Community-Based Monitoring System in Indonesia: An Introduction

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Abstract

The CBMS initiative in Indonesia attempts to rejuvenate Indonesia's longest-running CBMS; the BKKBN. Initially designed to monitor family planning activities in Indonesia, BKKBN data have been used as the family-level targeting tool since the 1997 economic crisis because these are the only data that can provide such information. The pilot project introduces new methodologies and welfare indicators that can objectively measure family welfare. This paper provides a background on Indonesia, collaboration with BKKBN, the project's current status and its future activities.

Background

State of poverty in Indonesia

Indonesia experienced a period of sustained reduction in poverty prior to the economic crisis in 1997. Between 1970 and 1996, the poverty rate fell by approximately 50 percent. Due to the crisis, however, the poverty rate once again increased to a level unseen since the mid 1980s. Table 1 shows the poverty headcount rate increasing from 15.6 percent in 1996 to 27.4 percent in 1999. In addition, the vulnerability to poverty rate also increased from 18.1 percent in 1996

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to 33.7 percent in 1999[1]. When disaggregated by urban and rural areas, the rural poverty rate increased by 69 percent and rural vulnerability increased by 77 percent. Urban areas are shown to have been hit much harder, with the poverty rate increasing by 137 percent and vulnerability by 150 percent.

According to the latest available data, in 2002, most of the impact of the crisis had dissipated as seen in Table 1. Urban and rural poverty rates, likewise, diminished to 5.4 percent and 23.7 percent, respectively, as compared to the corresponding rates of 16.8 percent and 34.5 percent in 1999. Total vulnerability, meanwhile, was 18.1 percent, down from 33.7 percent in 1999. Although the impact of the crisis was more severe in urban areas than in rural areas in terms of rising poverty rates, analysis of the poverty data reveals that between 1996 and 2002, the incidence of poverty actually increased by 16.2 percent in rural areas while it decreased by 23.4 percent in urban areas.

Another estimation found is that changes in rural and urban poverty rates are much more volatile if disaggregated at the provincial level. Between February 2000 and 2002, for instance, rural East Kalimantan experienced a 78.1 percent drop in poverty, the highest decrease among rural areas. Meanwhile, rural South Sumatra experienced a 129.5 percent increase, the highest increase among rural areas, while urban South Sumatra experienced a 29.7 percent decrease. On the other hand, urban Southeast Sulawesi experienced a 195.2 percent increase in poverty while its rural areas experienced an increase of only 19.9 percent. Although income inequality in Indonesia was relatively low compared to other countries[2], Indonesia's Gini Index of 0.32 in 2002 was an increase, compared to 1999, when the Gini was 0.3.

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[1]A household is considered vulnerable when it has more than 50 percent risk of falling into poverty in the next period.

[2] Indonesia's Gini Index is lower than neighboring countries such as Malaysia, Singapore, and the Philippines, even lower than the average of high income countries (Sudjana & Mishra, 2004).

Table 1. Household distributions across poverty categories in Indonesia, 1996 and 2002 (percent)

Poverty Category				Change (percentage points)		
	1996	1999	2002	1996-1999	1999-2002	1996-2002
Poor:						
- Transient Poor	12.4	17.9	12.3	5.5	-5.6	-0.1
- Chronic Poor	3.2	9.5	3.2	6.3	-6.3	0.0
- Total	15.6	27.4	15.5	11.8	-11.9	-0.1
High Vulnerability:						
- Low Level of Consumption	4.7	13.4	4.7	8.7	-8.7	0.0
- High Variability of Consumption	2.1	5.0	2.3	2.9	-2.7	0.2
- Total	6.8	18.4	7.0	11.6	-11.4	0.2
Total Vulnerable Group	18.1	33.7	18.1	15.6	-15.6	0.0
Average Vulnerability to Poverty	16.4	27.2	16.3	10.8	-10.9	-0.1

These regional variations can be explained in terms of the general multidimensional nature of poverty, as well as the heterogeneity of the country. Indonesia is a country consisting of thousands of islands, hundreds of languages, and a number of local cultures.

Centrally planned national scale poverty alleviation programs may therefore not be adequate or suited to the specific needs of local areas.[3] There is a need to understand the regional dimension and the kind of poverty alleviation efforts that would work most effectively and are tailor-made to specific local conditions.

Targeting in Indonesia

Although every family in Indonesia is required to have a 'family card' and register at the nearest RT (*Rukun Tetangga,* neighborhood

[3] The Government of Indonesia has finished a PRSP based on PPA (Participatory Poverty Assessment). It is included in the government's Medium Term Development Plan.

office), the data are seldom updated after the first registration. Hence, governments at all levels do not usually have the accurate number of people in their administration, let alone further information of each person or family.

This has not been regarded as a serious issue, though, until the economic crisis hit the country in 1998. With a rapidly increasing number of people falling into poverty, the government conducted several emergency social safety net (SSN) programs, which was unprecedented in a country that had enjoyed more than 30 years of rapid economic growth and achieved stunning success in poverty reduction.

Problems, however, started to arise when the poor had to be identified. The government had traditionally relied on censuses or other nationally representative surveys for its policies but clearly, these were out of date—the last census having been conducted in 1990—and unable to identify every poor family in the country. Moreover, the censuses and surveys provided the government only with a regional targeting tool up to district level but not with an individual targeting mechanism. Thus, the way out taken was to identify poor families to use mainly the BKKBN data.[4]

The data have been put under enormous scrutiny by policymakers and donor agencies ever since they were used as a targeting tool. Opponents of the data claim that they are unsuitable because BKKBN's main purpose of collecting data is to monitor family planning activities and not to identify poor families. On the other hand, BKKBN is unequivocally the only agency that has family-level data in Indonesia; thus, the government did not have any choice but to use the BKKBN data.

[4] BKKBN (*Badan Koordinasi Keluarga Berencana Nasional*, National Family Planning Coordination Board) is a national government agency whose mandate is to monitor the national family planning program. Historically fully centralized, the agency's district offices have been decentralized and put under district governments' authority since the enactment of the regional autonomy law in 2001. The history and data collection mechanism of BKKBN can be found in Sumarto *et al.* (2004).

Since it is clear that the indicators collected and the methodology used by BKKBN have to be realigned so that they can properly measure and identify poor families, the SMERU Research Institute, in cooperation with BKKBN, is currently conducting a pilot project–the community-based monitoring system (CBMS)–to monitor family welfare that uses a different methodology and collects much broader family information. Should the pilot project prove to be successful in monitoring welfare at the family level, it is hoped that the BKKBN would scale it up and undertake welfare monitoring in addition to its family planning monitoring.

The purpose of this paper is to provide the background of this CBMS initiative, its progress and future activities. The outline of the paper is as follows: section II discusses the project's background; section III presents the progress so far; and section IV provides plans for future activities.

CBMS-Indonesia

Collaboration with BKKBN

It is crucial to collaborate with the BKKBN for two reasons. One is because they are collecting family-level data since 1994. They have the experience, the system in place (although the decentralization has somewhat compromised it) and the enumerators down to the neighborhood level. BKKBN's agreement to collaborate in this CBMS pilot project means that the latter can utilize their enumerators.

Two is because if this pilot project is successful, the BKKBN, especially the district offices, will likely be the one to undertake the welfare monitoring activities. In the districts where the BKKBN has been merged with other offices, however, the district government will have to be convinced about the importance of family-level welfare monitoring, and having at least the central BKKBN' support would considerably increase the CBMS pilot project's chance of success.

Improvements to the current BKKBN data

There are three main issues regarding the BKKBN data that the CBMS

project will address. One involves conditions that are local-specific. Since the BKKBN uses the same welfare indicator for every family in Indonesia, there are poor families that have been missed out by the program since they are considered non-poor and *vice versa*. The methodology that SMERU uses will be able to know the variables that are not local-specific. This will ensure that poor families are considered as such while better-off families would not be receiving any aid programs.

A weakness in taking local conditions into account is that a poor family in one region is not comparable to another in another region, except in terms of their status. However, since the responsibility of helping the poor now rests in the hands of local governments, the non-comparability poses no major problem.

Two relates to the fact that the CBMS pilot project's methodology would be able to rank families based on their welfare. The advantage of this ability is that the stakeholders can have the information on which families should be helped first. This is crucial since aid from the government is seldom adequate to cover every poor family. Without a ranking system therefore, nobody would know who needs help the most.

And three is the objective of the methodology. In the current BKKBN methodology, there are several sources of subjectivity: community leaders' who tend to overstate poverty in order to receive more aid; enumerators', which is relatively unavoidable; and the indicators, which include ambiguous welfare references such as a family's religious practices. In contrast, the CBMS initiative will use objective family condition information that is quantifiable. This will reduce the enumerators' subjectivity. At the same time, the CBMS methodology will recognize any attempts of data tampering and subsequently drop the tampered variable. Of course, the negative point of this methodology is that if a good proportion of variables are tampered with, then the project would be left with only few variables.

Project methodology

The data processing technique that will be used in the project initiative is the Principle Components Analysis (PCA) and Multiple Correspondents Analysis (MCA). The main advantage of these techniques is that they do not require a left-hand side variable, which in the case of welfare assessment, is usually income or consumption data. Moreover, they rank variables into their order of importance as welfare indicators in an area.

However, it has to be stated that PCA/MCA only measures relative welfare, not absolute, and only indicates the welfare of a family compared to others in the same region. This is one of the incomparability features that was mentioned earlier.

Data collection

As mentioned above, BKKBN cadres are conducting the data collection. Each cadre is responsible for one neighborhood of about 50 families. The neighborhood is usually the one where they live in. There is also a village supervisor who is likewise from BKKBN and is usually the family planning officer of the village.

To be able to cope in collecting data in four villages with a total of 5000+ families, there are around 100 cadres involved in addition to 4 village supervisors.

Pilot project sites

Four villages were selected for this pilot project, two each in the provinces of West Java and Central Java. The district chosen in West Java is Cianjur while the one in Central Java is Demak. The two villages in Cianjur are located in different sub-districts, as is the case with the villages in Demak. The villages are not designed to be representative of the sub-districts, districts, or provinces as they are purposively chosen.

The map of the villages are shown in Appendices 1a and 1b.

Welfare indicators collected

In this project, the usual family characteristics were collected plus several BKKBN welfare indicators. Table 2 outlines the welfare indicators collected.

Project implementation[5]

Consultation workshop

The consultation workshop took place on 2 February 2005 at the SMERU's office. The purpose of the consultation workshop was to invite comments, suggestions and critiques from various stakeholders, both government agencies and non-governmental organizations, on the draft research instruments and on CBMS. Out of 34 invitations that were sent out, 16 people came, representing 10 organizations.

In the workshop, presented were the background and purpose of the study, the methodology, project locations, and welfare indicators that will be collected. Discussions were held afterwards on the following topics:

- Reasons for choosing the project locations.
- Poverty indicators that will be used and poverty categories.
- The importance of locally-specific indicators of welfare and poverty.
- Data processing methodology that will be used.
- Best practices in disseminating research results to local government officials.
- Sustainability issues and the possibility of being replicated by other local governments.

Although the draft research instruments were also handed out to participants, there was almost no suggestion on how to improve them. Thus, after the consultation workshop and discussion with BKKBN, SMERU completed the research instruments and is ready to pretest them.

[5] The content of this section is based on the latest information as of 14 May 2005.

Table 2. Welfare indicators collected

Type of Information	Indicators
Household Level Information	
Demographic	Age and sex of household head Marital status of household head Household size
Education	Education level of household head This household has a school-age member who is out of school*
Employment	Number of working-age household members who are working* Number of school-age household members who are working The spouse is working Occupation that provides the most income in this household This household receives income from outside the household
Food Security	Number of meals a day* Staple food usually consumed Household members consume meat, chicken, or fish at least once a week*
Health	Type and place of treatment sought during illness* Main source of drinking water Whether drinking water is boiled Ownership of toilet facilities and type used Use of contraceptives among adult/married household members* Incident of child and/or infant death in the family
For women respondents and if there is a child <5 years old	Whether Received routine antenatal and/or postnatal care from health officials during pregnancy for each child under 5 years old Each child under 5 years old has been immunized. Assistance during delivery for each child under 5 years old

Table 2. cont'd.

Type of Information	Indicators
Asset Ownership	Ownership status of house House size, number of rooms* House material and characteristics* Ownership of durable goods, including productive assets Source of light Source of cooking fuel Number of farm animals Whether buy new clothing at least once a year* Access to formal credit market in the last 5 years Savings*
Political and Security	Participation in last political process at national and local level Whether has been a victim of crime in last 12 months, type of crime Access to information (television, radio, newspaper)*
Village Level Information	Availability of school Availability of health center Availability of vocational training facility Availability of market Number of market days in a week Availability of police station Type of road in village, accessibility during rainy season Availability of public transportation Main water source in village Availability of post office, bank, telecommunications kiosk

*Note: * adapted in part or in whole from BKKBN indicators.*

Pretest of research instruments

The pretest took place on 16 March 2005 in Cianjur. Cianjur was selected so that the necessary permission to conduct the research could be sought simultaneously from the local government administration of Cianjur. All the CBMS-Indonesia team members went to Cianjur.

Getting permission took less time than anticipated because BKKBN-Cianjur was already expecting the project team's arrival and was very willing to help in finishing the paperwork.

A discussion with BKKBN-Cianjur officials was held afterward to explain about SMERU, the research methodology, research instruments and research schedule. Sixteen BKKBN officials joined the discussion, ranging from field experts to research administrators.

The pretest itself was carried out in two neighborhoods in the village of Solokpandan. Since, in the actual project, BKKBN cadres will be conducting the interviews, three BKKBN cadres attended the pretest with each cadre asked to conduct one interview. In total, 11 families were interviewed.

The result of the pretest is as follows:

- The cadres, even without proper training, found little difficulty in understanding and using the questionnaire to conduct interviews. This means that with proper training and adequate guidance, the cadres should be able to complete the enumeration according to schedule.
- The respondents were also able to understand and answer the questions quite effortlessly. This means that the questionnaire contains questions that are relevant to the respondents' day-to-day activities.
- The questionnaire was suitable in documenting welfare differences among families observed during the pretest. This means that the questionnaire is already sufficiently detailed.

Data collection in Cianjur

Implementation in both villages began in late April with a training of cadres in the proper usage of the household questionnaire conducted

by SMERU researchers and BKKBN-Cianjur officials. The cadres were made up of BKKBN cadres and village officials, with each cadre responsible for enumerating 2 neighborhoods or around 80 families. In total, about 30 cadres were involved in data collection.

The training consisted of introducing SMERU and the pilot project, detailed discussion of each question in the household questionnaire, and an exercise session where each cadre tried to fill the questionnaire for their own families and practiced interviewing other cadres.

Data collection began the day after the training. SMERU researchers stayed on for two more days in each village and visited each cadre to supervise and correct whatever mistakes made in enumeration before going back to Jakarta. Data collection was finished in mid-May and SMERU researchers returned to the villages to pick up the questionnaires. In addition, SMERU researchers recorded facilities available in the village and made a detailed village map.

Problems encountered were:

- The cadres had not had a grounded and fixed understanding of the concept of a family used in this pilot. As such, SMERU researchers spent a significant amount of time during the training to make sure that everybody has the same understanding and tackle special cases such as one-member families and orphans.
- Type of occupation recorded had been insufficiently detailed. For example, the cadres wrote 'self employed' rather than 'owning an electronics shops'. This problem was quickly rectified by SMERU researchers during the first day of enumeration.
- Some cadres were confused in following the coding of the questionnaire, although codes were generally the same for the questions and were put next to each question. This was more of a hassle than a major problem and quickly went away after the cadres became used to the questionnaire.

Future activities

Data analysis will be finished in July 2005, and the results will be submitted to the CBMS Network by the end of August 2005 while the final project report will be submitted at the end of September 2005.

In addition to writing the final project report, the final major activity of this project is disseminating the results. The main objective from the dissemination process is to make policymakers at the local level interested in conducting CBMS.

Two formats of the dissemination will be held. The first one is the usual medium-scale workshop in Jakarta, where local government officials and other stakeholders will be invited. They will be informed about the importance of family-level monitoring and welfare determination, and will be shown the results of the analysis.

The second dissemination tool is an interactive CD and a guidebook on CBMS and how to design one. Both materials will be distributed to every district government in Indonesia.

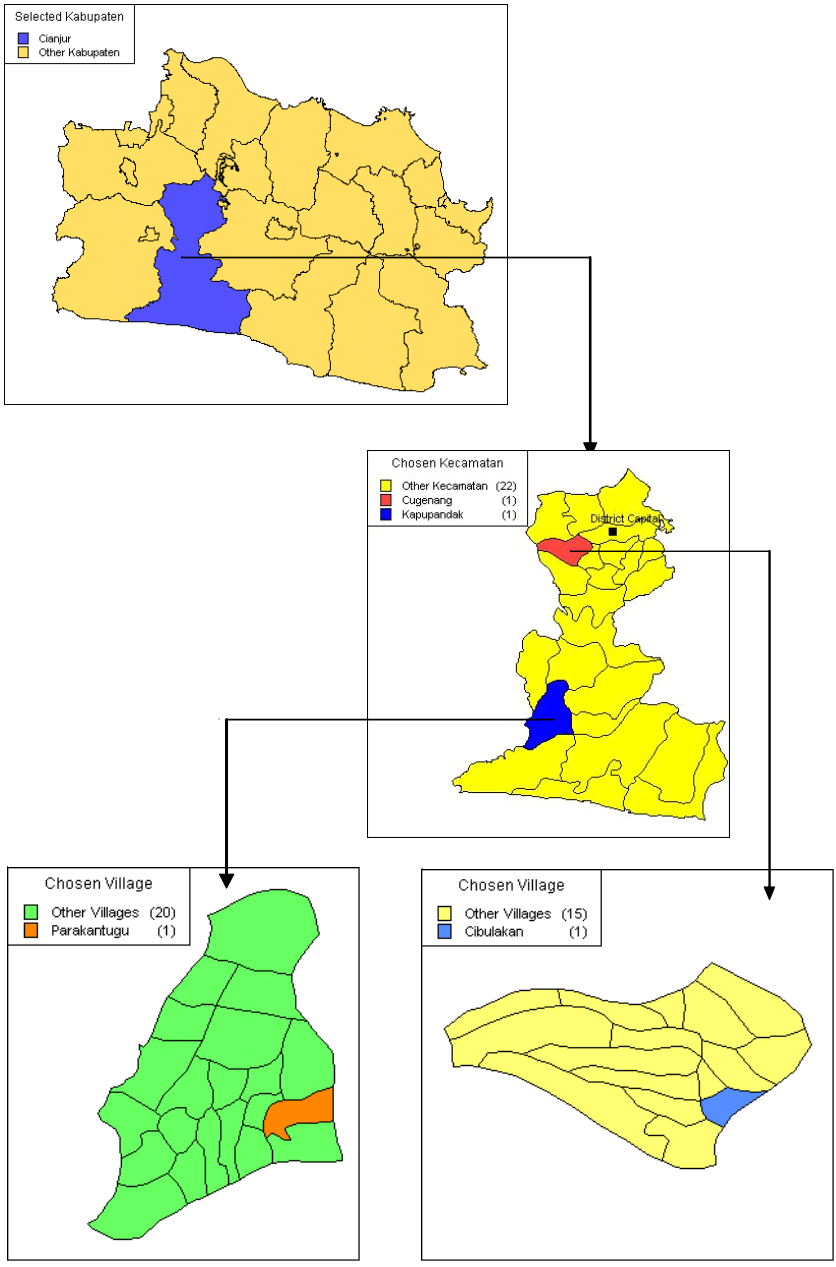
Should any of the district government officials become interested in developing CBMS in their region, the CBMS-Indonesia project is willing to provide technical assistance.

References

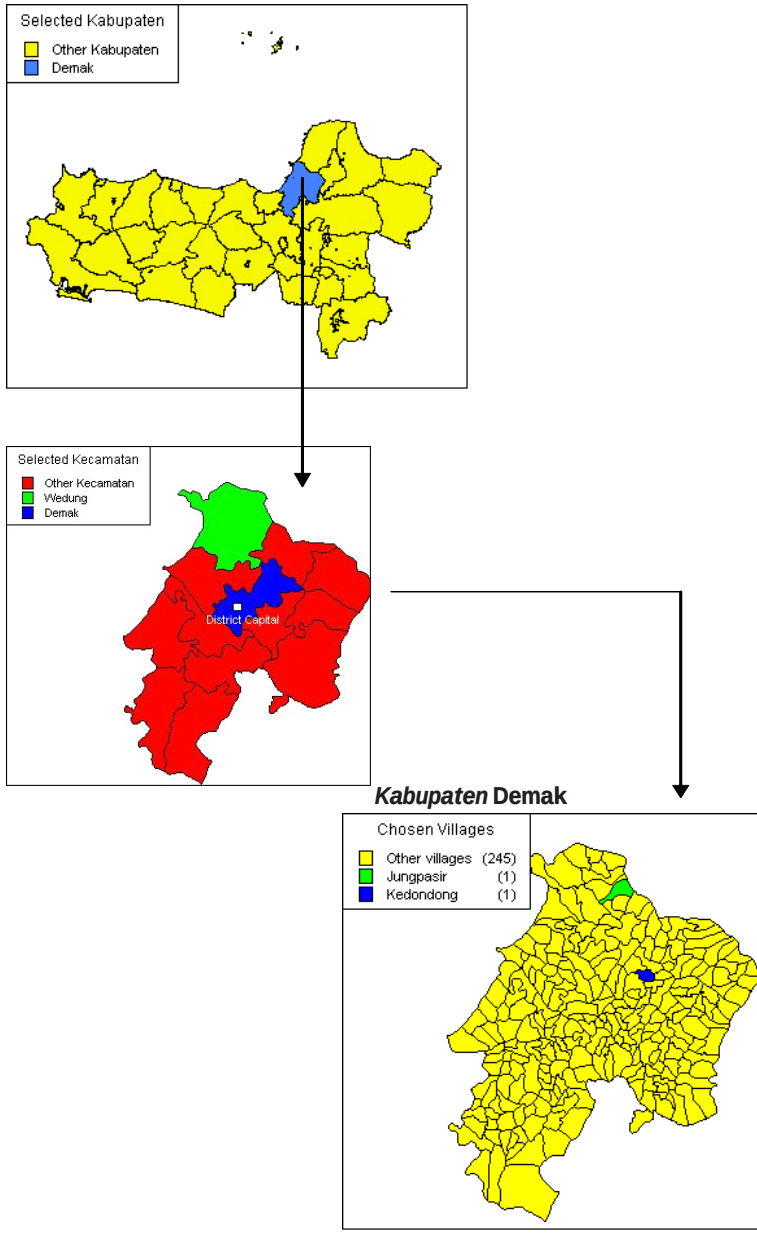
Sudjana, Brasukra and Satish Mishra. 2004. 'Growth and Inequality in Indonesia Today: Implications for Future Development Policy.' UNSFIR Discussion Paper Series No. 04/05. United Nations Support Facility for Indonesian Recovery, Jakarta.

Sumarto, Sudarno, Daniel Suryadarma, Wenefrida Widyanti, and Asep Suryahadi. 2004. 'Local Monitoring System during the Implementation of Indonesia's Social Safety Net Programs with Special Reference to the BKKBN System.' Paper presented at PEP Research Network Meeting, Senegal.

Appendix 1a. CBMS pilot project sites in West Java



Appendix 1b. CBMS pilot project sites in Central Java



Appendix 2. Final household questionnaire

CBMS Indonesia Pilot Project
Family Welfare Census 2005

Month: April

A. Address

1.	Street number/name	: .....
2.	Hamlet/neighborhood	: .....
3.	Village	: .....
4.	*Kecamatan*	: .....
5.	Municipality/*Kabupaten*	: .....
6.	Province	: .....
7.	Family number	: .....

B. Family Head Characteristics:

8.	Name	:	
9.	Marital Status	:	Code: (1) single (2) married (3) divorced (4) widow/widower
10.	Main occupation	:	

C. Education and Occupation of Family Members:

11	11a.	11.b	11c.	11d.	11e.	11f.	11g.
	Status in family	Sex *(1) Male (2) Female*	Age	Literature *(1) Yes (2) No*	Attending school *(1) Yes (2) No*	Working *(1) Yes (2) No*	Highest *education (1) Not finished primary (2) Finished primary (3) Finished junior secondary (4) Finished senio secondary (5) Finished college (6) Finished university*
1	Head						
2	Spouse						
3	Child						
4	Child						
5	Child						
6	Child						
7	Child						
8	Child						
9	Child						

12. Occupation that provides the most income in family : .....

13. Does the family routinely accept transfers (in cash or in kind) from outside the family? : .....

Code: (1) Yes
(2) No

D. Family Consumption Pattern

14. Did most members of the family eat at least twice a day in the last month? :	**Code: (1) Yes** **(2) No**
15. Did most members of the family consume meat (beef/chicken/etc) at least once a week in the last month? :	**Code: (1) Yes** **(2) No**
16. Did most members of the family consume fish (excluding salted fish) at least once a week in the last month? :	**Code: (1) Yes** **(2) No**
17. Did most members of the family consume egg at least once a week in the last month? :	**Code: (1) Yes** **(2) No**

E1. Family Health

18. Where did an ill family member go for treatment during the past year? (a) Hospital (b) Public health center (c) Private clinic (d) Private physician practice (e) Nurse/midwife (f) Over the counter medicines (g) Alternative healer (h) Others, specify:	(a) ..... (b) ..... (c) ..... (d) ..... (e) ..... (f) ..... (g) ..... (h)	*Code: (1) Yes (2) No*
19. The main source of funds to go to formal health facilities.	....	*Code* (1) Out-of-pocket (2) Poor family health card (3) Government health insurance (4) Borrow (5) Reimbursed by employer (6) Others, specify: .....
20. If the couple is still of reproductive age, do they use contraceptive measures?	.....	*Code: (1) Yes (2) No*

21. If yes, type:	....	*Code:* (1) IUD (2) Injection (3) Condom (4) MOW/MOP (5) Pill (6)Implant
22. Was there any child death during the past three years?.....	.....	*Code: (1) Yes (2) No*
23. Is there any infant younger than five years old?	.....	*Code: (1) Yes (2) No*

E2. If the family has an infant

24. Did the mother receive routine prenatal treatment (minimum 4 times)?	.....	*Code: (1) Yes (2) No*
25. Did the mother receive postnatal treatment up to 40 days after the birth?	.....	*Code: (1) Yes (2) No*
26. Who assisted the last child delivery?	....	*Code:* (1) Doctor (2) Housewife (3) Traditional midwife (4) Others, specify: .....
27. Types of immunization received by the youngest child: (a) BCG (b) DPT (c) Polio (d) Measles (e) Hepatitis B	(a) (b) (c) (d) (e)	*Code: (1) Yes (2) No*

F. House Condition and Faculty

28. House ownership status	.....	*Code:* (1) Own (2) Rent (3) Official (4) Borrow (5) Live-in (6) Others, specify:
29. Are there any other families living in the same house?	.....	*Code: (1) Yes (2) No*
30. If yes, how many families are living in the house?	..... families	
31. How many persons (including respondent's family) are living in this house?	..... persons	
32. House area	..... m2	
33. Type of floor	.....	*Code:* (1) Ceramics (2) Tile (3) Cement (4) Wood (5) Bamboo (6) Dirt (7) Others, specify:
34. Bathroom		*Code:* (1) Personal (2) Public (3) River (4) Sea (5) Others, specify .....
35. Lavatory	.....	*Code:* (1) Private (2) Public (3) River (4) Garden (5) Sea (6) Others, specify
36. Source of drinking water	.....	*Code:* (1) Bottled water (2) Purified water/tapwater (3) Protected well (4) Unprotected well (5) River/rainwater (6) Others, specify .....
37. If drinking from a well, tools used to extract water	.....	*Code:* (1) Electric pump (2) Manual pump (3) Bucket
38. Is the drinking water boiled?	.....	*Code: (1) Yes (2) No*

39. Source of light	.....	*Code:* (1) State Electricity (2) Generator (3) Kerosene lamp (4) Torch/candle (5) Others, specify
40. If using state electricity, type of connection	.....	*Code:* (1) Own connection (2) Connect from another house
41. Source of cooking fuel	.....	*Code:* (1) Gas (2) Kerosene (3) Wood/Charcoal (4) Others, specify

G. Ownership of Durable Goods

Good	Number
Electronic goods (unit):	
42. Radio	42 .....
43. Tape Recorder	43 .....
44. B/W TV	44 .....
45. Color TV	45 .....
46. Video/VCD/DVD	46 .....
47. Telephone	47 .....
48. Cellular phone	48 .....
49. Refrigerator	49 .....
50. Satellite-dish	50 .....
51. Computer	51 .....
52. Sewing machine	52 .....
53. Fan	53 .....
54. AC	54 .....
55. *Others, specify*	55 .....
House (unit)	
56. House	56 .....
Vehicle (unit):	
57. Bicycle	57 .....
58. Motorcycle	58 .....
59. Car	59 .....
60. Boat	60 .....
61. Motorboat	61 .....
62. Delman	62 .....
63. Rickshaw	63 .....
64. *Others, specify*	64 .....

Land (m²):	
65. Garden	65 .....
66. Fields	66 .....
67. Garden in front of house	67 .....
68. Pool	68 .....
Farm animals (number):	
69. Cow/horse	69 .....
70. Sheep/pig	70 .....
71. Chicken/duck/goose	71 .....
72. *Others, specify*	72 .....

H. Clothing, Credit and Savings

73. Did the family buy new clothes in the past year?	.....	*Code:* (1) Yes every member (2) Yes some members (3) No
74. Do family members have different clothing for different activities?	.....	*Code:* (1) Yes every member (2) Yes some members (3) No
75. Did the family take out credit (money or goods) from a formal institution (banks/cooperative) in the past 3 years?	.....	*Code: (1) Yes (2) No*
76. Did the family mortgage any asset in the past 3 years?	.....	*Code: (1) Yes (2) No*
77. Did the family have to sell any assets to pay debt in the past year?	.....	*Code: (1) Yes (2) No*
78. Does the family have any savings in formal institution (bank/ cooperative)?	.....	*Code: (1) Yes (2) No*

i. Politics and Security:

79. Did any eligible family member vote in the last general election?	.....	*Code:* (1) Yes every member (2) Yes some members (3) No
80. Did any adult family member participate in community activities in the past year?	.....	*Code:* (1) Yes every member (2) Yes some members (3) No
81. Did any family member become a victim of crime in the past year?	.....	*Code: (1) Yes (2) No*
82. If yes, type of crime	.....	
83. If yes, crime scene	.....	*Code:* (1) In the village (2) Outside the village

j. Access to Information:

84. Did adult family members access information during the past week from: a. Newspapers b. Magazines c. TV d. Radio e. Internet	(a) ..... (b) ..... (c) ..... (d) ..... (e)	*Code: (1) Yes (2) No*

K. Access to Government Program:

85. Did the family receive assistance from these government programs in the past year: a. Rice for the poor b. Health card c. Nutritional supplements d. School scholarships e. Productive credit f. Others 1..... g. Others 2.....	(a) ..... (b) ..... (c) ..... (d) ..... (e) ..... (f) ..... (g)	*Code: (1) Yes (2) No*

Comments

- The main purpose of CBMS in Indonesia should be clarified as the existing data collection in Indonesia is already fairly comprehensive and CBMS should take care to maximize existing information and avoid duplicating or producing inferior information. The core questions of CBMS should stem from the demands of the local community in a bottom-up manner.
- Issues that should be covered by CBMS can be classified within sub topics and sub themes. The team should take care not to sacrifice or overlook national features when trying to extract local features of indicators and should incorporate both national and local features by combining overall comparable features/ indicators with local specific ones.
- One must not be afraid to take up religious issues and must be willing to introduce and incorporate new variables. One must pay attention though to the phrasing of questions.
- There are possible dangers in adopting an institutional approach and working with an existing organization. In this case, BKKBN may have vested interests and using their cadres for the CBMS project may result in automatic system bias and impact results. More consideration is needed before deciding whether to concentrate on the household or village level.
- Provide information on how to identify poor families in the absence of income data.
- Provide details in the new methodology proposed by CBMS as opposed to the existing methodology of BKKBN.
- Provide information on whether the composition of the cadre of field workers could affect the data, specifically whether the dual use of cadres for both BKKBN and CBMS data collection could

have negative effects. Ditto with the information on whether cadres are paid or not.

- Provide information at which level the statistical techniques would be used and the frequency of updating the work.
- If the new approach is better to identify poor families, then CBMS may turn out to be more useful for the national government than for the local villagers.
- The very nature of CBMS has to be ultimately allied to the local community and therefore alliances with local government and local organizations are unavoidable.
- BKKBN is already in place and has reach, range and resources. As such, the government has been using BKKBN sources to identify the poor. But there are still disconnects between national and local indicators. BKKBN is currently being decentralized and made independent, so SMERU and CBMS may be a good way to strengthen and stabilize it.
- There is a need to promote the use of CBMS by local government institutions and the use of CBMS data by local government officials. It does not matter who does it as long as the information is accepted and utilized. National offices and statistical systems are looking to work with local levels and CBMS should try to collaborate with existing statistical systems.