends, and their associates and clients. The ultimate responsibility for the implementation of government programs in the village lies with the village head. A successful program brings credit and economic rewards to him and to the village. An unsuccessful program brings pressure from above. The village head looks to other villagers to help him, but he depends mainly on his kinsmen, friends, associates, and clients whom he knows will provide the guaranteed support.

In turn, people from the core social network are willing to work as kaders because they realize that if they do not participate few others will. They feel obligated to help the village leadership because of the three interrelated forces of obligation, malu, and sanctions which operate in varying degrees of intensity depending on the social relationship to the leaders, particularly the village head.

Among kinsmen, the obligation to help is deeply bound by family ties and duties. They are bound by the same ties and duties that require them to contribute labor, money, and goods for the celebration of birth, circumcision, marriage, and death of a kinsmen. In the case of programs utilizing kaders, they feel obligated to participate because the success

TABLE 6

SOCIAL RELATIONSHIPS OF MULTIPLE-PROGRAM KADERS IN FIVE WEST JAVA VILLAGES, 1986

Relationships	Desa	A		B		C		D		E		Total	
		No.	%	No.	%								
Kinsmen of Village Head		1	2.4	1	3.0	1	2.0	7	17.5	2	4.9	12	5.8
Pamong and Kinsmen		9	22.0	5	14.7	13	26.0	16	40.0	18	43.9	61	29.6
Government Employees		0				0		0		11	26.8	11	5.4
Spouses of Govt. Employees		10	24.4	3	8.8	8	16.0	8	20.0	2	4.9	31	15.0
Friends of Pamong		8	19.5	8	23.5	10	20.0	4	10.0	2	4.9	32	15.5
Friends of Kaders		6	14.6	5	14.7	2	4.0	1	2.5	0		14	6.8
Other		7	17.1	12	35.3	16	32.0	4	10.0	6	14.6	45	21.9
Sub Total		41		34		50		40		41		206	100%
No Information		2		4		9		0		0		15	
Total		43		38		59		40		41		221	

or failure of the programs will also have an effect on them through the village leadership. In addition, the village leaders approach them to become kaders and they do not feel right (tidak merasa enak) to refuse. If they do not accept the first or second time, they feel malu to be asked repeatedly.

For core kaders who are the immediate clients of village leaders outside of the leaders' role in government, the obligation to participate is even stronger because it is backed by the threat of social and economic sanctions. As a local patron, the village head extends to his client social and economic privileges such as jobs and free distribution of government goods, and is often asked to participate in ceremonies, donate, food, and give loans. In return he expects his client's support, loyalty, and services whenever the need arises.

An example of a client who is closely tied to his patron, the village head, is 26 year old Din. This young man works at the village office as a junior administrative staff member. He is a multiple-program kader and is involved in at least six programs and assists in others when his help is required. Every day he works from morning to night. His wife hardly sees him but she is afraid to complain because it would appear to be directed at the village head. Din feels a great deal of obligation towards the village head who he says has given him everything he owns. He remembers hanging around the old mosque as a poverty-stricken, aimless, and unemployed youth. The village head gave him a start in life by offering him a lowly job cleaning the office. Din now is married, has a secure job as a local administrative staff member, and works a piece of village farm land rented out to him by the village head. He works hard and never refuses any requests for assistance from his patron, even if it means going without sleep for several days.

Another example involves the wife of a client. Ibu Ainah's husband is a building and road contractor. He receives many contracts for jobs from the village head and is doing well financially. Ibu Ainah is a multiple-program kader, participating in four programs. Frequently, she assists in two or three Posyandu a month and becomes busy with kader activities, especially during planting and harvesting months when few kaders show up for activities. The wife of the village head often seeks her assistance and she responds every time. Besides enjoying being a kader she also feels a tremendous obligation to participate. Moreover, her husband encourages her to be active in village activities.

Core kaders who are close friends and have no other relationship with the village leaders take part in program activities less out of a sense of duty and fear of social sanctions and more out of a desire to assist the village leadership whom they see as burdened with work. With programs such as PKK and Posyandu, the work load of the village head's wife has greatly increased. Her close friends will participate when

invited to be kaders because they wish to help her out. Eventually, as they learn more about the programs, they come to enjoy the activities as well as the opportunity to get together with their friends.

Core kaders who are kinsmen, friends, associates, and clients of the village head and other village leaders form a network close to the village leadership. Usually, this group is also the social, economic and political elite of the village. As government programs come to depend on them more and more, their elite status is supported and reinforced. Government programs bring a certain amount of funds and skills training into the village and these are brokered mainly by the elite. There is no doubt that a program such as health education could benefit from the involvement of the village elite as villagers are more apt to receive information from a higher-status group. However, this opportunity is not being realized. Besides a lack of knowledge of health information, the elite kaders are also reluctant to impart what little health knowledge they possess to the villagers, particularly the poor and uneducated ones, who are often perceived by the village elite as stupid and resistant to change.

3.5 De Facto Program Integration

The increase in programs utilizing kaders at the village level has given rise to the existence of multiple-program kaders, as described above. This in turn has led to a de facto integration of programs at the village, particularly in programs involving health activities.

Programs bound for the village are usually planned in separate ministries in Jakarta, with little or no consultation with other departments. The one exception has been the Posyandu program which has recently been integrated at the national level among four departments, with the overall goal of improving the health and nutritional status of children and pregnant mothers. This national-level integration has tended to be limited by various bureaucratic constraints.

Due to certain limiting factors such as the large numbers of programs, the lack of available and able volunteers, and the lack of supervisory village personnel, some of the disparate programs that enter the village are in effect forced to integrate to some extent. Health programs in particular (Posyandu, KPD, P2WKSS, P2LDT, and the health component of the PKK) show a certain degree of de facto program integration at the village level. Each of these programs is from a separate government department. Apart from a few distinctively different activities, Posyandu having more than the others, all of them have health education and environmental sanitation as two of their major activities.

The de facto integration for the above programs occurs in the following manner:

First, kaders of one health program tend to serve simultaneously as kaders in other health programs. In four out of the five study villages, 85% to 100% of health kaders serve in two or more health programs (see Table 7). Second, where activities are similar, the tasks are performed once and entered in the reports of the different programs. Often, this gives the impression that the different programs hold similar activities which are separated in time, when in fact only a single activity takes place. Third, in those rare instances in which educational activities are pursued, kaders tend to use the meeting time of one program to include discussions relating to other programs. Fourth, the use of program funds is probably integrated too. However, this information was difficult to obtain although the research team heard complaints from dissatisfied villagers who intimated that the funds of integrated programs were not properly used.

Program integration is primarily the result of a limited number of villagers who wish to be kaders in each village. A few kaders view their multiple-program and integrated roles as beneficial in that they are receiving new information, learning new skills, and making new contacts. However, the majority of kaders and village leaders interviewed hold the opinion that this type of integration, which is by necessity and not by design, has more disadvantages than advantages.

Only one out of the five village heads interviewed expressed a strong favorable attitude towards de facto integration and the use of multiple-program kaders. This village head is a member of the police force who is currently drawing two salaries, one as a member of the force and the other as a village head. He was originally brought in from another part of the province to establish law and order in his present village which was then notorious for robberies, prostitution, and petty crimes. When he finished his tour of police duty he stayed on to become the village head and has been there for eleven years. He is a tough and efficient administrator. Villagers are afraid of him, but they also respect him. His village has played host to several high government officials: President Soeharto for an agricultural demonstration project, the Provincial Governor and his wife for PKK and Posyandu programs, and a continuous stream of minor officials and foreign visitors. He expects good results from his village and he works hard to achieve them. His definition of success is articulated in terms of quantity rather than quality.

His positive views on the de facto integration of programs via multiple-program kaders are based more on administrative and budgetary considerations than on qualitative program input considerations. For him de facto program integration means: 1) kaders who have been trained for one program require less training for another, 2) there are fewer kaders to supervise and a single supervision covers several programs, 3) more programs can be managed with limited village administrators, 4) fewer

TABLE 7
DE FACTO INTEGRATION OF MULTIPLE-PROGRAM KADERS IN HEALTH PROGRAMS

Programs *	Desa					Total
	A	B	C	D	E	
PKK/Posyandu	20	13	17	10	3	63
PKK/H		1	2			3
PKK/Non-H		2	1	2	2	7
Posyandu/H			3		1	4
Posyandu/Non-H	1					1
H/H				1	1	2
H/Non-H	4	1		2	7	14
PKK/Posyandu/H	10	10	17	1	5	43
PKK/Posyandu/Non-H	2	5	12	10	3	32
Posyandu/Non-H/Non-H					2	2
Total Health Kaders	37	32	52	26	24	171
PKK &/or Posyandu	33	31	52	23	16	155
PKK &/or Posyandu &/or H	32	29	51	22	13	147

* H = a health program other than PKK or Posyandu
Non-H = Non-health program.

villagers need to be present at out-of-village activities, and 5) valuable resources saved from less expenditure for training and transportation can be used for other village projects.

Other village heads also see the benefits of integration via multiple-program kaders from a coordinator's point of view, but they are also aware of the difficulties from a kader's point of view, particularly sub-village heads and other lower-level leaders who by necessity have to be kaders themselves.

It is interesting to note that for kaders and village leaders who support the integration of programs and kader roles, the main advantage they see for themselves and for the community is the time-saving aspect. Kaders as providers of services and community members as consumers can save time by showing up once and being deluged with the same array of activities which are variously labelled. This is indicative that villagers still consider program activities as busy work which have to be attended and they see no intrinsic value of the programs for themselves.

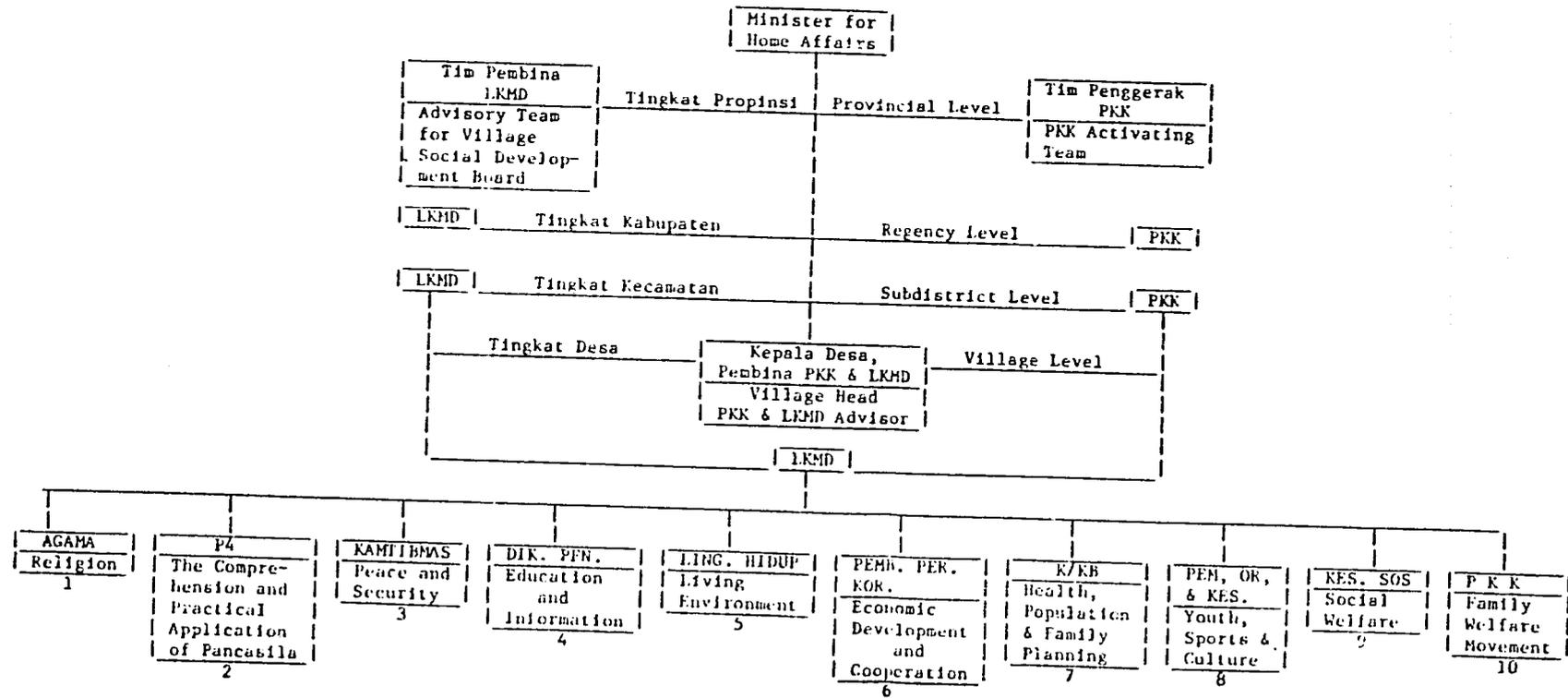
3.6 Supervision and Support from Government

LKMD and PKK

Kaders work closely with the local government in that the programs in which they work are viewed as central government and not community programs. Therefore, kaders are the workers while the village leaders are their immediate supervisors. This section will examine the relationship of kaders, particularly health kaders, to the local government which includes the village head and other village officials, LKMD (Village Social Development Board), PKK (Family Welfare Movement), and the Puskesmas (Community Health Center). It is important to keep in mind that the following discussion reflects the findings from only the five sample villages. Conditions in other villages or other provinces might differ to some extent.

We have seen that health kaders tend to have integrated roles due to de facto program integration. The majority of health kaders, who are women, are also members of PKK (see Table 7). Kaders themselves are not clear about their relationship to the local government structure. When village leaders are asked about this relationship, they always referred us to the large and impressive-looking organizational chart that hangs prominently in the village hall (see Figure 1). According to this chart, the LKMD, under the advice of the village head, is responsible for ten development sections whose program goals are to promote the economic and social well-being of the community. The PKK is one of the ten sections with its own agenda and programs.

FIGURE 1
LKMD and PKK ORGANIZATIONAL STRUCTURE



At the same time, the PKK above the village level has its own organizational structure which parallels the LKMD structure. At the village level, however, it is integrated with the LKMD through the role of the village PKK head, who is also the village head's wife, as the number two person in the village LKMD hierarchy.

Organizationally then, the two bodies, the LKMD and the PKK, have parallel structures all the way from the Ministry of Home Affairs to the sub-district level. The leadership is integrated in the LKMD at the village level and PKK becomes one of the ten development sections under the LKMD. Kaders of the PKK programs and programs in the other sections are supposed to report to and be supervised by the village LKMD who, in turn, reports to and is supervised by higher bodies. Posyandu, which is a program in Section No. 7 (PKK is Section No. 10), also receives direct technical assistance from Puskesmas, a supra-village organization.

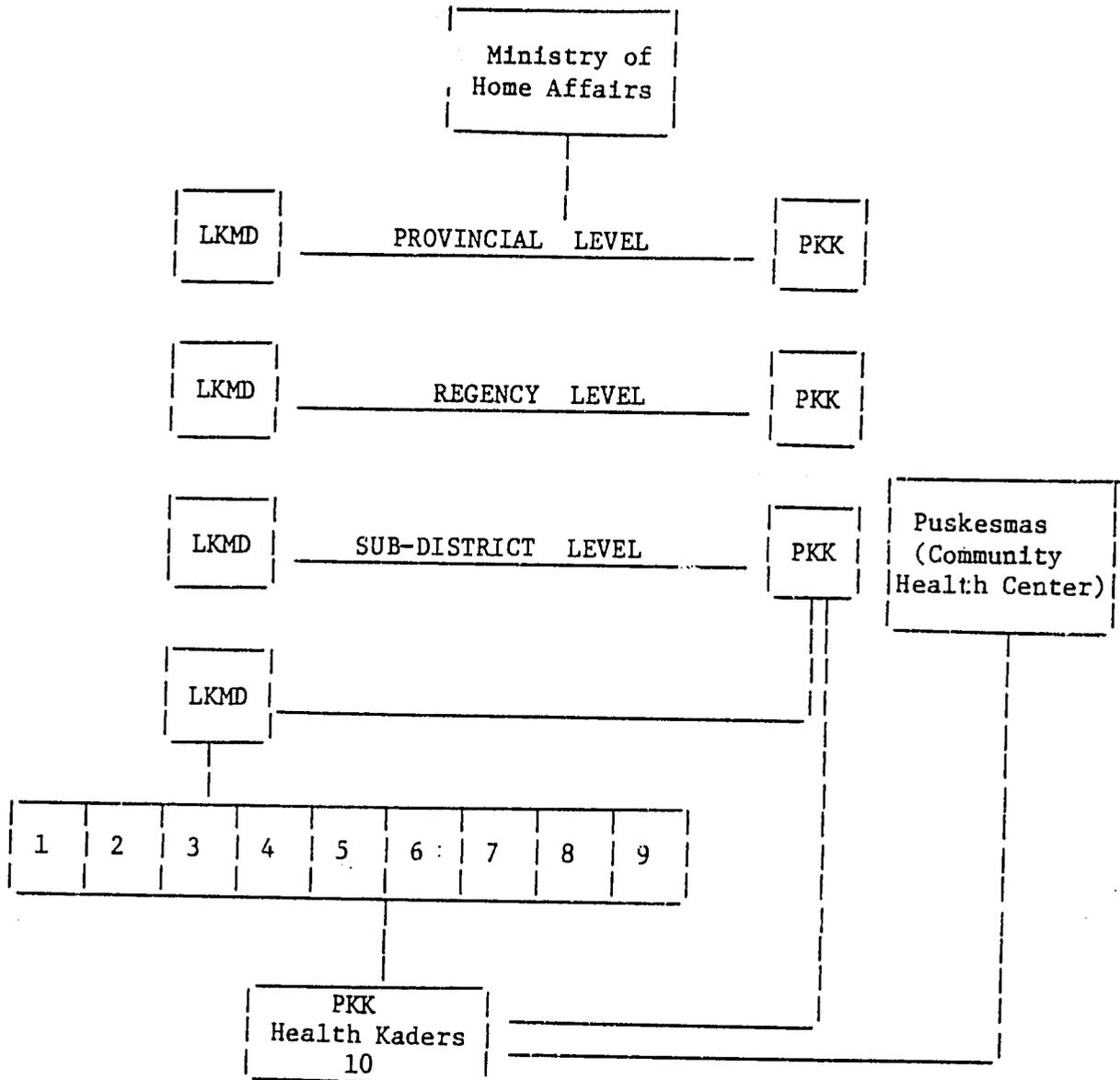
In the study villages, the operational structures of the LKMD and PKK at the village level are somewhat different. The LKMD is responsible for the ten development sections (see Figure 2), but the PKK (Section No. 10) does not function on an equal footing with the other nine sections. This apparent downgrading occurs for the following reasons: The PKK has ten basic programs which overlap with all the other sections except for Section No. 3 (Peace and Security). As a result, whenever programs, particularly health programs, enter the village, the LKMD oversees their distribution among the various sections who then delegate the actual performance of tasks to PKK kaders. The same group of tasks performed are reported separately by the various sections to their respective funding agencies. The PKK section reports the tasks performed as fulfilling their program criteria as well.

The LKMDs in the study villages are, in effect, shifting much of the burden of carrying out section activities to the PKK kaders. As more and more programs enter the village, more work has been funnelled to the PKK kaders. This greatly increases the burden of the PKK section and decreases the effectiveness of its kaders.

Village Leaders

In general, kaders receive much moral support and assistance from the village head and other village leaders. Because a village community is small, villagers are required to play many roles. Village leaders often overlap as sub-village heads, LKMD members, and village administration officials. They also have to bear the brunt of the numerous programs that enter the village because they are responsible for their implementation. Many of these leaders become kaders themselves, particularly in areas where few villages are willing or are able to serve as volunteers. In a Posyandu program their tasks are primarily to coordinate activities, to remind and encourage mothers to bring their children to the posts, and to see that the kaders have the space, tables,

FIGURE 2
LKMD and PKK OPERATIONAL STRUCTURE



and chairs for their activities. The head of Section No. 7 (Health, Population, and Family Planning) assists in filling out the numerous and complicated forms required by the Puskesmas for monthly Posyandu activities.

Some village leaders, particularly the village head, also make small financial contributions for incentives such as snacks for the children, lunch for kaders, cigarettes for health staff, and transportation to out-of-village functions for kaders. This gesture is greatly appreciated by kaders and acts as a strong motivating force for many of them.

Puskesmas

The Puskesmas plays a prominent role in village health programs, particularly Posyandu. It provides training, technical support, some supervision and monitoring of Posyandu activities. In terms of supervision and monitoring, it is supposed to play only a supporting role to the LKMD's major one. However, the lines of authority and responsibility are confused and both village leaders and kaders expect the Puskesmas to run the Posyandu program.

The PLKBs (Family Planning Field Workers) who work through the Puskesmas provide some supervision for health kaders but many are not effective because of the large numbers of villages they must cover and the pressure from above to focus on family planning activities. In addition, many fieldworkers lack the knowledge and skills of supervision. They end up doing tasks for the kaders instead of teaching them how to do them.

One of the Puskesmas doctors interviewed admits that little supervision and monitoring are provided to health kaders. This is attributed to not only the lack of health staff but also to the lack of knowledge of supervision and monitoring. He recommends the development of a handbook on supervision and monitoring for his staff.

The recent introduction of medical services at Posyandu provided by the Puskesmas staff has greatly increased the community's interest in the program. Where the Puskesmas schedule for the "complete" Posyandu is fixed and dependable, attendance of both kaders and consumers has increased. Unfortunately, the majority of these schedules are not fixed but fluctuate from month to month thereby causing confusion among the villagers and a decrease in attendance because people are unable to rearrange their schedules at a short notice. The Puskesmas realizes the importance of a fixed schedule but due to shortages of staff, vehicles, and the frequent invitations to attend district and provincial functions, they are forced to provide a schedule most convenient to the health staff.

3.7 Incentives Structure

This section briefly examines the types of incentives provided at the study villages for kaders, kaders' views on incentives and the form they should take, and some of the reasons why kaders drop out of programs.

There is no uniform policy on the provision or the types of incentives given to kaders among the five study villages. When the UFGK (Family Nutrition Improvement Program) began several years ago, most of the kaders in the study villages received a uniform. The village administration could afford to provide the uniforms then because the number of UPGK kaders per village was small. Furthermore, in most villages at that time, UPGK was the only kader program and expenditures on kaders were minimal. Today with the plethora of kader programs, the village administration cannot afford to provide uniforms for all kaders. A few village heads with some money remaining in the administrative budget provide fabric to kaders who then sew the uniforms themselves. Fabric for uniforms is usually provided at only one point in time. Kaders who join the program later do not receive anything. Other village heads, particularly those in the poorer coastal areas, do not provide anything at all.

A large number of PKK kaders have uniforms. Due to the high national visibility given to the program and the receipt of a small annual budget from the government, PKK leaders try to furnish uniforms to all their kaders. Because of insufficient PKK funds, many kaders provide their own uniforms at personal expense. They would feel malu to be without uniforms when they are present with other uniformed PKK kaders for outside-village functions. Often if they do not receive uniforms for other programs in which they serve as kaders, they will wear their PKK uniforms to these program activities.

In one village, KPD kaders were given T-shirts with the KPD logo but money was deducted from their training honorarium to pay for these. In other instances, kaders who dropped out passed on their uniforms to those still remaining in the program.

According to kaders, some programs provide an honorarium for services performed. For example, tutors of the KBPD (Paket A) literacy program are given Rp. 2,500 for being a kader. Kaders of Kontak Tani agricultural program are given a lump sum of Rp. 75,000 at the beginning of the program for their services. Sometimes, after a good harvest, farmers will give agricultural kaders a small portion of their crop yields. In one village, agricultural kaders won first prize at a district-wide agricultural competition and received farm implements as a reward.

The wife of one village head occasionally buys snacks for some of the Posyandu kaders. Another provides a simple lunch for kaders after the Posyandu meets in her part of the village. The head of one village gives kaders transportation money whenever they have to represent the village at the sub-district level.

These and other supra-village incentives, such as district-wide competitions and gifts of food from the provincial governor, are more the exception than the rule. In general, many kaders perform their duties month after month without ever receiving any kind of incentives.

From our conversations with kaders, we noted that the majority understand the voluntary nature of their work and do not expect to be paid for their services. What they ask for, however, are some basic items such as uniforms for identification, transportation reimbursement, regular supervision, and attention (perhatian) from government organizations such as the Puskesmas as a form of appreciation for their volunteer labor.

Below is a list of the types of incentives that kaders think have a positive impact on their job performance:

Uniform: A uniform is unequivocally the most important form of incentive for all kaders. It is more than a motivating item. Kaders see it as a necessary apparatus for their work. Wearing a uniform puts kaders apart from the community and gives them the authority and validity to speak to villagers and to instruct them in certain tasks. It makes them appear serious and official (dinas). It differentiates them from friends and mothers who bring their children for services. Without a uniform, kaders say that villagers will not listen to them as readily because they are perceived as just another member of the community. According to kaders, many villagers need to be afraid (takut) before they will follow instructions or try new things. A uniform will provide kaders with the necessary authority.

A uniform also gives kaders a certain amount of status and pride because they are put above and distinguished from other villagers. They do not feel malu when they have to appear with other kaders at supra-village functions or when they have to receive visitors to their village.

Transportation reimbursement: Kaders who have to travel some distance for program activities or who have to attend supra-village functions say that they should be reimbursed for this expense which amounts to Rp. 500 to Rp. 1000 per activity. The regular expenditures for transportation act as deterrents to kaders and cause them to be inactive.

Free health services: The provision of free and no-waiting health services for kaders at the Puskesmas is another form of incentive preferred by kaders. From interviews with the Puskesmas doctors, we were told that the provision of free health services for kaders is in effect. However, when we asked kaders if they knew about this free service, none of them had heard about it and those who visited the Puskesmas paid the usual visitation fees.

Badge and certificates: Kaders suggest that different programs should have different badges for kaders. Like uniforms, badges add to the official nature of their work. Certificates of appreciation are always welcomed by kaders.

Honoraria: Very few kaders mentioned the desire for remuneration in cash for their work. This could be due to genuine altruism, but is more likely due to a cultural aversion to referring to money payment for public service. The researchers think the latter is a more plausible explanation. The economic status of the kaders also makes a difference in whether an honorarium is important or not. When asked, the well-off kaders say it is not necessary and the less well-off ones say they will accept when offered. The amounts suggested by kaders range from Rp. 1,500 to Rp. 5,000 per month. Less than this will not compensate for the opportunity costs lost in each day's work.

Supplies for Posyandu: Many kaders feel that an important incentive not only for them but also for mothers and children is to fully equip a Posyandu with the following items: weighing scale, tables, chairs, flip charts, kader handbooks, record books, notebooks, pens, pots and pans, dishes, cups, and spoons. Kaders would also like to receive supplementary food money for the children who attend the posts. The food is viewed less as a nutritional item for children and more as a fair exchange for taking the time and trouble to attend the weighing sessions.

Regular supervision: After uniforms, regular supervision from program staff is the second-most mentioned form of incentive preferred by kaders. Posyandu kaders, in particular, see the need for regular supervision from the Puskesmas. Many of them feel inadequately prepared to carry out their tasks well. Regular and systematic supervision from the health staff would increase their knowledge, skills and confidence in performing their kader tasks.

The types of incentives suggested by kaders are not unreasonable at all. They are asking for recognition and appreciation of their voluntary labor and not to be taken for granted. For those who want to be active kaders but are not economically well-off, a small honorarium may compensate them for their time as kaders so that they do not have to seek work elsewhere during program days.

The majority of active kaders say they will continue as kaders even if they do not receive any incentives. The reasons given are related mainly to the three social forces of malu, obligation, and sanctions. A few others say their husbands will not allow them to drop out. A smaller group feels that without their assistance the community will not improve.

Some information was collected as to why people dropped out of kader programs. We were unable to get absolute numbers on the total number of dropouts from all programs because no one had such data. Apart from a quarter of the respondents who did not know or had no reasons, the little information we have does provide some insight into the reasons why kaders drop out of programs.

The data from the study villages indicate that material or cash compensation is not an important issue for people who drop out. It constitutes only 8.2% of the reasons people give for leaving the programs (See Table 8). Being too busy with paid work is also not an important reason for dropping out. The largest number of responses (25.8%) for leaving a program cited the programs becoming inactive, i.e., the services of kaders are not utilized because the programs are not operational anymore. The next largest category (18.2%) cited personal reasons, with time taken for housework and children accounting for most of the responses, followed by husbands' request for wives to discontinue as kaders. Quite a few kaders drop out because they or their spouses move to another village for work.

The above responses indicate that a large number of kaders may drop out not so much for personal reasons as for programmatic reasons. The interest and desire to serve may be there for the cultivation, but if program activities do not occur and/or fail, kaders gradually lose interest and drop out altogether. A few kaders have said that if the programs are reactivated they will participate again.

TABLE 8

REASONS FOR KADER DROP-OUT IN FIVE WEST JAVA VILLAGES, 1986

Reasons		Total N = 159	
		No.	%
A. <u>Economic</u>		16	10.1
1. Harvesting	7		
2. Trading	1		
3. Busy at work	8		
B. <u>Personal</u>		29	18.2
1. Busy with children and housework	13		
2. Pregnancy	2		
3. Sickness	5		
4. Forbidden by husband	8		
5. Lack of capability	1		
C. <u>Moving</u>		18	11.3
1. Move to Jakarta	2		
2. Work in another village	16		
D. <u>Incentives</u>		13	8.2
1. No uniforms	5		
2. No honorarium	3		
3. No transportation money	5		
E. <u>Obligation</u>		4	2.5
1. Husband not working any more as village leaders	4		
F. <u>Program not functioning</u>	41	41	25.8
G. <u>No reason/do not know</u>	38	38	23.9
Total		159	100.0

4. CONCLUSIONS

In the last few years, government-sponsored community development programs in rural villages have increasingly come to depend on village kaders. However, the staffing requirements of these programs have been high and many have had difficulties in remaining fully staffed with kaders. Consequently, the few available and qualified villagers often serve simultaneously in more than one program. The burden of multiple-program tasks on the limited pool of active kaders has important implications for the limitations in kader effectiveness that have been identified in this and other studies.

This study has attempted to uncover some of the dynamics underlying these problems by examining kader roles, selection, costs, and motivation from the viewpoint of the village context. This approach contrasts with previous studies which have tended to focus on kaders only in the context of specific programs. Having discussed several of the major findings of the study in the text, it will be useful at this point to draw these observations into a more coherent picture. This picture will then yield some insights into the possibility of addressing long-standing issues of kader effectiveness.

4.1 Core vs. Peripheral Kaders

The central findings of this study show the existence of a rough dualism between those active kaders who form the backbone of government kader-based programs in their villages and others who are more or less inactive but are listed at some point as kaders. This study found that several factors distinguished these two groups. Perhaps the most immediately obvious was the number of programs in which a person serves and his or her level of participation.

Out of the total of 412 kaders surveyed, 40% serve in one program, 37% in two programs, and 23% in three or more programs. At the same time, only one quarter of all kaders interviewed actively and regularly attend all program activities in which they are supposed to play a part. Kaders serving in three or more programs and active kaders are essentially the same group. They are usually referred to locally as kader inti, i.e., "core kaders." In the study villages, core kaders comprised about 20-30% of all kaders. Peripheral kaders are those who serve only in one or two programs and who tend to be inactive or irregular contributors. This group consists of the remaining 70-80%.

Several other factors were examined which distinguish core from peripheral kaders: 1) relationship of the kader to the village head, pamong or GOI employees, 2) the costs to kaders in terms of the total time expended on program activities, 3) motivation for participating in the program, and 4) likelihood of dropping out of programs.

The two groups of core and peripheral kaders sharply contrasted in terms of most of these variables. The qualitative nature of the data collected did not lend itself to easy statistical analyses which could verify these findings. However, there was little question on the basis of the many in depth interviews conducted that such contrasts indeed existed and had important implications for the kaders themselves and for the programs in which they worked. Table 9 summarizes the conditions found in the study communities in these terms.

TABLE 9
CHARACTERISTICS OF CORE VS. PERIPHERAL KADERS

	<u>Core Kaders</u>	<u>Peripheral Kaders</u>
1. Relationship to the village leadership and GOI employees	strong ties as kin or clients	weak ties
2. Program participation	up to six programs	usually one, sometimes two
3. Time costs to kader	30-40 hrs/month	0-10 hrs/month
4. Level of activeness	active, rarely drop-out	often inactive, often drop-out
5. Motivation	strong obligation to village leadership status often important cash compensation rarely important "service to village" sometimes important	limited or no obligation to village leadership status sometimes important cash compensation sometimes important "service to village" sometimes important

This table gives a good general profile of these two groups of kaders. What it does not show is the dynamic which produces and maintains these two kader types in a given village. While the elements of this dynamic have already been presented in the text of this report, it is worth summarizing the process here, because it bears directly on the question of whether it is possible to expand a village's group of core kaders.

4.2 Local-Level Dynamics Producing Core Kaders

Closely paralleling the findings of the kader literature review, this study found that kader selection is carried out by the village leader who simply appoints someone to the position. Rarely does anyone actually "volunteer," i.e., offer his/her services out of special interest in a program. Initially, the village leader receives notice from higher authorities that a given number of kader candidates for a program are to be selected and sent for training. Thereafter, if drop-out kaders need to be replaced, the village head selects someone who may or may not receive immediate training. Successful kader-based programs require active kaders and there are both rewards for successful village programs (skills training, special credit, etc.) and various pressures which can be brought to bear if village leaders do not take implementation seriously. Therefore, the provision of at least some kaders (though not necessarily the whole quota requested) is considered important by most village leaders.

Literacy and means of financial support are the basic criteria suggested by the GOI in the selection of kaders. In addition, it appears to be generally assumed that kaders should be women, though this is by no means a fixed requirement. These requirements define the general pool of persons from which the village head can choose.

This general pool is, however, further reduced by the necessity of selecting persons likely to remain actively involved in programs, contributing time and labor to them. This usually means that village heads tend to appoint persons with a close kinship tie (wife, daughter, etc.) to themselves, to other village leaders, or someone from a household with long-standing labor "obligations" (patron-client relationship) to this group. The immediate families of GOI employees are also felt to be under greater obligation to serve in programs and are often selected as kaders. In practice, persons meeting these criteria exist in almost all villages, but the number of such persons is limited.

From the kader's point of view, there are several reasons for accepting a kader appointment, at least initially: the sense of social obligation, shame for refusing, and the possibility of social or economic sanction for refusal. This study, again paralleling the findings of others, found that only rarely did kaders fully comprehend program objectives and were not often deeply committed to or interested in the programs per se (though in some cases commitment grew over time). This

was reflected in the fact that most kaders could not even state what programs they worked in, only what training they had received. Some kaders do appear genuinely committed to community service, but most are kaders because they were appointed by the village head.

There are several reasons why kaders become inactive and these have been discussed both in this study and elsewhere. They include high time cost (opportunity cost in loss of productive work time), lack of interest or support by supervisors or village leaders, confusion or feelings of inadequacy over the work they do, and sometimes lack of interest in or demand for the services which they are performing on the part of other villagers. It is important to note that most of the kaders who do not remain active do not formally "quit"; instead, they simply become increasingly inactive as kaders. Eventually they may not even appear at designated activities at all, except when government officials arrive to observe program progress. Given these conditions, the term "drop-out" becomes less clear-cut and less meaningful. Kaders who could (or would) be identified as definite "drop-outs" by village leaders probably comprise a much smaller percentage than "inactives," i.e., those who no longer perform kader tasks in a regular and conscientious way.

The potential for kaders to become inactive over time and the tendency for village leaders to either appoint persons from their own circles or to replace drop-outs with such persons ultimately results in a shortage of active kaders. Over time, with the addition of new programs, this means that if kader positions are to be staffed, then active kaders close to the village leadership must be given multiple positions: hence the emergence of core kaders. This is not necessarily the preference of the core kaders themselves: It was found in this study that most kaders in three or more programs strongly preferred reducing their role to one or two programs with an attendant reduction in workload. However, village leaders really have no other alternative if government programs are to be even minimally staffed.

From the foregoing descriptions it should be clear that the emergence of core kaders in villages is a product of underlying dynamics. Expanding the group of active kaders is therefore not possible without addressing these underlying dynamics.

4.3 Implications for Kader-Based Programs

The above discussion of the dynamics leading to the emergence and maintenance of core vs. peripheral kaders in villages has several important implications for the strategies being followed in kader-based programs. Several of the more important of these are:

- o Core kaders are the backbone of kader-based programs: Based on the findings of this report, it should be clear that the core kaders carry out most of the work done by kaders at the village level.

- o The number of potential core kaders in each village is limited:
The continued involvement of core kaders is primarily driven by their close relationships to village leadership and/or government employees. The number of such persons, while varying due to local conditions, is inherently limited. It may be useful in this regard to distinguish between an apparent pool of potential cadres based on criteria of age, education, etc., which is often large in any given village, and the much smaller effective pool of perhaps 10 to 20 persons per village who have ties to village leadership and/or government employees. In each of the study villages the effective pool had already been tapped so that responsibilities which might have been more widely spread have had to be piled onto this small group.

- o Heavy core kader workloads may be reducing effectiveness:
Participation by core kaders in multiple programs means that a de facto integration of services is occurring at the village level. This may have certain advantages in terms of efficiency. However, the high time investment required of core kaders in numerous program activities necessarily reduces the time available for investment in each individual program. Widespread feelings on the part of kaders of inadequacy to carry out assigned tasks may be an important indicator of this problem.

These three points suggest that increasing the numbers of core kaders in villages will require major changes in the kader components of current programs. The most important factor in the selection and retention of kaders is their relationship to leadership and/or government employees. Expanding the numbers of core kaders can only occur if other factors as effective as this one can be found which would ensure more active participation by peripheral kaders. Merely directing village leaders to select kaders on some other basis cannot address the real difficulties these leaders are facing. Consideration of available alternatives needs to be realistically undertaken.

Increases in cash compensations for kaders is one potential factor which is often considered. However, this is probably not a cost effective solution because: opportunity costs to each peripheral kader are relatively high so that a few hundred rupiahs per month would not be likely to have much effect on most persons, and, if cash compensation is provided according to amount of work performed (as presumably would be done) then most of the cash would go to those who are already working, that is, to core kaders. But this is precisely the group which is already working hard without compensation.

In the face of difficulties in expanding the numbers of active, committed kaders, it might also be worth re-examining village program dependence on kaders for more labor-intensive activities such as health education (penyuluhan). The squeezing of available kader time into too

many tasks may in part explain why labor-intensive tasks such as home-visit penyuluhan are rarely being carried out. If this is correct, then improvements in training and supervision, though sorely needed, still would not improve effectiveness in kader tasks since these do not address the basic problem of time commitment in the case of labor-intensive education tasks. Thus, kader tasks should be more narrowly limited and experimentation with other approaches, for example, educational objectives, should receive high priority.

APPENDIX A

KADER EFFECTIVENESS: THE POSYANDU IN THE STUDY VILLAGES

This section examines the effectiveness of kaders in carrying out various tasks, based on their performance in the Posyandu. As a program, Posyandu is the most active in all the five study villages. Each of the posts meets regularly every month and child weighing is carried out at every session. Included here are observations of Posyandu activities, particularly focusing on kader tasks, as well as a brief discussion on the knowledge of mothers who attend Posyandu regarding some of the important health messages of the program.

During fieldwork, the research team had an opportunity to visit seven Posyandu with the Puskesmas health staff. The observations were not contaminated by prior announcements of the visits and special preparations for the Posyandu sessions. The team was able to observe normal program activities and kader behavior.

The following observations focus on the five major Posyandu activities and their participants. At all the seven Posyandu, five tables for the five major activities -- registration, weighing, recording, education, and medical services -- were always set up and neatly arranged.

Weighing: Babies and children under five were weighed in a sarung (tube cloth) with a weigh-beam scale. The weighing was carried out on a few occasions by a Posyandu kader but more often by two mothers present, by neighborhood boys, or by the sub-village head and his assistant. Only in two out of the seven weighing sessions observed was the weight of the sarung (0.5 kilogram) deducted from the weight of the child.

Mothers understood the significance of weight gain and loss. When a gain was registered and it was stated so by kaders, mothers smiled happily. When a weight loss was announced mothers quickly blamed it on illness or the child not wanting to eat. Few mothers appeared to know what other action to take, apart from feeding the child, when there was a weight loss.

The participation rates at Posyandu for the five villages are shown in Table 10. The rates range from a low of 20% to a high of 90%. Two out of the five villages have participation rates above the 1985 national rate of 54%. Village C, which has the highest participation rate for the five villages, has a strong village head who is a former policeman. He personally comes by the post to check on the attendance of kaders. He has also instituted a system whereby kaders who cannot attend the Posyandu have to find substitutes for the particular session.

TABLE 10
AVERAGE SKDN FROM MARCH TO AUGUST 1986
FOR FIVE WEST JAVA VILLAGES*

Desa	S	K	D	N	D/S
A	681	681	286	167	42%
B	479	479	227	109	47%
C	264	264	237	176	90%
D	1029	624	206	62	20%
E	517	429	282	106	55%
Total	2970	2477	1238	620	42%
Average	594	495	248	124	42%

- * S - all children under five years old
K - children with KMS (growth monitoring) chart
D - children who attend Posyandu
N - children whose weight has increased since the last weighing session

Registration and recording: Kaders spent most of their time at these tasks and appeared to be bogged down by them. Registration of new members was a fairly simple procedure in that a new KMS (growth monitoring) chart was filled out for the child. Recording a child's weight was made more time-consuming and complicated by the method used. After a child was weighed, the weight was called out to a kader at the nearby recording table who wrote it down on a piece of paper and placed it in the child's KMS chart. The mother then took the chart to the next table where a kader plotted the weight onto the chart itself. The plotting was observed to be done more often by the PLKB or a health staff member who was present. Another kader was kept busy entering the weight

information into two or three sets of notebooks and various forms required by the Puskesmas. This too was often assisted or done by the PLKB or health staff.

Many mistakes and/or omissions occurred at registration and recording. New KMS charts were seldom entirely completed: birthdates were often left out because villagers do not keep track of dates and kaders do not know how to reconstruct birth dates and that it is important to do so; many registration dates were not filled in; and, when a replacement chart was needed for a lost or damaged one, only the child's name was entered and the graph plotted from the day of replacement showing no growth monitoring history or immunization record. Recording mistakes such as the following abounded too: adding the weight of the sarung to the weight of the child, marking two or three dots on the KMS chart for a child's single weighing, joining two dots months apart, and mistaking the 36th month column on the flip side of the KMS chart for the 37th month, thus carrying the mistake for the next 24 months until the child reaches five years old.

Kaders try to do the best recording job they can, but they face many obstacles: their initial kader training is often inadequate and insufficient for them to be able to record well, the KMS chart and its uses are not often understood by all kaders, and the numerous and ever-changing forms required by the Puskesmas are difficult and confusing. Often, health staff themselves have difficulty in completing the required forms. At two posts, a researcher had to come to the assistance of a confused health staff member who was trying to explain a new data collection form to a thoroughly befuddled kader. Once mistakes are made, they are perpetuated because kaders are seldom corrected due to inadequate supervision and monitoring.

Education: Practically no health education (penyuluhan), a key component of the Posyandu program, was occurring at the posts observed. After mothers had the weight of their child recorded, they took the KMS chart to the education table where a kader checked it to see if the child required any vitamin A tablets, oralyte, or immunization. Vitamin A tablets and oralyte packages were distributed by the kader at the education table and immunization shots were administered by the health staff at the next table.

If any health information was given to mothers, it was of a very general nature, such as to feed the child more eggs and meat in the case of weight loss or to give the child oralyte in case of diarrhea. Health staff, who came to provide medical services at the Posyandu, rarely provided any health education. Home visits outside the Posyandu were said not to occur at all.

Medical services: The recent reorganization of Posyandu included the provision of medical services by health staff from the Puskesmas.

These services are immunization, family planning, and maternal and child health. Due to the shortage of staff, the Puskesmas is able to provide these services only once a month at each village on a rotational basis at each Posyandu. The visits by the Puskesmas team are not fixed but are scheduled according to the convenience of the health center.

At the Posyandu, it was observed that the health staff provided only immunization and family planning services. No services relating to mother and child health were offered. The vaccinators did their job professionally and compassionately, but were seen to offer no information or advice to mothers.

A few of the health staff, while waiting for pregnant mothers and women coming for birth control services to show up, assisted kaders with recording. Where there was a shortage of kaders, which was often, the staff did the recording themselves.

Kaders: There was a striking shortage of kaders present at most of the Posyandu. The ideal number of kaders for a Posyandu is six. Only one Posyandu observed had even five kaders present. At four Posyandu, there were three kaders each and at two others there were only two kaders. Another striking observation was that the same kaders were present at several posts. This occurred in two villages. The high incidence of multiple-Posyandu kaders could mean that core kaders are typically serving simultaneously as kaders in several different Posyandu posts in a single village.

In most cases, the village head's wife, in her capacity as head of PKK in her village, accompanied kaders to as many posts in the village as she could. If she was not capable of assuming the role of village PKK head, a substitute was found for her who then accompanied the Posyandu kaders. The heads of sub-villages where the Posyandu were located were usually present at these weighing sessions. Their main role was to encourage mothers to attend the session; this was accomplished either by the use of loudspeakers or by going from house to house on a motor-bike. Their wives also participated and helped out. At one Posyandu where only two kaders were present, one being the sub-village head's wife, the sub-village head himself took charge of weighing the children.

The village leaders present at the Posyandu observed were embarrassed that so few kaders showed up. They quickly explained that normally all six kaders attended the Posyandu. Their non-attendance at the particular sessions observed was attributed mainly to their involvement in the numerous ritual ceremonies, particularly weddings, that were held during the post-harvest season. A few kaders, however, complained that there were more inactive than active kaders; their non-attendance was common even during slack agricultural months.

Kaders present at Posyandu tend to cluster around the three stations of registration, weighing, and recording. As there was a general shortage of kaders, even these stations were underserved. At these station kaders and health professionals themselves lacked confidence in their ability to provide health education. Many say their Posyandu training was too short (one to two days) and they did not learn enough to be able to inform others accurately on health matters.

Health staff: The number of health staff who manned the medical services stations at the Posyandu was frequently larger than the number of kaders. Four to five staff members showed up at the post: the PLKB; two KIA (maternal and child health) staff, and one or two vaccinators.

Whenever possible, the health staff attempted to cover two posts from 9:00 a.m. to 2:00 p.m. One or two of them assisted at the recording station when there were not enough kaders around. On the whole, the health staff had a lot of free time at the posts. The following example illustrates the time usage of health staff at one Posyandu.

<u>Time</u>	<u>Activity</u>
9:00 a.m.	Arrival of health staff at Posyandu
9:45 a.m.	Child weighing begins
11:00 a.m.	Child weighing and other services completed
	- 53 children weighed
	- 5 children immunized
	- 9 women checked for birth control
	- 2 pregnant women examined
12:00 noon	Departure of health staff

In the three hours that the health staff was present, the vaccinator spent a total of 15 minutes immunizing five children and the KIA staff spent 30 minutes examining eleven women. They had over two and one half hours of free time which they spent in idle discussions. Perhaps this extra time could be channelled into refresher courses for kaders and the provision of health information for mothers.

Environment: Posyandu were generally held in large and spacious village halls with the various stations situated around the room. The weigh-beam scale was usually set up in the well-swept yard under a large shady tree with the recording table nearby. Except for two locations, the environment appeared conducive for gatherings and Posyandu activities. The poor environment at the other two locations was due to the high noise level caused by the use of loudspeakers. For the duration of the Posyandu, village leaders and the PLKB took turns over the loudspeaker to urge mothers to bring their children for weighing and immunization. Because of the noise level, kaders and health staff had to shout to each other across the room to be heard. The noise was compounded by the crying of babies who were frightened by the general

commotion. At one Posyandu, the noise was unbearably deafening because the new and sparsely furnished village hall was a perfect echo chamber. Even if there were kaders who were able and willing to provide health education, the noise would have drowned out all attempts. Clearly, educational activities were not expected to be a key component of the posts' activities.

Supplies: The unreliable and irregular replenishment of supplies was listed by kaders as an obstacle to their task performance. Very often, KMS charts were in short supply and children were weighed without having their weights recorded. First aid items such as oralyte, vitamin A pills, and iron folate tablets were either in short supply or the distribution was poorly organized.

Mothers' knowledge: Interviews with several mothers who brought their children for Posyandu services were conducted to see how much they knew about some of the important Posyandu health messages (see Table 11).

Over 85% of mothers did not feed their colostrum to their babies. They incorrectly believed it was stale milk and unsafe for babies to drink. Several mothers said their lack of knowledge about the nourishing value of colostrum was due to the non-existence of Posyandu in the old days. However, since the establishment of Posyandu, many mothers still did not feed colostrum to their newborn babies and have not heard about its benefits. Information regarding immunization appeared to have a better dissemination than that on the benefits of colostrum. About 75% of the mothers had heard of and generally understood the need to immunize their children. A few could even list all the shots their children had received so far. The other 25% had no knowledge of immunization, even though it was being carried out in the Posyandu.

Similarly, 75% of the mothers had knowledge of and used oral rehydration therapy as a control for diarrhea. The majority obtained their oralyte packages from kaders or the Puskesmas. Only about 36% of mothers accurately verbalized the method of producing salt and sugar solution (LGG), while 21% were unsure of the proportions used. Another 21% had heard of, but were unable to produce, LGG and the remaining 21% had no knowledge of it at all.

The high knowledge that mothers have regarding immunization and the high use of oral rehydration therapy as a control for diarrhea are positive signs. Health officials should examine the methods for the dissemination of this information and use them for other Posyandu health messages such as the nutritional benefits of colostrum.

TABLE 11
KNOWLEDGE OF MOTHERS WHO ATTEND POSYANDU
REGARDING SELECTED HEALTH MESSAGES

Knowledge	Total N = 153	
	No.	%
<u>Colostrum</u>		
1. Given to infant	4	14.3
2. Thrown away	24	85.7
<u>Immunization</u>		
1. Understand generally	21	75.0
2. Do not know reason	7	25.0
<u>Diarrhea</u>		
1. Use oralyte/LGG	21	75.0
2. Use traditional medicine	2	7.15
3. Use other medicine from street stall	2	7.15
4. Do not know any treatment	3	10.7
<u>LGG (Sugar-Salt Solution)</u>		
1. Able to produce	10	35.7
2. Unsure about production	6	21.4
3. Have knowledge but unable to produce	6	21.4
4. No knowledge	6	21.4

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