



Australian Government

PROGRESS REPORT:

# Strengthening Gender Equality and Social Inclusion in the BANGGA Papua Program



**KOMPAK**  
Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan  
Kemitraan Pemerintah Australia - Indonesia





Australian Government

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**Authors**

Emmy

Ratna Fitriani

**Editors**

Emmy

Lily Hoo

Philip Hulcome

Ratna Fitriani

**Contributors**

Arie Agustien (MAHKOTA)

Caroline Tupamahu (BaKTI)

Desy Mutialim (BaKTI)

Dewi Trisnawati Malik (KOMPAK)

Heracles Lang (KOMPAK)

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**Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan (KOMPAK)**

**KOMPAK is an Australia-Indonesia Government Partnership**

Jalan Diponegoro No. 72

Jakarta Pusat, 10320

Phone (021) 8067 5000 | Fax (021) 3190 3090

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# Executive Summary

BANGGA Papua (*Bangun Generasi dan Keluarga Papua Sejahtera*, or Building the Welfare of Papuan Generations and Families) is a universal child grant program, initiated by the Papua Provincial Government using the Special Autonomy (*Otonomi Khusus, Otsus*) Fund. As of July 2020, there were 23,000 mothers and female guardians receiving benefits for 32,000 children. Although the program's objectives are to increase the nutritional intake of indigenous Papuan children, stimulate the micro-economy from village to district level, and reduce poverty in target areas, the program also has a strong gender equality and social inclusion (GESI) focus by targeting Indigenous Papuan women and children as the main beneficiaries. Various studies and evaluations globally (Buller et al., 2018) have shown that cash transfer programs targeted at women and children have strong potential to empower women through, among other factors, reducing instances of domestic violence, increasing women's decision-making/bargaining power in the household, and decreasing household poverty—and poverty-related stress.

The Special Autonomy Law of Papua (Law No. 21/2001) also highlights GESI principles to support development efforts in Papua that will benefit all Papuans, including women and indigenous people. The BANGGA Papua's Program Document (2017) outlines how GESI principles are systematically incorporated as a goal in all efforts and interventions within the program, from socialisation, training and technical assistance, to ensuring GESI elements are incorporated in systems/mechanisms such as monitoring and evaluation (M&E) and management information systems (MIS).

This report analyses the implementation of GESI principles in the BANGGA Papua program and was informed by a combination of primary and secondary data sources, including interviews and focus group discussions undertaken across the three pilot districts in March 2020. The report and its recommendations draw on and complement the BANGGA Papua Process Evaluation conducted in June 2020. The report was undertaken by the Australian Government-funded development partnership, *Governance for Growth* (KOMPAK). The intended audience for the report is primarily the Papua Provincial Government and relevant BANGGA Papua implementing agencies, along with Government of Indonesia stakeholders at the national level and their development partners.

Overall, the analysis undertaken for this report indicates that the initial design of the BANGGA Papua program and the program's objectives are in line with the values and principles of GESI. Based on their feedback, cash transfers to women is giving them greater control over the use of these funds and is leading to improvements in children's health and nutrition. However, it also found the program needs to mitigate several unintended consequences that might cause additional burdens for women. Despite the program's significant work to bring cash-out points closer to populations in need, the distance to payment points is causing high costs for transport, and the absence of support systems to share responsibilities of childcare have been identified as preventing women from gaining the full benefits of the program as intended.

While the research has shown that the BANGGA Papua program is demonstrating positive early indications of change, there are also some unintended impacts. It will be important for the Papua Provincial Government and development partners to closely monitor these changes – both positive and negative – and adjust the program and messaging accordingly. There needs to be an honest assessment of the risks of the program and an understanding of the potential negative impacts that can occur from continuing, scaling up or down, or changing the program design. The program has enormous potential, but for this to be realised it must be continually reviewed and improved.

## Recommendations

### Program Management

1. Improve community participation, information distribution, and accountability through empowering or using existing women's and community organisations at the village level. This should be done throughout the program cycle, from the initial stages of determining beneficiaries, disbursing and using program funds, and monitoring and evaluation.
2. Expand capacity building activities on GESI activities to include a greater focus on analytical skills and problem identification. These should be targeted at both program implementers and community members/officials to help improve the ability of the program to identify and solve GESI-related issues.
3. Conduct further research on the role and effectiveness of the GESI unit in the *Sekber* structure within Asmat and Lanny Jaya Districts, particularly on whether it should be adopted at the provincial level and in Paniai District.

### Socialisation and Communication Strategies

4. Consider revising communication materials for beneficiaries and other stakeholders to make it clear that cash transfers are unconditional, while encouraging spending on goods that improve child health and reduce poverty.
5. Establish a clear focal point for beneficiaries, with whom they can ask questions, clarify requirements, and lodge any complaints. The existing system relies too heavily on the village head as a channel for grievances or information. The program should work with village cadres (i.e. appointed community members and village-level officials supporting the delivery of government and non-government programs) and community figures to identify more focal points. It is important to ensure that the focal points are accessible, as well as respected, trusted, and heard by the community.
6. Ensure that communication materials are translated into local dialects, have appropriate cultural, religious, and geographic symbols, images, and messages for the location and group, and are the most effective channel for the audience (e.g. posters, flipcharts, and videos).
7. Continue to promote communication strategies that effectively tailor messages to beneficiaries and stakeholders with low or no literacy, including prioritising the use of visuals in communication materials.
8. Ensure communication messages for women and vulnerable groups are being delivered through the most effective channels to reach them, such as health centres or household visits.

## Accessibility and Inclusion Impact and Challenges

9. Ensure that beneficiaries and other stakeholders are provided with accurate and up-to-date information on the amount of funds to be received, the reasons why the amount might vary between recipients in each withdrawal period, as well as limitations – if any – on the amount that can be withdrawn from accounts by the beneficiaries.
10. Where feasible, beneficiaries should keep their savings books with them. In areas where this is not possible, additional safeguards and communication messages will be needed to ensure beneficiaries have unrestricted access to their savings accounts.
11. Explore strategies to mitigate the challenge of women travelling long distances and being out-of-pocket for transportation or childcare costs. This could include transport allowances, shared transportation options, or encouraging women to travel without children (noting that childcare arrangements would need to be made).
12. Ensure that registration and disbursement sites have designated areas for children to play or rest with supervision, mothers to breastfeed or provide care for children, and people with disabilities to access.

## Financial Impact and Challenges

13. Identify ways to ensure cash transfers are unconditional. Existing mechanisms – despite good intentions to direct spending on program goals, improve monitoring of funds, and to make it easier for beneficiaries to shop – have to some extent led to conditional transactions, forcing beneficiaries to purchase specific goods at higher prices from specific stores.
14. Explore mechanisms for monitoring the use of funds for intended purposes, and enabling feedback or strategies to be developed if substantial funds are directed for non-recommended purposes. There may be methods of analysing aggregated bank records (to ensure privacy) of current and former beneficiaries. It is important cash transfers are unconditional, so as to empower women. Having a better understanding of the additional pressures on women to share funds, and how funds are used, may give program managers better insight into tailoring socialisation and communication activities.
15. Review communication materials to ensure messaging is clear on use of funds and for what types of goods and services. In addition, include income-generating activities and initiatives that will enable the family to fulfil children's needs for the long-term (such as domestic farming) as an example of a good spending behaviour.

## Health and Nutrition Impact and Challenges

16. Continue to deliver health services at payment points, enabling women and their children to undergo a health check-up and be referred for future health services, as needed.
17. Explore further through research and analysis of health records whether there is an increase in the birth rate, the reasons for this, and strategies to mitigate this unintended outcome.

## Gender-Based Violence Impacts and Challenges

18. Investigate further to assess the scale and scope of domestic conflict and gender-based violence as a result of the program.
19. Anticipate the increased risk of women and children being victims of violence and develop proactive strategies to address this risk.
20. Consider increasing efforts to target male groups to improve their understanding and commitment to improving children's nutrition without becoming managers of program funds.

## Program Continuation and Financing – Key Risks

21. Recognise the risks involved in either scaling up or ending the BANGGA Papua program. The impact may contribute to a further erosion of trust in public institutions if the program is cancelled or not continued beyond its pilot phase. If the program is to be continued past the piloting stage, the Papua Provincial Government and relevant national government stakeholders need to commit to a long-term plan for funding, consistent implementation principles and approaches, and ongoing liaison with community groups.

# Introduction and Purpose

This report analyses the implementation of the BANGGA Papua<sup>1</sup> program from the perspective of gender equality and social inclusion (GESI). GESI includes people with disabilities, poor and vulnerable groups, and the dynamics between men and women, boys and girls. Implementation of these principles can be seen in BANGGA Papua's Program Document (2017), which outlines how GESI principles are systematically incorporated as a goal in all efforts and interventions within the program, from socialisation, training and technical assistance, to ensuring GESI elements are incorporated in systems/mechanisms such as monitoring and evaluation (M&E) and management information systems (MIS) (see Table 1).

Table 1. **GESI approach in BANGGA Papua Program Document (2017)**

## Program Socialisation, Training and Technical Assistance

APPROACH	EXPECTED RESULTS OR OUTPUTS	ACTIVITIES	INDICATORS	METHOD OF VERIFICATION	TIMELINE <sup>2</sup> [1]
Cross-cutting	Religious leaders, tribal chiefs and heads of villages are aware of the importance of considering gender, actively safeguard the benefit, and ensure it reaches its intended beneficiaries, including girls, women, and infants with disability.	Develop socialisation/ training tools to be included within the program's socialisation/ training tools, which explore the concept of gender and gender division of labour while considering the local culture.	Number of tools for gender and social inclusion socialisation/ training.	Review of tools developed	Sep 2017
Cross-cutting	Religious leaders, tribal chiefs and heads of villages are aware of the importance of considering gender, actively safeguard the benefit, and ensure it reaches its intended beneficiaries, including girls, women, and infants with disability.	Conduct socialisation/ training and dissemination of tools, in line with the program's socialisation/ training agenda.	Number of leaders as participants (male and female).	Activity reports	Oct–Dec 2017

<sup>1</sup> *Bangun Generasi dan Keluarga Papua Sejahtera* (BANGGA PAPUA), or Building the Welfare of Papuan Generations and Families) is a universal child grant program designed to improve health outcomes for indigenous Papuan children under the age of four. The program is being piloted in three districts with plans to be scaled up in the entire province. The program was initiated by the Papua Provincial Government with technical assistance from KOMPAK and MAHKOTA, and funded by the province's Special Autonomy Fund (*Otonomi Khusus, Otsus*).

<sup>2</sup> [1] Timeline of the GESI Action Plan is in line with the program's implementation plan (Annex 4).

APPROACH	EXPECTED RESULTS OR OUTPUTS	ACTIVITIES	INDICATORS	METHOD OF VERIFICATION	TIMELINE <sup>2</sup> [1]
GESI specific	Male heads-of-households are aware of the importance of considering gender, actively ensure cash transfer (CT) reaches its intended beneficiaries, and is used accordingly.	Conduct socialisation/training for male heads-of-households in line with the program's socialisation/training agenda.	Number of male head-of-household participants.	Activity reports	Oct–Dec 2017
GESI specific	Women (beneficiaries) are aware of the program and its benefit, and actively use the benefit to ensure the health of their infants/elderly.	Conduct separate socialisation/training for women, especially women with infants and elderly women, about the program and its benefit.	Number of women participants and beneficiaries.	Activity reports	Oct–Dec 2017

### Systems and Instruments

APPROACH	EXPECTED RESULTS OR OUTPUTS	ACTIVITIES	INDICATORS	METHOD OF VERIFICATION	TIMELINE <sup>3</sup> [1]
Cross-cutting	Civil registration mechanism includes indicators of disability, age (date of birth) and sex, to ensure accuracy of targeting for social protection programs.	Introduction session on the concept of gender and social inclusion to local government.	Number of local government participants (male and female).	Activity reports	Nov 2017–onwards
Cross-cutting	Civil registration mechanism includes indicators of disability, age (date of birth) and sex, to ensure accuracy of targeting for social protection programs.	Session on how to integrate gender and social inclusion elements into the civil registration mechanism, and how to use the data for planning and budgeting for social protection programs.	Number of local governments with database set up to collect gender and other vulnerable groups' disaggregated data.	Review of database systems or instruments	Nov 2017–onwards
Cross-cutting	Program's Technical and Operational Guidelines (SOP)/ program manual addresses gender and social inclusion aspects.	Session on how to integrate gender and social inclusion into the SOP/program manual.	Number of local governments with GESI-mainstreamed SOP.	Review of SOP/ program manual	Aug–Sep 2017
Cross-cutting	Gender and social inclusion related elements are integrated into local government monitoring and evaluation (M&E) systems.	Session on why GESI-responsive M&E is relevant and important.	Number of local government participants trained (male and female).	Activity reports	Aug–Sep 2017

<sup>3</sup> [1] Timeline of the GESI Action Plan is in line with the program's implementation plan (Annex 4).

APPROACH	EXPECTED RESULTS OR OUTPUTS	ACTIVITIES	INDICATORS	METHOD OF VERIFICATION	TIMELINE <sup>3</sup> [1]
Cross-cutting	Gender and social inclusion related elements are integrated into local government monitoring and evaluation (M&E) systems.	Session on how to integrate GESI elements into M&E systems.	Number of local governments with GESI-responsive M&E systems.	Review of M&E systems or instruments	Aug–Sep 2017
Cross-cutting	Gender and social inclusion related elements are integrated into local government’s MIS.	Session on why a GESI-responsive MIS is relevant and important.	Number of local government participants trained (male and female).	Activity reports	Aug 2017–Mar 2018
Cross-cutting	Gender and social inclusion related elements are integrated into local government’s MIS.	Session on how to integrate GESI elements into MIS.	Number of local governments with GESI-responsive MIS.	Review of MIS or instruments	Aug 2017–Mar 2018

This report focuses on three main aspects: program management; socialisation and communication strategies; and the impact of the program on beneficiaries, their families, and the wider community. This includes identification and analysis of both positive and negative changes, such as unintended consequences.

The report complements the BANGGA Papua Process Evaluation (2020) by providing a more in-depth exploration of the processes and dynamics of gender, disability, and social inclusion.

This report aims to address three key questions:

- To what extent did the initial design and implementation of the BANGGA Papua program consider the issues of GESI and apply gender-responsive and inclusive perspectives and approaches?
- Does the strategy and implementation of BANGGA Papua’s socialisation and communication activities take into account the issue of GESI; and are they appropriate to the local Papuan context?
- To what extent has this program brought changes to the welfare of children and indigenous Papuan women, whether planned or not?

The report and its recommendations draw on and complement the BANGGA Papua Process Evaluation published in June 2020. It was undertaken by the Australian Government-funded development partnership Governance for Growth (KOMPAK). The intended audience for the report is primarily the Papua Provincial Government and relevant BANGGA Papua implementing agencies, along with Government of Indonesia stakeholders at the national level and their development partners.

### Text Box 1. **What is the BANGGA Papua Program?**

BANGGA Papua (*Bangun Generasi dan Keluarga Papua Sejahtera*, or Building the Welfare of Papuan Generations and Families) is a universal child grant program, initiated by the Papua Provincial Government using the Special Autonomy (Otonomi Khusus, Otsus) Fund<sup>4</sup>. As of July 2020, there were 23,000 mothers and female guardians receiving benefits for 32,000 children.

The program's objectives are to:

- (i) Increase the nutritional intake of indigenous Papuan children.
- (ii) Stimulate the micro-economy from village to district level.
- (iii) Reduce poverty, particularly in target areas.

Although the program has clearly defined objectives, it is not a 'conditional' cash transfer and no particular requirements (aside from basic eligibility criteria) need to be met by beneficiaries to receive funding. The Papua Provincial Government views unconditional financial support as more effective, efficient, and easy to implement than conditional cash transfers. In line with global and Indonesian experience of 'cash plus' approaches, the program also seeks to supplement the cash transfers with health and nutrition messaging and services, to some extent.

To be eligible for the program, beneficiaries must be indigenous Papuan, and aged under four years. The rationale for specifically targeting indigenous Papuans was that development gains of past Otsus-funded initiatives had been minimal and often concentrated in resource-rich enclaves and urban areas, bypassing most indigenous Papuans. Children were targeted because this was seen to complement the Papua Provincial Government's 'first 1,000 days program' to reduce stunting. Beneficiaries receive IDR 200,000 per month, per child, with payments expected to be made three times per year into the mother's/guardian's bank account.

BANGGA Papua was launched in 2017 as a pilot project in three districts (Asmat, Paniai, and Lanny Jaya). The Papua Provincial Government chose to focus on the poorest and most difficult-to-reach districts first, as the implementation experience there would provide important lessons for scale-up. If the activities in the pilot locations prove to be successful, the Papua Provincial Government's intention is to scale-up BANGGA Papua to eventually reach the remaining 26 districts in the province.

The program is implemented under a partnership between the Papua Provincial Government and the participating districts. The program itself is fully funded by the Papua Provincial Government, with the Australian Government funding technical assistance.

*Adapted from the BANGGA Papua Process Evaluation (June 2020)*

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<sup>4</sup> The Special Autonomy (Otsus) Fund is a special fund for the autonomous Papua Province, based on Law No. 21 of 2001 on Special Autonomy for the Papua Province. The provision of this fund aims to improve the quality of resources and welfare of indigenous Papuan people, as well as to reduce inequalities between regions, cities, and villages.

# Background

## Overview of BANGGA Papua and its initial design

BANGGA Papua aims to improve the health and nutrition of children 0–4 years old through cash transfers to mothers/female guardians and complementary health and nutrition messages. Women are supported to set up a bank account through which they receive the funds. This is an affirmative step that purposefully takes into account the imbalance in power relations between Papuan men and women, and seeks to address it through the program.

BANGGA Papua has been piloted for two years (2017–2019) in Paniai, Asmat, and Lanny Jaya Districts of Papua Province. The main considerations for selecting these districts included:

- (1) High number of the population who lived in extreme poverty.
- (2) Level of >90% of the population who were indigenous Papuans.
- (3) Human Development Index (HDI) of <50.
- (4) High potential impact of a child assistance grant on family welfare.

In addition, other important aspects considered were:

- Access to the districts.
- The availability of public services.
- The commitment of the local government.
- Experience in implementing other social protection programs.
- The potential integration with relevant or related programs.

BANGGA Papua was conceived during an Otsus Fund review conducted by KOMPAK in 2016. At the request of the Papua Provincial Government, KOMPAK, and the Australian Government-funded development program Towards a Strong and Prosperous Indonesian Society (MAHKOTA) and local partners, began the process of designing a social protection program that would use Otsus funds to more directly benefit indigenous Papuans.

BANGGA Papua has been designed to be complementary to existing Government of Indonesia social protection programs and provide a potential model for the central government or other regions to adopt. Other models for social protection programs were explored, such as the national government's PKH Akses (*Program Keluarga Harapan Akses/Family Hope Program Access*)<sup>5</sup>. However, it was assessed that this approach would not be effective or suitable for the Papuan context.

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<sup>5</sup> PKH Akses or Program Keluarga Harapan Akses (Family Hope Program Access) provides social assistance with special condition, aimed at increasing the accessibility of poor and vulnerable families to basic social services in hard-to-reach areas.

The challenges with this specific model included: limited outreach and inadequate benefits due to geographical factors and high living costs, inaccurate population database for targeting, and the difficulties in dividing communities into poor and non-poor cohorts, due to differences in understanding poverty in different cultural contexts (Bappenas, GIZ, Global Concern Consulting, 2016). There were also supply-side issues, particularly around the recruitment, training, and retention of staff to manage the program (ADB, 2018).

Initially, BANGGA Papua was designed to target children and the elderly. However, it was decided to prioritise indigenous Papuan children under 4 years of age, as this best aligned with the Papua Provincial Government's priorities through the Gemas Papua (*Generasi Emas Papua*/the Golden Generation of Papua) program. This outlines targets to: eradicate illiteracy; complete nine years of compulsory education; guarantee the first 1,000 days of life by ensuring quality health services and good nutritional intake from pregnancy up to two years after birth; increase sports and cultural achievements; as well as develop the competitiveness of Papuan people.

## Roles of development partners

Technical support to develop and implement the program is mainly provided by development cooperation programs funded by the Australian Department of Foreign Affairs and Trade (DFAT):

- **KOMPAK** to help strengthen governance, communication, and GESI functions of the program, including through its implementing partner, BaKTI (*Bursa Pengetahuan Kawasan Timur Indonesia*), an Indonesian non-government organisation.
- **MAHKOTA** to help strengthen management of the social protection aspects of the program.

The KOMPAK and MAHKOTA programs operate under a development cooperation partnership between, and with the oversight of, the Australian and Indonesian Governments. KOMPAK works at the national and sub-national levels to help strengthen Indonesia's decentralised governance system, and has been a long-term adviser to the Papua Provincial Government. MAHKOTA works at the national level to help strengthen Indonesia's social protection system. The two programs collaborated to provide high quality technical assistance to the Papua Provincial Government in the design and implementation of BANGGA Papua.

## Situation in Papua Province contributing to the need for the BANGGA Papua program

Papua Province has the highest percentage of poor population and the lowest Human Development Index (HDI) in Indonesia, with children and the elderly being the most vulnerable groups. Data shows that more than 35% of children in Papua live in poverty (UNICEF, 2017).

When the BANGGA Papua program was launched in 2017, the HDI was 59.1 (Statistics Indonesia, 2019). The province's undernutrition and stunting rates for children aged 0–59 months were 6.8% and 15.9% respectively: the second highest in Indonesia (Ministry of Health, 2017). In addition, Papua has the lowest Gender Development Index (GDI), which in 2017 only reached 79.4 compared with the national average of 91.0 (Statistics Indonesia, 2020).

## Alignment of BANGGA Papua with local regulations and policies

As a social protection program, the concept of BANGGA Papua is considered to be fully aligned with the purpose of allocating Otsus funds. The program aims to improve the quality of life of indigenous Papuan children, in accordance with Law No. 21 of 2001 on Special Autonomy for the Papua Province. This law is based on the principle of optimising the management and the use of Papua Province's resources to improve the standard of living for indigenous Papuans, who are still lagging compared with people in other provinces in Indonesia.

This aligns with social inclusion principles that identify indigenous Papuans as the priority in Papua's development efforts through the implementation of this law. The law also incorporated the GESI principle<sup>6</sup>:

*'To uphold the human rights of women, the Provincial Government is obliged to foster, protect and empower women with dignity and make all efforts to position them in partnerships as equal to men.'*

In general, all relevant Government of Indonesia (national and provincial level) regulations and policies (see Table 2, below) reflect support for the principle of enhancing the interests of indigenous Papuans, especially children who are the program targets, as well as attempting to accommodate the special needs of this group.

In the program's Technical and Operational Guidelines (Panduan Teknis Operasional/PTO), it is explicitly written that gender equality and justice are fundamental principles, especially for decision-making and for program benefits. A further review of the SOP document and its implementation also shows that the principles and approaches have been taken into account from the design of the program, with a clear plan on how to incorporate GESI in various stages of the program implementation, including program socialisation, training and technical assistance, monitoring and evaluation, and management information systems.

**Table 2. Relevant Government of Indonesia (national and provincial level) regulations and policies**

<b>Regulations</b>	<p>Governor Regulation (<i>Pergub</i>) Number 23 of 2018 on <i>Program Bangun Generasi dan Keluarga Papua Sejahtera</i> (Building the Welfare of Papuan Generations and Families Program).</p> <p>Governor Decree Number 188.4/342 of 2018 on the Formation of the Team and the Joint Secretariat of the BANGGA Papua Social Protection Program (the revision is not yet finalised).</p> <p>District Head Decree on the Establishment/Designation of the Joint Secretariat for the Implementation of the Social Protection Program of BANGGA Papua (Asmat, Paniai, and Lanny Jaya).</p> <p>Governor Decree on Beneficiaries of the BANGGA Papua program.</p> <p>District Head Decree on the List of Prospective Beneficiaries of the BANGGA Papua program (Asmat, Paniai, and Lanny Jaya).</p> <p>Law No. 21 of 2001 on Special Autonomy for the Papua Province.</p>
<b>Policies</b>	<p>BANGGA Papua Program Document (2017).</p> <p>Technical and Operational Guidelines/ <i>Petunjuk Teknis Operasional</i> (PTO) for BANGGA Papua program (advanced draft version).</p> <p>The agreement between the Papua Province and its districts regarding the implementation of the BANGGA Papua program in the first three districts.</p>

<sup>6</sup> Law No. 21 of 2001 on Special Autonomy for the Papua Province, Article 47, Chapter XII: Human Rights.

# Methodology and Data Sources

This study was informed by a combination of primary and secondary data sources.

Primary data was collected as part of the BANGGA Papua Process Evaluation (2020), undertaken collaboratively by MAHKOTA, BaKTI, and KOMPAK.

Data collection was undertaken in 17 villages in the three pilot districts from 8 to 13 March 2020. This involved 13 focus group discussions (FGDs) and 31 in-depth interviews, with 131 respondents (including 104 women). Further detail is available in the Annex.

- FGDs were conducted with community leaders, beneficiaries, and non-beneficiaries. The non-beneficiaries included eligible mothers who are not registered as recipients.
- In-depth interviews were conducted with health leaders/village cadres, beneficiaries, Joint Secretariat members, non-beneficiaries, and 'dormant' beneficiaries. 'Dormant' beneficiaries are those who had not withdrawn any money since the first withdrawal.

Secondary data included a GESI review of the:

- Initial program design document.
- Program Technical and Operational guideline/ *Petunjuk Teknis Operasional* (PTO).
- Program monitoring reports.
- Reports on the capacity building activities carried out by the BaKTI team.
- BANGGA Papua Process Evaluation jointly conducted by MAHKOTA and KOMPAK.
- MAHKOTA assessment team's analysis of information gathered from communities in the three pilot locations (Asmat, Paniai, and Lanny Jaya Districts).
- Sub-report prepared by KOMPAK's Governance Specialist as part of the BANGGA Papua Process Evaluation.

There are two primary limitations in the data collection and analysis of this report. Firstly, the data used in this report was collected during the initial process evaluation and not specifically for the GESI analysis. The authors were not directly involved in the planning and implementation of this initial evaluation, limiting the scope and depth of data collected, particularly on GESI issues. Secondly, the rise of COVID-19 prevented the authors from following up some of the insights and feedback from beneficiaries and other persons interviewed to better understand the issues or changes seen. Further research may be needed to provide additional context and depth to the initial findings in this GESI report and the process evaluation.

# Findings and Discussions

## Program management

### Involvement of women's and community organisations



**RECOMMENDATION:** Improve community participation, information distribution, and accountability through empowering or using existing women's and community organisations at the village level. This should be done throughout the program cycle, from the initial stages of determining beneficiaries, disbursing and using program funds, and monitoring and evaluation.

Women's and community organisations are important to help extend program management in ways that are more accessible for communities. While the formation of a district *Sekber* (*Sekretariat Bersama*/Joint Secretariat), including representatives from different sectors and villages, is an important step and has been associated with positive engagement, more local organisations will help to increase inclusiveness if there are also effective upward and downward accountability and reporting mechanisms.



Figure 1: BANGGA Papua involves midwives, *posyandu* cadres, and health workers at *puskesmas* to socialise the program and advocate for beneficiaries to use the fund properly. (Location: Enarotali, Paniai. Photograph: Desy Mutialim.)

Note: A *posyandu* is a health and nutrition integrated centre that aims to provide basic health services, such as family planning, maternal and child health, and nutrition. *Puskesmas* are government-mandated community health clinics.

A review of program documents and interview data indicates the process of determining beneficiaries depends heavily on the village heads who are responsible for carrying out the entire process of verification, data validation, and confirmation to the *Sekber* (when data is out of sync or incorrect). This mechanism not only gives the village heads an excessive workload, but it also reduces the access and participation of the village community in determining beneficiaries.

KOMPAK and MAHKOTA initially advocated the use of 'village committees' to address this issue; however, the *Sekber* determined that the cost and regulatory implications made this approach unfeasible.



*(I) So you are on the list of BANGGA Papua, Ma'am? Did you register yourself or through your village head ['bapak kampung']?*

*(R) Village head.*

*(I) Oh, did you have to take care of the paperwork first?*

*(R) Yes. He has the names of the children who are in the Family Card [Kartu Keluarga].*

*(I) When everything is complete, only then can you go to the village head?*

*(R) Yes.*

**FGD with beneficiaries, Asmat.**

The dissemination of information from the *Sekber* to the village community also relies heavily on the initiative of the village heads and village government officials. As a result, important information such as disbursement schedules are often obtained sporadically by the community – from 'word of mouth' or chatter among villagers that was overheard by others. Although this traditional method can be seen as a common way of disseminating information at the community level, it also reflects the need for more diverse and varied channels for disseminating information to communities.



*'(I) Where do you get information about the disbursement itself? The initial disbursement schedule?*

*(R) If there is a disbursement, people make noises, they talk about it. It's word of mouth. The story spreads among their groups.'*

**FGD with community figures, Asmat.**

There is also an impression that the complaint-handling mechanism is the only channel provided by the program to engage community participation and influence program implementation. Although the program has planned to set up a community grievance system, based on the information collected, we found this system has not been implemented at the community level yet due to the relatively short timeframe of program implementation thus far.

These findings underline the importance of involving parties that can act as extensions of program managers, but are closer and more accessible at the village level, and are managed by program community representatives and village officials. The objective is to create a broader opportunity for the community to participate in the entire program cycle from the start (including mapping, data collection from potential beneficiaries, and inputs on the design and program rules).

Using existing organisations/associations/forums at the village level as an extension of the *Sekber* and program management could increase community access, allowing them to participate in and monitor the program implementation. The program could also involve village cadres from other programs, such as village administration and information system (SAIK) operators in areas that intersect with KOMPAK locations in Papua Province for inclusive and collaborative development planning at sub-district and village levels.

## Capacity building on GESI issues



**RECOMMENDATION:** Expand capacity building activities on GESI activities to include a greater focus on analytical skills and problem identification. These should be targeted at both program implementers and community members/officials to help improve the ability of the program to identify and solve GESI-related issues.

Given the program's objectives on children's nutrition and local economy improvement, capacity building related to GESI has centred on understanding the importance of children's health issues, the role of mothers in financial management, fathers' support to prioritise children's interests in the family, and how to communicate these to target community groups. These capacity building efforts have been carried out through a comprehensive communication strategy, as well as training programs.

While recognising that the fundamental issues of GESI can be complex and are often rooted in the community's socio-cultural system, it is crucial to have capacity building aimed at increasing program implementers' understanding of these issues in the local context, in particular the analytical skills to identify the need for GESI-related capacity building, and development of interventions to overcome GESI-related implementation problems at all levels. In a 2015 study on the integration of cash-transfer (CT) mechanisms in interventions against gender-based violence (GBV), the researchers found that to effectively empower women, issues of gender equality needed to be systematically included in the program design and all training activities (Yoshikawa, 2015).

These efforts need to be done by involving various stakeholders in a sustainable and gradual manner – not only program implementers in the *Sekber* structure or development partners involved in supporting implementation of the program, but also community members, village cadres, and all parties of influence in the indigenous Papuan community.

## Role of GESI unit in *Sekber* structure



**RECOMMENDATION:** Conduct further research on the role and effectiveness of the GESI unit in the *Sekber* structure within Asmat and Lanny Jaya Districts, particularly on whether it should be adopted at the provincial level and in Paniai District.

This GESI unit in the *Sekber* structure can become a source of learning for other districts and for the provincial *Sekber*, which so far does not have a GESI unit. It is not yet clear why the GESI unit only exists in the structure of the district *Sekber* for Asmat and Lanny Jaya, but not in the structure of the provincial *Sekber*. Furthermore, no information could be obtained regarding the role of the GESI unit in program implementation in these two districts.

Further research is needed to assess this issue. Lessons learned from the experiences of the two districts in operating a GESI unit, specifically in the *Sekber* structure, will help other districts to understand the needs and challenges faced in program implementation, especially as they relate to practical efforts to improve gender equality and social inclusion. In addition, the results of this research could help to develop more operational descriptions of the GESI unit's role, which is still too general in the program documents<sup>7</sup> to understand what the unit is doing.

<sup>7</sup> Duties/functions of the district secretariat's structural role in the GESI sector for the Asmat District Head's Decree Number 609 of 2019: (i) coordinate the supervision of women's rights to not be misused; (ii) provide special protection and attention to women and children; (iii) provide legal assistance to women who are victims of discrimination.

## Lack of program teams at the village level



**RECOMMENDATION:** Determine whether program teams at the village level – as initially designed – should be introduced to improve community outreach and beneficiary selection.

Program teams at the village level were never formed, despite being part of the initial design. One of the challenges that emerged in the three districts related to the formation of a BANGGA Papua team at the village level. These initially aimed to reach difficult-to-access people, especially those who move around often, live in remote areas, and have special obstacles. The formation of a team at the village level was not possible due to capacity and limited resources, especially from the budget side. The absence of representatives from the program team at the village level, who could work closer to the community groups, was found to be one of the factors that contributed to some community members not being reached by the program – despite meeting the criteria as beneficiaries.

## Data collection on children or caregivers with disabilities



**RECOMMENDATION:** Explore feasibility of collecting data on children and caregivers with disabilities to enable better targeting of assistance.

Efforts to increase program inclusiveness in the beneficiary groups, especially for children with disabilities, have not yet been implemented, even though they were in the initial plan. The identification of children with special needs, which was anticipated in registration, has not yet been implemented due to limited capacity of the *Sekber* team to identify/determine various disabilities.

However, it is important to note that issues related to data on disabilities, including identification and registration for disability groups, are not unique to this program. Data from relevant studies and social protection program implementation across other provinces in Indonesia shows there is a lack of reliable, consistent, and up-to-date data on disability at the national level (AIPEG et al., 2017), and people with disabilities are often not registered and have no access to legal documents due to an unresponsive system (PUSKAPA and KOMPAK, 2020). Thus, this program (like other social protection programs in Indonesia) could attempt to improve inclusion of people with disabilities through, for example:

- Stating in the SOP/program manual that children with disabilities must be identified.
- Including disability indicators in the program's registration forms.
- Engaging village actors to conduct outreach to families with people with disabilities.
- Providing specific supports to people with disabilities in accessing payment points during payment distributions.
- Partnering with local non-government organisations (especially Disabled People's Organisations/DPOs, where possible) to support the above efforts.

## Socialisation and communication strategies

### Purpose of socialisation and communication activities

Socialisation and communication strategies aim to build the trust of the indigenous Papuan community and promote positive behaviour change that encourages female empowerment and spending to improve child health and nutrition. The transfer of funds to a bank account in the mother or female guardian's name, combined with behaviour change communication targeted at both men and women, aims to give women greater control over the use of these funds.

The messages conveyed through the program's socialisation media pay special attention to the interests of indigenous Papuan mothers and children, especially those related to the importance of being attentive to and meeting the nutritional and health needs of pregnant women and children. Examples of good practices that reflect GESI principles include:

- Involving various community groups, including trusted figures and leaders who work at the community level.
- Using local languages in the delivery of oral and written information, and in the development of media designs.
- Taking into account the needs of specific groups (both potential and actual beneficiaries).

Another message conveyed is the importance of men (fathers and husbands) being supportive of mothers to use the program funds, and not using the money for their own interests. Messages are delivered to improve understanding by the husband or father to give space for the wife or mother to receive and manage program funds. The implementation of BANGGA Papua in the future should more systematically encourage men's involvement in program activities.

These efforts should begin by identifying specific issues that need to be targeted and opening up opportunities for dialogue to increase understanding and encourage male participation. While this will enable program staff to identify knowledge gaps and concerns raised by men's groups, if done properly, this will also help maximise program achievements by encouraging the participation of men in the target communities, such as contributing to childcare or being more supportive of their partners' role in managing household finances.

### Counteracting misinformation and confusion on use of cash



**RECOMMENDATION:** Revise communication materials for beneficiaries and other stakeholders to make it clear that cash transfers are unconditional, while encouraging spending on goods that improve child health and reduce poverty.

**RECOMMENDATION:** Establish a clear focal point for beneficiaries, with whom they can ask questions, clarify requirements, and lodge any complaints.

Based on interviews and focus groups, there is an impression that beneficiaries often do not know which information is accurate and where to confirm it. The beneficiaries noted that what often happens is they decide not to ask, and merely accept whatever information is provided from various sources, because they are afraid that their participation will be terminated if they ask questions or do not immediately follow the information they get. This situation creates confusion, which also causes beneficiaries to be less free in making their decisions and more passive recipients.

The areas of confusion include:

- The amount of funds that can be withdrawn, and whether all remaining funds in the savings account can be withdrawn by the beneficiaries.
- The use of funds (what should or should not be purchased).
- Whether or not it is obligatory to shop at BANGGA Papua 'Supermarkets' that are recommended by the program, as soon as the funds are disbursed.

Providing accurate information and enabling individuals to plan and make the best decisions for themselves and their households is a form of empowerment. Access to information has an important role in increasing marginalised community participation, both in the political context and government, as well as in making decisions to improve quality of life (UNESCO, 2009; Jain & Saraf, 2013).

Information inaccuracy can be caused by a combination of factors, primarily due to:

- Individuals who take advantage of the program's existence and situation.
- The level of knowledge that still varies among parties involved in the implementation.
- The language barriers that affect the level of understanding of the beneficiary groups.

## Use of language-, cultural-, and geographic-appropriate messaging



**RECOMMENDATION:** Ensure that communication materials are translated into local dialects, have appropriate cultural, religious, and geographic symbols, images, and messages for the location and group, and are the most effective channel for the audience (e.g. posters, flipcharts, and videos).

On language barriers, even though some communication media already use local languages, resources for translators are not always available, which often causes information to be conveyed in Indonesian language that is not well understood by the majority of beneficiaries.

It is also important to ensure visuals reflect the situation and conditions of daily life of the Papuan people. This includes using pictures with culturally-appropriate clothing, such as mothers wearing the noken garment, or showing houses in a similar context to the location, such as having the correct style of house and background (sea, mountains, or flat land). Religious symbols must also be appropriate with churches, rather than mosques, that are more common and relatable for indigenous communities.

For the type of communication media, the variety initially developed included flipcharts, posters, brochures, infographics, pocketbooks, animated videos, videos, knowledge boxes, information books, banners, good practice videos, and good practice stories. Initial reviews indicated that posters, flipcharts, and videos are preferred by people, and these were then prioritised.

## Communication for groups with low or no literacy



**RECOMMENDATION:** Continue to promote communication strategies that effectively tailor messages to beneficiaries and stakeholders with low or no literacy, including prioritising the use of visuals in communication materials.

To further strengthen efforts to encourage social inclusion, the latest communication strategy document emphasises the creation of socialisation media that must consider the needs of target audiences who cannot read and do not understand Indonesian language. An excerpt from this strategy is shown below:



One of the guidelines on development of BANGGA Papua socialisation media, as written in the communication strategy document.

**URGENT!**

The BANGGA Papua socialisation media must take into account the target audience who cannot read and do not understand Indonesian language. An effective way to serve them is by:

- Asking for help from local people who can speak local languages to explain.
- Using visual and audio-visual socialisation media such as flipcharts and videos.
- Providing social media designs that can be adjusted by districts to better suit the local context and district needs.



Figure 2: Visual communication material is one of most effective tools to educate people in Papua about the benefits of the BANGGA Papua program. (Location: Tiom Neri, Lanny Jaya. Photograph: Desy Mutialim.)

## Locations best suited as channels for communication



**RECOMMENDATION:** Ensure communication messages for women and vulnerable groups are being delivered through the most effective channels to reach them, such as health centres or household visits.

Places that are mostly visited by women were reported as good channels of communication, such as health centres (posyandu and puskesmas), where socialisation activities could be carried out during visits. Outreach efforts by female village cadres (mama cadres) were also carried out through home visits and these provide a mechanism to reach difficult-to-access and vulnerable groups. These groups include:

- Pregnant women who cannot attend socialisation meetings.
- People with disabilities, such as those with mobility or hearing and vision impairments.
- People with mental and intellectual disabilities or those who have limited ability to understand the messages.
- People with other physical limitations, such as the elderly.

## Accessibility and inclusion impact and challenges

### Financial inclusion and information on banking services and entitlements



**RECOMMENDATION:** Ensure that beneficiaries and other stakeholders are provided with accurate and up-to-date information on the amount of funds to be received, the reasons why the amount might vary between recipients in each withdrawal period, as well as limitations – if any – on the amount that can be withdrawn from accounts by the beneficiaries.

**RECOMMENDATION:** Where feasible, beneficiaries should keep their savings books with them. In areas where this is not possible, additional safeguards and communication messages will be needed to ensure beneficiaries have unrestricted access to their savings accounts.

This study found that the implementation of BANGGA Papua has contributed to increased access to savings accounts. Before becoming beneficiaries, many mothers had never visited a bank, let alone had a bank account of their own. This was due to various factors; among these the difficulty of accessing banks, the limited number of bank branches, and women's level of knowledge of and confidence in accessing financial services. The BANGGA Papua program has made the process of opening bank accounts easier and has supported women to have more knowledge and confidence in accessing banking services.

In a previous study on the use of BANGGA Papua funds (MAHKOTA, 2019), it showed that Bank Papua had opened over 16,000 new accounts in three districts, but did not explore ownership of these new accounts by individuals who previously did not have bank accounts.

The following is an expression of a respondent describing how BANGGA Papua has opened access for Papuan women to banks:



*'Before [BANGGA Papua], we have never been to a bank. Now, we go to the bank ... [during the initial withdrawal]. We do not understand the question and ask for help. The clerk there helped.'*

**FGD with beneficiaries, Paniai.**

The stories collected from the first withdrawal process show how the experience of visiting and transacting at a bank is a rare experience for most indigenous Papuan communities, especially the beneficiaries. Many of the beneficiaries expressed positive experiences and feelings, ranging from being happy and proud. By having bank accounts, they can withdraw and bring their own money for the first time.



*'I am happy, proud and amazed, but worried about losing money. Some of my friends don't get money because they don't have children [ages 0–4 years], neither do my neighbours.'*

**Interview with beneficiary, Lanny Jaya.**



Figure 3: BANGGA Papua is a social protection program for Papuan indigenous women to improve the health of their children and, at the same time, strengthen the role of Papuan women to manage family funds. (Location: Pulau Tiga, Asmat. Photograph: Muammar Karim.)

Further looking at the process, in the initial withdrawal of funds, for example, the recipient was asked to show their identity card, family card, or domicile statement, and answered several questions. Most of the beneficiaries, especially those who do not speak Indonesian, felt confused and nervous during this first withdrawal process. However, the program had anticipated this by providing support services through *Sekber* staff, health officials/village cadres, and Bank Papua staff. Bank Papua staff also need to provide information required by beneficiaries during the withdrawal process, such as the amount of money the recipient has in the account. They might also suggest leaving some money for savings, and then asking for the amount of money the beneficiary wishes to withdraw.

There were reports that the amount of money received by different beneficiaries and in each withdrawal period could vary. Payment amounts do vary according to the number of children in the family and it is likely that Bank Papua and the *Sekber* staff might find it challenging to communicate this properly to the beneficiaries. Hence the program could focus more on how to improve implementers' capacity to explain or provide accurate information about the amount of funds to be received, the reasons why the amount might vary between recipients in each withdrawal period, as well as the amount that can be withdrawn from their accounts by the beneficiaries.

Another issue regulated in the BANGGA Papua Technical and Operational Guideline/ *Petunjuk Teknis Operasional* (PTO); is the storage of savings books, and it is recommended for beneficiaries to keep hold of these for themselves. This gives beneficiaries the flexibility to save and withdraw money at any time according to their own needs. However, this has not been possible to fully implement, because the payment points in some areas, Paniai for example, have been decentralised in several sub-districts, and occur manually/offline. The savings book of the beneficiaries could only be updated after the Bank Papua staff returned to an area with an internet network.

## Challenges due to transportation and lack of banking infrastructure



**RECOMMENDATION:** Explore strategies to mitigate the challenge of women travelling long distances and being out-of-pocket for transportation or childcare costs. This could include transport allowances, shared transportation options, or encouraging women to travel without children (noting that childcare arrangements would need to be made).

**RECOMMENDATION:** Ensure that registration and disbursement sites have designated areas for children to play or rest with supervision, mothers to breastfeed or provide care for children, and people with disabilities to access.

People in Papua have limited access to financial services infrastructure. There are only three major financial service providers in Papua: Bank Papua, Bank Rakyat Indonesia, and the postal service (PT Pos). The bank density in Papua is 13.4 per 100,000 population, or two-thirds of the national average of 20.5 (Bank Indonesia, 2015).

This is combined with difficult road access, limited public transportation, and no or limited internet access. These elements made it more difficult for women to access cash and services, costing them in both time and money. The program has attempted an innovative solution to reduce women's travel time and burden by setting up pop-up payment points that are closer than bank branches in the districts.

Despite this effort, however, most beneficiaries still reported they had to travel long distances with their children, as no-one could help look after their children at home. Often mothers had to walk, or bear high transportation costs, and waited for extended periods of time in queues to take care of administrative requirements and process the disbursement of funds. These challenges can reduce the benefits of the program for them, and to some degree also put mothers and children at risk; for example, mothers and children may fall sick due to fatigue, they may not have money to buy food on the way or while waiting in line, and there is no place to play or rest for children while waiting for the disbursement of funds.



*(I) [How do you come to the registration point]?*

*I Usually if we're breastfeeding, we carry our children. The father doesn't want to watch the children. Some of us don't use umbrellas, some use umbrellas.*

*(I) Do you walk?*

*I Yes, we walk.*

*(I) You don't use motorbike taxis [ojeg]?*

*I We don't use motorbikes, there is no money. If there is money, you can use a motorbike, but if there is no money, we walk.'*

**FGD with beneficiaries, Asmat.**

The program could attempt to keep on strengthening and expanding the payment points, including by offering to top up the transfer amount to cover the transport and childcare costs. The program could also explore collaboration with financial institutions to take advantage of new innovations or developing alternative banking approaches that address infrastructure problems in the Papua region.

Beneficiaries also noted challenges in attending fund registration and withdrawing funds. This can only be done in person by the mother or female guardian. While this aims to improve accountability and ensure the correct intended person receives the funds, the distance and unavailability of public transportation often forces beneficiaries to travel long distances on foot while carrying their child, or alternatively having to outlay significant money to pay for transportation.

BANGGA Papua does not yet allocate additional funds for transportation costs. Based on interviews with beneficiaries, the cost required for the trip could reach around IDR 400,000–500,000 for round trips when withdrawing funds. Although the payments are lump sum paid only twice a year, this amount is still quite significant for the beneficiaries and hence support to top-up payments to cover transport costs needs to be advocated further.



*(R) 'We usually stop here, from hitchhiking rides. Per person, it's [IDR] 100,000. So there are 2 people who went down or with small children, maybe 3 or 4 people, it would be up to [IDR] 400,000.'*

*(I) Oh so kids are counted?*

*(R) Yes. Especially if we carry a lot of luggage.*

*(I) How much is it if you carry luggage?*

*(R) Up to [IDR] 500,000.'*

**Interview with the father of beneficiary, Asmat.**

Literature suggests that inclusive development needs to be accompanied by policies that increase the use of public infrastructure by vulnerable groups (Kanbura & Rauniyarb, 2010). This also means that BANGGA Papua and programs with similar goals need to continue raising the issue of improving infrastructure and transportation facilities as an advocacy agenda in long-term planning.

## Financial impact and challenges

### Initial changes due to channelling funds through mothers' accounts

BANGGA Papua transfers funds to the mothers'/female guardians' accounts with several main considerations.

Firstly, because children at the age of 0–4 years are generally still attached to their mothers, it is expected that the mother will know well the conditions and needs of the child.

Secondly, in the context of Papuan culture where women play a greater role in the domestic sphere, it is hoped that by providing these funds through the mothers, the funds can be more freely used/adjusted for improving children's nutrition and health.

Lastly, although there are still many aspects that need to be improved to maximise empowerment for mothers, the mechanism has been designed from the beginning to provide confidence and opportunities for women to make decisions for the future of indigenous Papuan children, and not to create additional challenges for the women receiving cash transfers. The mechanism is designed to give women more bargaining power at the household and community level. Through this study, not only did women report having greater control in deciding what to buy, they also reported feeling more respected since they are able to help fulfil their family's needs.

A study on the use of BANGGA Papua funds (MAHKOTA, 2019) found that women largely spend the funds as intended. It showed that with the right messaging and resourcing, women will choose to purchase food and other necessities for their children.



*'Those who receive BANGGA Papua use that money to buy food for their children, clothes and soap. BANGGA Papua is good. Mothers use money [to buy soap] to wash their [families'] clothes... children's clothes are neat and clean.'*

*Interview with non-beneficiary community, Lanny Jaya.*

### Unintended restrictions on women to use designated supermarkets



**RECOMMENDATION:** Provide clearer communication on roles of supermarkets/pop-up shops and on where beneficiaries can spend their funds.

The use of designated supermarkets/pop-up shops for cash disbursement as an attempt to make it easier for beneficiary mothers to spend the money from the program on children's needs has had unintended consequences.

The objective was to provide temporary markets and improve access to essential goods for families with children in remote locations where markets don't function. One district government then initiated designated BANGGA Papua 'Supermarkets' and pop-up shops.

However, based on interviews and discussions with the community, in general, they consider the price of goods in supermarkets and pop-up shops to be more expensive than local stalls/markets. In addition, some supermarket staff recommended the purchase of a specific basket of goods. Due to beneficiaries' lack of understanding of the function of the supermarkets/pop-up shops and what they can purchase, beneficiaries perceived that they must shop in the designated shops and only for the recommended goods.

At the same time, beneficiaries do not know where to get accurate information on terms or procedure related to whether it is compulsory to shop at those supermarkets.

There is no further information from the program team to confirm this rules, but the existence of BANGGA Papua Supermarkets was reported by community leaders since the beginning of the program. As a result, there is confusion that not only causes beneficiary families to spend money at a price they think is much higher, but also makes the beneficiary groups feel they do not have the freedom to spend their money elsewhere, as they are worried their assistance will be stopped. It should be noted that in these situations, beneficiaries tend to feel that they have less bargaining power. They perceive themselves as program participants who must comply with program regulations. This means that when accurate information is not available, beneficiaries will tend to be passive recipients.



*(I) Do you have to shop at the specific store, ma'am?*

*(R1) Yes, we have to.*

*(I) Must you? You can shop at the market anyway. It's not obligatory, right?*

*(R2) So the money which I withdrew could be taken back, they said.*

*(I) Who said that?*

*(R2) The female BANGGA Papua officer.*

*(R1) That's what's usually explained to us. So, after withdrawing the money we went straight to the shop.*

*(I) Oh, immediately? Do you spend all the money there?*

*(R2) Yes, I only take home the remaining.*

*(R1) It's just for proof.*

*(R2) But there are those who often say it, telling us, a little bit threatening, that if we don't shop there, we won't get the money in the future. Wouldn't get the help anymore.'*

**FGD with beneficiaries, Asmat.**



*'All [beneficiaries] must shop at BANGGA Papua Supermarket. There is a vehicle provided in front of the bank that will take us to the shop after withdrawing money. There is a security guard who will chase us if [we] shop at another store ... the price in large sizes costs 350,000 [at BANGGA Supermarkets] while in other stores the price is 230,000, some others [shops] 220,000.... They [staff] select it [goods]. Inside the big basket, it is filled with rice, eggs, green beans, soap, diapers, cooking oil. We just paid at the cashier..*

*When I refused, the staff got angry and asked 'why do you want to keep that money?'*

**FGD with beneficiaries, Asmat.**



*'BANGGA Papua Supermarkets were established from the beginning of the socialisation of the BANGGA Papua program. When spending at BANGGA stores, community often cannot choose what goods they will purchase. The shop usually has prepared the items that they have to buy, and they just have to pay. So sometimes the money runs out but the items you get are not in accordance with their needs.*

*They felt that they had received assistance, but the way to spend the assistance was arranged by the Sekber, which they thought was inhuman. The price set by BANGGA stores was too high compared to other places, so the money they had was used up in a day.'*

**FGD with the community leaders, Asmat.**

## Ownership of money and bank accounts support empowerment



**RECOMMENDATION:** Explore mechanisms for monitoring the use of funds for intended purposes, and enabling feedback or strategies to be developed if substantial funds are directed for non-recommended purposes. There may be methods of analysing aggregated bank records (to ensure privacy) of current and former beneficiaries. It is important cash transfers are unconditional, so as to empower women. Having a better understanding of the additional pressures on women to share funds, and how funds are used may give program managers better insight into tailoring socialisation and communication activities.

Beneficiaries feel that the ownership of money in a bank account in the name of the mother brings positive changes for them, especially in terms of having control over the use of money, and having a bargaining position in the family (with the husband), as well as with neighbours and relatives. In general, many groups of Papuan mothers/women depend financially on their husbands and often their husband's income is not enough to meet their daily needs. It is a fairly common story that husbands do not prioritise family needs and use the money to gamble, and buy liquor, cigarettes, and betel nut.



*'We used to fight about money with our husbands. We fought them when we asked for money to buy food [for family members] at home. Now, we have our own money. We can spend our own money on [members] in the house, for daily consumption. When they have money, they usually spend it on liquor.'*

**FGD with beneficiaries, Asmat.**

For female-headed household groups, the money they have significantly helps them to meet the children's and family's needs, considering that they act as the sole breadwinners. Access to money and bank accounts also helps them to have bargaining power among neighbours and relatives.



*'I have four children, [and] my husband has passed. I don't know who will feed my children. There is no food when they go to school. I use BANGGA Papua's money to buy rice and other food to feed them.'*

**Female-headed family beneficiary, Lanny Jaya.**

As the main manager of program funds in the family, the mothers have more control in deciding how and for what purposes money is used. According to the beneficiaries, they spent most of the money as directed by the program, namely on food and the needs of their children, especially those aged 0–4 years old. This is also reinforced by stories obtained from community leaders (such as pastors, village leaders, and village cadres), who reported they can only provide advice, but in the end it is the mothers who decide how the money will be spent.



*'I tell them how to spend money properly, but I can't be sure if they do or not.'*

**Village health cadre, Lanny Jaya.**

Some practices of using money that slightly deviated from what was directed by the program were also found in the earlier BANGGA Papua Process Evaluation (2020)<sup>8</sup>. For example, this included using the money to pay for the education of older children (not beneficiaries), or giving the money to husbands, relatives, grandparents, and the church. These practices cannot be completely categorised as negative deviations, and must be understood as part of the communal cultural context of the Papuan people. In the interviews and FGDs that were conducted, women said they sometimes gave their money to their husbands as an expression of gratitude for helping during the registration process to withdraw program funds, to grandparents for helping to look after the children, to relatives because they felt empathy for those who did not get help and also to avoid social jealousy, or donated a portion of the money to the church as an expression of gratitude that they have received assistance.



*'The money is a gratitude expression to our parents who look after our children. We also give money to relatives who don't get [BANGGA Papua] money. [The amount of money given] depends on generosity, IDR 50,000, IDR 100,000 or IDR 200,000. We also distribute the food we buy. We collect children from relatives so they can eat together.'*

**FGD with beneficiaries, Asmat.**

Another practice can more or less show how the wife has control over the money, due to being the main manager of program funds. Wives encouraged husbands to help them build chicken cages or fishponds and, as an incentive, the wives then bought sugar, coffee, or cigarettes for their husbands, which are not recommended under the guidelines in the program.



*'I tell the mothers, if the father [husband] builds a chicken coop for the mother and children, buy them sugar, coffee and cigarettes. These three items will prompt him to make the cage. Or, if he builds a pond, he will have to dig [the ground], and will get tired. So, give a pack of cigarettes, sugar and coffee of no more than IDR 150,000 per day.'*

**Village health cadre, Paniai.**

<sup>8</sup> Hanley, C., & Irfani D. (June 2020). BANGGA Papua Process Evaluation: FINAL Report. Whitelum Group.

The practices mentioned above have the potential to stimulate the local economy if the money is used for productive activities. This has the potential to reduce poverty levels in the community, as intended by the program. However, seen further, this practice can be detrimental to women and children because, in the context of a communal culture, beneficiaries may feel obligated to share funds or purchased goods in the community or wider household (Clark & Mills, 2012). However no such evidence has been seen in BANGGA Papua.

## Use of program funds and inclusion of spending on income-generating activities



**RECOMMENDATION:** Review communication materials to ensure messaging is clear on use of funds and for what types of goods and services. In addition, include income-generating activities and initiatives that will enable the family to fulfil children’s needs for the long-term (such as domestic farming) as an example of a good spending behaviour.

During socialisation on the use of funds, the program recommended that funds be used to buy goods for children’s needs, such as food, clothing, and health-related products.

Interestingly, other positive practices in using program funds, but which were not included in the program’s recommendations, were also found. One of these was to start small businesses, such as raising chickens, buying fishing nets, building ponds, obtaining seeds for agriculture, and opening simple stalls that were managed together with husbands and other family members.

Based on interviews with communities, these practices were reported as strategies to improve household economics, and also to provide longer-term nutritional supplies for children (e.g. from producing or selling meat and eggs). Furthermore, these practices also made the mothers feel more valued, because they not only had control over money, but could also contribute additional household income. It is recommended to include these good practices in communication materials.



*‘All (beneficiaries) bought ducks, chickens. We bought some [rope] at Enaro. We feed our children with eggs. Several eggs also hatched, seven chickens, five, and four.’*

**FGD with beneficiaries, Paniai.**



Figure 4: Instead of buying eggs and vegetables, some mothers use the funds to raise chickens and grow vegetables, so they can obtain more eggs and vegetables for their children. (Location: Bibida, Paniai. Photograph: Dewi Malik.)

## Health and nutrition impact and challenges

### Reported changes in diet and nutrition

Interviews and focus groups reported mothers having better knowledge and understanding of nutrition, how to cook healthy food, and how to maintain cleanliness. These findings were consistent across districts and for different groups. This also translated – based on feedback – into improvements to children’s diets, particularly in terms of consuming nutritious and more varied foods – although in some cases, shifts in diet were not necessarily more nutritious (such as swapping sago for rice).



*‘Previously, we did not have much money to buy a variety of food for children. It has changed now. Mothers have money to buy more varied food for children.’*

**FGD with beneficiaries, Paniai.**



*‘We used to eat [and feed our children] sago, and grilled fish. Now, after receiving BANGGA Papua, we eat and feed our children with rice, fried fish, and fruit.’*

**FGD with beneficiaries, Paniai.**



*‘Before, I fed my kids twice, without breakfast. Now, I can provide breakfast, feed them more, make some cakes and porridge.’*

**Interview with female-headed family beneficiaries, Lanny Jaya.**



Figure 5: One of the challenges was to gain people’s trust. BANGGA Papua empowers community leaders, religious leaders, and *posyandu* cadres to gain trust from the community. (Location: Yatamo, Paniai. Photograph: Joint Secretariat, Paniai.)

## Reported changes in health-seeking behaviours and potential increase in pregnancies



**RECOMMENDATION:** Continue to deliver health services at payment points, enabling women and their children to undergo a health check-up and be referred for future health services, as needed.

**RECOMMENDATION:** Explore further through research and analysis of health records whether there is an increase in the birth rate, the reasons for this, and strategies to mitigate this unintended outcome.

Another change that has been observed at the community level is related to health services. This is the increasing number of pregnant women and children accessing health services, particularly in Paniai and Asmat. The increase in visits to health services has occurred at both regular health services and health services that are provided at payment points. These provide immunisations, vitamins, mosquito nets, measurements of children’s height and weight, and examinations for pregnant women.

The provision of health services at payment points was found to be a successful strategy in increasing consultations by mothers and children. These groups are usually difficult to access, given they live in remote areas.

The increase in mothers and children attending health consultations was said to be based on the motivation of mothers wanting their children to have a health check-up (rather than just as a requirement of the program). Non-beneficiaries reported that they hoped to be linked by health services to registration for BANGGA Papua. There was also a reported increase in pregnant women attending antenatal care and giving birth in health facilities. A primary motivation for this was to be issued a birth certificate and to be registered for the program.

A potential negative trend is the reported rise in the birth rate in the villages. This was not verified with health records, but is based on interviews and focus group discussions. Beneficiaries reported a strong motivation to get pregnant to be able to enrol in the program and receive assistance. Further research is needed to determine whether there was any change in the birth rate due to the program.



*‘My husband wanted to have more children. I said I was tired. He said, ‘no it’s okay, this is BANGGA money. The child will feed himself using BANGGA money. Then, add one more [baby], even though I said I am tired. It happened. We now have 13 children.’*

**Beneficiary, Asmat.**



*‘Many pregnant women now, with their first child, second child, fourth child, even seventh child.’*

**FGD with beneficiaries, Paniai.**

Although global literature in general shows that cash transfers do not influence birth spacing negatively (see for example, Bastagli et al., 2016, and Stecklov et al., 2006), this report needs to be further explored because it is potentially counterproductive to the program objectives. Several studies that looked at the relationship between family size and the condition of children indicated negative impacts of family size for children's health. An analysis of the first three waves (1993, 1997, and 2000) of the Indonesian Family Life Survey (IFLS) found a significant negative effect of family size on the height of children aged 2–12 years old (Hatton et al., 2018). This influence is closely related to low maternal education and applies in urban and rural environments.

Additionally, an analysis of the 2007 IFLS data found a statistically significant negative effect of birth order on the cognitive scores of children, with higher birth order having lower mean cognitive scores (Septami & Wisana, 2018). The study reveals that siblings are unlikely to receive an equal share of the resources provided by parents. In terms of the workload of mothers, having many children also means a greater workload in caring for children, which in turn will not only affect the quality of children's health, but also hinder their participation in the public sphere.

## Gender-based violence impacts and challenges

### Possible side effect of increasing gender-based violence (based on anecdotal evidence)



**RECOMMENDATION:** Investigate further to assess the scale and scope of domestic conflict and gender-based violence as a result of the program.

**RECOMMENDATION:** Anticipate the increased risk of women and children being victims of violence and develop proactive strategies to address this risk.

**RECOMMENDATION:** Consider increasing efforts to target male groups to improve their understanding and commitment to improving children's nutrition without becoming managers of program funds.

Although global evidence has indicated that cash transfers for women tend to have a positive impact on reducing domestic/intimate partner violence (Buller et al., 2018), anecdotal evidence suggested that intra-household tension may have been exacerbated. Several respondents reported that they had heard and witnessed incidents of husband-and-wife quarrels in the village. However, none of the respondents interviewed experienced this directly. According to them, their husbands understood that the program money should be used only for the benefit of their children.

Further investigation is needed to assess the scale and scope of this problem. In Papua, there is a strong patriarchal cultural context that places a husband as the decision-maker and manager of family finances. Men are usually positioned as leaders, and believe they have the right to control resources and the decision-making process. Papuan women also commonly believe that they 'deserve' to be subordinated and even harassed (Statistics Indonesia, 2013).

A study looking at life experiences of men and women in Papua related to violence shows that physical, intimate partner violence, emotional abuse, and controlling behaviours are found to be common, while compared with men, women were found much more likely to experience severe forms of violence and also to experience violence many times (UNDP, 2016). BANGGA Papua and other social protection programs need to be sensitive to approaches that might accelerate, exacerbate or, ideally improve, intra-household tension.



*'Husbands get drunk, then beat their wives to get money to buy liquor. Because of this, I have reported to the police twice [for cases]. Because, according to the information I got, money [from BANGGA Papua] is not for buying liquor.'*

**Interview with the father of beneficiary, Asmat.**

The program needs to consciously and systematically consider the high risk of gender-based violence. Women are usually economically dependent on their partners, and the local socio-cultural context is full of practices that reflect gender inequality, and also support the authority of men over women. All of these factors have been reported to contribute to increasing the risk of gender-based violence in programs that provide financial access to women (Yoshikawa, 2015).

The program also needs to consider increasing efforts to target male groups to improve their understanding and commitment to improving children's nutrition without becoming managers of program funds. Interviews with male community groups indicate that men felt their involvement in the program was very limited, while they hoped to play a role.

Further carefully-designed studies to identify the prevalence of gender-based violence and associated issues will be crucial to better understand the potential unintended consequences of the program. In addition, conducting a study on GBV will require referral, support, and/or treatment services for the identified victims.



*'In Agats, when the mother withdrew money from BANGGA Papua, she went to BANGGA Supermarket and was not allowed to shop at any other store. She had to spend money there. All items were pre-decided. She spent it [the money] at the supermarket.*

*The husband, who was waiting, asked the mother, "Is there still money?"*

*She replied, "I got all this stuff". He then hit her.'*

**FGD with community figures, Asmat.**

## Program continuation and financing – key risks

### Improved trust and understanding from indigenous groups of the BANGGA Papua program



**RECOMMENDATION:** Recognise the risks involved in either scaling up or ending the BANGGA Papua program. The impact may contribute to a further erosion of trust in public institutions if the program is cancelled or not continued beyond its pilot phase. If the program is to be continued past the piloting stage, the Papua Provincial Government and relevant national government stakeholders need to commit to a long-term plan for funding, consistent implementation principles and approaches, and ongoing liaison with community groups.

Based on previous experience, community members reported they were reluctant to register for the BANGGA Papua program because they did not believe that assistance would be provided.

Despite this, the trust of indigenous Papuan community groups in the BANGGA Papua program has begun to grow as communities began experiencing benefits of the program. There were also reports of an increase in local champions, such as village health cadres, which has helped to reduce community perceptions of the program as a ‘top-down’ initiative and create greater community buy-in. This provides opportunities to expand the messaging and issues dealt with by the program, such as gender equality, gender-based violence, and household financial management.

However, it also highlights the risks that this social protection program – if defunded or reduced in scale – further erodes trust in public institutions. The stoppage of cash transfers in 2020 – initially due to a reallocation for other provincial priorities – highlights this risk. It is important that the Papua Provincial Government, and relevant national government stakeholders, commit to long-term funding, consistent implementation principles and approaches, and ongoing liaison with community groups.



Figure 6: Thousands of mothers gathered during the payment of BANGGA Papua funds. The District Committee and District Health Office worked together to educate the mothers about the importance of children’s health and advocated for them to use the funds for their children’s nutrition. (Location: Pulau Tiga, Asmat. Photograph: Syaifullah.)

## Stakeholder perceptions of GESI impacts<sup>9</sup>

GROUP	POSITIVE EXPERIENCE	NEGATIVE EXPERIENCE
<b>Individuals and households</b>	<p>Children are reportedly healthier as they consume more varied and nutritious food.</p> <p>Women feel more valued for holding their own money and are better able to negotiate with their husbands.</p> <p>Women feel that they can decide and be more flexible in spending funds, no longer needing to argue when asking their husbands for money for daily needs.</p> <p>More women (and households) are reported to have access to a bank account.</p> <p>Households reported the emergence of family business initiatives/income-generating activities.</p> <p>Households reported that cash helped families cover shortfalls for emergency purchases, such as for food.</p> <p>Children are reported to wear cleaner clothes.</p>	<p>Women reported arguments where their husbands asked for money for things that were not recommended by the program.</p> <p>Reported potential reduced birth spacing/ increased birth rate.</p> <p>Children reportedly had less preference for native staple foods (e.g. sago) and preferred alternatives (such as rice). Rice is less nutritious than sago and therefore requires additional food types (such as vegetables) to be added.</p>
<b>Community and society</b>	<p>Greater awareness of both women and men about the importance of using funds to improve nutrition for children.</p> <p>Reported increase in access of children and women, especially pregnant women, to health services at posyandu.</p> <p>Reported increase in mothers giving birth in health facilities.</p> <p>Increased coverage of CRVS (Civil Registration and Vital Statistics) documents for indigenous Papuan children and parents (e.g. birth certificates, NIK/citizen IDs).</p> <p>More cash in local economy serves as stimulus.</p>	<p>Indicated potential increase in illegitimate fees, with at least one case of a village head asking for an illegal fee for registration.</p> <p>Identified possible manipulation of beneficiary data.</p> <p>Reported increase in the price of goods during the period of fund disbursement.</p> <p>Supermarkets/pop-up shops reportedly putting conditions on use of funds (and charging higher prices).</p>

<sup>9</sup> To determine the extent to which these changes are actually related to or are a direct impact by the program will require further research.

## Annex A:

# GESI considerations at different stages of program implementation

The BANGGA Papua Social Protection Program has five main stages. This section outlines a summary of each of these stages that need to be considered through a GESI lens. This includes the initial and ongoing socialisation and communication about the program, and its goals to inform beneficiaries, communities, and stakeholders. Next is the identification and registration of eligible beneficiaries, the transfer and withdrawal of funds (and associated activities), and the set-up and implementation of adequate complaint-handling and accountability mechanisms.

<b>Socialisation and communication</b>	<ul style="list-style-type: none"> <li>• Identifying and accommodating special needs by:             <ul style="list-style-type: none"> <li>– Face-to-face socialisation meetings with community groups, both individually and in groups, to facilitate the communication process and ensure understanding.</li> <li>– Conducting meetings in separate groups for men and women.</li> <li>– Assisting the parents who cannot read and write.</li> <li>– Holding special meetings for groups of people with disabilities.</li> <li>– Ensuring that the procedures and requirements are accessible for targeted community groups; for example, by providing sufficient time to process supporting documents for verification.</li> </ul> </li> <li>• Using existing local forums for information dissemination: churches, <i>posyandu</i> (integrated health posts), cultural meetings, and activities of the community-based women’s organisation Family Empowerment and Welfare (<i>Pemberdayaan dan Kesejahteraan Keluarga/PKK</i>).</li> <li>• Involving district heads and village heads, religious leaders, traditional leaders, women leaders, youth leaders, teachers, health workers at <i>puskesmas</i> (community health centre) and <i>posyandu</i> cadres, <i>puskesmas</i> midwives, village midwives, and other parties whose advice is heard and trusted by the local community.</li> </ul>
<b>Identification and registration</b>	<ul style="list-style-type: none"> <li>• The mapping and determination of beneficiaries is carried out through outreach to the community by the village government/village heads/PKK/<i>posyandu</i> cadres.</li> <li>• The registration information is located in an easily accessible/noticeable place for the public; i.e. through announcements in churches, and bank information boards.</li> </ul>
<b>Transfer of funds</b>	<ul style="list-style-type: none"> <li>• Occurring into a mother’s or female guardian’s account.</li> <li>• Made through Bank Papua, which is owned and managed by the local government.</li> </ul>
<b>Withdrawal of funds</b>	<ul style="list-style-type: none"> <li>• Scheduling withdrawals for each village.</li> <li>• Opening fund withdrawal/payment points in a location closer to the village.</li> <li>• Providing technical assistance services in filling out bank forms with information provided in local languages.</li> <li>• Providing health education services, immunisation, and examinations for pregnant women at points of withdrawal of funds.</li> </ul>
<b>Complaint handling</b>	<ul style="list-style-type: none"> <li>• Developing a complaint-handling system to open access for public participation in submitting inputs and complaints regarding program implementation, to achieve program improvement.</li> </ul>

## Annex B:

# Application of GESI principles on elements of program intervention

Further analysis of the program's implementation results in the field, which was carried out based on the SOP directions, showed that GESI principles were applied in several mechanisms and program interventions:

<b>Recruitment of Joint Secretariat (<i>Sekber</i>) staff</b>	<p>The Governor Regulation that forms the basis for the Joint Secretariat (<i>Sekber</i>) formation explicitly regulates the need to equally recruit male and female <i>Sekber</i> members. Apart from providing equal opportunities for employment and capacity building, this is an important effort to increase sensitivity to the needs and issues faced by women, especially mothers of children who are the program beneficiaries, and are the main managers of program funds in beneficiary households.</p> <p>Also explicitly stated in the SOP is the recruitment of indigenous Papuan staff who are trained to have the skills required by the Secretariat. This is as a program effort that considers the principles of social inclusion, particularly the participation and involvement of groups that are targeted by the program.</p>
<b>Determining the target beneficiaries of the program</b>	<p>The program targets children of indigenous Papuans (whether one or both of the child's parents are indigenous Papuans), who are 0–4 years old and live in the program locations, regardless of whether they are male or female. This underlines equality in the fulfilment of basic rights, which do not discriminate between boys and girls.</p> <p>Furthermore, the targeting of indigenous Papuan children based on both the father's and/or mother's lineage also reflects the application of gender equality, especially in the Papuan context where patriarchal values still dominate the public sphere and decision-making in households/families.</p>
<b>Designating the mother/female guardian of the beneficiary children as the main manager of program funds in the household</b>	<p>This mechanism is one of the specific approaches in the program to promote gender equality, particularly in increasing women's access and participation in indigenous Papuan communities to influence decisions about the management and use of money within the family. This approach is a special mechanism, which is expected to have a significant influence on the position of indigenous Papuan women in the household, because in the context of Papua this challenges the patriarchal culture that still places men/husbands as decision-makers, especially for managing the family's finances.</p> <p>Furthermore, the channelling of funds through bank account transfers also opens banking access for indigenous Papuan women who have never had a bank account. This can be an entry point to other financial and banking products, which in turn has the potential to increase financial literacy for indigenous Papuan women.</p>

<p><b>Involvement of communities and women’s groups in increasing knowledge about the program</b></p>	<p>Acknowledging the complexities in reaching indigenous communities, due to both geographic and socio-cultural factors, the program empowers female village cadres, health cadres, traditional leaders, and religious leaders in the village to socialise the program in a way that can be accepted and understood by potential beneficiaries.</p> <p>In 2019, through the <i>Sekber</i> coordination meeting, it was decided to involve more participation of the community-based women’s organisation, Family Welfare Movement (PKK), in the implementation of activities, to expand the influence and outreach of the program. This was accommodated by the provision of operational funds for the Joint Secretariat to the Provincial PKK, in the hope that they would actively participate in BANGGA Papua activities, from the provincial level all the way to the <i>dasa wisma</i><sup>10</sup> groups in villages. In practice, though, there has been no real role undertaken by the Provincial PKK in program implementation to date.</p> <p>A different practice was found at the district level. In Paniai, for example, the District PKK was quite active in socialising and conducting outreach for registration. Examples of program successes in increasing coverage of socialisation targets through the involvement of community and women’s groups can become a lesson for other components of the program. Further investigation is needed to understand why involvement of the Provincial PKK in program implementation is not running as expected.</p> <p>The involvement of the PKK as one of the established women’s organisations with a clear structure, roles, and resources, from the provincial/district to the village level, will require continuous collaborative and mentoring efforts, because PKK is still very much in favour of a women’s role being in the domestic sphere. Even so, with the potential outreach to women’s groups, PKK involvement is one of the efforts that are considered important to be maintained in the program.</p>
<p><b>The usage of local/ vernacular languages to maximise the reach of information regarding the program</b></p>	<p>This effort is one particular approach that can be seen as an application of the social inclusion principle. Using local languages is an effort to ensure that targeted indigenous groups have access to understand the information provided, which will enable them to participate in the program.</p>
<p><b>Increase access to legal identity documents</b></p>	<p>Ownership of legal documents and a NIK (National ID Number) is one of the main barriers to accessing government services and programs experienced by indigenous Papuans, and is one of the main reasons they are excluded from various assistance programs.</p> <p>The program seeks to address this by simplifying the registration process for potential beneficiaries through cross-sectoral cooperation in districts. This means that indigenous Papuans who meet requirements and are entitled to be beneficiaries are facilitated with their rights as Indonesian citizens to have identity documents. In one pilot district (Asmat), for example, the Population and Civil Registration Office (<i>Dukcapil</i>), which is also part of <i>Sekber</i>, provides service desks at the village level, so that members of the community who need them can directly print their identity documents.</p> <p>This effort can be seen as a special intervention that is sensitive to the problems and needs of the indigenous Papuan group, reflecting the application of the social inclusion principle. BANGGA Papua provided an important incentive for families to process legal identity documents with the <i>Dukcapil</i> Office, and succeeded in increasing administrative coverage substantially.</p> <p>This is particularly the case in Asmat, where the local government has issued 16,000 birth certificates for children in the BANGGA Papua program. Up to the data collection period for this evaluation, it was noted that the coverage of NIK ownership in the three districts has reached more than 50% (Hanley &amp; Irfani, 2020).</p>
<p><b>The usage of program funds for purposes that benefit the wider community</b></p>	<p>Funds circulating in the community through transactions at local shops/markets are expected to drive the local economy and contribute to reducing poverty, at least at the community level. This can be seen as an effort to promote inclusion, where the program provides benefits for the wider community, especially the poor, although indirectly.</p>

<sup>10</sup> Dasa wisma (literally ‘ten households’) is a group of mothers from 10–20 neighbouring families that are formed to facilitate a program.

## Annex C:

# References

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# KOMPAK

*Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan  
Kemitraan Pemerintah Australia - Indonesia*

Jalan Diponegoro No. 72  
Jakarta 10320 Indonesia  
T: +62 21 8067 5000 F: +62 21 3190 3090  
E: [info@kompak.or.id](mailto:info@kompak.or.id)  
[www.kompak.or.id](http://www.kompak.or.id)