In 2012, the Government of Indonesia allocated a budget amounting to more than Rp 400 billion for the expansion of the area of the PNPM Generasi program in Indonesia. In addition to two new provinces, i.e. West Sulawesi and Maluku, PNPM Generasi would also expand its implementation area to include the District (Kabupaten) of Kupang in Nusa Tenggara Timur. Thus, PNPM Generasi would operate in a total of 344 subdistricts (kecamatan) in 8 provinces. This area expansion was based on data such as high mortality rates of infants and under-five-year olds, rates of bad nutrition and under-nutrition, low awareness on the part expecting mothers of the advisability of giving birth with the assistance of a certified midwife, and low SMP enrollment and attendance.

During its operation since 2007, PNPM Generasi program has:
- assisted more than 1,500,000 pregnant mothers and children in getting access to counseling and training on nutrition.
- ensured that about 770,000 pregnant mothers receive iron pills
- assisted about 365,000 children in getting complete immunization
- helped reduce more than 184,000 cases of underweight children
- assisted more than 1,000,000 children in receiving vitamin A
- assisted about 556,000 SD and SMP students from poor families in the form of scholarships, transport allowance, books and school uniforms.
- provided training and support to more than 59,000 community health cadres.

Entering 2012, the Government of Indonesia has also made plans to carry out trial program of Early Childhood Education and Development Program (ECED) in the PNPM Generasi program. This activity will be implemented in PNPM Generasi locations in the District of Boalemo in Gorontalo and the District of Sumbawa in Nusa Tenggara Barat. The aim of the program is to provide opportunities for all children from 0-6 years old to access ECED services through PNPM Generasi program.

PNPM Generasi is supported by the Government of Indonesia through the Directorate General of Village Community Empowerment of the Ministry of Home Affairs and PNPM Support Facilities (PSF) office of the World Bank.
The Final Results in 2011

In 2011, PNPM Generasi channeled Rp 197.4 billion Bantuan Langsung Tunai (Block Grant) to about 3,600,000 (1,800,000 of whom were females) villagers in 6 provinces. Village communities allocated close to 64% of the Grant for funding activities in the health sector, 34% for education, and 2% for other activities. In addition, block grant amounting to Rp 40 billion which originated from grant funds, will be launched in May 2012 in PNPM Generasi 48 subdistricts in the province of Nusa Tenggara Barat (NTB) and 7 subdistricts in the province of Nusa Tenggara Timur (NTT).

Education

In order to tackle the problems related to elementary education in the villages, local communities decided to use the Community Block Grant for the following activities: rehabilitation of class rooms, procurement of dormitories for students, provision of school uniforms, school materials, and scholarships for poor students. To address the problem of difficult access to and from school, the communities allocated funds for transport for poor students, for building class rooms, and for incentives for irregular teachers and other educational persons. The village communities were also faced with the problem of drop-outs or students on the verge of becoming drop-outs. To address this problem, they decided to use some of the block grant for counseling for the benefit of parents regarding education activities. This counseling activity was supported by the technical management unit of the regional education section (Unit Pengelola Teknis Dinas/ UPTD Pendidikan) in sub-districts assisted by PNPM Generasi Sehat dan Cerdas village and sub-district facilitators. In 2011, the use of block grant for education activities amounted to 34% of its total block grant, or a decrease of 14% compared with the previous year.

Health

Constraints related to the problems of undernourishment of infants and children under five years old, lack of health awareness on the part of pregnant and breastfeeding mothers, and low level of participation of the villagers in posyandu activity, has led the communities to allocate a large chunk of the BLM budget for the provision of the supplementary feeding activity in posyandu. The specific supplementary feeding activities were specifically given to infants and children under five years old who were suffering from under and severe malnourished, while counseling of the supplementary feeding activities was given to community members as a stimulant in posyandu activity. In addition, to address the problem of difficult access to basic health services during pregnancy, delivery and postpartum, communities assisted poor villagers to go to the hospital or community health centre (puskesmas), using the transportation funds; this assistance applied not only to the target individuals, but also to village midwives who helped during medical check-up, delivery and postpartum. Communities also allocated funds for establishing posyandu along with its equipment and worked together with health service section of the local government in providing training for village health cadres. To expedite the discharge of the responsibilities of the village cadres, the communities approved the use of some of the BLM funds for transport allowance of the village cadres. In 2011 the absorption of community block grant funds related to the health activities reached 64%, an increase of 13%, compared with that in 2010.
Nuraini is a female cadre in the village of Karang Bayan, Subdistrict of Lingsar, District of Lombok Barat, West Nusa Tenggara/NTB. Since becoming a cadre in 1997, she has played an active role as a cadre of Posyandu, PKK, and the family planning program (KB), has been involved in the activities of the village-owned enterprise (Badan Usaha Milik Desa) and those of the female household heads program (Program Perempuan Kepala Keluarga)/PEKKA since 2010. Her sincere wish to help the community members in her village provided Ibu Nuraini with the strong motivation to become a cadre.

Becoming a cadre, and a female one at that, is replete with challenges. Having to deal with people of different characters requires patience, ability to communicate and good approach. In the village of Karang Bayan there still are many women with low level of education, the majority of whom are housewives. In addition to culture, relatively low education and the fact that under-aged or school-age marriages are still common also play a part.

Since the operation of PNPM Generasi in the District of West Lombok in January 2010, Ibu Nuraini has been involved in socialization activities at the sub-district and hamlet levels. In addition to her active involvement in the exploration of ideas and in meetings exclusively for women, she also takes part in facilitating discussions on health and education issues in her village. She also helps to collect and keep data on the results of the activities of posyandu, motivate community members to increase their visits to health service centres, explain the importance of KIA and education, and to undertake to coordination with other program actors in the village, in particular when problems of poor, such as poor handling under-nourishment mitigation activity and so on.

Thanks to her hard work, the rates of visits by pregnant and breast-feeding mothers to posyandu to obtain health services have increased. Previously this was not so, and was due not only to inconvenient location and inadequate of equipment, but also to the fact that activities at posyandu were confined to weighing and data collection, and that was it. However, now things are much improved. Given that previously posyandu were heavily damaged and many hamlets lacked posyandu, communities applied for assistance through PNPM Generasi Program. Now, posyandu function not only as the venue for community posyandu activities, but also as one for carrying out other activities, such as meetings of Women Revolving Fund group (SPP) and PEKKA mothers, ECED, and classes for pregnant women. Under-nourished children are given supplementary feeding program along with schedule of food-intakes agreed upon by health persons, which is done through berayan system (having meal together): mothers are invited to cook together and together provide their children with meals. The purpose is to motivate the children to get used to the meals provided, which vary from day to day. The classes for pregnant women consist of groups of 10 members each, in which health information is given regarding pregnancy care, delivery, pregnancy exercises, and health food for pregnant women.

The impact of all of this has been in the many changes that occurred, such as decrease in under-weight children, more and more mothers are bringing their children regularly to posyandu, and more participation by women in meetings in the hamlets, villages and subdistricts. In the village of Karang Bayan a village health post has also been established, equipped with delivery facility, so that a pregnant woman who is ready to give birth no longer has to go a long distance like in previous time for that purpose, but to only go to the village health post and delivers her baby with the assistance of a midwife.

PNPM Generasi also assists poor school-age children in the form of school uniforms, school materials and equipment, and transportation allowance. Although the value is not very large, the assistance has helped poor parents greatly in keeping their children in school in the village of Karang Banyan.

This is a piece of the story of a village cadre who is concerned in creating a healthier and smart generation of Indonesia...

“To become a cadre is not a job since one is doing it on the basis of self-help, without remuneration, but for one and only reason and that is to be able to help others. My hope is that I would like to see my village advance, particularly its womenfolk, not only in terms of economics, but also in terms of educational level, politics and legal status,” said Ibu Nuraini, cadre of the village of Karang Banyan, District of Lombok Barat, Nusa Tenggara Barat.
PNPM Generasi Sehat dan Cerdas is entering its fifth year of implementation in the field. Its success all this time ties in closely with the hard work of its program facilitators from the province to the village levels. The success of the facilitators was supported by the government of Indonesia through training.

In particular, training was given to new facilitators who would be assigned to new locations, such in the provinces of Maluku and West Sulawesi, new subdistricts (kecamatan) in the provinces of Gorontalo, North Sulawesi, and West Java, and to a number of vacancies such as in East Java.

Basic training was provided for trainers from the National Consultants and training specialists at the province level with support from the provincial consultants and some of current District Facilitators.

This preliminary training was given for 4 effective days in each province starting in February and ended in April 2012, with the purpose of providing comprehension about PNPM Generasi and materials for the preliminary cyclical process of the program, namely the processes of socialization and planning.

It is hoped that by July 2012 a complete training for 21 days could again be provided to all PNPM Generasi subdistrict (kecamatan) facilitators, after all PNPM Generasi district (kabupaten) facilitators have gone through Training of Trainers (ToT) and Refresher Training. Until today, the Government of Indonesia has trained about 5,000 village facilitators in all PNPM Generasi program implementation areas in Indonesia.

Training Activities of PNPM Generasi Facilitator

Keys to Nurturing A SUPER Generation

Indicators for pregnant mothers
- Four prenatal care visit
- Receipt of iron tablets during pregnancy
- Delivery assisted by a midwife/doctor
- Two postnatal care visits

Indicators for children under five
- Complete childhood immunizations
- Ensuring monthly weight increases for infants
- Monthly weighing for children under-three and bi-annually for under-five
- Vitamin A twice a year for under five

Indicators for school-aged children
- Primary school enrolment of all children
- Minimum attendance rate of 85% for all primary school-aged children
- Junior secondary school enrolment of all 13 to 15 years old
- Minimum attendance rate of 85% for all junior secondary school-aged children

For further information on PNPM Generasi, please contact:

Sekretariat PNPM Mandiri Perdesaan—Generasi Sehat dan Cerdas
National Management Consultant (NMC)
Gedung Socsea, Lt. 3
Departemen Dalam Negeri
Jl. Pasar Minggu Km. 19, Jakarta Selatan 12520
Phone/Fax: 62-21-799-1092
ppkpmd@yahoo.com
http://www.ppk.or.id

Activity Schedule

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
</tr>
</thead>
</table>
| June 2012 | • Monitoring of the achievement of 12 indicators  
|         | • Activity proposals                                       |
| July 2012 | • Village meeting on fund allocation and activity priorities  
|         | • Formulation draft budget and determination of activities |
| August 2012 | Distribution of block grant to communities               |