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**Report of the Evaluation**

**of**

**the People Centred Development Programme (PCDP)**

**in Papua and West Papua (Phase II) project**

**prepared by**

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**ACRONYMS**

BAPPEDA: Badan Perencanaan Pembangunan Daerah (Regional Development Planning Agency)

BAPPENAS: Badan Perencanaan Pembangunan Nasional (National Development Planning Agency)

BPM: Badan Pemberdayaan Masyarakat (Community Empowerment Agency)

BPS: Badan Pusat Statistik (Central Statistics Agency)

CPAP: Country Programme Action Plan

CSO: civil society organization

DPA: District Project Assistant

GOI: Government of Indonesia

HD: Human Development

HDI: Human Development Index

HDR: Human Development Report

ILO: International Labour Organization

INPRES: Instruksi Presiden (Presidential Instruction)

MDG: Millennium Development Goals

M&E: Monitoring and Evaluation

MOU: Memorandum of Understanding

NGO: Non-Government Organization

OTSUS: Otonomi Khusus (Special Autonomy)

P3BM: Pro-Poor Planning Budgeting and Monitoring

PAUD: Pendidikan Anak Usia Dini (Early Childhood Education)

PCDP: People-Centred Development Programme

PERDU: Pengembangan Masyarakat dan Konservasi Sumber Daya Alam (Community Development and Natural Resources Conservation), local cso in West Papua

PMU: Project Management Unit

PPMU: Provincial Project Management Unit

RESPEK: Rencana Strategis Pembangunan Kampung (Village Development Strategic Plan)

RPJMD: Regional Medium Term Development Plan

SKPD: Satuan Kerja Perangkat Daerah (Regional Government Work Unit)

UNCEN: Universitas Cendrawasih (Cendrawasih University)

UNDP: United Nations Development Programme

UNIPA: Universitas Negeri Papua (Papua State University)

UNPDF: United Nations Partnership for Development Framework

UP4B: Unit Percepatan Pembangunan Papua dan Papua Barat (Unit for Acceleration of Development of Papua and West Papua)

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**EXECUTIVE SUMMARY**

**1 About this Document:** This document is the report of an evaluation of a project named People Centred Development Programme (PCDP) in Papua and West Papua, Phase II, 2011-2013. The evaluation was commissioned by the Project’s Board to assess the relevance, efficiency, effectiveness, and sustainability of the project’s Outputs 1, 2 and 4.

**2 The PCDP project:** The PCDP project began to provide technical assistance to the Government of Indonesia for the development of the Papua region in 2006. The assistance was provided under the PCDP Phase-I project, which was implemented from 2006 up to 2010. The project’s objective was to enhance the capacity of local development stakeholders to formulate and implement development projects.

3. PCDP Phase-II, which was planned for implementation from 2011 up to 2013, continued to provide technical support to local institutions in the project’s targeted districts. The overarching aims of the PCDP project’s second phase, as articulated by its project document, are: *(a) improved human development and achievement of MDGs in Papua Regions and (b) local governments and local stakeholders are more effective in accelerating the achievement of human development and MDG targets.* The project’s total budget is US$10.5 million. The Government of the Netherlands contributed the major share of this amount for the specific purpose of financing the production of the project’s Outputs 1, 2 and 4. The other contributors to the PCDP project budget include New Zealand Aid for the production of the project’s Output 3, UNV for the implementation of the project’s volunteer component, and UNDP for the financing of general project implementation costs. The PCDP project was implemented in collaboration with other stakeholders of the development of Papua and West Papua, and its activities were carried out at national as well as regional levels.

**MAIN FINDINGS**

**3 Project Design**: The project’s logical framework is well formulated. It exhibits sound cause and effect linkages among the project’s activities, outputs, and outcomes. The project’s expected results were conceived to, along with the expected results of other projects, contribute towards the attainment of the GOI/UNDP CPAP Outcome 1.1. The focus of this evaluation is on the production and value of the PCDP Phase-II project’s Outputs. It is presumed by design that if the PCDP project succeeds in producing its expected outputs, then it would have categorically also achieved its objective of contributing towards the attainment of the GOI/UNDP CPAP Outcome 1.1. The magnitude of the project’s contribution, however, can only be measured by an evaluation at the programme level.

**5 Relevance and appropriateness:** The PCDP project’s objective of enhancing the capacities of local development stakeholders to achieve Human Development and MDG targets in the Papua region is highly relevant to and consistent with the Government of Indonesia’s National, Provincial, and District level policies and programs. It is also relevant to and consistent with UNDP’s development support priorities as well as the development agenda of the project’s external donors.

PCDP has contributed towards the improvement of local development planning capacities and mechanisms by incorporating Human Development and MDG indicators and targets in the ongoing and upcoming provincial medium term development plans (RPJMD West Papua 2012-16 and RPJMD Papua 2013-2017). Indonesia’s national government’s drive to achieve the country’s MDG targets, prompted PCDP to support the redirection of the focus of the regional medium term development plans towards poverty reduction and human development. MDG indicators were useful in setting targets and monitoring their achievement in the RPJMDs.

**14**

17 The PCDP Project succeeded in raising the awareness of development stakeholders in Papua and West Papua, including that of regional government officials, of the need to address gender issues in development planning and implementation. The project introduced the concept of gender as a social construct that affects the role and particularly the welfare of women. This awareness needs to be reinforced by enhancing the skills of development stakeholders on how to employ gender analysis to conceive strategic interventions to reduce disparities in status and welfare between men and women.

**6 Efficiency of project interventions:** The project’s activities were well conceived. Their completion, however, suffered considerable delays. The project’s duration was originally planned for two years, from 2011 up to 2012, but the end date eventually had to be extended. Late start-up, long recruitment processes, lengthy consultations among project implementing partners, high turnover of project and government staff and protracted delays in receipt and disbursement of funds were among of the range of issues that slowed down the project’s progress. The delays caused many of the project’s achievement target due dates to spill over to subsequent years, extending the project’s completion date from 2012 to 2013. Project implementation was also challenged by Papua’s geography and the remoteness of the project’s target villages. Distance, topography, poorly maintained roads, and absence of efficient public transportation altogether raised the cost of project implementation in terms of time and financing to levels higher than originally estimated and provided for.

Following is a summary of status of the project’s Outputs:

7 PCDP provided technical support for the production of provincial MDG Reports, Human Development Reports, Gender-Based Provincial Human Development Reports, and Gender Mainstreaming Action Plans by establishing and supporting, among other institutions, Data Forums, MDG Working Groups and Gender Mainstreaming Working Groups. The Project also facilitated the establishment of Data Forums in its pilot districts. Finalization and publication of MDG Reports, HD Reports, Gender-based PHDRs, and Gender Mainstreaming Actions Plans were, however, considerably delayed.

8 PCDP facilitated the development of model mechanisms for delivering integrated health and education services at the village level. The project solicited the involvement of government agencies and local CSOs in assessing existing service delivery mechanisms and developing as well as piloting models for community-based integrated health and education service delivery. The model was developed by integrating the delivery of public services provided by the government’s PAUD (Early Childhood Education) programme with services offered by its POSYANDU (Post for Integrated Services) programme at the village level.

9 PCDP pioneered a University Volunteer Scheme in two local universities of Universitas Cenderawasih in Papua and Universitas Negeri Papua in West Papua. Forty university students were selected, trained in volunteerism and deployed in various remote villages in Papua and West Papua. The United Nations Volunteers provided funding for the implementation of the Scheme.

10 PCDP extended technical support to the Unit for Accelerated Development of Papua and West Papua (UP4B) of the Office of the President of the Republic of Indonesia. The project’s activities included assessment of health and education services in UP4B’s three target locations and development of a computer-based application for participatory development planning and monitoring. The project also supported the preparation of an exit strategy for UP4B, the publication of a booklet on development agencies and donors programmes and projects, and the formulation of standard operating procedure (SOP) for donor coordination.

F implementation includedinitial in More active of would have improvedstrengthened

**11 Financial Progress:** The project spent an amount of approximately US$5.51 million on the production of Outputs 1,2, and 4 and project management during the period 2011 up to 2013. The major share, or 42 per cent, of this amount was spent on the production of Output-2, which includes disbursement of a sum of around US$0.53 million to 37 CSOs in the form of small grants. Disbursements of the grants were effected through BPMs.

12 The project expended around 20 per cent of its budget on project management costs, a rate which is within the 15-20/25 range of international project management good practice.

**17 Sustainability of results:** The sustainability of the benefits of the PCDP project’s Outputs 1, 2 and 4 presents a mixed picture of achievement.

18 Provincial and district governments express high levels of commitment to and ownership of the improved planning mechanisms promoted by PCDP. Data Forums, MDG Working Groups and Gender Mainstreaming Working Groups have been formalized under Government Decrees, making them integral participants of development planning and budgeting processes. Incorporation of HD and MDG indicators and targets into provincial and district RPJMDs also reflects the commitment of local governments to continue using these development planning, budgeting and monitoring instruments. Although MDG targets are binding only until 2015, local authorities have expressed their intention to continue using them in their future planning, budgeting, and monitoring processes.

19 The sustainability and replicability of PCDP’s integrated service delivery model, however, still need to be tested. Although national as well as regional legal instruments, strong commitment on the part of regional governments to replicate the model and availability of financial resources make chances of sustainability promising, yet paucity of human and technical resources continues to be an impediment to replication, especially at the district level.

20 The PCDP project’s activities were for the most part carried out by CSOs under the overall supervision of provincial BPMs. The success of wide-scale village-level replication of the models will, however, require more active involvement of district health and education government functionaries than during the piloting phase.

21 Operation of the integrated service delivery model developed by PCDP depended heavily on the facilitation skills and technical expertise of local CSOs. Replication of the model would, by implication, also require the support of CSOs. There is, as a consequence, a need to formally establish the status and role of CSOs in state run education and health service delivery systems.

22 The sustainability of the results of PCDP’s technical support to UP4B depends upon the unit’s institutional position in the aftermath of the upcoming Presidential elections. The Unit’s terms of office are due to expire in 2014 along with the terms of office of the current President. Whether the unit will continue to exist under the office of the next President or the mandate to accelerate development in Papua and West Papua will be abolished or relegated to another agency is unknown.

**23 MAIN RECOMMENDATIONS:**

* it is recommended that technical support continue to be extended to the beneficiaries of the PCDP project in order to sustain and strengthen the development planning, budgeting and monitoring institutional capacities of development agencies and development stakeholders in Papua and West Papua.
* It is also recommended that technical and financial support continue to be extended to the designers and implementers of PCDP’s pilot models for village level integrated public service delivery mechanisms in order to arrive at a model that is sustainable and viable for replication.
* It is also recommended that if a follow-up project is initiated, the project formulators need to rationalize the project’s coverage, particularly in terms of target locations.

Detailed operational level recommendations are presented in ‘Chapter 3 Main Conclusions and Recommendations for Future Work’ of this report

1. **INTRODUCTION**

**24 About the Document**

This document is the report of an evaluation of a project named People Centred Development Programme (PCDP) in Papua and West Papua, Phase II, 2011-2013. The evaluation was commissioned by the project’s Board to assess the relevance, efficiency, effectiveness, and sustainability of the project’s Outputs 1, 2 and 4, production of which was funded by the Government of the Netherlands. Production of the project’s Output 3, which is being financed by New Zealand Aid is ongoing and is expected to continue through 2014. The evaluation of this particular output is therefore excluded from the scope of the Terms of Reference of this evaluation. The report also presents recommendations to enhance the PCDP project’s impact.

**25 The People Centered Development Program (PCDP)**

The People Centred Development Programme (PCDP) in Papua and West Papua project’s support to local government institutions, civil society organizations and communities in the Papua region began in 2006. The project’s second phase, which was planned for implementation from 2011 up to 2013, continued to provide technical assistance in the coordination, formulation, and implementation of local development programmes in the project’s target locations. The project also supports improvement of the economic welfare of communities, particularly that of indigenous communities. Activities in this area began with the implementation of pilot projects to ensure that the PCDP project’s interventions improve the lives of community members and contribute towards the government’s efforts to reduce poverty.

26 The PCDP project’s outcomes are articulated by its project document as: ***(a) improved human development and improved achievement of Millennium Development Goals in Papua Regions, and (b) local governments and local stakeholders are more effective in accelerating the achievement of human development priorities and MDG targets in Papua Region***. The project was conceived to produce the following four outputs as its contribution towards the achievement of the above-cited outcomes:

**Output 1:** MDG-based plans and budgets formulated with the active participation of development partners.

**Output 2**: Local government and civil society have basic systems and procedures for the delivery of gender sensitive, sustainable and integrated basic services in health and education, particularly in rural and remote areas.

**Output 3**: Local government and civil society have basic systems and processes for developing a framework for sustainable livelihood development in the Papua region.

**Output 4**: Local government planning and budgeting agencies have basic systems and procedures for administering coordinated development policies and programmes for accelerated development in the Papua Region

27 The PCDP project is implemented using the National Implementation Modality (NIM) with BAPPENAS as its main Implementing Partner. The provincial level implementing partners include BAPPEDAs and BPMs/BPMKKs, who are referred to as Responsible Parties. PCDP has received funding from the Government of the Netherlands for the production of its Outputs 1, 2 and 4 and from New Zealand Aid for the production of the project’s Output 3. Other project funding sources include UNV for the financing of the implementation of the project’s volunteer component and UNDP for the financing of general project implementation costs. The PCDP Phase-II project’s total budget is USD 10.5 Million.

**28 Scope and Purpose of the Evaluation**

The funding agreement between UNDP and the Embassy of the Netherlands ended on 31 December 2013. This evaluation was, as a consequence, commissioned to assess the status of achievement of the project’s Outputs 1, 2 and 4, the productions of which were financed by the Government of the Netherlands under the terms of the funding agreement. Assessment of the status of achievement of the project’s Output 3, production of which is being financed by New Zealand Aid, is not included within the scope of this evaluation. This is because production of this Output is still underway and is scheduled to continue through 2014.

29 The main assignment of the evaluation exercise was to undertake a final and independent evaluation for UNDP, BAPPENAS, provincial governments, relevant local government units, and key development partners on the project’s successes and failures, longer-term results, and the sustainability of project benefits. The evaluation was also assigned to synthesize lessons learned from the implementation of the project and produce recommendations for the project’s exit strategy. Also included in the assignment was the conduct of an assessment of key achievements and contributions towards the effectiveness of national and subnational governments and other stakeholders in reducing poverty and vulnerability in the project’s target provinces and districts.

30 The evaluation was also assigned to assess possibilities for an extension to the project by identifying key gaps for capacity improvement, critical needs for sustainability of results and benefits, and niche areas for UNDP’s strategic support. An appraisal of availability of external funding for future activities and an assessment of expectations of the project’s development partners and project stakeholders were also included in the assignment.

31 The specific objectives of the evaluation, as listed in its Terms of Reference are as follows:

* To review and critically evaluate the achievement of results since the project started in 2011.
* To review and contextualize PCDP efforts and contributions to national efforts of poverty reduction (particularly in formulating MDGs-based plans and budgets), empowering local government and civil society to have basic system and procedures for basic service delivery in health and education and for coordinating development policies.
* To assess the relevance and effectiveness of strategies and interventions applied by PCDP.
* To determine whether there have been any unexpected results in addition to the planned outputs specified in the project documents.
* To gain insights into the level of satisfaction with the project’s results/impacts amongst primary beneficiaries, national government partners, and donors.
* To assess PCDP efforts towards ensuring sustainability to enable UNDP and project beneficiaries to sustain the benefits of the project and effectively respond to any future needs for institutional capacity development to delivery public services, coordinating development policies, and formulation of MDGs-based plans and budgets.
* To distil and articulate lessons learned from PCDP, including those pertaining to approaches, strategies, gender mainstreaming (where relevant), management and partnerships, both in the context of country specific lessons and those relevant to other governance programmes.
* To assess the effectiveness of capacity development at the provincial level and extent to which this has contributed to overall improvement of governance.
* To determine the added value of the project and potential replicability.
* To provide recommendations and insights to future programming in the areas of poverty reduction.

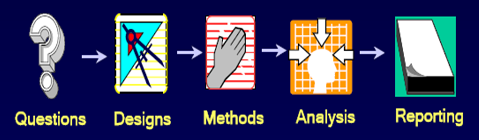
**32 Criteria for Evaluation**

The evaluation was conducted using the OECD/DAC Evaluation Criteria for Evaluation of Development Assistance. The exercise also followed the guidelines for evaluation prescribed by UNDP’s Handbook on Planning, Monitoring and Evaluating for Development Results. Following are the core criteria that were employed for the evaluation of the PCDP project’s development results:

* ***Relevance:*** the extent to which intended outputs and outcomes of the project are consistent with national and local policies and priorities and the needs of intended beneficiaries.
* **Appropriateness:** the cultural acceptance as well as feasibility of the delivery method.
* **Effectiveness:** the extent to which the intended results have been achieved. This includes an assessment of cause and effect- that is attributing to observed changes to project activities and outputs.
* **Efficiency:** how economically resources or inputs (such as funds, expertise and time) were converted to results.
* **Sustainability:** the extent to which benefits of the project continue after external development assistance has withdrawn. This includes evaluating the extent to which relevant social, economic, political, institutional, and other conditions are present and, based on that assessment making projection about the national capacity to maintain, manage and ensure the development results in future.
* **Impact:** changes in human development and people’s wellbeing that are brought about by development initiatives, directly or indirectly, intended or unintended.
* **Value addition:** The extent to which the programme has complemented efforts of other UN agencies and other internationally funded initiatives.
* **Replicablility**: Level of future applicability of programmatic interventions and practices for larger scale implementation.

**33 Evaluation Approach and Methodology**

The evaluation employed a semi-structured qualitative approach. Quantitative data such as project achievement targets and project progress indicators were nonetheless also analyzed. The conduct of the evaluation followed the standard five steps method of assessment, which included evaluation questions, evaluation design, data collection methods, data analysis, and presentation and reporting.



1. **Evaluation questions**

34 The Terms of Reference of the evaluation already incorporate evaluation questions related to relevance, appropriateness, efficiency, effectiveness, sustainability and impact. They also contain a set of the following broader questions:

**Broader Evaluation Questions as provided in the ToRs**

* Have the right things been done by the project? (Were the activities, outputs and the outcomes relevant, appropriate and strategic to development priorities, national goals and UNDP’s mandate)
* Were stated outputs and outcomes achieved by the project? (Did the outputs clearly contribute to the achievement of the outcomes, were the stated outputs and outcomes achieved effectively and efficiently by the project, and can success, or lack of it, be attributable to the project’s design, theory of change and implementation logic)
* What has been the benefits/impact of the project on individuals (men and women), institutions and the enabling environment?
* Has the project properly addressed crosscutting issues? (like gender, capacity development, sustainability and partnerships)
* What should we continue doing, what is replicable or can be scaled up, and how might we do things better in the future? (What lessons and findings are relevant for future programming or for other similar initiatives elsewhere)

1. **Data collection methods/tools**

**35 Desk Review of official records and documents**

Data on the project’s progress, efficiency, and effectiveness was for the most part derived from reviews of the project’s official records and from secondary sources. The documents reviewed include, but were not limited to, the original Project Document, the project’s Quarterly Monitoring Reports and Project Assurance Reports, Annual Donor Reports, Bi-annual Reports, Annual Work Plans, Internal Review Reports, Minutes of Meetings, Financial Reports, Programmatic Publications, Research Studies and secondary data sources.

**36 Key Informant interviews**

Informant interviews were the evaluation’s most important source of primary data. The evaluators identified the key Informants in consultation with UNDP, the project’s programme manager and the project’s team members. The informants were selected using a set of criteria, which included the prospective informant’s level of involvement and influence on the formulation and implementation of the project. The informants included officials and representatives of UNDP, BAPPENAS, PCDP, Donors, UNV, and UP4B at the national level. The evaluation’s informants at the regional level included Officials and representatives of BAPPEDAs, BPMs, Provincial and District Programme Administrators, CSOs and members of local communities of Papua and West Papua.

**37 Focus Group Discussions**

Focus group discussions were conducted with representatives of local CSOs and members of local communities. The evaluation team also attended, albeit as observers, the 2nd Meeting of the PCDP National Advisory Board.

**38 Field Observations**

The evaluation team visited a model for delivery of integrated services (POSYANDU) and early childhood education (PAUD) designed and operated by the project in the village of Demaisi in West Papua’s District of Manokwari. The team also held in-depth discussions with members of the local community on the effectiveness and impact of the PCDP project’s interventions.

39 The evaluation collected data in a participatory manner to ensure that as many stakeholder organizations and groups as possible are involved in the exercise and that their observations and impressions are duly documented. A total number of 65 persons were approached for interviews and invited to participate in group-discussions in Jakarta, Jayapura, Wamena, Monakwari and the village of Demaisi. Following is a table listing the agencies and number of persons of each agency met by the evaluation. For a list of all persons met by the evaluation, see Annex-1 List of Persons Met during the Evaluation Exercise of this document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **No** | **Agency** | **No** |
| **UNDP CO** | 6 | Provincial/District officials | 18 |
| **Project Team** | 6 | CSOs | 11 |
| **Donors** | 4 | Communities | 20 |

1. **Data analysis, Presentation and Reporting**

40 The larger volume of data collected for the evaluation was analyzed qualitatively using methods of validation, triangulation, and interpretation. Quantitative data on the project’s achievement targets and financial status were analyzed to calculate percentages to illustrate progress and trends.

41 The evaluation presented its preliminary findings on 13 Feb 2014.

**42 The Evaluation Team**

The evaluation team comprised one International Evaluation Expert (Team Leader) and one National Evaluation Expert.

**43 Timeline/Work Plan**

The evaluation was planned to take place from 26 November 2013 up to 31 January 2014, a time period that had been calculated to cover a total number of 35 intermittent working days for each of the two consultants. The exercise began on time, and a number of consultations with the PCDP project’s stakeholders were held in Jakarta from 26 November up to 3 December 2013. The evaluation team’s field visit to Papua and West Papua, however, had to be rescheduled. A notice received from the Government of Indonesia’s Ministry of Foreign Affairs, required the evaluation to cancel its departure, which had been confirmed for 4 December 2013. The Field visit, which was originally planned to be carried out from 4 to 12 December 2013 was eventually undertaken from 1 to 9 February 2014. The postponement caused a two-month delay in the completion of the evaluation exercise. It also instigated cost implications from loss of time for UNDP in general and the evaluators in particular.

1. **MAIN FINDINGS OF THE EVALUATION EXERCISE**

**2.1 Overall Project Management**

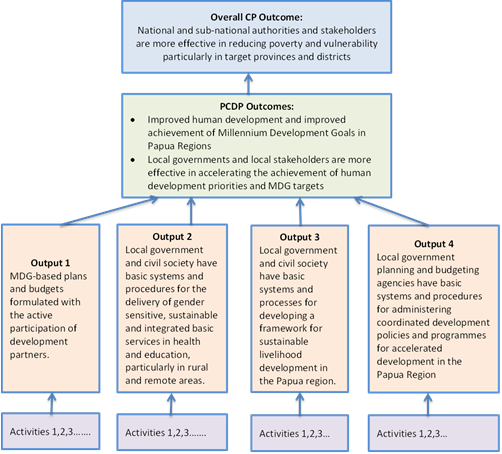
**44. Project Design and Results and Resources Frameworks**

The People Centered Development Programme in Papua and West Papua Phase-II project is the continuation of a long-standing collaboration between UNDP and BAPPENAS at the national level and UNDP and BAPPEDAs and BPMs at the provincial level of the Papua region. The formulators of the PCDP Phase-II (2011-2012) project took into consideration the lessons learned from the implementation of the PCDP Phase-I (2007-2010) project as well as the findings and recommendations of the 2009 World Bank and UN joint assessment of the Papua region. The broader issues highlighted by the joint assessment that the PCDP Phase II project chose to address were: (a) weak local government capacity in policy-making, planning and delivering of basic services outside Papua’s main cities or towns, (b) weak local government accountability, (c) capable but severely constrained civil society organizations, and (d) lack of locally-responsive programme designs.

45 According to the PCDP Phase-II project’s logical framework, the project will contribute towards the achievement of its stated outcomes through the production of a set of four Outputs. At the higher level, the PCDP’s Outputs are expected to contribute towards the achievement of one of the GOI/UNDP’s Country Program Outcomes (see figure 2 in below)

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**Figure 2: PCDP Logic Model (Source: Project Document)**



46 The project’s logical framework is well constructed. It establishes sound cause and effect linkages among the project’s activities, outputs and outcomes. The project’s expected outcome of ‘Improved human development and improved achievement of the Millennium Development Goals in the Papua regions is, by design, beyond the PCDP’s capacity to achieve. The level of the PCDP project’s achievement is therefore to be gauged, as are the achievements of all projects approved for the Country Programme also measured, by the value of its contribution towards the achievement of the GOI/UNDP Country Programme’s Outcomes.

47 The PCDP Project Document’s Results and Resources Framework (RRF) is well designed for the management of the project’s implementation and the monitoring of the project’s progress. No substantive changes were made to framework’s structure during the course of the project’s implementation. The only adjustments made to the RRF were minor, such as those to reflect rephasing of the Project’s Output production target dates to subsequent years. The project’s late start up, delays in provision of funding, and a number of implementation issues were factors that affected the project’s ability to meet its Output production target dates. The delays extended the project’s timeframe from 2012 up to 2013 for the production of Outputs 1,2, and 4. The project’s timeframe has been further extended up to 2014 for the production of Output 3.

48 The results of the PCDP Phase II project are intended to contribute, along with the results of other GOI/UNDP Country Programme projects, towards the achievement of the CPAP’s Outcome 1.1. The value of the PCDP Phase II project’s Outputs can therefore only be measured by a programme level evaluation conducted after the completion of the GOI/UNDP Country Programme.

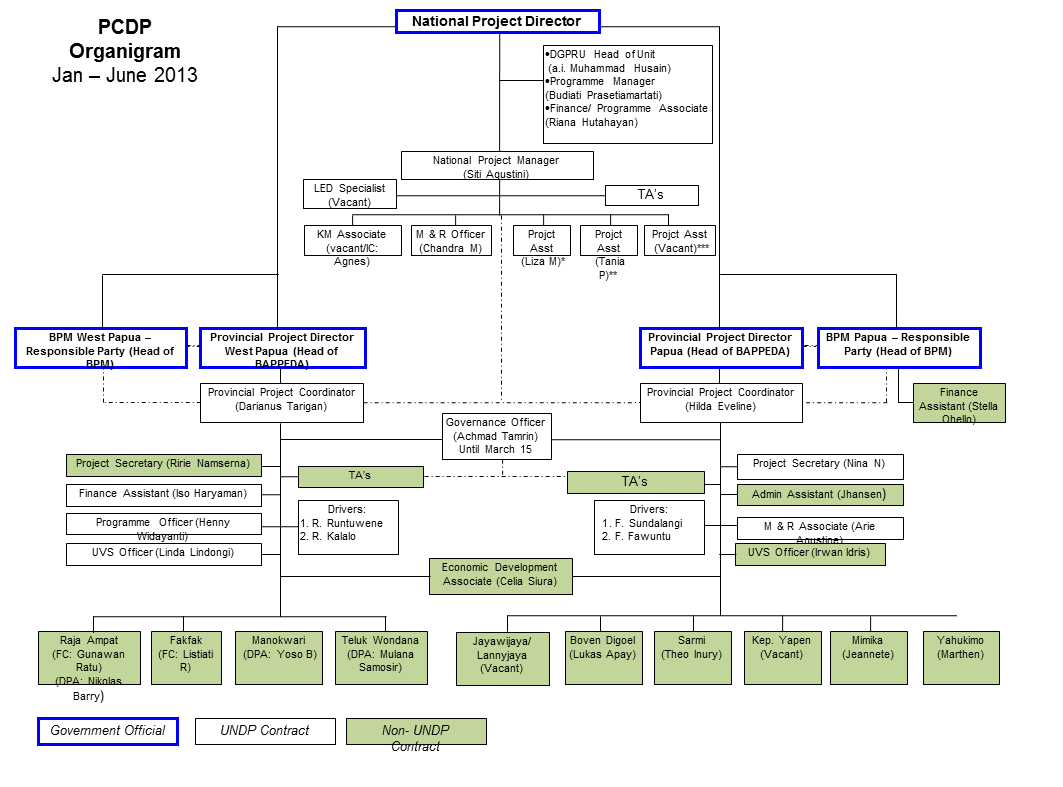
**49 Implementation arrangements**

The PCDP project is being implemented using the National Implementation Modality (NIM) with BAPPENAS as its National Implementing Partner. The project’s Provincial Level Implementing Partners include provincial planning agencies (BAPPEDA) and provincial Community/Village Empowerment Agencies (BPM/BPMKK) that are referred to as Responsible Parties.

50 The PCDP project’s Project Board guides the project’s overall direction. The Board’s membership includes senior officials of BAPPENAS, UNDP, Donors, Provincial BAPPEDA and other project stakeholders. The Project Board is the project’s principal decision-making body responsible for approval of the project’s annual work plans. The Board also oversees the project’s progress. Project Board meetings were not frequently held during the project’s implementation. Yet whenever they were convened, the Board Meetings were extremely useful in reviewing and commenting on the project’s overall progress. The Board’s role was especially critical in approving the extensions of the project’s duration through 2013 and 2014. The members of the evaluation team were invited to attend the Project Board meeting of 28 November 2013, albeit as observers.

51 The PCDP project is implemented by a multi-tiered organizational setup. The project, according to its original design, is managed by a PMU based in Jakarta and two Provincial PMUs based in Jayapura and Monakwari. A National Project Director (NPD), who is concurrently a senior BAPPENAS official, provides direction to the PMU in Jakarta. The National Project Manager and a team of Project Support staff support the work of the National Project Director. The provincial PMUs in Papua and West Papua are guided by the BAPPEDAs of the respective provinces. Ten District Project Assistants were employed at the district level through district level BPMs. Around 37 CSOs (7 in Papua and 30 in West Papua) were also contracted through BPMs in Papua and West Papua to implement the project’s activities at the community level (see Figure 2 in below).

**Figure 2: PCDP Organogram (Source: Project Document)**



52 The efficiency of the project’s management was impeded by frequent turnovers of project and government staff. Most detrimental to the project’s progress were the high turnovers in incumbents of the Project Manager’s position. There were four persons who filled and vacated the position in the course of the project’s three-year implementation period.

53 The high turnover of project staff is mainly caused by shortage of local professional expertise in the Papua region. Most of the project staff had to be brought in from outside the region, and they were ultimately difficult to retain. The remoteness and seclusion of the project’s work area and absence of simple venues of entertainment made the living environment difficult to tolerate. Yet despite these obvious causes of high staff turnover, no incentives to remain in Papua and West Papua were offered to prospective project personnel. The Project Managers were initially based in the Jakarta PMU, managing the project by remote sensing. In Mid-2013, the position was moved to Jayapura. The proximity of the Project Manager’s presence to locations of the project’s activities now enables the incumbent to better supervise project operations and enhance interactions with the project’s stakeholders.

54 Coordination of activities among the project’s implementing partners was well conducted, especially between the project and government institutions at national and provincial levels. Coordination among the project, district and sub-district government agencies was, however, weaker than what was required for efficient project implementation as well as what was desired by district functionaries. The project placed greater emphasis on fostering collaboration with national and provincial level government institutions, while district level functionaries were engaged either through provincial authorities or through junior level District Project Assistants (DPAs).

55 The project did not actively engage government district authorities in the implementation of its activities. This omission is regrettable because the project’s activities, especially those for the production of Output 2, are under their prerogative of government district agencies. Involvement of district level government agencies is essential to ensure the sustainability of the project’s results. The cause of the lapse is traceable to the project’s design and organizational issues rather than to matters related to human or financial resources. The project’s design does not provide for coordination and collaboration mechanisms with district level government authorities.

**56 Monitoring and Evaluation**

The project document incorporates an elaborate M&E Matrix that includes indicators for measurement of, among other items and actions, output production target achievements, methods application, timeframe adherence, and observance of responsibilities. A number of monitoring and evaluation processes and tools are also identified including, among other instruments, progress reviews, progress reports, field visits and short surveys. The M&E Matrix, however, does not provide measurable indicators, targets and methods to assess the achievement of the project’s specific, intermediate outcomes. The PCDP project is designed to contribute towards the achievement of CPAP Outcome 1.1., through the production of its Outputs. The PCDP project document assigns five achievement indicators to CPAP outcome 1.1. Progress reporting using these indicators, however, is done separately through UNDP Annual HQ Reports and the ROAR. Progress reporting using these indicators reflect achievements at national level, which is at the project’s outcome level, and does not capture the status of the project’s achievements at provincial and district levels in Papua and West Papua.

**57 Progress Reporting**

The project’s progress reports were prepared on annual and quarterly bases. The Project Management Unit produced the project’s Quarterly Monitoring Reports (QMRs), which provide brief summaries of the status of the project’s activities and monitor progress made against output indicators and targets provided in the RRF. The project’s monitoring reports include discussions on, among other matters, implementation issues, cross-cutting areas of concern such as gender mainstreaming, partnership and capacity building, and communication. The QMRs are internal tools employed to record project progress and provide feedback to project management and UNDP to take timely corrective measures if and when necessary.

58 The PMU also prepared Annual Progress Reports. These reports are produced for the consumption of the project’s stakeholders including donor and government agencies. The Annual Reports provide summaries of work-in-progress and measure performance against implementation and output indicators. They also report on challenges faced during Project implementation, describe remedial measures, and propose future courses of action.

**59 Progress reviews and field monitoring**

The Project Board oversees, reviews and monitors the progress of the PCDP project’s interventions and takes corrective measures to address obstacles faced by the project management in implementing the project. Project Board Meetings were not frequently held, but whenever they were convened the participants of the meeting reviewed the project’s progress in detail. The project team periodically conducted internal reviews of the project’s progress. These internal reviews were, however, informal and did not include the participation of representatives of project’s counterpart agencies. They were also not held on a regular basis. Verification of field activities was for the most part carried out by the projects field staff and through joint visits by project and BPM staff. The remoteness of the project’s sites, however, requires much time and money to be spent on travel for physical monitoring. The high costs of renting vehicles made it particularly forbidding for the project staff to conduct frequent field visits. This problem could perhaps have been overcome by inviting the active involvement of district and sub-district level functionaries.

**60 Final Evaluation**

The funding agreement between UNDP and the Government of the Netherlands ended on 31 December 2013. This evaluation was, as a consequence, commissioned to assess the status of achievement of the project’s outputs 1, 2 and 4, productions of which were financed under the funding agreement. Project activities financed by New Zealand Aid to produce Output 3 are still ongoing and are expected to continue through 2014. Assessment of the achievement status of Output 3 is therefore excluded from the scope of this evaluation.

61 The main purpose of this project evaluation is to undertake a final and independent evaluation for UNDP, BAPPENAS, provincial governments, local government offices, and key development partners on the project’s successes and failures, longer-term results and sustainability of project benefits. The other purposes of evaluation are to synthesize lessons learned, produce recommendations for the project’s exit strategy, asses key achievements and contributions to the effectiveness of national and subnational governments and other stakeholders in reducing poverty and vulnerability in provinces and districts.

**2.2 Assessment of Relevance and Appropriateness**

62 The PCDP project’s objectives and interventions to enhance the capacities of local stakeholder to achieve Human Development and MDG targets in the Papua region are highly relevant to and consistent with the Government of Indonesia’s National and Provincial development policies and programmes, donors and UNDP priorities, and the needs of the people of Papua Region.

**63 Relevance to host government (GOI) Policies**

The Government of Indonesia places strong emphasis on accelerating development in the Papua region. Its specific objectives are to reduce rampant poverty, which is three times higher in the Papua region than that of the national average, and to improve the socio-economic conditions of the people of the region. The Government of Indonesia granted the status of special autonomy to the Papua region in 2001. It followed this momentous step by issuing Presidential Instruction No 5, 2007 and formulating a Framework for Accelerated Development in Papua and West Papua (P4B), 2011-2014. These policy instruments emphasize development and implementation of policies focusing on food security and poverty reduction, improvement of education and health services, improvement of basic infrastructure, and development of native Papuan human resources.

64 Indonesia is one of the few countries that emphasize the importance of achieving its MDG targets to attain its country development goals. MDG and Human Development indicators are now incorporated into national and provincial level development frameworks and plans. According to the 2009 World Bank and UN Joint Assessment report, however, there are issues broader than improvement of development planning instruments that impede the pace of development in the Papua region. These broad issues include weak local government and limited capacity of development stakeholders in policy-making as well as planning and implementation of delivery of basic services outside the main cities or towns of the region.

65 The PCDP project’s mandate to improve the capacities of development stakeholders to achieve MDG targets and reduce poverty and vulnerability in the Papua region is consistent with, relevant to and appropriate for the Government of Indonesia’s development policies and programmes. PCDP’s technical support, especially its support to provincial governments and CSOs is particularly appropriate and timely.

**66 Relevance to needs of beneficiaries**

The Papua region is rich in natural resources and its GDP has for years been growing faster than Indonesia’s national GDP. The region, however, continues to be the country’s most underdeveloped area, despite its rich resource base and its economic growth. Incidence of poverty in the Papua region is three times that of the national average (at 30+% in 2012). The region also records the lowest human development indices among Indonesia’s provinces. A large proportion of Papuans, especially those living in rural and remote areas, face a host of socio-economic issues including poverty, lack of basic services including health and education, and water supply and sanitation. The people of the Papua region also have close to no access to income generating and livelihood improvement opportunities, basic infrastructure, and communication technology.

67 The enormous scale of issues prevailing in the Papua region prevented the PCDP project from being able to reach out to the poor, vulnerable, and isolated segments of the region’s population. The project, however, contributed to the region’s development efforts indirectly by providing technical and financial assistance to build development planning, implementation and monitoring capacities of government and non-governmental organizations. PCDP also helped include poverty reduction and provision of basic needs agendas in provincial and district development plans. The project also supported poverty reduction efforts by providing small grants to 37 CSOs who will help poor communities in Papua and West Papu access health and education public services.

68 PCDP’s mandate of reducing poverty and improving delivery of basic services is fully consistent with and relevant to the government’s development agenda. The project’s interventions at the village level are helpful, and its pilot activity of streamlining delivery of basic services is useful.

**69 Relevance to UNDP and donor priorities**

The PCDP project’s mandate of achieving MDG and Human Development targets is consistent with and in line with UNDP’s global agenda of achieving MDG targets and facilitating delivery of basic services to poor and vulnerable communities. The project’s mandate is also in line with the priorities of the project’s donors, the Government of the Netherlands and New Zealand Aid, that aims at reducing poverty and providing basic services for the downtrodden and neglected segments of society.

**2.3 Assessment of Efficiency of Project interventions**

70 The Terms of Reference of the evaluation define efficiency as "A measure of how economically resources/inputs are converted to results”. The efficiency of project interventions can be determined through assessment of three basic dimensions 1) utilization of inputs with reference to stipulated budgetary/resource framework, 2) timeliness of interventions with reference to allocated timeframe and, 3) quality and quantity of physical achievements. This section describes the efficiency of project interventions in two parts. The first part assesses the status and progress of project activities with reference to quantity, quality and timeliness.

71 The second part assesses the utilization status and progress of available project financial resources with reference to allocated budgetary resources. The financial analyses are basic in nature and were carried out only at the macro level, based on information derived from project annual expenditure statements. No detailed economic or cost-benefit analyses was performed due to the complex nature of the undertaking, absence of required data and the limited time allocated to conduct the evaluation exercise.

**72 Achievement status and progress of project activities**

The project’s progress reports indicate that a number of activities were implemented during 2011-2013, to produce outputs (1, 2 and 4), formulation of MDGs based planning and budgeting, establishment of systems for delivery of health and education services and design of systems for coordination and accelerated development. Output 3, which relates to systems for sustainable livelihoods, is not included in the scope of this evaluation.

Following are details of progress made so far.

**73 Formulation of MDG based planning and budgeting**

A number of activities were implemented to mainstream MDG and Human Development priorities and targets into local development plans at the Provincial and District levels.

Following are the quantitative and qualitative achievements of the main activities:

**74 Preparation of Provincial MDG Reports:**  PCDP provided technical and logistical support to prepare, print, and disseminate Provincial MDG Reports for Papua in 2012 and for West Papua in 2011. The Provincial MDG Reports systematically track and documented progress made towards achievement of each province’s MDGs targets. The information was subsequently incorporated into provincial development plans. The reports were compiled after lengthy consultations were held and data gathering exercises were conducted. Eight working groups, which were established by the project, conducted the consultations and data gathering activities. The working groups were led by BAPPEDAS and their membership comprised representatives of the project’s stakeholders.

75 The quality of the MDGs Reports is up to the mark. The reports present information and discussions that are in line with national and provincial government priorities. The process of acquiring authentic, compatible, time series, and disaggregated data at the provincial level was a challenge. Most of the data was drawn from administrative sources through the work of Data Forums involving a number of provincial authorities. Preparation of the Papua and West Papua MDG Reports took around two years, and their launching was considerably delayed until the end of 2013.

76 The delay is attributable to complex and lengthy consultations and to the intricate data gathering and authenticating processes carried out by eight Data working groups. The MDG indicators and targets have been incorporated into Papua’s 2013-2017 Medium Term Regional Development Plan and West Papua’s 2012-2016 Medium Term Regional Development Plan.

**77 Preparation of Provincial Human Development Reports:** The project provided technical support and facilitation to the provincial authorities of Papua and West Papua in the preparation of the provinces’ Human Development Reports. The Provincial HDRs examined overall progress of human development, quality and outreach of basic services, availability of economic opportunities, and the extent to which pro-poor planning, budgeting, and monitoring (P3BM) is used by local government offices. The Provincial HDRs provide information needed to formulate plans and budgets that meet the needs of the local population.

78 Acquisition of authentic disaggregated data on human development indicators for the Provincial HDRs, especially those on indigenous Papuans was a challenge. The required data was, for the most part, acquired from administrative records and through the established data forums. Administrative data are beset with their own issues. They are collected by different agencies for different purposes, using different methodologies within different timeframes. The variations among different administrative datasets posed challenges of compatibility, authenticity and accuracy of analysis. PCDP strived to minimize these challenges by providing technical support to the Data Forums and BAPPEDAs to improve data acquisition and data management capacities.

79 Preparation of the Provincial HDRs entailed lengthy consultation processes with all stakeholders. It took the project close to three years, up to February 2014, to produce them. The draft reports were produced by April 2013, but finalization of the document and its official launching took a considerably long time to eventuate.

80 **Gender Mainstreaming:** The PCDP project facilitated the establishment of Gender Mainstreaming Working Groups in the Provincial and District Government Offices of Papua and West Papua. These working groups are responsible for mainstreaming gender into local development policies, development plans, budgets, and development monitoring systems and exercises. Local Government decrees have been issued to formalize the status and role of the Gender Working Groups. To fulfill their mandate, the Working Groups collaborate with a wide range of stakeholders from state functionaries to CSOs, community groups and universities and other entities. PCDP facilitated the work of the Working Groups by employing short-term gender mainstreaming experts to technically support the preparation the 2012 Gender-Based Human Development Report for Papua, the 2012 Gender-Based Human Development Report for West Papua, the 2012-2016 Gender Mainstreaming Action Plan for Papua, and the 2012-2016 Gender Mainstreaming Action Plan for West Papua.

81 Preparation of the reports entailed lengthy consultations with numerous stakeholders. The preparatory activities included organization of two gender-mainstreaming workshops and the conduct of other gender awareness raising activities. The Gender-Based Human Development Reports have been produced and launched. The draft Gender Mainstreaming Action Plans were produced in 2012. The drafts have now been approved and the final versions of the Report are ready for printing and launching.

82 The PCDP Project has done a commendable job in raising the awareness of development stakeholders in Papua and West Papua, including that of regional government officials, of the disparities in status and welfare that exist between men and women in the Papua region. The PCPD project has also begun to introduce the concept of gender as a social construct. This activity needs to be continued and reinforced in order to enhance the skills of development stakeholders on how to employ gender analysis to conceive interventions to reduce the disparities in status and welfare between men and women.

**83 Support to Data forums:** PCDP-II continued to build the capacities of existing data forums established by PCDP-I at the provincial level in Papua and West Papua. The project has also expanded its support to data forums at the district level in the districts of Keerom, Boven Digoel, Jayawijaya, and Mimika of Papua and the districts of Raja Ampat, Manokwari, Fakfak and Teluk Wondama of West Papua. PCDP also collaborated with other external agencies including UNICEF, UNFPA and AIPD – AusAID to facilitate and streamline the work of the data forums.

84 The membership of the Data Forums is very inclusive. Around 42 provincial government agencies were involved in collecting and assembling the provincial level database, which includes the development of around 600 indicators. The management of such large data sets is a major issue for the Data Forums. Maintenance of data requires a great deal of dedicated expertise, much time, appropriate data base applications, and financial as well as technical resources. The nature of data collection work is, furthermore, continuous and ongoing, needing constant management and endless attendance. Coordination of forums with such large and diverse memberships is also a challenge, especially for the lead agencies, which in this case are the provincial BAPPEDAs. There is a need to downsize the list of indicators to a manageable level and establish sustainable mechanisms to coordinate the work of the different data forums.

**85 Piloting Village level development planning:** The PCDP project, in collaboration with the Village Empowerment Agency (BPMKK) and the Central Statistics Agency (BPS), facilitated the piloting of MDG-based Village Development Planning in one of the villages of the district of Manokwari in West Papua. The activity is still in its early stages of piloting, and the evaluation team did not come across any detailed information on its progress. The PCDP project has, nonetheless, supported the production of a Village Level MDG-based Situation Analysis. A report of a village level MDGs-based Development Situation Analysis could be a useful tool for resource mobilization. It could conceivably, through systematic and attractive presentation of information, attract financing from government as well as donor agencies for village level development activities.

**86 Systems for delivery of health and education services**

PCDP facilitated the undertaking of a number of activities for governmental agencies and CSOs to develop systems and procedures to deliver health and education services.

**87 Development and piloting of health and education services:**

PCDP facilitated the assessment of existing health and education service delivery mechanisms and supported the development of systems and procedures for public service delivery in Papua and West Papua. The assessment highlighted greater urgency to improve service delivery mechanisms at the village level. The project, in collaboration with BPMs and CSOs supported initiatives to improve health and education service delivery systems in selected villages of Papua and West Papua. Thirty-seven CSOs comprising 7 CSOs in Papua and 30 CSOs in West Papua were awarded contracts to implement the project’s interventions. The contracts were issued by BPMs or Community Empowerment Agencies of the respective provinces. The Project enhanced the capacities of the participating CSOs in various areas of project development, implementation and monitoring. Particularly beneficial to the improvement of the CSOs’ performance efficiency was the project’s initiative to explain to the CSOs the intricacies of government systems and procedures. The project awarded a total amount of IDR6.215 billion comprising IDR1.08 billion in Papua and IDR5.13 billion in West Papua in grants to CSOs.

88 The CSOs employed the grants to finance various activities that were to a large extent related to promotion of early childhood education, improvement of basic nutrition and delivery of health services. They trained teachers, activists and cadres and provided basic health management equipment and educational materials. The CSOs were very effective in reaching out to some of the very remote and isolated communities of the region. They also raised the efficiency of public services delivery to their target communities. One of the CSOs received an exceptionally large grant of IDR 1.3 billion to finance its proposal of building a micro- hydropower station in Raja Ampat. The project is an exemplary model of a strategic, successful, and sustainable development enterprise. The CSO successfully built the hydropower station, handed it over to the local community, and is awarded the gratification of witnessing the community successfully operate the plant on its own, thereby sustaining the project’s results in benefits. The CSO had provided technical training on the power station’s maintenance and management training on how to collect revenue by drawing user fees from the community. Though highly successful, this project is an exception to the project’s conventional choice of award grantee. All of the other grant awardees are active in improving delivery of health and education public services.

**89 Development and Piloting of integrated education and health services:**  PCDP helped local government agencies develop and pilot a model for integration of health and education public service delivery. This activity was carried out by CSOs in three villages, one in Papua and two in West Papua. The concept of integration was introduced by the Government to synergize the activities of the Government’s PAUD (Early Childhood Education) programme with those of POSYANDU (Post for Integrated Services Delivery) for delivery in one location. The concept of integration is generally well appreciated as it promises greater efficiency and effectiveness.

90 Activities carried out to develop and pilot the model for integrated service delivery include training of teachers, community activists and mothers as well as provision of health instruments and education material. Trainings on provision of nutritious food and on basic health issues were also part of the project’s activities. The evaluation visited one of the project’s integrated services delivery models in the village of Demaisi. The project’s activities in the village were helpful in integrating delivery of basic health services with activities of the early childhood education programme in the village.

**91 University Volunteer Scheme**: The University Volunteer Scheme initiated by the PCDP Phase-I project was picked up and continued by the PCDP Phase-II project. The scheme was implemented by UNV in collaboration with two local universities, Universitas Cendrawasih (UNCEN) in Papua and Universitas Negeri Papua (UNIPA) in West Papua. Financing for the implementation of the Scheme was contributed by UNV. The activities were directed towards promoting volunteerism among university graduates. Between 2009 and 2013 a number of 40 university students, 24 in Papua and 16 in West Papua, were selected, trained in volunteerism and deployed in various remote villages in Papua and West Papua. Their mission was to help build the capacities of communities and promote delivery of health and education services. Each volunteer was provided an amount of IDR5 million to finance small-scale community based development related activities. The placement of volunteers was efficient in reaching out to some of the remote, isolated, and neglected communities of the Papua region. The volunteers were especially helpful in identifying village level development issues and linking villagers to government agencies as well as to other development agencies and CSOs.

**92 Systems for coordination and accelerated development**

The PCDP project extended its support to the Unit for Accelerated Development in Papua and West Papua (UP4B) to develop systems for accelerated development in the Papua region. The Unit was established to put Presidential Instruction No 5, 2007 into operation. PCDP also attempted to facilitate coordination among various internal and external development agencies and partners. The following activities were carried out in this context:

**93 Assessment of health and education needs:** The central highlands of the Papua region are among the least developed areas of Papua and West Papua. PCDP supported UP4B in assessing the health and education services needs in the Unit’s target areas of the central highlands of both provinces. The Project also supported UP4B in assessing health and education services needs in three of the proposed target villages. This activity was carried out with the participation of all development stakeholders at the village level. The findings of the assessments reveal that some of the target villages are unable to access health and education services. Data obtained during the assessment exercise was instrumental in formulating accelerated development plans in the target areas. No intervention has, however, been initiated to address the findings of the assessments.

**94 Systems for planning and monitoring:** PCDP provided technical support to UP4B to develop a computer-based application for participatory development planning and monitoring. The applications is up and running, and is being employed to develop and monitor UP4B’s Annual Development Plan for 2014. The project also facilitated UP4B in developing an exit strategy. The UP4B was created as a special arrangement under the Office of the President, and its term of office will expire along with the terms of office of the President in 2014.

**95 Systems for development coordination:** PCDP supported UP4B in publishing a booklet listing information on development agencies and donors. The booklet is meant to facilitate coordination among development partners operating in the Papua region. The Project also supported the development of standard operating procedure (SOP) for donor coordination.

96 The project’s activities were appropriately identified for the purpose of producing its expected outputs. PCDP was, however, considerably delayed in completing the activities. The project’s duration was originally planned for two years, from 2011 to 2012. Late project start up in May 2011, lengthy staff recruitment processes, long drawn out consultations with stakeholders, high turnover of project staff, and delays in receipt and disbursement of funds were among the factors that delayed the completion of project activities. As a consequence, most of the project’s output achievement targets had to be carried over to subsequent years, extending the project’s duration to Dec 2013 for the production of Outputs 1,2 and 4. The project’s duration was further extended up to December 2014 for the production of Output 3. The delays have negatively affected the overall efficiency of the project’s implementation. Following is an extract from the PCDP project’s 2012 Annual Report that describes one of the factors that caused delays in the project’s implementation;

**Quote from PCDP Annual Report 2012 “Challenges and Responses” Page 12**

“Funding limitations created delays in activity implementation, including under Output 1. This situation placed the project team in a difficult position. There were periods when the project could not undertake activities at all. This created doubts in the eyes of some stakeholders about PCDP capacity to implement the approved project document. To overcome this challenge, project staff kept the local government updated about PCDP progress and difficulties faced. It prioritized the implementation of activities with available funds, including the refinement of the provincial human development reports, gender reports, and MDG reports”

97 The project’s efficiency was also compromised by the geography of the Papua region. Poor roads made it time consuming and costly to make frequent visits to the target communities. The project’s small-scale health and education interventions were sparsely spread over 12 districts in some of the very remote location, making it difficult for CSOs, BPM and the project team to make frequent visits to the project sites. Air travel was the main means of transportation to, from and within the Papua region, raising the cost of project operations to forbidding levels. By land, the project and CSO staff spent long hours and even days using four-wheel drive vehicles to reach the remote target communities.

**98 Financial Progress of the Project**

The PCDP project’s budget was US$ 10.5 Million. The Government of the Netherlands and New Zealand Aid provided 90% of the project’s resources, while UNDP and UNV contributed the balance. The Government of Indonesia did not contribute financial support, but provided in kind contributions through the active involvement of its national, provincial and district level officials and office space. Provincial BAPPEDA and BPM officials were actively engaged in the project’s activities, and BPM officials played lead roles in implementing activities under output 2. They were involved in contracting, supervising and monitoring the work of CSOs and District Project Assistants. The Government of the Netherlands’ contribution was earmarked for the production of output 1, 2, and 4, while New Zealand’s contribution was reserved to finance the production of output 3 (see Table 1 in below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 1: Budgetary requirements and contributions of PCDP 2011-2013 (USD)** | | | | | |
| **Description** | **Netherlands\*** | **New Zealand\*\*** | **UNDP** | **UNV** | **Total** |
| Total Committed Contribution | 5,800,000 | 3,800,000 | 713,687 | 199,055 | 10,512,742 |
| Total contribution received | 4,756,685 | 3,800,000 | 727,317 | 199,055 | 9,284,002 |
| Source: Table extracted from project presentation provided during initial briefing to evaluators  \*Netherland contribution for output 1, 2,4 \*\*New Zeeland contribution for output 3 | | | | | |

99 During 2011-2013 around US$5.51 million were spent on output 1, 2, 4 and project management. Output 2 spent the largest share of resources at 42% of total expenditures. This included a sum of around US$0.53 million disbursed as small grants to 37 CSOs (US$0.1 million in Papua and US$0.43 Million in West Papua) for community-based health and education interventions in the project’s target areas. There was one large grant of US$ 0.1 Million that was provided to a CSO in West Papua to build a micro-hydro power station in Raja Ampat.

100 Funds for field activities under output-2 were transferred to Village Empowerment Agencies (BPM) in the respective provinces. The BPMs drew up contracts with and disbursed funds to each activity implementing CSO. BPMs also employed a number of project staff called District Project Assistant (DPAs) during 2011-2013. See Table 2 in below for details of expenditures by output:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 2: PCDP Expenditures on Output 1,2,4 during May 2011 to Dec 2012 (USD)** | | | | | |
| **Outputs** | **2011** | **2012** | **2013** | **Total** | **% of Total** |
| Output 1: Formulation of MDGs based planning and budgeting | 680,587 | 423,877 | 385,039 | 1,489,503 | 27% |
| Output 2: Systems for delivery of health and education services | 127,350,0 | 680,391 | 386,519 | 2,340,410 | 42% |
| **Output** 4: Systems for coordination and accelerated development | 288,353 | 12,649 | 348,453 | 649,455 | 12% |
| Project Management | 481,936 | 26,651 | 525,359 | 1,033,946 | 19% |
| Total | 2,724,376 | 1,143,568 | 1,645,370 | 5,513,314 | 100% |
| **Source: PCDP Financial statements**  **Note: Expenditures related to output 3 has been excluded from the scope of this analysis** | | | | | |

101 The project expended around 20 per cent of its budget on project management costs, a rate that is within the 15-20/25 range of international project management good practice. A joint financial review based on the request of the project’s donors was nonetheless commissioned in 2013. In its assessment, the review highlighted the need for the project to maintain a fine balance between management costs and program costs.

101. UNDP made laudable efforts to control project costs through, among other mechanisms, a system designed to exclusively track project management costs. Project management expenditures were reviewed at Project National Board Meetings where they were compared against a ceiling of 17-20 per cent to ensure efficiency of project implementation.

102 The project succeeded in operating within its 17-20 per cent management cost ceiling despite its seemingly high level of management expenditures. The costs are attributable to and justifiable because of, among other factors, the geography and topography of the Papua region and the remote locations of the project’s sites. Poor communication infrastructure made project activities, particularly travel, time consuming and costly. The project also maintained three offices in Jakarta, Jayapura and Monakwari. Air travel is the principal means of transportation to, from, and within the Papua region, making project operations expensive. The high cost of travel also affects the financing of CSOs working with some of the very remote and isolated communities of Papua and West Papua. Project activities in remote areas, especially under output 2, were high resource demanding.

103 The flow of funds from the Government of the Netherlands to UNDP was smooth. Transfer of some tranches was, however, delayed, especially in 2013. The delays were caused by the then ongoing joint financial assessment. Funds from New Zealand Aid for the production of output 3 were also received late in May 2012, delaying implementation of project activities by one year. As a consequence, work on the production of output-3 had to be extended through 2014. Discussion on output 3 is beyond the scope of this evaluation. It is however noted that project implementation would have been more efficient had funding for all components been received at the same time at the start of project implementation. Flow of funds from BPM to CSOs experienced delays caused by compliance and documentation issues on the part of CSOs.

**2.4 Assessment of Effectiveness of Project Results**

**104 Achievement Status of Project Results/Outputs**

The project’s logical framework identifies four short-term intermediate results for the project to achieve in order for it to achieve its long-term outcome. They include 1) Formulation of MDG-based local development plans, 2) Development of basic systems for delivery of basic services in health and education, 3) Development of basic systems for sustainable livelihoods (this result is excluded from the scope of this evaluation), 4) Development of basic systems coordinated development policies for accelerated development.

105 Following are details of the status of the project’s achievement of its immediate results\.

**106 Formulation of MDGs based plans**

PCDP promoted the development and implementation of HD and MDG based planning at provincial and district levels in the Papua region. The project aimed to improve the quality and effectiveness of development planning by incorporating human development and MDG priorities, indicators and targets.

107 Issues of data availability and data inconsistencies at provincial and district level led PCDP to initiate the establishment of data forums at the provincial and pilot districts levels. Four Data Forums each were established in Papua and West Papua to sort out and compile data for planning purposes. The Data Forums, especially those at the provincial level, are fully formalized through decrees of the provincial Governors.

108 The Data Forums are instrumental in providing data for the development of Regional Medium Term Development Plans (RPJMDs) and formulation of, among other reports, HD Reports, MDG Reports, and Gender-Based HDR Reports and Gender Mainstreaming Action Plans. The Data Forums in selected districts (Kabupaten) have also been formally instituted through decrees issued by Bupatis and are providing data for district level development planning and implementation. The process of acquiring, authenticating and managing large volumes of data, however, is a challenge. The Data Forums also face issues in acquiring data from SKPDs, as some SKPDs are still reluctant to share specific data. Authenticity and reliability of data acquired through administrative means is also a matter of concern.

109 PCDP has contributed towards the improvement of local development planning capacities and mechanisms by incorporating Human Development and MDG indicators and targets in the ongoing and upcoming provincial medium term development plans (RPJMD West Papua 2012-16 and RPJMD Papua 2013-2017). The provinces’ previous regional medium term development plans principally focused on traditional development approaches such as infrastructure development and economic development. Indonesia’s national government’s drive to achieve the country’s MDG targets, however, prompted PCDP to support the redirection of the focus of the regional medium term development plans towards poverty reduction and human development. MDG indicators were useful in setting targets and monitoring their achievement in the RPJMDs.

110 PCDP facilitated the establishment of Gender Mainstreaming Working Groups in Papua and West Papua to support the mainstreaming of gender into local development plans and budgets. The project also supported the publication of Gender-Based Provincial Human Development Reports and Gender Mainstreaming Action Plans for Papua and West Papua. The reports and action plans were useful in mainstreaming gender into Provincial RPJMDs and promoting the concept of gender among regional government offices.

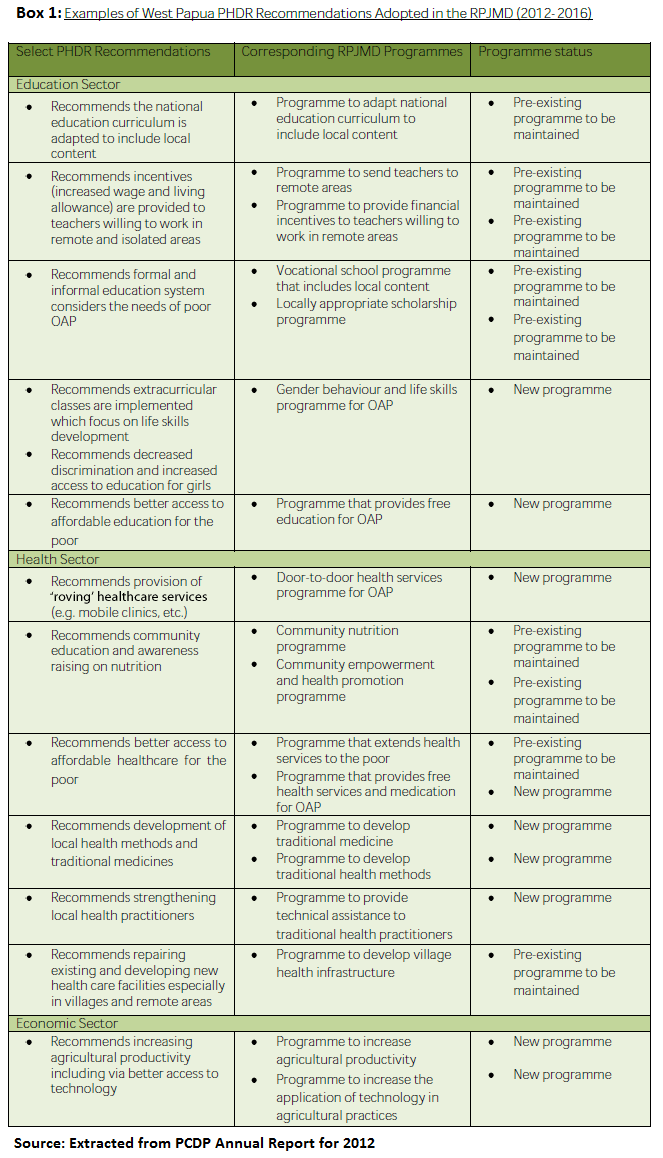
111 The stand-alone character of the Gender Mainstreaming Action Plans, however, may result in the activities of the plans being financed and implemented in isolation and exclusion of the RPJMDs’ mainstream programmes and projects. This would fundamentally defeat the principles and purpose of mainstreaming.

112 Gender mainstreaming efforts in Papua are reinforced by the enactment of a Decree issued by the Governor requiring all SKPDs to employ Gender Responsive Budgeting (GRB) in their planning and budgeting mechanisms.

113 PCDP extended support to eight pilot districts in Papua and West Papua to establish data forums to collect and compile data at the district (Kabupaten) level for development planning and implementation purposes. National and provincial government directives have encouraged district level offices to use Human Development Indices (HDI) to calculate allocation of development funds. PCDP also encouraged district level governments to integrate MDG indicators and targets into district level development plans. Four out of 12 targeted districts are using poverty maps to prepare district RPJMDs.

114 PCDP’s interactions with government agencies at the district level were limited and spontaneous in nature. District level agencies are the main planning and implementing units of development activities, and the PCDP’s technical support would have been more strategic and beneficial at the district level.

122 As an example please see Box-1, on the following page (extracted from PCDP Annual Report 2012), which highlights how key PHDR recommendations have translated into West Papua RPJMD (2012-2016).



**115 Systems for delivery of health and education services**

Health and education public service delivery systems in Papua and West Papua, especially to the region’s remote and isolated areas, are weak. PCDP devoted a large amount of financial resources and expertise to help improve the efficiency of existing delivery systems in selected communities. The project also developed an integrated service delivery model intended for replication by the government on a wider scale. The aim of integration was to provide services offered by the early childhood education (PAUD) programme along with those offered by the community based integrated services posts (POSYANDU) in one location and on a regular basis. The project carried out a number of activities to support the establishment and operation of the integrated service delivery mechanisms in collaboration with CSOs and Provincial BPMs.

116 In the course of setting up the integrated service delivery mechanisms, the project facilitated the establishment of partnerships among provincial BPMs, CSOs, and communities. 37 CSOs and communities of the pilot villages were engaged in various activities under the overall supervision and financial control of BPMs. Apart from improving delivery of services, the partnerships fostered better understanding and appreciation of the comparative knowledge, skills and experience of each partner. The partnerships were also forums for experiential learning. BPMs acquired first-hand experience in working directly with CSOs and communities and CSOs learned to comply with government procedures and processes.

117 Pilot communities were selected according to the level of their need for education and health services. The project initiated a range of activities, which were carried out by CSOs and members of local communities. They included training of teachers, provision of educational material and equipment, training of health activists and mothers and training on provision of nutritious foods. The activities also included delivery of immunizations and regular health check ups with the collaboration district health personnel. Towards the latter half of the project’s duration, PCDP, by learning from its pilot experiences, was able to develop a participatory and integrated model for delivery of health and education services.

118 PAUD and POSYANDU are Government programs that are operated separately from one another by district education and district health authorities. The PCDP model was designed in accordance with the Ministry of Home Affairs’ decree on integration of basic health and education services. The project piloted the development of models in three villages, one in Papua and two in West Papua. The evaluation visited one of the pilot villages named “Demaisi” in West Papua where it carried out detailed observations. See Box-2 in the following pages.

119 The integrated model is useful in streamlining delivery of health and education services. The aim of integration was to synergize the delivery of basic services such as health and education with early childhood education, child development, and social welfare. The integrated service delivery mechanism facilitates basic service delivery to remote areas under the overall coordination of BPM.

120 The PCDP Phase II project believed that in the medium to longer term, CSOs would continue to be the delivery agents of services to remote and isolated communities. The project perceived that as a consequence, there is a need to place greater quality control over government services. Under Output 2, CSOs were expected to pilot government minimum service standards by means of integrating/synergizing delivery of government and CSO service provision. This would ensure that remote and rural communities would not be disadvantaged by, for example, being provided with substandard services as compared to the quality of services provided to their more affluent coastal neighbors.

121 The PCDP project did not actively involve District health and education functionaries in the development and testing of the service delivery models. The activities were carried out by CSOs under the supervision of provincial BPMs without much interaction with district level health and education authorities. This may have implications for sustainability when the model is replicated on a wider scale. District authorities are already implementing PAUD and POSYANDU programmes in a number of villages. Factors such as intermittent availability of financing and inadequate human resource capacities, however, limit the effectiveness of the interventions. Government delivery mechanisms supply services separately through the respective district level offices. These service delivery mechanisms do not involve CSOs.

122 The pilot models were effective in streamlining and delivering PAUD and POSYANDU services. The participatory way in which the models were tested, especially with the involvement of CSOs, was very effective.

123 Adoption of the model by government agencies for wider replication in the remaining thousands of villages in the Papua region is yet to eventuate.

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| **Box-2**  **DEMAISI**  **A village with a model mechanism for integrated health and education service delivery**    The Village of Demaisi nestles on the slopes of the Arfak Mountain Range of West Papua’s District of Monakwari. It is one of four villages administratively governed by the Sub-District of Minyambou.  Demaisi is isolated by geography and topography. It is situated among Arfak’s forests, hills and valleys, and perches at an elevation of around 1,600 meters above sea level. The village is 75km southwest of the city of Manokwari. Though not too far-flung away, yet mountainous terrain and poorly maintained roads make for a grueling three-hour Jeep ride from Manokwari to Demaisi.  The population of Demaisi is 417 comprising 218 men and 189 women. The community traces its ancestry to the Hatam tribe. Village Secretary Nani Tibiyai waves towards the hills and recounts: ‘We come from the mountains … our ancestors lived up there … they grew vegetables and raised animals … they didn’t shave or cut their hair and they wore the dress of heathens.’ ‘But then …..’ Nani added ‘…. the priests came … ‘They came in the 1950s and brought to us the Word of God.’ Nani related how the Church had called upon his people to descend from the mountains and how the priests had marked plots of land for his people to settle on … so that they may live in proper houses, grow good food and raise healthy livestock.  Thus the village of Demaisi came into being. The establishment of its geographic and administrative identity could perhaps be celebrated as the beginnings of the village’s first wave of development. The villagers are yet to receive the benefits of public health and education services. Demaisi already boasts two public buildings on its grounds; one each to house a public health service centre and a public school. But the health service building has been locked up ever since it was constructed and the school building is rarely used. The villagers have no idea of why the health service building has been left locked and abandoned, but the school building is rarely used, they say, because classes are hardly ever held. The teachers, explained the villagers, live in the city and seldom come to the village.  In 2012 PCDP selected the Village of Demaisi for the pilot site of its plan to design and operate a model for integrated health and education service delivery in remote and isolated areas. Next, the project forged a partnership with PERDU - a Papua Barat based, experienced civil society organization of high repute – to put its plan into operation.    PCDP resurrected DEMAISI’s POSYANDU to create a single, integrated delivery mechanism for health, education, and other services. POSYANDU, a government, community based service delivery program, had already been introduced to DEMAISI, but it was not functioning at the time of PCDP’s arrival. POSYANDU’s assigned basic activities include registration, weighing, record keeping, health services, health education, and acceleration of food diversification. The posts also provide supplementary nutritious food as well as conduct basic health examinations for children. To revive the programme, PERDU trained village health cadres and mothers on child health and preparation of healthy meals.  The project’s quest to revive Demaisi’s POSYANDU was pursued alongside its attempts to establish the Government’s PAUD (Early Childhood Education) programme in Demaisi. PCDP through PERDU provided the much needed resources and technical assistance to operationalize the PAUD program in the village. Teachers were trained, books were provided, and basic teaching equipment was installed. The children are now taught religion and learn letters and numbers. They study their environment, sing, play, practice good manners and learn social skills.  The villagers of Demaisi, with PCDP and PERDU by their side, have walked a long way along the path of this second wave of their village’s development. Though indicators such as lower maternal and infant mortality rates, better health conditions, and higher educational attainment cannot yet be proudly held up, yet PCDP and PERDU have helped them achieve a different and higher level result. The villagers now have faith that their children will live a better future.  Sustainability of Demaisi’s achievements, however, depends heavily on the continuity of external support. The termination of PCDP’s support eliminates the source of funding for honoraria payable to PAUD teachers and POSYANDY cadres. Much as Demaisi’s community appreciate the benefits of the integrated POSYANDU and PAUD, yet their modest earnings forbid them from using their own means to finance the service delivery mechanism.  When asked at an informal village gathering about their other needs, Nani Tibiyai, the Village Secretary, said: ‘TRANSPORTATION …. we need transportation to carry our produce to the market.’ The other villagers nodded in agreement. A vehicle would carry their produce to market and there will be money to bring home to fulfill their plans for a better future. Will this bring about the third wave of development for Demaisi? |

**124 Systems for coordination and acceleration of development**

In 2011 the President of the Republic of Indonesia launched a series of initiatives to accelerate the development of Papua and West Papua. They included issuance of regulations on development acceleration, preparation of Action Plans for Accelerated Development for the period 2011-2014, and establishment of the Unit Percepatan Pembangunan Papua dan Papua Barat (UP4B) or Unit for the Acceleration of Development in Papua and West Papua. These measures were introduced to synergize and coordinate development processes in Papua and West Papua.

125 PCDP supported UP4B in developing and implementing mechanisms for local government agencies to administer and coordinate accelerated development. The computer based planning and monitoring applications developed with the help of PCDP are instrumental in formulating and monitoring accelerated development plans in Papua region for 2014.

126 Regional government agencies are, however, skeptical of UP4B’s activities. They believe that the unit is an imposed, top-down arrangement devised by national government to take over the authority and responsibilities of regional BAPPEDAs.

127 The UP4B’s terms of office are ending in 2014, and PCDP helped the unit devise its exit strategy. Three scenarios were drawn up comprising: 1) to shift from a coordination only role and add planning and budgeting to the unit’s functions 2) to become an independent commission, and 3) to remain as it now is. The future of UP4B is, at present, unclear.

128 PCDP also worked closely with BAPPEDAs to strengthen the latters’ capacity to coordinate development policies and programmes. Publication of the Donor Harmonization booklet and development of standard operating procedures for donor coordination have helped local authorities harmonize development work and implement programs in a more coordinated and effective manner.

129 Production of Output-4 did not receive much attention from the project, and by extension it also did not receive much financial support. Only 12% of the total amount of resources allocated for the production of outputs 1, 2, 4, and project management was spent on Output-4 (see Table 2 in above sections). Critical views expressed by provincial authorities on the role of UP4B caused PCDP to minimize its interaction with and support to the Unit. Provincial authorities, especially BAPPEDAs, saw UP4B’s role in regional development planning as a duplication of their own function.

**2.5 Assessment of sustainability of project interventions**

130 The sustainability of the results of the project’s outputs 1, 2 and 4 is mixed in level.

131 PCDP contributed towards improvements in quality and effectiveness of local development planning by establishing and/or technically supporting Data Forums, MDGs working groups and Gender Mainstreaming working groups. It also helped incorporate Human Development, MDGs and Gender indicators, in local Medium Term Development Plans (RPJMDs). There is a high level of commitment and feelings of ownership on the part of provincial government offices to sustain the use of these improved planning mechanisms. The Data Forums, MDGs Working Groups and Gender Mainstreaming Groups are fully formalized by government decrees, making them integral parts of development planning processes.

132 The evaluators were invited to attend, as observers, the PCDP Project Board Meeting held in Jakarta on 28 November 2013. The participants of the meeting paid much attention to the subject of the sustainability of the PCDP project’s interventions. Government agencies pronounced their full commitment towards sustaining Human Development and MDGs based planning, budgeting and monitoring as well as mainstreaming gender into development planning, budgeting and monitoring processes.

133 Indonesia is one of the few countries that are unequivocally employing Human Development and MDGs targets to achieve the objectives of its development agenda. Incorporation of these targets into the regional RPJMDs of Papua and West Papua is further evidence of Indonesia’s commitment towards using these development planning targets and indicators. PCDP’s efforts to promote gender mainstreaming in Papua and West Papua are reinforced by the enactment of a Governor’s Decree requiring all SKPDs to apply Gender Responsive Budgeting (GRB) in their planning and budgeting exercises.

134 MDGs targets and indicators are centerpieces of improved local development planning. Although the target date for achievement of the MDGs ends in 2015, yet government authorities have expressed that they will continue to use MDG targets and indicators in their development planning exercises beyond that year. They would do so, they confirm, unless a new post-MDGs agenda with new targets and indicators is introduced. The governments of Papua and West Papua are not short of funds to finance the enhancement of their development planning, budgeting and monitoring capacities. What they need at this stage are interventions to upgrade their technical skills in development planning, budgeting and monitoring.

135 PCDP has successfully developed and piloted an integrated service delivery model. The sustainability and replicability of the model, however, are yet to be tested before it is reproduced on a wider scale in all the villages of Papua and West Papua. Ministerial and local Government decrees that support the establishment of integrated service delivery mechanisms form a sound foundation for sustainability. A plan to establish integrated service delivery posts in all villages of Papua and West Papua needs to feature prominently in village, district, and provincial development plans. This will ensure that the integrated service delivery post will be established, and that the posts will receive the technical and budgetary supports that they need to sustain their existence and performance.

136 Provincial BPM officials are fully convinced of the efficiency and effectiveness of PCDP’s integrated service model. They express that they hope the mode will be reproduced in the many remote and isolated villages of Papua and West Papua.

137 The PCDP project owes much of the success of its integrated service delivery models to the CSOs that developed and piloted them. CSO expertise in facilitation, community-level training, community participation and empowerment are required to ensure successful replication of the integrated service delivery model in new villages. Government agencies need to acknowledge the specific expertise of CSOs and formalize their status and role in the implementation of public service delivery programmes.

138 PCDP pioneered UNV’s university volunteer scheme (UVS) in two universities of the region. The purpose of the activity was to promote the importance of volunteerism to university students. The universities did not express much enthusiasm in the scheme because they, as do all universities in Indonesia, already have a student volunteer programme. The continuity and sustainability of the scheme is not tenable. It was implemented within the framework of the PCPD project, and it is questionable whether it can be implemented independently.

**2.6 Assessment of Overall Impact**

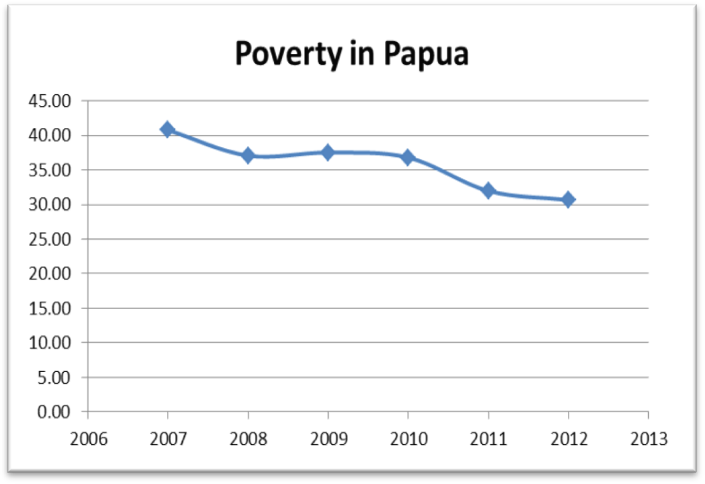
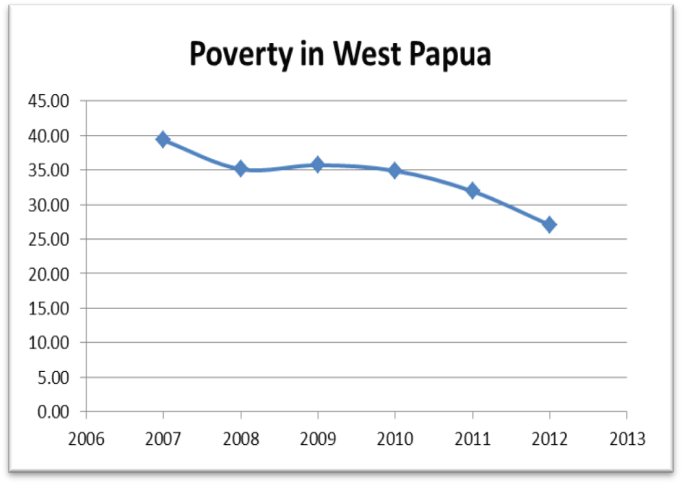
139 The PCDP project’s aim is to improve human development and achieve MDGs targets in the Papua region by building capacities in development planning and improving service delivery mechanisms. The project’s longer-term goal, as stated in the UNDP country program (CP) outcome, is to reduce poverty and vulnerability in the target areas. It is not possible to measure PCDP’S contribution towards the achievement of these goals by standard dimensions. The project’s contribution is small in the face of goals at levels as high as poverty reduction and vulnerability elimination.

140 The PCDP project has improved the development planning mechanisms of Papua and West Papua by incorporating human development, MDGs, and gender indicators and targets into the provinces’ medium term development plans. Well-defined human development, mdg and gender-related targets supported by strong data will, no doubt, justify the allocation of commensurate financial resources for their achievement. The project also improved delivery of early childhood education and health services to remote areas, and developed and successfully piloted integrated health and education service delivery models with the participation of government agencies, CSOs, and communities.

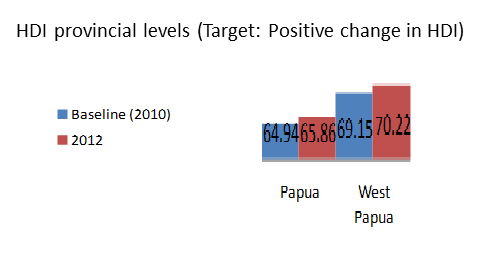
141 The project’s long-term impact depends on the adoption, replication and up scaling of the service delivery model by local government in the remaining villages of the region. The Project’s 2012 Progress Report however suggests that PCDP was successfully able to reach out and provide health and education services through its pilot interventions to around 12,803 people comprising 3,283 adult males, 3,343 adult females, and 6,177 children out of a total target population of 49,070 or 26% of the targeted communities, living in some of the very remote areas in Papua and West Papua. If the integrated service delivery mechanism is replicated, these figures will increase multifold.

142 PCDP has made considerable contributions towards methods of data collection and management for development planning and monitoring. These contributions were, however, made only to provincial level agencies and the project’s pilot districts. The methods are yet in their early stages of development and are expected to improve over time. Absence of authentic time series disaggregated data, baseline and target data, particularly at district, sub-district levels and in villages in remote areas are major impediments for the conduct of impact assessments.

143 It is not possible to measure the impact of the PCDP project’s interventions on poverty in Papua and West Papua. The following charts compiled from BPS-Statistics Indonesia data, is however presented here to illustrate general trends of poverty rates in Papua and West Papua from 2006 up to 2013. The charts suggest that percentages of poor people have gradually declined from 40.78% in 2007 to 30.66% in 2012 in Papua, and from 39.31% in 2007 to 27.04 in 2012 in West Papua.



144 The PCDP project’s results were conceived to contribute towards the achievement of GoI/UNDP CPAP outcome 1.1. The 2013 CPAP annual review identifies a slight improvement of HDIs in Papua and West Papua between 2010 and 2012. The levels of disparity between poverty rates in Papua and West Papua and Indonesia’s national poverty rate have also reduced between 2010 and 2013.



1. **RECOMMENDATIONS FOR FUTURE WORK**

Following are recommendations to improve the efficiency, effectiveness, impact and sustainability of development processes and interventions in the Papua region:

**Recommendation 1:** The agenda of reducing poverty and improving education, health and livelihood conditions in Papua is unfinished. Therefore it is strongly recommended to continue external technical support to further improve and strengthen capacities of relevant institutions towards achieving desired goals.

**Recommendation 2:** PCDP during its second phase has extended commendable support and has closely collaborated, especially with provincial government institutions. However discussions suggest that collaboration with district and sub-district level institutions was considerably limited. Since actual implementation mandate especially for delivery of health and education services lies at district and sub-district level, therefore there is a greater need for fostering collaboration at the district and community level. It is therefore recommended that future such projects shall by design extend maximum support and collaborate closely with the institutions at the district and sub-district level.

**Recommendation 3:** Evidence based planning and implementation remained the hallmark of PCDP-II overall strategy. Substantial capacities have been built for provincial and selected district authorities in collection, management and use of data for planning and monitoring purposes. However these mechanisms are still in early stages of development, therefore it is recommended to continue project support to fully strengthen desired capacities. Furthermore there is also a strong need to extend data acquisition and management related facilitation to all districts, even villages in Papua region.

**Recommendation 4:** PCDP has developed and successfully piloted model for integrated education and health services at the village level. However the actual benefits will flow only once this model is implemented on a large scale in the whole of Papua region. Therefore it is strongly recommended to foster advocacy efforts for the adoption and replication of the proposed model on a wider scale. The process needs to be fully documented and manuals prepared and disseminated to all stakeholders. In this regard some sort of action plan need to be devised with provincial and especially district level stakeholders for the large scale replication of the proposed model especially in the remote villages.

**Recommendation 5:** The model for integrated service delivery was actually developed with the active participation of local CSOs. Therefore large scale replication of the model will certainly require the due involvement and expertise of these CSOs. However discussion suggests that CSOs involvement in state funded delivery services is viewed with skepticism. Therefore it is recommended that the mandatory involvement of CSOs in scaling up of the model services should be strongly advocated with local governments and standard operating procedures developed and implemented for inclusion of CSOs during large scale replication of the model.

**Recommendation 6:** Project interventions were too thinly spread over Papua region, with isolated interventions in distant and remote areas. This spread over has somehow diluted the efficiency, effectiveness and especially impact of these small endures. Therefore it is recommended that such pilot projects should better concentrate all interventions in a specific geographical area, may be a couple of district in each province. On one hand this will give way to greater efficiency and on the other it will also generate some measurable impact. These districts may serve as model districts for rest to follow.

**Recommendation 7:** Future such projects needs to be designed using logical framework analysis techniques (involving all stakeholders especially communities) to give way to a strong logic among activities, outputs, outcomes and impact. Overall project results are meant to contribute to overall CPAP outcomes, duly supported by indicators and targets and regularly reported on. However CPAP outcomes are cumulative country (national) level outcomes, whereas a number of initiatives and projects are contributing to achieve a single outcome. This makes it cumbersome to assess the extent of contributions made by an individual project like PCDP towards broader CPAP outcome. To measure contributions of individual projects identification of project specific intermediate outcomes is considered important. These project level outcomes can be linked to CPAP outcomes and should be made integral part of the RRF duly supported by measurable indicators, baselines and specific targets. Furthermore periodic data needs to be regularly collected to measure progress toward desired outcomes at the project level

**Recommendation 8:** Future projects need to advance their interventions from focusing on women’s participation to gender mainstreaming in all stages of development including project/programme planning, implementation, budgeting and monitoring and evaluation. Provision of technical support to existing Gender Mainstreaming Working Groups need to be continued and new Gender Mainstreaming Working Groups need to be established and supported in other districts.

**Recommendation 9:** A number of stakeholders both internal and external are actively involved in perusing same goals in Papua region. However sometime they operate in isolation without interacting or sharing experience with each other. This at times leads to duplication and overlap of interventions. There is a strong need to synergize collective efforts and to further strengthen existing coordination forums and mechanisms to learn from each other experience and avoid duplication. It is recommended that future such projects shall incorporate some sort of communication and coordination strategy in their designs.

**Recommendation 10:** As mentioned PCDP-II was marred heavily by high turnover of project staff, hampering the overall efficiency and effectiveness. On one hand Papua region is a very remote and difficult place to work in and, on the other there is very limited availability of local qualified and experienced professionals. Thus most of the project staff is brought in from outside Papua, which in turn are not very sustainable. Therefore to avoid frequent turnover of project staff some sort of contractual and career incentive mechanisms should be sorted out to keep staff motivated to work in Papua region.

**Recommendation 11:** The people of Demaisi village, during evaluation team visit, also strongly voiced their need for transportation of their agricultural produce to main market in Monakwari city. The current cost of transportation on individual basis is too high for profitability. Therefore it recommended that PCDP, in collaboration with PERDU- a local CSO, shall explore the possibilities of developing an arrangement for transport of products from the village to the market on an initially subsidized cost sharing basis. This can be done immediately as PCDP component-3 (systems for livelihood improvement) is still ongoing through 2014. It is believed that this small intervention may bring substantial extra income and will improve livelihoods. Based on its success the facility can be sustained by communities and extended to other villages.

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**Annex-1**

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|  | **List of persons met during the PCDP evaluation exercise** |
| **1** | Mr. Stephen Rodriques, Deputy Country Director**,** UNDP |
| **2** | Ms. Nurina Widagdo, Head, Democratic Governance and Poverty Reduction Unit (DGPRU) UNDP |
| **3** | Ms. Budiati Prasetiamartati, Programme Officer, Decentralization Governance Unit, DGPRU, UNDP |
| **4** | Ms. Savitri Soegijoko, Programme Officer, Decentralization and Local Governance, DGPRU, UNDP |
| **5** | Mr. Sirman Purba, Monitoring and Evaluation Analyst (PMEU), UNDP |
| **6** | Ms. Wendy Shapiro, Programme Officer, UNV |
| **7** | Mr. Philip Hewitt, Development Counsellor, New Zealand Aid Programme |
| **8** | Ms. Firliana Purwanti, Senior Development Programme Coordinator, New Zealand Aid Programme |
| **9** | Mr. Mike Ingriani, Development Programme Coordinator, New Zealand Aid Programme |
| **10** | Mr. Maarten van den Bosch, Deputy Head, Political Affairs, Netherlands Embassy |
| **11** | Mr. Ikhwanuddin Mawardi, Deputy for Planning and Financing, UP4B |
| **12** | Mr. Fahmi Wibawa, UP4B |
| **13** | Mr. Ferdinand Leohansen Simatupang, National Project Manager, PCDP, UNDP |
| **14** | Mr. Chandra Manalu, Monitoring and Reporting Officer, PCDP, UNDP |
| **15** | Mr. Darianus Tarigan, former PCDP Provincial Coordinator for Papua Barat |
| **16** | Mr. Verry Molle, Head of Sub-Division for Partnerships, BAPPEDA, Province of Papua |
| **17** | Mr. John Boekorsjom, Head of Division for Development Data, BAPPEDA, Province of Papua |
| **18** | Ms. Amnestiana Wamafma, Head of Division for Partnerships and Institutional Arrangements, Agency for Women's Empowerment, Province of Papua |
| **19** | Ms. Raehanna Lampong, Head of Sub-Division, Agency for Women's Empowerment, Province of Papua |
| **20** | Ms. Hennie Pasalbessy, Head of Sub-Division, Agency for Women's Empowerment, Province of Papua |
| **21** | Mr. Dominggus Rumadas, Head of Division for Institutional Arrangements, Agency for Village Empowerment and Family Welfare (BPM), Province of Papua |
| **22** | Mr. Petrus Mahuse, Head of the Regional Development Planning Agency (BAPPEDA), District of Jayawijaya |
| **23** | Ms. Celia Siura, Local Enterprise Development (LED) Associate, PCDP, UNDP |
| **24** | Mr. John Rahail, Director, Institut Pengembangan dan Pemberdayaan Masyarkat, (IPPM) local NGO |
| **25** | Mr. Aloysius Organis, Institut Pengembangan dan Pemberdayaan Masyarakat (IPPM) local NGO |
| **26** | Ms. Hermin Rumbrar, (P3WGKI) local NGO |
| **27** | Mr. Djemi Matulessy, Yayasan Bina Kitorang Mandiri (YBKM) local NGO |
| **28** | Mr. Urbanus Kossay, Program Manager, Business School and Training Unit, OIKONOMOS Foundation, local NGO |
| **29** | Mr. Yulianus Pabika, Business Development Services Provider Manager, OIKONOMOS Foundation, local NGO |
| **30** | Mr. Immanuel Pangaribuan, Head of social and economic affair division, BAPPEDA, Province of West Papua |
| **31** | Mr. Mena, Head of healthe and public services, BAPPEDA, Province of West Papua |
| **32** | Mr. Sumedi, District Education Department, District of Manokwari |
| **33** | Mr. Basangon, Village Empowerement Agency (BPM), West Papua |
| **34** | Ms. Diah, Village Empowerement Agency (BPM), West Papua |
| **35** | Mr. Irwanto, former Head of Division for the Economy, BAPPEDA, Manokwari, currently Head of BAPPEDA Manokwari District |
| **36** | Ms. Sitti Haryani Kadir, Local Enterprise Development (LED) Officer, PCDP, West Papua |
| **37** | Mr. Iso Haryaman, Project Assistant, Administration and Finance, PCDP, West Papua |
| **38** | Mr. Mujiyanto, Director, PERDU, local NGO, Papua Barat |
| **39** | Mr. Risdianto, Program (Program Coordinator), PERDU, local NGO, Papua Barat |
| **40** | Mr. Sahat Saragih, Executive Director, LDIP, local NGO, Papua Barat |
| **41** | Mr. Jonny Tethool, LDIP, local NGO, Papua Barat |
| **42** | Mr. Teguh Sugiarto, LDIP local NGO, Papua Barat |
| **43** | Ms. Jetty Rondonuwu, Women Empowerment Agency, Papua Barat |
| **44** | **The evaluation team also met with a group of 20 community members of the village of Demaisi during its field a visit to the village in the West Papua’s District of Monakwari** |
| **45** | **The evaluation team was also privileged to attend the PCDP Project’s Board Meeting of 28 November 2014 as observers.** |