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United Nations Common Country Assessment Indonesia



2004

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1.1 Purpose and objectives of the CCA

In 1997, the UN Secretary-General launched a programme for reform with the aim of preparing the UN for the challenges of the 21st century. The guidelines on the implementation of these UN reform initiatives drafted in April 1999 emphasized the role of the United Nations in developing a powerful set of standards and goals arising out of United Nations conventions and global conferences. Several measures as part of this reform programme were proposed to enhance the organisation's capacity to implement its development mandate; these include the Common Country Assessment (CCA) and UN Development Assistance Framework (UNDAF).

The aim of the United Nations Common Country Assessment is to provide a comprehensive assessment and analysis of the development situation in Indonesia and to establish a strategic vision for the UN agencies working in the country. This document is the first step to producing a medium term planning framework to support the Government of Indonesia in achieving its national development goals. This planning framework, known as the UN Development Assistance Framework (UNDAF), will cover the period from 2006 to 2010. The CCA and subsequent UNDAF process and products will improve the co-ordination of activities within the UN System leading to more effective use of the financial and human resources provided through it and strengthen the partnership between the UN System and the Government and people of Indonesia.

1.2 Nature and scope of the CCA

The overarching framework of this CCA is the Millennium Declaration. The Millennium Declaration, adopted in 2000 by 180 countries including the Indonesia, sets out key development challenges facing humanity, articulates a response to these challenges, and outlines concrete measures for gauging performance. In addition to committing to eight specific, time-bound goals, or Millennium Development Goals (MDGs), in the areas of health, education, the environment, governance, and a global partnership for development, the Declaration pays special heed to the responsibility of all nations to protect the vulnerable, and in particular children and civilian populations that suffer disproportionately from the consequences of natural disasters, genocide, armed conflicts, and other humanitarian emergencies. This CCA draws on Indonesia's first Progress Report on the MDGs released in July 2004, and attempts to take the analysis of the MDGs further by identifying critical development challenges that will need to be overcome in order to achieve the MDGs in Indonesia. The MDG related chapters of this document provide an overview of the status of achievement for one (or more) MDG followed by a situational analysis and the identification of 1-4 development challenges that are critical to achieving the MDG in Indonesia. In addition, development challenges were selected if they address situations where there is significant discrimination against vulnerable and disadvantaged peoples and if they provide opportunities for multiple impacts by the UN and its development.

In addition to focusing specifically on the MDGs, the CCA also seeks to review how development strategies affect the most vulnerable groups in society. At the heart of this aspiration is the principle of a rights-based development approach. This means putting poor and vulnerable groups at the core of the development agenda while strengthening the accountability of the state and other duty-bearers to communities and families, including through mechanisms for access, participation, and redress. Full compliance with the commitments contained in the international UN conventions and protocols signed and ratified by the Indonesia will further promote a greater respect for the rights of all. This document includes an analysis, for each MDG thematic area, of the key duty bearers and rights holders and their roles, capacity gaps and constraints (see Annex 1: Achieving the MDGs in Indonesia and Protecting the Vulnerable: Key Duty Bearers and Claim holders Tables). In addition, a separate chapter on protecting the vulnerable identifies and highlights the most vulnerable groups in Indonesia.

The UN is committed to supporting the Government of Indonesia in the ratification and implementation of all major international UN conventions, protocols and conferences. The implementation status of these important international commitments are reviewed in this document in relation to the achievement of the MDGs (see also Annex 2: Implementation and follow on UN conventions, protocols and conferences). In regard to following up on international commitments, there is a scope to increase civil societies participation in the implementation of these commitments. At the same time, the on going decentralisation process means that there is a need to increase awareness among local governments of commitments arising from these international conventions and conferences.

The cross cutting issues of population and development, protecting the vulnerable, governance and improving human security by mitigating the effects of crisis and natural disasters are integrated throughout this document (checklists on these cross cutting areas were prepared and used in the preparation of this document and can be found in Annex 3). In addition, there are separate chapters on crisis, population and development and protecting the vulnerable as these encompass a number of critical development issues and challenges not covered by the MDGs. Governance issues are analysed in the context of the MDGs and in the opening chapter on the human development context in Indonesia.

The analysis in this document draws on and aims to support existing and on-going national planning processes including the draft Poverty Reduction Strategy Paper (PRSP), the National Human Development Report- that focuses on costing the MDGs in Indonesia- and the government's Transitional Development Plan 2005 and Medium Term Development Plan 2006-2010. Given the wealth of statistical data contained in Indonesia's Progress Report on the MDGs and the National Human Development Report, both released in 2004, this CCA draws on, but does not replicate the data contained in those documents. In addition, this CCA identifies data gaps where further research would likely strengthen the design of programmes aimed at supporting the achievement of MDGs in Indonesia. The PRSP was prepared in parallel with the CCA, draft copies were made available to the CCA working groups in order to ensure that the CCA is complementary to the PRSP. In addition, the National Planning and Development Agency, a major stakeholder in the development of the PRSP, participated in the CCA Steering Committee and CCA working groups. Once the PRSP is finalized in October 2004, the UN country team will review the quality of document to assess whether there is a need for an additional planning framework i.e. an UNDAF.

1.3 CCA Preparation process

The CCA preparation process involved extensive research, analysis, and consultation. The overall CCA preparation process was managed and Co-Chaired by the Representatives of UNICEF and UNFPA who volunteered and were endorsed by the UN Country Team (UNCT). Nine CCA working groups were established to prepare CCA inputs, each chaired by a UN Head of Agency and comprising of representatives from government, civil society, donors and UN agencies. The role of the working groups was to undertake thematic analysis and identify development challenges for consideration in the development of the UNDAF. Five Millennium Development Goals MDG Working Groups addressed one or more of the MDGs, while four Cross-cutting Working Groups addressed the themes of protecting the vulnerable (as mandated in the opening chapter of Millennium Declaration), population (established at the request of the Government's National Family Planning Board (BKKBN), crisis and governance (the latter two being key enabling factors for the achievement of the MDGs). The nine working groups were:

MDG Working Group 1: Poverty and Hunger (MDG Goal 1) and trade, debt, ODA issues and youth employment issues (MDG Goal 8) Chaired by WFP

MDG Working Group 2: Education and Gender (MDG Goals 2,3) and benefits of new technologies (Goal 8) Chaired by UNESCO

MDG Working Group 3: Health (MDG Goals 4,5, part of 6) and access to drugs (MDG Goal 8) Chaired by WHO

Working Group 4: HIV/AIDs (MDG Goal 6) Chaired by ILO

Working Group 5: Environment (MDG Goal 7) Chaired by FAO

Cross-cutting Working group 6: Conflict prevention, recovery and disaster management Chaired by UNDP

Cross-cutting Working group7: Governance Chaired by UNDP

Cross-cutting Working group 8: Protecting the vulnerable Chaired by UNICEF

Cross-cutting Working Group 9: Population and development Chaired by UNFPA

A CCA and UNDAF retreat in April 2004 in Bangladesh was attended by 5 UNCT members, which allowed the UNCT to learn more about the new CCA and UNDAF guidelines, prepared by the UN Development Group Office (UNDGO), and of good practices from other countries. A CCA workshop was also held in June 2004 in Jakarta to sensitize key government partners to the CCA and UNDAF process and to validate the selection of CCA working groups. The working group chairs organized secretarial support for their own groups. The Resident Coordinator's Office provided funds to allow working groups to hire a consultant to assist them in their analysis and in the preparation of their written inputs to the CCA. In all cases the working groups met several times to identify the scope and nature of their analysis before consultants were hired; this was to ensure that the process was driven by the UN rather than external consultants. A template was prepared for each of the MDG Working Groups as a basis for the preparation of their analysis and written inputs. The terms of reference for the Cross-cutting Working Groups differed in that each had to prepare a checklist of issues to be considered by the MDG Working Groups in their analysis (see Annex 3: Cross-cutting Thematic Checklists for Protecting the Vulnerable, Governance, Population and Improving Human Security by mitigating the effects of Crisis and Natural Disasters). In addition, the Cross-cutting Working Groups prepared written analysis and identified development challenges for those issues that were not covered by the MDG Working Groups. A human rights workshop, led by the regional representative for the Office of the High Commissioner for Human Rights, was held in June for UN staff from the CCA working groups to ensure that the groups adopted and integrated a rights based approach in their analysis.

A steering committee made up the CCA Co- chairs and the National Development and Planning Agency BAPPENAS) provided guidance and coordinated government involvement in the process. As a quality control mechanism, a UN Regional Support Group, led by UNFPA and UNICEF in Bangkok, participated in the CCA workshop and provided feedback on the first draft of this CCA. The Office of the Resident Coordinator was responsible for monitoring and supporting the CCA process at the request of the CCA Co- Chairs.

Part 2: Analysis of the Development Situation in Indonesia

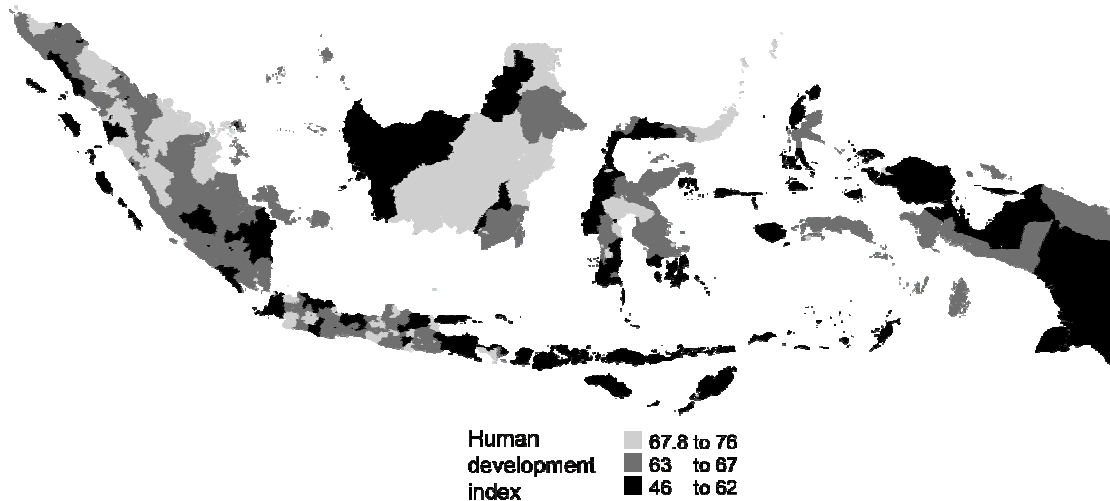
2.1 The human development context in Indonesia

The average Human development index¹ (HDI) value for Indonesia in 2002 was 66, though there are significant differences across the country ranging from 76 in East Jakarta to 47 in the district of Jayawijaya in Papua. On the basis of national trends over the period 1993-99 Indonesia is on track to achieve many of the MDGs by 2015, but these targets will be missed in many provinces and districts. There has been a reduction in income and human poverty levels in the country. Between 1999 and 2002 the proportion of people living in income poverty fell from 23% to 18% while the human poverty index² also fell from 25.2% to 22.7%. But while Indonesia has already achieved the MDG target of halving the proportion of population below the national poverty line, the number of poor in Indonesia continues to be high with over 110 million people (53 percent of the population) living on less than \$2 per day³. The situation of these people living in poverty is

made more vulnerable by the fact that Indonesia continues to under-perform its neighbors in access to basic social services.

To give a more general impression of the variation in HDI across the country, Figure 1 maps the HDI values across Indonesia. This makes it clear the extent to which low and high values of the HDI are scattered across the country.

Figure 1 – Map of human development index by district



Source: National Human Development Report 2004

The state of human development depends on a multitude of sectoral and cross sectoral factors and those critical to achieving the MDGs in Indonesia are addressed later in this document. In addition, Indonesia has recently experienced, and continues to be affected by, a series of wide reaching political, governance and economic events and issues all of which have a potentially significant impact on human development in the country. These include: the country's first democratic elections; decentralization; faltering economic recovery following the Asian economic crisis; systemic corruption; and internal conflicts caused by demands for independence and inter-ethnic and religious tension.

Progress in democracy

Since the economic, social and political upheavals triggered by the 1997/98 Asian crisis, Indonesia has been undertaking an economic and political transition towards a decentralised socially just democracy with a competitive market economy. During this time there have been three successful national elections, as demonstrated most recently by the peaceful and fair April 2004 legislative election when an estimated 84% of the 148 million registered voters took part in the polling⁴ and the June 2004 first round of the Presidential election. The second round Presidential election in September will likely further consolidate the democratic process in Indonesia. Various amendments were made to the electoral laws with respect to the 2004 elections. For the first time, Indonesians are now allowed to directly elect their President and Vice-President. In addition, Indonesians can vote for candidates for a new regional representative's council as a second chamber with limited powers regarding legislation and possessing oversight powers. Other important reforms include the use of a restricted open list proportional system for the National Parliament and for regional parliaments. The increasing consolidation of democracy in Indonesia has strengthened the potential for progress in human development but free and fair elections are only the first step in building a system of government

which truly prioritizes the human development needs of the poorest and protects and promotes human rights.

The decentralization process

In 2001, the government introduced Law No. 22/1999 and Law No. 25/1999 on regional autonomy and fiscal decentralization and these dramatically reshaped Indonesia's system for financing and delivering public services, passing most of the authority to the village, district, and municipality levels. The full implementation of the key laws will allocate over 40% of general government spending and 60% of the development budget to the regions, which are now responsible for 11 key government functions⁵. Responsibility for some 2.2 million central civil servants was reassigned to the regions, along with control over 16,000 service facilities⁶. On the positive side, evidence shows that the decentralization process has increased public participation in local government⁷. However, while authority and power to manage and deliver basic services has been decentralized, the responsible local institutions often lack the capacity to fulfill their new mandates effectively. At the same time, the distribution of functions between the central government and the regions remains unclear and the current formulae for fiscal redistribution raise the prospect of increased regional inequality⁸. Mechanisms for citizen-civil servant communication also need to be created as part of the decentralisation process. Such mechanisms should facilitate the monitoring of local governance structures and decisions by civil society and communities and provide means to address grievances whether these come from civil servants or citizens. Recognising the need to reform and strengthen the decentralisation process, the government has committed itself to revising the Law No. 22/1999. The scope and quality of basic service delivery, especially in health and education, clearly has implications for human development and these issues are analyzed in the thematic chapters of this document.

Faltering economic growth

The Indonesian economy grew by 4.5 percent in 2003 driven largely by private consumption and despite the negative impact of the Iraq War and SARS⁹. This rate is half the average pre-crisis economic growth rates seen in the 1990's and Indonesia is the only crisis-hit country in Asia not to have bounced back to its previous level of growth. At the same time the level of government debt to GDP decreased to 59% by the end of 2003, 38% below its peak level of 1999, which translates to 130 trillion rupiah in interest and principal payments this year. One obstacle to economic growth is the continued low level of investor confidence in Indonesia, caused by political uncertainty, corruption, and weak law enforcement. In 2003, investment grew by only 2.2%, while foreign investment approvals in 2004 fell by 34% to USD3.3 billion compared to a year earlier. Economic growth is an important factor in reducing poverty and generating the resources necessary for human development. While there is a strong correlation between gross domestic product (GDP) per capita and indicators of development such as life expectancy, infant mortality, adult literacy, and political and civil rights, economic growth alone does not guarantee human development. To fully capture the benefits of economic growth for human development there is a need for appropriate pro-poor planning mechanisms, well-functioning governance institutions and increasing investment in human capacities. In addition, by giving people access to employment, they are able to sustain their livelihoods, gain in voice and representation, also in terms of access to improved social services.

Reducing corruption and increasing accountability

According to Transparency International's Corruption Perception Index, Indonesia is ranked 122nd out of 133 countries¹⁰ at the same time an estimated 65% of households have been directly affected by corruption, while 75% of households believe that corruption is widespread in the public sector. The perception and reality of corruption has a major impact on the key duty bearers and claim holders i.e. the effectiveness of government to deliver basic services is reduced by the loss of resources through corruption and at the same time, the ability of the poor to access basic

services is hindered by the need to pay bribes for these services. The government is taking steps to address this issue, most recently through the establishing of an anti-corruption Commission and the adoption of the UN Convention against Corruption. However, in order to address the development challenges identified in this CCA, it will be necessary to consider corruption and accountability issues. Remedial action includes strengthening the capacity of civil servants in the key human development sectors, supporting anti-corruption institutions, in particular the new Anti- Corruption commission and law enforcement agencies, encouraging more open and accountable government and supporting civil society in undertaking a monitoring function; enforcing existing laws and ensuring that they are applied, without exception, to members of the executive, legislature and judiciary.

The impact of crises on human development

Crisis – whether resulting from violent conflict or natural disasters – can have a sudden and dramatic impact on development, and can further entrench poverty and inequality. Crisis is thus a key obstacle to achieving human development, both through shorter-term humanitarian impacts and through its longer-term developmental impacts. The links between crisis and development are circular and multi-dimensional. Crisis undermines development progress, but poor or unequal developmental progress can also contribute to risks of crisis, whether through fuelling horizontal inequalities, or through unsustainable development practices and planning that exacerbate the risks of natural disaster. Freedom from the effects of crisis – through preventing conflicts from becoming violent, and natural hazards from becoming disasters – must thus be considered an essential pre-condition for the achievement of the MDGs. While the approaches required to prevent violent conflict and those required to prevent natural disasters may be very different, the overarching goal of both is to prevent crisis from having detrimental effects on the development aspirations and freedoms of communities. An in depth analysis of crisis and the impact on the MDGs can be found in section 2.7

2.2 Eradicating extreme poverty and hunger

Status of the MDG on Poverty and Hunger

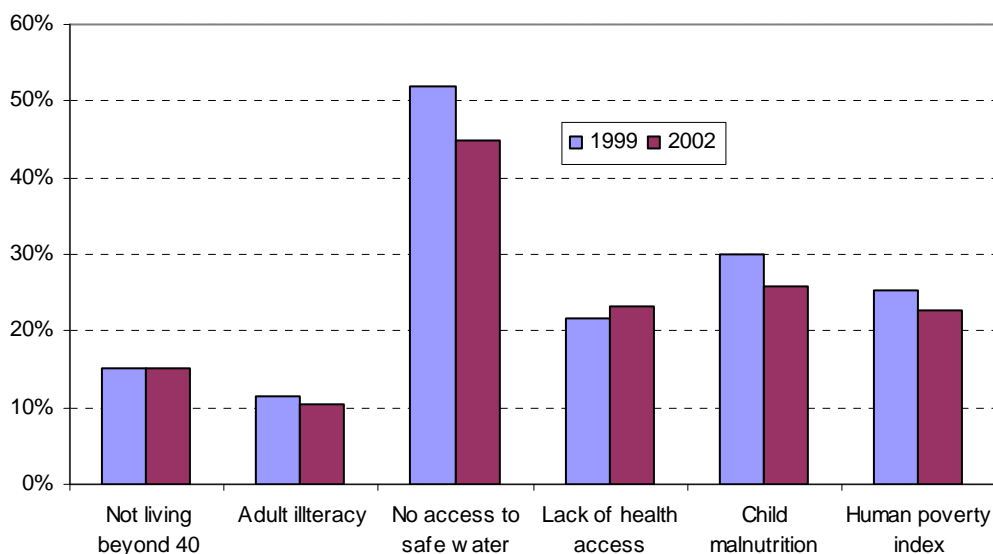
Indonesia is unlikely to achieve **Goal 1: Eradicating extreme poverty and hunger** largely because of slow progress in achieving Target 2 related to hunger. **Target 1**, halving the proportion of population below the national poverty line, has already been achieved with only 7.4% of Indonesians below the international poverty line standard (1\$ PPP) per day¹¹. However, according to the national definition¹², the poverty level has only been reduced from 23.4% (37 million people) in 1999 to 17.4% (37 million people) in 2003. The poverty gap¹³ fluctuated between 2% and 4% from 1990-2002¹⁴ while the mean consumption of the poorest quintile in Indonesia was 20% below the national poverty line in 2000. According to current trends, Indonesia is unlikely to achieve **Target 2**, halving the proportion of people who suffer from hunger. More than one-fourth (27.3%) of Indonesia's children are underweight, 8% of whom, severely so. Stunted growth (34.3%), wasting (15.8%) and nutritional disorders further endanger their fragile health status¹⁵. The proportion of the population below minimum level of dietary energy consumption (2100kcal per person per day) comprises two thirds of the total population (64.58% or 133 million people)¹⁶ and the average percentage of food expenditure to total expenditure was 58.42% in 2002. The average per capita per day calorie consumption was 1986 kcal¹⁷. With hunger defined as consuming less than 80% of the 2100 kcal/capita/day, 12% or 25 million of the population go hungry every day in Indonesia.

Situational Analysis

Indonesia uses its own National Poverty line– based on the per capita Rupiah value an individual needs to fulfill minimum requirement for food (2100 kcal per day). This is 118.554Rp per capita per month in 2003 or (US\$0.47 per day)¹⁸. Poverty is further defined as the inability to benefit from or access economic, social, cultural and political entitlements.

Indonesia's Human Development Index (HDI)¹⁹ fell between 1996 and 1999 and rose again in 2002²⁰. The increase in the HDI reflects improvements in most social indicators (adult literacy, school enrollment, infant mortality and child undernutrition) and reductions in the proportion of people living in income poverty. However, income poverty data fails to reflect other deprivations experienced beyond having sufficient income. Though not as great as the change in income poverty levels, between 1999 and 2002 there were also improvements in Indonesia's Poverty Index (HPI)²¹, which looks beyond the income of the poor to take into account other aspects of peoples lives (probability of not living to age 40, adult literacy, proportion of people without access to safe water, the percentage of children who are malnourished).

Figure 2 – Human poverty index 1999 and 2002



Source: BPS/ Indonesia Human Development Report 2004

Figure 2 shows the changes in the components of the HPI and the HPI itself between 1999 and 2002. This indicates a slight improvement from the position at the height of the economic crisis – falling from 25.2% to 22.7%. This reflects improvements in all the component indicators, except for the proportion of people without ready access to health facilities, which rose slightly.

Despite the obvious physical manifestations of inequality seen in Indonesia's major cities, the Gini coefficient for Indonesia in 2002 was 0.34, which compares favorably with other countries in the region: Malaysia 0.49; the Philippines' 0.46; Thailand 0.41; China 0.4; Laos 0.37; and Vietnam 0.36²². There are also major disparities between region, in Jakarta and Bali for example, 3.4% and 6.9% of the population respectively live below the poverty line, compared to 41.8% in Irian Jaya, 30.7% in East Nusa Tenggara (NTT) and 32.1% in Gorontalo.²³ In addition to those living at or below the poverty line, the number of the "near poor" in Indonesia or the "vulnerable groups" is estimated to be 115 million²⁴. A more detailed analysis of can be found in the chapter on protecting the vulnerable. As highlighted in the National Human Development report 2004, there are variations in the human poverty index²⁵ across Indonesia's regions. But the greatest differences are between the districts. Most provinces cover a fairly broad spectrum of district poverty, typically with low values in the major cities and high values in the remote rural areas. In Papua, for example, they range from 14% in the provincial capital of Jayapura to 51% in remote Jayawijaya.

Underlying causes of poverty in Indonesia

The major causes of poverty and hunger in Indonesia are insufficient budgetary allocations to key human development sectors, unemployment and a lack of adequate livelihood opportunities, the over exploitation of natural resources and hunger. These are discussed in more detail below.

Inadequate public expenditures for human development

Indonesia's public expenditure on health is less than 1% of GDP compared to an average of 2.5% in ASEAN countries. Increasing access to affordable health care is one of the key means to break the circular relationship between health and poverty: poor health, often caused by living in conditions of poverty, reduces productivity and earning potential, which in turn worsens poverty (a more detailed analysis can be found in the chapter on health). Indonesia's poor performance by international standards reflects a low level of investment. Indonesia spends around 1.5% of GDP on education – a proportion far lower than that in many Asian countries. The amount spent is relatively low even as a proportion of the government budget: in 2000/01 Indonesia's proportion, at 10%, was significantly lower than Thailand's 30%, Myanmar's 18%, Bangladesh's 16% and Bhutan's 13%²⁶ (a more detailed analysis can be found in the chapter on education).

A lack of employment opportunities

Another major factor contributing to poverty is unemployment. Unemployment is higher today than it was in the pre-crisis period (9.1 percent in 2003 as compared to 4.7 per cent in 1997)²⁷. Agriculture is still the major employer – absorbing 44% of the workforce in 2001, compared with 19% for industry and 37% for services. In agriculture, however, real wages have been stagnating and in 2002 were still below their levels in 1996²⁸. On the other hand formal sector wages in manufacturing and government service have been increasing. With no social security on which to fall back, the unemployed are often forced to take whatever work they can find in the informal sector. Taking this into account, roughly one-third of the labour force is probably either unemployed or underemployed. Unemployment disproportionately affects youth in Indonesia, for people aged 15 to 24 unemployment is a 24%.

Poverty and environment linkages

In terms of environment and poverty linkages, it is estimated that more than 50 million people in Indonesia are directly dependent on forest resources, while two thirds of the Indonesian population live less than 100 km from the coast and rely on fish for 60% of their animal protein intake. The multidimensional and dynamic nature of these poverty-environment linkages poses two fundamental challenges for environmental management—the need to manage and sustain the long-term capacity of the environment to provide the goods and services on which human development depends, and the need to ensure secure and equitable access by the poor to environmental assets and the benefits that they can provide. (For a analysis on the overexploitation of environmental resources see the chapter on the environment).

Hunger and malnutrition

Hunger and poor nutrition are both a consequence and cause of poverty. In Indonesia, low levels of calorific intake and poor nutrition are not due to a lack of food, rather a lack of economic resources means that the poorest households can not afford to buy food. At the same time., the cost of treating illnesses created by hunger and poor nutrition place a further burden on already poor households, which can lead to increased poverty. In terms of hunger and nutrition the lowest three Monthly Per Capita Expenditure (MPCE) classes²⁹ (MPCE) classes consume 1249 kcal, 1322 kcal and 1488 kcal per capita per day, which are less than 60, 63 and 71 percentages (respectively) of the required calorific intake. Approximately 12% of the total population falls within these groups. National, provincial and even district level food sufficiency (in terms of cereal production) has therefore not translated into food security for the poorest households. Low average calorie consumption rates are also associated with lower levels of macronutrient intake (carbohydrate, protein, fat etc.), which in turn increases the prevalence of micronutrient

deficiency diseases (e.g., anaemia), especially among women and children. These micronutrient deficiency diseases (often termed as 'hidden hunger') are pervasive and widespread problems that cannot be ignored, and have direct links with child health, education, maternal health and mortality. For example, 26% women of reproductive age, 40% pregnant women, and 48% of under-fives are anaemic. In addition, Iodine Deficiency Disorders, as indicated by goiter rates in school children are on the rise from 9.8% in 1998 to 11.1% in 2003). The consumption of adequate iodized salt (> 30 ppm) can prevent Iodine Deficiency Disorders, however, in 2003, only 25% of households had access to the salt³⁰. Although, the clinical manifestation of Vitamin A deficiency (xerophthalmia) has been eradicated from the country, the deficiency level is still a serious public health issue. The major causes for under nutrition are inadequate nutritional intake and high morbidity rates. Improper child care and feeding practices, poor maternal nutrition, poor personal and environmental hygiene, and inadequate access to health services all compound the severity of under nutrition.

Poverty and gender

Between 1997 and 1998, the number of women who earned wages below the poverty line doubled from 11 percent to 22 percent³¹. Girls and women in poor, rural communities are among the most disadvantaged people in the country. In rural areas, almost 90% of women work in the agricultural sector³², without access to services and facilities that could assist them in establishing greater economic security for themselves and their families. Women are poorer than men because they are often denied equal rights and opportunities, lack access to assets and do not have the same entitlements as men. They also carry the burden of reproductive and care work and represent the majority of unpaid labour. As such, women in rural communities are rarely able to develop their full potential or play a full part in development.

Youth and poverty

Youth, young people aged 15 – 24 years, in Indonesia tend to be at higher risk at poverty than their adult counterparts for three reasons: firstly, many households with high dependency rate (with above the average number of children and dependent youth) are below the poverty line, especially in rural areas; secondly, evidence suggests that poverty from one generation is often passed on to the next one. Many young people coming from low-income households, where their parents hold low status and low wage jobs, are often forced by the financial need of their family to enter the labor market at an early age. They typically end up in low-paid and precarious jobs, with no prospect for the future; and thirdly, young people are vulnerable to poverty in the transition from dependency to independency and from school to work. They find it difficult to get a productive job because their poor knowledge of, and weak integration into, the labor market. In addition, young workers are cheaper and easier for employers to lay-off. The vulnerability of youth is further aggravated by their high mobility from rural to urban areas, though migration might also offers a route of escaping poverty.

Young people are at particular risk of falling into poverty in times of economic downturns. During the Indonesian economic crisis, while the overall poverty rate doubled (from 12% in 1996 to 24% in 1999) the number of poor youth increased dramatically from less than 2 millions to 11 millions. Since the peak of the crisis, Indonesia has been successful in lowering poverty among young women and men, though this decline has been somewhat smaller than the drop in the overall poverty figure. In 2002, there were 8.6 million poor youth, representing 15% percent of the youth population and 22% percent of the 38.4 million poor in the country³³.

The government's response to poverty

The Government had at least four nation-wide programs to alleviate poverty; (1) Program established with the Presidential Instruction for Disadvantaged Villages (better known as *Inpres Desa Tertinggal*), (2) Program initiated by BKKBN for Family Welfare Development (better

known as Takesra and Kukesra), (3) the Income Generating Project for Marginal Farmers (P4K) and (4) the twin Urban Poverty Reduction Program (P2KP) and Kecamatan Development Program). Since the economic crisis, which began in 1997/1998, the Government implemented a large scale Social Safety Net Program (known as JPS) for people affected by the crisis in order to help those receiving public services in health, education, food, and employment. In addition, the government is preparing a National Poverty Reduction Strategy (SPKN), the poverty eradication policy is split into four pillars: expansion of opportunities; community empowerment; enhancement of capacity; and human resources and social protection.³⁴ However, the poverty reduction strategy development process has suffered from a lack of consultation with and dialogue between key development partners in Indonesia and more needs to be done to define target indicators for reducing poverty and assess their fiscal implications³⁵. In monetary terms, the government budget allocation for poverty alleviation is very small, ranging between 12.8 – 18.8 trillion Rupiah in the last three years. In 2004 the amount allocated for poverty reduction programmes is 18.8 trillion Rupiah, about 7.5% of the central government's total budget³⁶.

For more analysis of the rights and obligations of key duty bearers and claim holders involved in promoting reducing poverty and hunger see Annex 1b.

Implementation of relevant UN conventions, conferences and treaties

The Government of Indonesia produced National Plan of Action on Food and Nutrition (2000) in part as follow up to the International Conference on Nutrition, Rome 1992 and the World Food Summit, Rome 1996. There is a need to strengthen coordination between the four key government bodies with responsibility for implementing the action plan, these are: Ministry of Agriculture, Ministry of Health, National Standards Agency and the Food and Medicine Control Agency. See also Annex 2: Implementation and follow on UN conventions, protocols and conferences.

Development Challenges

Creating and supporting social security mechanisms

Currently only a minority of Indonesians are covered by formal social security schemes. An effort should be made to extend the coverage of social protection schemes to a wider group of people, including those in the informal economy and in particular vulnerable groups. To extend the coverage, the governance and financing of the social security institutions needs to be strengthened. Many Indonesia's poor work in unproductive, insecure and hazardous conditions. With slow economic growth, durable job creation decreases and the labor surplus cannot be absorbed, and this leads to migration from formal to informal sectors as a crucial coping mechanism. Appropriate social security mechanisms can reduce the burden of migration in times of adversity and protect those already working in the informal sector. The informal sector employs almost two-third of the total workforce. Specific actions include: a) increasing the recognition of the informal sector through a better understanding of those most vulnerable and their needs; b) reviewing and reforming employment and social assistance policies in order to provide a more enabling legal and policy framework; c) developing social security programmes that build or existing coping mechanisms and provide for new mechanisms when appropriate; d) building partnerships, including with the private sector, to ensure a more comprehensive and integrated approach to developing and managing social security programmes.

Creating employment and livelihood opportunities

Combating unemployment requires the formulation of an integrated policy aimed at creating a climate that is conducive to investment and maintains a good balance in worker-employer relations. Recent political reforms and democracy have encouraged a greater demand for an improvement in the rights of workers, and this has generated friction between workers and employees as well as a certain shift from labour-intensive production methods to capital-intensive

ones³⁷. Specific actions include: a) increasing the emphasis on the creation of durable employment creation in national planning and poverty reduction strategies; b) providing revolving fund or micro credit for small-scale businesses following the Grameen Bank model; c) provision and improvement of business facilities and infrastructure such as marketing, information technology, financial and transportation networks; d) encouraging and supporting Indonesians to work based on the experience of the Philippines where the government activity promotes and regulates overseas employment; e) developing an integrated approach to the support of this small and medium enterprise (SME) sector, through basic business training, advisory services, strengthening linkages between small and large enterprises, enhanced credit access, and advocating for a supportive policy and legal framework; f) promoting the participation and inclusion of youth and their related employment issues in government planning processes; and g) creating more political and institutional space for increased voluntary participation and active citizenship (and volunteer works need to be better managed and publicized).

Improving nutrition and eradicating hunger

There is a need to ensure that the poor, especially women and young children, have access to adequate nutritious food at an affordable price and nutrition education. High rice prices have a major impact on the number of individuals living below the poverty line and on the quality of their diet. Specific actions include strengthening existing government programmes. A key social safety net programme, RASKIN – the subsidized rice programme for the poor - has succeeded in reducing the number of moderately underweight and the disparity between girls and boys faced with underweight, but has not been able to reduce severe underweight and stunting. Statistics show that the percentage of the poorest quintile with access to these programmes has not changed significantly over the decade³⁸. There is therefore a need to improve the targeting mechanism and operational management of RASKIN. In addition, effective agricultural policy coupled with the use of the Special Programme for Food Security (SPFS) e.g. Aquaculture – using irrigated rice fields also for fish farming³⁹, could further contribute towards achieving sustainable food security. There is also a need to increase access to nutritional education for the poorest and most vulnerable groups. Eradication of hunger relies heavily on the ability of the government to establish and enforce good governance policies; of particular importance is the need to develop participatory processes that involve the poor (especially women) in programme formulation, monitoring and evaluation and policy formulation at the macro level.⁴⁰

Linking poverty reduction and environment management

It is estimated that more than 50 million people in Indonesia are directly dependent on forest resources, while two thirds of the Indonesian population live less than 100 km from the coast and rely on fish for 60% of their animal protein intake⁴¹. Given the strong linkages between sustainable livelihoods and natural resources in Indonesia, there is an urgent need to effectively link poverty reduction and environmental management. Specific activities include: a) improving governance to create a more enabling policy and institutional environment for addressing the poverty-environment concerns of the poor, with particular attention to the needs of women and children; b) enhancing the assets and capabilities of the poor to expand sustainable livelihood opportunities and to reduce the poor's vulnerability to environmental hazards and natural resource-related conflict; c) improving the quality of growth to promote sound environmental management and protect the environmental assets and livelihood opportunities of the poor.

2.3 Achieving Universal Primary Education

Status of the MDG on Education

Indonesia is on track to achieve **MDG 2, achieving universal basic education**, though further emphasis needs to be placed on achieving secondary education enrolments rates. There are a number of indicators related to **Target 3**, ensuring that children everywhere, boys and girls alike,

will be able to complete basic education. By 2003, *net enrolment in primary education* had reached 96.4%.⁴² The number of children who complete primary education, however, is still low. The *proportion of pupils starting grade 1 who reach grade 5* has remained more or less stable over the past 5 years, standing at 82.2% in 2002, while the *proportion of pupils who complete primary school* dropped to 74.4% after reaching 75.1% the previous year⁴³. Dropout rates have declined since 2000, and the 2002 figure for the whole of Indonesia for children aged 7–15 was 2.8%⁴⁴. However, the national rate disguises considerable regional variation: average primary dropout rates of around 2% in Java contrast with rates of more than 8% in Papua. Similar discrepancies are found at junior secondary level.

At *junior secondary level*, *enrolment* increased from 77.5% in 2001 to 81% in 2003⁴⁵, but 2002 figures reveal a considerable disparity between urban (72%) and rural (54%) areas⁴⁶. Slightly more girls than boys are enrolled at both levels of basic education. Fewer than 50% of children go on to finish junior secondary, however; the *proportion of pupils starting grade 1 who complete the full 9 years of basic education* is just 46.8%, though this figure does indicate an increase since 2000 (44.4%)⁴⁷. There is also considerable variation between provinces in junior net enrolment rates ranging from between 65%-80% in Jakarta, North Sulawesi and Bali to between 40-45% in Papua and Gorontalo.

Enrolment at senior secondary school has risen overall, but the female-to-male net enrolment ratio (NER) is less than 100%, and this declined slightly between 1998 and 2002. Overall enrolment at tertiary level fell slightly in 2003 (11.7%) compared to the previous two years (12.1% in 2001 and 12.7% in 2002)⁴⁸. Just under 3.5 million people were enrolled in Indonesia's 2,692 higher education institutions in 2002/2003—about 14% of the total population aged 19–24⁴⁹. Here the gender gap becomes much wider, although progress has been made: the female-to-male enrolment ratio increased from 85.1 to 92.8 between 1992 and 2002⁵⁰. There is also a much more pronounced urban-rural disparity in higher education, with a gross enrolment ratio (GER) of 19.9% urban and only 3% rural⁵¹. There is considerable variation between provinces in primary net enrolment rates ranging from between 90%-95% in Yogyakarta, North Sumatra and Central Java to between 75-85% in Papua and Gorontalo.

Pre-school education is not considered to be part of the formal education system (though there is some confusion over this issue in the 2003 National Education Law⁵²). According to the *Education for All National Plan of Action*, 16.2 percent of children aged 4–6 are enrolled at kindergarten (including 3% at Islamic kindergarten)⁵³. The government plans to increase the rate of participation of children aged 0–6 years in education services, through various modes of delivery, from 28% in 2001 to 75% by 2015⁵⁴.

Literacy among 15 to 24-year-olds increased slightly to 98.7% in 2003 from 96.9% 10 years earlier.⁵⁵ Female literacy in this age group is still slightly lower than that of males, but has risen over the past decade. However, literacy among the population aged 15 and older is only 89.5%, and there is a wider gender disparity (85.7% for women, 93.5% for men), with the gap being more pronounced in rural than in urban areas⁵⁶.

Situational Analysis

This analysis focuses on access to and equity in education, the efficiency of the education sector and the quality of education. The key determining factors for access to and equity in education include: public spending on education; the impact of the decentralisation process; private sector and non formal educational facilities; and gender equity. Each of these is addressed below.

Public spending on education

The right to education is clearly stated in the constitution. In 1994 the government introduced a Nine-Year Compulsory Basic Education Programme, covering six years at primary school and three years at junior secondary school. Indonesia's constitution commits the government to spending 20% of the state budget on education. Actual expenditure has consistently remained much less than this. Even the 'ideal' expenditure targeted in the Ministry of Education's National Plan of Action: *Indonesia's Education for All*, in order to offer equal access for all boys and girls to high quality education, would amount to Rp 58 trillion annually—still less than 20% of the budget, but considerably more than the estimated Rp 33 trillion central and local governments are currently spending on providing basic education⁵⁷. In fact, despite the government's oft-stated commitment to improving education, expenditure on this sector has increased little in recent years and remains well below that of Thailand, Malaysia or even India. The national education budget for 2004 accounts for 7.76% of total government expenditure, almost the same as in 1999⁵⁸. As a percentage of GDP, expenditure on education is even lower.

The impact of decentralisation on education

Since the decentralisation initiative went into effect in 2001, basic education provision has been the responsibility of district governments, but there is still some confusion about exactly which functions and authorities are being decentralised. A lack of clarity surrounds the issue of funding. Law 20/2003 on the National Education System states that education funding is the responsibility of the government, local government and the public, and further stipulates that *both* levels must allocate a minimum of 20% of their budgets to education (not including teachers' salaries).⁵⁹ This requirement is clearly not met. Currently most of the funding comes from the central government in the form of special allocation funds to the district governments as well as funds for school rehabilitation through block grants transferred directly to schools. These subsidies, however, do not always correspond to needs as indicated by a region's human development index (HDI), and the cost of achieving universal, quality education is, for many districts, considerably beyond their current budgets.

Although the 2003 Education Law states that the public should bear part of the responsibility for education funding, Article 11 declares that national and local governments must guarantee funding for every citizen between the ages of 7 and 15. Rather confusingly, Article 12 states that every child whose parents cannot afford schooling has the right to a bursary and mentions that all students are obliged to bear a share of the costs of education. Article 34 then states that national and local government must guarantee that primary education is free of charge.⁶⁰ These issues may yet be clarified through technical directives (Government Regulations and Ministerial Decrees), but the reality is that parents have to make a considerable contribution towards schooling costs in the form of incidental fees, books, uniforms, transport etc. In a country still suffering the impact of the 1998 economic crisis, where 18.2% of the population is officially classified as living in poverty⁶¹, this creates a huge burden, adding to the cost of foregone income as potential earners—children—are kept in school. This situation is reflected in the fact that more than 50% of children who started grade 1 failed to complete basic education in 2002. An overwhelming majority of those not attending school, in both rural and urban areas, stated cost constraints as the reason⁶². Clearly, access to education is weighted against the poor.

Article 8 of Law 20/2003 states that the public have the right to participate in the planning, implementation, monitoring and evaluation of education. In spite of the control maintained by the central ministry, decentralization should allow greater opportunities for the public to demand better performance and greater accountability from their school systems. In addition, the law mandates that Board of Education and School committees be established, and 318 of the 420 districts now have such committees. The committees comprise of CSO representatives, teachers, p[arents], and local government officials. There remains a need to develop a fair, standardised and open mechanism for appointing members to these committees.

Education and poverty

There is a difference in the enrolment rates of the poorest and the richest quintiles at all levels of education, though this gap has declined between 1993 and 2002⁶³. At the primary education level, the enrollment rates for the richest quintiles was 10% higher than the and poorest quintile in 1993 and this declined to 5 % in 2002. At junior secondary level during the same period the gap was 30% in 1993 and 20% in 2002. At the senior high school, the gap was almost 50% in 1993 but declined to 30% in 2002. The gaps are most likely were caused by the limited ability of the poor to pay school fees, which become higher at the secondary and high school level. The distance from house to school also becomes longer at the higher education levels. Primary schools are built close to major centers of population, while Junior secondary and high schools are mostly located at the sub-district or district levels.

Private sector education

Indonesia has a high rate of private enrolment compared to other countries in the region. While a high level of community participation in education is something to be encouraged, this situation highlights the government's limited capacity to provide basic educational services. In 2000, 15.9% of children enrolled at primary level were in private schools, and 42.7% at secondary schools. In Malaysia, the corresponding figures were 2.9% and 5.8%, and in Thailand 13.6% and 6.6%⁶⁴. For the most part, privately funded education serves poorer communities. Students generally have to pay almost 100% of the fees, so it is something of a paradox that, particularly at junior secondary level, the majority of private school students are from the most disadvantaged backgrounds—children who cannot meet the entrance requirements for state schools.

Islamic schools, or *madrasah*, account for the largest share of private education. The *madrasah* school system began in colonial times as a community initiative, and the majority of schools are owned by foundations. Authority over the *madrasah* school system is in the process of transition from the Ministry of Religious Affairs to the Ministry of National Education. *Madrasah* schools receive some subsidies from the local government in the form of teachers, small financial support, and rehabilitation funds. Though *madrasah* schools follow the curricula developed by the Ministry of National Education in addition to religious subjects, there is little supervision over how they are implemented,⁶⁵ and the quality of education these schools provide is generally low⁶⁶. The fact that *madrasah* are generally attended by poor children (fees are often very low or waived completely) further widens the disparity between the quality of education available to the poor and the better-off. The relatively high proportion of Islamic-based education is highlighted in the data on school numbers. In academic year 2002/2003, *madrasah* accounted for 13.6% of the total 169,147 primary schools and approximately one-third of the 32,322 junior secondary schools. At senior secondary level, just under a quarter (3,795) were *madrasah*.⁶⁷

The current situation, which forces many children to seek educational services from the private sector, which is often of lower quality, is contradictory to the principle of the rights of children and the spirit of the education law. This is especially critical at junior secondary level, where 47.6% of all schools are private.⁶⁸

Non-formal and special needs education

In 1999/2000, some 42,200 people were enrolled in adult literacy programmes. People who did not complete primary or secondary school can continue their education through a series of accredited equivalency programmes. In 1999/2000, 71,242 people were following the 'Packet A' primary equivalent programme, while 220,713 followed the Packet B (junior secondary) programme.⁶⁹ The government also provides 'Packet C', a senior secondary equivalent programme. Under the Education for All action plan, 100% of dropouts at both primary and junior secondary levels will be accommodated in these non-formal programs, which cover

literacy, numeracy and life skills. Other modes of non-formal education include business study groups and apprenticeship programmes.

Complete data for the numbers in other non-formal, vocational and technical training are unavailable. Data on access to education for special groups such as street children and remote communities also should be identified⁷⁰. In some cities, projects have been set up to provide life skills and literacy training for street children. However, life skills are not taught in either primary or junior secondary schools. As a result, children who drop out of school are not sufficiently prepared to cope with the demands of work or life beyond the school/family environment.

A total of 45,466 children were enrolled in special needs education in 2002/2003.⁷¹ Most special needs education is provided privately. The government is committed to the principle of inclusive education, in line with international practice. This will begin with pilot programmes for mainstreaming physically handicapped children. This is an area where substantial expertise, including from UN agencies, will be needed to facilitate the process and ensure the rights of children with special needs are upheld.

Gender equity in schools

Although slightly more girls than boys are enrolled at primary level, national data clearly indicate that girls' participation falls at higher levels of education. One explanation is the persistence of cultural and religious attitudes that regard males as the providers for the family and confine females to domestic and carer roles. Further education is therefore seen as irrelevant for girls when parents consider it more important for their daughters to marry and start a family; indeed, it is not uncommon for girls in rural areas to be married by the age of 15. Such gender stereotyping is still widespread in education, and even among girls who go on to more advanced levels, it is reflected in their relatively low representation in technical, engineering and science subjects. In 2000/2001, female students accounted for 18.5% of students study industrial engineering at vocational senior secondary schools, 29.7% of those studying agriculture and forestry. Low representation in science subjects narrows the range of career opportunities open to women when they leave school and, at the same time, sustains the under-supply of technically qualified people in the labour market.

Efficiency in the education sector

The high rates of repetition and dropout from basic education not only suggest that many children are leaving school before they have acquired adequate literacy skills, but also raise serious questions about the internal efficiency and management of schools. In 2002/3, repetition at primary grade 1 was almost 8%. The percentage decreases with each grade, but still needs serious attention, given the demonstrated links to dropout rates. At junior secondary level, the repetition rate is also highest in grade 1. This indicates possible problems of transition between early childhood and primary, and between primary and secondary⁷². For example, the grade 1 curriculum assumes a certain level of pre-education, which many children have not had access to. Likewise there may be a mismatch between what is expected of children entering junior secondary school with what they have actually been taught at primary school.

Dropout rates at both primary and junior secondary levels are, in general, higher outside Java than on the island of Java. Papua, Bangka Belitung, West Kalimantan and Maluku have the highest primary dropout rates. Maluku also has one of the highest rates at junior secondary level, along with North Maluku, Bengkulu, Central Kalimantan and Central Sulawesi. The most common reason for non-attendance at school, as noted earlier, is financial constraints within the family—which can only be exacerbated if children are forced to repeat grades. It would be logical to assume that dropout rates would be highest in the poorest provinces, where low incomes are a barrier to school attendance and health and developmental problems caused, among other things,

by poor nutrition, can lead to low achievement levels (between 1996 and 2002, 25% of children in Indonesia under age 5 were malnourished). However, some relatively rich provinces, such as Papua and South Kalimantan, also have high dropout and/or repetition rates. Likewise, we could expect to see high dropout rates in provinces that have suffered the impacts of internal conflict in recent years. This is evident in Maluku and North Maluku, which have very high dropout rates. However, primary dropout rates are also high in Bangka Belitung, which is neither very poor nor conflict-torn.

The quality of education

A compulsory basic education system should be able to equip children with the skills and knowledge they need to either earn a living or continue their education to higher levels, and to be able to take advantage of technological advances. Extremely high unemployment (40%) and underemployment (47% in rural areas, 18% in urban areas) among 15 to 24-year-olds suggest that such knowledge and skills are not being delivered⁷³.

Under the 2003 Education Law, the basic curriculum framework is prescribed by the Ministry of Education. Individual schools or educational organizations are free to develop this to accommodate local contexts and needs, under the coordination of the local education authority. In practice, there seems to be little room for variation, particularly as assessment (at secondary level) is carried out from the centre and does not adequately take into account either the competency-based curriculum or the disparities in school quality across the country. Further, the Law stipulates that the language of instruction is Indonesian, which could put children in remote communities at a disadvantage. However, the need for flexibility within methods of instruction—for example, explanations in the first language—will be taken account of in forthcoming government regulations.

Curriculum content does not seem to meet the demands of a society that is increasingly technology-based. At junior secondary level, there is still an emphasis on Indonesian language, civics and religious education (9 hours per week), while just 2 hours are allocated for vocational skills and ICT. This increases the risk of a widening digital divide as young people, especially outside major urban centres, lack the skills to take advantage of technologies that are rapidly becoming indispensable in the world of work. The final three years of basic education should add considerable value to a person; in fact, it seems that there is little difference in earning power between employees who completed nine years of education and employees who did not progress beyond primary school.

Many schools fall below the minimum teacher standards set by the government. At primary level, only 62.5% of teachers have appropriate qualifications. This rises to 72% at junior secondary level, but still means that more than a quarter of junior high school teachers are not properly qualified to teach⁷⁴. In addition, infrastructure is inadequate, especially in rural areas. Although the government predicts that by 2008, all junior secondary schools will be equipped with a laboratory and a library, and 50% of primary schools will have a library, current figures are probably much less. There are no data on computer or internet access in schools. What is clear is that many students are forced to learn in unacceptable conditions. In 2004 fully 79% of primary schools are deemed to be in varying states of disrepair, with almost 16% categorized as being in extremely poor condition. Almost 8% of junior high schools are considered to be in poor condition.

For more analysis of the rights and obligations of key duty bearers and claim holders involved in achieving universal primary education see Annex 1c.

Implementation of relevant UN conventions, conferences and treaties

Indonesia ratified the UN Convention on the Rights of the Child (CRC) in 1989. In practice, Indonesia still clearly falls short of the obligation to guarantee the right to education for all children. However, many of the principles of the Convention have been incorporated into national legislation:

- 1945 Constitution (amended 1999): states that education is free for every citizen and that 20% of state budget to be allocated to educational development (reaffirmed in Law No. 20/2003 on National Education)
- Law No. 20/2003 on the National Education System
- Law No. 23/2003 on the Protection of Children: adopts the CRC
- Law No. 25/2000 on the National Development Program 2000–2004: adopts the CRC and EFA

Indonesia is also committed to achieving the Millennium Development Goals, including Goal 2: Achieving Universal Basic Education. These goals, as well as the principles of the Dakar Framework for Action on Education for All (2000), have been incorporated into the National Plan of Action on Education for All. See also Annex 2: Implementation and follow on UN conventions, protocols and conferences.

Key Development Challenges

Increasing access to education and promoting gender equity

Indonesia is still struggling to guarantee all children their right to a basic education. In addressing this issue, it is important to take account of regional differences in resources and needs. Education services need to be designed so that they can be accessed by all—including people in poor, remote or otherwise marginalised communities. Access for all calls for flexibility and the provision of a range of both formal and non-formal options. With responsibility for educational management now devolved to the district level, it should be possible for local administrations to plan and deliver services that are tailored to the specific needs of the district concerned. Such needs relate to the demographic characteristics of the district, the demands of the local labour market, development priorities, existing infrastructure etc. as well as the need to ensure equitable access. Before this issue can properly be addressed, however, it will be important to clarify areas of central and local responsibility. Here the UN could usefully play a role in helping to strengthen the definition of what is being decentralised in terms of school-based management.

In this context, an important step will be to strengthen the capacity and quality of Community Learning Centres to deliver literacy programs, life skills training and vocational training. These programs should prioritize students who have not been able to complete basic education and will need to include a strong focus on technology training to bridge the ‘digital divide’ and prevent marginalised people and communities from falling further behind as the country becomes increasingly technology-based.

Given the resource constraints, flexibility is key. Local authorities will need to find ways to make optimum use of existing resources while ensuring that the services delivered are high quality, relevant and add value for those who participate. Better integration between the formal and non-formal systems could help to create effective, supportive learning communities shared by children, youth and adults. There are a number of programs and pilot projects across the country that could potentially be replicated in other regions. Local education authorities can be supported to identify and adapt suitable programs to fit local conditions.

Addressing gender inequities in access is important. Although boys and girls are participating more or less equally in education up to junior secondary level, the enrolment gap widens at more advanced levels of education. Data on participation in technical/engineering studies also indicate a gender bias that suggests that girls are not getting the same support as boys to either continue with their education or to pursue studies that will give them more advantages on entering the

labour market. This indicates a need for the development of gender strategies at various levels to improve girls' access to further and higher education.

At the local education authority/school level, measures to improve gender sensitivity will need to address gender stereotypes in teaching/learning materials and reinforcement, by teachers, of social, cultural and religious attitudes that diminish women's status and rights. A particularly sensitive approach will be required where religion, or religious symbolism, plays a very prominent and visible role in public life, as in Aceh, and in the Islamic-based education system. Outside school, advocacy and awareness-raising activities could help to change such attitudes in the community/home. To allow for accurate monitoring of progress towards gender equity in education, all educational statistics will need to be disaggregated by gender.

Particularly in more remote parts of the country, language may be a barrier to access to basic education, since the 2003 Education Law stipulates that Indonesian is the language of instruction. Some investigation may be needed into whether increasing the scope for the use of local languages would improve participation and achievement, at least at primary level.

Improving youth employability

Although in Indonesia, basic education goes beyond primary to include the junior secondary level, the additional three years apparently add little value in terms of employability: young people completing the nine years of compulsory education are not being equipped with the skills and strategies they need to be able to secure stable employment and higher incomes. The very high rate of unemployment and underemployment among youth indicates that stronger links are needed between the basic education being provided and the specific demands of the world of work. Young people—including those who have dropped out or are at risk of dropping out—need formal and non-formal educational opportunities learn skills and competencies that will make them more competitive in the labour market. At primary school, children need to be taught life skills to help prepare them to handle the challenges of life outside school, and to lead healthy and productive lives. By continuing their education, junior secondary students should be able to expect a significant expansion in their knowledge, thinking skills and practical skills that give them a clear advantage in the labour market over people who have only completed primary school. Students at both junior and senior secondary levels need exposure to the world of work to facilitate their transition to an environment where “new skills and different attitudes are required”⁷⁵. In a school-to-work transition survey carried out in early 2002,⁷⁶ only 38% of young people surveyed had taken part in work experience programmes. Clearly there is an opportunity here for education authorities and school boards to cooperate with local businesses, chambers of trade and employers' organizations to scale up such opportunities.

In schools, a greater emphasis on life skills—including developing competencies in problem solving and analysis—and vocational and technology subjects could give students more options upon leaving school, but care must be taken to ensure that girls get the same access and support as boys. Advice about the job market, career guidance and job-seeking skills training provided through schools would also result in better-informed, more employable school leavers. Currently, few schools offer this type of service. For out-of-school youth, community learning centres can be the delivery point for such services.

The informal economy absorbs a substantial proportion of the workforce, especially the poor. Many young people who set up small businesses cannot expand them because they lack both capital and business skills. Current SME support schemes do not address the needs of young, poor entrepreneurs with little education.⁷⁷ This is a gap that could be filled by acknowledging self-employment as a viable career option and providing training in basic entrepreneurial skills in secondary schools and community learning centres.

For planning purposes, education authorities will need to monitor changes and trends in the local and national labour markets as well as to track the career paths of young people who take part in such training. This will call for strengthened coordination between the Ministry of National Education and the Ministry of Manpower.

Improving the quality of education and vocational training

High dropout and repetition rates compared to those of other countries in the region suggest internal school inefficiencies and inadequate preparation for the transition to higher levels of education. A first step towards addressing this issue will be the nationwide implementation of Minimum Service Standards, covering, among other things, school governance, teacher competencies, student learning, the teaching and learning process, school facilities, school finance and unit cost per student-year. These standards should cover non-formal as well as formal education, and be supported by quantitative and qualitative performance indicators, including regional indicators where appropriate, in order to put quality control and assurance mechanisms in place at the national, district and school levels. A comprehensive education management information system should be developed to support implementation.

Attention will need to be given to the issue of assessment. Though the national curriculum in the formal education sector is now competency-based, assessment still focuses on cognitive memory elements. This mismatch puts students at a disadvantage and makes it difficult to properly assess the quality of the teaching and learning going on in schools. Considerable investment in capacity building for teachers, administrators and planners is needed to help them implement both the minimum service standards and the CBC, and to develop and manage appropriate assessment systems.

With proper funding and technical assistance to support capacity development in local education authorities, decentralization opens up the opportunity for schools and communities to take on more responsibility for managing and using their own resources more effectively. Greater involvement by the community should promote improved accountability and raise the quality of education available to all. The problem of low capacity at district level will continue to be an obstacle to effective implementation, however, unless sufficient inputs are focused on building capacity in management, planning, monitoring and evaluation. There is also considerable scope to increase the sharing of knowledge and good practices between local education authorities.

Within the issue of quality, some areas require special attention. In areas of ongoing conflict, such as Aceh, or regions where conditions are extreme, such as Papua, children's rights to education are in danger of being overlooked. In such areas ways must be found to ensure that the provision of educational services is maintained in accordance with a set of minimum workable standards intended to ensure that children are equipped with the basic skills until normal conditions can be restored or achieved. The UN can play a role in the development and implementation of these standards, which will be different to the Minimum Service Standards developed by the Ministry of Home Affairs and the Ministry of Education. Central to the need to provide people with the education and skills required in the labour market is the national vocational training system. There is considerable scope for increased investments in the quality and relevance of vocational training as well as developing comprehensive standards and skills certification mechanisms.

2.4 Promoting Gender Equality and Empowering Women

Status of the MDG on Gender

Indonesia is making slow progress towards **MDG 3, promoting gender equality and empowering women**, and **Target 4**, eliminating gender disparity in primary and secondary

education by 2005 and in all levels of education no later than 2015. *The ratio of girls to boys in primary education, as measured by net enrolment (NER) for girls and boys, is 97 %, while in junior secondary education, slightly more girls than boys are enrolled.*⁷⁸ However, the female-to-male NER at senior secondary school is less than 100%, and this declined slightly between 1998 and 2002.⁷⁹ At tertiary level, the female-to-male ratio increased from 85.1 in 1997 to 92.8 in 2002⁸⁰. Girls/women get 6.5 mean years of schooling, compared to 7.6 for men⁸¹. *Female literacy among 15 to 24-year-olds* is only slightly lower than that of males, and has risen over the past decade, but overall (15 years and older), there is a wider gap. This gap is more pronounced in rural (89.1%) than in urban areas (94.5%).⁸² *The share of women in wage employment in the non-agricultural sector* declined from 37.6% in 1998 to 28.3% in 2002.⁸³ This can possibly be attributed to the effects of the 1997-8 economic crisis, during which a greater proportion of women than men were laid off. Overall, though women slightly outnumber men in terms of population of working age (71 million females to 69 million men in 2000⁸⁴), women comprised only 37.5% of the workforce in 2002⁸⁵, and are disproportionately concentrated in the informal economy⁸⁶. In some provinces, the disparity is considerably higher than the national figure, and the pattern has changed little since 1999. *The proportion of women in the national parliament* remains low. After declining from 12% during the 1992–97 period to just 9%, or 44 seats out of 500, in the last parliament (1999–2004), the percentage of female legislators rose to 11.1% at the April 2004 general election, when women were elected to 61 of the 550 seats⁸⁷. Women's representation on regional legislative bodies after the 2004 election is 21.09%⁸⁸. Nevertheless Indonesia still ranks higher than many other countries in the region, including Japan and Korea, on the gender empowerment measure (GEM), which was 54.6.

The overall position of women in terms of human development can be indicated by the gender-related development index (GDI). In 2002, Indonesia's GDI was 59.2, compared to the 65.8 for the HDI (the overall human development index), due principally to lower literacy, fewer years of schooling and a smaller share of earned income.⁸⁹ But although women on average have a longer life expectancy than men, the maternal mortality rate in 2000 was put at 307 per 100,000 live births,⁹⁰ compared with a regional average of 210 for Southeast Asia.⁹¹ During the Asian Financial Crisis of 1997, female workers in Indonesia were extremely challenged.

Situational Analysis

The principle of equality between men and women is enshrined in the 1945 Constitution. Nevertheless, gender inequities are still institutionalized by law, religion and society.

Existing social, religious and cultural norms recognize men as the head of the family and women as wives and mothers. The 1974 Law on Marriage states explicitly that the husband, as the head of the family, must protect and provide for the family, while the wife's duty is to manage the household. The same law permits polygamy, and a lower minimum age at marriage for women than for men. Traditional and discriminatory attitudes are also institutionalised in other legislation, e.g. regarding divorce; inheritance and land ownership; access to credit; entitlement to benefits; tax; and the need for a husband's (or father's) consent to get a passport, work at night or for certain health matters⁹². All of these diminish women's economic security and control over their lives. The continued existence of such legislation clearly reinforces sociocultural values that work against equal access and control for women and girls in economic, social and political affairs, and exacerbates women's economic insecurity.

With wide cultural and ethnic diversity across Indonesia, these forces operate in different ways in different parts of the country. In Aceh, greater regional autonomy has allowed powerful groups to reassert and formalize traditional, patriarchal values; one outcome is that women are now required to wear the Muslim headscarf in public. More data are needed on the gender roles and values associated with other cultures and ethnic groups in the country and how they restrict

women's freedom and participation, but it is clear that efforts to promote greater gender equity will often require context-specific approaches. For health related analysis, in particular as it relates to maternal health, see the chapter on 'Improving maternal and child health and combating other diseases'.

In terms of political participation, the government has tried to increase the participation of women in parliament with the issuance of the Law No. 12/2003 calling for 30% of political parties nominated candidates to be women. Representation of women in parliament remains low at 8.8% out of 500 members in 1999 and 11% in 2004.

Gender and education

Persistent gender stereotyping clearly plays a part in explaining why fewer girls continue their education beyond junior secondary level. Social and cultural attitudes in families and the community that place less importance on women's role as wage earners and more on their role in the home are often reinforced at school through teaching methods and textbooks, most of which are authored by men. These expectations are also reflected in girls' choices at higher levels of education: only 18.5% of industrial engineering students at vocational senior secondary schools were female, compared to 64.6% in business, management skills and hospitality⁹³. A lack of female role models in more senior or prestigious positions or in traditionally 'male' fields may also be a factor in both the gender disparities in school enrolment and women's lower representation in certain fields; at primary school, teachers are more likely to be women, while at more advanced levels, men dominate.⁹⁴ More gender disaggregated data are needed to show the percentage distribution of female and male teachers and heads, by education stage and position; gender disparities (among students and teachers) in vocational training and at tertiary level, by region and field of study; and gender disparities in ICT, science or engineering professions, by field and level.

The government is trialling different delivery modes in order to include girls and young women in technical education, by, for example, integrating formal and non-formal education, community and private sector support to learn marketable skills—including those in traditionally 'male' occupations—for which there is a demand in the community. This is having some success, and suggests that providing women with access to this kind of skills-based education may be more successful in getting them more involved in science and technology-based fields than S&T education at higher levels.

The gap between male and female adult illiteracy rates noted in the first section indicates that women are at a disadvantage in terms of access to information, better paid employment, and participation in public affairs, among other things. This suggests a need to investigate women's participation in and barriers to non-formal learning.

Gender and technology

Women have traditionally been sidelined from technology, which is still largely considered a male domain. With low levels of education and literacy, especially in rural areas, women are not equipped to take advantage of technology—be it ICT to access information and support entrepreneurial activities, or agricultural technology to improve inputs and outputs in farming. Accurate data are unavailable, but there are several indicators of women's low representation and participation in the use of technology. Women account for less than 30%⁹⁵ of R&D in science and technology; female enrolment on ICT courses in tertiary colleges is just over 30%⁹⁶; just 18% of the women enrolled at state universities in 1997 were studying maths, science or technical subjects, and only 24% of women have access to the internet.⁹⁷ Women's participation in non-formal education, which provides skills training for a range of occupations, including technology-based work, is generally lower than that of men⁹⁸—one explanation is that taking care of both

domestic and income-generating activities often leaves women with little time for anything else. NGO studies suggest that ICT use by women is concentrated in end-user, lower skilled jobs, and is concentrated in urban areas: women's access to ICT is minimal in rural areas, where they are unlikely to have the necessary education and skills to use technology.⁹⁹ It is principally this lack of appropriate skills, combined with inadequate infrastructure, which results in a digital divide.

It appears that a small but growing number of women are bridging the divide and actively using ICT: a number of mailing lists and websites, set up and run by women are emerging as venues for discussion of gender issues, indicating the potential of ICT use for women's empowerment.¹⁰⁰ However, these initiatives are likely to be concentrated in urban areas among educated women.

Efforts are being made to promote technology use among women. The Ministry of Research and Technology's *Warintek* initiative aims to connect rural areas with markets and information through technology information kiosks that provide internet access and information on appropriate technology for rural communities. Some efforts have been made to ensure access for women: district governments in North Sumatra and Papua allocated 30% to 50% of the *Warintek* training places at local ICT academies to women, with women as trainers. Accurate gender-disaggregated data on the take-up and impact of *Warintek* throughout the country are, as yet, unavailable.

The Science and Technology Innovation for Community Development Project of the Indonesian Institute of Sciences (LIPI) aims to ensure that every year, about 50% of the project beneficiaries are women at the village level. This project began in 1998 during Indonesia's economic crisis, and supports the development of food process technology and agricultural technology as the main technologies that benefit women. Evaluation of this project shows that it has addressed the strategic as well as the practical needs of women in rural communities.

A necessary background to women benefiting from technology is that women have access to generating technology. The government is addressing this through approaches that highlight the role of women in science and technology. The recently established National Committee on Gender, Science and Technology is an important step towards raising awareness and coordinating policy on integrating women in to science and technology, as are government and private sector enterprise awards.

Gender and labour

Women in the workforce are usually assumed to be either single (and therefore childless) or supplementary income seekers and consistently receive significantly lower salaries than men for the same work¹⁰¹. For the same reason, women employees are not entitled to equivalent family allowances and health benefits and are less likely to get the same career development opportunities as men. Women face similar constraints on recruitment opportunities. While women are under-represented in the workforce, they are more likely to be working part-time or very long hours. They are also less likely to be self-employed and half as likely as men to be employers.¹⁰² The sectors where women have the greatest representation, agriculture and trade, are generally less regulated and less well paid than other sectors; moreover, women are considerably over-represented as unpaid family workers.¹⁰³ Women are less likely to achieve senior positions: although women comprise 38% of civil servants, they account for only 16% of those at senior levels¹⁰⁴. Studies on the manufacturing sector indicate that while 90% of unskilled jobs in certain manufacturing sectors, e.g. the electronics and garment industries, are done by women,¹⁰⁵ only slightly over one-third of the leader/senior manager positions are occupied by women.¹⁰⁶ And as noted in the first section, only 11% of the incoming national legislators are women. This under-representation at senior and decision-making levels almost certainly contributes to women's continued low status in the labour force. Even among trade unions, which

should be strong advocates for enforcing women's rights and equity in the world of work, women account for only 1% of the leaders but 40% of their membership.¹⁰⁷

The external barriers to women's advancement in the labour market are relatively clear, but internal constraints also appear to come into play. Not all women are willing to enter the workforce; moreover, women may be more inclined to turn down promotions when they are offered. This reluctance is probably related to insufficient support at home for child care and household management—which are still overwhelmingly the responsibility of women, whether they work or not—or active discouragement from husbands. However, more investigation is needed into why women choose not to work, or take their career to higher levels.

The lack of options in the labour market has prompted many women to seek work overseas in the hope of better wages, if not status. While precise data are lacking, it is estimated that there are some 2.5 million Indonesian migrants working abroad.¹⁰⁸ More than 70% of the 387,000 registered Indonesians who leave the country each year to work overseas are women, the majority of them domestic workers.¹⁰⁹ Despite hundreds of cases every year of abuse, non-payment of wages and extortion both in the destination countries and in Indonesia, very little has been done to provide protection for migrant workers, or to provide adequate pre-departure preparation for them.

Gender and decision making

Indonesia's decentralization of many administrative and decision-making functions from the centre to the districts 'brings politics closer to home' and potentially widens the opportunities for greater participation by civil society, including women. But at the local level, women are constrained by their lower levels of education and social power, and a lack of awareness of their right to participate in the political process. Law 12/2003 requires each political party to ensure that 30% of its candidates in a general election are women, but this was not strictly enforced during the 2003 election. Law 12/2003 was preceded by Presidential Instruction No. 9/2000 on Gender Mainstreaming, which ordered all government agencies, including local governments, to implement gender mainstreaming in the planning, formulation and implementation of all policies and development programmes. Other than this, no gender-sensitive frameworks/mechanisms have been developed specifically to increase women's participation in local government.

Gender and reproductive health

Maternal mortality rates in Indonesia, which are among the highest in Southeast Asia, continue to be a major cause for concern. Although the national figure fell from 450 maternal deaths per 100,000 live births in 1986 to 307 in 2000, the regional figures are more alarming: 1,025 in Papua, 796 in Maluku and 686 in West Java in 1985.¹¹⁰ The gap between rich and poor in access to adequate obstetric care is significant: only 21% of poor women are supervised by skilled birth attendants, compared to 89% of richer women.¹¹¹

Women's reproductive and sexual health rights are weakened by the prevailing socio-cultural beliefs and values concerning gender roles, which in turn are supported by legal and policy instruments such as the 1974 Marriage Law and family planning programmes that have focussed strongly on women. The issue of reproductive health education for both girls and boys needs to be addressed.

Gender and violence

Attention to the issue of violence against women (VAW) has increased since the mass rapes that took place during the May 1998 riots. But domestic violence is still largely considered a 'private' matter, and police and the legal system are usually reluctant to intervene. There are limited data on VAW; most is generated by NGOs—some of which have established crisis centres—and

women's desks that have been set up at police stations in some cities. However, most women have limited awareness of their rights, and are reluctant to report violence for fear of reprisals and social stigmatization. The government has taken steps to address women's issues by setting up 'Women's desks' at police stations under a memorandum of understanding between the police, the Ministry of Women's Empowerment and the Ministry of health.

Female genital mutilation is still practiced in many parts of the country, and is not illegal. Procedures range from non-invasive, symbolic acts to incision or excision of the clitoris.

For more analysis of the rights and obligations of key duty bearers and claim holders involved in promoting gender equality and empowering women see Annex 1d.

Implementation of relevant UN conventions, conferences and treaties

Indonesia has ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), ratified in September 1984. Indonesia is also committed to achieving the Millennium Development Goals, including Goal 3: Promoting Gender Equality and Empowering Women. These goals, as well as the principles of the Dakar Framework for Action on Education for All (2000), have been incorporated into the National Plan of Action on Education for All.

Article 27 of the 1945 Constitution confers women and men with equal access to and control over economic, social and political affairs. Other relevant national legislation and policy includes:

- Presidential Decree No. 9/2000 on Gender Mainstreaming
- Presidential Decree No. 88/2002 on the Elimination of Trafficking in Women and Children
- National Plan of Action 2001–2005 on the Elimination of Violence Against Women (may be upgraded to a Presidential Decree.)
- Law No. 12/2003 on Indonesian Political Parties. Although this requires each party to ensure that 30% of its candidates for election are women, it was not strictly enforced in the recent general election.

See also Annex 2: Implementation and follow on UN conventions, protocols and conferences.

Key Development Challenges

Increasing awareness of gender equity issues

Gender inequities in Indonesia occur in all spheres of life and the impacts vary across these spheres. In most cases, inequities persist because of a lack of awareness—of women's human rights to social, economic and political equality, of alternatives to the prevailing socio economic and socio cultural arrangements, and of the benefits of having educated, skilled, healthy and empowered women participating fully in the country's development.

Addressing the issue of gender inequity clearly begins with raising awareness on the rights, alternative and benefits mentioned above. Efforts are being made in this direction. The government's gender mainstreaming initiative is aimed at raising the profile of gender issues in policy development, legislation, resource allocation, and program planning, implementation and monitoring across all sectors and at all levels. Within this initiative, an important next step will be to identify and analyze key issues in each sector- by supporting capacity development for gender analysis and gender budgeting- and urge ministries to develop gender responsive programs to address them.

Such programs need to be considerably fine-tuned at the local level. Given Indonesia's social, ethnic and cultural diversity, building in gender sensitivity and developing gender equity calls for a flexible approach to design and delivery in provinces and districts. In Aceh and West Java,¹¹² for example, the perpetuation of traditional gender roles that disadvantage women are justified by

certain interpretations of religious (Islamic) teachings. Prevailing sociocultural norms in rural North Sumatra, meanwhile, dictate that women do the majority of the agricultural work and are introduced to it at an early age. Boys are encouraged to study; as adults, they control the sale of the produce. Women have little control over the income¹¹³. Here, planners might have to address the implications and potential impacts, on families and communities, of women leaving the agricultural sector. A quite different approach might be adopted in cultures where women play a more prominent role in managing family income.

A close investigation of the type of family and community dynamics described above should be undertaken at the early stages of programme planning. Currently, data on cultural, religious and regional differences in gender roles and stereotypes are lacking, and this needs to be addressed. Once it is available, it will enable not only better-targeted interventions but also an assessment of where existing programs could be replicated. In addition, further work is required to increase awareness, rights and recourse regarding violence against women.

An assessment of existing laws and policies is needed to identify those that discriminate against women. Subsequent advocacy efforts calling for appropriate Legislative changes could be done through the IFPPD (Indonesian Forum of Parliamentarians on Population and Development) and other channels.

Targeting skills development and education programmes at those most in need

The challenge is to identify relevant and appropriate skills and technologies that can be introduced or developed within the community and can contribute to poverty alleviation.

Partnerships between vocational and technical schools and local NGOs/CSOs, in consultation with community leaders and local businesses, can develop demand-driven models for the development of appropriate, marketable skills. The involvement of the local business sector from the outset is a critical factor in ensuring that the skills to be provided are compatible with the needs of the local labour market and that employment opportunities will be available. Community Learning Centres have potential as a modality. Set up to provide adult literacy programmes, education and skills training, they also serve as centres for community information and advisory services and development activities. An evaluation of the lessons learned from existing poverty alleviation/women's empowerment projects will indicate how they can be scaled up and/or replicated in other areas.

Addressing the Gender Disparity in the Labour Market

The promotion of gender equality in the world of work is essential to any successful poverty-reduction strategy, but equally important is the underlying fact that quality jobs, quality public services and other support services are fundamental in the promotion of equal opportunities for all. Globalisation can result in serious gender disparities and heightened job insecurity and marginalisation, lending itself to the practice of gender discrimination in the workplace and labour market, and retarding economic development.¹¹⁴

Recognition of the importance of providing equal access for boys and girls to education and training is one of the first components of an enabling tool for achieving gender equality in the world of work. But it has to be realized through the provision of equal employment opportunities, and treatment, in the workplace. Measures such as workplace equal employment opportunity (EEO) policies, which can address issues like maternity protection and pay equity, are crucial in addressing gender disparities and discrimination (including other forms of discrimination), in the workplace and labour market.

2.5 Improving maternal and child health and combating other diseases

Status of the MDGs

This chapter on health covers Goals 4, 5 and part of Goal 6 dealing with reducing child mortality, improving maternal health and combating malaria and other communicable diseases respectively. (HIV/AIDS, although part of Goal 6, is covered in a separate chapter). Indonesia is on track to achieve **Goal 4, Reducing child mortality**. Regarding **Target 5**, reducing by two thirds the under-five mortality rate, the infant mortality ratio (IMR) decreased significantly over the last few decades, from 128 in 1960 to 35 per 1,000 live births in 2002 while the under-five mortality (U5MR) rate also decreased, from 216 in 1960 down to 46 in 1991. The proportion of children aged from 12 to 23 months of age who received at least one dose of measles vaccine either before the age of 12 months¹ increased from 57.5 per cent in 1991 to 71.6 % in 2002¹.

Goal 5, Improving maternal mortality and its associated **Target 6**, reducing by three-quarters the maternal mortality ratio, is unlikely to be achieved in Indonesia without significant extra effort and commitment. The estimated maternal mortality ratio (MMR) ranges from 300 – 400 maternal deaths per 100,000 live births.

Indonesia is putting strong efforts to achieve **Goal 6, Combating HIV/AIDS, malaria and other diseases**. **Target 7**, halting and reversing the spread of HIV/AIDS, is dealt with in the chapter on HIV/AIDS. Regarding **Target 8**, halting and reversing the incidence of malaria and other major diseases, the current malaria specific death rate is estimated at 11 per 100,000 for men and 8 per 100,000 for women. For tuberculosis, the death rate is estimated at 786 cases per 100,000 people.

Situational analysis

Impact of decentralisation on the health sector

The political and socio-economic decentralization process has a tremendous impact on the national health system of Indonesia. No longer are the provinces and districts directly under the control and administration of the Ministry of Health in Jakarta. Provinces, and particularly districts, now develop and budget independently their own health plans and receive funds directly from the Ministry of Finance. This arrangement has effectively broken the once weak, but unified, national health system into numerous smaller and, and save a few similarities under certain guidelines, almost entirely independent health systems. Some flourish as a result of the decentralization and enhanced local planning authority while others wither due to lack of attention to the health sector, weak governance and poor planning at local government level.

In the context of decentralisation, the Ministry of Health is struggling to set standards, monitor, supervise and coordinate the decentralized local health authorities. As an example, one of the immediate casualties in the national health system under this rapidly changing environment is the near collapse of the national health information system, which was already weak before the decentralization. Health information including health investment and expenditure data is incomplete thus making judgments on current sector conditions and trends very difficult to assess. At the local level, the lack of guidance and compliance has caused the near total absence of reporting on the health situation in many districts. The disease surveillance system, which was once quite well established, is now greatly weakened.

Public health expenditures

While the country's health sector is experiencing a major transformation, its expenditure on the health sector by all levels of government remains low by any international comparison. The most recent estimate is that total government expenditure on health as a percentage of Indonesia's GDP is well below 1%, and total expenditure on health (public and private expenditure together) is below 3% of GDP. In the absence of adequate public funding, out of pocket expenditure by

¹ Indonesia Millennium Development Goals Report, GoI, 2004

individuals constitutes the bulk of the overall health expenditure, but total private spending is also low by international comparisons. Not only is health expenditure very low but there are strong indications that it is both inequitable and inefficient. Benefit incidence analysis shows very clearly that subsidies to public hospitals are captured disproportionately by the rich, while subsidies to primary care services are more evenly distributed across socio-economic strata. Out of pocket expenditure on health is highly skewed, since the poor spend a smaller percentage of a smaller absolute income on health. The data suggest that the poor simply cannot afford the higher cost services offered by either public or private providers. On efficiency, the main indicator from expenditure data is the high percentage spent on drugs of all types, many self-prescribed, many of dubious therapeutic effectiveness and many at unnecessarily high prices. There are multiple non-financial indicators of inefficiency in the public provision of health services, such as staffing input patterns and low capacity utilisation of hospitals and primary care facilities alike.

Human resources in the health sector

The Ministry of Health has developed a Policy for the development of the Health Workforce 2000-2010. One of the recommendations was the institution of the Board of Health Human Resources Development and Empowerment, which became operational in 2002. Nevertheless, key human resource issues remain unresolved and include: the lack of a personnel management system in most health facilities, unclear roles and responsibilities, little accountability, very poor reward system and a salary level in the public sector that few can sustain themselves on; no clear links between the demand and supply of professionals; poor quality control in the health education and training sector; and poor planning due to a lack of data and weak information systems.

Access to medicines

While 'access to medicines', as a concept, is easy to grasp, it is difficult to measure. This is largely due to the fact that access to medicines comprises 3 major elements: physical access (or availability), financial access (or affordability) and geographical access. In Indonesia, the situation is further complicated by the fact that the information system for public sector drug supply and management collapsed in the wake of decentralisation. As a result, there currently are no comprehensive data covering the entire nation. Some specific survey data do exist in the country. All of them highlight that there is an enormous variation in budgets for and availability of medicines among districts. The surveys indicate that there is to a certain extent, a lack of access to and availability of medicines in certain areas and population groups.

Indonesia has a strong Drug Regulatory Authority, which is responsible for the registration of medicines as well as quality control and inspection. Thus, the quality of medicines moving through regular and authorized channels is generally believed to be controlled and acceptable. However, the presence of counterfeit drugs, as evidenced by occasional reports of seizures, is a challenge to the health sector. Combating counterfeit drugs requires a tremendous amount of resources and close collaboration of other sectors.

Another challenge to the health sector is the quality control of traditional medicines, many of which are produced by small-scale manufacturers. These medicines are widely used in Indonesia. In addition, the safety and effectiveness of many traditional medicines have not been tested and monitored.

The use of and prescription of drugs in Indonesia is often not very rational both in the private and public health facilities due to a variety of reasons, including a lack of awareness and objective information among both prescribers and patients. Questionable marketing and advertising

techniques and the absence of a critical attitude among the patients/general public are other factors. Standardized protocols and prescription practices are greatly needed.

Child mortality

As noted in the status of the MDG above, the IMR and U5MR rates in Indonesia have decreased significantly over the last few decades. Despite these achievements, the IMR in Indonesia is still unacceptably high. The current IMR indicates that each year, around 190,000 children die of mostly preventable causes, before their first-birthday. The variation in both IMR and U5MR rates between provinces is wide, with West Nusa Tenggara (NTB) having the highest U5MR (103), which is almost five times higher than in Yogyakarta (23). These same disparities can also be seen between urban-rural and poor-rich families. The three direct main causes of child mortality are: perinatal causes, acute respiratory infection (ARI) and Diarrhea for IMR and ARI, Diarrhea and Neural diseases for the U5MR. Malaria and malnutrition are also major underlying causes of child mortality. One third of infant deaths occur within the first month after birth and approximately 80% of these during the first week of life. These are the result of poor maternal and neonatal health status, substandard access to and quality of maternal and child health services and the non-conducive care seeking behavior of the community. Vaccine-preventable diseases (except for Polio and Neonatal Tetanus) are still a problem. Overall recent immunization figures reflect a positive trend although only 31% of children receive the Hepatitis B first dose and measles outbreaks (up to 30% primary school children are susceptible) still occur. Universal Child Immunization in 2003 was not achieved in 31% of villages.

Young people's health

Youth, young people aged 10 – 24 years, make up 28% of the total population of Indonesia. Reproductive health problems among adolescents have been increasing in the past few years. Premarital sexual activity, unwanted pregnancy and STI including HIV/AIDS have all increased in this age group. Unfortunately data on adolescent's reproductive health in Indonesia is still very limited. For example, the 2002-2003 Indonesian Demographic Health Survey (IDHS) indicates that the highest percentage among married women (15-19 years) becoming mothers occurred when they have 18 to 19 years old with 13.6 per cent and 20.9 per cent respectively". In Indonesia the number of illegal abortions is around 2.3 million cases a year and 15 per cent among them are conducted by adolescent girls below 20 years of age. Teenage mothers are more likely to experience adverse outcomes and maternity-related mortality than more mature women. Accessing reproductive health care services is difficult for young people largely due to a lack of awareness of available facilities, a lack of supportive policies, and cultural/societal barriers related to sex and reproduction. The health of young people is also compromised by the use and abuse of substances such as alcohol, tobacco, pharmaceuticals, volatile solvents, illicit drugs and other psychoactive substances.

Reproductive and Maternal Health

The high maternal mortality ratio (MMR) is a critical issue in Indonesia. Different studies report a wide range of estimates of MMR from 300 – 400 maternal deaths per 100,000 live births has been generally accepted as the prevailing level. This level means that two women die every hour from pregnancy due to complications during delivery, late referral to hospital services and poor emergency obstetric care². Data from various sources show that there is substantial variation in MMR between provinces, the ratio varies from 266 in Sumba Barat (NTT) to 561 in Ciamis (West Java). Other dimensions of maternal health that receive less attention include reproductive health problems that affect women before, during and after their childbearing year such as reproductive tract infections. In regard to anti-natal care, data from the shows a slight increase in ANC provided by health providers, from 89 percent in 1997 to 92 percent in 2002. Most of them

² Indonesia reproductive Health profile 2003

(almost 80 percent) have complied with the recommended frequency of minimum ANC visits. The proportion of births attended by skilled health personnel has increased steadily from 40.7% in 1992 to 68.4% in 2002. There are disparities among provinces with Southeast Sulawesi having the lowest rate (35 per cent) and Jakarta the highest at 96 per cent and also between levels of income: 89.2 per cent of women in the middle or upper income bracket had access to skilled health personnel compared to only 21.3 per cent of poorer women. Modern contraceptives play an important role in reducing unwanted pregnancies and deaths from unsafe abortions. The contraceptive prevalence rate in Indonesia has increased from 50.5 per cent in 2000 to 60.3 % in 2002-2003 while the estimated unmet need for contraceptives is 9%. Emergency obstetrical care (EmOC), that includes caesarean facilities, is available at almost all district hospitals, though field observations reveal that these services are underutilized due to geographical barriers and the high cost involved.

The major direct causes of maternal death are hemorrhage (28%), eclampsia (24%), sepsis (11%), abortion complication (6%), obstructed labor (5%), and others (26%)³. The underlying causes of reproductive and maternal ill health include: chronic energy deficiency is a contributing factor to maternal mortality (in 2002, 17% of women of reproductive age suffered from chronic energy deficiency; the prevalence of anemia (51% among pregnant women and 45% among post partum women); lack of skilled birth attendance (the proportion of births attended by health professionals has only increased by approximately 28%, from 40.7 in 1992 to 68.4 in 2002); poor quality training of midwives; and shortages of medical equipment and supplies; insufficient access to contraception; social and cultural barriers – such as low awareness of and priority for safe motherhood issues among communities including decision makers

Communicable diseases

In Indonesia, the communicable diseases with the greatest impact on the poor and most vulnerable include: malaria; Tuberculosis (TB) Leprosy; Lymphatic Filariasis; Dengue hemorrhagic fever; and Zoonoses.

Malaria

Nearly half the Indonesian population – more than 90 million people – lives in malaria endemic areas.¹¹⁵ There is a strong degree of variation between Java-Bali (low incidence) and the Outer Provinces (high incidence). The National Household Health Survey¹¹⁶ (2001) estimated the malaria-specific death rate at 11 per 100,000 for men and 8 per 100,000 for women.

Immediate causes of Indonesia's malaria problem are: a highly favorable environment for vector breeding; a large variety of vector species in many different ecological habitats; high levels human exposure in rural areas; and additional high-risk exposure through livelihood activities (forest, mining, plantations, aquaculture). Underlying causes are limited coverage of effective vector control interventions; the high cost of interventions (bed nets, insecticides, larvicides); drug resistant parasite strains; human-made expansion of vector-breeding areas (e.g. aquaculture, mangrove-clearing, pit-mining); human mobility; limited access to health facilities in remote rural areas; and the ineffective treatment of malarial symptoms based on local belief systems.

Tuberculosis

Indonesia ranks number three amongst the 22 highest burden countries for TB. The estimated incidence is 256 per 100,000 people and 115 per 100,000 people for new sputum smear-positive cases. The estimated multi-drug resistance is 0.7% among new cases and the TB-HIV co-infection rate is 0.6%, a relatively low rate at the moment⁴. Although effective intervention, i.e., DOTS, is available to deal with TB and the Ministry of Health has been rigorously promoting

⁴ WHO Global Tuberculosis Report, Geneva, 2004

DOTS in the country, case detection is still far from the target value, which stood at approximately 37% in 2003. The treatment success rate however has been within target at 86% in 2001. There are a number of challenges in dealing with the current TB situation, lack of management capacity at provincial and district level, insufficient expansion of the DOTS to other health facilities in both public and private sectors, lack of trained staff and the unstable health sector reform conditions are major obstacles to achieving the MDG goal. Despite the ongoing decentralization process there is still limited management capacity at Provincial and District level to deal with TB. DOTS is mainly implemented at Health Centers level; other health providers, such as lung clinics, have been included in DOTS system only in 2003. Hospitals and private practitioners have not been involved so far.

Leprosy

Indonesia ranks third among the countries in the world with the highest leprosy burden. The number of registered cases in 2003 was 16,800. However, as a country it has achieved the global target of less than 1 case per 10,000 population. Nevertheless, there are many districts and provinces, especially poorer areas, which are far from achieving this. Efforts to detect and treat cases are therefore necessary in the coming years.

Lymphatic Filariasis

Indonesia is committed to the global goal of eliminating lymphatic filariasis as a public health problem by 2020 and a comprehensive national programme has been developed. This disease is still a significant health problem in the country, leading to social and economic deprivation of the endemic communities, especially those who are poor and marginalized.

Dengue hemorrhagic fever

Major outbreaks of Dengue have ravaged the country over the last few years, killing a high number of children. Control strategies and appropriate treatment guidelines have been developed. But implementation of timely and appropriate control measures is still hindered by institutional inefficiencies in the newly decentralised health sector.

Zoonoses

Diseases like Rabies, SARS, BSE and Avian Influenza have alerted the national authorities to the need for closer inter-sectoral collaboration both at the national and local level. They have also revealed the very weak surveillance system for infectious diseases and the need for a much better outbreak response system.

Non-communicable diseases

Non-communicable diseases (NCD) are becoming a major threat to Indonesia. The 2001 Household Health Survey reveals that among people over 25 years of age, 27% of males and 29% of females have hypertension, 0.3% suffer from ischemic heart diseases and stroke, and 1.2% from diabetes. Furthermore, 1.3% male and 4.6% female are obese. Cancer contributes to 6% of all deaths while cardiovascular diseases have become a major cause of death since early 1990. In addition, mental disorder is rapidly emerging as a major cause of loss of productive life. Factors contributing to the rise in NCD mortality and morbidity are multiple. Major risk factors are unhealthy life styles such as smoking, lack of physical exercise, poor and unhealthy diet and food intake, aging, stress, cultural and social factors, and late diagnosis due to inefficient and inadequate early interventions. The major NCDs are: mental health; disabilities, accidents and emergencies; tobacco related diseases.

Mental health

It is estimated that 12.3% of productive days lost are due to mental and neurological disorder and this is projected to rise to 15% by the year 2020. Immediate causes include increasingly stressful conditions, both in families and work environments coupled with political and security instability. The problem is exacerbated by a lack of clear understanding of mental health problems at community level and community stigmatization.

Disabilities, accidents and emergencies

The prevalence of blindness is estimated at 1.5% of the total population, more than half is due to cataract. It is estimated that 1.5 million people have cataract blindness with an annual incidence of 0.1% or 210,000 new cases. One of the main contributing factors is high exposure of ultra violet and lack of awareness in protecting the eye. On the other hand, the current capacity for cataract surgery is only 80,000 per year creating a huge backlog. Several international NGOs are committed to provide funding to increase the cataract surgical rate. To address this problem, the Ministry of Health has finalized the National Policy and Strategy to prevent and control blindness. However, implementation of this strategy will be likely hindered by a lack of funding and commitment as the government does not consider cataract blindness a priority. In regard to deafness, 18.5% of the population suffers from ear problems and 0.4% suffers from hearing impairment. The most prevalent cause of deafness is otitis media, congenital defects, ototoxic drugs, noise and degenerative process.

Indonesia is prone to natural disasters but a series of conflicts and other man-made disasters in recent years have also caused disabilities and loss of many people's lives. The health care system is not yet capable of dealing adequately with complicated emergencies and major health emergencies including large scale accidents involving mass casualties and/or health needs of large number of IDPs. There is an urgent need to establish a disaster preparedness system at the community level and to improve the current disaster prevention measures at central, district and community levels. Obviously, the improvement will have to include a substantial expansion of the current health/medical, social and rehabilitative services for the physically disabled and for those who suffer from trauma, infections and burns as a result of disasters and accidents.

Tobacco and health

Based on production estimates, Indonesia ranks fifth in the world among countries with the highest cigarette consumption. Adult male smoking prevalence is 62.2% (2001), while the prevalence of smoking amongst women is still low, 1-3% (2001). The proportion of the population exposed to passive smoke due to family members smoking at home was estimated at 49% of the total population, or more than 100 million people. It is estimated that 70% of all children 0-14 years are regularly exposed to passive smoke, or more than 45 million children. Tobacco also increases the poverty of individuals and their families. Among low-income households, spending on tobacco comprises more than 9% of total household expenditure, often exceeding expenditures on education and health care. Evidence suggests that huge economic losses for the national economy occur as a result of high health care costs and lost productivity caused by tobacco related deaths and diseases. A strong tobacco industry lobby has also effectively stopped Indonesia from signing The Framework Convention on Tobacco Control (FCTC)

For more analysis of the rights and obligations of key duty bearers and claim holders involved in improving maternal and child health and combating other diseases see Annex 1e.

Development challenges

Increasing the capacity of local and national/central government to manage and deliver health services

The government's decentralisation process has resulted in new mandates and roles for both the central and local governments many of which lack the capacities to undertake these activities. At the central government level, the current roles and responsibilities of the MOH ought to be changed in response to the decentralization process. The capacity of the Line Ministry (i.e., MOH) to lead and manage the decentralized national health system should be enhanced. In addition, there is a need for the national and lower level governments to mobilize more resources for the health sector. Further, there is a need to strengthen and support local health care providers especially in the critical areas of child mortality and reproductive and maternal health. Specific actions include: a) undertaking capacity needs assessments for institutions involved in service delivery, budgeting and management at the local level; b) developing appropriate institutional and personnel capacity development programmes; c) addressing the need to synchronize and coordinate programmes and activities at all levels; d) increasing the participation of communities, civil society and the private sector in the implementation, co-financing and decision-making processes of health service provision; e) increasing accountability by improving the regulatory framework, creating oversight and co-operation procedures and institutions, and setting up of financial distribution systems; f) strengthening the implementation and monitoring of the government's "*Standar Pelayanan Minimal / SPM*" (Minimum service standard) for local governments; and g) strengthening reproductive commodity security especially after BKKBN decentralized its roles and function in 2003.

Improving the health of young people

There is no comprehensive and integrated national policy with related strategies to address the health of youth and existing programmes often focus on sub-groups of youth e.g. youth and HIV/AIDS, youth and tobacco, youth and reproductive health, etc. As a result, there is no comprehensive approach and there are no or few programmes focusing on the health of youth as a whole. Young peoples health needs are interrelated and require an integrated and multisectoral approach, distinct from adult programmes. Young people must themselves participate in the design, implementation and evaluation of programmes. Specific activities include: a) developing and maintaining a comprehensive database on youth health, both at the national and local levels; b) developing a comprehensive and integrated plan of action for youth health with a focus on adolescent sexual and reproductive health; c) promoting gender equity in all youth-related policies and programmes; d) increasing youth participation in the planning, implementation and monitoring of health programmes; e) raising awareness among policy makers and communities about the health needs and concerns of young people; and f) increasing young people's access to information and services.

Preventing and controlling communicable diseases

The emergence of new diseases such as dengue fever and HIV/AIDS, the re-emergence of century old diseases such as tuberculosis, and the threat of new epidemic outbreaks such as avian flu and SARS which have devastated the economies of several countries in recent years have highlighted the urgency to improve and strengthen the communicable disease control programmes in the country. Specific areas that need immediate action are: a) overhaul and strengthen the existing disease surveillance system; b) enhance the awareness and skills of the health providers in the disease control programmes; c) empower the communities in preventing and surveillance of epidemic outbreaks through information, education and motivation (IEM) programmes; d) mobilize more resources to combating communicable diseases and e) improve coordination and collaboration among districts and central government health authorities.

Addressing the causes and effects of non-communicable diseases

The Ministry of Health has developed a National Policy and Strategy for NCD Prevention and Control which was adapted from the WHO Global Strategy on NCD. Effective preventive and promotive measures are clearly outlined in this policy and strategy document and but assistance needs to be provided to strengthen its implantation. Specific activities include: a) increasing awareness among major development partners and health authorities in recognizing the rapid emergence of these diseases as major public health threats; b) strengthening technical capacities to effectively deal with NCD's multi-faceted risk factors; and c) undertaking public awareness raising campaigns on the prevention of NCDs and the promotion of healthy life styles. Other critical NCD issues include: d) increasing and strengthening the provision of mental health care; and e) increasing and strengthening rehabilitation and social services for the many people with handicaps caused by trauma or infections. In spite of overwhelming evidence on the devastating impact on public health and the national economy, no major programs are in place to effectively diminish tobacco consumption. In dealing with tobacco related health issues, specific activities include: f) introducing effective price regulation, improving public awareness, education and cessation programs, introducing advertising bans and enforcing restrictions on smoking in public places.

2.6 Combating HIV/AIDS¹¹⁷

Status of the MDG on HIV/AIDS

Indonesia is not on track to achieve **MDG 6, combating HIV/AIDS, Target 7**, halting and reversing the spread of HIV/AIDS by 2015. *HIV prevalence among pregnant women* is still low but there are indications that it is rising. Voluntary counselling and testing (VCT) programmes in North Jakarta showed that HIV prevalence among pregnant women was 1.5% in 2000 and 2.7 percent in 2001. However, these women likely knew they were at risk, and the data are not representative of HIV infection among pregnant women in general. Other recent figures have shown prevalence among pregnant women at 0.35% in Riau and 0.25% in Papua. Three perinatal cases of AIDS were reported nationally in the last quarter of 2003. The *condom use rate of the contraceptive prevalence rate* also remains low: national socioeconomic survey data show that the rate among married women of reproductive age (age 15-49 years) is very low, at 0.4% in 2002, and has remained under one percent since 1994. *Condom use at last high-risk sex* was reported to be 41% among commercial sex workers, but this is by no means consistent. There are an estimated 7–10 million clients in Indonesia. Those surveyed in 2002–3 reported condom use during last commercial sexual intercourse ranging from less than 5% in West Java to 70% in Merauke, Papua. Recent data indicate that the *percentage of the young population aged 15-24 with “comprehensive correct knowledge” of HIV/AIDS* is still low: among women aged 15 to 49, only 20.7% knew that “using a condom every time” would prevent them from HIV/AIDS, and 28.5% knew that a healthy person could be infected with HIV/AIDS. In 2002 in a survey of Jakarta high school students 15-19 years old, 38.4% correctly identified ways of preventing sexual transmission and rejected major misconceptions. Stigma and discrimination prevails. The UNAIDS office in Indonesia reports that people living with HIV are being turned away from health care services, denied work and marginalized by their communities.

Situational Analysis

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The Indonesian response to HIV/AIDS has accelerated since the UN General Assembly Special Session on HIV/AIDS in 2001. The National AIDS Commission (NAC) has effectively led new HIV/AIDS policy development, the National Composite Policy Index in 2003 being 65%. Most recent examples are policies for harm reduction for IDUs and a comprehensive peer support policy for the armed services. Despite proactive policy development however, implementation remains limited, for example, less than 10% of the estimated 160,000 IDUs are reached with vital prevention and care programmes.

In response to the urgent need to scale up the national response, the Coordinating Minister of People's Welfare, together with three Cabinet Minister and senior officials, met in Papua in early 2004 to reaffirm commitment to HIV/AIDS. This meeting resulted in the Sentani Commitment, including measurable targets, that is now the framework for the national response. Riau, Bali and Papua have also made strong provincial commitments and other provinces and districts are also scaling up their efforts.

While HIV prevalence in Indonesia remained low throughout the 1990s, the country is now experiencing new, rapidly developing sub epidemics of HIV among vulnerable groups including sex workers, men who have sex with men, drug users and prisoners in several provinces. It appears that the epidemic is spreading into the general community in Papua province.

Official Government estimates of HIV infection in 2002 indicate that 90,000 to 130,000 Indonesians are living with HIV. Estimations were calculated for 13 sub-populations in the thirty provinces, resulting in low and high estimates for HIV infection per province and nationally. These were recalculated in 2004. Behavioural data from BSS surveys now covers 13 Indonesian provinces. There are a total of 4389 reported HIV infections and AIDS cases to the end of June 2004 from 25 provinces. National AIDS prevalence to 30 June 2004 is 0.76 per 100,000 people. From April to June 113 HIV infections and 118 AIDS cases were reported from 14 provinces. In The most common mode of transmission remains sexual intercourse, but the number of new infections among IDU is increasing alarmingly.

There are an estimated 150,000 female sex workers in Indonesia; average HIV prevalence is 3.6% but has reached 26.5% in one study in Papua. Sex workers are highly mobile, typically working in one place for only a few months. Behavioural surveillance indicates that a majority of the 5 to 7 million men who buy sex are married, putting an estimated 5 to 7 million wives or permanent partners at risk of exposure to HIV. Prevalence among transgender sex workers, or *waria*, has risen steadily, reaching 22% in Jakarta in 2002. *Waria* are among the most marginalized populations and have very limited access to health facilities. A significant proportion of their clients are married men.

Official estimates put the number of injecting drug users in the country at 160,000 with an estimated 43,000 HIV infected. HIV infection among IDUs at Jakarta's drug dependency hospital escalated from 15% in 1999 to 48.8% in 2000 and 47.9% in 2002. IDUs tested at VCT sites in several urban centres have consistently shown infection rates of at least 40–50%. Many IDUs buy and sell sex, thus potentially accelerating the rate of increase in new infections.

Recent HIV serosurveillance in selected prisons resulted in a range from 10.2% in Bali, to 24.5% in Jakarta. A substantial number of HIV positive prison inmates in Indonesia are IDUs who are serving sentences for drug-related offences. The triple stigma of incarceration, unsafe sex and unsafe injecting are a probable cause of the increase in HIV transmission within prisons.

There is much conjecture about the impact on HIV/AIDS of the economic and political crisis in Indonesia that started in 1997. The crisis undoubtedly exacerbated poverty as well as an increasing number of internally displaced people. While data are limited, the increased presence of security forces, so vulnerable by their high level of mobility, may contribute to the risk of HIV infection in conflict areas. In West Timor, shows that high risk sexual behaviours are widespread throughout the districts that border the new nation of East Timor. As the provision of basic services, including health and education, has been disrupted in conflict areas, people that infected are less likely to be aware of their HIV status.

The “generalized” African style epidemic in Papua province differs to the “concentrated” epidemic found in the rest of Indonesia. This is attributed to high levels of multiple sex partner behaviour reported among Papuan men combined with low condom use. Proximity to neighbouring Papua New Guinea and regular exchange and migration across the common border are other factors involved. Mobility of clients and sex workers also plays a role as in the rest of Indonesia.

There is a need for more data on the trafficking and sexual exploitation of children and that is also being addressed on the working group on vulnerability. There are several thousand vulnerable street children in urban centres in Indonesia. Underage sex workers are trafficked women and girls are similarly at high risk of HIV infection. Anecdotal data consistently indicates that Batam and Riau are gateways for clients of sex workers.

HIV/AIDS prevention campaigns focus on providing information and education in ways appropriate to cultural and religious values. The focus is currently on high risk or vulnerable groups such as pregnant women, commercial sex workers, health workers, injecting drug users and infected people and their partners.

The National Response

The National AIDS Strategy (2003-2007) is a multi-sectoral, multilevel approach that includes the roles of all partners, such as civil society and the private sector. Some sectors are very actively involved, principally the Departments of Health and Defence, partially, the Department of Manpower, Education, Internal Affairs, National Planning, Family Planning, Social Affairs and Womens’s Affairs. Critically needed are the Department of Justice, Police, Transport, Tourism and Finance. The GoI budget allocation for HIV/AIDS, supplemented by donor contributions, is insufficient to combat the scope of the epidemic at the scale required to halt and reverse it. . Donor funding activities across the national response and in many provinces and districts, including capacity building for government and NGOs as well as programs for prevention education, care, support and treatment, surveillance and planning, and policy development. Prevention remains critical including within care, support and treatment activities. See Section A for data about national coverage.

While the NAS requires treatment, care and support, the Indonesia’s health service remains massively under-resourced and underfunded. Since the laws on decentralization came into effect in 2000, regional health budgets have been managed by district councils. Budgets are limited and often there is no specific allocation for HIV/AIDS. Outside major urban centres there are very varied levels of knowledge about HIV/AIDS among health professionals. Under the 3 by 5 Initiative, the GOI has set targets of 5,000 PLWHA on ART by the end of 2004 and 10,000 by the end of 2005 (currently around 1,300 people have access to ART). To prepare for this massive scaling-up of treatment, capacity building efforts have begun at the 25 hospitals across the country designated as ART centres for doctors, nurses, case managers, counsellors and lab technicians.

A survey conducted by Yayasan Spiritia in 10 provinces in Indonesia in 2001 - 2 showed that 31% of PLWHA in Indonesia had experienced discrimination from health care workers because of their HIV status, and that 14% had been refused treatment. Women tend to suffer more discrimination than men. Such treatment was caused principally by ignorance on the part of practitioners about HIV/AIDS. PLWHAs also commonly encounter discrimination in almost all aspects of life: the workplace, education, public places, the community and their families. While this study is small it is very valuable for advocacy and has been influential in drawing attention to the need for more comprehensive training of health care works, national media initiatives and ongoing documentation of stigma and discrimination.

Implementation of relevant UN conventions, conferences and treaties

Indonesia has actively followed up on the UNGASS Declaration of Commitment 2001 by formal reporting in 2003 and ongoing monitoring of the UNGASS goals and targets that provide the means of implementing the MGD goals. First progress report was submitted to UNAIDS by the National AIDS Commission in May 2003. This report noted that good progress had been made with policy development but that programme implementation was reaching less than 10% of those with high risk behaviour. The next progress report is due in May 2005 and is already under discussion by the National AIDS Commission. The government has provided the legal framework necessary to implement some of the UN conventions, treaties and resolutions through its own statutes, e.g. Law 39/1999 on Human Rights. In addition a new Human Rights Action Plan was launched in August 2004. While it is not specific to HIV/AIDS, it contains sections of discrimination that are directly relevant.

A review of national legislation relating to HIV/AIDS is currently underway, under the auspices of the Indonesian Parliamentarians Forum for Population and Development, and will make recommendations for either amending current legislation or the development a new comprehensive measures bill on HIV/AIDS for Indonesia. In early 2004, the Minister of Manpower and Transmigration signed a Decree on HIV/AIDS Prevention and Control in the Workplace based on the ILO Code of Practice on HIV/AIDS and the World of Work. In addition, A number of Regional Regulations have been or are being passed in the Papua and East Java, outlawing discrimination and ensuring the right to VCT and adequate STI care and treatment.

Claim holders and duty bearers analysis

A list of duty bearers and claim holders can be found in Annex 1f. Government duties bearers involved in developing and implementing a national response to HIV/AIDS are constrained in their efforts by limited human and financial resources despite an increasing number of very capable policy makers in leadership roles. This lack of technical and management capacity limits what can be achieved even if resources are available. Additional constraints include limited information management systems and distribution infrastructure such as drug distribution. These apply across the board and require wide scale administrative reform if these endemic issues are to be overcome. Community claim holders consistently indicate a lack of lack of knowledge about their rights and eligibility for services and information. Those without an income are unable to access health care services. They have insufficient knowledge about STI and HIV/AIDS treatment, including ART adherence. They consequently lack appropriate levels of care, support and treatment. Those ill and needing treatment are required to pay before they are admitted to hospitals and generally turned away if they cannot do so.

Development Challenges

As noted in this analysis a lack of technical and management capacity consistently limits the ability of duty bearers to carry out their roles in relation to HIV/AIDS. This includes access to resources as well as resource tracking. Through the GFATM Round Four proposal and other donor resources, it appears likely that the national response will be well funded from 2005 onwards. However the lack of technical and management capacity on the part of the duty bearers will continue to impede the scaling up of the national response even when resources are available.

The Spiritia Survey (2002) and a subsequent study in institutional settings undertaken by Dr Tutu Parwati (2003) have played a valuable role by systematically documenting the persistent stigma and discrimination that vulnerable populations and PWHAs, that is the claim holders, experience in many settings. Violations of basic rights are common, ranging from a lack of respect and courtesy to breaches of confidentiality, denial of treatment or access, and being subjected to treatment or procedures without consent. Claim holders in Indonesia are limited by a lack of

understanding of their rights when seeking health care, the care that they should expect and how to manage situations where they are denied care. They are often unaware that they are entitled to the same rights as any other person, that is, that there is no legal basis for discrimination on the basis of their HIV status, gender or occupation. Even when they are aware that their treatment is inappropriate, unethical or unlawful, there are no clear channels or procedures for voicing complaints. The Government has responded positively to these studies and training for health care workers, and accepts the need for capacity building and systemic change, such as law reform, to overcome stigma and discrimination.

These efforts can be conceptualised with the framework of the “three ones” approach that will create a planning environment much more conducive to effective coordination; a rapid shift to decentralized decision making is an additional factor – Indonesia now has over 400 districts and 33 provinces.

For more analysis of the rights and obligations of key duty bearers and claim holders involved in HIV/AIDS see Annex 1f.

Development challenges

Developing an AIDS action framework that provides the basis for coordinating the work of all partners

There is an urgent need to: a) establish an annual joint regular review that includes all stakeholders and would replace the many donor missions that come each year; b) to form a broad national partnership forum in the NAC as well as a community advocacy team linked with the scaling up of access to health care; c) integrate HIV/AIDS issues, particularly prevention, into the poverty reduction strategies and national development plans to promote Government funding and planning for HIV/AIDS; d) scale up outreach for prevention and care by mobilising additional networks and partners to reach the population with prevention and care programmes. One important way to achieve this is to mobilise the employers, workers and relevant government entities around the world of work. Providing access to prevention and care at and around the workplace, both in the formal and the informal economy, makes it possible to the workers and their families in an efficient manner. Mechanisms a) and b) above will empower national partners to push for the right policies as well as enable development of appropriate mechanisms for documentation and redress of stigma and discrimination.

Supporting the development of one national AIDS coordinating authority with a broad based multi-sectoral mandate

The National AIDS Commission is the authority for the leadership, coordination and reporting of the national response. There is a need for new and more powerful mandate for the NAC, beyond the power and authority of the current commission level organizational structure. High-level advocacy is needed to support this effort to reform the NAC. The Country Coordination Mechanism for the Global Fund for AIDS, Malaria & Tuberculosis was formally established in 2002 within the Directorate General for Centre for Disease Control & Prevention. The NAC is represented on the Country Coordinating Mechanism (CCM) but there is little real coordination between the NAC and CCM due to lack of manpower, lack of systems and lack of strategic planning. The CCM needs to operate as an integral part of the NAC in terms of planning and reporting. Re-alignment and day-to-day liaison is urgently needed.

Developing one agreed monitoring and evaluation framework

In early 2004 the Head of the NAC, Cabinet Ministers, Governors and Vice Governors, met in Papua to stimulate local action and commitment among the six priority provinces. The resulting Sentani Declaration is now the framework for the national response and includes harm reduction targets for intravenous drug users and 100% condom use. All key stakeholders support this framework, and these targets should be the basis for the monitoring and evaluation strategy to be developed. There is now sufficient budget and commitment by the NAC to undertake the development and implementation of the national monitoring and evaluation system into which all donor efforts can be coordinated. The NAC will require support to develop monitoring and evaluation including information databases and resource tracking systems.

2.7 Ensuring Environmental Sustainability

Status of the MDG on the Environment

Goal 7, Ensuring environmental sustainability, is widely recognized as one of the most challenging in Asia in general and in Indonesia in particular. If major reorientations are not undertaken, the current trend will not make its achievement possible. Regarding **Target 9**, integrating sustainable development principles into policies and programmes, while forest and protected area management is a major preoccupation in Indonesia, indicators are usually considered clumsy and meaningless. Although phasing out of ozone depleting substances (ODS) is making good progress, there is growing concern about weak controls against ODS smuggling. As far as **Target 10** is concerned, the proportion of the population with sustainable access to an improved water source and with access to improved sanitation is only slowly increasing and this target is therefore unlikely to be reached without a greater commitment from key duty bearers. Achieving **Target 11** will also be very challenging since the need for proper housing is quickly increasing while the quality and availability remains low.

Situational analysis

As a mega-diversity country, Indonesia is endowed with some of the richest marine and terrestrial ecosystems in the world. However, it is currently experiencing high rates of coral reef destruction and significant primary lowland rainforest loss. Although the exploitation of coastal and forest resources significantly contributed to Indonesia's macro-economic growth over the last thirty years, weak planning capacities and unsustainable management practices have led to the uncontrolled over-exploitation of natural resources. Instead of reducing the poverty of communities living in the vicinity of formerly resource-rich areas, development by destructive practices causes the loss of resources and increases the level of poverty. It is estimated that more than 50 million people in Indonesia are directly dependent on forest resources, while two thirds of the Indonesian population live less than 100 km from the coast and rely on fish for 60% of their animal protein intake. Continuing degradation of the natural environment is expected to further worsen the socio-economic situation of these already marginalized and economically vulnerable communities.

Following the 1992 Earth Summit, Indonesia was one of the first countries to issue its own national strategy for sustainable development. Agenda 21 Indonesia was issued in 1997 through the strong support of seven UN agencies in Indonesia. However, the severe nature of the crisis that unfolded in the following years and the resulting changes to Indonesia's political and economic context necessitated a review of Indonesia's strategies.

New sustainable development strategies are now needed to address the implications of ecosystem change for the achievement of poverty reduction, food security, water supply and sanitation, and health and habitat goals by the year 2015 and beyond. This is especially important for Indonesia's poor, most of whom are heavily dependent on ecosystems – forest and woodland systems, dry lands, fresh water and marine systems – for maintaining sustainable livelihoods. New strategies should enhance the ability of ecosystems to bring long-term benefits to the poor, many of whom already live in fragile and threatened ecosystems. In addition, deforestation remains a major

concern with the forested area in Indonesia decreasing from 130 to 123 million hectares in the last 10 years. Reasons for the decrease include illegal logging, forest clearing for other uses of the land and fire¹¹⁹.

The proportion of urban population has been increasing rapidly in the last 40 years; from 14.8% in 1961 to 42.2% in 2000. This rapid increase is mainly due to movement of rural people to towns and cities because looking for employment opportunities. While this movement provides cheap labor to industries in urban areas, rural urban migration also creates serious environmental, health, education and social conflict problems for the migrants and host communities. In some cases local governments are reluctant to provide adequate health and education services to these vulnerable groups for fear of attracting further migrants. More information on social conflict issues can be found in the chapter on 'Improving human security by mitigating the effects of crisis and natural disasters'.

Local resettlement is the movement of people within a certain administrative boundaries, mostly within a district. Local government usually provides support for this movement either to reduce population pressure of certain location or to open up new areas.

Water and sanitation

Of critical importance to the poor in Indonesia is access to safe drinking water and basic sanitation facilities. Only 50% of Indonesians have access to water from an improved water source and only 64% of Indonesians have access to basic sanitation facilities although quality is not always consistent¹²⁰. Comparatively speaking, Indonesia has the lowest percentage of urban households with adequate sanitation in the region. While drinking water companies provide treated water, distribution networks are in poor condition and provide irregular services. Although coverage has been increasing, there are many obstacles to adequate provision, including management and budgetary issues and water leakage problems. Provision and maintenance of water supplies is not a high priority among national and local governments, leading to inadequate public budgets for corrective action. There is also scope for increasing the input of resources and knowledge from the private sector. In addition, primary sources of water resources are deteriorating rapidly from a lack of recharge and increased pollution levels, especially for groundwater in urban areas.

Many poor communities, the key claim holders, lack an understanding of the importance of adequate sanitation for health, resulting in non-utilization and poor maintenance of facilities. Like water supply, sanitation is not given priority by Government at the national or local levels. One of the consequences of poor sanitation is the high incidence of diarrhea illnesses where the number of deaths per year exceeds the number of deaths to all other infectious diseases except respiratory infections. It is estimated that 84% of groundwater sources in Jakarta are contaminated by human waste¹²¹.

Housing and slum areas

In Indonesia, 17 percent of the population, or at least 8.8 million households, do not have secure housing tenure. The most vulnerable of these households are found in slum areas, which have sharply increased from 38,053 hectares in 1996 to 47,393 hectares in 1999, representing a 25 percent increase¹²². This increase is due to a number of factors, including the Asian economic crisis, environmental degradation, inadequate budgetary support from national and local governments and urbanization. In regard to the latter, the urban population tripled from 14% of the total population in 1961 to 42% in 2000 while the annual rate of growth of the urban population doubled from 1.8% to 4.2% in the same period. During the same period, the number of urban poor increased by 73% compared to 38% in rural areas. Furthermore, the depth of poverty is greater in urban areas when compared to rural areas; 78% of the urban poor have access to

1680 kilo calories per person per day or less, which is 20% below the 2100 kilo calories per person per day poverty line, this compares to 36% in rural areas¹²³. An effective framework for regulations in support of the development of efficient and affordable housing system is needed and at the same time, institutional capacities and commitment for the provision of housing needs to be strengthened at the national local levels.

Key environmental duty bearers

The key duty bearers concerned with environmental issues are the Ministry of the Environment and the various agencies responsible for enforcing environmental laws. In 2002, the Environment Impact Management Agency (BAPEDAL) was integrated into the Ministry of the Environment. A key constraint remains the poor knowledge of environmental law among key government duty bearers. In terms of intuitional capacities, there is a need to strengthen the environmental management capacities of local government agencies; this is particularly important in the context of the ongoing decentralisation process. For more analysis of the rights and obligations of key duty bearers and claim holders involved in improving environmental sustainability see Annex 1g.

Implementation of relevant UN conventions, conferences and treaties

The government has ratified or is in the process of ratifying all the major environmental conventions and protocols. In 2004, as a response to the World Summit on sustainable Development, the government released a National Plan of Action On Sustainable Development. However, the plan could be strengthened by adopting a more comprehensive and integrated approach and by ensuring greater involvement of civil society organisations. In addition, the government prepared an Agenda 21 plan for Indonesia in 1997 followed by sectoral Agenda 21 plans for forestry, agriculture and tourism. Implementation of these Agenda 21 plans has been sporadic. See also Annex 2: Implementation and follow on UN conventions, protocols and conferences.

Key Development Challenges

Reversing the current trend of natural resources overexploitation

It has been widely recognized that Indonesia's rapid decentralization process has generated a negative impact on the natural environment. Local governmental institutions have gained responsibilities for natural resource management while lacking capacities and incentives to manage natural resources in a sustainable way. The current lack of horizontal and vertical coordination and cooperation has led to confusion regarding the respective level of responsibilities shared between government agencies in regard to the management of natural resources. In addition, the lack of efficient monitoring and control mechanisms and inconsistent enforcement of existing regulations has exacerbated the illegal exploitation of natural resources. It is estimated that Indonesia annually loses US\$600 million from illegal logging, excluding the costs of the loss of environmental services provided by the forests. Over the next 20 years Indonesia is expected to experience losses of up to US\$3 billion due to the environmental impact of destructive fishing¹²⁴. Specific action includes: a) developing incentives for companies to adopt environmentally sound production mechanisms and of the "polluter-pays" principle in environmental protection; b) encouraging the private sector make voluntary commitments aimed at achieving socially responsible economic activities and the conservation of natural resources; c) establishing monitoring mechanisms involving local communities and civil society and provide channels of communication with local and national government for grievances to be aired; d) developing the environmental management capacity of relevant local government institutions to promote accountability, transparency and representation; e) identifying win-win development strategies that combine poverty reduction with environmental conservation mechanisms that encourage orientation to sustainability across all sectors; and f) building broad coalitions of support to bring about necessary reforms. The latter requires an explicit examination of roles and

responsibilities of major stakeholders and capacity development for effective coordination within civil society organizations and government institutions.

Improving the provision and maintenance of sanitation services

The current sanitation “sector” lacks a clear and coordinated vision, policies and commitment. In particular, the problem of urban, on-site sanitation needs to be urgently addressed as it leads to ever increasing environmental degradation and disease affecting people living in the poorest-often slum- areas. Specific action includes: a) increasing the efficiency and scope of urban wastewater treatment; b) identifying and increasing access to water and sanitation management technologies, for example, in many urban residential areas septic tanks do not conform to any design or operational standards resulting in contaminated wastewater flowing into drain channels and reaching open water bodies, severely polluting urban areas, rivers, lakes and coastal seawater; c) collecting and using data on the link between disease and environmental conditions through appropriate surveillance programmes for identifying and developing strategies; d) strengthening the provision and maintenance of sanitation services; e) increasing education and awareness programmes as a means to reduce disease prevalence, for example, the WHO Commission on Macro-Economic, Environment and Health concluded that hand washing education results in a 30-48% reduction in disease prevalence; f) focusing on the development of community based waste management programmes along the lines of the SAMINAS programme developed in Bali and East Java.

Meeting the housing needs of the poorest and improving slum areas

Improving slum areas and meeting the ever-increasing demand for adequate housing for the poorest populations is a priority. Specific action includes: a) building institutional capacities in the housing sector at the national and local levels; b) creating an environment conducive to greater investment and involvement by the private sector; c) supporting the development and identification of appropriate housing technologies; d) providing security of tenure particularly in the poorest urban areas; e) advocating for increased commitment by among key decision makers. Further information on the status and challenges of slum areas together with possible remedial policies can be found in the Indonesia MDG Report 2004; f) developing appropriate financing and subsidy mechanisms to meet housing needs.

2.8 Improving Human Security by mitigating the effects of Crisis and Natural Disasters

Situational analysis

Following the financial crisis and fall of the New Order regime, Indonesia experienced a wave of diverse regional conflicts in seven provinces: social conflict that crystallised along religious lines in Maluku, North Maluku and Central Sulawesi; ethnic conflict between indigenous Dayaks, Malays and Madurese migrants in West and Central Kalimantan; an intensification of the conflict with the militant separatist movement in Aceh; as well as sporadic clashes between the separatist movement in Papua and security forces.

A social conflict database assembled by UNSFIR has recorded over 10,000 deaths from violent conflict in the period of 1997 to 2001, excluding the conflicts in Aceh and Papua.¹²⁵ As a result of this eruption of conflicts, an estimated 1.3 million people were displaced in 14 provinces by the end of 2001. The caseload of displaced persons additionally includes East Timorese who fled to West Timor as a result of the violence following the Popular Consultation on the Status of East Timor in August 1999, which reached a peak of 290,000 displaced people.¹²⁶

Although these conflicts were linked to conditions of political change and economic upheaval, they also have distinctly regional characteristics and causes. However, there have been a number of key factors underlying conflict potential that have recurred in different forms across the country. These include horizontal inequalities between ethno-religious groups (including indigenous and migrant groups), competition for land and other natural resources, shifting patterns of political and economic power, and local political dynamics.

The Government has addressed conflict situations with a combination of political, security and humanitarian responses. These have included formal peace-processes such as the Malino I agreement for Central Sulawesi and the Malino II agreement for the Malukus. The impacts of the conflicts have also been addressed through a number of instruments, including notably the Policy for Handling IDPs issued in 2001, which defined a strategy to resolve the IDP situation through assistance for three options: return, local integration (“empowerment”) and resettlement.¹²⁷ Government peace and recovery efforts have been complemented by a wide range of informal civil society efforts, as well as by assistance from the international community, bilateral donor Governments, UN agencies and international NGOs.

Since 2001, the level of violent conflict across the country has reduced significantly. Positive developments in most areas created conducive conditions for addressing the IDP situation, and by mid-2003¹²⁸ the number of IDPs was reduced to approximately 500,000. Beginning in 2004, the Government ended its special fund assistance for IDPs, preferring to address the needs of IDPs in general poverty alleviation strategies. However, recent episodes of violence in Maluku and Central Sulawesi, although more focused than the mass violence of 1999-2001, indicate that risks remain and that many of the underlying causes of conflict still exist. Similarly, many IDP contexts remain unresolved, and IDP groups remain vulnerable largely due to their precarious housing, employment and physical security conditions.¹²⁹

Natural and Human-Exacerbated Disasters

Indonesia is highly prone to periodic occurrences of various types of natural and human-exacerbated disasters, most frequently droughts, forest fires, floods, earthquakes and landslides, as well as volcanic eruptions and tsunamis. In the last decade (1994-2004), as many as 6.8 million people in Indonesia were affected by various types of natural disasters.¹³⁰ In 2003 alone, almost 500,000 people were displaced, over 34,000 injured, and 1,300 killed by natural and man-made disasters.¹³¹ A number of these natural disasters have been generated or exacerbated by human activities, such as legal and illegal logging.

As with conflict, causes of natural disasters are complex and diverse. While disasters are still usually perceived as exceptional natural events that interrupt development, they should more properly be seen as caused by the combination of hazards, conditions of vulnerability and insufficient capacity or measures to reduce the potential negative consequences of risk. In practice, this means that development choices can create conditions for natural hazards to become disasters. Additionally, focus must be placed on the traditional coping strategies that local people have developed to address disasters, and on the processes or practices that have negatively impacted this capacity, including factors such as conflict, corruption, overpopulation, and development practices that are environmentally harmful and unsustainable.

The organizational structures involved in managing IDPs, such as the National Coordinating Body for Disaster Management and IDP Management (BAKORNAS PBP) (and its counterparts at the provincial and district levels SATKORLAK PBP and SATLAK) are also involved in managing natural disasters. The structure and functioning of disaster management systems in different provinces, however, is uneven. Similarly, disaster response mechanisms are better developed than preventive measures (such as disaster reduction and preparedness). While the

mandates of BAKORNAS PBP and its provincial and district counterparts include pre-disaster measures, this mandate has not been operationalised in a consistent or widespread manner, nor has disaster reduction made significant inroads into sectoral or development planning.¹³²

Impact of crisis on the MDGs

While Indonesia as a whole has made positive progress towards achieving the MDGs, crises have had significant regional impacts that are not necessarily reflected in national indicators. Between 1999 and 2002, all conflict provinces (with the exception of Central Kalimantan) experienced a decline in their provincial Human Development Index (HDI) rank, indicating comparatively poor performance relative to other provinces. Notably, Maluku Province dropped from a HDI ranking of 5th to 12th during this period, by far the largest drop in rank of any province.¹³³ Furthermore, the impact of conflict on social relations and the continued atmosphere of tension in many areas have implications in terms of human development and achievement of the MDGs.

Impact on poverty and nutrition: While other areas of Indonesia were recovering from the economic crisis, conflict areas were experiencing negative economic growth as a result of reduced investment, disruption of trade, as well as destruction of markets and transportation infrastructure. This economic decline led to increased poverty, as people experienced loss of their livelihoods, employment and productive assets. In 2002, six conflict districts had poverty rates double the national average. In Aceh, the provincial poverty rate doubled from 15% in 1999 to 30% in 2002. The impacts on poverty have been greatest amongst IDPs: at the height of the IDP crisis in 2001-2002, an average of 55% of IDP families were below their district poverty line, almost three times the average district level poverty in Indonesia at that time.¹³⁴

The developmental toll of natural disasters has likewise been severe. A prolonged El Niño-related drought from 1997-1998 was the worst in decades and lasted over a year, and when combined with the effects of the financial crisis, seriously undermined food security in numerous provinces and resulted in increased rates of nutritional deficiencies, particularly amongst at-risk groups.¹³⁵ The drought was followed by widespread forest and land fires in Sumatra and Kalimantan that destroyed nearly ten million hectares of forest and devastated local livelihoods.

Impact on education: Education has also been seriously disrupted in a number of areas, whether through destruction of schools, displacement of teachers, or a host of other impacts. In some areas, conflict has specifically targeted schools, such as in Aceh where over 500 schools were burned down during a one-month period in 2003. Attendance rates have been affected through displacement, security concerns, inability to pay school fees, lack of access to schools in areas of displacement, or as a result of increased responsibilities for children following the death of family members. A WFP survey undertaken in 2001-2002 indicated that 28% of 7,500 school-age IDP children interviewed had either stopped attending or had never attended school.¹³⁶

Impact on health: The impact of crisis on health and mortality is also evident. Maluku and North Maluku were the only provinces in Indonesia that experienced an overall decline in life expectancy and an increase in infant mortality rates between 1999 and 2002. While Indonesia as a whole saw decreasing performance in access to and quality of health services in recent years, the performance of conflict affected areas was far below national averages or worsened at an increased rate. Between 1999 and 2002, the percentage of population with access to health services dropped significantly, for instance, in North Maluku (from 66% to 58%) and Central Sulawesi (from 70% to 63%), compared to the national average (from 78% to 77%),¹³⁷ the result of damaged facilities and the displacement of service providers.

Impact on environmental sustainability: The concentration of IDPs in camps, resettlement sites and host communities has put additional strains on natural resources and increased environmental

degradation, including, most notably, encroachment of forests. So too has the loss of livelihoods and assets encouraged affected communities to supplement their livelihoods through destructive coping strategies such as illegal logging, fishing with explosives, or other environmentally unsustainable practices. In some areas highly affected by displaced persons, encroachment of forests has disrupted local people's access to traditional forest products, often a main component of local livelihoods, and has resulted in other environmental impacts such as an increase in landslides and the availability of water sources.

Impact on Vulnerable Groups: Crisis has aggravated the vulnerability of many groups and created new vulnerabilities for which special protection measures are necessary. Children in conflict situations in particular have had increased vulnerability to violence, abuse, and exploitation. Conflict affected areas have experienced increases in gender-specific violence, including sexual abuse and domestic violence, and there have been reports of increases in prostitution in and around IDP camps.

The Government's decision to end special fund assistance for IDPs and to deal with needs of IDPs through poverty alleviation strategies may be appropriate for some contexts in Indonesia. However, it is unclear what support will be available for the remaining specific needs and vulnerabilities of IDPs, including legal protection related to IDPs' entitlement to return, claims for property and other physical assets, as well as assistance to resume livelihoods.¹³⁸

Key Development Challenges

Key developmental challenges relate to both the longer-term developmental effects of recent crises as well as the risk of renewed crisis and the attendant impacts on achieving the MDGs. A number of processes have been undertaken to support multi-stakeholder dialogue and build consensus on key challenges in a number of post-conflict areas, as well as perspectives on vulnerabilities related to the risk of renewed conflict in the future.¹³⁹ A number of common challenges have been identified in such processes that are clustered around two areas: (a) preventing the unresolved impact of crisis from creating risks for the future, and (b) strengthening governance foundations for sustainable recovery and crisis prevention.

Preventing the unresolved impacts of crisis from creating risks for the future

There is now a high degree of segregation between religious or ethnic communities in a number of localities. Conflicts have also left many people traumatized, amplified distrust, and created new grievances. These phenomena are exacerbated by the difficulties people face in rebuilding their lives, and create conditions for re-eruption of conflict. In areas with IDPs, the heavy pressures placed on already-strained services and competition between local communities and IDPs for scarce natural resources and employment opportunities also heighten tension. Depressed economic conditions, including unofficial fees and levies that adversely affect local investment climates, and relative poverty between social groups also create risks for the future. Specific actions include: a) strengthening approaches to mitigate the social and cultural aspects of segregation through improving education and curriculum, media, etc., towards enhancing tolerance, social cohesion and building resilient communities; b) resolving IDP issues that are often considered by local communities as a primary obstacle to peace for the future; c) supporting economic recovery in crisis-affected areas by increasing access to credit, extension services and vocational or skills training; d) developing measures to protect the vulnerable (children, youth, women, and remaining IDPs).

Promoting good governance for sustainable recovery and crisis prevention

Conflict has had a debilitating impact on the capacity of some local Governments. Access to key public services has in some areas been disrupted, inequitably distributed or segregated, thereby enhancing divisions and creating tensions. The disruption of public service provision is further

exacerbated by corruption, which created mistrust between the Government and communities. It is also important to note that in conflict areas, many parties have become economically dependent on conflict, creating significant challenges for recovery processes. Specific actions include: a) strengthening the law enforcement capacities of local governments to provide a greater sense of security necessary for recovery, and channels through which grievances can be resolved before they lead to violence; b) promoting accountability, transparency and participation in policy-making, planning and service delivery to prevent grievances from arising that could inflame future conflict; c) increasing awareness of conflict risks among key decision and policy makers in government; and d) developing mechanisms to monitor the longer-term impacts in areas where IDPs have returned or settled.

Reducing the risk of disasters

Most disaster measures in Indonesia are largely relief-oriented, and while there is certainly a need for strengthening disaster response and relief capacities, there is also a need to better factor risk reduction strategies into development planning and implementation. For natural hazards to be prevented from turning into disasters, disaster-risk considerations need to be factored into development planning, decision-making and implementation, and interventions need to seek to both minimise vulnerabilities and maximise capacities, particularly at the community level. There is also a need for work at the community level, including local coping and adaptive strategies, to be better integrated with district-level planning.

2.9 Promoting Population and Development

Situational Analysis

Indonesia is the fourth most populous country in the world with an estimated 216.4 million people. More than 30 per cent of the population is under the age of 15, the working age population represents 65 per cent and the elderly population represents 5 per cent in 2000¹⁴⁰.

The total fertility rate (TFR) has declined rapidly from 5.6 children per woman in 1971 (based on the 1971 Census estimate) to 2.3 children per woman in 2000². The TFR is higher than that in Thailand (1.8), and China (1.8). The latest estimate of TFR by the National Bureau of Statistics (BPS) shows that despite the decline, some provinces still have high fertility (TFR above 3) while others have already reached the replacement level (TFR of 2.1 or below).

The Infant Mortality Rate (IMR) has declined significantly in the last three decades from 145 deaths per 1,000 live births in 1971 (the 1971 Census) to 47 deaths per 1,000 live births in 2000². There is considerable variation in the IMR between provinces ranging from 89 per 1,000 in Nusa Tenggara Barat to 25 per 1,000 in Yogyakarta¹⁴¹. Since infant and child deaths account for a large portion of national mortality, the improved health of these age groups has contributed to an increase in the life expectancy at birth from 45.7 years in 1971 to 65.4 years in 2000.

According to the Indonesian population censuses (1971 and 2000), the population growth rate (PGR) has declined from 2.1 per cent per year in 1971 to 1.49 percent per year in 2000², in part due to successful family planning programmes. There is a large variation in the PGR between provinces ranging from 4 per cent in Jakarta, Lampung, East Kalimantan and Jambi to negative rates in the areas affected by conflicts, such as in Aceh and Maluku. Each year, the population increases by three million people (Source: CBS, 1971 and 2001, the 1971 and 2000 Population Censuses). Rural/urban migration has contributed significantly to the rapid increase in the urban population from 17.2 per cent in 1971 to 42.2 percent in 2000 and a decrease in rural growth from 1.8 per cent in 1971 to 0.3 percent for the same period¹⁴². The main reason of the rural-urban migration remains the lack of employment opportunities and off-farm jobs in rural areas.

Although population growth, fertility and infant mortality rates have declined, the Government considers these too high and is undertaking programmes to lower these rates¹⁴³.

The key duty bearers concerned with population issues are the National Family Planning Coordinating Board (BKKBN) and the Ministry of Health. For both institutions, there remains a need to strengthen their coordination capacity in order to ensure the provision of family planning and reproductive health services at the provincial and district levels. The key claim holders are families, particularly those living in poverty and in remote areas, where a key obstacle to their access to services remains a lack of awareness of their rights and population issues in general. For a more detailed analysis of the roles and constraints of duty bearers and claim holders see Annex: 1i.

Implementation of relevant UN conventions, conferences and treaties

The Government of Indonesia is preparing a report for International Conference on Population and Development +10, which is due in October 2004. In the context of ICPD implementation, there is a need for increased attention on gender equality and adolescent reproductive health issues. See also Annex 2: Implementation and follow on UN conventions, protocols and conferences.

Key Development challenges

Increasing the commitment to address population issues all levels

Government commitment in the population and family planning sector remains high, as demonstrated in the increased allocation for population and family planning from 228.7 billion Rp in 2001 to 517.1 billion Rp in 2004⁶. In addition, population policies are addressed in key Government planning documents (Propenas and the Transitional Development Plan). However, following the abolition of the Ministry of Population in 2001 there is no high level coordinating institution for population issues, which made it harder to implement comprehensive and coordinated population policies and programmes. This situation has been exacerbated by the implementation of the decentralization policy. According to Presidential Decree No. 103/2001, the National Family Planning Coordinating Board (BKKBN) has been mandated to transfer its authority to local Government. However, under the Government regulation regarding decentralization (*Peraturan Pemerintah*), BKKBN is not classified as one of the 11 agencies (*Dinas*) that must be established, by law, at the local Government level. There is, therefore, no guarantee that local Government will view family planning as an important priority for the development and the wellbeing of its population. It is likely that local Government's will focus on developing infrastructure (offices, roads, bridges, hospitals, etc), which result in short term tangible outputs, rather than longer term social sector population and family planning programmes. Specific action includes: a) increasing awareness of the importance of population issues at the local level in government, civil society organizations and communities; b) developing capacity at the local government level to address population issues; c) developing coordination capacity at the national level to ensure that population issues are addressed in a comprehensive and coordinated manner.

Reducing fertility rates in selected provinces

The latest estimate of TFR shows that some provinces still persistently have high fertility (TFR above 3) such as North Sumatra, West Sumatra, NTT, Southeast Sulawesi, Maluku, North Maluku, and Papua while others have already reached the replacement level (TFR of 2.1 or below), such as DKI Jakarta, DI Yogyakarta, East Java, Central Java, Bali, and North Sulawesi⁷. This shows that despite the decline, disparities of fertility still occur at the sub-national levels. Factors contributing to high fertility rates include low contraceptive prevalence rates (CPR), early marriages and poverty levels.

Despite the fact that the national figure of contraceptive prevalence rate (CPR) is 56% in 2002-2003⁸, the CPR shows considerable disparities between provinces with CPRs lower than 50% for North Sumatra, West Sumatra, NTT, Central Sulawesi, South Sulawesi, Southeast Sulawesi, and Gorontalo. These provinces are also associated with high TFR and high poverty rates⁹. Early marriage can lead also to high fertility. The results of the Indonesian Demographic Health Survey 2002/2003, conducted by BKKBN, BPS and the Ministry of Health, shows that 50% of Indonesian women get married for the first time before they are 19.2 years. Women in West Java got married earliest, while women in East Nusa Tenggara got married the latest. The correlation between fertility related behavior and poverty is very well documented. Poor families tend to have higher fertility (3.2) than the rich (2.0). As the same time, married women of reproductive age from poor families had lower contraceptive prevalence rates (52.4%) than their counterparts in the richer families (63.5%). Poor families had lower access to family planning and health services largely because of a lack of information and financial resources and the remote location of some communities. Measures to address poverty are analysed in the chapter on poverty. Specific action to address low contraceptive prevalence rates and early marriages include: a) increasing access to family planning education and advice; b) increasing the focus on individual versus couples rights and on male participation in family planning programmes; c) supporting adolescent reproductive health services; d) providing free/low cost contraceptives to address the needs of the poor and vulnerable groups, especially in rural areas; e) ensuring high commitment of decision makers to family planning programmes with a focus on contraceptive commodity security.

2.10 Protecting the Vulnerable

Situational analysis

Vulnerability is a consequence of disempowerment and exclusion from decision-making and a lack of access on an equal basis to resources and opportunities, not only among the poor, but among groups that are geographically or socially isolated, such as ethnic minorities, nomadic populations and people living with HIV/AIDS. Vulnerability is mainly caused by circumstances, rather than inherent characteristics. Throughout this CCA, the issues of vulnerable groups have been integrated into the various, MDG based, sectoral analyses. In addition, there are some particularly vulnerable groups whose situation needs to be highlighted and addressed as a priority in Indonesia. Although children are particularly vulnerable, other vulnerable groups include: women; migrants; refugees and asylum seekers; the disabled; and groups discriminated against as a result of their race, ethnicity and/or religion. In addition, an analysis of the duty bearers and stakeholders and their roles, constraints and opportunities can be found in Annex....

Causes of Child Vulnerability

Causes leading to the abuse and exploitation of children include: the high demand for children as cheap labour or as sex workers; an increase in consumerism among children and parents, pushing them to make money at all costs; children dropping out of school; limited supportive institutions available for children; and the lack of awareness among children of the risks. Other factors are poverty; low levels of education among parents; lack of other livelihood opportunities; and, with rapid growth and urbanization, a decline in traditional family and community networks that form the first line of protection for children. While the Child Protection Law clearly prohibits abuse, violence, economic or sexual exploitation of children, poor governance and weak law enforcement means that violators can often get away without any serious repercussions. Further increasing the vulnerability of children to age falsification and trafficking is the fact that 60% of children under five years of age do not have a birth certificate¹⁴⁴. The later is due to the high costs of registration, difficult access to services, complex procedures and a lack of understanding of parents regarding the importance of birth registration. In Indonesia, the most significant hazards facing vulnerable children are: child labour including commercial sexual exploitation; child abuse;

living in institutions/detention; living and working on the streets; early marriage; and female genital mutilation.

Child labour is a problem in Indonesia. Government statistics indicate that about 6 per cent of Indonesian children aged 10-14 years (about 1.6 million children) participate in the labour force,¹⁴⁵ but actual numbers are probably higher. More than half the children entering school do not complete the basic education cycle.¹⁴⁶ Over two million children have either dropped out of or have never been enrolled in junior secondary school,¹⁴⁷ and many of these are already working or are in search of work. Older children (ages 15-17 years) are also at risk: there are more than three million from this age group working in occupations potentially hazardous to health or safety.¹⁴⁸ Commercial sexual exploitation of children is among the most hazardous forms of child labour. An estimated 40,000 to 70,000 children or about 30 per cent of all sex workers in Indonesia are under eighteen years of age¹⁴⁹. Children as young as ten have been forced into prostitution¹⁵⁰.

Child abuse statistics are not readily available, but assessments in selected regions indicate high levels of child abuse in homes and schools.¹⁵¹ Child abuse, often hidden, is regarded as a family issue and communities are loath to interfere. Most, including the children themselves, feel that beatings are a necessary part of a child's discipline and development. While corporal punishment in schools is no longer official policy, the practice is still widespread. It is safe to assume that child abuse is also common in institutions, detention centres, in the workplace, and on the streets.

Children in institutions/detention are at risk. Reports indicate that some 8,000 orphans are kept in institutions across Indonesia.¹⁵² In addition, 4,000 to 5,000 children¹⁵³ are in juvenile and adult detention centres, correction facilities and prisons. Around 94 per cent¹⁵⁴ of these have been convicted of a crime or are in detention for court hearings; another 5 per cent have been given to the state by the courts for education and care until they reach the age of 18; and around 1 per cent have been taken into custody by the state at the request of their parents or guardians.¹⁵⁵ Due to lack of facilities, all three groups are kept together. Worse, 84 per cent of children who are sentenced are placed with adult criminals in detention centres and prisons, again due to limited facilities.¹⁵⁶ In 2002, at least 10,000 children were arrested by the police,¹⁵⁵ who often are not conversant with international conventions and national laws relating to children in contact with the law. In addition, there is no system for tracking arrested children and their eventual fate. Prosecutors recommend sentencing children to incarceration, regardless of the crime committed, and judges hand out jail sentences for 80 to 90 percent of the cases involving children. Trends show an increasing length of sentences.¹⁵⁵

Children living or working in the streets are estimated to be at least 75,000.¹⁵⁷ Around 13 per cent have dropped out of school and 43 per cent reported still attending school. Many began working in the streets before the age of 12, and some as early as seven years of age. Fifty three per cent have been on the streets for more than two years and 11 percent more than five years. Street children are particularly vulnerable to stigmatization, sexual exploitation and drug abuse.¹⁵⁸

Early marriage makes girls vulnerable to reproductive health problems and also interrupts their education. Around 12 per cent of married women report being married at or before the age of 15¹⁵⁹. The general perception is that a girl, once married, is no longer a child. Families and communities use early marriage and subsequent divorce as a strategy for bringing young girls into the sex industry.¹⁶⁰ Early marriage is especially common in West and East Java, East Nusa Tenggara and Papua.

Female genital mutilation (FGM) is widespread in Indonesia. A recent survey¹⁶¹ shows that over 86 percent of girls aged 15 to 18 years old had suffered FGM of one form or another, while 92 percent of mothers interviewed supported its continuation. Despite WHO's injunction¹⁶² against

FGM, medicalization of the practice is on the rise. The danger is that while traditional service providers may often perform symbolic acts of piercing the clitoris, midwives use more sophisticated tools, which lead to actual incision and excision of the clitoris.¹⁶¹

Women

The number of women suffering from violence is under-reported and far exceeds the number of cases reported each year (884 in 2002 and 868 cases 2003).¹⁶³ The Indonesian National Commission on Violence against Women¹⁶⁴ notes that women often become victims of violence in land or housing-related conflicts such as evictions. In households, some husbands feel that they have the right to physical punish their wives for disagreements, dress or behaviour. Women from communities affected by armed conflict are particularly vulnerable to sexual harassment, torture and rape, by both military personnel and/or armed militia. No reliable statistics exist on the numbers of women who are trafficked: reports mention 320 cases in 2002 and 800 cases in 2003,¹⁶⁵ but this is likely just a small fraction. The trafficked persons may end up as domestic workers, workers in the manufacturing sector, or as commercial sex workers at home and abroad.

Migrant workers

Indonesians are moving over an increasingly wide area both within the country and to other countries to work. The bulk of the mobility is non-permanent and circular in nature, with workers leaving their home communities and working in destinations for periods of a week to two years. The estimates of migrant workers abroad range from over 2.04 million workers (including 1.5 million undocumented workers in Malaysia)¹⁶⁶ to 2.55 million.¹⁶⁷ While many migrant workers have indeed improved their economic situation, many others experience various forms of discrimination and abuse throughout the whole migration cycle. Migrants incur debts to agents, often from illegal fees and high interest rates. Salaries are cut to pay back these debts, and in extreme cases workers find themselves in a situation of debt bondage from which they can never escape. Employers or agents may hold passports and other documents to ensure workers do not try to escape. Women migrant workers are especially vulnerable. There are reports that a large proportion of women migrant workers are subject to violence such as rape, sexual harassment and physical abuse, and even death.¹⁶⁸ In 2000, about 70 per cent of the half million Indonesian migrant workers officially registered with the government were women. Women are also recruited into lower skilled jobs in the informal service and manufacturing sectors.

Factors contributing to migration include mismatches between the location of expanding job opportunities and the potential workers; improvements in levels of education among young people in rural areas, which push them to seek better opportunities for work; rapid commercialization of the agricultural sector replacing labour inputs with capital inputs; strong cultural imperatives among some ethnic groups which encourage people to move out of the home area to seek work and experience; response to local and regional conflict by moving on a temporary or permanent basis to work in other more secure areas; the search for families to enhance their security by creating multiple sources of income; and the proliferation of a 'migration industry' involving recruiters, travel providers, labour organizers, etc. involved in the flow of labour to destinations within and outside the country.

Refugees and asylum seekers

The number of refugees and asylum seekers has dramatically decreased during the last two years, from 28,833 in December 2002 to 446 in May 2004¹⁶⁹. The decrease was largely due to the durable solutions found for most East Timorese refugees, who have either been repatriated to East Timor or have been locally integrated in Indonesia. The decrease is also due to a drop in the number of boats intercepted containing asylum seekers and migrants en route to Australia. The right to seek asylum is enshrined in the Indonesian Constitution¹⁷⁰ and in the Human Rights Law No. 39 of 1999. However, Indonesia is neither a party to the international refugee instruments¹⁷¹

nor has it enacted domestic refugee legislation. Because of this, refugees and asylum seekers have no legal status in Indonesia, making them highly vulnerable. Some protection is provided through a directive issued by the General Directorate of Immigration in September 2002 to all immigration officers, which instructs them on the treatment of all asylum seekers. The directive is based on the principles that asylum seekers and refugees should be in Indonesia as briefly as possible and that durable solutions should be found outside of Indonesia. Asylum seekers whose claims are rejected may end up in detention or live as illegal aliens in Indonesia.

Vulnerability due to discrimination.

Discrimination linked to culture, race, ethnicity and/or religion is a sensitive matter, since Indonesia is a multiracial, multiethnic and multi-religious nation. Although quantitative data is limited, many cases have been reported involving discrimination on racial, ethnic and religious grounds.¹⁷² As only five religions are officially recognized in Indonesia, those who practice other religions are vulnerable to exclusion and discrimination. Religion and ethnicity are identified on official papers, such as the birth certificate and the National Identity Card (KTP). It is required to show the KTP to potential employers. Ethnic and racial discrimination is both a cause and an effect of social and economic inequality. Common reported types of discrimination include: discrimination related to Chinese-Indonesians; employment practices in companies owned by migrants to eastern Indonesia, which exclude indigenous people¹⁷²; and birth registration practices, which may discriminate depending on the race, ethnicity or religion of the family.

Persons with disabilities

Around 13 per cent of the Indonesian population have some limitation in participating in activities or interacting with other people.¹⁷³ About 3.1 percent of the population suffer from some form of mental disability, 9.3 percent from learning disability, 8.3 percent from communication disability, 1 percent from self-care disability and 0.4 percent from mobility disability. There is generally higher prevalence among women and in rural areas. Prevalence rates are highest in the eastern part of Indonesia and lowest in Sumatra.¹⁷³ In 2000, an estimated 15.3 million people suffered from cataract blindness. This is a four-fold increase from 1990 and among the highest rate of increase in the world (together with Kenya, Brazil, and India).¹⁷⁴ Each year there are around 210,000 new cases, which outstrips the current capacity for cataract surgery. Another major cause of disability is occupational injury, since policies, inspections and protection schemes for occupational safety and health are still inadequate.¹⁷⁵ The textile and manufacturing sector accounts for 18 percent of all occupational accidents, followed by the agricultural sector (14 percent). One to six percent of these (depending on sector) lead to death or permanent disability, representing 1300-1,700 cases a year.¹⁷⁶

Key Development challenges

Supporting the development of a comprehensive legal and social protection system

The Government of Indonesia recognizes three strategies for protecting the vulnerable: (a) recognizing that vulnerable groups are victims and not penalizing them as transgressors but rather, addressing their needs and providing them with services; (b) punishing the perpetrators as criminals; and (c) forming alliances and partnerships between private sector, communities and government.¹⁷⁷

The barriers to implementing these are many. Legal and social protection and law enforcement to protect against abuse, violence, economic and sexual exploitation and discrimination are urgently needed. The Government of Indonesia should take the lead in providing a comprehensive legal and policy framework to ensure the protection of the vulnerable. An affordable social protection system is needed to support those who, for one reason or another, are excluded from work and hence income (see chapter on poverty and the section on creating and supporting social security mechanisms). Other challenges include: developing capacities for addressing protection issues;

developing data collection and monitoring systems on the situation of vulnerable groups; increasing budget allocations for protection measures; improving the scope and quality of services (including health services to prevent disability, and birth registration services); strengthening governance structures to remove excessive or unofficial fees and gender bias; and challenges related to reconciliation, recovery and reintegration of communities affected by conflict (see chapter on crisis). Within communities, the challenges include: promoting open discussion and addressing societal attitudes, norms, customs and practices that harm or fail to protect the vulnerable; developing systems for the monitoring and reporting of protection violations; and increasing knowledge among the vulnerable on how to minimize risks and protect themselves.

2.11 Benefits of New Technologies

Technology is the systematic knowledge about how to use techniques and artefacts to resolve practical problems. In this context, ‘new’ technology does not just refer to high technologies such as information and communication technologies (ICT), biotechnology and so on. It also refers to conventional technologies that are new to the target users, or traditional technologies that are applied in new ways. Technologies can be powerful tools for participating in global markets; promoting political accountability; improving the delivery of basic services; and enhancing local development opportunities. In current usage, it covers a broad spectrum of knowledge that includes the technological artefacts themselves. From the mid 1980s until 1998, Indonesia, like several other countries in the region, enjoyed a high rate of industrial development. Unlike the rest of the region, however, there was little deepening of technological capacity, and this growth was anchored firmly in low technology, labour-intensive sectors, which accounted for 48% of the industrial sector in 1998. High technology industries made up only 17% of the total¹⁷⁸. In terms of technological ‘catching up’, Indonesia lags well behind. By 1998, it had only reached the point achieved by Malaysia, Thailand and the Philippines 13 years before¹⁷⁹. Indonesia ranks 10th out of 11 countries in Asia (ASEAN, plus China, Japan and Korea) in terms of science and technology competitiveness, as measured by OECD standards.

Access to Technologies

Access to new technology in Indonesia remains very low, particularly outside major cities. Most technological development, particularly ICT, requires certain minimum levels of infrastructure to be in place.

Indonesia’s **electrification ratio** has increased slowly, from 48% in 1996 to 52% in 2002. Clearly, much of the country is without coverage. Of the state electricity company’s estimated 21.4 giga watt capacity, 87% comes from thermal sources, 10.5% from hydropower and 2.5% from geothermal sources¹⁸⁰. Telecommunications infrastructure is similarly inadequate, with just 31.4 **fixed telephone lines** (in homes, offices and public telephone kiosks) per 1,000 people¹⁸¹. This provision is concentrated in Java: in Jakarta there were 40 lines per 100 people; in other major cities, 11 lines per 100 people; but in rural areas there were just 0.2 telephone lines per 100 inhabitants. To overcome the slow growth in fixed lines, people have resorted to using *wartel* (public telephone facilities) and mobile phones. In 2000 there were 17.3 **mobile phones** per 1000 people¹⁸², but this figure is likely to have risen considerably by now. The total number of *wartel* in the country in the same year was 229,000.¹⁸³

Demand for access to computers and the internet is expanding rapidly, but in 2001, Indonesia had only 1.1 **PC users** per 100 people, much lower than in other ASEAN countries¹⁸⁴. Indonesia has about 40 internet service providers (ISPs).¹⁸⁵ The number of **internet subscribers** was estimated at about 800,000 in 2003. The estimated number of **internet users** is much higher, at just over 8 million, with a gender breakdown of roughly 75% male to 25% female.¹⁸⁶ (Indonesia has a total

population of 206,264,595¹⁸⁷). Most of these 8 million people probably access the internet through **internet cafes** or kiosks, known as *warnet*, of which there are an estimated 2,500 across the country. There are no data on access to computers and the internet in schools, but it is likely to be minimal. Total expenditure on ICT in 2002 was 2.2% of GDP.¹⁸⁸

The ability to produce websites gives some indication of the command of internet technology within Indonesia. As of March 2004, there were 20,161 websites using the '.id' domain name. Just over 15% of all web content regarding the country is in Indonesian.¹⁸⁹

Participation in technological development also involves access to knowledge and information. The majority of Indonesians get their **information** from television. In urban areas, 89% of women and 90% of men watch TV. In rural areas this figure is considerably lower, with only 69% of women and 74% who watch TV. Far fewer people listen to the radio: 41% of women and 40% of men in urban areas; 35% of women and 40% of men in rural areas. Fewer still read a newspaper regularly, but the gender gap is much wider. In urban areas 35 % of men but just 18% of women keep themselves informed through the press, and in rural areas the figures drop to 11% of men and 4% of women.¹⁹⁰

Gender and Technology

There is a clear gender disparity in science and technology. Of the male students enrolled in state universities in 1997, 17% were studying technical sciences and of the women, just 7%¹⁹¹. Women accounted for 28.2% of the bachelors degrees awarded in ICT, and made up just 24.1% of the ICT faculty in universities and colleges.¹⁹² The Indonesian Institute of Sciences (LIPI) has 847 researchers, of whom 266 are women. Of the 104 senior researchers, only 15 are women.¹⁹³ Even the better educated women who do use ICT at work are mostly concentrated in low skilled jobs such as data entry and word processing, according to reports from NGOs.¹⁹⁴ Even among entrepreneurs, take-up of technology is low. Data from IWAPI (the Indonesian Businesswomen's Association) indicate that only 12% of the 15,000 businesses owned by women were using internet and email¹⁹⁵. A number of women have achieved quite prominent positions—the current Minister of Industry and Trade is a woman—but in general there are very few women at top decision-making levels in science and technology and related sectors. The government has taken a lead on this issue through Presidential Instruction No. 9/2000, which directs all government agencies and local governments to implement gender mainstreaming in all policies and development programs. The programs include increasing opportunities for girls to participate in science, technology and vocational education, increasing women's knowledge of application of appropriate technologies, and increasing women's access to technology, financial resources and market information.

Government Policies related to Technology

The Ministry of Research and Technology (MoRT) has developed a Strategic Policy for National Science and Technology Development 2000-2004, which encompasses five strategic objectives: sustaining economic development; creating a more conducive socio-political environment for the development and application of science and technology; repositioning of S&T institutions; enhancing self-reliance and excellence; and ensuring compatibility with global development. In line with the economic development strategy, the government has initiated a number of ICT programmes to address poverty reduction, either directly or indirectly. One program is supporting SMEs in the use of ICT for business expansion. SMEs dominate local economies and creating employment opportunities, and growth in the SME sector forms part of the government's poverty reduction strategy.

Technology research and development infrastructure in Indonesia consists almost entirely of government-operated R&D and technical institutes, such as Indonesian Institute of Sciences (LIPI) and the Agency for the Assessment and Application of Technology (BPPT). Both agencies principally serve the needs of state-owned strategic industries rather than private industry. Other institutes, including the Ministry of Industry and Trade's research agencies, testing laboratories and quality assurance centres are underfunded and provide poor quality services. As noted in the first section, the capacity to conduct and translate research in the private sector in Indonesia is weak. The low participation of the private sector in R&D suggests limited potential to develop new products and processes that could boost competitiveness.

The level of research activity can also give some insight into a country's capacity for technology creation. Indonesia's researcher-to-general population ratio, at 4.7 researchers per 10,000 people¹⁹⁶, is slightly higher than the ratios for Malaysia and Thailand, but well below those of Singapore, Taiwan and South Korea. Not all of these researchers will be working full time on research projects, however: the majority of researchers work in the government sector, where having secondary jobs is a common phenomenon. While there is no comprehensive data available on full time equivalent (FTE) employment, a small scale survey at LIPI indicated that most researchers spend only 60% of the working week on research¹⁹⁷. Research activity in the education sector is similarly low: of the 77 public and 1,557 private higher education institutions (HEI) registered in 2001, only 395 were doing any research¹⁹⁸. In the same year, Indonesia's budget for R&D as a percentage of GDP was just 0.05%—significantly lower than several other Asian countries (Malaysia, Singapore, China, Taiwan, South Korea and Japan).¹⁹⁹

MoRT has initiated various programs to encourage the use of science and technology, including ICT, in reducing poverty, achieving sustainable development and empowering the poor. One of these is the Information Infrastructure (*Warintek*) Program, which is also aimed at encouraging and applying local research. This is a good example of how modern technology can be linked into traditional systems and practices—in this case, farming—to add value. The program delivers science and technology information to rural communities through internet kiosks, which are known as *Warintek*. Each *Warintek* provides free access to a CD-ROM containing information, in Indonesian, on appropriate technology, and access to the internet for a small fee. Potential users are trained on how to access the information they need. By 2002, there were 2063 *Warintek* in 29 regions²⁰⁰. Reports indicate that these are being used regularly by farmers to access information on markets and prices, and technology inputs for their farms and businesses²⁰¹. A further 2,000 *Warintek* have been established in schools²⁰². However, the ability to make use of this facility assumes a certain level of literacy, which may not be universal within the community.

For more analysis of the rights and obligations of key duty bearers and claim holders involved in new technologies see Annex 1i.

Implementation of UN conventions

Indonesia is committed to achieving the Millennium Development Goals, including Goal 8: Develop a Global Partnership for Development.

Relevant national legislation and policy includes:

- Law No. 18/2002 on the National System for Research, Science and Technology. This provides the legal basis for increasing the contribution of S&T to national development objectives and increasing national technology competitiveness.

- Presidential Instruction No. 9/2000 on Gender Mainstreaming
- Presidential Instruction No. 6/2001 on the Development and Utilization of Telecommunications and Informatics in Indonesia
- Presidential Instruction No. 7/2002 on the Execution of National Policy and Strategy to Accelerate the Development of Eastern Indonesia
- Presidential Instruction No. 2/2001 on the Use of Computer Applications in the Indonesian Language
- Presidential Instruction No. 3/2001 on the Application and Development of Appropriate Technology
- Presidential Instruction No. 4/2003 on the Coordination, Formulation and Execution of a Strategic Policy for the National Development of Science and Technology

Key Development challenges

Building the underlying capacity to benefit from technology

The overriding challenge for Indonesia is to build the underlying knowledge or capacity that will enable all people to participate in and benefit from technology. This will involve developing appropriate new strategies that can drive the incremental changes needed to develop both the capacity to absorb new technology and the capacity to generate it. The agricultural sector is still a major component of Indonesia's economy, accounting for some 43% of the workforce²⁰³ and there is therefore a need to focus on agricultural technologies. The sector faces some key challenges, among them being the deteriorating quality of land and natural resources; changes in food consumption patterns; and the need to scale up and roll out rapid technological innovation to overcome these and other challenges, in order to improve rural livelihoods. The correct application of crop or livestock management techniques, for example, can be complex and require a fairly high level of knowledge.²⁰⁴ This puts better educated farmers at an advantage, as they can get improved rates of return on the land. Thus to maximise the returns on investment in agricultural technology, the government needs to ensure that sufficient resources are put into basic education and vocational training in rural areas. In addition, non-formal education must be available to enable farmers to 'catch up' if they missed out on education during their school-age years.

More generally, specific activities include: a) Promoting sustainable, technological interventions by building on indigenous technologies where possible; b) undertaking research to identify the specific cultural and sociological factors that influence the acceptance or rejection of new technology, and how they operate; provision of adequate supporting infrastructure necessary for some technologies, such as upgrading the electricity supply; c) increasing access to literacy programs or vocational skills training and improving the quality of ICT related education to enable prospective beneficiaries to utilise new technologies; d) increasing awareness of points of access to technology, including libraries, universities and community learning centres; e) establishing formal partnerships with the private sector to expand the use and learning of ICT in schools, starting at primary level. It is essential that creative, challenging ways are developed to attract and maintain children's interest in science. One government initiative which could be supported is the establishment of Science Centres in various parts of the country, aimed at providing opportunities for an initial experience of science and technology. There is also a need to target programmes at individuals or communities that most urgently need the benefits that new technologies can deliver—the rural poor, including farmers, landless labourers, and especially women; and students, especially girls. Finally, information technology in particular can be a valuable tool for promoting culture to manage diversity and promote unity. Among other things, ICT offers the potential for greater numbers of people to participate in and revitalize cultures and languages that otherwise may be lost. Government efforts in this direction, however, will need considerable support.

2.11 UN Partnership Strategy

The UN partnership strategy in Indonesia is based around bi-lateral relationships between UN Agencies and their partners and UN system participation in major coordination mechanisms including the annual and mid-year Consultative Group for Indonesia (CGI) meetings and the associated CGI thematic working groups and the monthly donor coordination meetings. The UN also has a coordinating role in the humanitarian sector through UNOCHA's monthly NGO coordination meetings, though with no Consolidated Appeals Process (CAP) planned for 2005, this function will end with the phase out of UNOCHA from Indonesia at the end of 2004. UNAIDS plays a key role, on behalf of the UN system, in coordinating support to the National Aids Commission through the Theme Group on HIV/AIDS, which includes representatives from the Ministry of Health, World Bank, AusAid, Asian Development Bank and the National Aids Commission. The monthly UNCT meetings are also used as a forum to coordinate with individual development partners on specific issues. Recent examples include a UNCT meeting with the World Bank to review and compare UN system inputs into the on-going PRSP process.

The UN's comparative advantage of neutrality, being a trusted partner of government, having a strong field presence and a wealth of technical expertise needs to be more effectively utilized in order to fully realize the UN's partnership building potential in Indonesia. Specifically, there are three key entry points for increasing the role of the UN in partnership building. Firstly, there is currently no mechanism within the development community to coordinate activities related to supporting the transition from crisis to development in those areas affected by conflict in Indonesia. There is potential for UN field level staff at the provincial level to facilitate the exchange of information and explore opportunities for joint activities between international and local NGOs, field level bi-lateral donor programmes and local government. At the national level, there is a demand among some partners for the UN to play a coordinating role in this area through the UN Theme Group on Crisis Prevention and Recovery. Secondly, there is scope for the UN, in collaboration with the World Bank, to support more actively the CGI thematic working groups. The effectiveness of these working groups varies widely depending on the strength of the supporting secretariat. These CGI groups could potentially provide a coordinating function and substantive inputs, addressing critical development challenges, for consideration at the annual CGI meetings. Lastly, with the recent agreement from government to review progress towards the MDGs at all future CGI meetings, there is a potential role for the UN system to support the government in coordinating and developing MDG monitoring mechanisms that draw on inputs from all major development partners in Indonesia.

¹ A composite index that measures a country's average achievements in three basic aspects of human development: longevity, knowledge, and a decent standard of living. Longevity is measured by life expectancy at birth; knowledge is measured by a combination of the adult literacy rate and the combined primary, secondary, and tertiary gross enrolment ratio; and standard of living by GDP per capita (PPP US\$).

² A composite index measuring deprivations in the three basic dimensions captured in the human development index—a long and healthy life, knowledge and a decent standard of living—and also capturing social exclusion.

³ Indonesia Progress Report on the Millennium Development Goals, 2004

⁴ Muhammad Qodari, To vote or not to vote: Turnout in the 2004 general elections. *The Jakarta Post* 12 July 2004

⁵ Regional governments (provincial and district) are responsible for all areas apart from defense and security, judicial system, fiscal and monetary affairs, religion, and other specially designated functions assigned to the central government.

⁶ Indonesia National Human Development Report, 2004

⁷ Abidin, A. (2002), 1st Indonesia Rapid Decentralization Appraisal (IRDA) Synopsis of Findings, Asia Foundation.

⁸ Indonesia National Human Development Report, 2004, BAPPENAS, UNDP, BPS

⁹ Economic and Social Update, Consultative Group on Indonesia Mid-Year Review Meeting, World Bank, Jakarta, 2004

¹⁰ Transparency International Corruption Perception Index 2003

¹¹ GoI, Progressive report on the MDG, February 2004

¹² Indonesia uses its own National Poverty line—based on the per capita Rupiah value an individual needs to fulfill minimum requirement for food (2100 kcal per day). This is based on 118.554Rp per capita per month in 2003 or US\$0.47 per day¹².

¹³ Defined as the Incidence x Depth of poverty.

¹⁴ Ibid.

¹⁵ Underweight data is from BPS, 2002 and Stunting and Wasting data from Ministry of Health, Republic of Indonesia

¹⁶ Ibid. pg31

¹⁷ SUSENAS 2002, BPS

¹⁸ Food, Housing, clothing, health education and transportation.

¹⁹ Measures the overall development of a country in 3 basic dimensions – longevity (life expectancy), knowledge (education) and a descent standard of living (adjusted income per capita in purchasing power parity)

²⁰ Indonesia Human Development Report 2004

²¹ Reflects the distribution of progress and measures the backlog of deprivations that still exist in longevity (probability at birth of not surviving to age 40), Knowledge (by adult illiteracy rate), and overall economic provisioning, public and private (by % of people without access to safe water, health facilities, and underweight children below 5yrs.)

²² Asia Times, Anti-poverty moves: Old wine, new bottles?, Chee Yoke Heong, 2004

²³ Ibid.

²⁴ BPS

²⁵ HPI is an index of the probability of not living to age 40, adult literacy rate, proportion of people with access to safe water and the percentage of children who are malnourished)

²⁶ Indonesia National Human Development Report, UNDP, BPS, BAPPENAS, 2004

²⁷ BPS 2002

²⁸ Indonesia National Human Development Report, UNDP, BPS, BAPPENAS, 2004

²⁹ SUSENAS 2002 – Konsumsi Kalori dan Protein – Penduduk Indonesia dan ropinsi

³⁰ Salt survey conducted in conjunction with SUSENAS 2003, BPS

³¹ Indonesia Human Development Report 2001

³² BPS and UNIFEM, 2000, in Promoting ICT for Human Development in Asia: Realizing the Millennium Development Goals. Regional Human Development Report. Asia-Pacific Development Information Programme, Asia Pacific Regional Initiative in HDRs, UNDP Regional Bureau for Asia and the Pacific

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- ³³ SUSENAS 2003, BPS
- ³⁴ MENKO KESRA, Jakarta, May 17, 2004 TKP3KPK
- ³⁵ CGI June 2004.
- ³⁶ Ibid.
- ³⁷ MENKO KESRA, Jakarta, May 17, 2004 TKP3KPK
- ³⁸ Ibid.
- ³⁹ FAO Representation, June 25 2004 On Lessons Learnt form SPFS.
- ⁴⁰ MENKO KESRA, Jakarta, May 17, 2004 TKP3KPK
- ⁴¹ Indonesia Millennium Development Goal Report, BAPPENAS, 2004
- ⁴² Background Report of Indonesia, prepared by MoNE for the UNESCO/OECD Early Childhood Policy Review Project. August 2004.
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- ⁴⁴ BPS, Bappenas, UNDP. The Economics of Democracy: Financing Human Development in Indonesia. Indonesia Human Development Report 2004. p163.
- ⁴⁵ Susenas, *quoted in*: Background Report of Indonesia, prepared by MoNE for the UNESCO/OECD Early Childhood Policy Review Project. August 2004.
- ⁴⁶ BPS, Bappenas, UNDP. The Economics of Democracy: Financing Human Development in Indonesia. Indonesia Human Development Report 2004. p35.
- ⁴⁷ Susenas *quoted in*: Background Report of Indonesia, prepared by MoNE for the UNESCO/OECD Early Childhood Policy Review Project. August 2004.
- ⁴⁸ Susenas *quoted in*: Background Report of Indonesia, prepared by MoNE for the UNESCO/OECD Early Childhood Policy Review Project. August 2004. p11.
- ⁴⁹ MoNE (2004): Proyeksi Pendidikan Formal dan Non-Formal Indonesia 2003/2004 – 2010/2011.
- ⁵⁰ Indonesia Progress Report on the Millennium Development Goals. February 2004. Table 3.1d.
- ⁵¹ Susenas, BPS. 2003. (In Working Group 2 first draft)
- ⁵² Undang-Undang Republik Indonesia Nomor 20 Tahun 2003 tentang Sistem Pendidikan Nasional (Law 20/2003 regarding the National Education System)
- ⁵³ Background Report of Indonesia, prepared by MoNE for the UNESCO/OECD Early Childhood Policy Review Project. August 2004. p23.
- ⁵⁴ Background Report of Indonesia, prepared by MoNE for the UNESCO/OECD Early Childhood Policy Review Project. August 2004. p20.
- ⁵⁵ Indonesia Progress Report on the Millennium Development Goals. February 2004.
- ⁵⁶ Indonesia Progress Report on the Millennium Development Goals. February 2004.
- ⁵⁷ BPS, Bappenas, UNDP. The Economics of Democracy: Financing Human Development in Indonesia. Indonesia Human Development Report 2004. p37.
- ⁵⁸ Bureau of Finance, MoNE, and Bappenas, 2004 (in Working Group 2 first draft)
- ⁵⁹ Undang-undang Republic Indonesia Nomor 20 Tahun 2003, Pasal 49 ayat (1)
- ⁶⁰ Undang-undang Republic Indonesia Nomor 20 Tahun 2003, Pasal 34 ayat (2): '*Pemerintah dan Pemerintah Daerah menjamin terselenggaranya wajib belajar minimal pada jenjang pendidikan dasar tanpa memungut biaya.*'
- ⁶¹ BPS, Bappenas, UNDP. The Economics of Democracy: Financing Human Development in Indonesia. Indonesia Human Development Report 2004. p187.
- ⁶² Susenas & BPS, 2003 (in Working Group 2 first draft)
- ⁶³ UNFPA Analytical Working Paper *Population and Education* Peter Hagel 2004
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- ⁶⁸ MoNE, 2002/2003
- ⁶⁹ MoNE website: http://www.depdiknas.go.id/statistik/thn99-00/dilusepora/statistik_diklusepora_2001.htm
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- ⁷⁵ Youth Employment: Pathways from School to Work, 2004, in A Series of Policy Recommendations: Decent Work and Poverty Reduction in Indonesia, ILO Jakarta.
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- ⁷⁷ Youth Employment: Pathways from School to Work, 2004, in A Series of Policy Recommendations: Decent Work and Poverty Reduction in Indonesia, ILO Jakarta.
- ⁷⁸ Progress Report on the Millennium Development Goals: Indonesia. February 2004. p42.
- ⁷⁹ Progress Report on the Millennium Development Goals: Indonesia. February 2004. p43.
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- ⁸¹ BPS, Bappenas, UNDP. The Economics of Democracy: Financing Human Development in Indonesia. Indonesia Human Development Report 2004. p99.
- ⁸² Progress Report on the Millennium Development Goals: Indonesia. February 2004. p44.
- ⁸³ Progress Report on the Millennium Development Goals: Indonesia. February 2004. p45.
- ⁸⁴ Overview of Gender Equity in the Labour Market
- ⁸⁵ BPS, Bappenas, UNDP. The Economics of Democracy: Financing Human Development in Indonesia. Indonesia Human Development Report 2004. p 99.
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- ⁹¹ Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF and UNFPA
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¹⁰⁸ Asian Migrant Yearbook, 2000

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¹¹⁴ Resolution adopted by the ILO at its 92nd Session, Geneva, June 2004, ILO Geneva

¹¹⁵ *Development of Rollback Malaria Model in Indonesia: Strategic Plan 2001- 2005*. Population exposure estimates based on 46.2 per cent of the 1998 population.

¹¹⁶ National Institute for Health Research and Development, 2001. National Household Health Survey 2001 (Survei Kesehatan Rumah Tangga, SKRT). Ministry of Health, Indonesia, Jakarta.

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¹¹⁹ Indonesia Millennium Development Goal Report, BAPPENAS, 2004

¹²⁰ Ibid

¹²¹ Ibid

¹²² Ibid

¹²³ Ibid

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¹²⁵ Data were not collected for Aceh and Papua. One characteristic of conflict in Indonesia demonstrated by the UNSFIR database is that it is highly locally concentrated: 15 districts (kabupaten and kota) in 5 provinces (excluding Aceh and Papua), containing a mere 6.5 per cent of the country's population, account for as much as 85.5% of all deaths from group violence. However, the database also demonstrates that many apparently non-conflict areas have high susceptibility to outbreaks of civic violence, including inter-group or village brawls and episodes of "popular justice" (vigilante killings) or Dukun Santet (killings of persons who allegedly practice black magic). Collective violence also notably includes that against ethnic Chinese Indonesians in Jakarta and Solo in the May 1998 riots. Varshney, Panggabean and Tadjoeddin (2004) "Patterns of Collective Violence in Indonesia (1990-2003)," UNSFIR Working Paper Series No. 04/03.

¹²⁶ Once East Timor formally seceded from Indonesia, these people became internationally recognised as refugees, although they have also been regarded as Indonesian citizens eligible for resettlement in Indonesia. At the end of 2002, UNHCR applied the cessation clause on refugee status for East Timorese in West Timor.

¹²⁷ Additional instruments include, for example, the Presidential Instruction (INPRES) Number 6 of 2003, on accelerating post-conflict recovery in the provinces of Maluku and North Maluku. Additionally, the National Development Planning Agency (BAPPENAS) has also prioritised development in conflict areas, through efforts such as drafting a "Grand Strategy on Conflict Management," being led by Conflict Task Force hosted by BAPPENAS.

¹²⁸ Mid-2003 is when the last systematic count of IDPs was undertaken, together by OCHA and BAKORNAS PBP, in a series of field visits to affected areas.

¹²⁹ In many cases, these include IDP groups that were ethnic minorities who had migrated over decades to areas where conflict later broke out, such as ethnic Javanese displaced to North Sumatra from the conflict

in Aceh, and ethnic Madurese displaced to Madura following conflict in Kalimantan. For many of these IDPs, widespread return has not been a realistic option.

¹³⁰ Natural Disaster Profile of Indonesia, EM-DAT: OFDA/CRED International Disaster Database.

¹³¹ Human-made disasters including urban fires and technological failures, although excluding social unrest and bomb blasts/explosions. ADRC Indonesia Country Report 2003.

¹³³ Indonesia National Human Development Report 2004. Note that all data are from the National Human Development Report, unless otherwise specified.

¹³⁴ Based on a comparison of poverty levels of IDPs to the poverty line of the district where the IDPs were located. WFP, "Internally Displaced Persons in Indonesia: Livelihood Survey Synthesis Report," 2002.

¹³⁵ Report of the FAO/WFP crop and food supply assessment mission to Indonesia, 1998.

¹³⁶ WFP, "Internally Displaced Persons in Indonesia: Livelihood Survey Synthesis Report," 2002.

¹³⁷ Indonesia Human Development Report 2004.

¹³⁸ Additionally many IDPs who have locally integrated or resettled have not yet been issued new identity cards (KTP), which limits their access to poverty reduction programmes and social services, and creates additional vulnerability and insecurity for the future.

¹³⁹ These processes include, for instance, a series of multi-stakeholder "Peace and Development Analysis" workshops undertaken for Maluku, North Maluku and Central Sulawesi provinces by Gadjah Mada University with support from UNDP in June to July 2004.

¹⁴⁰ CBS, 2002 - Population Projection by Province based on the 2000 Population Census.

¹⁴¹ Fertility, Mortality and Migration Estimates, BPS, 2001

¹⁴² CBS Population Census, as quoted in Menko Kesra and BKKBN, 2002: Indonesia Country Report – Population and Poverty.

¹⁴³ UN, 2004, World Population Policies 2003

⁶ Bappenas, 2001 and 2004, Government Annual Budget

⁷ Source: BPS, 2001. Estimation of Fertility, Mortality and Migration: Results of 2000 Population Census

⁸ BPS Statistics Indonesia, ORC Macro, 2003. Indonesia Demographic and Health Survey 2002-2003.

⁹ BPS Statistics Indonesia, ORC Macro, 2003. Indonesia Demographic and Health Survey 2002-2003.

¹⁴⁴ Susenas 2001. Note that the Indonesia Demographic and Health Survey (IDHS), 2002-2003 reports 47.4% owning birth certificates, but this is among registered births. The same survey reports 53.5% of children under five years of age as registered, but these may be registered through different documents (hospital records, village records, etc), and not all through birth certificates.

¹⁴⁵ SAKERNAS (including unpublished data from 1999/2000 obtained by ILO), SUSENAS, and Survey of Children's Welfare

¹⁴⁶ Government of Indonesia, 2004. *Millennium Development Goals: First Progress Report*, Bappenas, February 2004.

¹⁴⁷ Ministry of National Education statistics for 2001-2002 school year: 1.94 million.

¹⁴⁸ Unger and Irawan, 2002. ILO Working Paper on Child Labour in Indonesia 2002.

¹⁴⁹ UNICEF, 2000. *Situation Analysis on Children in Need of Special Protection*. Cited by the Government of Indonesia's First Periodic Report to the UN Committee on the Rights of the Child. Reviewed by the Committee in January 2004.

¹⁵⁰ ILO-IPEC, *Rapid Assessment on Child Trafficking for Prostitution in Jakarta and West Java*, 2004

¹⁵¹ UNICEF supported assessments in NTB and NTT (2003) and a study carried out in six major cities in 1999.

¹⁵² The Ministry of Social Affairs reports that 7,774 orphans were in 3,401 institutions in 2004.

¹⁵³ Purnianti, Mamik Sri Supatmi and Ni Made Martini Tinduk, *Situation Analysis of Juvenile Justice System in Indonesia*, University of Indonesia/UNICEF, 2003. 4,325 were detained in all prisons and detention centres during the first five months in 2002. Since some will be released and others will be sentenced at any one time, between 4000-5000 is an estimate of the total number at any one time.

¹⁵⁴ These figures are based on data obtained in various detention centers and prisons as there is no centralized database system on the number of juveniles detained and/or imprisoned.

¹⁵⁵ Purnianti, Mamik Sri Supatmi and Ni Made Martini Tinduk, *Situation Analysis of Juvenile Justice System in Indonesia*, University of Indonesia/UNICEF, 2003.

¹⁵⁶ In 2002, there were 17 juvenile correctional centers in Indonesia.

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- ¹⁵⁷ Government of Indonesia, 2001. *First Periodic Report to the UN Committee on the Rights of the Child, 1993-2000*. Reviewed by the Committee in January 2004.
- ¹⁵⁸ Irwanto et al., 2000. A survey of 9,247 street children conducted in 12 cities. Centre for Community Research and Development, Atma Jaya Jakarta University. Cited in the GoI's *First Periodic Report to the UN Committee on the Rights of the Child, 1993-2000*. Reviewed by the Committee in January 2004.
- ¹⁵⁹ Susenas, 2003.
- ¹⁶⁰ UNICEF, 2004. *Participatory Research on Commercial Sexual Exploitation of Children in Surakarta and Indramayu, 2004* (to be published).
- ¹⁶¹ Population Council and USAID, *Female Circumcision in Indonesia, 2003*. The survey was of 1,694 households from 6 rural districts and 2 urban cities (Banten, Madura, Padang, Serang, Sumenep, KutaiKertanegara, Makassar, Bone, Gorontalo). While these regions were purposively selected, the survey used probability sampling within each region.
- ¹⁶² WHO, 1998. *Female Genital Mutilation: An Overview*. Geneva.
- ¹⁶³ Lembaga Bantuan Hukum Asosiasi Perempuan Indonesia untuk Keadilan: LBH-APIK
- ¹⁶⁴ Indonesian National Commission on Violence against Women, August 2002.
- ¹⁶⁵ National Commission for Anti-Violence Against Women, February 2004.
- ¹⁶⁶ Statement of the Consortium for Indonesian Migrant Workers Advocacy (Kopbumi), 2001. However the 2.04 million reported refers only to Indonesia migrant workers with "cases" (either illegal or those who lodged complaints). Total numbers could be substantially higher. In <http://www.december18.net/web/general/UNWConfNGO18.pdf>
- ¹⁶⁷ Asian Migrant Year Book, 2000
- ¹⁶⁸ Statement of the Consortium for Indonesian Migrant Workers Advocacy (Kopbumi), 2001. In <http://www.december18.net/web/general/UNWConfNGO18.pdf>
- ¹⁶⁹ UNHCR, 2004
- ¹⁷⁰ Article 28 G, Constitution of the Republic of Indonesia.
- ¹⁷¹ The Convention Relating to the Status of Refugees of 28 July 1951 and its Protocol of 31 January 1967
- ¹⁷² ILO, 2003. *Discrimination in the World of Work: A Brief Look at the Situation in Indonesia*. Jakarta
- ¹⁷³ National Household Health Survey (Survey Kesehatan Rumah Tangga/SKRT), 2001. Total sample 6,272 households, covering all provinces except Nanggroe Aceh Darussalam, Maluku and Papua.
- ¹⁷⁴ WHO, 2004. Jakarta
- ¹⁷⁵ Markkanen, Pia K. (2004): Occupational Safety and Health in Indonesia. ILO, Sub-Regional Office for south-East Asia and the Pacific, Manila, Philippines.
- ¹⁷⁶ Ministry of Labour and Transmigration, 1999.
- ¹⁷⁷ Inputs from Dr. Rahmat Sentika, Deputy for Welfare and Protection, Ministry of Women's Empowerment (MenNegPP), personal communication, 30 July 2004.

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- ¹⁷⁸ UNIDO CCA Working Group input
- ¹⁷⁹ UNIDO 2002
- ¹⁸⁰ PLN, 2001
- ¹⁸¹ ITU, 2000
- ¹⁸² ITU, 2000
- ¹⁸³ ITU, 2000
- ¹⁸⁴ Promoting ICT for Human Development in Asia: Realizing the Millennium Development Goals. Regional Human Development Report. Asia Pacific Development Programme, Kuala Lumpur; Asia-Pacific Regional Initiative on HDRs, HDRC, New Delhi; Regional Bureau for Asia and the Pacific, UNDP.
- ¹⁸⁵ Development Data Group, World Bank Report, 9/9/2002
- ¹⁸⁶ APJII
- ¹⁸⁷ BPS-Statistics Indonesia, according to the 2000 Census
- ¹⁸⁸ Development Data Group, World Bank Report, 9/9/2002
- ¹⁸⁹ Digital Review of Asia Pacific 2003/04, APJII
- ¹⁹⁰ BPS, 2000
- ¹⁹¹ MoNE, 1998
- ¹⁹² MONE 2001, in Promoting ICT for Human Development in Asia: Realizing the Millennium Development Goals. Regional Human Development Report. Asia Pacific Development Programme, Kuala Lumpur; Asia-Pacific Regional Initiative on HDRs, HDRC, New Delhi; Regional Bureau for Asia and the Pacific, UNDP.
- ¹⁹³ Wati Hermawati. Assessment of Resources, Best Practices and Gaps in Gender, Science and Technology in Indonesia. PAPPITEK LIPI, 2002
- ¹⁹⁴ Promoting ICT for Human Development in Asia: Realizing the Millennium Development Goals. Regional Human Development Report. Asia Pacific Development Programme, Kuala Lumpur; Asia-Pacific Regional Initiative on HDRs, HDRC, New Delhi; Regional Bureau for Asia and the Pacific, UNDP.
- ¹⁹⁵ IWAPI, 2003 in Promoting ICT for Human Development in Asia: Realizing the Millennium Development Goals. Regional Human Development Report. Asia Pacific Development Programme, Kuala Lumpur; Asia-Pacific Regional Initiative on HDRs, HDRC, New Delhi; Regional Bureau for Asia and the Pacific, UNDP.
- ¹⁹⁶ World Competitiveness Yearbook 2003, quoted in Data and Indicators for Technology and Science, Ministry of Research and Technology, 2003
- ¹⁹⁷ Project Report: ASEAN-ROK Development of Technology Competitiveness Indicators in ASEAN, July 2004
- ¹⁹⁸ *ibid*
- ¹⁹⁹ Indikator Iptek Indonesia 2003. MoRT dan PAPPITEK-LIPI.
- ²⁰⁰ MoRT: Brief Information Related to the MoRT Within the Context of Industrial Development
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