INDONESIA

Progress Report on the

Millennium Development Goals

February 2004

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Town, village
International boundary
Provincial boundary
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Railroad
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0 250 500 750 km
0 250 500 mi
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

FOREWORD

by His Excellency the Coordinating Minister for People's Welfare

Assalamualaikum Warahmatulahi Wabarokatuh,

This First Progress Report on the Millennium Development Goals serves as a basis for monitoring development progress in Indonesia, which with 188 other countries, has committed itself to the eight Millennium Development Goals as a measure of human development. There is, thus, an obligation—to the public, to communities and the country—to meet the Millennium Development Goals in efforts to ensure the well-being of the people of Indonesia.

Out of the eight goals, the first seven fall under the responsibility of sectors and institutions coordinated by the Coordinating Ministry for People's Welfare. We, therefore, urge all concerned to work together and make the implementation of this commitment a success.

Data are still not available for all indicators related to the Millennium Development Goals. Nevertheless, this First Progress Report has been completed with hard work and efforts from all concerned. For this, we thank all those who were involved in developing and preparing this Report.

In future, more complete and accurate data and information are needed on a continual basis, so that all indicators for the Millennium Development Goals can be monitored. It will be necessary to obtain data that can be used locally for regional development, as well as accurate data that can be used nationally for macro-planning. Data also have to be timely and comparable, for use in examining trends, while internationally recognized indicators are necessary for comparison with other countries. All these are steps that lead towards realizing the wellbeing of society.

Let us work together with enthusiasm, seriousness and sincerity so that Indonesia can realize the Millennium Development Goals.

Wassalamualaikum Wr.Wb.

M. Jusuf Kalla
Coordinating Minister for People's Welfare

PREFACE

by His Excellency the State Minister for National Development Planning

In September 2000, the Government of Indonesia attended the Millennium Summit and signed the Millennium Declaration, agreeing on a set of development goals, designated as the Millennium Development Goals. One of the signatories of this Declaration, the Government of Indonesia has an obligation to take action in order to realize these goals and to monitor progress towards their achievement.

This First Progress Report on the Millennium Development Goals captures Indonesia's situation over the period 1990 to 2003, and examines trends up to 2015. The Report also summarizes the challenges, the policies and the programmes relating to the realization of these goals in Indonesia.

Using the Millennium Development Goals will allow better comparison between Indonesia and other countries, and will also provide a sound basis for improving development cooperation between developing and developed countries. At national level, the Millennium Development Goals play an important role in measuring development progress in the relevant sectors. The Millennium Development Goals are, therefore, an important input for Indonesia's national development planning.

Realizing the Millennium Development Goals will not be easy, especially when Indonesia is still experiencing transition to a more democratic form of government and carrying out reforms in almost every sector. At the same time, the country is still feeling the impact of the 1997 economic crisis. Nonetheless, the Government remains optimistic about achieving these goals and targets. This will require much effort and the support of all stakeholders—from the Government, from civil society, the business sector, the political arena and academic institutions—who will need to work together to meet these commitments.

Finally, we would like to congratulate the team who prepared this Report, which represents an important step in the efforts to achieve the Millennium Development Goals in Indonesia. We hope that it will be useful to all stakeholders.

Kwik Kian Gie
Minister of Development Planning/
National Development Planning Agency

STATEMENT

from the United Nations Country Team in Indonesia

Indonesia's First Progress Report on the Millennium Development Goals is the outcome of a process that was led and owned by the Government of Indonesia. The Report provides us with a clear analysis of where Indonesia is and what needs to be done.

It has been a pleasure and a privilege for the United Nations System in Indonesia to work with the Government on the preparation of this report. This was a very collaborative process: the Government team and its five Working Groups involved all relevant Ministries and institutions, while the United Nations Task Force supporting the Government in this endeavour was drawn from all concerned UN agencies and chaired by UNICEF. We would like to thank the Government of Indonesia for the close cooperation throughout this process.

We look forward to continuing our support to the Government of Indonesia's efforts to create an environment conducive to the elimination of poverty, and—in the words of the Millennium Declaration—to make "the right to development a reality for everyone."

Bo Asplund
United Nations Resident Coordinator

Steven Allen
UNICEF Representative and Task Force Manager for UN support to the Government's MDG Report

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SUMMARY OF NATIONAL DATA

for monitoring the MDGs: Indonesia 1990–2002

MDG INDICATORS			1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Goal 1: Eradicating Extreme Poverty and Hunger															
1a	Proportion of population below national poverty line	%	15.1			13.7			17.5			23.4			18.2
1b	Proportion of population living below $1 per day	%	20.6			14.8			7.8			12.0	9.9	9.2	7.2
2	Poverty gap (incidence x depth of poverty)	%	2.7			3.9			1.8			4.3			3.0
3	Share of poorest quintile in national consumption	%	9.3			9.1			8.7			9.6			9.1
4	Prevalence of underweight children under-five years of age	%			35.5			31.6			29.5	26.4	24.6	26.1	27.3
5	Proportion of population below minimum level of dietary energy consumption	%	69.5			71.7			68.1			73.9			64.6
Goal 2: Achieving Universal Basic Education															
6	Net enrolment ratio in primary education (age 7–12 years)[1]	%			88.7		92.1	91.5	91.5	92.3	92.1	92.7	92.3	92.9	92.7
	Net enrolment ratio in junior secondary education (age 13–15 years)	%			41.9		50.0	51.0	54.5	57.8	57.0	59.2	60.3	60.5	61.7
7a	Proportion of pupils starting grade 1 who reach grade 5	%	75.6	74.7	74.3	75.6	77.5	80.2	81.0	80.9	82.2	81.8	82.6	81.9	82.2
7b	Proportion of pupils starting grade 1 who complete primary school	%	62.0	62.6	63.4	64.4	66.1	68.1	70.0	71.3	71.9	73.3	74.0	75.1	74.4
	Proportion of pupils starting grade 1 who complete nine years of basic education	%		32.1	30.7	29.6	32.3	33.6	32.3	36.6	40.2	45.3	44.4	45.7	46.8
8	Literacy rate of 15–24 years olds	%			96.6		97.6	97.5	97.7	98.1	98.3	98.4	98.4	98.3	98.7
Goal 3: Promoting Gender Equality and Empowering Women															
9a	Ratio of girls to boys in primary education (7–12 years)	%			100.6		99.9	100.2	99.8	99.7	100.1	100.1	100.3	100.3	100.1
9b	Ratio of girls to boys in junior secondary education (13–15 years)	%			101.3		100.1	101.1	103.4	101.7	103.2	102.5	104.2	104.8	102.6
9c	Ratio of girls to boys in senior secondary education (16–18 years)	%			98.0		95.2	94.7	96.1	99.6	99.9	103.2	103.7	100.1	97.1
9d	Ratio of females to males in tertiary education	%			85.1		82.2	83.6	85.3	79.5	81.8	90.0	89.9	87.1	92.8
10	Ratio of literate females to males 15–24 years old	%			97.9		98.8	99.0	99.1	99.2	99.5	99.4	99.4	99.6	99.8
11	Share of women in wage employment in the non-agricultural sector	%			29.2		36.7	36.0	28.3	28.3	37.6	31.2	30.9	30.3	28.3
12	Proportion of seats held by women in the National Parliament	%			12.5					12.5		8.8			

SUMMARY OF NATIONAL DATA

for monitoring the MDGs: Indonesia 1990–2002

MDG INDICATORS			1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Goal 4: Reducing Child Mortality															
13	Under-five mortality rate[2]	per 1,000 lb					81.0			58.0					46.0
14	Infant mortality rate[2]	per 1,000 lb					57.0			46.0					35.0
15	a) Proportion of children immunized against measles before their first birthday (timely immunization coverage)—IDHS	%		44.5			54.6			60.0					
15	Proportion of 12–23 months-old children immunized against measles	%		57.5			62.5			70.9					71.6
Goal 5: Improving Maternal Health															
16	Maternal mortality ratio[2]	per 100,000 lb					390			334					307
17	Proportion of births attended by skilled health personnel	%			40.7		47.2	49.7	49.2	56.3	56.0	63.1	66.9	66.6	68.4
17a	Contraceptive prevalence rate among married women ages 15–49 years[3]	%			50.5		54.2	55.2	54.2	55.3	55.4	55.3	54.4	52.5	54.2
Goal 6: Combating HIV/AIDS, Malaria and Other Diseases															
18	HIV prevalence among 15–24 years old pregnant women														
19	Proportion of contraceptive users (married women ages 15–49 years) reporting condom use	%			1.3		1.0	0.8	0.8	0.8	0.7	0.6	0.4	0.4	0.4
19a	Condom use at last high-risk sex	%													
19b	Proportion of population aged 15–24 with comprehensive correct knowledge of HIV/AIDS														
20	Number of children orphaned by HIV/AIDS														
21a	Malaria prevalence rates	per 100,000												850	
21b	Death rates associated with malaria, men	per 100,000											11		
21c	Death rates associated with malaria, women	per 100,000											8		
22	Proportion of population in malaria risk areas using effective malaria prevention and treatment measures:														
22a	Proportion of children under 5 years who sleep under impregnated bednets	%											0.2		
22b	Proportion of children under 5 years ill with fever who received anti-malarial drugs	%											4.4		

MDG INDICATORS			1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
23a	Tuberculosis prevalence rates	per 100,000									786				
23b	Death rates associated with tuberculosis	per 100,000									68				
24	DOTS—tuberculosis detection rate	%						1	5	8	12	19	19	21	29
24	DOTS—tuberculosis success rate	%	90	85	76	78	68	51	47	74	77	76	84	86	
Goal 7: Ensuring Environmental Sustainability															
25	Proportion of land area covered by forest	%				67.68								64.2	
26	Ratio of area protected to maintain biological diversity, to surface area	%											26.4		
27	Energy use (barrel oil equivalent per million rupiah GDP)					1.5	1.44	1.4	1.37	1.36	1.56	1.61	1.61		
28a	Carbon dioxide emissions (kilogram per capita)		2,536					2,652					2,251		
28b	Consumption of ozone-depleting CFCs (ODP metric ton)				7,815	5,211	7,728	9,150	9,580	8,162	6,608				
29	Proportion of population using biomass as cooking fuel	%			66.1			59.7			52.1			44.0	
30	Proportion of population with sustainable access to an improved water source	%					38.2	38.5	41.5		43.1	43.4			50.0
31	Proportion of population with access to improved sanitation	%			30.9	30.2	33.9	53.4	56.4	59.3	64.9	61.1	62.7	61.5	63.5
32	Proportion of households with access to secure tenure:														
	Proportion of households who own or rent their homes	%			87.7			85.1			87.3			83.5	
	Proportion of households possessing a land ownership certificate	%												32.3	

Notes: Indicator numbers refer to those in "Indicators for Monitoring the Millennium Development Goals" (2003), United Nations.

[1] The End Decade Statistical Report (2000) by BPS—Statistics Indonesia gives 91.1% for this same year. These small differences may lie in the process of recalculating by province.

[2] Points represent mortality estimates for the five year periods 1990–1994, 1993–1997, and 1998–2002.

[3] Indonesia adopted this as another indicator for maternal health.

PART I

BACKGROUND

1. INTRODUCTION

The Millennium Development Goals: Background

The Millennium Summit. The Millennium Declaration was issued at the Millennium Summit in New York in September 2000, attended by 189 Member States of the United Nations (UN), with 147 of them represented by Heads of State or Government. It covers issues of peace, security and development—including the environment, the protection of vulnerable groups, human rights and governance—and brings a set of interconnected development goals into a global agenda. Called the Millennium Development Goals (MDGs), the eight goals are: to eradicate extreme poverty and hunger; achieve universal basic education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability; and develop a global partnership for development. Seven of these were translated into targets that can be measured and their progress reported through verifiable and internationally comparable indicators.

Other development goals. Successive UN development decades, from the 1960s through to the 1980s, have set development goals, while other goals emerged from UN conferences and summits during the 1990s, including: the 1990 World Summit for Children in New York; the 1990 World Conference on Education for All in Jomtien; the 1992 UN Conference on Environment and Development in Rio de Janeiro; and the 1995 World Summit for Social Development in Copenhagen. Many of these earlier goals and targets were consolidated into the International Development Goals (IDGs) initially by the Organization for Economic Co-operation and Development (OECD) in 1996 and subsequently endorsed by the UN, World Bank and International Monetary Fund (IMF).[1] The MDGs incorporate the IDGs and therefore do not contradict agreements reached at previous global conferences.

Interdependence. The MDGs are not UN goals, although the UN has embarked on a global campaign to help to realize them. Rather, the MDGs are goals adopted by countries through the governments which represented them at the Millennium Summit. However, the goals are to be achieved not only by the central government but also by local governments, parliamentarians, civil society, the mass media and other stakeholders. The MDGs are closely linked to one another. For example, eradicating extreme poverty and hunger (Goal 1) is a necessary but insufficient condition for achieving the goals that relate to education, gender equality, health and environmental sustainability. Similarly, the progress towards the first seven MDGs is also dependent on progress towards Goal 8—which calls for more and better development assistance, a more open and fair framework for trade and a new international financial architecture. The MDGs imply a concerted global effort to monitor progress, raise awareness, catalyze action, reform policies, build capacities and mobilize resources towards meeting the goals.

The purpose of Indonesia's first MDG Report

Reaching agreement and setting benchmarks. This first MDG Report represents the Government of Indonesia's attempt to take stock of the country's human development situation in relation to the first

seven MDGs;[a] to measure and analyze progress; identify challenges; and review the policies and programmes necessary to meet the targets. The report uses existing data sources and goes back to 1990,[b] the baseline year for the MDGs. Wherever possible, this report examines the situation at both national and provincial levels. A primary purpose of this MDG Report is to establish consensus and reach agreement on Indonesia's progress with its MDG targets and to set benchmarks for future work.

Advocacy. Another purpose of this report is to provide a sound basis for advocacy with policy makers, government institutions, parliamentarians, non-governmental organizations (NGOs), civil society organizations, the Indonesian public and international organizations and bodies. The information in this report may be used in various forms (for example, a popular version) to promote the MDGs and encourage various stakeholders to take action at each level.

Not a planning instrument. This report shows national goals and targets where they already exist, but this report should not be seen as a planning instrument which formulates and sets national planning targets. Target-setting is a linked but separate step within the ongoing national development planning processes, which include formulating poverty-reduction strategies and targets that are appropriately localized, or adjusted to the national or local situation. It is expected that the information in this report will be useful for such planning and costing processes.[2]

National and regional targets. Central and regional governments, and other stakeholders, need to reach a consensus on how national or international targets will be localized and how resources will be allocated and mobilized. To this end, the Government is planning a social summit as a forum for dialogue between the central and regional governments.

Data sources and availability

Data sources. The Government of Indonesia's five Working Groups for the MDG Report, supported by the Central Statistical Office of Indonesia (BPS—Statistics Indonesia) and the UN Task Force, reviewed several data sources for the MDG indicators which can conveniently be grouped into surveys and censuses, and institutional reporting systems.

Survey data. The National Socio-Economic Surveys (called Susenas), implemented by BPS—Statistics Indonesia, are a major source of data for the MDGs. Indonesia first introduced the Susenas in 1963, with subsequent surveys conducted in 1964, 1965, 1967, 1969, 1970, 1976, 1978, 1979, 1981, 1982, 1985 and 1989.[3] However, these Susenas were not standardized and the modules varied according to specific years. Starting from 1992, BPS—Statistics Indonesia revised and standardized the Susenas, with a view to establishing a regular monitoring system for welfare indicators. The 1992 Susenas were launched with core and module components and since then the Susenas have been implemented every year with the same core component[c] but with different module components, depending on the year. The periodicity of a module component is normally three years, unless special funding becomes available. For example, before 1998, child nutrition—a module component—was measured through an anthropometric module only once every three years.

[a] Developing countries, such as Indonesia, are expected to report on Goals 1 to 7, while developed countries have primary responsibility for reporting on Goal 8.

[b] Or the closest year to 1990, depending on the available data.

[c] However, the core component is also subject to revision. Since 2001, for example, birth registration has become part of the core component.

From 1998 to 2002, BPS—Statistics Indonesia obtained extra funding to measure child malnutrition every year.

Institutional sources. Data for some MDG indicators are only available from institutional sources. Like survey data, the reliability and use of institutional data have to be considered on a case-by-case basis. Institutional data can still have the drawback of having incomplete coverage; incomplete reporting, especially since decentralization; and a non-functioning vital registration system, which means that population denominators estimates use projections from censuses. Estimates may vary by ministry, and even within the same ministry, which leads to large differences in reporting.

Data disaggregation. National averages are misleading, especially in a country as vast and diverse as Indonesia. At the very least, data should be examined by province and ideally by district[a] Susenas data yield reasonably precise estimates for provincial levels and the yearly core component of the Susenas also provides district-level data with a fairly acceptable level of precision.[4] The Susenas module component is generally unsuitable for producing district-level data, although the appropriateness of using the Susenas or other surveys for district data needs to be considered on a case-by-case basis.

Notes

1 IMF, OECD, United Nations & World Bank, June 2000. *Progress towards the international development goals: A Better World for All*. Washington.

2 For example, in 2004, the Government of Indonesia, through Bappenas and BPS—Statistics Indonesia, supported by UNDP through the UN Support Facility for Indonesian Recovery (UNSFIR), will estimate the financial resources required to achieve MDG targets, based on the trends in this MDG Report.

3 Surbakti, P., 1997. *Indonesia's Socio-Economic Surveys*. BPS—Statistics Indonesia, Jakarta.

4 This depends, however, on the specific indicator, the prevalence and the age cohort it covers. The Susenas core component is based on a sample size of about 200,000 households and the module about 65,000 households. Indonesia has about 31 provinces and 410 districts, so clearly the module component will not yield district-level data with acceptable precision.

[a] *Kabupaten* (district) and *Kotamadya* (city) are the units of governance under decentralization.

2. INDONESIA: DEVELOPMENT CONTEXT

Political context

Old Order. The Independence Proclamation was made in 1945, but it was not until late 1949 that the Dutch formally transferred sovereignty over the archipelago to Indonesia. The liberal democratic Republic of Indonesia established in 1950 was characterized by frequent changes in cabinets, regional tensions and economic difficulties. The first 15 years of Indonesia's history as an independent state were marked by political instability and economic decline. The political situation deteriorated towards the end of the Old Order regime, leading to an abortive *coup d'état* in September 1965.

New Order. In 1966, the New Order regime was established with the transfer of government to General Soeharto, who became president in 1967 and for the next six five-year terms. The Government emphasized maintaining national stability, and formulated and implemented policies in successive five-year development plans. Although economic development was fairly successful, it was not accompanied by political participation, human rights, justice and transparency in public decision-making. In particular, financial transactions were often tinged with corruption, collusion and nepotism (KKN). The increasingly vocal opposition to the New Order regime gained extra momentum from the severe economic crisis that hit Indonesia in late 1997. On 21 May 1998, President Soeharto resigned.

Reform Order (Reformasi). From 1998, Indonesia entered a period of political, economic and social reforms, and has evolved towards a multi-party system and more democratic form of government. Since then, there have been three changes in government. Governance reforms include the strengthening of existing institutions and the creation of new ones to ensure more democratic and effective governance, and greater accountability and transparency in the exercise of government functions. Constitutional reforms have brought a more equitable system of legislative representation. From 2004, the public—rather than the People's Consultative Assembly—will directly elect the Head of Government. Human rights are now more freely exercised than they were during the New Order era.

Economic and social development context

A diversified economy. Agriculture has historically been a dominant sector in both employment and output. Indonesia also has a vast range of mineral resources, which have been exploited over the past three decades. The manufacturing sector began a rapid expansion in the mid-1980s and the share of manufacturing in Gross Domestic Product (GDP) exceeded that of agriculture for the first time in 1991. More recently, the services sector has also expanded rapidly. Exports have been the primary engine of growth. Before the mid-1970s, exports consisted mainly of a small number of primary commodities. But the decline in petroleum prices after 1983 resulted in a concerted push towards industrialization in which semi-processed and manufactured products increasingly dominated exports. Determined efforts to promote tourism since the mid-1980s have also had an impact on export earnings.

New Order economy. The New Order regime began economic rehabilitation by reassessing economic objectives. Stability, growth and equity—which became known as the "Trilogy of Development"—were to be achieved through a series of five-year development plans known as Repelita.[a] From 1976 to 1996, consistently high rates of economic growth helped to dramatically reduce poverty. This growth, averaging around 6 per cent a year between 1970 and 1996, was achieved despite some external shocks.

Asian economic crisis. The 1997–1998 economic crisis led to a slowing of GDP growth to 4.7 per cent in 1997 and a decline of 13.1 per cent in 1998. Economic growth was restored as GDP expanded by 0.8 per cent in 1999 and by 4.8 per cent in 2000. It slowed again to 3.3 per cent in 2001, partly as a result of the global economic slowdown.

Growth strategy. Restoration of economic growth is being pursued in the context of a longer-term development strategy that is people-centered and environmentally sustainable, and with an overarching goal of poverty reduction. Greater emphasis will be placed on the more equitable distribution of economic growth. This strategy continues to be outward looking, taking into account the globalization process while pursuing a policy of decentralizing authority and responsibility. Enhancing competitiveness is a key component, given the huge domestic market and its potential for generating economies of scale, and the abundant human resources.

Population. Indonesia is the fourth most populous country in the world, with an estimated 206 million people in 2000.[1] Population growth in the 1990s was 1.49 per cent a year, marking a decline in part due to a successful family-planning programme. More than 30 per cent of the population is now under 15 years of age. Large-scale migration to urban areas means that some 42 per cent of people now live in cities. But the population distribution between regions remains highly uneven. Despite attempts to ease congestion on Java, Bali and Madura through the transmigration programme, more than 60 per cent of Indonesians live on these three islands, which make up only 7 per cent of Indonesia's land surface area.[1]

Social development policies. Current policies aim to achieve welfare through improved living standards and the fulfillment of basic needs. Health and social welfare policies provided in the State Policy Guidelines (GBHN) include: enhancing human resources and the environment through a healthy

[a] Replacing the Repelita system in March 1999, Propenas (The National Development Programme) sets out broad development policies for 2000–2004.

paradigm approach; strengthening the quality of health institutions and services; developing a social insurance system for the workforce; developing social resilience; giving more attention to the needs of senior citizens and veterans; increasing the public awareness about groups with social problems; and eradicating drug trafficking and abuse.

Education policies. The major policies emphasize human resource development and focus on: extending and creating more equitable educational opportunities; improving the quality and welfare of teachers; empowering educational institutions as centers for nurturing values, attitudes and capabilities; reforming and consolidating the education system, including through curriculum reform and decentralization; and improving the quality of educational institutions to help them to keep up with advances in science, technology and the arts. Education improved greatly under the New Order, leading to a decline in illiteracy rates.

Health policies. The health sector has seen significant investments since the late 1960s. Health policies have focused on establishing health facilities in rural areas. Preventive health care has also been prioritized, in particular, the provision of a clean drinking-water supply, immunization, improved nutrition and pest control.

Natural resources and the environment

Natural resources. Indonesia's natural resources are the backbone of its subsistence and formal economies. Millions of people depend on subsistence farming, fishing and tree-crop and cash-crop cultivation for a living. The country also has large marine resources. Since the 1970s, commercial logging has reduced Indonesia's once-vast forests. Rich deposits of oil, gas, coal, copper, tin, nickel, bauxite, gold, silver, kaolin, marble and other resources are the mainstays of an important mining and quarrying sector.

National commitment. As a demonstration of its commitment to the sustainable use of natural resources and protecting the environment, the Government established the State Ministry for Environment in 1978. Indonesia also made substantial contributions to the 1993 UN Conference on Environment and Development, and was one of the first signatories to the UN Convention on Biological Diversity and the UN Framework Convention on Climate Change. The sustainable use of natural resources has been prominently mentioned in its national development plans from Repelita II (1973-1978) to the current National Development Programme (Propenas). Despite these commitments and the importance of natural resources to the economy, the use of natural resources has not always been carried out in a sustainable manner. Environmental laws are not always followed and violations—illegal logging, mining and fishing—are often in collusion with local and provincial officials.

Outlook. Natural resources will need to be managed in a more sustainable way and in line with the decentralization policy and regional autonomy. Accordingly, laws and regulations relating to sustainable use of natural resources and environmental protection will need to be harmonized with the authority devolved to local governments. Preventing human and industrial activities from damaging the environment is a key concern.

Decentralization and regional disparities

Regional development policies. These policies—in the GBHN, in line with Laws 22 and 25 on regional autonomy and fiscal decentralization—focus on: developing extensive, real and responsible regional autonomy; reviewing local autonomy policies for the provincial, district/city and village levels; realizing a just fiscal balance between central and local administrations; and empowering local parliaments (DPRD) to carry out their functions and roles.

Challenges. Injustices in sharing fiscal resources between the central and regional administrations have led to discrepancies in economic growth among regions, a lack of regional independence and general dissatisfaction in the regions. Also, in many regions, the economic crisis increased unemployment, poverty and other social problems. A decline in economic activity has led to decreased local revenues and constrained local governments in implementing development activities and providing public services.

Regional patterns of development. Indonesia's regions have developed in an unequal manner. The western areas of Indonesia (Sumatra, Java and Bali) have enjoyed the fastest rates of growth over the past three decades, leading to a concentration of wealth in these densely populated islands. The disparity between western areas and the rest of the country widened during the boom years of the 1980s and 1990s. Growth in the peripheral regions of the country concentrated on areas suitable for the cultivation of cash crops or exploitation of mineral resources. The pace of development has been particularly slow in many of the eastern provinces, which mostly have relatively small populations and are far from the centers of political and economic power. Later chapters in this report give specific examples of disparities in social indicators.

Policy implementation. To address inter-regional disparities, the Government has implemented various policies to increase the direct budget allocation to the regions, strengthen poverty alleviation efforts, promote economic activities and provide opportunities for natural resources management in the regions.

International context

International influences. Indonesia's path to development has been greatly influenced by changes in nearly all aspects of international relations, including the rapid, inevitable process of globalization of business, economic and financial transactions. A major contributor to sustained economic growth during the New Order era was the inflow of international capital through foreign direct and equity investment, commercial loans and Official Development Assistance (ODA) in the form of grants and loans with concessional terms. Indonesia is an active member of the UN and its many agencies, programmes and funds, as well as other inter-governmental organizations, such as the Non-Aligned Movement (NAM). It is also a signatory of many international and regional treaties and conventions, including multilateral trading arrangements such as those established under the auspices of the World Trade Organization (WTO), Asia-Pacific Economic Cooperation (APEC) and Association of Southeast Asian Nations (ASEAN). As a demonstration of its internationalism, Indonesia is also an active proponent of South-South Cooperation (cooperation between developing countries) and has been involved in the TCDC (Technical Cooperation between Developing Countries) programme by sharing with other developing countries its capacities in various

areas, hosting training programmes and providing expert services to the least-developed countries of Asia and Africa.

Commitment to the MDGs. Apart from being a signatory to the Millennium Declaration, Indonesia shows its commitment to the MDGs in the GBHN and the Five-Year National Development Plan. This is further demonstrated by ongoing efforts to formulate poverty-reduction strategies at national and sub-national levels, which are explicitly aimed at realizing the MDG targets.

Realizing the MDG targets. Indonesia will need support from the international community, particularly from developed countries as development cooperation partners. Due to insufficient domestic capital, Indonesia needs a continued net inflow of foreign capital. To retain current foreign investments and attract new investment, Indonesia has taken concrete steps to improve its investment climate, including reforms in the business legal and regulatory framework and other measures explicitly provided in the Government's IMF exit strategy, otherwise known as the White Paper. There is a net outflow of ODA loans, as debt service payments (principal and interest) for outstanding ODA loans exceed new inflows. Net inflow must be restored as a source of investment financing, which could be achieved by increased inflow and domestic capacity to absorb new loans with more concessional terms, or by outright debt forgiveness and other forms of debt relief from creditors. Debt relief and more generous ODA for countries committed to poverty reduction, such as Indonesia, are in fact included as targets, albeit neither time-bound nor quantified, for the eighth MDG (a global partnership for development). As exports have been one of the major sources of growth in Indonesia, cooperation from developed countries is critical to increase the access to markets in these countries, another Goal 8 target. Without such cooperation from developed countries—as asked for in the Millennium Development Compact[2]—the realization of the MDG targets by Indonesia would be jeopardized.

Notes

[1] BPS—Statistics Indonesia, 2003. *Statistical Year Book of Indonesia 2002.*
[2] UNDP, 2003. *Human Development Report.*

PART 2.

PROGRESS TOWARDS GOALS

GOAL 1: Eradicating Extreme Poverty and Hunger

GOAL 2: Achieving Universal Basic Education

GOAL 3: Promoting Gender Equality and Empowering Women

GOAL 4: Reducing Child Mortality

GOAL 5: Improving Maternal Health

GOAL 6: Combating HIV/AIDS, Malaria and Other Diseases

GOAL 7: Ensuring Environmental Sustainability

GOAL 1

Eradicating Extreme Poverty and Hunger

Goal 1: Eradicating Extreme Poverty And Hunger

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Indicators used:
- **Proportion of population below the national poverty line (poverty head count ratio)**
- **Proportion of population below $1 per day**
- **Poverty gap (incidence x depth of poverty)**
- **Share of poorest quintile in national consumption**

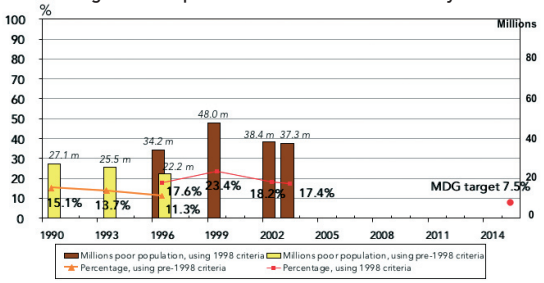
Status and trends

Poverty head count ratio. The proportion of poor population—those living below the national poverty line—decreased from 15.1 per cent in 1990 to 11.3 per cent in 1996 (Figure 1.1). In 1998, the Indonesian Government adopted new thresholds for the national poverty line that reflected a higher standard of living. Subsequently, 1996 poverty levels were adjusted to incorporate the 1998 criteria (Box 1). During the economic crisis, the proportion of poor population increased to 23.4 per cent in 1999 and then declined to 18.2 per cent in 2002 and 17.4 per cent in 2003. Projections of trends between 1999 and 2003 show that Indonesia is on track to achieving the MDG target on poverty reduction of 7.5 per cent, or half the 1990 levels for the country as a whole (Figure 1.2). However, prospects of achieving the MDG target across the provinces are uneven. (Table 1.1).

Poverty gap. The poverty gap, or the Foster-Greer-Thorbeke P1 measure , has not shown much change, fluctuating between 2 and 4 per cent between 1990 and 2002. In 2002, this measure[a] was 3 per cent (Figure 1.4 and Table 1.2a).

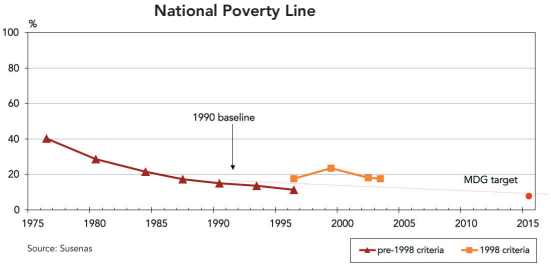
Depth of poverty. The mean depth of poverty,[b] as a proportion of the poverty line, has varied from 10 to 28 per cent since 1990. In 2002, the mean consumption of the poor was 16.5 per cent below the National Poverty Line (Table 1.2b)

Figure 1.1. Population below the National Poverty Line



Source: Susenas

Figure 1.2. Proportion of population below the National Poverty Line



Source: Susenas

[a] The Poverty Gap is defined as Incidence times Depth of Poverty, also expressed as $PG = \frac{1}{n}\sum_{i=1}^{q}\left[\frac{z - y_i}{z}\right]$, where n= population size; q= the number of poor people; z= poverty line; and yi = is the income of the individual=i.

[b] The Depth of Poverty, I, is calculated as: , $I = \frac{z - y^p}{z}$, where y^p denotes the mean consumption of the poor.

Box 1. The national poverty line

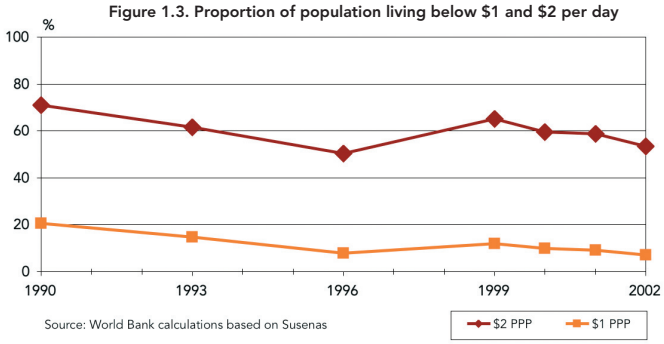
The national poverty line is the rupiah value an individual needs to fulfil his or her daily minimum requirement for food of 2,100 kilocalories (kcal), plus non-food minimum needs, such as housing, clothing, health, education and transportation. The food poverty line is the cost of meeting the basic food needs of 2,100 kcal per day, while the non-food poverty line is how much a person has to spend to fulfil their basic, minimum non-food requirements. People whose expenditures are less than the Poverty Line are classified as living below the Poverty Line, or as poor population.

The poverty standard used by the Central Statistical Office (BPS—Statistics Indonesia) is dynamic because it has to be realistic and adjust to shifts in consumption patterns and national aspirations. For example, Figure 1.1 shows two different estimates for the proportion of people living below the poverty line in 1996, based on two different criteria: the 1996 standard and 1998 standard.[1] The 1998 revision was done not only because of the shift in consumption patterns but also because the definition of minimum basic requirements and commodities had to be broadened to take into account new policies affecting family expenditure, such as the introduction of nine years of compulsory basic education. The poverty data across years in Table 1.1 are based on the two standards—1996 for the earlier years and 1998 for the later ones.

Box 2. Assessing MDG achievement

How the MDG achievement is judged depends on which criteria are used. Applying the international criteria of $1 per day[a], the proportion of poor population in Indonesia in 1990 was 20.6 per cent. In effect, this means that Indonesia had already achieved the 2015 MDG target of 10.3 per cent by 1996 and then again, following the economic crisis, by 2002.

Figure 1.3. Proportion of population living below $1 and $2 per day

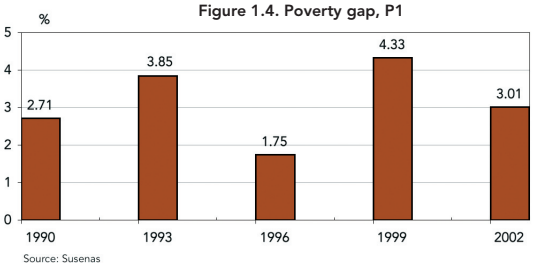


Source: World Bank calculations based on Susenas

On the other hand, using the $2 a day criteria gives quite a different picture: poverty fell from 71 per cent to 54 per cent from 1990 to 2002, making the target for 2015 35.5 per cent. This means that Indonesia has been successful in eradicating extreme poverty, but still has some way to go in eradicating moderate poverty.

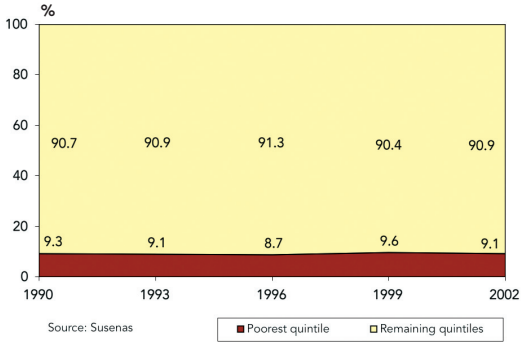
[a] Standardized to 1993 international prices.

Figure 1.4. Poverty gap, P1



Source: Susenas

Figure 1.5. Share of poorest quintile in national consumption



Source: Susenas

Share of poorest quintile in national consumption. This has remained at between 9 and 10 per cent over the past decade (Figure 1.5 and Table 1.3).

Challenges

Disparities. The poverty-related challenges in Indonesia are not only the large numbers of poor but also the striking disparities between regions, provinces, districts and cities. Jakarta and Papua illustrate the disparity between provinces: in Jakarta, only 3.4 per cent of the total population are poor, while about half of Papua's population lives below the poverty line (Table 1.1).

Population at risk. A large proportion of vulnerable people is at risk of falling below the poverty line with changes in their situation or policy directions. Since Indonesia has a significant share of population whose income or expenditure is just above the poverty line, a few percentage points' rise in the poverty line leads to substantial increases in the number of poor people (Box 3).

Policies and programmes

National target and policies. According to the 2000–2004 National Development Programme (Propenas), the national target on poverty eradication

Box 3. The impact of raising the poverty line

Area	1996 criteria			Criteria adjusted to 1998 standard		
	Poverty line	Population below poverty line		Poverty line	Population below poverty line	
	Rupiah per month	Million	per cent	Rupiah per month	Million	per cent
Urban	38,246	7.2	9.7	42,032	9.6	13.6
Rural	27,413	15.3	12.3	31,366	24.9	19.9
Total		22.5	11.3		34.5	17.6

is to reduce the proportion of poor population to 14 per cent by 2004. This target is to be achieved through two strategies: first, by raising income levels through expanding employment and business opportunities and increasing the productivity of the poor; and second, by reducing the cost of food, education, health and infrastructure for poor families. The four main policies in reducing poverty focus on the expansion of opportunities, empowerment of communities, improvement of human resource capacities, and social protection.

Programmes. Poverty eradication is the main priority in the Propenas. Based on Law No. 25/2000, poverty eradication is articulated by three programmes: equitable fulfilment of basic needs, such as essential food, basic health, education and housing services for poor families and communities; the development of an entrepreneurial culture among the poor to enable them to be more productive economically and self-reliant; and the development of a social security system to protect vulnerable groups, in particular, poor families, vulnerable children, the elderly and the disabled.

Activities. The first programme is implemented through providing essential food supplies; implementing price controls; providing basic services, especially in health and education; expanding outreach services; and improving the environment and housing, including a clean water supply. The second programme will be implemented through: providing education and training in entrepreneurial skills; providing technical assistance; promoting entrepreneurial networks and partnerships supported by local organizations, local governments, the private sector and universities; improving access to resources; providing infrastructure and facilities that enable the poor to conduct economic activities; and supplying transmigration settlements for landless farmers. The third programme will be implemented through developing culturally appropriate and effective social security systems; maintaining existing social security systems; and strengthening community and government capacities in managing social security systems. All these poverty eradication programmes are comprehensive and cross-sectoral in nature. There are also other development programmes with activities supporting poverty reduction.

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicators used:

- **Prevalence of underweight children under five years of age**
- **Proportion of population below minimum level of dietary energy consumption (2,100 kcal per capita a day)**

Status and trends

Prevalence of underweight children

Trends. Child malnutrition, as measured by the proportion of children under five years of age who are moderately or severely underweight, decreased from 37.5 per cent in 1989 to 24.6 per cent in 2000. However, a slight rise was seen between 2000 and 2002, reaching 27.3 per cent in 2002. Over the same period, severe malnutrition has increased slightly, from 6.3 per cent in 1989 to 8 per cent in 2002. These statistics support the conclusion from Box 2 that Indonesia still has some way to go before reaching the poorest and most disadvantaged groups. It is also not on track in achieving the MDG target on malnutrition (Figures 1.6 and 1.7, Table 1.4).

Figure 1.6. Prevalence of underweight children under five years of age

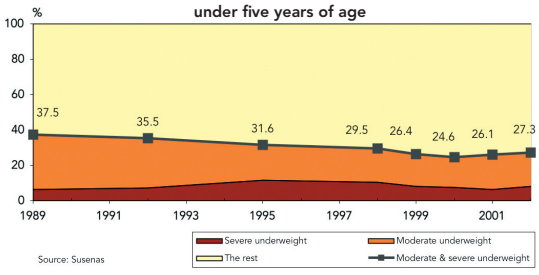
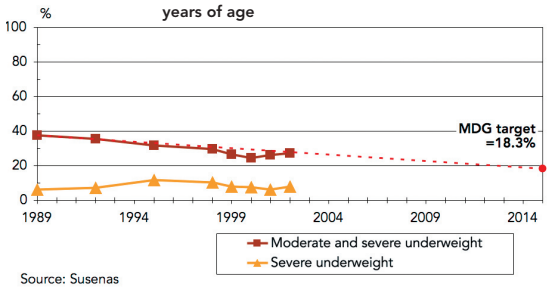


Figure 1.7. Prevalence of underweight children under five years of age



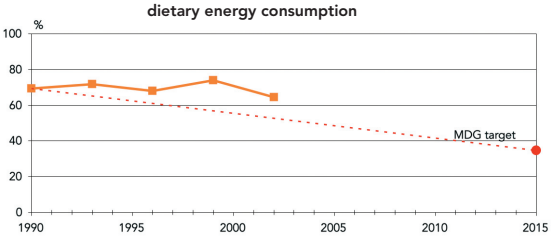
Disparities. There has been a greater reduction in numbers of moderately and severely underweight children in rural areas than in urban centres. In both areas, a consistently bigger proportion of male children are moderately or severely underweight than female children across the years. The disparity in the proportions of underweight children between provinces is striking: from 17.1 per cent in Yogyakarta and 17.9 per cent in Bali to levels as high as 42.3 per cent in Gorontalo and 38.6 per cent in East Nusa Tenggara (NTT) (Tables 1.4 and 1.5).

Prevalence of under-nourishment

Trends. The proportion of people with insufficient food is still high in Indonesia. Two-thirds of the population still consume less than 2,100 kcal a day. The

trend has not changed much over the years (Figure 1.8 and Table 1.6).

Figure 1.8. Proportion of population below minimum level of dietary energy consumption



Source: Susenas, using 2,100 kcals/person/day as threshold

Challenges

The major challenges in reducing malnutrition and under-nourishment will be ensuring that the poor population, especially women and young children, have adequately nutritious food at an affordable price, and reaching this population with interventions for nutrition education.

Policies and programmes

Policy directions. Policies to address hunger are reflected by trends in community nutrition and the food sector, where the focus is on developing and strengthening food security systems based on a diversity of food sources, and on local institutions, cultures and coping mechanisms. The purpose is to ensure the availability of food with adequate nutritional quality at an affordable price.

Food and nutrition policies. The priorities are:

- Empowering families and communities—especially poor families and other vulnerable groups—to develop self-sufficiency in food through community-based activities
- Strengthening early warning systems for food and nutrition, so there will be preparedness for critical periods
- Improving the quality of nutrition and food services, and integrating them into poverty-reduction programmes
- Enforcing sanctions on violations of laws and regulations on food and nutrition, among them laws on food fortification, advertising and labelling

Programmes. These aim to address hunger and malnutrition and improve household food security, and include:

- Providing complementary feeding for infants and children under five years of age, and supplementary feeding for pregnant women from poor families or households lacking food security
- Promoting and "socializing"[2] eating patterns that are balanced and healthy
- Producing and diversifying foods, including local and affordable alternatives
- Educating families on nutrition and caring for children
- Improving the efficiency of food distribution systems to ensure household food security
- Developing community self-sufficiency in food
- Improving early warning systems for food security to alleviate the impact of natural disasters and conflicts on vulnerable groups
- Establishing supporting regulations for the Law on Food (No. 7/1996) and implementing pro-poor regulations on food security and nutrition

Notes

[1] BPS—Statistics Indonesia, 2003. *Statistical Year Book of Indonesia 2002.*

[2] The terms "socialize" and "socialization" *(sosialisasi)*, as used in Indonesia, mean: promoting an idea or programme, usually by disseminating information or mobilizing communities.

GOAL 2

Achieving Universal Basic Education

Goal 2: Achieving Universal Basic Education

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete basic education[a]

Indicators used:
- **Net enrolment ratio in primary education**
- **Net enrolment ratio in junior secondary education**
- **Proportion of pupils starting grade 1 who reach grade 5**
- **Proportion of pupils starting grade 1 who complete primary school**
- **Proportion of pupils starting grade 1 who complete nine years of basic education**
- **Literacy rate of 15-to-24-year-olds**

Status and trends

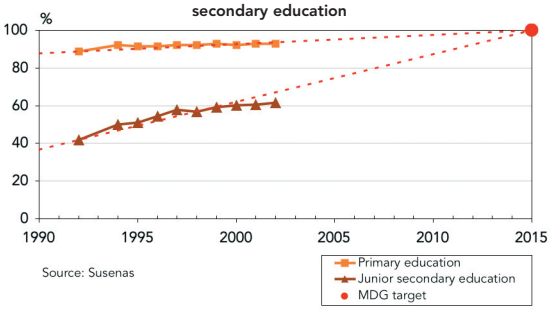
Introduction. The development of a nation requires a critical mass in education; in other words, a significant percentage of the population having a level of education adequate for supporting rapid economic and social development. Indonesia's Nine-Year Compulsory Basic Education Programme aims to develop this critical mass and equip society with basic knowledge and skills—whether for going on to higher levels of education, earning a living, making choices or being able to benefit from technological advances and compete with other countries.

Targets. The MDG target for Indonesia is to ensure that by 2015, all children everywhere, boys and girls alike, are able to complete basic education. This target is in accordance with the Nine-Year Compulsory Basic Education Programme, which aims to increase enrolment in primary and junior secondary education,[b] achieve by 2008 a gross enrolment ratio (GER) of 90 per cent in junior secondary education and improve the quality of basic education, which is still far below the national standard.

Enrolment ratios

Primary net enrolment ratios. Data from the National Socio-Economic Surveys (Susenas) show that Indonesia has achieved high levels of access to primary education for children aged 7 to 12 years. The net enrolment ratio (NER) has increased from 88.7 per cent in 1992 to between 92 and 93 per cent in recent years (Figure 2.1 and Table 2.1). Data from the Ministry of National Education (MoNE) show slightly higher NERs over the years (94 per cent in 2002). The differences in the data collection systems explain the slight differences between the two sources. Susenas uses household data, while MoNE uses school-based data, which makes

Figure 2.1. Net enrolment ratios, primary and junior secondary education



[a] Indonesia defines basic education as nine years: six years of primary education (ages 7 to 12 years) and three years of junior secondary education (ages 13 to 15 years). Indonesia's MDG target is therefore more ambitious than the international target of universal primary education.

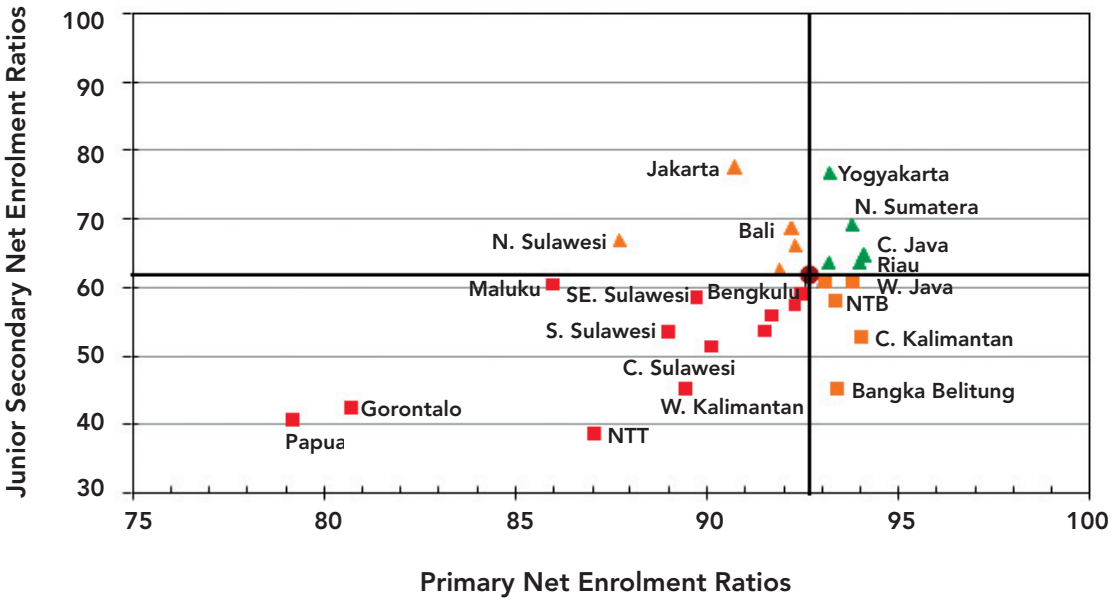
[b] In this Report, the term "primary and junior secondary schools" includes public and private schools (under the Ministry of National Education), and Islamic schools (under the Ministry of Religious Affairs).

multiple counting a possibility, as there are children who go to more than one school. Also, MoNE data are collected at the beginning of a school year, while Susenas data may not always be.

Primary gross enrolment ratios. The NERs are significantly different from the GERs. For example, MoNE data show the primary GER in 2002 at 112 per cent, which is significantly higher than the NER of 94 per cent. This indicates a high number of under-age (under seven years of age) and over-age pupils (over 12 years of age). According to MoNE data, 10.3 and 4.9 per cent of primary school students are under-age and over-age, respectively. Under-age children can enrol in primary schools, a trend that has increased, especially in urban areas. Over-age students may be a result of late enrolment—for example, 42.2 per cent of newly enrolled primary-school students were aged eight years and older in the 2000-2001 school year. Also, by repeating grades, students will complete primary school when they are older than 12 years.

Disparities in primary education. Further analysis based on 2002 Susenas data show consistently high NERs and GERs in primary schools in all population groups, with no significant disparities between rural and urban areas, between girls and boys, and between poverty quintiles (Tables 2.2a and 2.2b). On the other hand, inter-province variation is considerable (Figure 2.2 and Table 2.1), with the NER of some provinces below 90 per cent.

Figure 2.2. Primary and junior or secondary NERs, 2002*



Source: Susenas
* Not all provinces shown
* 2001 data for Maluku and Papua

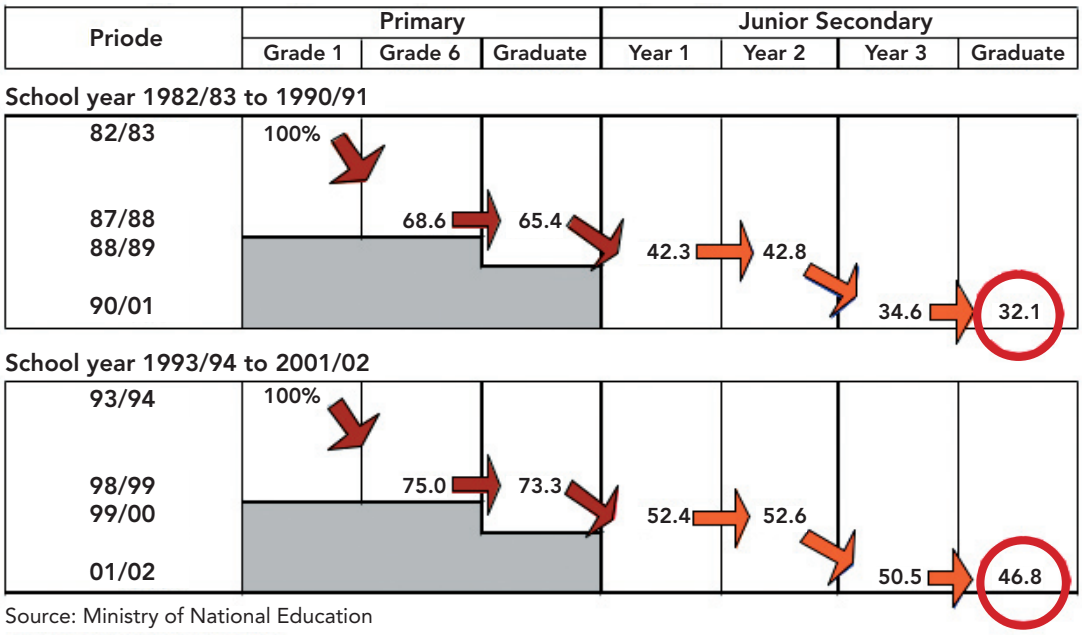
Junior secondary education. The access to junior secondary education has increased significantly since 1994, following the implementation of the Nine-Year Compulsory Basic Education Programme. The NER at junior secondary level increased from 41.9 per cent in 1992 to 61.7 per cent in 2002 (Table 2.3), while the GER increased from 65.7 per cent in 1995 to 79.8 per cent in 2002. However this is still some way from the Nine-Year Compulsory Basic Education Programme's objective of a 90 per cent GER by 2008. To capture the high number of pupils aged younger than 13 and older than 15 in junior secondary schools requires using the GER.

Disparities in junior secondary education. Unlike in primary education, junior secondary education enrolment numbers show considerable disparities between rural and urban areas, and between poverty quintiles, but not, however, between girls and boys[a] (Tables 2.4a and 2.4b). For 2002, the NER in rural areas (54.1 per cent) is significantly lower than in urban areas (71.9 per cent) and the NER of the poorest quintile (49.9 per cent) contrasts starkly with that of the richest quintile (72.3 per cent). The junior secondary GERs also vary widely between rural (69.7 per cent) and urban (93.5 per cent), and poor (64.8 per cent) and rich (94.6 per cent) populations. Between provinces, there are wide disparities in junior secondary NERs (Figure 2.2). The NERs of several provinces are still below 60 per cent (Central Kalimantan, Central Sulawesi, East Nusa Tenggara, Gorontalo, Papua, South Kalimantan, South Sulawesi, South Sumatra, Southeast Sulawesi, West Kalimantan and West Nusa Tenggara). According to 2001 Susenas data, Papua has a much lower NER (40.5 per cent).

Proportion of pupils completing basic education

Survival rate to grade 5. The proportion of pupils who start grade 1 and reach grade 5 has increased from 74.7 per cent in 1991 to 82.2 per cent in 2002.

Figure 2.3. Proportion of grade 1 cohorts completing basic education



Source: Ministry of National Education

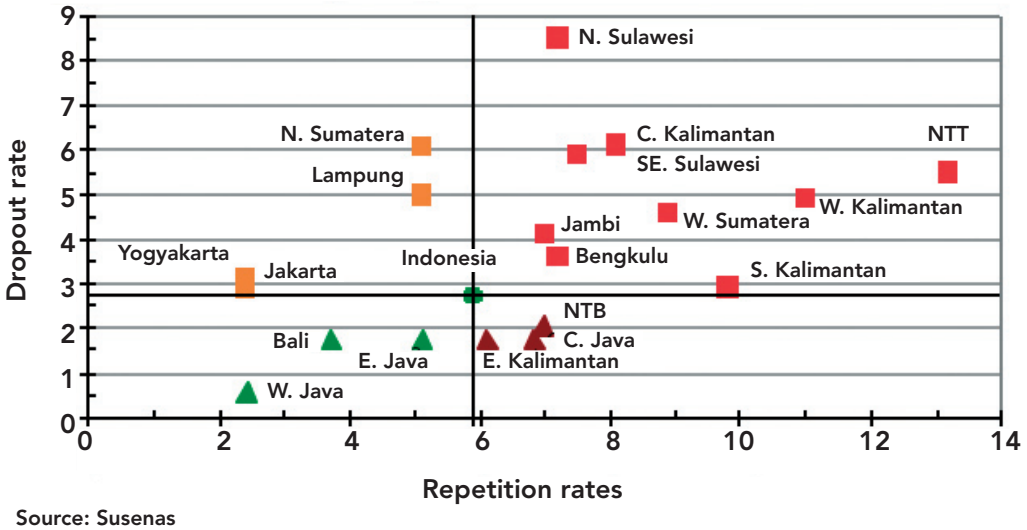
[a] See also Goal 3.

Graduation from primary and basic education. Figure 2.3 shows the proportion of pupils starting grade 1 who complete primary school and subsequently complete nine years of basic education, in the form of cohort data for each of the two components of the basic education cycle. This chart indicates the success of the Nine-Year Compulsory Basic Education Programme, as well as the progress in basic education graduation rates over 11 years. Of the students enrolling in grade 1 in 1982–1983, only 32.1 per cent graduated from junior secondary school in 1990–1991 and finished nine years of basic education. In contrast, 46.8 per cent of the those enrolling in grade 1 in 1993-1994 completed the basic education cycle.

Non-completion of basic education. Substantial proportions of children still do not complete the basic education cycle within the required nine years—for example, Figure 2.3 shows that more than half (53.2 per cent) of the 1993–1994 cohort did not. This phenomenon is the result of: children who repeat grades; children who drop out at either the primary or junior secondary level and do not re-enrol in an alternative educational institution; and children who graduate from primary school but do not continue on to junior secondary school or an equivalent institution offering out-of-school education. Children who are not able to complete basic education, especially at the primary level, risk becoming illiterate adults.

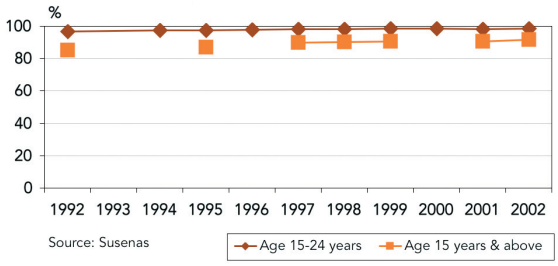
Repetition and dropout rates. The improvement seen between the two cohorts (1982–1983 and 1993–1994) in Figure 2.3 can be attributed to reduced repetition and dropout rates, a bigger proportion of students continuing from the primary to the junior secondary level, or a combination of these factors. While the Nine-Year Compulsory Basic Education Programme has had a positive impact, the percentage of primary school graduates who go on to the junior secondary level is still low, and repetition and dropout rates could still be further reduced. At the primary and junior secondary levels in 2000–2001, the dropout rates were 2.6 per cent and 4.4 per cent, and repetition rates 5.9 per cent and 0.3 per cent,

Figure 2.4. Repetition rates and dropout rates in primary school, 2002



Source: Susenas

Figure 2.5. Literacy rates



respectively. Special attention needs to be given to repetition rates, especially at the primary level because they have a significant impact on graduation rates and strong links to dropout rates (Figure 2.4). Alternative educational institutions suitable for the seven-to-15 age group need to be made accessible for children who have dropped out.

Disparities. The national figures mask significant variations in repetition and dropout rates between provinces. Repetition rates range from 2.4 to 13.2 per cent, while dropout rates vary from less than 1 per cent to more than 8.5 per cent.

Literacy rates

The 15-to-24 age group. Literacy rates in this age group have increased from 96.6 per cent in 1992 to 98.7 per cent in 2002 (Figure 2.5, Table 2.5). The remaining few per cent represent people in difficult-to-reach areas or the disabled. The near-universal literacy rates in this age group can be attributed to improved basic education enrolment ratios and improved survival rates to grade 5. There are still some disparities between urban and rural areas, and between rich and poor groups, although these gaps have narrowed since 1995 (Figure 2.6).

Population above 15 years. Literacy rates are lower among this age group because of the inclusion of older people; nonetheless, these have also improved from 84.2 to 89.5 per cent between 1995 and 2002. There are greater disparities—between urban and rural populations, and between poverty quintiles—in this age group (Figure 2.7). Literacy rates are higher in the urban population across all income groups. Over the years, literacy rates have increased in nearly all income groups. Migration from rural to urban areas could be an influencing factor in the stagnating or decreasing literacy trend among the urban poor from 1998 to 2002.

Challenges

While the implementation of the Nine-Year Compulsory Basic Education Programme has been successful, especially during its first four years, previous paragraphs mention a number of educational issues and challenges, linked to each of the indicators examined earlier. Future policies, strategies, and programmes relating to the Nine-Year Compulsory

Figure 2.6. Literacy rates of population age 15-24 years by urban/rural and poverty quintile

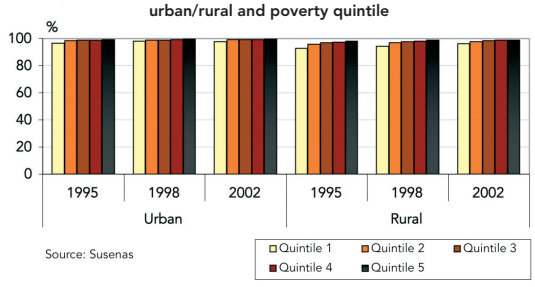
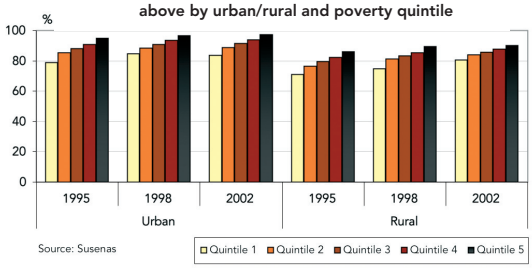


Figure 2.7. Literacy rates of population age 15 years and above by urban/rural and poverty quintile



Basic Education Programme will need to prioritize these issues.

Policies and programmes

Key policies. Basic education policies focus on:

- Improving access to and expanding learning opportunities for all school-aged children, especially targeting poor and remote communities and areas.
- Increasing the quality and relevance of basic education to ensure that all graduating students have the basic skills required for coping with life or continuing to higher levels of education.
- Increasing the efficiency of educational resources management and enabling all basic educational institutions to carry out their functions more efficiently and effectively.
- Implementing, at the same time, actions to increase access to basic education and actions to improve its quality, because basic education. completion cannot be separated from enhanced education quality.

Strategies. To implement these policies, strategies have been formulated and include:

- Creating a national movement for the completion of basic education, involving parents and community leaders, non-governmental organizations (NGOs) and the private and industrial sectors.
- Enhancing and strengthening existing essential programmes for increasing school enrolment; reassessing less essential programme activities; and mobilizing resources for maintaining and improving the Nine-Year Compulsory Basic Education Programme.
- Giving more opportunities to private schools and community-based educational institutions to provide basic education.
- Using alternative educational approaches and programmes to reach previously unreached poor and remote communities and to improve equity in access to basic education.
- Providing district and city governments with full authority and responsibility for the local implementation of the Nine-Year Compulsory Basic Education Programme, to empower them in dealing with opportunities and challenges specific to their region, while providing support from the central and provincial governments.

GOAL 3

Promoting Gender Equality and Empowering Women

Goal 3: Promoting Gender Equality and Empowering Women

Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015

Indicators used:
- **Ratio of girls to boys in primary, secondary and tertiary education, as measured by net enrolment for girls and for boys**
- **Ratio of literate women to men 15 to 24 years old, as measured by female/male literacy rates (literacy gender parity index)**
- **Share of women in wage employment in the non-agricultural sector**
- **Proportion of seats held by women in the National Parliament**

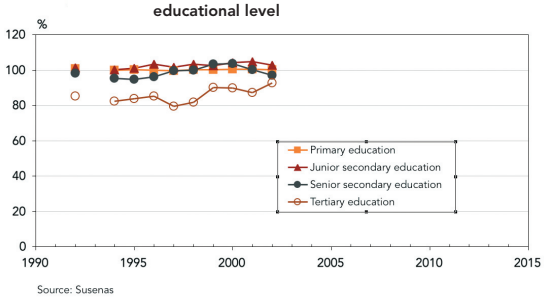
Status and trends

Indonesia has achieved much progress in reducing gender disparity in education and literacy, and has also increased the participation of women in the political and legislative sectors. Gender ratios for this report were obtained by using both net and gross enrolment ratios (NERs and GERs) of girls and boys[a] Using enrolment ratios, rather than absolute numbers, reflects the actual differences between girls' and boys' enrolment, and minimizes the influence of the gender structure in the school-age population.[1] Examining GERs is important, as both public and Islamic schools still have high numbers of overage students.

Primary, secondary and tertiary education

Access to education. At the primary and junior secondary levels, National Socio-Economic Surveys (Susenas) data (Tables 3.1a and 3.1b) shows the ratio of female-to-male NER to be close to 100 per cent. The ratio of female-to-male NER at the senior secondary level was 97.1 per cent in 2002 and over the previous 10 years had fluctuated between 95 and 104 per cent (Table 3.1c). Overall, therefore, Indonesia has made good progress towards achieving gender equity in access to education (Figure 3.1).

Figure 3.1. Ratio of female to male net enrolment at each educational level



Source: Susenas

Primary and junior secondary education. There is gender parity at the primary level but gender ratios at the junior secondary level tend to be more than 100 per cent, indicating a slightly higher proportion of enrolled females compared to males (Figure 3.2). Further analysis is needed to find out why boys' enrolment figures have fallen.

[a] Using the female-to-male ratio in enrolment, a rate equal to 100 per cent means equal enrolment for girls and boys; a rate higher than 100 per cent signifies higher enrolment for girls' than for boys, while a rate lower than 100 per cent indicates higher enrolment for boys than for girls. The United Nations guidelines, Indicators for Monitoring the Millennium Development Goals, cite this alternative as a better measure than using absolute numbers of girls and boys in schools.

Older age groups. Factors that inhibit girls' access to senior secondary and tertiary education may include the unavailability of and distances to facilities, which pose more of a constraint for girls than for boys. Early marriage is another reason why older girls do not continue in school. At the tertiary level, the female-to-male ratio in enrolment increased overall from 85.1 to 92.8 per cent from 1992 to 2002 (Table 3.1d). However, there was a decrease in 1997 and 1998 attributed to the economic crisis, which may have affected families' willingness to pay for girls to attend tertiary education.

Gender stereotyping. This issue still prevails in Indonesia, as shown by the specialization selected at vocational schools and universities, which indicates a form of voluntary discrimination practised by both females and males. Social sciences are dominated by female students and technical sciences by male students. In the school year 2000–2001, the percentage of female students in vocational senior secondary schools majoring in industrial engineering was 18.5 per cent, in agriculture and forestry 29.7 per cent and in business, management skills and hospitality 64.6 per cent. This sort of gender segregation is the result of socio-cultural factors that shape societal values and attitudes, where boys are regarded as the mainstays in the family's economy and girls are associated more with a future involving staying at or working from home.

Gender by poverty quintiles. The hypothesis of the poorer the family, the lower the proportion of girls enrolling in school does not hold for Indonesia. In 2002, for example, the NERs of girls from the poorest quintile were about the same as, or higher than, those for boys at the primary, junior secondary and senior secondary levels. This is probably due to cultural factors: when a family is poor, boys—rather than girls—are obliged to work. On the other hand, in the richest quintile, a bigger proportion of boys is enrolled at the secondary level than girls (Figure 3.3); analysis of the GERs reveals the same pattern (Figure 3.4). But the gap between rich and poor in education enrolment is much greater than the gap

Figure 3.2. Ratio of female to male net enrolment at each educational level by rural/urban area and across years

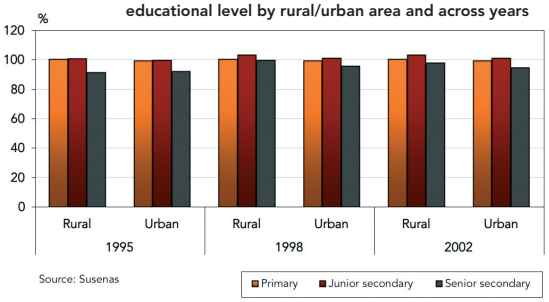


Figure 3.3. Net enrolment ratio by poverty quintile and by sex, 2002

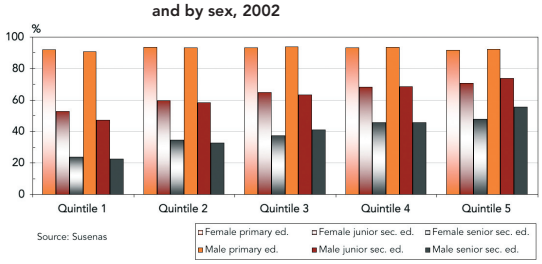


Figure 3.4. Gross enrolment ratio by poverty quintile and by sex, 2002

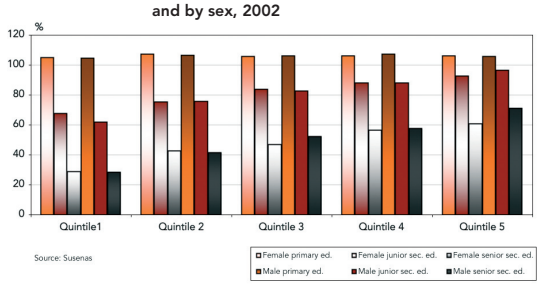


Figure 3.5. Ratio of female to male net enrolment by rural/ urban area at each educational level, 2002

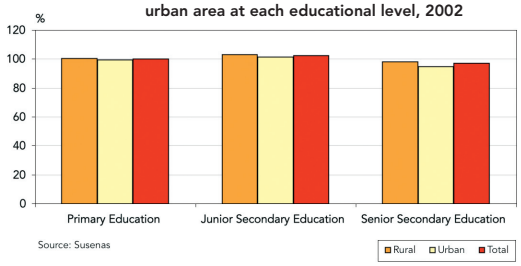
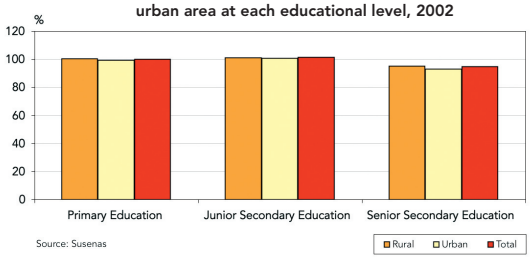


Figure 3.6. Ratio of female to male gross enrolment by rural/ urban area at each educational level, 2002



between males and females, meaning the main challenge in Indonesia is to increase the access to education among the poor.

Urban-rural disparities. There are no significant differences in gender ratio between rural and urban areas at primary and junior secondary levels (Figure 3.2). However, at senior secondary level, a slightly greater proportion of girls in rural areas is enrolled compared to urban areas (Figures 3.5 and 3.6).

Literacy

Literacy gender parity index.[a] Susenas data shows that literacy has remained high over the past decade (see Goal 2). In earlier years, the literacy level of males was slightly higher than of females. In 1992, the literacy gender parity index was 97.9 per cent, rising over the next decade to reach 99.8 per cent (Table 3.2). However, if older population groups (15 years and older) are included, then the female-male gap in literacy widens, indicating greater female illiteracy among this group (Figure 3.7).

Poverty quintiles. The literacy level of the female population has significantly increased across the years in all poverty quintiles. There are no large differences between men's and women's literacy rates in these groups (Figure 3.8).

Urban-rural disparities. There is no significant difference in the literacy gender parity index between urban and rural areas for the 15-to-24 age group, even across poverty quintiles. The indices are close to 100 per cent for all groups (Figure 3.9). However, when all ages above 15 years are included, the rural-urban gap widens, becoming 94.5 per cent in urban areas and 89.1 per cent in rural areas (Figure 3.10).

Figure 3.7. Ratio of literate females to males

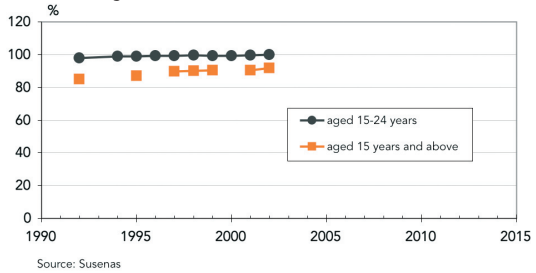
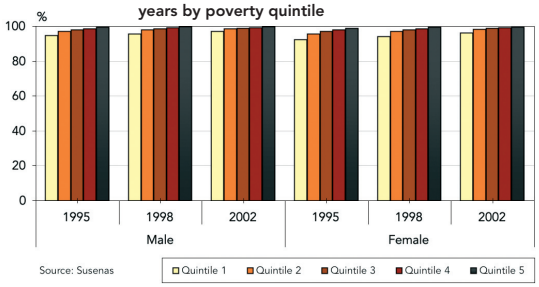


Figure 3.8. Literacy rate of males and females aged 15-24 years by poverty quintile



[a] Defined as the ratio of the female literacy rate to the male literacy rate. 100 per cent means equal literacy rates among women and men; while a value lower than 100 per cent indicates higher literacy rates among men.

Disparities between provinces. While the national literacy gender parity index is close to 100 per cent, some provinces—Bali, East Java, Papua and West Nusa Tenggara (NTB)—tend to fall below the national average and a few above—such as East Nusa Tenggara (NTT), Gorontalo and South Sulawesi (Table 3.2).

Figure 3.9. Ratio of literate females to males aged 15–24years by povertyquintile and rural/urban area, 2002

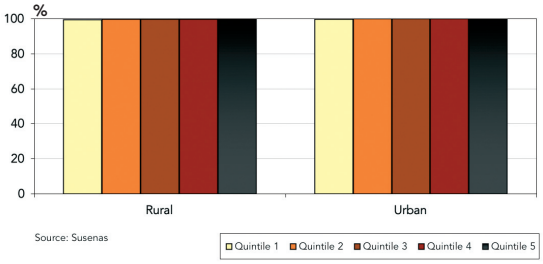


Figure 3.10. Ratio of literate females to males aged 15 years and above by poverty quintile and rural/urban area, 2002

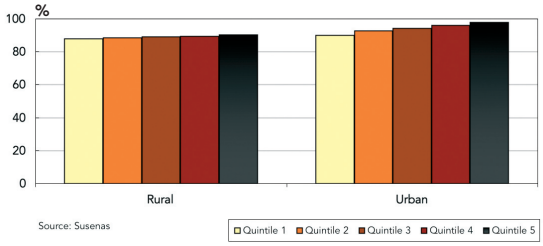
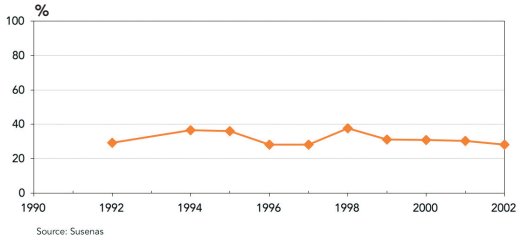


Figure 3.11. Share of women in wage employment in the non-agricultural sector



Share of women in wage employment in the non-agricultural sector

Trends. The share of women in wage employment in Indonesia's non-agricultural sector reached 37.6 per cent in 1998 (Figure 3.11). Most, but not all, provinces showed an increase. In some provinces—such as Bali, Central Java, NTB, NTT and Yogyakarta—the share of women was more than 50 per cent (Table 3.3). However, this has declined since, to 28.3 per cent in 2002—a drop which may be linked to the effects of the 1997–1998 economic crisis, which caused numerous layoffs that appear to have affected a greater proportion of female workers.

Women in the National Parliament

Low representation. Between 1992 and 1997, women held 12 per cent of seats in the National Parliament, the country's legislative body. But this number has decreased over the years and now women hold only 44 seats out of 500, or 9 per cent (Table 3.4a). However, 82 per cent of women parliamentarians are university graduates, compared to 75 per cent of their male counterparts (Table 3.4b).

Challenges

Challenges to achieving gender equality and empowering women include:

- Improving the quality and relevance of education, so that parents see an added value in keeping their children—both girls and boys—at school.
- Making education services accessible to all—both girls and boys—and closer to home, to overcome parents' objections to higher costs and sending their daughters away.
- Instilling values of gender equity and fairness among children from a young age, which will require teaching-learning materials to be more gender responsive.
- Addressing the socio-cultural factors that influence parents' and communities' perceptions about the role of girls. These perceptions and practices are frequently the cause of girls' lower academic performance, and even dropping out of school. Parents need to be persuaded that girls need an adequate education and that education is a necessary investment for women, even if they do not work outside the home. Parents also need to be made aware of the links between women's education and children's health, nutrition and education.
- Meeting security concerns, especially in conflict areas, which affect girls' access to education. Parents need to be assured that schools offer a secure environment for their children.
- Eliminating legal practices that encourage inequality and discriminate against women. Such occurrences are still frequently seen, although Article 27 of the 1945 Constitution assures equal rights for all citizens, male as well as female.

Policies and programmes

Policies. To achieve the Millennium Development Goal (MDG) of gender equality and women's empowerment, polices focus on: equal access to quality and gender-sensitive education for all—boys and girls alike; the reduction of adult illiteracy—specifically among the female population—by enhancing performance at all levels in formal and non-formal education, as well as in equivalency education and functional literacy programmes; and strengthening the capacity of educational institutions to manage and promote gender-sensitive education.

Strategies. There are five strategies for implementing these policies: providing equal access for boys and girls to quality education through formal and non-formal channels, especially at the primary level; providing access to equivalency education for adults who cannot undertake formal education; providing access to literacy education services, specifically for the female population; mainstreaming gender-sensitive education through better coordination, information and education; and developing institutions for gender-sensitive education at both the central and provincial levels.

Targets. The targets for gender equality and women's empowerment are: increased enrolment ratios with a balanced female-male ratio at all educational levels among the school-age population; increased enrolment rates—both female and male—among the poor, especially those in rural areas; and increased literacy rates with a balanced female-male ratio.

Priorities. It will be crucial to tailor various strategies to the specific situation—whether the reason for a child not staying in school is child labour or early marriage. Attention will need to be paid to regional disparities and specific groups. For example, although female education enrolment is still lower than male overall, certain regions and groups—for example, the 13-to-15 age group in the poorer segments of the population—show lower enrolment rates for boys compared to girls. Specific efforts are required to raise boys' enrolment in this case. Similarly, while the gender ratio is satisfactory at the primary level, local variations exist among areas or groups. For literacy, the priority needs are among poor rural women older than 25 years of age, followed by poor rural males in the same age group. Actions will need to be supported by building institutional capacities in gender-responsive education planning, and increasing understanding among all stakeholders of the equal importance of education for girls and boys, women and men.

Notes

[1] United Nations Development Group, 2003. Indicators for Monitoring the Millennium Development Goals: Definitions, Rationale, Concepts and Sources. United Nations, New York.

GOAL 4

Reducing Child Mortality

Goal 4: Reducing Child Mortality

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

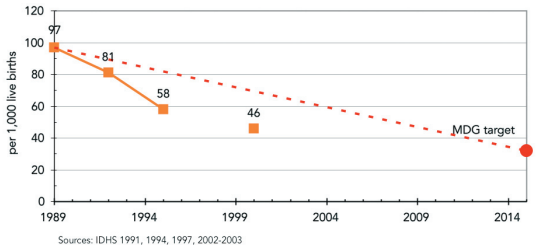
Indicators used:
- **Under-five mortality rate**
- **Infant mortality rate**
- **Percentage of one-year-old children immunized against measles**

Status and trends

Under-five mortality rate. Efforts to address the national under-five mortality rate (U5MR) were successful between 1960 and 1990, with the rate decreasing sharply. In 1960, the U5MR was still very high, at 216 per 1,000 live births,[1] but by 1986–1991 it had declined to 97 per 1,000 live births. The series of Indonesia Demographic and Health Surveys (IDHS)[2] has shown a further reduction, down to 46 per 1,000 live births in the 1998–2002 period (Figure 4.1). On average, the U5MR declined by 7 per cent annually during the 1990s, an improvement on the previous decade's 4 per cent drop per year.[3] By 2000, Indonesia was already able to report to the United Nations (UN) that it had reached the target set at the 1990 World Summit for Children.

Infant mortality rate. Indonesia has also made significant progress in reducing the infant mortality rate (IMR) over the last few decades. In 1960, the IMR in Indonesia was 128 per 1,000 live births.[4] This decreased to 68 between 1986 and 1991, and to 35 per 1,000 live births between 1998 and 2002[5] (Figure 4.2). During the 1990s, the rate of decline averaged 5 per cent a year, slightly higher than the 4 per cent annual drop during the 1980s.[3] Despite these achievements, the IMR in Indonesia still exceeds that of other Association of Southeast Asian Nations (ASEAN) countries: it is 4.6 times higher than in Malaysia, 1.3 times than the Philippines and 1.8 times than Thailand.[4]

Figure 4.1. Under-five mortality rate (U5MR) trend



Disparities between provinces. The variation in the U5MR between provinces is wide. According to 2002–2003 statistics from the IDHS, West Nusa Teng-

Figure 4.2. Infant mortality rate (IMR) trend

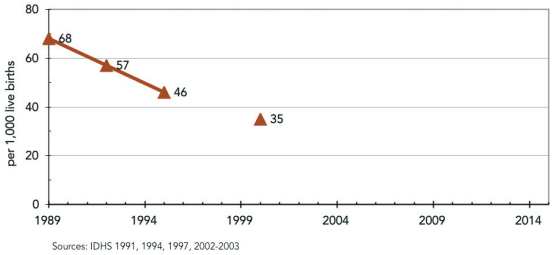
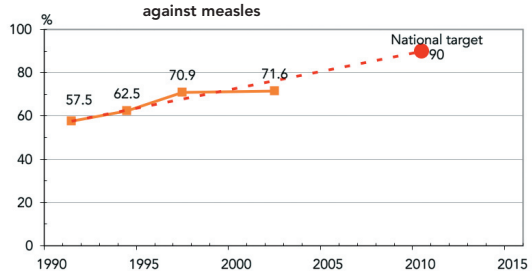


Figure 4.3. Proportion of children 12-23 months immunized against measles



Sources: IDHS 1991, 1994,1997 and 2002-2003

gara (NTB) had the highest U5MR between 1998 and 2002, with 103 per 1,000 live births. This was nearly five times higher than the U5MR in Yogyakarta of 23 per 1,000. Over the same period, similar variations can be seen with the IMR, which was 74 per 1,000 in NTB and 20 per 1,000 in Yogyakarta (Table 4.1).

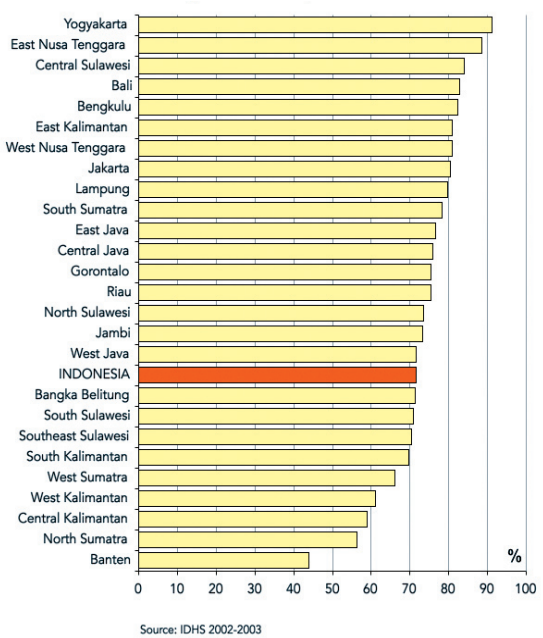
Measles immunization coverage. The proportion of children aged from 12 to 23 months of age who received at least one dose of measles vaccine either before the survey or before the age of 12 months,[a,6] increased from 57.5 per cent in 1991 to 71.6 per cent in 2002[7] (Figure 4.3). The measles immunization coverage tends to be higher in urban areas: in 2002, for example, 77.6 per cent of 12-to-23-month-old children in urban areas were immunized, compared to 66.2 per cent in rural areas. On the other hand, measles immunization coverage in children under one year old (i.e. timely immunization) is lower, from 44.5 per cent in 1991 to 54.6 per cent and 60 per cent in 1994 and 1997, respectively.[3]

Disparities in immunization rates. Table 4.2 and Figure 4.4 show a wide variation in measles immunization rates, ranging from 91 per cent in Yogyakarta to 44 per cent in Banten.

Challenges

Child mortality. The three main causes of infant mortality in 1995 were acute respiratory infections (ARIs), perinatal complications and diarrhoea.[8] Together, these three accounted for 75 per cent of infant deaths. By 2001, this pattern had not changed much, with the main causes of death in children younger than one year of age being perinatal causes, followed by ARIs, diarrhoea, neonatal tetanus and digestive tract and neural diseases.[8] The main causes of death among children aged under five are similar (ARI, diarrhoea, neural diseases—including meningitis and encephalitis—and typhoid).[b,9] Malaria and malnutrition are underlying causes of child mortality.

Figure 4.4. Proportion of children 12-23 months immunized against measles, 2002



Source: IDHS 2002-2003

[a] This is the recommended definition.

[b] Estimations are based on verbal autopsy with family members.

Maternal and neonatal health. One third of infant deaths occurs within the first month after birth and approximately 80 per cent of these during the first week of life. Clearly, these are the result of poor maternal and neonatal health status; sub-standard access to and quality of maternal and child health services, especially during and immediately after delivery; and the care-seeking (both preventive and curative) behaviour of pregnant women, families and communities, which are not conducive to a healthy pregnancy, safe delivery and early childhood survival and development.

Behavioural challenges. The direct and most important causes of infant and under-five mortality are easier to address compared with the more difficult challenges of improving family and community health-seeking behaviour and making it conducive to a healthy pregnancy, safe delivery and appropriate care immediately after birth. Measures to address these challenges include improving access to health care; strengthening the quality of delivery care and the integrated management of childhood diseases; improving environmental health, including the provision of clean water and sanitation; controlling communicable diseases; and improving maternal nutrition.

Disparities. Another challenge is to reduce urban-rural gaps and regional disparities between provinces and districts in health indicators. A key strategy is to target poor, vulnerable groups and populations living in remote areas. However, pockets of high mortality in urban areas cannot be neglected. These are high population-density areas, with greater numbers of children and, consequently, greater numerical weight in decreasing infant and under-five mortality rates nationally, especially neonatal mortality.

Synchronization and coordination of programmes. Given the complexity of factors influencing infant and under-five mortality, support from different sectors is necessary for achieving the targets. Institutions, the government, the private sector, communities and non-governmental organizations (NGOs) very much need to synchronize and coordinate programmes. These contributions should fit within an overall child health policy, with specific strategies depending on the beneficiaries and service providers at different levels.

Poor families. Health protection and services for poor families are crucial, given their already-poor health and nutrition status. In 1995, the IMR of the poorest families was almost twice that of the richest families. While this disparity has decreased, in 2001 the IMR in the poor population was still 1.5 times that of the rich.[10] Considering a significant proportion of Indonesians are poor (37.3 million, or 17.4 per cent, in 2003)[11], ensuring health protection and services for this group remains a daunting challenge. Cost-effective interventions, sustainable health protection—including health insurance, inter-sectoral cooperation and efforts to eradicate poverty all play important roles in improving maternal and child health.

Decentralization. Since 2001, the decentralization of health services has created a significant challenge to efforts to reduce the IMR and U5MR. The management and flow of information, especially facility-based data collection, is not functioning properly. The delineation of roles and authorities between the central, provincial and district governments is still unclear. District health planning still needs to be improved.

Policies and programmes

National Development Programme 2000–2004. Reducing the IMR and U5MR is a priority in national health development. In the National Development Programme 2000–2004 (Propenas), this aim is reflected in three national health programmes: the Healthy Environment, Healthy Behaviour and Community Empowerment Programme; the Health Promotion Programme and the Nutrition Improvement Programme.[12]

Supporting activities and strategies. Plans to reduce the IMR and U5MR include: improving hygiene and sanitation at individual, family and community levels—through the provision of clean water; improving health awareness and behaviour relating to early childhood illness and child development; controlling communicable diseases; increasing immunization coverage; and improving reproductive health services, including contraceptive and maternal services; controlling malnutrition, chronic energy deficiency and anaemia; and promoting exclusive breastfeeding and growth monitoring.

National Social Safety Net Programme. The economic crisis and population growth since 1998 has limited the access of the poor to health services. In response, the Government launched a National Social Safety Net Programme, which supports routine maternal and child health services. There are other programmes that provide free basic and referral health services for poor families, pregnant mothers, deliveries, post-partum mothers and infants, as well as help to develop health facilities.

Legislation. Law No. 23 on Child Protection (2002) aims to ensure better and more opportunities for children to live healthy lives and grow and develop to their optimal level. It states that every child has the right to obtain health services and social security, according to his or her physical, mental, spiritual and social needs.

National Programme for Indonesian Children. Reducing infant and child mortality is an important part of the National Programme for Indonesian Children (PNBAI). The programme is part of the 2015 Vision for Indonesian Children and emphasizes promoting healthy lives for children. National strategies to reduce the IMR and U5MR include empowering families and communities, improving inter-sectoral cooperation and coordination, and improving the coverage of comprehensive, quality child-health services.

Notes

1 UNICEF, 2000. The State of the World's Children 2000. New York.

2 BPS—Statistics Indonesia & ORC Macro, 2003. Indonesia Demographic and Health Surveys (IDHS) 2002–2003. Maryland. USA. Also previous IDHS in 1992, 1994 and 1997 (mortality estimates cover the previous five-year period of each).

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10 Bappenas & Lembaga Demografi Universitas Indonesia, 2003. Kajian Awal Perencanaan Jangka Panjang Bidang Sumber Daya Manusia: Draft Awal. Jakarta.

11 See Goal 1.

12 Government of Indonesia, National Development Programme, 2000-2004.

GOAL 5

Improving Maternal Health

Goal 5: Improving Maternal Health

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicators:
- **Maternal mortality ratio**
- **Percentage of births attended by skilled health personnel**
- **Contraceptive prevalence rate**

Status and trends

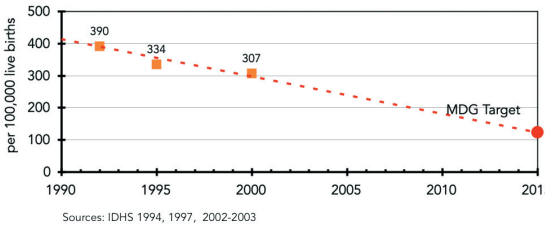
Maternal mortality ratio. Maternal mortality ratio. Indonesia does not have the vital statistics systems to directly collect information on this indicator. Direct age-specific estimates of maternal mortality from the reported survivorship of sisters were obtained from the series of Indonesia Demographic and Health Surveys (IDHS). While the data indicate some reduction in maternal mortality—down to 307 per 100,000 live births for the period 1998–2002[1]—the IDHS caution that, given the technique, it may be premature to judge a substantial decline in the maternal mortality ratio (MMR). Among the five million deliveries in Indonesia annually, an estimated 20,000 women die due to complications related to pregnancy and delivery.[2] With the current trends, the Millennium Development Goal (MDG) target is unlikely to be achieved unless extra efforts are made to reduce the MMR.

Disparities. Like other health indicators, there are variations in the MMR between regions. Using estimates of the proportion of maternal deaths in females of reproductive age (PMDF) in 1995 for five provinces, calculations showed that the MMR of Central Java (248) was much lower than that in Maluku (796), Papua (1,025), West Java (686) and East Nusa Tenggara (NTT; 554).[3]

Other countries. Indonesia has a relatively high MMR when compared with some other Southeast Asian countries. The lifetime risk of a mother dying related to childbirth in Indonesia is estimated to be 1 in 65, compared with 1 in 1,100 in Thailand.[4]

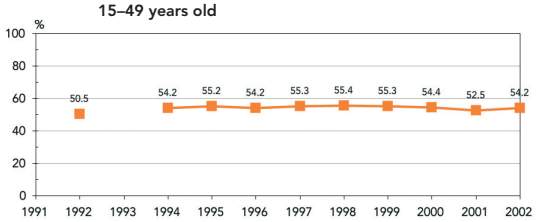
Major medical causes. Haemorrhage, eclampsia or convulsions resulting from hypertensive disorders of pregnancy, abortion complications, obstructed labour and infections are the main medical causes of maternal death. Haemorrhage, responsible for 28 per cent of all maternal deaths, is usually unpredictable and sudden in onset. Most haemorrhages happen in the post-partum period, reported as due to retained placenta and atonia uteri. This indicates inadequate management of the third stage of labour and the failure to provide timely emergency obstetric and neonatal care in the health system. Eclampsia is the second major cause of maternal mortality in Indonesia (13 per cent of deaths, compared with 12 per cent globally). Deaths from eclampsia can be prevented by careful monitoring during pregnancy and ensuring access to simple and low-cost treatment.

Figure 5.1. Maternal mortality ratio (MMR) trend



Sources: IDHS 1994, 1997, 2002-2003

Figure 5.2. Contraceptive prevalence among married women 15–49 years old



Source: Susenas

Unsafe abortions. Eleven per cent of maternal deaths in Indonesia are due to unsafe abortions, compared with 13 per cent globally.[5] These deaths can be prevented if women have access to contraception information and services, and care for abortion complication. The 2002–2003 IDHS shows that 7.2 per cent of births were unwanted.

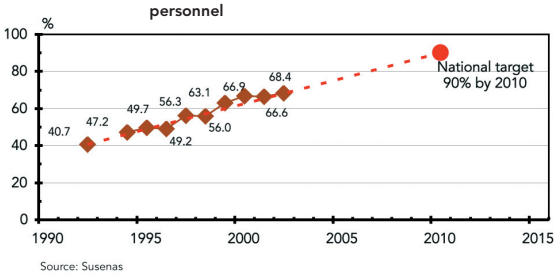
Contraceptive prevalence rate. Modern contraceptives play an important role in reducing unwanted pregnancies and, therefore, deaths from unsafe abortions. The 2002–2003 IDHS showed that the estimated unmet need for contraceptives was 9 per cent and has not changed much since 1997. There has been a slight increase in the contraceptive prevalence rate in Indonesia—from 50.5 per cent in 1992 to 54.2 per cent in 2002[6] (Figure 5.2 and Table 5.1); the 2002–2003 IDHS found the rate to be 60.3 per cent.

Sepsis. Another important factor of maternal mortality, sepsis often occurs due to poor hygiene during delivery or untreated sexually transmitted infections. It accounts for 10 per cent of maternal deaths, compared with 15 per cent globally. The early detection of infection during pregnancy, clean delivery and proper post-partum care are crucial to address the problem of sepsis. Prolonged labour accounts for 9 per cent of maternal deaths in Indonesia, compared with 8 per cent globally.

Proportion of births attended by skilled health personnel. The patterns of maternal mortality show the importance of obstetric and neonatal emergency care, and attendance at the birth by skilled health personnel. Although most women deliver at home, the presence of skilled staff during delivery can help to recognize a medical emergency and support the family's decision to seek emergency care. The proportion of births attended by skilled health personnel has increased steadily—from 40.7 per cent in 1992 to 68.4 per cent in 2002.[7] This figure, however, varies between provinces (Tables 5.2 and 5.3)—in 2002, Southeast Sulawesi had the lowest rate at 35 per cent and Jakarta the highest at 96 per cent in 2002[6]—and by levels of income. While 89.2 per cent of wealthy women deliver with trained providers, only 21.3 per cent of poor women do so,[7] highlighting the financial inequalities in accessing health services.

Underlying causes of death. The risk of maternal mortality can be aggravated by anaemia and infectious diseases such as malaria, tuberculosis, hepatitis and HIV/AIDS. In 1995, the prevalence of anaemia was alarmingly high—51 per cent among pregnant mothers and 45 per cent among post-par-

Figure 5.3. Percentage of births attended by skilled health personnel



Source: Susenas

tum mothers.[2] Anaemia in pregnant mothers affects both the mother and the child, increasing the risk of miscarriage, prematurity and low birth weight, and often contributing to maternal and infant mortality. Chronic energy deficiency is another contributing factor in maternal mortality. In 2002, 17.6 per cent of women at reproductive age suffered from chronic energy deficiency.[8] The socio-economic status of the family, education level, culture and access to transportation and health facilities also influence maternal morbidity and mortality. These factors create the so-called "Three Delays": the first, a delay in detecting danger signs during pregnancy, delivery and post-partum stages and in making decisions to access maternal and neonatal health services; the second, a delay in reaching health facilities due to geographical conditions and lack of transportation; and the third, a delay in receiving adequate health-services.

Challenges

Increasing needs. Meeting the MDG for maternal mortality poses a major challenge in term of demographic transition, health decentralization, service delivery and public funding. The Indonesian population—of 206 million[9] according to the 2000 Census—is estimated to increase to 242 million by 2015.[10] The need for health services will increase.

Decentralization. The roles and responsibilities between central and local government are not clearly defined and understood. All institutions will need to adjust to their new roles and networks will need to be built and strengthened at all levels. With decentralized budgets, low-income regions will have difficulties in allocating sufficient budgets for health, with other competing development priorities. The central level will play an important role in supporting districts in managing their resources. Advocacy efforts will also be essential to ensure that commitments to improve maternal health are implemented at all levels.

Service delivery and utilization. At issue are the quality of private and public services, and disparities in accessing health services, especially for the poor and vulnerable groups. Recent data show that the number of village midwives providing services to the poor and vulnerable groups has decreased.[11] Tackling this new and largely unexpected situation is one of the challenges faced by the central and regional governments. Limited household resources prevent access to essential services, so innovative mechanisms to address financial constraints at the household level are urgently needed.

Coordination and donors. Coordination between related institutions and donors is crucial to avoid overlapping and piecemeal projects, so that improvements in maternal health can be more effectively and efficiently achieved. The sustainability of programmes will also be a challenge in coming years.

Policies and programmes

A national priority. Reducing maternal morbidity and mortality has become a central priority in health sector development, as stated in the National Development Programme (Propenas). Its components include: improving reproductive health services, communicable disease control and basic and referral health services; and reducing chronic energy deficiency and anaemia among women of reproductive age during pregnancy, delivery and the post-partum period.[12]

Making Pregnancy Safer. Within the framework of the Healthy Indonesia 2010 vision, a national strategy called Making Pregnancy Safer (MPS) has been set up as a continuation of the Government's Safe Motherhood Programme to accelerate the reduction of maternal and neonatal morbidity and mortality. MPS promotes a systematic, integrated planning approach to clinical interventions and health systems, relying on partnerships between government institutions, donors, lenders, the private sector, communities and families. It emphasizes providing appropriate and continuous skilled care, with a focus on the availability of skilled birth attendants, and pays special attention to community-based actions to ensure women and newborns have appropriate access to care.

Strategies. There are four main strategies for reducing maternal morbidity and mortality. The first is to improve access to and coverage of cost-effective and quality maternal and neonatal health care. The second is to build more effective partnerships through cooperation between programmes, institutions and partners. The third is to empower women and families by improving their knowledge of and attitudes towards health behaviour. The fourth is to involve communities in the provision and utilization of available maternal and neonatal health services.

Messages. The three key messages of MPS are that every delivery should be assisted by a trained health provider; every obstetric and neonatal complication should be managed adequately; and every woman of reproductive age should have access to services for preventing unwanted pregnancy and managing the complications of unsafe abortions.

Special groups. Special attention is needed for low-income and vulnerable groups in peri-urban and rural areas, as well as people in remote areas, particularly young women who do not have adequate access to health services. The Social Safety Net Programme, launched in 1998, ensured funding for basic service provision and will need to be maintained.

Factors in maternal deaths. The wider context in which maternal death occurs also needs to be addressed. Maternal death is often the result of complex and multiple factors in more than one sector. The correlation between safe deliveries, a woman's educational level and her use of contraceptives is well known. Adequate reproductive health services for adolescents are also needed. Gender issues and reproductive rights for both men and women still need to be emphasized and promoted at all levels

Notes

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GOAL 6

Combating HIV/AIDS, Malaria, and Other Diseases

Goal 6: Combating HIV/AIDS, Malaria, and Other Diseases

Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicators used:
- **HIV prevalence among 15-to-24-year-old pregnant women**
- **Condom use at last high-risk sex**
- **Condom use rate of the contraceptive prevalence rate**
- **Percentage of population aged 15 to 24 with comprehensive correct knowledge of HIV/AIDS**

Status and trends

Status. The first AIDS case reported in Indonesia was a foreign citizen in Bali in 1987. In the following years, reports came from more provinces. The number of reported AIDS cases has continued to rise since 1987, affecting all age groups, particularly adolescents and adults of productive age. By the end of September 2003, 1,239 AIDS and 2,685 HIV cases had been officially reported. Experts estimate that to date, there are 90,000 to 130,000 Indonesians living with HIV.[1] With a 2.5 per cent birth rate, it is thought that 2,250 to 3,250 infants at risk of HIV infection will be born each year. The most common mode of transmission is through sexual intercourse, followed by injecting drug use.

Injecting drug users. Surveillance data in hospitals for drug addiction in Jakarta showed an increase in HIV infection among injecting drug users from 15 per cent in 1999 to 48.8 per cent in 2000 and 47.9 per cent in 2002.[2] Data from these hospitals also recorded that 15 per cent of young people seeking medical services are HIV-infected.

Commercial sex workers and other high-risk groups. The sex industry comprises approximately 150,000 female sex workers. Among these women, HIV rates are high: in Merauke, Papua, 26.5 per cent of female sex workers are already infected by HIV. Infection rates are also high in prisons and correctional institutions; for example, at one institution in Jakarta, 22 per cent of the inmates are HIV-infected.

Condom use at last high-risk sex. Among commercial sex workers, the rate of condom use when they last had high-risk sexual intercourse was reported to be 41 per cent, but this is by no means consistent. There are approximately seven to 10 million male clients of sex workers in Indonesia but fewer than 10 per cent of commercial sex workers consistently use condoms to protect themselves from infection.[3] A survey on commercial sex workers in 13 provinces showed that condom use during last sexual intercourse varied between regions, ranging from 18.9 per cent in Karawang, West Java, to 88.4 per cent in Merauke, Papua.[4]

Condom use rate of the contraceptive prevalence rate. Among the general population, National Socio-Economic Surveys (Susenas) data show that the proportion of contraceptive-using married women of reproductive age (from 15 to 49 years) who use condoms is very low, at 0.4 per cent in 2002, and has remained under 1 per cent since 1994 (Table 6.1).

Knowledge of HIV/AIDS. The percentage of young people (aged 15 to 24) with comprehensive correct knowledge of HIV/AIDS,[a,5] can be estimated through proxy indicators from surveys. In 2002–2003, 65.8 per cent of women and 79.4 per cent of men in the 15-to-24 age group had heard of HIV/AIDS.[6] Among women of reproductive age, the majority had heard of HIV/AIDS (62.4 per cent), but only 20.7 per cent knew that using a condom every time would prevent them from HIV/AIDS and 28.5 per cent knew that a healthy person could be infected with HIV/AIDS.[7] One study showed that only 38.4 per cent of Jakarta high school students, aged from 15 to 19, in 2002 correctly identified ways of preventing sexual transmission of HIV/AIDS and rejected major misconceptions.[3] Another study in West Java, South Kalimantan and East Nusa Tenggara (NTT) found that 93.3 per cent of young people knew that HIV could be transmitted by sexual intercourse but only 35 per cent knew that sharing needles could also transmit the disease and 15.2 per cent still believed that normal social contact could transmit HIV.[3]

Pregnant women and infants. The prevalence among pregnant women was 0.35 per cent in Riau and 0.25 per cent in Papua. Voluntary counselling and testing (VCT) programmes in North Jakarta showed that 1.5 per cent of pregnant women in 2000, and 2.7 per cent in 2001,[3] were HIV-positive. Those using VCT services probably knew they were at risk and the data are not representative of HIV infection among pregnant women in general. Nonetheless, these high rates indicate that transmission into communities is taking place through the bridging[b] population. Passive reports[c] from 1996 to 2000 showed 26 pregnant women and 13 infants who were infected by HIV from East Java, Jakarta, Papua, Riau and West Java.

Young people and children. To date, the prevalence of HIV/AIDS among people aged 15 to 29 is estimated to be still below 0.1 per cent.[8] The number of HIV-infected children is still low compared to that of some other countries. Twelve HIV/AIDS cases were reported among children under four years of age, four in the five-to-14 age group and 67 in the 15-to-19 age group.[9] Reported cases are probably much less than the real numbers, so strengthening surveillance systems at every level of administration will be crucial.

Challenges

Large-scale epidemic. The biggest challenge will be preventing a large-scale generalized HIV epidemic. The HIV epidemic in Indonesia is concentrated, with still-low HIV infection rates in the general population but a high incidence among certain populations. Trends indicate that Indonesia is at risk from an epidemic on a much larger scale in the near future. The alarming rise in HIV infection in high-risk groups in several parts of the country is one indication of the sharp increases to come. It is estimated that by 2010, there will be approximately 110,000 people suffering from AIDS or who have died because of AIDS, and one million more who are HIV-infected.[10]

[a] As defined by the United Nations, this is the percentage of men and women aged 15 to 24 who know that a person can protect himself or herself from HIV infection by the consistent use of condoms and the percentage of men and women of this age group who know a healthy-looking person can transmit HIV.

[b] The bridging population are the clients of sex workers and the partners of injecting drug users.

[c] Information incidentally obtained from medical examinations for other conditions.

Risk factors. In Indonesia, risk factors fuelling the spread of HIV/AIDS transmission include: high HIV prevalence rates among high-risk groups; the increasing use of injecting drugs; risky practices such as needle sharing; high rates of sexually transmitted diseases among children working and living on the street; a general unwillingness among male clients of sex workers to use condoms; high migration rates, population displacement and movement; and the lack of adequate knowledge of and information on how to prevent HIV/AIDS, especially among young people. Effective programmes to address these risk factors include harm reduction among injecting drug users. Other challenges include the limited supplies and high prices of anti-retroviral drugs.

Policies and programmes

National and international commitments. The rapid spread of HIV/AIDS, especially among high-risk groups, is a major concern for the Government of Indonesia. National responses in HIV/AIDS control are a reflection of the Government's international commitments to the United Nations (UN) Declaration of Commitment of the UN General Assembly Special Session (UNGASS) on HIV/AIDS (2001), the Association of Southeast Asian Nations (ASEAN) Declaration on HIV/AIDS (2001) and the UN Declaration "A World Fit for Children" (2002). HIV/AIDS control in Indonesia comprises prevention; care, support and treatment for people living with HIV/AIDS; and surveillance.

Prevention. Particularly relevant to the situation and of high priority, the strategy of HIV/AIDS prevention is implemented through information, education and communication campaigns conducted in ways appropriate to cultural and religious values. Pregnant women are encouraged to visit antenatal care clinics to obtain HIV information, counselling and services, including information on preventing mother-to-child transmission. Other interventions for disease control are aimed at high-risk groups, such as commercial sex workers and their clients, infected people and their partners, injecting drug users and health workers exposed to HIV/AIDS.

Care, support and treatment for people living with HIV/AIDS. VCT clinics at existing health facilities provide care, support and treatment for people with HIV/AIDS. VCT is conducted not only by the government but also by private health facilities and non-governmental organizations (NGOs). Such efforts emphasize the importance of caring for people living with HIV/AIDS while protecting their human rights by reducing or eliminating stigma and discrimination. To improve the quality of services, more training and education are needed, especially for service personnel, as well as supplies of the required drugs and more guidance on care, support, treatment and counselling.

Surveillance. The surveillance of HIV/AIDS and other sexually transmitted diseases includes systematically collecting, processing and analyzing data, and provides information on the numbers, prevalence and trends among population groups with different risk levels.

Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicators used:
- **Malaria prevalence and death rates**
- **Percentage of population using effective prevention against malaria**
- **Percentage of population with malaria effectively treated**
- **Tuberculosis prevalence and death rates**
- **Directly observed treatment—short course (DOTS) tuberculosis detection rate**
- **Directly observed treatment—short course (DOTS) tuberculosis success rate**

Malaria

Status and trends

Malaria prevalence and death rates. Nearly half the Indonesian population—more than 90 million people—lives in malaria endemic areas.[11] About 30 million cases of malaria are expected to occur annually, only 10 per cent of which will be treated in health facilities. The highest disease burden is in the eastern provinces where malaria is endemic. Most rural areas outside Java-Bali also have a risk of malaria, which has re-emerged in Central Java and West Java. Data from public facilities in 2001 estimate malaria prevalence as 850.2 per 100,000 people, with rates as high as 20 per cent in Gorontalo province, 13 per cent in NTT and 10 per cent in Papua. The National Household Health Survey[12] (2001) estimated the malaria-specific death rate at 11 per 100,000 for men and 8 per 100,000 for women.

Percentage of population using effective prevention against malaria. Prevention efforts focus on minimizing the contact between humans and mosquitoes via bed nets and residual house spraying. Environmental management and larviciding can be used in selective ecological settings dependent on the vector species. Insecticide-treated mosquito bed nets are an effective way to prevent malaria, particularly for the most vulnerable groups, i.e. pregnant women and children under five years old. Nationally, about one in three children under the age of five years sleeps under a bed net (32 per cent), although this proportion is higher (40.1 per cent) among children younger than one year-old.[7] About 0.2 per cent of children sleep under an insecticide-treated bed net. One obstacle to the widespread use is the cost of bed nets, which can be relatively high for poor families.

Percentage of people with malaria effectively treated. Among children under five years who experienced clinical symptoms of malaria, an estimated 4.4 per cent received anti-malarial drugs, while the vast majority was given other drugs to reduce fever (67.6 per cent). Self-medication is an important

but neglected area of care-seeking behaviour that needs strengthening in Indonesia through better health education.

Diagnosis and treatment. The basis of accurate diagnosis is a well-functioning laboratory. About half of the cases reported, however, are diagnosed only by clinical symptoms with no laboratory confirmation, which can potentially lead to inaccurate and inappropriate treatment. The use of rapid diagnostics, such as dipsticks, could be phased in, particularly for emergency outbreaks or remote areas. Outside of Java–Bali, people with severe malaria find it difficult to access referral centres due to a lack of basic infrastructure and communication.

Impact on economy. Illness from malaria takes a toll on the Indonesian economy. The loss of individual income from malaria is estimated at US$56.5 million annually.[13] This does not take into consideration revenue lost from foregone business investment and tourism in malaria-endemic areas.

Challenges

Links with poverty. Malaria is a preventable condition. Its high prevalence, therefore, reflects financial and cultural obstacles to prompt and effective treatment and prevention. Malaria is linked to poverty as both cause and effect. The disease disproportionately afflicts the poor living in remote areas out of the reach of health services. The natural environment provides ample breeding sites for malaria-spreading *Anopheles* mosquitoes, such as stagnant rivers and streams during the dry season, or rain puddles in the forest during rainy season. But unhealthy environments are also created, such as borrow pits left by sand-excavation or mining, unattended shrimp and fish hatcheries, and denuded mangrove swamps—leading to increased vector-borne illnesses.

Political unrest, natural disaster or population movements. These factors may contribute to outbreaks and re-emerging endemic areas. Man-made disasters often exacerbate malaria within internally displaced communities. High population mobility has resulted in outbreaks within areas that were previously declared free of malaria.[14] Increased population density has encouraged people to move into forest and forest-fringe areas, where malaria is endemic. Negligent private businesses, such as those that abandoned fish and shrimp hatcheries during the economic crisis, created breeding grounds for *Anopheles sundaicus* or *Anopheles subpictus* mosquitoes (because of growing moss covering the water surface). The likelihood of continuing economic pressures and social turmoil will continue to challenge malaria-control efforts.

Limited human resources. Since the economic crisis, health workers have retired without replacement. In Java-Bali, the number of village malaria workers (Juru Malaria Desa, or JMD) is decreasing. This is particularly alarming given that malaria workers are key to early detection and treatment. In areas that are central to Indonesia's economic development, but have a high incidence of malaria, extra village malaria workers need to be recruited to intensify detection and treatment of malaria, while refresher training remains a continuing need.

Funding. The funds for malaria-control activities are inadequate. The changes in roles and responsibilities associated with decentralization may threaten funding for malaria control activities. This may be

especially true for public-health activities such as disease surveillance and vector control—given that bed nets and insecticides for house spraying are relatively expensive, for example.

Resistance. In all provinces, resistance has been reported—both for existing drug regimes and also for insecticides. Chloroquine-resistant strains of malaria were first identified in Indonesia in 1974 and are now prevalent across the archipelago. Inadequate treatment compliance, inappropriate medication, high population mobility along with intense transmission dynamics lead to this situation. Drug resistance implies that the existing treatment will become less and less effective and that more expensive drugs will be required in the future.

Policies and programmes

International commitments. Malaria control and prevention will be intensified through the Roll Back Malaria (RBM) approach, an international commitment, with the following strategies: detecting early patients who need to be treated with appropriate medication; actively involving community components in malaria prevention; and improving the quality of malaria control through strengthening health-staff capacity. Also important is the approach of integrating malaria eradication activities into other health initiatives, such as Integrated Management of Childhood Illnesses (IMCI), and health promotion.

Strategies. These include: early warning systems and containment of epidemics, intensification of control through surveillance intensification, early diagnosis and prompt treatment, and selective vector control. Policies focus on emphasizing decentralization, community involvement and building partnership between sectors, NGOs and donor agencies. The Gebrak Malaria movement, which started in 2000, is the operational form of RBM and prioritizes partnerships between government institutions, the private sector and communities in preventing the spread of malaria.

Activities. The Malaria Control Programme in Indonesia includes eight main groups of activities: early diagnosis and prompt treatment; insecticide-treated net programmes; indoor spraying; surveillance of active and passive case detection; mass fever survey and migrant surveillance; epidemic detection and control; other control measures such as larviciding and source reduction; and capacity building. To overcome the problem of chloroquine-resistant strains of malaria, central and local governments will begin to use new combination drugs to improve treatment success. Because these drugs are more expensive, their distribution is targeted at areas with a high prevalence of proven drug resistance.

Disease surveillance. Ensuring the timely flow of data from health facilities, including hospitals, closer monitoring of incidences of malaria to detect and contain outbreaks, and organizing prevalence surveys as needed are essential disease surveillance activities. To accurately target interventions, including rational insecticide spraying, research to determine the types of mosquito populations and their habits is needed. Ideally, each province will regularly survey drug efficacy to monitor areas of parasite resistance to anti-malaria drugs.

Tuberculosis (TB)

Status and trends

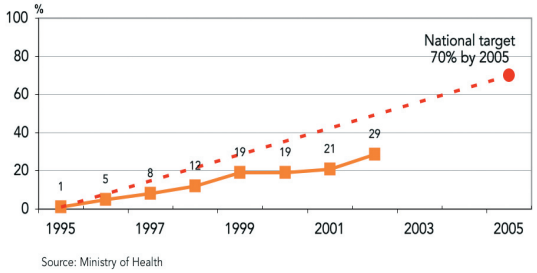
Prevalence. Special prevalence surveys between 1964 and 1986 in Indonesia employed tuberculin skin tests in nine locations.[15] The earliest results in rural East Java (1964–1965) showed a prevalence rate of 11.7 per cent and an annual risk of infection of 1.64 per cent. Later surveys (1984–1986) indicated a median annual risk of infection of 2.3 per cent, with results ranging from 0.7 to 3.9 per cent. Results indicated substantial heterogeneity by location with the median annual risk of infection at 2.5 per cent between 1965 and 1986. Using these prevalence surveys, the World Health Organization (WHO) estimated in 1998 a national prevalence of 786 new and existing cases per 100,000 people, of which approximately 44 per cent were sputum smear positive (SS+) infectious cases (350 per 100,000).[16]

Incidence. Indonesia ranks third in contributing the highest number of tuberculosis cases to the world's burden, with an estimated 582,000 new cases each year, among which 259,970 are SS+ pulmonary cases. This amounts to 271 new cases per 100,000 people and 122 SS+ infectious cases per 100,000.[17]

Death rates and case fatality rate. Using mathematical models, the WHO estimated the death rate from tuberculosis nationally in 1998 as 68 per 100,000 people and the case-fatality rate (all forms of TB) at nearly one in four (24 per cent).[16] According to the national health information system, which captures less than one in three cases, the case fatality rate associated with SS+ tuberculosis cases notified was 2 per cent in a 2001 cohort. The highest case fatality rates were in South Sulawesi (3.9 per cent), Bangka Belitung (3.6 per cent), Aceh (3.3 per cent), NTT (3.2 per cent) and East Kalimantan (3.1 per cent). The reported figures imply a death rate among SS+ cases detected nationally of approximately 0.52 per 100,000 people.

Directly observed treatment—short course (DOTS) tuberculosis detection rate. In 2002, the total notified tuberculosis cases (all forms) was 155,188, an increase from 92,792 in 2001. Among these, the number of new SS+ infectious cases reported was 76,230, or 37.5 per 100,000 people in 2002. Judging by the estimated number of new SS+ cases, it can be inferred that approximately 29.3 per cent of cases are detected. Using rough extrapolations of the national estimates of incidence for each province, case detection rates were highest in Gorontalo, at 88.5 per cent of estimated cases detected, compared with 8.4 per cent in North Maluku. Based on case notifications, the number of new SS+ cases per 100,000 people range from 11.5 in North Maluku to 109 in Gorontalo. In its international commitments, Indonesia has set the target for case detection rates of new TB cases at 70 per cent by 2005. Looking at the current trend, however, this target will probably

Figure 6.1. National TB case detection rates (CDR)

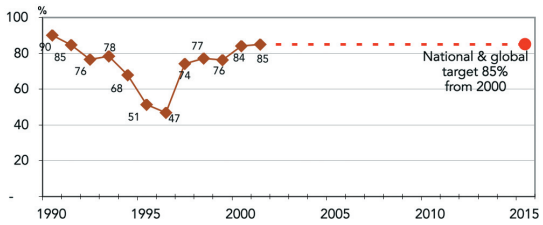


Source: Ministry of Health

be achieved only in 2013. More efforts are needed to accelerate the progress of case detection.

Directly observed treatment success rate. Cohort analysis shows that 85.7 per cent of cases successfully completed treatment in 2001. In Bali, Gorontalo and Riau, treatment success rates exceeded 95 per cent. This contrasts with only 15.7 per cent of SS+ patients who successfully completed treatment in Papua.

Figure 6.2. TB treatment success rates, 1991-2001



Source: Ministry of Health

Challenges

Strategy. The DOTS strategy of halting the spread of tuberculosis has five components: political commitment, accurate diagnosis through sputum microscopy, treatment compliance, uninterrupted TB drug supply, and reporting and recording systems.

Political commitment. The government has a key role in establishing political commitment, encouraging people to seek care and complete treatment, and ensuring high-quality care. The cost of initial tuberculosis treatment is far less than treating additional new cases and buying new drugs to counter drug-resistant strains. The loss to the economy from tuberculosis is enormous. On average, a tuberculosis patient loses three to four months of time from work.[18] Internationally, tuberculosis is a major cause of death for women of reproductive age,[19] with most cases among family breadwinners.

Accurate diagnosis through sputum microscopy. To use essential diagnostic tools—microscopes and lab reagents—costs only about US$0.50 per test. Accurate diagnosis through smear microscopy is the first step in detecting infectious patients and convincing them to begin treatment. In 2002, however, only about 29 per cent of estimated SS+ infectious cases were reported. The National Tuberculosis Programme made efforts in 2003 to involve other health service units outside the health centres, such as government and private hospitals, lung clinics, private practitioners, factory medical clinics and prisons. The first step was involving and training lung clinic and hospital staff in an effort to advance the "public-public mix", or greater coordination between the different Ministry of Health units involved in tuberculosis control. In addition, training of lab technicians has been accelerated and good-quality microscopes are being supplied, supported through different donor projects. The quality of reagents and implementation of laboratory quality assurance also need to be addressed.

Directly observed treatment compliance. Existing drugs can cure the vast majority of tuberculosis cases. Because it is highly contagious, tuberculosis needs treatment that prevents transmission to others. A cost-effective cure exists, but it requires a functioning health system with strong case management and follow-up. Indeed, low quality care is worse than no treatment. Successful treatment requires a daily dose of drugs over a minimum of six months—long after the patient starts to feel well. Drug-resistant strains can result if a patient stops

taking drugs before the treatment is complete, or if the wrong drugs are given. Not only will this patient require different, more expensive drugs but she or he will also remain infectious. Those newly infected from this patient will acquire the drug-resistant strains. Multi-drug resistance tuberculosis in Indonesia, however, is estimated as less than 1 per cent of total estimated cases.[20] DOTS providers in Indonesia are mainly family members. The National Tuberculosis Programme is planning to embark on further community involvement through the Community Based Initiative, or COMBI, approach in 2004 and will also be undertaking some operational research about family members as DOTS providers.

Uninterrupted drug supply. Treatment compliance is also affected by the drug supply, which must be of good quality, regular and uninterrupted during each patient's treatment. TB drugs are categorized as Very Essential Drugs so that their supply and availability is secured by the central government. Data comparing times when basic drugs were out of stock in 2000 between public and private facilities in 13 provinces indicated that, even before decentralization, several basic drugs, including INH, were out of stock in 1.8 per cent to 8.4 per cent of public facilities. During the six months preceding the survey, the average number of weeks when drugs were out of stock ranged from 3.6 to 7.8 weeks in public facilities (Table 6.3).[21] Fewer private facilities carried the basic drugs evaluated but the average length of time when drugs were out of stock was shorter compared with public facilities. The major organizational changes under the fiscal decentralization policies implemented in 2001, and the concomitant changes in roles and responsibilities at all levels in the system, may interrupt drug procurement and system delivery. Efforts have been made to maintain an uninterrupted drug supply to health centres. A pilot project of fixed dose combination (FDC) will be implemented in Central Java, East Java, South Sulawesi and Yogyakarta in 2004. In these pilot provinces, buffer stock at the provincial level will be maintained at 100 per cent to ensure an uninterrupted supply.

Reporting and recording systems. Accurate information is central in determining the magnitude and extent of the tuberculosis epidemic, the quality and effectiveness of existing treatment regimes and the extent of drug resistance. After the fiscal decentralization policies were put into place, there were problems with incomplete health information system reporting from the districts. Centrally-conducted exercises began in 2002 to validate the recording and reporting system from the peripheral health service units. These validation exercises confirmed higher treatment success rates compared with those previously recorded. Existing health information systems do not yet include cases detected in hospitals and private-sector services. It will be crucial to strengthen the existing surveillance systems and prevalence surveys that employ physiologic testing, which can establish the prevalence of tuberculosis in Indonesia.

Policies and programmes

Gerdunas. The Government of Indonesia considers tuberculosis control a national health priority. In 1999, the Minister of Health established the National Integrated Movement to Control TB, or Gerdunas. Gerdunas is a cross-sectoral movement, promoting the acceleration of tuberculosis control measures and seeking an integrated approach to tuberculosis control, involving the hospital and pri-

vate sector, and all other stakeholders, including patient and community representatives. In 2001, all provinces and districts had established Gerdunas chapters, although not all are fully operational. Also, the Five-Year Tuberculosis Control Strategic Plan (2002–2006), which provides the foundation for tuberculosis control activities nationwide, has been developed.

International commitments. The Millennium Development Goals (MDGs) support existing political commitments to halt and reverse the spread of tuberculosis by 2015. Other important international commitments include the Amsterdam Declaration of 2000, in which the Ministry of Health agreed to achieve a 70 per cent case detection rate and 85 per cent treatment success by 2005. As proof of these commitments, the Government of Indonesia contributes considerably to financing tuberculosis control programs and has pledged US$19.8 million for drugs and staff salaries, accounting for more than half (54 per cent) of the estimated US$36.5 million required for full programme implementation.

Tobacco

Status and trends

Prevalence. Tobacco use is a major contributor to ill health among the poorest families in Indonesia. In 2001, 31.5 per cent of Indonesian adults smoked, the vast majority of them men. About 62.2 per cent of male adults smoke regularly, with higher rates in rural areas (67 per cent).[22] At the provincial level, the highest male smoking rates are in Gorontalo (69 per cent) and the lowest in Bali (45.7 per cent).

Age of first use. In Indonesia, it is perceived that people make an informed choice about whether or not to smoke. About 70 per cent of Indonesian smokers, however, start their habit before they are 19 years old, during a time when they may not have the capacity to evaluate the health risks of smoking and the highly addictive nature of nicotine.[22]

Challenges

The health burden. In Indonesia, tobacco use accounted for a large proportion of the total burden of disease. One of two smokers die of their habit and half of these deaths occur during economically productive years.[23] Conclusive evidence shows that infants and young children exposed to passive smoke have increased rates of lower respiratory tract infections, middle ear disease, chronic respiratory symptoms, asthma, decreased lung function due to reduced lung growth and an increased rate of sudden infant death syndrome (SIDS).[24] Given that the vast majority of smokers aged older than 10 years smoke at home (91.8 per cent), it is estimated that 43 million Indonesian children are regularly exposed to passive smoke.[22]

The economic burden. Tobacco not only inflicts on society the cost of chronic care for those suffering from lung cancer and other tobacco-related illnesses, but it also decreases the productivity of workers who smoke. The poor are harmed the most by tobacco use. In 2001, the poorest Indonesian households spent, on average, 9.1 per cent of their monthly expenditure on tobacco products, compared with 7.5 per cent among the wealthy.[22] Spending scarce household resources on tobacco products instead of food or other essential needs can have a significant impact on the health and nu-

trition of poor families.[25] The poor are also less likely to be able to afford health insurance and health care costs for chronic conditions associated with tobacco use, such as lung cancer, cardiovascular disease and hypertension.

Lack of resources. Despite this enormous health burden, there is little financial support to advance tobacco control. Outside of important analytical work by the WHO and the World Bank, no major donor supports tobacco control in Indonesia and government resources to address this major health issue are negligent.

Policies and programmes

The components of effective tobacco control include the following.

Keeping the price of tobacco products high. The World Bank has concluded that a price rise of 10 per cent would reduce the global demand for tobacco products by between 4 and 8 per cent on average.[26] Simulations showed that a 10 per cent price increase worldwide (via an increase in taxes) would prevent at least 10 million tobacco-related deaths globally. Increasing the price of tobacco products, therefore, is the single-most effective strategy for reducing the devastating health burden of tobacco use. Indonesia has some of the lowest cigarette excise tax rates in the region (averaging 31 per cent of the retail price), next to Cambodia.[22]

Total bans on advertising, promotion and sponsorship. Advertising is a major public health issue because tobacco advertising creates an environment where tobacco use is familiar and positive, and encourages children to experiment with tobacco.[27] Existing legislation in Indonesia enforces a partial ban on daytime television advertising only.

Clean air laws. The majority of Indonesian adults do not smoke. Clean air laws are needed to protect both non-smoking adults and children exposed to the carcinogens in environmental tobacco smoke.

Notes

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GOAL 7

Ensuring environmental sustainability

Goal 7: Ensuring environmental sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicators used:
- **Proportion of land area covered by forest**
- **Ratio of area protected to maintain biological diversity to surface area**
- **Energy use (barrel oil equivalent) per million rupiah GDP**
- **Emissions of carbon dioxide-carbon dioxide equivalents per capita**
- **Consumption of ozone-depleting CFCs (metric tons)**
- **Proportion of population by type of cooking fuel used**
- **Proportion of population using biomass as cooking fuel**

Status and trends

Declining proportion of forested areas. In 2002, the Ministry of Forestry demarcated 91.22 million hectares as forested area, which does not include three provinces still in the process of demarcation (Central Kalimantan, North Sumatra and Riau). Satellite data[a] from 1999–2000 show Indonesia to have 72 million hectares of forested area, the rest being non-forested or areas without data. Ministry of Forestry data (Table 7.1) indicate a decrease in forested area from 130.1 to 123.4 million hectares over the period 1993 to 2001, with the proportion of forest to total land area dropping from 67.7 to 64.2 per cent. Reasons for the decrease include plundering, conversion of forested land to other uses and fire. Between 1985 and 1997, the rate of deforestation in Kalimantan, Maluku, Papua, Sulawesi and Sumatra was 1.8 million hectares a year. The economic crisis and decentralization probably accelerated this rate, raising serious concerns about ecology and watershed management.

Categories of protected areas. Protected areas are defined as areas dedicated to the protection and maintenance of biodiversity and ecology. Parks and conservation areas in Indonesia are classified as either totally protected areas (national parks, nature reserves and wildlife reserves) or partially protected areas (forest parks, hunting parks and natural recreation parks).

Ratio of protected areas. In 2000, the total protected land area[b] in Indonesia was 50.68 million hectares (comprising 32.34 million hectares of protected forest and 18.34 million hectares of conservation land areas), or 26.4 per cent of the total land area of Indonesia (Table 7.2).[1] The bio-region of Papua has the highest proportion of protected areas (41.3 per cent), followed by Sulawesi (32.8 per cent), Maluku (26.6 per cent), Nusa Tenggara (24.4 per cent), Sumatra (23.5 per cent) and Kalimantan (19.5 per cent). The lowest proportion is in Java-Bali (9.5 per cent). Being an archipelago, Indonesia also has a significant proportion of protected maritime areas (4.7 million hectares), which include nature

[a] This data comes from 7 ETM + Landsat imagery.
[b] The protected land areas are 61.6 per cent national parks, 19.2 per cent wildlife reserves, 14.6 per cent nature reserves, 1.8 per cent forest parks, 1.5 per cent natural recreation parks and 1.2 per cent hunting parks.

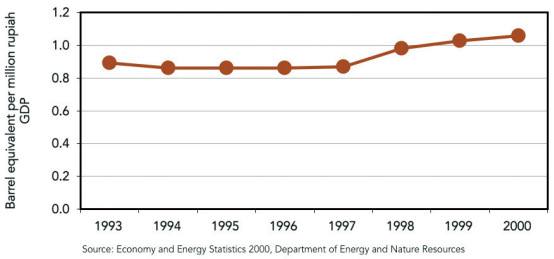
reserves, wildlife reserves, recreation parks and national parks.

The management of protected areas. The threats to these areas are many, making their management an urgent priority for Indonesia and the international community. There is a large number of grant and loan conservation management projects from the Indonesian government, foreign governments, local, national and international non-governmental organizations (NGOs). The primary threat is illegal logging in protected areas. With decentralization and regional autonomy, more and more forests are being exploited, illegal logging has become rampant and the boundaries of protected areas are being ignored. Underlying causes include poor law enforcement and a lack of understanding of long-term development goals and biosphere preservation.

Decreasing energy efficiency. Commercial energy use (excluding biomass) increased over the period 1993 to 2000 from 292.8 to 421.3 million barrels equivalent, at an average growth rate of 5.4 per cent, while the total energy use (including biomass) increased at an average growth rate of 3.8 per cent (Table 7.3).[2] From 1993 to 2000, the commercial energy use per million rupiah Gross Domestic Product (GDP)—in constant 1993 prices—increased, indicating decreased energy efficiency (Figure 7.1).

National Emission Inventory. Indonesia inventoried all major greenhouse and related gases—including carbon dioxide (CO_2), methane (CH_4), nitrous oxide (N_2O), nitrogen oxides (NO_x) and carbon monoxide (CO)—in its First Indonesia National Communication in 1994.[3] The precision of these estimates depends on the availability and reliability of data on activities and emission factors. Among the three key sectors—energy, agriculture and forestry—estimates from the forestry sector have the highest degree of uncertainty, while those from the energy demand sectors are less uncertain.

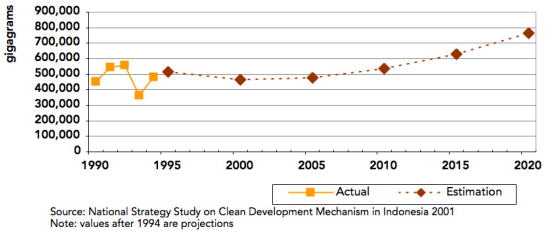
Figure 7.1. Commercial energy use per million rupiah GDP



Source: Economy and Energy Statistics 2000, Department of Energy and Nature Resources

Greenhouse gas emissions. From 1990 to 1994, the emission of greenhouse gases[a] increased overall by 6.5 per cent (Table 7.4), with carbon dioxide comprising 70 per cent of the total. During this period, 35 to 60 per cent of total emissions came from energy requirements in the economic sectors (industry, transportation, housing and commercial), 20 to 50 per cent from the forestry sector and around 15 to 25 per cent from the agricultural sector. The large fluctuations were mainly due to changes in the forestry sector.[4] Estimates indicate an increase in 1995 and decrease in 2000 (Figure 7.2). Per capita emission trends are shown in Figure 7.3 and Table 7.5. Over the next two decades, emissions are expected to grow by about 3 per cent a year. The energy de-

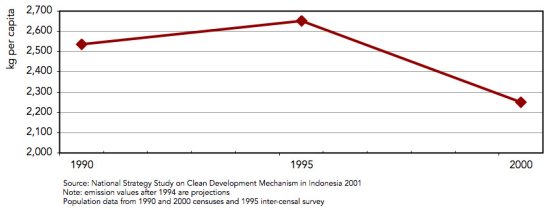
Figure 7.2. Emissions of CO2 and CO2 equivalents



Source: National Strategy Study on Clean Development Mechanism in Indonesia 2001
Note: values after 1994 are projections

[a] Carbon dioxide and carbon dioxide equivalents, mainly methane and nitrous oxide.

Figure 7.3. Emissions CO2 per capita



mand sectors are the biggest contributors to the total emission, while the forestry sector is expected to contribute 11 to 33 per cent and the agricultural sector about 12 per cent.

The consumption of ozone-depleting chlorofluorocarbons. From 1992 to 1998, the use of ozone-depleting chlorofluorocarbons (CFCs) fluctuated (Table 7.6 and Figure 7.4). In 1992, consumption was 7,815 metric tons, equivalent to 6,567.3 ODP (Ozone Depleting Potential) tons.[5] These substances are defined by the Montreal Protocol on Substances that deplete the Ozone Layer, and they are used in foam, refrigeration, air conditioning, halon products, aerosols and solvents.

Weak control of ozone depleting substances. Since 1992, Indonesia has been a participating country in the Programme for the Phase-Out of Ozone Depleting Substances under the Montreal Protocol. In 1998, the Minister of Industry and Trade issued decrees[6] banning the import of CFCs and goods containing CFCs, and the production of goods using CFCs. However, since the economic crisis, the demand for ozone-depleting substances has probably increased and is being met by illegal imports and trade. Enforcing the ban is difficult in a large archipelago like Indonesia. To strengthen control and supervision, the Ministry of Industry and Trade issued a decree in 2002,[7] which aims to help small and medium enterprises in upgrading their technology to become CFC-free and compatible with international standards. The government has also put in place reporting and monitoring mechanisms to reduce illegal imports and distribution.[8]

Use of biomass as cooking fuel. The proportion of people who use biomass energy is one of the indicators used by the World Health Organization (WHO) to monitor indoor pollution. The WHO defines this indicator as the percentage of population burning as a source of fuel any material derived from plants and animals. For Indonesia, the Ministry of Energy and Mineral Resources defines biomass as firewood and agricultural waste, which includes grain husk, rice stalks, oil palm stems and coconut shell. Biomass is a major cooking fuel in Indonesian households; others include kerosene, gas and elec-

Figure 7.4. Consumption of Ozone Depleting Substances

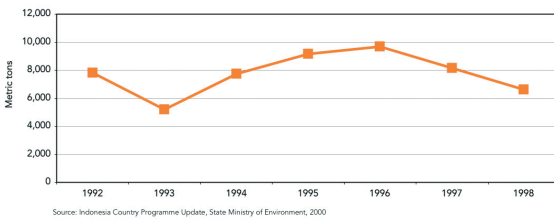
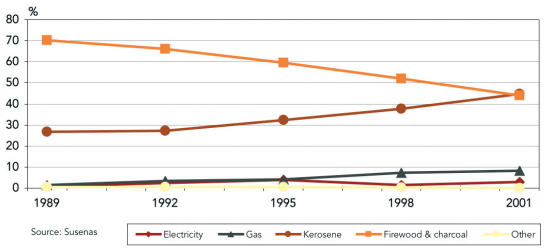


Figure 7.5. Population by type of cooking fuel used



tricity. The biomass cooking fuels most used in Indonesia are firewood and charcoal but the percentage of households using them decreased from 1989 to 2001. This is due to the corresponding rise in the use of electricity, gas and kerosene for cooking (Table 7.7 and 7.8; Figure 7.5).

Challenges

Economic crisis and reform, decentralization, globalization and governance are key determinants for sustainable development and the restoration of depleted natural resources in Indonesia. The economic crisis affected about one third of communities living in forested areas and led to a surge in illegal logging.[9] Decentralization offers opportunities for improving natural resources management, conservation, and efficiency, but also poses risks for biodiversity, which may be regarded by regional governments merely as a source of revenue.[10]

Policies and programmes

Policies. In the 2000–2004 National Development Programme, policies for the management of natural resources and environment focus on: managing renewable and non-renewable natural resources using environment-friendly technologies; ensuring firm and consistent law enforcement to prevent natural resource degradation and environmental pollution; gradually delegating authority and responsibility to regional governments in managing natural resources and the environment; empowering communities to strengthen their economy and manage natural resources and the environment; using indicators to measure progress; maintaining existing conservation areas and establishing new conservation areas in selected regions; and involving civil society in addressing global environmental issues.

Programmes. The five interrelated programmes incorporating the above policies are:

- Developing and increasing access to information on natural resources and the environment.
- Increasing the effectiveness of management, conservation and rehabilitation of natural resources.
- Preventing and controlling damage and pollution to the environment.
- Strengthening institutional arrangements and law enforcement for natural resources management and environment conservation.
- Increasing community involvement in natural resources management and environment conservation.

Target 10:Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicators used:
- **Proportion of population with sustainable access to an improved water source**
- **Proportion of population with access to improved sanitation**

Status and trends

Water

Definitions. While there are no criteria for defining sustainable access, there are several definitions for "improved water source." The status of coverage in Indonesia varies according to the definitions used:

1. Percentage of households using piped water, a definition regarded as the most reliable and closest to health standards.
2. Percentage of population using water from "improved sources" more than 10 meters away from an excreta disposal site. The "improved sources" include: piped water, pumped water, packaged water, water from a protected well or protected spring or rain water.
3. Percentage of households using water from the "improved sources" defined as above but *regardless of distance from excreta disposal sites.* This definition is most likely to include contaminated water.

Indonesia still has very low coverage in piped water (definition 1) and progress has been negligible over the past decade. If definition 2 is used, currently only 50 per cent of the population have access to water from improved sources (Figure 7.6 and Tables 7.9a,b,c).

Non-compliance with drinking water standards.[a] The quality of water supplied to communities by regional drinking water companies (PDAMs) does not comply with Ministry of Health drinking-water standards. Rather, it is better described as clean water.[b] While the PDAMs water has been treated for direct drinking from the tap, the poor condition of distribution networks and the irregular nature of services lead to contamination, and that water is no longer safe for direct drinking. Investment is needed to improve the distribution, the carrying capacity and regularity of services.

Lack of government priority. It was agreed at the 2002 World Summit on Sustainable Development that water is a human right.[11] But in Indonesia, the provision of drinking water is not a development priority, particularly among regional governments. While the management of this function has been delegated to district and city governments, financing mechanisms for drinking-water facilities and infrastructure are still centralized and the central government is still regarded as fully responsible for the

[a] Terminology used follows the draft government decree on Drinking Water and National Policy on Community Based Drinking Water and Environmental Sanitation.

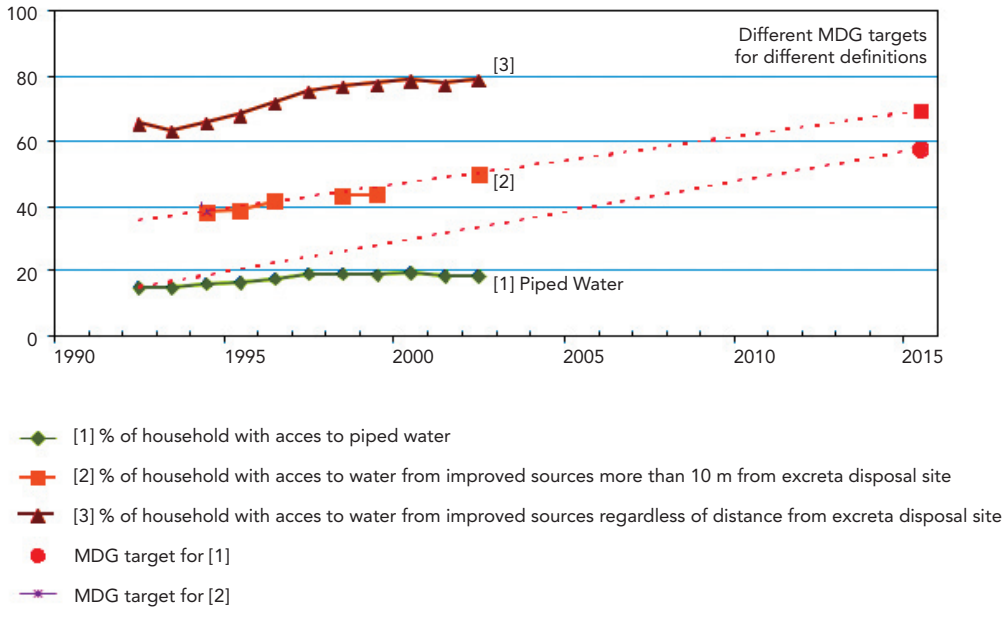
[b] The Decree from the Ministry of Health No. 907, 2002 defines drinking water as treated or untreated water that meets health requirements and can be drunk directly. Clean water is defined as water used for daily needs, which meets health requirements and can be drunk after being boiled.

drinking-water supply. Given the increasing public demand for drinking water and the limited budget of the central government, the MDG target for safe drinking water will not be reached if present funding trends continue.

Lack of reliable routine data. Major constraints in achieving the MDG target for drinking water are the lack of reliable routine data, the inability to identify areas lacking safe drinking water, and data that relate more to quantity than quality. Routine data for urban areas are generally of better quality, since these areas are supplied by PDAMs, which have databases on customers and are better managed than rural providers are. Local organizations[a] that supply water to rural areas have no clear mechanisms for data collection and compilation.

Poor coverage and quality of water supply services. Between 1989 and 1994, the access to piped water in urban areas increased by 6.5 per cent per year, while the size of the population without piped water increased by 4.3 per cent per year.[12] By 2000, the water supply provided by PDAMs covered 51.7 per cent of the urban population (Table 10) and 5.4 per cent of the rural population. Together, this represents only 56.6 million people with 4,748,000 household networks and 85,700 hydrants. Technical inadequacies and managerial shortcomings within the PDAMs are among the major weaknesses that slow down efforts to improve the coverage. The planning of services is still supply-oriented and does not accommodate community needs and consumers' expectations. Consumers in turn are reluctant to pay for water and facilities are not optimally used. Another major problem is the limited budget for improving the water-supply network, from intake, transmission, treatment and reservoirs, to household distribution points. Roles are also not clearly defined between the operator (institution) manag-

Figure 7.6. Access to water according to different definitions



[a] Facility Management Unit (UPS), Facility Management Group (KPS) or Association of Drinking Water Subscribers (HIPAM).

ing the water services and the regulator making the rules. The lack of independence in determining and managing investment programmes has led many PDAMs to financial difficulties. At present, 201 out of 293 PDAMs are in debt, owing a total sum of Rupiah 4.2 trillion.

High levels of unaccounted for water. "Unaccounted-for water," also known as water leakage, is water that does not generate income for PDAMs. In 2000, the leakage rate for PDAMs varied between 22 and 43 per cent, with an average of 36 per cent. The leakage may be due to poor governance and management, such as water theft and weaknesses in recording, or to technical reasons, such as physical leakages within the network. Efforts to reduce the leakage include technical training, salary restructuring, monitoring and pipeline replacement. Cutting back the leakage linked to poor management is less costly and can be tackled through measures such as improving managerial skills.

Investments required for drinking water. In 2000, the installed capacity reached 95,000 litre/second. To achieve the target of 168,000 litre/second in 2015, required to meet the MDG target for drinking water based on PDAMs calculations, an extra 93,000 litre/second is needed. Calculations based on facilities and infrastructure requirements for safe drinking water show that a special budget of Rupiah 42.8 trillion will be needed for drinking-water services up to 2015—in other words, Rupiah 3.3 trillion a year.[a] Also, institutional capacity building requirements for the sector up to 2015 are estimated at US$40 per capita. The budget increases are necessary to repair and improve existing systems, and build new facilities and infrastructure for safe drinking water.

Limited involvement of the private sector. Involvement of the private sector has so far been limited: only six private water supply companies are operating. This is partly because of the uncertainty of laws regulating privatization and public-private partnerships in building and developing water services. Clear-cut laws and a guarantee of law enforcement will be critical, since the construction and development of water-supply systems are long-term investments requiring substantial funds.

Deteriorating quality and quantity of primary water resources. Environmental degradation greatly affects the quality and quantity of primary water resources. The availability of water from primary sources in Java and Bali has reached a critical point. Decentralization has exacerbated the situation: the authority of the regional water-supply companies extends only to the boundaries of each region, making it difficult for regions that do not have a primary water source. Factors affecting water quality include rapid industrialization, particularly in urban areas; population density; and pollution from household and industrial waste, mining and pesticides.

Low levels of community awareness. The low level of access to safe water in rural area—resulting in diarrhoea, skin diseases and other illnesses—is related to low community awareness. Several water-supply projects[b] include awareness raising and there are also projects implemented by communities themselves with NGO assistance. But further promotional activities and campaigns are still needed, as well as technical guidance to communities on using, operating and maintaining water-supply facilities.

[a] Assumes a population growth rate of 1.63 per cent a year up to 2015; and an exchange rate of Rupiah 8,500 for US$1.

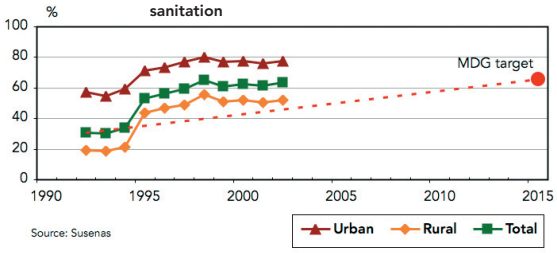
[b] WSLIC 2 (Water and Sanitation for Low Income Communities – Phase 2), ProAir (Clean Water Supply for Rural Areas in NTT), Rural Water Supply in NTB and NTT, and CWSH (Community Water Services and Health).

Potential for community participation. Experience shows that people—even poor communities—are willing to pay for clean water facilities and, often, the poor pay more for their water. To mobilize this hidden potential, the capacities, needs and demands of communities need to be incorporated into planning. Sustainability can only be achieved if it involves the users from an early stage, including in decisions about choice of facility and its construction and operation. The involvement of women is also essential for ensuring sustainability.

Sanitation

Access to basic sanitation. Available data show that access to basic sanitation facilities is around 64 per cent (78 per cent in urban and 52 per cent in rural areas) (Table 7.11a, b, c and Figure 7.7). The data do not reflect ownership and only shows utilization of private or public facilities. The data also do not indicate the real condition of facilities: whether they are functioning properly; and if these facilities meet health and technical standards. Real coverage is therefore probably lower.

Figure 7.7. Proportion of households with access to improved sanitation



Low public awareness. Communities, especially in rural areas, lack an understanding of the importance of sanitation for health. The result is the non-utilization or inappropriate use of latrines, sometimes for purposes other than intended, and poor maintenance.

Lack of priority. Sanitation is not a priority for the central government, regional governments, legislative members or the private sector, reflected in the limited budget allocations for sanitation. Even the number of NGOs that focus on sanitation is limited.

Management of solid and liquid waste. About half the urban population in Indonesia are still using water from deep or shallow wells, or from water vendors. Proper management of solid and liquid waste from households and industries is therefore essential for avoiding pollution. More septic tanks and sewerage systems that comply with health standards are needed.

Impact on health. The factors discussed earlier not only have an impact on health but also increase water treatment costs. A survey of shallow wells in Jakarta revealed that groundwater pollution by human excreta—as assessed from *faecal coliform* content—is widespread, with 84 per cent of samples showing contamination.[13] This has implications not only for Jakarta but also for all densely populated areas.

Challenges

Water

- Agreement is needed on the quality of water supplied to communities and on compliance with safe drinking water standards. This is still being debated, as it involves huge costs. The prior-

ity is to ensure access to water of a quality that communities themselves can treat at reasonable cost, by boiling or filtering to make it suitable for drinking.
- PDAMs need to increase the independence of management to operate efficiently and improve accountability.
- Key challenges include: ensuring that planning is linked to demand; mobilizing funds through investment, government budget allocations or through setting rates according to production costs and consumer capacity; improving service quality to communities; and promoting health and hygiene among communities to create a demand for and increase ownership of safe water facilities.
- A budget of Rupiah 42.8 trillion up to 2015, or Rupiah 3.3 trillion a year, is needed to increase the supply capacity for drinking-water services. The challenge for the government will be to use the available funds strategically. Given the limited government budget, it will be crucial to increase the participation of businesses, the private sector and communities in water-supply investment and to mobilize funds from communities.
- More community involvement is needed in planning, developing and operating water-supply services.
- A valid and accurate database for both urban and rural areas still does not exist and will be needed for measuring progress towards MDG achievement.

Sanitation

- One of the challenges is to improve the quality of sanitation facilities to meet technical and health standards, while ensuring that communities can maintain them easily.
- Another is to raise awareness among communities on health and hygiene issues and the importance of using proper latrines. The central and regional governments, legislators and the private sector also need to be mobilized to provide greater support to sanitation.

Policies and programmes

Water

Policies. To address issues of safe drinking water, policies include:
- Developing an action plan and strategies to achieve the MDG targets.
- Developing alternative financial resources for drinking-water facilities and infrastructure, through local governments. This means setting up a more conducive business environment, providing clear and transparent laws and regulations, enforcing laws, and adjusting financing systems in accordance with the capacities of communities. It also means issuing municipal bonds supported by local governments and/or through securitization; selling PDAMs shares to the community and private sector; and improving tariff mechanisms for independent, self-supporting operations of water suppliers.
- Protecting primary water resources across sectors and regions, through water board authorities that comprise all stakeholders, and developing conservation programmes for the environment and water resources.

- Improving the technical and management skills of the PDAMs and clearly separating the functions of operator and regulator.
- Empowering rural communities through public education and campaigns; strengthening the role and ownership of rural communities in providing and managing water resources, through an investment-sharing approach; giving technical assistance and training to rural communities in operating and maintaining water infrastructure and facilities, and in water management.
- Improving, monitoring and evaluating systems using a participatory approach and applying these approaches in policies to improve data systems.

Programmes. Developed and implemented by the Government of Indonesia, programmes include:

- Drafting and socializing the National Policy on Development of Drinking Water Infrastructure and Facilities and Environmental Sanitation, which aims to help local governments in achieving MDG targets.
- Assisting PDAMs in improving their performance and professionalism.
- Increasing the active role of communities through an investment-sharing approach in rural drinking-water projects, where technical assistance and training are given to communities to operate, maintain and manage water facilities and infrastructures. The central and local governments are expected to replicate these activities, including in urban areas.
- Developing databases for water service coverage in urban and rural areas.

Sanitation

Policies. Sanitation policies include:

- Raising awareness of sanitation as a basic need among government decision-makers and legislators, the private sector and communities—through sustained public campaigns, media and educational programmes, and through the implementation of pilot projects to demonstrate success and achievability.
- Encouraging the use of latrines by making available basic sanitation infrastructure models that are affordable, efficient and easy to maintain.
- Developing strategies for achieving the MDG targets, including an action plan.

Target 11: By 2020, to have achieved a significant improvement in the lives of slum dwellers

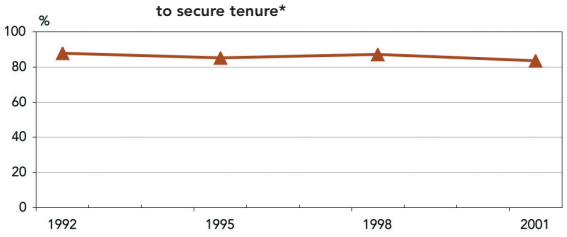
Indicator used:
- **Proportion of households who own or rent their homes**

Status and trends

Secure tenure. The United Nations (UN) guidelines[14] define secure tenure as households that own or are purchasing their homes, are renting privately or are in social housing or sub-tenancy. In Indonesia, 83 per cent of households own or rent their homes (79 per cent own and 4 per cent rent). This means that some 17 per cent, or at least 8.8 million households, of 52 million households[15] still do not have secure tenure. The trend has not changed much over the years (Figure 7.8, Table 7.12a).

Projected needs. With population growth each year, and without a breakthrough policy from the government, the cumulative number of housing units in demand will continue to grow. To meet these needs over the next 10 years, the government estimates that at least 1.2 million housing units are required each year. The Ministry for Settlement and Regional Infrastructure estimates that 15.7 per cent of these needs can be served through the commercial banking sector without requiring government subsidies, while the remaining 84.3 per cent will still need government interventions in the form of subsidies and other mechanisms.

Figure 7.8. Proportion of households with access to secure tenure*



Source: Susenas
*Proportion of households who own or rent their house

Quality of housing. Up to one-quarter of housing in Indonesia is of poor quality. The proportion is higher in eastern Indonesia than in the western part.

Slum areas. In 1999, some 47,393 hectares were classified as slum areas, covering a population of 2.3 million in 3,857 villages (Table 7.13). This is a sharp increase from 1996, when 38,053 hectares were classified as slums. The growth of slums reflects: people's inability to afford decent housing; environmental degradation; a low level of human resource development/education, which leads to a decline in community social standards; the inability of the system to anticipate and provide housing; and the failure by central and local governments to ensure adequate budgets for providing and maintaining urban infrastructure and services. This failure dates from the financial crisis of 1998.

Weak institutional capacity. There is no framework for regulations supporting the development of an effective and efficient housing system. Institutional capacities are also lacking in the housing sector at the central, regional and local levels. Regional capacities remain weak in identifying needs and problems; formulating policies, plans and strategies; and coordinating and evaluating implementation.

Low commitment of decision-makers. Commitment among decision makers (executive and legislative) needs strengthening, especially with regard to meeting the needs of low-income groups and giving housing the important role it deserves in city and regional development.

Land ownership. Data from the Central Statistical Office of Indonesia (BPS—Statistics Indonesia) in 2001 showed that 32 per cent of households in Indonesia (51 per cent of urban households and 22 per cent of rural) had a land ownership (BPN) certificate. (Table 7.12b).[a] Another 35 per cent owned a sales deed, which, if processed further, can lead to the issuance of a BPN certificate.

Challenges

The main challenge is to meet the need and demand for housing, particularly for poor and low-income groups, a considerable task that will require resources and hard work. Other challenges are to improve and build up slum areas, and improve landownership status.

Policies and programmes

Policies. Housing policies include:

- Creating a healthy, orderly environment with adequate facilities.
- Creating a conducive climate through fiscal incentives for the private sector and communities to contribute to housing, particularly for poor and low-income groups.
- Revitalizing the housing market by improving laws and regulations on investment, land, banking and civil affairs.
- Creating a long-term source of financing for housing through mechanisms such as secondary mortgage facility, secondary mortgage market and other innovations.
- Undertaking land reform and revising land policies to discourage speculation and monopoly of land.
- Developing designs and structures for housing based on local culture and materials, with a view to increasing affordability.
- Supporting the National Housing Authority to become an institution with full authority to handle and solve problems and formulate policies on housing.
- Exploring other possibilities to address slums, especially in urban areas, such as voluntary resettlement programmes and transferring development rights.

[a] Land ownership is judged by a certificate from the BPN (National Agency for Land Affairs).

Notes

[1] Directorate General of Forest Protection and Nature Conservation, Ministry of Forestry, 2002.
[2] Ministry of Energy and Mineral Resources, 2000. *Energy and Economy Statistics 2000.*
[3] State Ministry for the Environment, 1994. *Indonesia: The First Indonesia National Communication on Climate Change Convention.* Jakarta
[4] Government of Indonesia, 2001. *National Strategy Study on Clean Development Mechanism in Indonesia, 2001.*
[5] State Ministry of Environment, 2000. *Indonesia Country Programme Update for the phase-out of Ozone Depleting Substances under the Montreal Protocol.* December 2000.
[6] Decrees of the Minister of Industry and Trade No. 110/MPP/Kep/1/98 and No. 111/MPP/Kep/1/98, amended by Decrees No. 410/MPP/Kep/9/98 and No. 411/MPP/Kep/9/98.
[7] Decree of Minister of Industry and Trade No. 789/MPP/Kep /12/2002
[8] Laporan Realisasi Impor CFC; Laporan Pendistribusian CFC Asal Impor
[9] Sunderlin, W.D. 2002. *The Effects of Economic Crisis and Political Change on Indonesia's Forest Sector, 1997–99. Which Way Forward? Forest, Policy and People in Indonesia.* Editors C.J.P. Colfer & I.A.P Resosudarmo. Resource for the Future, Washington DC.
[10] World Bank, 2001. *The Imperative for Reform: Brief for the Consultative Group on Indonesia.*
[11] United Nations, 2002. R*eport of the World Summit on Sustainable Development, Johannesburg, South Africa, 26 August–4 September 2002.* A/CONF.199/20. New York.
[12] Locussol, A., et al, 1997. *Indonesia Urban Water Supply Sector Policy Framework.* World Bank.
[13] Pemerintah Republik Indonesia, 1997. *Agenda 21 Indonesia: Strategi Nasional untuk Pembangunan Berkelanjutan.* Jakarta.
[14] United Nations Development Group, 2003. *Indicators for Monitoring the Millennium Development Goals: Definitions, Rationale, Concepts and Sources.* United Nations, New York.
[15] Household estimates based on 2000 population census.

Tables

Table 1.1. Numbers and percentage of population living below the National Poverty Line

Province national	1990		1993		1996		1996*		1999*		2002*	
	Number (000)	%	Number (000)	%	Number (000)	%	Number (000)	%	Number (000)	%	Number (000)	%
Nanggroe Aceh Darussalam	544.9	15.9	496.7	13.5	425.7	10.8	491.8	12.7	602.1	14.8	1,199.9	29.8
North Sumatra	1,364.9	13.5	1,331.6	12.3	1234.2	10.9	1,475.7	13.2	1,972.7	16.7	1,883.9	15.8
West Sumatra	600.2	15.0	566.1	13.5	384.6	8.8	426.2	9.8	601.5	13.2	496.4	11.6
Riau	451.6	13.7	410.9	11.2	322.1	7.9	496.7	12.6	589.7	14.0	722.4	13.6
Jambi	-	-	299.4	13.4	222.8	9.1	354.5	14.8	677.0	26.6	326.9	13.2
South Sumatra	1,037.3	16.8	1,023.9	14.9	794.9	10.7	1,151.4	15.9	1,813.7	23.5	1,600.6	22.3
Bengkulu	-	-	173.1	13.1	137.2	9.4	236.9	16.7	302.3	19.8	372.4	22.7
Lampung	789.7	13.1	751.8	11.7	724.9	10.7	1,712.2	25.6	2,037.2	29.1	1,650.7	24.1
Bangka Belitung	-	-	-	-	-	-	-	-	-	-	106.2	11.6
Jakarta	603.3	7.8	497.1	5.7	231.3	2.5	215.8	2.4	379.6	4.0	286.9	3.4
West Java	4,786.5	13.9	4,612.4	12.2	3962.1	9.9	4,358.8	11.1	8,393.4	19.8	4,938.2	13.4
Central Java	4,915.4	17.5	4,618.7	15.8	4157.3	13.9	6,417.6	21.6	8,755.4	28.5	7,308.3	23.1
Yogyakarta	437.2	15.5	343.5	11.8	303.8	10.4	537.8	18.4	789.1	26.1	635.6	20.1
East Java	4,800.3	14.8	4,423.7	13.3	4046.5	11.9	7,503.3	22.1	10,286.5	29.5	7,701.2	21.9
Banten	-	-	-	-	-	-	-	-	-	-	786.7	9.2
Bali	305.5	11.2	270.2	9.5	125.6	4.3	227.0	7.8	257.8	8.5	221.8	6.9
West Nusa Tenggara	776.3	23.2	692.4	19.5	653.0	17.6	1,169.3	32.0	1,276.8	33.0	1,145.8	27.8
East Nusa Tenggara	790.4	24.1	756.4	21.8	749.0	20.6	1,395.1	38.9	1,779.0	46.7	1,206.5	30.7
West Kalimantan	894.0	27.6	874.5	25.1	820.5	22.0	885.7	24.2	1,016.2	26.2	644.2	15.5
Central Kalimantan	-	-	321.6	20.9	189.4	11.2	221.8	13.5	261.7	15.1	231.4	11.9
South Kalimantan	546.4	21.2	517.8	18.6	424.3	14.3	247.5	8.5	440.2	14.4	259.8	8.5
East Kalimantan	-	-	294.9	13.8	224.6	9.2	227.7	9.7	509.2	20.2	313.0	12.2
North Sulawesi	368.2	14.9	304.7	11.8	284.6	10.6	476.2	17.9	504.6	18.2	229.3	11.2
Central Sulawesi	-	-	193.9	10.5	163.4	8.2	435.4	22.3	599.4	28.7	564.6	24.9
South Sulawesi	739.6	10.8	659.2	9.0	617.1	8.0	1,268.3	16.7	1,462.0	18.3	1,309.2	15.9
Southeast Sulawesi	-	-	162.3	10.8	139.4	8.5	466.4	29.2	504.9	29.5	463.8	24.2
Gorontalo	-	-	-	-	-	-	-	-	-	-	274.7	32.1
Maluku	-	-	478.9	23.9	417.0	19.5	934.7	44.6	1,013.9	46.1	418.8	34.8
North Maluku	-	-	-	-	-	-	-	-	-	-	110.1	14.0
Papua	-	-	441.9	24.2	427.8	21.2	830.3	42.3	1,148.7	54.8	984.7	41.8
Total nine other provinces	2,380.1	16.8										
Indonesia	**27,131.8**	**15.1**	**25,517.6**	**13.7**	**22183.2**	**11.3**	**34,164.1**	**17.6**	**47,974.6**	**23.4**	**38,394.0**	**18.2**

Note: * Poverty line is based on new 1998 standard

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia. 2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province. Includes East Timor only up to 1996.

Table 1.2a. Poverty Gap (P1) and Severity Index (P2)[a]

Province[c] national	1990		1993		1996		1996[b]		1999[b]		2002[b]	
	P1 (%)	P2 (%)	P1 (%)	P2 (%)	P1 (%)	P2 (%)	P1 (%)	P2 (%)	P1 (%)	P2 (%)	P1 (%)	P2 (%)
Nanggroe Aceh Darussalam	2.76	0.62	2.35	0.57	1.64	0.38	1.66	0.38	2.16	0.50	4.32	1.00
North Sumatra	2.41	0.60	3.10	0.92	1.66	0.41	1.68	0.42	2.48	0.60	2.63	0.65
West Sumatra	2.69	0.61	1.90	0.41	1.27	0.29	1.28	0.29	1.78	0.37	1.81	0.43
Riau	2.57	0.63	2.52	0.66	1.15	0.29	1.29	0.33	2.28	0.65	2.01	0.48
Jambi	-	-	2.77	0.75	1.45	0.41	1.38	0.38	4.89	1.26	2.38	0.71
South Sumatra	3.46	0.89	3.64	0.92	1.39	0.29	1.34	0.28	3.93	1.01	3.60	0.95
Bengkulu	-	-	2.96	0.70	1.46	0.34	1.38	0.32	3.15	0.70	3.39	0.83
Lampung	2.50	0.62	5.30	1.46	1.47	0.32	1.47	0.32	5.72	1.66	4.18	1.12
Bangka Belitung	-	-	-	-	-	-	-	-	-	-	1.44	0.31
Jakarta	1.26	0.29	0.69	0.16	0.35	0.08	0.35	0.08	0.58	0.14	0.39	0.07
West Java	2.50	0.63	2.14	0.55	1.57	0.39	1.59	0.40	3.51	0.98	2.21	0.56
Central Java	3.55	0.98	5.01	1.41	2.15	0.54	2.16	0.54	4.91	1.31	4.00	1.05
Yogyakarta	2.76	0.71	3.27	0.85	1.41	0.33	1.43	0.33	4.85	1.34	3.81	1.07
East Java	2.54	0.70	4.40	1.24	1.70	0.39	1.69	0.38	5.48	1.52	3.88	1.03
Banten	-	-	-	-	-	-	-	-	-	-	1.27	0.29
Bali	2.30	0.63	3.14	1.00	0.58	0.11	0.59	0.12	1.30	0.31	0.95	0.21
West Nusa Tenggara	4.51	1.17	6.42	1.81	2.70	0.63	2.70	0.63	6.23	1.70	5.01	1.28
East Nusa Tenggara	5.99	1.87	6.57	1.93	3.41	0.91	3.47	0.93	10.57	3.29	6.48	1.97
West Kalimantan	6.32	1.85	5.06	1.32	3.31	0.75	3.49	0.76	4.64	1.23	2.39	0.60
Central Kalimantan	-	-	2.52	0.52	1.65	0.37	1.72	0.36	2.51	0.67	2.04	0.57
South Kalimantan	4.64	1.34	1.40	0.33	2.10	0.48	2.08	0.48	2.08	0.46	1.11	0.23
East Kalimantan	-	-	2.38	0.73	1.43	0.37	1.83	0.49	3.97	1.17	1.90	0.46
North Sulawesi	3.31	0.97	4.32	1.32	1.72	0.42	1.81	0.44	3.35	1.02	1.54	0.36
Central Sulawesi	-	-	4.92	1.47	1.09	0.25	1.13	0.26	6.21	2.09	4.46	1.21
South Sulawesi	2.21	0.65	3.20	0.87	1.08	0.24	1.05	0.23	2.78	0.65	2.78	0.75
Southeast Sulawesi	-	-	6.00	1.72	1.23	0.36	1.11	0.29	6.20	1.87	4.81	1.44
Gorontalo	-	-	-	-	-	-	-	-	-	-	6.20	1.79
Maluku	-	-	12.86	4.85	3.74	1.04	4.26	1.19	10.74	3.49	6.78	1.96
North Maluku	-	-	-	-	-	-	-	-	-	-	2.63	0.75
Papua	-	-	16.52	7.37	4.03	1.12	4.76	1.35	18.92	8.91	7.91	2.25
Total nine other provinces												
Indonesia	**2.71**	**0.72**	**3.85**	**1.11**	**1.70**	**0.41**	**1.75**	**0.42**	**4.33**	**1.23**	**3.01**	**0.79**

Note:

[a] The Poverty Gap (P1) is defined as Incidence times Depth of Poverty, also expressed as $PG = \frac{1}{n}\sum_{i=1}^{q}\left[\frac{z-y_i}{z}\right]$ (P2) is calculated $P(2) = \frac{1}{n}\sum_{i=1}^{q}\left[\frac{z-y_i}{z}\right]^2$ere n= population size; q= the number of poor people; z= poverty line; and yi = is the income of the individual i.

[b] Poverty line is based on new 1998 standard

[c] 2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province.

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 1.2b. Mean Depth of Poverty** as a proportion of the Poverty Line [%]

Province/national	1990	1993	1996	1996*	1999*	2002*
Nanggroe Aceh Darussalam	17.3	17.5	15.2	13.0	14.6	14.5
North Sumatra	17.8	25.2	15.2	12.7	14.8	16.6
West Sumatra	17.9	14.1	14.5	13.0	13.4	15.6
Riau	18.8	22.5	14.5	10.2	16.3	14.8
Jambi	-	20.7	16.0	9.3	18.4	18.1
South Sumatra	20.6	24.4	12.9	8.4	16.7	16.1
Bengkulu	-	22.6	15.6	8.3	15.9	14.9
Lampung	19.1	45.3	13.8	5.8	19.6	17.4
Bangka Belitung	-	-	-	-	-	12.4
Jakarta	16.2	12.2	14.2	15.0	14.5	11.4
West Java	18.0	17.5	15.9	14.4	17.7	16.5
Central Java	20.3	31.7	15.5	10.0	17.3	17.3
Yogyakarta	17.8	27.8	13.5	7.7	18.6	18.9
East Java	0.0	33.2	14.3	7.6	18.6	17.7
Banten	-	-	-	-	-	13.8
Bali	20.5	33.2	13.4	7.5	15.2	13.8
West Nusa Tenggara	19.5	32.9	15.3	8.4	18.9	18.0
East Nusa Tenggara	24.9	30.1	16.6	8.9	22.6	21.1
West Kalimantan	22.9	20.2	15.0	14.4	17.7	15.5
Central Kalimantan	-	12.1	14.6	12.7	16.7	17.2
South Kalimantan	21.9	7.5	14.6	24.4	14.5	13.0
East Kalimantan	-	17.3	15.5	18.8	19.7	15.6
North Sulawesi	22.2	36.6	16.2	10.1	18.4	13.7
Central Sulawesi	-	46.9	13.3	5.1	21.6	17.9
South Sulawesi	20.5	35.7	13.5	6.3	15.2	17.5
Southeast Sulawesi	-	55.4	14.5	3.8	21.0	19.9
Gorontalo	-	-	-	-	-	19.3
Maluku	-	53.7	19.2	9.6	23.3	19.5
North Maluku	-	-	-	-	-	18.7
Papua	-	68.4	19.0	11.3	34.6	18.9
Indonesia	**18.0**	**28.2**	**15.0**	**10.0**	**18.5**	**16.5**

Note:
* Poverty line is based on new 1998 standard $I = \frac{z - y^p}{z}$
** The Depth of Poverty, I, is calculated as: wh , the mean consumption of the poor.
2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 1.3. Share of poorest quintile in total consumption [%]

Province/national	1990	1993	1996 *	1999 *	2002 *
Nanggroe Aceh Darussalam	10.7	9.5	9.9	10.5	-
North Sumatra	9.9	9.2	9.3	10.1	8.9
West Sumatra	9.4	9.0	9.6	10.2	9.8
Riau	9.7	9.7	9.3	10.7	8.5
Jambi	10.3	10.4	10.5	10.3	10.1
South Sumatra	9.7	9.2	9.4	10.3	9.8
Bengkulu	9.8	9.9	9.6	9.9	10.4
Lampung	9.6	10.0	9.8	9.5	10.3
Bangka Belitung	-	-	-	-	10.8
Jakarta	9.0	8.3	7.8	8.5	8.0
West Java	9.1	9.0	7.8	9.4	9.3
Central Java	9.3	9.3	9.5	10.3	9.7
Yogyakarta	8.6	8.7	8.0	8.4	7.8
East Java	9.4	9.0	9.1	9.6	9.0
Banten	-	-	-	-	7.9
Bali	9.0	8.3	8.9	9.7	8.8
West Nusa Tenggara	9.4	10.1	9.8	10.3	10.2
East Nusa Tenggara	8.9	10.3	9.5	10.2	9.4
West Kalimantan	9.3	9.1	9.4	9.9	9.4
Central Kalimantan	9.8	10.2	10.0	10.7	10.2
South Kalimantan	9.8	9.4	9.3	9.9	8.8
East Kalimantan	8.8	8.3	8.3	9.2	9.1
North Sulawesi	8.5	8.4	8.0	9.3	9.6
Central Sulawesi	9.7	9.2	8.9	9.1	9.6
South Sulawesi	8.8	9.8	8.4	9.3	9.2
Southeast Sulawesi	8.9	9.6	8.8	9.2	9.4
Gorontalo	8.9	-	-	-	10.4
Maluku	7.4	8.7	9.6	10.3	-
North Maluku	-	-	-	-	-
Papua	7.4	6.9	7.5	6.8	-
Indonesia	**9.3**	**9.1**	**8.7**	**9.6**	**9.1**

Note:
* Poverty line is based on new 1998 standard
2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 1.4. Prevalence of underweight children under 5 years of age**: national, urban/rural, female/male

Source/ year of survey	Location	Sample			Weight for age status (%)				
		Size	Sex	Age	Underweight			Normal	Overweight
					Severe	Moderate	Total**		
					<-3SD	-3.0 to -2SD	< -2 SD	>-2.0 to 2.0SD	>=+2 SD
Susenas/ 1989	National	14,101	M/F	0-59 mos	6.3	31.2	37.5	61.8	0.8
		7,227	Male	0-59 mos	7.4	35.2	42.6	56.8	0.7
		6,874	Female	0-59 mos	5.1	27.0	32.1	67.0	0.9
	Rural	10,687	M/F	0-59 mos	6.8	32.9	39.7	59.6	0.7
		5,487	Male	0-59 mos	8.2	37.2	45.4	54.1	0.5
		5,200	Female	0-59 mos	5.4	28.4	33.8	65.4	0.8
	Urban	3,414	M/F	0-59 mos	4.6	25.7	30.3	68.5	1.1
		1,740	Male	0-59 mos	5.0	28.8	33.8	65.1	1.1
		1,674	Female	0-59 mos	4.2	22.6	26.8	72.0	1.2
Susenas/ 1992	National	33,744	M/F	0-59 mos	7.2	28.3	35.5	63.2	1.3
		17,094	Male	0-59 mos	8.5	30.9	39.4	59.6	1.0
		16,650	Female	0-59 mos	6.0	25.7	31.7	66.8	1.5
	Rural	20,946	M/F	0-59 mos	8.2	31.2	39.4	59.6	1.0
		10,675	Male	0-59 mos	9.8	34.1	43.9	55.4	0.8
		10,271	Female	0-59 mos	6.6	28.2	34.8	64.0	1.2
	Urban	12,798	M/F	0-59 mos	5.6	23.6	29.2	69.1	1.7
		6,419	Male	0-59 mos	6.3	25.7	32.0	66.6	1.4
		6,379	Female	0-59 mos	4.9	21.6	26.5	71.5	2.0
Susenas/ 1995	National	26,188	M/F	0-59 mos	11.6	20.0	31.6	65.2	3.2
		13,194	Male	0-59 mos	12.7	21.8	34.5	62.7	2.8
		12,994	Female	0-59 mos	10.4	18.2	28.6	67.8	3.6
	Rural	19,628	M/F	0-59 mos	12.2	20.6	32.8	64.2	3.0
		9,914	Male	0-59 mos	13.3	22.5	35.8	61.7	2.6
		9,714	Female	0-59 mos	11.1	18.7	29.8	66.8	3.4
	Urban	6,560	M/F	0-59 mos	9.6	18.3	27.9	68.2	4.0
		3,280	Male	0-59 mos	11.1	19.6	30.7	65.6	3.7
		3,280	Female	0-59 mos	8.0	17.0	25.0	70.7	4.3
Susenas/ 1998	National	25,620	M/F	0-59 mos	10.5	19.0	29.5	67.3	3.2
		13,050	Male	0-59 mos	11.6	20.6	32.2	65.0	2.8
		12,570	Female	0-59 mos	9.4	17.3	26.7	69.7	3.5
	Rural	15,404	M/F	0-59 mos	11.5	20.4	31.9	65.5	2.6
		7,869	Male	0-59 mos	12.7	22.3	35.0	62.7	2.3
		7,535	Female	0-59 mos	10.2	18.5	28.7	68.5	2.8
	Urban	10,216	M/F	0-59 mos	9.0	16.9	25.9	70.0	4.0
		5,181	Male	0-59 mos	9.8	18.1	27.9	68.5	3.6
		5,035	Female	0-59 mos	8.3	15.6	23.9	71.6	4.5

Note:
* In 2002, Susenas data collected for Aceh, Maluku, North Maluku and Papua represent only the capital city in each province.
** Proportion of under-5 children below minus 2 standard deviations from median weight-for-age of NCHS/WHO reference population

Source: Susenas - National Socio-economic survey. Includes East Timor up to 1999.

Table 1.4. Prevalence of underweight children under 5 years of age**: national, urban/rural, female/male–continued

Source/ year of survey	Location	Sample			Weight for age status (%)				
		Size	Sex	Age	Underweight			Normal	Overweight
					Severe	Moderate	Total**		
					<-3SD	-3.0 to -2SD	< -2 SD	>-2.0 to 2.0SD	>=+2 SD
Susenas/ 1999	National	78,854	M/F	0-59 mos	8.1	18.3	26.4	69.1	4.6
		40,581	Male	0-59 mos	9.2	19.4	28.6	67.5	4.0
		38,273	Female	0-59 mos	7.0	17.0	24.0	70.8	5.2
	Rural	55,882	M/F	0-59 mos	9.0	18.9	27.9	67.9	4.3
		28,656	Male	0-59 mos	10.1	20.1	30.2	66.0	3.7
		27,226	Female	0-59 mos	7.7	17.7	25.4	69.8	4.8
	Urban	22,972	M/F	0-59 mos	6.0	16.7	22.7	72.0	5.3
		11,925	Male	0-59 mos	6.9	17.8	24.7	70.9	4.5
		11,047	Female	0-59 mos	5.2	15.4	20.6	73.2	6.3
Susenas/ 2000	National	70,602	M/F	0-59 mos	7.5	17.1	24.6	72.0	3.3
		36,381	Male	0-59 mos	8.8	18.8	27.6	69.7	2.7
		34,221	Female	0-59 mos	6.2	15.4	21.6	74.5	4.0
	Rural	44,738	M/F	0-59 mos	8.4	18.3	26.7	70.3	3.0
		22,918	Male	0-59 mos	9.9	20.0	29.9	67.7	2.4
		21,820	Female	0-59 mos	6.8	16.5	23.3	73.1	3.6
	Urban	25,864	M/F	0-59 mos	6.0	15.1	21.1	74.9	4.0
		13,463	Male	0-59 mos	6.9	16.7	23.6	73.2	3.3
		12,401	Female	0-59 mos	5.1	13.4	18.5	76.8	4.7
Susenas/ 2001	National	11,693	M/F	0-59 mos	6.3	19.8	26.1	71.1	2.7
		6,121	Male	0-59 mos	6.9	20.1	27.0	70.6	2.3
		5,572	Female	0-59 mos	5.7	19.4	25.1	71.7	3.2
	Rural	7,225	M/F	0-59 mos	7.0	20.9	27.9	69.4	2.6
		3,736	Male	0-59 mos	7.6	21.3	28.9	69.0	2.2
		3,489	Female	0-59 mos	6.4	20.5	26.9	69.9	3.1
	Urban	4,468	M/F	0-59 mos	5.2	18.0	23.2	73.9	2.9
		2,385	Male	0-59 mos	5.9	18.4	24.3	73.2	2.6
		2,083	Female	0-59 mos	4.4	17.5	21.9	74.7	3.4
Susenas/ 2002*	National*	74,537	M/F	0-59 mos	8.0	19.3	27.3	70.5	2.2
		38,072	Male	0-59 mos	8.8	20.2	29.0	69.0	1.9
		36,465	Female	0-59 mos	7.2	18.3	25.5	72.0	2.5
	Rural*	43,725	M/F	0-59 mos	8.7	20.5	29.2	69.0	1.8
		22,265	Male	0-59 mos	9.7	21.6	31.3	67.3	1.5
		21,460	Female	0-59 mos	7.7	19.4	27.1	70.8	2.0
	Urban*	30,812	M/F	0-59 mos	7.1	17.5	24.6	72.6	2.8
		15,807	Male	0-59 mos	7.6	18.4	26.0	71.5	2.5
		15,005	Female	0-59 mos	6.6	16.6	23.2	73.8	3.0

Note:
* in 2002, Susenas data collected for Aceh, Maluku, North Maluku and Papua represent only the capital city in each province.
** Proportion of under-5 children below minus 2 standard deviations from median weight-for-age of NCHS/WHO reference population

Source: Susenas - National Socio-economic survey. Includes East Timor up to 1999.

Table 1.5. Prevalence of underweight children** under 5 years of age by province

1989

Province/national	Weight for age status (%)				
	Underweight			Normal	Overweight
	Severe	Moderate	Total**		
	<-3SD	-3.0 to -2SD	< -2 SD	>-2.0 to 2.0SD	>=+2 SD
Nanggroe Aceh Darussalam	8.63	39.76	48.39	51.00	0.60
North Sumatra	8.25	29.05	37.30	61.75	0.95
West Sumatra	6.24	30.99	37.22	62.17	0.60
Riau	5.45	35.84	41.30	57.92	0.78
Jambi	5.22	28.11	33.33	66.27	0.40
South Sumatra	3.88	30.31	34.20	65.25	0.55
Bengkulu	5.08	33.59	38.67	61.33	0.00
Lampung	5.51	26.65	32.17	67.10	0.74
Jakarta	4.73	31.21	35.93	62.65	1.42
West Java	6.00	29.09	35.09	63.77	1.14
Central Java	5.48	27.45	32.92	66.60	0.48
Yogyakarta	2.46	18.77	21.23	77.85	0.92
East Java	5.72	31.81	37.54	61.74	0.72
Bali	2.58	20.97	23.55	74.52	1.94
West Nusa Tenggara	8.36	35.62	43.98	55.18	0.84
East Nusa Tenggara	8.20	37.21	45.41	54.26	0.33
East Timor	13.77	49.09	62.86	36.88	0.26
West Kalimantan	10.49	33.62	44.11	55.67	0.21
Central Kalimantan	5.06	29.96	35.02	64.56	0.42
South Kalimantan	7.12	42.39	49.51	49.51	0.97
East Kalimantan	1.93	30.50	32.43	67.18	0.39
North Sulawesi	5.31	18.37	23.67	75.10	1.22
Central Sulawesi	5.26	33.75	39.01	60.06	0.93
South Sulawesi	7.74	30.16	37.90	61.51	0.60
Southeast Sulawesi	3.81	27.25	31.06	68.39	0.54
Maluku	7.64	26.39	34.03	64.24	1.74
Papua	6.92	38.85	45.77	52.69	1.54
Indonesia	**6.30**	**31.17**	**37.47**	**61.76**	**0.77**

Notes:
2001 Susenas did not provide province level data
* 2002 figures for Aceh, Maluku, North Maluku and Papua represent only the capital city in each province.
** Proportion of under 5 children below minus 2 standard deviations from median weight for age of NCHS/WHO reference population

Source: Susenas

Table 1.5. Prevalence of underweight children** under 5 years of age by province–continued

1992

Province/national	Weight for age status (%)				
	Underweight			Normal	Overweight
	Severe	Moderate	Total**		
	<-3SD	-3.0 to -2SD	< -2 SD	>-2.0 to 2.0SD	>=+2 SD
Nanggroe Aceh Darussalam	7.38	31.97	39.34	59.37	1.29
North Sumatra	7.12	28.26	35.39	62.80	1.81
West Sumatra	4.35	26.51	30.86	67.97	1.17
Riau	5.14	33.00	38.14	60.71	1.14
Jambi	4.61	20.05	24.65	74.42	0.92
South Sumatra	6.05	30.74	36.79	62.34	0.86
Bengkulu	5.23	21.12	26.36	72.09	1.55
Lampung	5.25	26.34	31.58	67.10	1.31
Jakarta	4.09	23.36	27.45	70.18	2.36
West Java	6.94	27.10	34.04	64.87	1.10
Central Java	7.08	27.32	34.40	64.48	1.12
Yogyakarta	3.07	16.70	19.76	78.53	1.70
East Java	6.39	27.20	33.60	65.22	1.18
Bali	5.54	22.84	28.37	71.28	0.35
West Nusa Tenggara	11.00	31.40	42.41	56.46	1.14
East Nusa Tenggara	10.19	36.22	46.41	52.63	0.96
East Timor	13.44	30.99	44.43	54.35	1.22
West Kalimantan	11.64	35.77	47.42	50.42	2.16
Central Kalimantan	8.52	30.02	38.54	60.85	0.61
South Kalimantan	6.12	32.63	38.75	60.13	1.11
East Kalimantan	5.14	24.49	29.63	69.34	1.03
North Sulawesi	3.49	21.35	24.84	72.77	2.40
Central Sulawesi	3.17	22.20	25.37	73.88	0.75
South Sulawesi	7.74	27.90	35.63	62.47	1.89
Southeast Sulawesi	6.82	28.69	35.51	63.64	0.85
Maluku	8.19	30.38	38.57	61.01	0.42
Papua	9.33	20.17	29.50	68.55	1.95
Indonesia	**7.23**	**28.34**	**35.57**	**63.17**	**1.26**

Notes:
2001 Susenas did not provide province level data
* 2002 figures for Aceh, Maluku, North Maluku and Papua represent only the capital city in each province.
** Proportion of under 5 children below minus 2 standard deviations from median weight for age of NCHS/WHO reference population

Source: Susenas

Table 1.5. Prevalence of underweight children** under 5 years of age by province–continued

1995

Province/national	Weight for age status (%)				
	Underweight			Normal	Overweight
	Severe	Moderate	Total**		
	<-3SD	-3.0 to -2SD	< -2 SD	>-2.0 to 2.0SD	>=+2 SD
Nanggroe Aceh Darussalam	20.18	23.36	43.54	53.97	2.49
North Sumatra	12.77	19.42	32.19	65.82	1.99
West Sumatra	10.98	21.96	32.94	64.81	2.25
Riau	20.95	21.84	42.79	53.79	3.42
Jambi	13.45	16.60	30.04	65.55	4.41
South Sumatra	10.11	20.64	30.75	65.53	3.72
Bengkulu	6.98	13.76	20.74	72.28	6.98
Lampung	8.90	16.58	25.48	71.28	3.24
Jakarta	10.79	15.47	26.27	67.62	6.11
West Java	9.62	20.70	30.32	66.54	3.14
Central Java	7.68	21.03	28.71	69.01	2.28
Yogyakarta	3.40	13.60	16.99	79.43	3.58
East Java	9.93	19.24	29.17	68.37	2.46
Bali	7.28	10.93	18.21	77.85	3.95
West Nusa Tenggara	14.08	23.73	37.81	58.94	3.25
East Nusa Tenggara	11.88	28.26	40.13	57.18	2.68
East Timor	19.59	22.66	42.25	53.83	3.92
West Kalimantan	18.95	25.27	44.23	52.51	3.27
Central Kalimantan	15.08	21.29	36.36	57.87	5.76
South Kalimantan	12.77	17.59	30.35	67.38	2.27
East Kalimantan	8.30	17.37	25.68	72.59	1.74
North Sulawesi	12.42	17.43	29.86	66.33	3.81
Central Sulawesi	12.82	20.32	33.14	64.69	2.17
South Sulawesi	10.98	22.06	33.04	63.95	3.01
Southeast Sulawesi	9.96	21.00	30.96	64.77	4.27
Maluku	20.30	14.69	34.99	60.04	4.97
Papua	12.91	18.85	31.76	64.14	4.10
Indonesia	**11.56**	**20.02**	**31.58**	**65.21**	**3.21**

Notes:
2001 Susenas did not provide province level data
* 2002 figures for Aceh, Maluku, North Maluku and Papua represent only the capital city in each province.
** Proportion of under 5 children below minus 2 standard deviations from median weight for age of NCHS/WHO reference population

Source: Susenas

Table 1.5. Prevalence of underweight children** under 5 years of age by province–continued

1998

Province/national	Weight for age status (%)				
	Underweight			Normal	Overweight
	Severe	Moderate	Total**		
	<-3SD	-3.0 to -2SD	< -2 SD	>-2.0 to 2.0SD	>=+2 SD
Nanggroe Aceh Darussalam	24.02	22.74	46.76	50.32	2.92
North Sumatra	19.30	18.26	37.56	58.09	4.35
West Sumatra	8.25	18.53	26.78	71.19	2.03
Riau	12.75	17.91	30.66	66.91	2.44
Jambi	14.07	15.40	29.47	67.68	2.85
South Sumatra	10.99	17.58	28.57	67.25	4.18
Bengkulu	7.64	12.58	20.22	75.51	4.27
Lampung	10.01	18.14	28.15	66.42	5.42
Jakarta	7.14	13.75	20.90	72.71	6.40
West Java	8.55	17.29	25.84	70.86	3.30
Central Java	6.84	19.21	26.04	72.03	1.93
Yogyakarta	6.58	20.11	26.69	71.35	1.96
East Java	8.70	19.48	28.17	68.49	3.34
Bali	4.39	15.06	19.44	76.61	3.95
West Nusa Tenggara	15.46	22.29	37.75	60.54	1.71
East Nusa Tenggara	15.65	28.18	43.82	55.17	1.01
East Timor	15.83	19.48	35.30	63.83	0.87
West Kalimantan	11.13	23.31	34.44	63.58	1.99
Central Kalimantan	11.03	20.19	31.22	65.49	3.29
South Kalimantan	8.75	21.43	30.17	68.08	1.75
East Kalimantan	9.98	15.53	25.51	70.79	3.70
North Sulawesi	16.83	18.03	34.86	60.58	4.57
Central Sulawesi	9.48	19.63	29.10	67.68	3.21
South Sulawesi	7.65	22.27	29.91	67.38	2.71
Southeast Sulawesi	10.45	15.68	26.13	68.82	5.05
Maluku	9.03	13.63	22.65	74.87	2.48
Papua	9.35	21.18	30.53	59.81	9.66
Indonesia	**10.51**	**19.00**	**29.52**	**67.33**	**3.15**

Notes:
2001 Susenas did not provide province level data
* 2002 figures for Aceh, Maluku, North Maluku and Papua represent only the capital city in each province.
** Proportion of under 5 children below minus 2 standard deviations from median weight for age of NCHS/WHO reference population

Source: Susenas

Table 1.5. Prevalence of underweight children** under 5 years of age by province–continued

1999

Province/national	Weight for age status (%)				
	Underweight			Normal	Overweight
	Severe	Moderate	Total**		
	<-3SD	-3.0 to-2SD	< -2 SD	>-2.0 to 2.0SD	>=+2 SD
Nanggroe Aceh Darussalam	10.95	15.18	26.13	68.76	5.10
North Sumatra	11.36	17.58	28.95	66.37	4.69
West Sumatra	7.55	19.74	27.29	69.11	3.60
Riau	8.40	16.28	24.67	69.05	6.28
Jambi	9.69	18.19	27.88	67.49	4.63
South Sumatra	5.93	15.30	21.23	74.08	4.68
Bengkulu	9.82	15.10	24.92	70.86	4.22
Lampung	8.46	15.95	24.41	67.49	8.10
Jakarta	5.72	12.71	18.43	73.15	8.41
West Java	6.16	17.40	23.56	72.69	3.74
Central Java	5.42	19.12	24.54	72.51	2.95
Yogyakarta	3.58	12.05	15.63	79.83	4.53
East Java	7.78	18.26	26.03	69.02	4.95
Bali	3.98	11.84	15.82	78.40	5.78
West Nusa Tenggara	10.64	22.22	32.86	63.61	3.53
East Nusa Tenggara	10.13	23.09	33.22	63.34	3.44
East Timor	12.42	19.81	32.23	57.96	9.81
West Kalimantan	11.48	23.15	34.63	61.84	3.53
Central Kalimantan	7.56	19.54	27.10	68.65	4.25
South Kalimantan	8.23	21.97	30.20	66.21	3.58
East Kalimantan	7.57	18.04	25.61	71.56	2.84
North Sulawesi	8.24	11.86	20.11	73.73	6.16
Central Sulawesi	7.23	21.10	28.33	67.38	4.29
South Sulawesi	9.01	20.10	29.11	67.42	3.46
Southeast Sulawesi	5.63	17.18	22.81	74.51	2.68
Maluku	7.34	15.31	22.66	71.72	5.63
Papua	9.67	15.59	25.26	67.52	7.22
Indonesia	**8.11**	**18.25**	**26.36**	**69.06**	**4.58**

Notes:
2001 Susenas did not provide province level data
* 2002 figures for Aceh, Maluku, North Maluku and Papua represent only the capital city in each province.
** Proportion of under 5 children below minus 2 standard deviations from median weight for age of NCHS/WHO reference population

Source: Susenas

Table 1.5. Prevalence of underweight children** under 5 years of age by province–continued

2000

Province/national	Weight for age status (%)				
	Underweight			Normal	Overweight
	Severe	Moderate	Total**		
	<-3SD	-3.0 to -2SD	< -2 SD	>-2.0 to 2.0SD	>=+2 SD
Nanggroe Aceh Darussalam	16.10	22.53	38.63	58.77	2.60
North Sumatra	9.16	17.32	26.48	69.23	4.30
West Sumatra	5.01	16.76	21.77	75.52	2.70
Riau	3.88	12.99	16.87	78.88	4.25
Jambi	9.72	16.95	26.66	69.10	4.24
South Sumatra	7.54	16.81	24.35	72.24	3.40
Bengkulu	4.37	10.76	15.13	77.26	7.61
Lampung	5.69	16.55	22.24	72.20	5.56
Jakarta	7.09	12.78	19.87	74.50	5.63
West Java	6.85	14.58	21.43	75.57	3.00
Central Java	5.13	16.14	21.27	76.27	2.46
Yogyakarta	4.73	12.84	17.57	78.24	4.19
East Java	6.31	16.70	23.01	73.63	3.37
Bali	3.00	11.23	14.23	82.93	2.84
West Nusa Tenggara	7.37	19.89	27.25	69.96	2.78
East Nusa Tenggara	10.88	22.72	33.60	62.84	3.56
East Timor	---	---	---	---	---
West Kalimantan	7.94	21.22	29.17	69.07	1.76
Central Kalimantan	8.97	21.23	30.20	67.05	2.75
South Kalimantan	7.62	21.62	29.24	68.73	2.03
East Kalimantan	7.13	15.75	22.88	73.03	4.09
North Sulawesi	6.80	15.64	22.44	73.18	4.38
Central Sulawesi	8.98	16.70	25.68	71.67	2.65
South Sulawesi	8.81	19.08	27.89	69.30	2.81
Southeast Sulawesi	7.64	19.23	26.87	69.39	3.74
Maluku	12.74	13.30	26.04	69.53	4.43
Papua	14.71	15.43	30.14	66.43	3.43
Indonesia	**7.53**	**17.13**	**24.66**	**72.02**	**3.32**

Notes:
2001 Susenas did not provide province level data
* 2002 figures for Aceh, Maluku, North Maluku and Papua represent only the capital city in each province.
** Proportion of under 5 children below minus 2 standard deviations from median weight for age of NCHS/WHO reference population

Source: Susenas

Table 1.5. Prevalence of underweight children** under 5 years of age by province–continued

2002

Province/national	Weight for age status (%)				
	Underweight			Normal	Overweight
	Severe	Moderate	Total**		
	<-3SD	-3.0 to -2SD	< -2 SD	>-2.0 to 2.0SD	>=+2 SD
Nanggroe Aceh Darussalam*	5.40	15.40	20.80	75.80	3.40
North Sumatra	12.10	20.20	32.30	66.10	1.60
West Sumatra	7.00	17.70	24.70	74.00	1.40
Riau	7.00	13.90	20.90	72.30	6.80
Jambi	6.60	18.90	25.50	72.80	1.60
South Sumatra	9.80	18.60	28.40	69.30	2.30
Bengkulu	7.70	19.50	27.20	69.80	3.00
Lampung	6.90	16.20	23.10	74.60	2.30
Bangka Belitung	4.30	18.60	22.90	74.50	2.60
Jakarta	7.60	15.50	23.10	71.10	5.80
West Java	4.80	15.70	20.50	76.80	2.70
Central Java	5.90	18.60	24.50	73.70	1.80
Yogyakarta	2.10	15.00	17.10	81.40	1.50
East Java	6.70	19.10	25.80	72.20	2.00
Banten	4.70	15.20	19.90	77.60	2.50
Bali	4.40	13.50	17.90	79.10	3.10
West Nusa Tenggara	12.80	25.20	38.00	60.50	1.50
East Nusa Tenggara	11.80	26.80	38.60	60.30	1.20
West Kalimantan	12.40	21.20	33.60	64.30	2.10
Central Kalimantan	13.00	17.80	30.80	66.60	2.70
South Kalimantan	8.00	22.80	30.80	66.30	2.90
East Kalimantan	7.40	16.40	23.80	73.10	3.10
North Sulawesi	6.90	16.30	23.20	73.40	3.30
Central Sulawesi	10.30	21.00	31.30	66.80	1.90
South Sulawesi	8.40	21.10	29.50	68.80	1.70
Southeast Sulawesi	8.00	19.90	27.90	70.40	1.70
Gorontolo	16.60	25.70	42.30	55.10	2.50
Maluku*	7.20	17.80	25.00	72.80	2.20
North Maluku*	4.30	21.90	26.20	67.40	6.40
Papua*	15.30	25.70	41.00	57.10	1.90
Indonesia	**8.00**	**19.30**	**27.30**	**70.50**	**2.20**

Notes:
2001 Susenas did not provide province level data
* 2002 figures for Aceh, Maluku, North Maluku and Papua represent only the capital city in each province.
** Proportion of under 5 children below minus 2 standard deviations from median weight for age of NCHS/WHO reference population

Source: Susenas

Table 1.6. Proportion of population [%] below minimum level of dietary energy consumption (2,100 kcal/person/day)

Province/national	1990	1993	1996	1999	2002
Nanggroe Aceh Darussalam	57.64	51.80	61.47	63.28	-
North Sumatra	58.34	65.57	65.75	66.21	60.88
West Sumatra	60.64	61.46	50.56	58.57	50.05
Riau	61.43	63.29	62.32	69.43	59.94
Jambi	61.74	55.71	58.72	66.91	59.20
South Sumatra	59.35	67.21	61.46	71.60	65.68
Bengkulu	55.5	58.36	60.32	69.43	64.99
Lampung	51.36	55.45	64.11	70.64	61.78
Bangka Belitung	-	-	-	-	64.88
Jakarta	78.33	80.04	70.25	73.96	64.89
West Java	74.29	69.92	62.03	71.24	60.66
Central Java	80.06	83.15	77.92	80.93	72.41
Yogyakarta	85.53	84.87	70.34	80.67	71.41
East Java	84.82	82.31	80.61	83.27	61.49
Banten	-	-	-	-	43.88
Bali	64.45	65.66	53.07	57.05	60.07
West Nusa Tenggara	71.27	70.30	70.05	72.02	58.94
East Nusa Tenggara	54.91	49.93	60.44	79.76	60.30
West Kalimantan	60.62	64.09	64.18	70.05	54.48
Central Kalimantan	66.64	59.72	55.41	64.50	56.56
South Kalimantan	76.35	72.05	61.63	70.39	65.95
East Kalimantan	65.55	68.49	64.86	79.26	55.81
North Sulawesi	65.58	47.23	58.93	61.89	58.61
Central Sulawesi	51	50.52	50.64	64.48	62.64
South Sulawesi	55.51	62.94	60.04	65.55	53.22
Southeast Sulawesi	57.84	56.73	57.09	62.72	67.95
Gorontalo	-	-	-	-	64.58
Maluku	63.63	70.00	74.41	85.86	-
North Maluku	-	-	-	-	-
Papua	69.32	72.05	66.94	76.89	-
Indonesia	**69.50**	**71.70**	**68.09**	**73.86**	**64.58**

Note: 2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia. with 2100 kcal/person/day as the threshold

Table 2.1. Net enrolment ratio in primary education* (SD/MI) (7–12 years)

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	89.0	92.9	92.0	93.0	93.6	93.2	94.3	--	--	91.9
North Sumatra	89.9	95.0	93.8	93.8	94.7	93.8	94.6	94.2	94.9	93.8
West Sumatra	90.2	92.2	92.2	92.6	93.0	92.5	93.6	92.7	93.8	92.3
Riau	91.5	93.7	94.3	93.0	94.4	94.2	94.0	93.9	94.4	94.0
Jambi	85.9	92.2	91.0	92.3	91.9	91.0	93.4	92.8	93.5	93.1
South Sumatra	87.0	92.0	89.5	89.8	91.0	91.4	91.7	92.3	92.2	91.5
Bengkulu	88.1	89.8	91.4	90.9	91.1	92.5	93.2	91.5	93.9	92.5
Lampung	84.9	91.7	91.9	92.3	94.4	92.5	92.9	93.2	94.1	93.1
Bangka Belitung	--	--	--	--	--	--	--	--	90.9	93.4
Jakarta	94.2	94.4	93.2	91.7	92.8	92.7	93.1	91.4	92.2	90.7
West Java	87.9	91.8	90.8	91.3	93.1	92.7	93.3	92.7	93.4	93.8
Central Java	92.8	94.4	94.0	94.0	94.5	94.3	94.6	93.9	94.5	94.1
Yogyakarta	95.2	96.2	95.5	94.5	94.5	94.1	94.6	94.3	95.5	93.2
East Java	91.7	93.4	93.0	92.1	92.1	92.3	92.5	92.3	94.1	93.2
Banten	--	--	--	--	--	--	--	--	90.5	93.1
Bali	91.1	91.9	93.5	92.7	92.8	93.6	93.4	93.4	92.7	92.2
West Nusa Tenggara	80.0	88.0	88.6	89.1	90.0	91.1	91.1	89.9	92.6	93.3
East Nusa Tenggara	82.3	87.0	85.7	87.9	87.3	87.8	87.4	88.9	87.9	87.1
East Timor	54.6	70.4	71.9	71.0	71.6	70.1	--	--	--	--
West Kalimantan	71.6	86.4	84.6	88.6	89.0	88.5	88.3	89.5	91.1	89.5
Central Kalimantan	93.3	95.7	94.4	94.1	94.2	93.8	95.1	94.3	95.4	94.0
South Kalimantan	90.4	91.0	91.9	91.8	92.4	92.7	92.5	92.4	92.9	91.7
East Kalimantan	90.2	91.1	92.2	90.7	91.5	92.6	92.3	91.4	91.7	91.9
North Sulawesi	89.0	90.0	87.8	89.4	88.9	90.4	90.1	90.4	93.2	87.7
Central Sulawesi	89.8	90.4	91.0	90.0	89.2	90.0	91.0	91.1	90.9	90.1
South Sulawesi	80.8	85.9	86.6	86.2	87.4	86.9	89.2	88.6	88.8	89.0
Southeast Sulawesi	84.2	89.3	88.6	88.8	90.0	90.5	90.8	89.5	90.6	89.7
Gorontalo	--	--	--	--	--	--	--	--	86.4	80.7
Maluku	85.7	91.4	92.2	91.4	91.8	91.1	91.2	--	86.0	86.9
North Maluku	--	--	--	--	--	--	--	--	92.3	92.6
Papua	71.6	84.8	79.6	78.4	84.3	80.0	80.9	81.8	79.2	95.0
Indonesia	**88.7**	**92.1**	**91.5**	**91.5**	**92.3**	**92.1**	**92.7**	**92.3**	**92.9**	**92.7**

Notes:
* Primary education includes public, private and Islamic schools. It covers the age group of 7 to 12 years (from grade 1 to grade 6).
Primary net enrolment ratio: the number of children enrolled in primary school who belong to the age group that officially corresponds to primary schooling, divided by the total population of the same age group, and expressed as a percentage. 2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 2.2a. Net enrolment ratios in primary schools* by poverty quintile, sex and urban/rural area, 2002

Poverty quintiles	Rural and urban			Rural			Urban		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Quintile-1	90.8	92.1	91.4	89.9	91.0	90.4	92.1	93.8	92.9
Quintile-2	93.3	93.5	93.4	92.8	93.6	93.2	94.2	93.4	93.8
Quintile-3	93.7	93.2	93.4	93.9	94.0	94.0	93.4	91.9	92.7
Quintile-4	93.4	93.1	93.3	93.8	93.9	93.9	92.9	92.0	92.4
Quintile-5	92.3	91.8	92.1	93.5	93.4	93.5	90.7	89.4	90.1
Average	**92.7**	**92.8**	**92.7**	**92.6**	**93.1**	**92.8**	**92.8**	**92.3**	**92.6**

* Includes public, private and Islamic schools

Source: Susenas 2002. Data for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Table 2.2b. Gross enrolment ratios in primary schools* by poverty quintile, sex and urban/rural area, 2002

Poverty quintiles	Rural and urban			Rural			Urban		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Quintile-1	104.5	105.0	104.8	103.7	104.5	104.1	105.6	105.8	105.7
Quintile-2	106.5	107.2	106.8	106.1	107.2	106.6	107.2	107.2	107.2
Quintile-3	106.3	105.6	105.9	106.5	106.4	106.4	106.0	104.4	105.2
Quintile-4	107.3	106.2	106.8	107.5	108.0	107.7	107.0	103.7	105.4
Quintile-5	105.7	106.1	105.9	107.3	108.1	107.7	103.2	103.4	103.3
Average	**106.0**	**106.0**	**106.0**	**106.0**	**106.6**	**106.3**	**106.0**	**105.1**	**105.6**

* Includes public, private and Islamic schools
Primary gross enrolment ratio: the number of children enrolled in primary school regardless of age, divided by the population of the age group that officially corresponds to primary school, and expressed as a precentage

Source: Susenas 2002. Data for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Table 2.3. Net enrolment ratio in junior secondary education* (SLTP/MT) (age 13–15 years)

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	43.8	49.8	52.3	60.0	62.3	57.7	60.0	--	--	80.2
North Sumatra	56.4	62.1	61.0	63.7	68.0	63.2	68.5	67.2	72.3	69.0
West Sumatra	53.2	53.2	57.5	60.1	60.9	61.8	62.0	63.0	62.5	66.0
Riau	36.6	51.5	50.9	54.6	64.1	58.7	62.7	62.7	65.0	63.6
Jambi	34.6	53.1	46.8	53.1	54.7	52.5	57.5	56.5	60.4	61.0
South Sumatra	40.2	46.7	44.4	49.7	54.8	54.6	56.3	59.6	58.3	53.6
Bengkulu	43.8	50.0	50.3	54.9	55.3	50.1	58.8	57.3	59.9	59.1
Lampung	34.0	46.7	53.4	53.6	56.1	56.8	57.2	59.3	60.6	62.8
Bangka Belitung	--	--	--	--	--	--	--	--	44.9	45.2
Jakarta	69.2	75.2	72.0	74.9	78.9	75.9	77.6	77.0	71.6	77.5
West Java	35.3	43.7	47.6	51.9	55.3	54.1	56.4	57.7	56.3	60.8
Central Java	38.2	50.0	52.2	55.4	60.1	60.8	62.1	62.6	64.9	64.7
Yogyakarta	62.9	69.7	69.1	71.1	75.1	71.0	75.2	75.4	76.3	76.6
East Java	44.7	51.4	52.2	56.1	58.8	58.8	60.7	63.3	62.9	63.7
Banten	--	--	--	--	--	--	--	--	55.9	60.8
Bali	59.5	58.4	62.1	64.7	66.0	67.8	69.6	70.6	69.8	68.4
West Nusa Tenggara	38.9	41.7	39.6	46.3	50.1	49.6	55.9	58.2	56.6	57.9
East Nusa Tenggara	20.9	27.7	28.4	30.5	31.7	34.2	33.1	34.2	36.8	38.6
East Timor	21.5	29.6	27.1	27.0	31.3	33.9	--	--	--	--
West Kalimantan	22.1	37.4	34.1	40.8	43.7	40.8	41.7	47.0	45.2	45.2
Central Kalimantan	39.7	52.0	50.3	50.2	55.2	46.2	57.7	60.7	54.1	52.6
South Kalimantan	33.3	44.4	45.7	46.4	50.5	52.1	51.5	51.8	54.4	55.9
East Kalimantan	51.6	55.5	56.5	56.8	58.9	58.6	60.4	60.4	63.1	62.6
North Sulawesi	46.8	51.0	50.7	52.6	54.5	55.0	59.2	63.1	71.4	66.7
Central Sulawesi	47.2	44.6	43.3	44.0	47.8	48.4	49.9	48.5	53.9	51.3
South Sulawesi	39.8	45.5	44.5	45.5	47.1	48.3	50.6	52.4	53.0	53.3
Southeast Sulawesi	40.5	51.0	48.5	51.8	56.9	56.7	56.8	60.6	59.6	58.4
Gorontalo	--	--	--	--	--	--	--	--	37.4	42.4
Maluku	41.4	52.2	46.1	61.0	60.8	56.7	58.7	--	60.3	72.9
North Maluku	--	--	--	--	--	--	--	--	57.3	72.3
Papua	42.7	44.4	39.7	39.7	41.9	42.4	41.1	35.1	40.5	82.7
Indonesia	**41.9**	**50.0**	**51.0**	**54.5**	**57.8**	**57.0**	**59.2**	**60.3**	**60.5**	**61.7**

* Includes public, private and Islamic schools. Junior secondary education covers the age group of 13 to 15 years.
Junior secondary net enrolment ratio: the number of children enrolled in junior secondary school who belong to the age group that officially corresponds to junior secondary schooling, divided by the total population of the same age group, and expressed as a percentage. 2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 2.4a. Net enrolment ratios in junior secondary schools* by poverty quintile, sex and urban/rural area, 2002

Poverty quintiles	Rural and urban			Rural			Urban		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Quintile-1	47.3	52.7	49.9	39.5	41.9	40.6	57.6	66.1	61.8
Quintile-2	58.2	59.7	58.9	49.4	51.1	50.2	70.5	71.1	70.8
Quintile-3	63.4	64.9	64.1	55.0	57.6	56.3	75.8	75.3	75.5
Quintile-4	68.5	68.3	68.4	61.2	61.7	61.5	78.9	77.5	78.2
Quintile-5	73.7	70.8	72.3	68.6	68.2	68.4	80.6	74.3	77.4
Average	**60.9**	**62.4**	**61.6**	**53.3**	**55.0**	**54.1**	**71.4**	**72.3**	**71.9**

* Includes public, private and Islamic schools
Source: Susenas 2002. data for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Table 2.4b. Gross enrolment ratios in junior secondary schools* by poverty quintile, sex and urban/rural area, 2002

Poverty quintiles	Rural and urban			Rural			Urban		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Quintile-1	62.1	67.7	64.8	52.1	53.4	52.7	75.4	85.4	80.3
Quintile-2	75.7	75.4	75.6	63.6	64.1	63.8	92.5	90.5	91.5
Quintile-3	82.8	83.7	83.2	71.5	73.7	72.6	99.4	97.8	98.6
Quintile-4	88.2	88.2	88.2	79.2	78.5	61.5	100.8	101.8	101.3
Quintile-5	96.5	92.6	94.6	89.6	88.3	68.4	100.8	98.2	102.0
Average	**79.3**	**80.3**	**79.8**	**69.3**	**70.2**	**69.7**	**93.1**	**93.9**	**93.5**

* Includes public, private and Islamic schools
Junior secondary gross enrolment ratio: the number of children enrolled in junior secondary school regardless of age, divided by the population of the age group that officially corresponds to junior secondary school, and expressed as a percentage.

Source: Susenas 2002. Data for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Table 2.5. Literacy rate of 15-24 years olds

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	96.64	98.06	97.70	98.18	98.04	98.55	98.94	--	--	99.80
North Sumatra	97.60	98.85	99.02	98.45	99.21	99.35	99.16	99.41	99.47	99.15
West Sumatra	98.43	98.52	98.18	98.57	98.74	98.84	99.24	98.93	98.91	98.76
Riau	98.05	98.42	97.54	98.70	98.48	99.06	98.76	99.33	98.23	99.07
Jambi	98.06	98.62	97.87	98.37	98.88	98.79	98.97	99.38	98.93	98.96
South Sumatra	98.30	98.73	97.92	98.04	98.32	98.53	99.05	98.49	98.82	98.85
Bengkulu	94.78	98.34	98.33	98.24	98.99	98.74	99.08	98.79	99.11	98.59
Lampung	98.22	99.24	98.55	98.98	98.56	99.09	99.12	99.05	99.20	98.91
Bangka Belitung	--	--	--	--	--	--	--	--	98.23	97.52
Jakarta	99.25	99.37	99.67	99.42	99.63	99.59	99.57	99.75	99.51	99.57
West Java	97.93	98.39	98.46	98.80	99.15	99.23	99.18	99.25	99.30	99.45
Central Java	97.30	98.46	98.33	98.56	98.99	99.08	99.09	99.04	98.91	99.17
Yogyakarta	98.33	98.95	99.06	98.99	98.69	99.09	99.57	98.50	99.25	99.36
East Java	95.68	96.98	96.78	96.78	97.00	97.56	97.92	97.97	98.04	98.46
Banten	--	--	--	--	--	--	--	--	99.20	98.81
Bali	96.35	96.08	97.45	97.56	98.12	98.21	98.07	98.49	97.24	97.65
West Nusa Tenggara	88.31	89.19	91.38	92.07	93.54	93.55	94.07	94.91	93.92	95.76
East Nusa Tenggara	93.83	95.50	93.54	94.70	94.01	95.23	94.29	95.25	94.78	95.86
East Timor	66.44	73.83	74.13	75.51	75.67	76.53	--	--	--	--
West Kalimantan	88.65	94.12	94.48	95.55	97.33	97.49	95.87	97.12	96.73	97.13
Central Kalimantan	97.67	99.04	98.64	98.68	99.03	99.06	99.10	98.97	99.23	99.48
South Kalimantan	96.09	98.82	97.91	98.28	99.27	98.44	98.92	98.98	98.49	98.47
East Kalimantan	95.77	98.12	98.31	98.12	99.04	99.12	98.71	98.99	99.00	99.23
North Sulawesi	98.96	98.82	98.07	98.28	98.59	99.00	98.68	99.00	99.57	99.40
Central Sulawesi	96.55	97.49	97.03	97.27	98.73	98.34	98.24	98.37	98.21	98.57
South Sulawesi	94.50	95.35	94.96	94.58	95.46	95.70	96.06	96.10	95.10	95.38
Southeast Sulawesi	96.12	96.84	96.53	97.10	97.32	97.80	97.92	98.03	97.49	96.99
Gorontalo	--	--	--	--	--	--	--	--	96.34	96.82
Maluku	97.17	98.75	97.52	98.92	98.58	98.92	99.32	--	97.53	99.30
North Maluku	--	--	--	--	--	--	--	--	98.70	100.00
Papua	81.09	83.16	85.07	81.69	84.74	83.17	83.23	80.13	76.93	99.80
Indonesia	**96.58**	**97.63**	**97.52**	**97.69**	**98.08**	**98.27**	**98.42**	**98.44**	**98.27**	**98.67**

2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 3.1a. Ratio of females to males in net primary school enrolment (7-12 years)

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	99.9	98.3	101.2	99.4	99.3	99.9	100.8	---	---	101.0
North Sumatra	99.5	100.3	100.2	99.5	99.0	99.9	100.1	99.5	100.0	99.6
West Sumatra	102.4	102.4	100.9	101.0	101.0	99.9	100.0	99.6	100.6	99.8
Riau	101.1	98.6	97.7	98.8	99.7	100.3	100.1	99.6	100.7	100.0
Jambi	101.5	99.0	100.3	98.0	98.7	99.1	99.5	100.6	101.5	98.6
South Sumatra	98.2	99.9	100.6	100.2	100.2	100.7	98.2	99.6	100.8	99.3
Bengkulu	101.5	101.9	98.2	99.3	97.3	100.3	100.8	99.3	99.6	100.1
Lampung	101.8	99.3	101.4	100.6	100.3	98.7	99.7	99.2	99.8	100.4
Bangka Belitung	---	---	---	---	---	---	---	---	99.3	102.0
Jakarta	99.0	99.2	99.1	97.9	98.7	99.4	100.5	100.4	96.7	101.8
West Java	101.9	99.2	101.1	99.5	99.8	100.7	100.4	100.7	100.5	100.5
Central Java	100.9	99.7	99.3	99.7	99.6	100.0	99.2	99.8	99.8	99.2
Yogyakarta	101.3	99.8	100.5	99.1	97.5	102.4	99.6	101.9	98.8	99.6
East Java	101.0	100.0	99.0	100.2	99.3	98.4	99.4	100.2	99.4	100.1
Banten	---	---	---	---	---	---	---	---	101.2	101.3
Bali	97.7	97.8	99.6	98.1	98.4	99.0	101.9	99.3	98.7	97.5
West Nusa Tenggara	97.4	100.6	102.7	100.1	102.3	100.9	101.7	103.9	100.0	101.1
East Nusa Tenggara	97.4	101.8	102.3	101.8	102.1	102.4	102.0	102.3	102.2	101.2
East Timor	102.0	98.1	96.9	94.7	99.2	98.3	---	---	---	---
West Kalimantan	95.9	99.0	99.9	101.7	98.8	101.2	100.9	98.9	102.6	98.9
Central Kalimantan	98.5	99.2	100.0	101.1	99.0	98.2	100.4	101.1	100.3	99.6
South Kalimantan	96.3	100.4	99.6	100.5	99.5	98.9	101.2	100.7	99.7	101.8
East Kalimantan	95.5	101.4	97.7	99.8	100.0	99.2	98.5	101.5	99.7	99.3
North Sulawesi	105.6	102.7	100.3	97.3	96.9	100.9	100.7	100.8	99.5	100.1
Central Sulawesi	100.0	99.7	103.9	99.8	102.2	99.8	100.8	101.1	101.4	100.8
South Sulawesi	100.5	102.2	102.7	101.8	102.5	103.0	101.6	101.1	103.1	100.2
Southeast Sulawesi	100.3	100.6	99.6	100.8	99.4	100.5	100.4	102.1	100.7	98.0
Gorontalo	---	---	---	---	---	---	---	---	100.9	107.3
Maluku	98.7	99.4	100.3	100.6	100.3	100.8	101.8	---	110.7	98.8
North Maluku	---	---	---	---	---	---	---	---	95.8	95.8
Papua	99.5	99.2	95.7	95.4	94.7	100.8	99.9	102.2	99.5	98.8
Indonesia	**100.6**	**99.9**	**100.2**	**99.8**	**99.7**	**100.1**	**100.1**	**100.3**	**100.3**	**100.1**

Obtained by dividing female net enrolment ratio by male net enrolment ratio, and expressed as a percentage
2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 3.1b. Ratio of females to males net junior secondary school enrolment (13–15 years)

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	111.4	109.2	94.9	105.6	96.6	97.5	98.2	---	---	109.9
North Sumatra	99.4	99.3	97.2	99.0	100.3	106.5	101.2	102.3	104.2	103.3
West Sumatra	125.0	113.7	117.5	117.7	118.3	109.9	110.3	112.0	108.9	112.3
Riau	82.5	102.0	92.9	102.2	109.5	106.1	106.8	105.8	100.1	100.8
Jambi	81.0	99.2	100.8	104.7	100.9	98.0	101.1	101.6	102.9	97.3
South Sumatra	110.6	94.9	94.9	104.6	101.7	99.2	111.2	104.3	109.3	99.1
Bengkulu	89.0	95.4	107.0	118.2	104.0	117.2	107.5	105.3	111.4	101.4
Lampung	106.4	105.9	104.3	103.3	101.2	102.4	102.3	108.5	105.2	106.9
Bangka Belitung	---	---	---	---	---	---	---	---	137.4	114.0
Jakarta	100.2	93.6	97.3	93.9	97.1	97.6	98.1	94.4	94.6	95.1
West Java	94.9	96.5	99.9	102.7	98.4	105.9	97.4	103.6	104.5	99.3
Central Java	101.7	100.4	106.4	101.4	103.6	104.8	104.6	106.6	104.5	105.6
Yogyakarta	104.0	102.8	109.2	104.0	109.5	103.9	90.1	108.9	101.6	102.9
East Java	97.1	101.6	99.8	106.3	99.6	100.7	103.2	104.2	103.7	103.8
Banten	---	---	---	---	---	---	---	---	106.1	98.5
Bali	87.9	88.8	87.8	96.6	96.8	90.2	93.5	87.5	88.8	97.5
West Nusa Tenggara	98.8	93.8	95.7	89.8	90.0	102.7	97.1	98.5	111.9	93.8
East Nusa Tenggara	98.7	92.4	92.5	96.9	101.0	108.7	104.9	114.3	116.2	108.4
East Timor	49.4	94.4	83.7	96.9	97.4	103.1	---	---	---	---
West Kalimantan	92.0	98.8	100.6	102.2	100.8	106.8	119.5	91.6	102.9	108.8
Central Kalimantan	95.9	90.4	101.2	101.4	108.4	101.2	107.5	104.2	112.0	94.3
South Kalimantan	91.3	101.6	104.5	102.1	106.4	101.3	105.4	107.4	108.8	98.3
East Kalimantan	107.2	95.4	109.4	100.1	97.2	94.0	96.8	94.3	110.5	111.0
North Sulawesi	123.8	109.4	113.9	121.2	110.4	103.1	100.3	104.9	112.2	101.3
Central Sulawesi	103.9	113.2	96.3	117.1	105.5	110.5	102.8	99.4	101.5	108.7
South Sulawesi	116.4	108.1	104.5	108.0	109.1	99.0	111.2	107.2	107.4	107.1
Southeast Sulawesi	101.2	99.9	100.8	121.0	98.9	101.4	118.4	113.6	116.2	111.6
Gorontalo	---	---	---	---	---	---	---	---	123.8	97.3
Maluku	110.1	102.7	99.6	106.5	109.7	97.2	117.4	---	135.5	104.6
North Maluku	---	---	---	---	---	---	---	---	95.4	116.1
Papua	75.4	106.3	96.3	103.9	103.2	111.1	86.4	126.5	116.1	101.4
Indonesia	**101.3**	**100.1**	**101.1**	**103.4**	**101.7**	**103.2**	**102.5**	**104.2**	**104.8**	**102.6**

Obtained by dividing female net enrolment ratio by male net enrolment ratio, and expressed as a percentage.
2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia.

Table 3.1c. Ratio of females to males in net senior secondary school enrolment (16–18 years)

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	116.2	108.0	91.2	97.9	99.6	96.35	113.7	---	---	99.3
North Sumatra	104.6	100.9	97.2	98.6	103.5	109.25	108.1	106.9	103.6	99.1
West Sumatra	113.5	116.5	124.5	122.1	122.5	114.74	137.3	120.2	142.6	113.8
Riau	94.9	113.5	98.8	106.2	114.2	103.60	113.7	103.9	95.6	106.6
Jambi	101.0	87.9	108.0	95.0	95.3	117.16	110.6	99.6	91.0	96.1
South Sumatra	109.6	92.3	120.3	98.3	115.4	103.14	115.3	111.8	102.7	102.6
Bengkulu	104.8	108.8	131.5	105.8	100.4	118.00	105.1	127.5	121.4	147.7
Lampung	153.2	103.3	102.6	82.8	113.5	94.70	111.9	96.7	107.0	103.1
Bangka Belitung	---	---	---	---	---	---	---	---	134.8	91.5
Jakarta	85.1	86.5	78.7	88.4	88.3	89.46	91.7	93.6	88.6	77.3
West Java	92.0	92.5	89.2	92.2	96.7	96.78	95.7	100.3	92.2	87.0
Central Java	88.7	93.0	88.5	97.4	98.8	101.60	110.2	101.4	100.6	95.9
Yogyakarta	108.3	91.4	108.2	105.3	90.1	101.42	102.5	107.1	106.2	107.8
East Java	92.8	91.7	87.4	90.3	93.3	96.21	92.8	104.4	97.9	99.4
Banten	---	---	---	---	---	---	---	---	106.7	97.9
Bali	75.4	95.4	82.2	77.8	75.3	88.38	90.1	103.4	89.4	83.4
West Nusa Tenggara	81.2	67.4	86.5	86.6	80.0	79.03	93.4	108.4	77.2	97.2
East Nusa Tenggara	104.4	91.5	90.8	101.3	111.8	91.83	94.0	99.1	109.3	117.0
East Timor	40.7	112.0	97.8	118.3	88.2	121.09	---	---	---	---
West Kalimantan	103.8	114.9	88.7	110.5	108.4	104.84	128.0	127.7	109.3	112.2
Central Kalimantan	160.7	96.7	103.1	110.3	112.2	127.24	124.8	97.4	97.0	102.0
South Kalimantan	107.5	101.7	111.8	102.1	95.9	98.41	103.5	103.4	102.3	94.6
East Kalimantan	97.8	112.7	101.6	88.9	96.1	96.25	101.8	88.1	112.2	116.2
North Sulawesi	111.5	100.6	113.6	109.9	123.8	107.94	134.5	92.8	136.7	121.5
Central Sulawesi	120.2	90.1	110.2	112.6	122.1	122.73	96.5	107.6	109.8	111.1
South Sulawesi	119.7	97.5	116.6	108.2	103.0	96.24	105.4	102.4	99.5	93.1
Southeast Sulawesi	92.7	95.1	100.3	109.1	110.1	95.43	92.7	115.5	116.8	121.9
Gorontalo	---	---	---	---	---	---	---	---	108.5	139.8
Maluku	89.9	79.6	106.6	104.6	106.4	112.53	123.5	---	101.3	88.9
North Maluku	---	---	---	---	---	---	---	---	56.6	98.2
Papua	99.3	101.2	112.6	88.3	98.8	108.37	111.7	111.6	89.8	104.7
Indonesia	**98.0**	**95.2**	**94.7**	**96.1**	**99.6**	**99.9**	**103.2**	**103.7**	**100.1**	**97.1**

Obtained by dividing female net enrolment ratio by male net enrolment ratio, and expressed as a percentage
2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia.

Table 3.1d. Ratio of females to males in net tertiary enrolment (19–24 years)

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	85.5	76.8	105.2	75.7	100.2	98.13	101.8	---	---	112.1
North Sumatra	113.1	82.4	78.6	83.5	75.2	89.18	103.6	131.7	104.7	126.8
West Sumatra	161.9	123.2	146.5	88.7	126.9	124.74	143.5	147.1	118.9	159.2
Riau	263.3	136.4	133.2	115.1	55.3	184.38	100.1	113.9	83.7	75.1
Jambi	82.9	45.2	74.8	118.3	120.3	172.61	53.9	83.6	83.3	111.7
South Sumatra	99.5	92.0	128.7	103.4	89.2	101.23	107.5	91.2	144.9	129.9
Bengkulu	48.3	70.3	72.1	107.9	123.8	78.95	94.1	99.8	107.7	152.7
Lampung	69.5	88.5	100.9	140.2	64.1	80.45	146.1	163.7	99.3	109.8
Bangka Belitung	---	---	---	---	---	---	---	---	97.4	110.2
Jakarta	97.4	88.9	85.9	73.0	85.5	76.80	78.8	83.2	70.6	78.0
West Java	62.1	76.8	70.8	81.2	69.2	70.36	79.5	76.3	74.8	78.9
Central Java	93.6	87.8	85.3	99.3	85.2	77.58	86.4	94.5	96.3	94.0
Yogyakarta	82.5	90.8	86.5	99.4	80.9	81.06	88.7	92.3	103.5	94.5
East Java	84.7	73.5	92.8	102.5	76.3	83.14	98.9	79.3	76.9	89.4
Banten	---	---	---	---	---	---	---	---	81.9	87.3
Bali	49.5	60.1	54.8	81.2	90.8	96.72	92.4	75.5	97.1	74.6
West Nusa Tenggara	66.0	30.9	54.7	35.6	63.1	42.38	60.1	95.7	42.6	58.8
East Nusa Tenggara	82.3	75.0	53.6	73.8	53.4	72.43	82.9	120.0	113.4	95.8
East Timor	0.0	97.4	41.5	54.9	96.2	45.62	---	---	---	---
West Kalimantan	58.5	70.4	57.3	68.8	113.6	98.09	88.0	70.9	108.0	103.9
Central Kalimantan	78.2	53.3	63.0	86.4	76.6	56.99	125.7	80.3	88.9	78.7
South Kalimantan	69.3	84.5	107.7	62.7	83.8	83.93	89.2	131.9	71.9	81.1
East Kalimantan	65.6	79.3	89.1	56.3	125.5	115.46	92.8	104.3	109.4	111.5
North Sulawesi	137.3	92.6	133.6	118.2	117.8	93.66	118.0	83.9	106.2	113.7
Central Sulawesi	91.3	135.0	90.3	79.8	52.1	96.02	100.9	83.4	93.7	126.6
South Sulawesi	112.4	80.8	84.0	86.1	73.8	99.85	98.6	107.6	97.9	102.5
Southeast Sulawesi	63.3	41.1	81.9	60.6	73.6	90.47	98.1	83.8	56.1	106.1
Gorontalo	---	---	---	---	---	---	---	---	130.3	75.9
Maluku	63.2	81.4	81.7	95.3	80.4	122.18	98.4	---	72.4	168.8
North Maluku	---	---	---	---	---	---	---	---	126.9	191.1
Papua	179.7	71.8	61.0	69.6	53.1	74.54	57.9	106.9	42.8	95.0
Indonesia	**85.1**	**82.2**	**83.6**	**85.3**	**79.5**	**81.8**	**90.0**	**89.9**	**87.1**	**92.8**

Obtained by dividing female net enrolment ratio by male net enrolment ratio, and expressed as a percentage.
2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia.

Table 3.2. Literacy gender parity index (ages 15–24), across years and provinces

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	98.0	99.0	100.1	99.5	99.1	99.8	99.16	---	---	99.6
North Sumatra	98.5	99.7	99.6	99.1	100.0	99.7	99.83	99.8	99.9	99.8
West Sumatra	100.4	100.7	100.0	100.0	100.3	100.0	100.54	100.1	100.1	100.6
Riau	99.6	99.3	99.0	100.2	100.1	99.6	99.52	99.3	99.6	100.2
Jambi	98.8	99.2	99.5	99.1	99.7	99.4	99.44	99.5	100.0	100.1
South Sumatra	99.9	99.1	99.7	99.9	98.8	99.6	99.66	99.5	99.9	99.4
Bengkulu	96.2	98.2	98.3	99.2	99.7	99.6	99.14	99.5	99.9	99.4
Lampung	98.3	99.9	99.7	99.0	99.7	100.2	99.56	100.0	99.9	100.3
Bangka Belitung	---	---	---	---	---	---	---	---	98.7	100.8
Jakarta	99.6	99.6	99.8	100.0	99.6	99.7	99.99	99.8	99.8	100.0
West Java	97.9	99.1	99.1	99.1	99.7	99.8	99.41	99.4	99.7	99.8
Central Java	98.2	99.2	99.5	99.8	99.7	100.0	99.85	100.1	99.9	99.8
Yogyakarta	101.1	100.2	100.4	100.3	99.3	99.5	99.88	101.0	100.0	100.6
East Java	96.9	97.7	98.2	97.9	98.0	98.9	98.95	98.9	99.1	99.4
Banten	---	---	---	---	---	---	---	---	99.8	99.1
Bali	96.8	96.9	98.0	98.3	97.8	99.0	99.15	98.7	97.5	98.7
West Nusa Tenggara	94.2	91.5	93.6	95.6	96.1	97.5	95.99	96.8	96.6	98.6
East Nusa Tenggara	98.5	99.8	98.9	100.8	101.3	100.2	101.71	100.3	102.5	100.3
East Timor	79.7	86.0	88.2	90.0	88.0	92.6	---	---	---	---
West Kalimantan	92.5	96.4	97.0	98.3	98.9	99.4	97.61	99.0	98.1	99.3
Central Kalimantan	98.3	99.6	99.2	100.0	99.5	99.9	99.22	99.6	99.7	100.2
South Kalimantan	96.9	99.1	98.7	99.6	99.9	99.4	99.91	100.1	99.3	99.7
East Kalimantan	99.0	99.5	99.8	98.2	99.8	99.1	98.58	99.3	99.8	99.8
North Sulawesi	100.3	100.1	100.8	99.8	100.4	100.8	101.66	100.0	100.3	99.8
Central Sulawesi	96.8	99.2	102.3	99.6	100.0	101.0	100.94	99.8	101.0	100.1
South Sulawesi	100.5	101.0	100.7	101.5	101.1	101.8	101.25	100.6	101.2	102.0
Southeast Sulawesi	98.0	98.4	98.1	99.3	99.8	99.4	99.94	100.5	100.0	99.9
Gorontalo	---	---	---	---	---	---	---	---	101.7	103.4
Maluku	98.6	100.1	100.8	99.1	99.4	99.7	99.13	---	100.8	100.5
North Maluku	---	---	---	---	---	---	---	---	100.1	100.0
Papua	76.3	85.9	85.8	86.0	86.6	87.6	88.42	86.1	89.3	99.6
Indonesia	**97.9**	**98.8**	**99.0**	**99.1**	**99.2**	**99.5**	**99.4**	**99.4**	**99.6**	**99.8**

2002 figures for Aceh, Maluku, North Maluku, and Papua Represent only the capital city of each province
Definition: Ratio of the female literacy rate (15–24 years) to male literacy rate (15–24 years), and expressed as precentage

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia.

Table 3.3. Share of women in wage employment in the non-agricultural sector [%]

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	23.19	29.88	31.13	25.52	26.10	30.73	27.95	--	--	29.48
North Sumatra	27.13	34.63	35.60	29.81	28.85	36.26	33.31	32.63	29.69	29.74
West Sumatra	33.44	39.81	38.88	32.33	34.13	38.57	34.22	33.85	32.72	32.52
Riau	20.95	27.07	24.06	22.37	23.46	24.26	25.95	30.39	27.18	36.89
Jambi	22.68	29.54	27.39	24.13	26.94	30.28	26.67	26.71	25.96	24.52
South Sumatra	23.57	35.78	33.41	28.77	26.86	35.78	27.95	26.64	25.86	28.17
Bengkulu	23.95	32.37	31.21	26.30	25.41	29.73	28.21	31.05	31.88	27.43
Lampung	27.52	37.57	37.27	26.34	26.68	34.00	27.91	27.31	25.00	25.88
Bangka Belitung	--	--	--	--	--	--	--	--	20.09	24.77
Jakarta	32.77	31.63	31.79	30.49	31.26	23.89	36.00	36.44	36.66	35.25
West Java	27.81	29.98	28.55	25.32	25.24	21.46	28.68	28.51	27.76	23.80
Central Java	29.87	42.20	42.24	30.51	29.80	50.38	33.49	33.77	32.76	29.17
Yogyakarta	30.36	45.15	43.15	31.25	30.01	54.38	33.77	33.19	34.01	30.18
East Java	32.59	41.73	40.94	30.06	30.89	45.92	32.07	31.30	31.33	27.56
Banten	--	--	--	--	--	--	--	--	28.15	25.14
Bali	35.28	46.48	45.23	34.79	34.97	57.38	35.19	34.00	32.73	31.14
West Nusa Tenggara	25.28	43.63	43.66	25.26	24.66	54.06	27.77	24.19	28.83	26.11
East Nusa Tenggara	25.24	46.61	43.47	23.05	22.17	54.57	25.94	24.33	25.75	25.94
East Timor	16.23	28.59	26.72	16.90	14.85	41.27	--	--	--	--
West Kalimantan	21.41	27.66	26.90	22.45	21.60	31.26	26.73	27.71	22.72	26.02
Central Kalimantan	22.45	33.37	29.70	25.67	21.80	28.36	29.35	24.02	24.11	23.79
South Kalimantan	24.40	37.08	37.31	26.18	25.80	33.08	28.90	26.11	26.25	25.22
East Kalimantan	24.19	31.36	30.96	23.80	20.55	36.88	25.37	25.70	26.04	22.91
North Sulawesi	30.13	38.70	36.01	32.73	33.88	42.65	35.33	33.71	32.91	33.08
Central Sulawesi	20.29	35.59	36.02	27.11	26.59	45.68	28.55	26.96	27.11	26.67
South Sulawesi	27.93	36.88	37.43	28.11	28.36	42.71	28.18	29.82	29.73	27.85
Southeast Sulawesi	17.76	35.56	35.07	21.71	21.26	41.20	24.57	23.57	25.36	25.02
Gorontalo	--	--	--	--	--	--	--	--	35.45	31.95
Maluku	21.93	35.36	34.47	27.76	28.85	46.88	36.48	--	38.37	34.45
North Maluku	--	--	--	--	--	--	--	--	28.87	19.88
Papua	21.07	26.72	25.02	20.35	19.10	39.61	22.99	19.32	23.43	25.68
Indonesia	**29.2**	**36.7**	**36.0**	**28.3**	**28.3**	**37.6**	**31.2**	**30.9**	**30.3**	**28.3**

Notes:
Calculated as a percentage of total men and women in wage employment in the non agricultural sector.

Source: Susenas, calculated for MDG report by BPS–Statistics Indonesia.
2002 figures for Aceh, Maluku, North Maluku and Papua represent only the capital city of each province.

Table 3.4a. The proportion of seats held by women in the National Parliament

Seats in the National Parliament	1992–1997	1997–1999	1999–2004
Number of seats held by women	63	63	44
Percentage of all occupied seats (500).*	12.5	12.5	8.8

Note: * The proportion may vary over time due to replacements of certain members by others.

Source: Parliament Secretariat, http://www.dpr.go.id .

Table 3.4b. Educational attainment among members of the National Parliament

Educational Attainment	Male [number]	Female [number]	Ratio female to male [%]
Junior Secondary Education	2	0	-
Senior Secondary Education	71	8	11.3
Diploma	42	0	-
Bachelor degree and above	340	37	10.9
Total	455	45	9.9
University graduate as percentage of total	75%	82%	

Note: The proportion may vary over time due to the replacement of certain members by others.

Source: Administrative notes of the Secretariat General of the People's Consultative Assembly

Table 4.1. Infant mortality rate (IMR) and under-five mortality rate (U5MR) across provinces, 1994–2003

Province/national	IMR	U5MR
Nanggroe Aceh Darussalam	-	-
North Sumatra	42	57
West Sumatra	48	59
Riau	43	60
Jambi	41	51
South Sumatra	30	49
Bengkulu	53	68
Lampung	55	64
Bangka Belitung	43	47
Jakarta	35	41
West Java	44	50
Central Java	36	44
Yogyakarta	20	23
East Java	43	52
Banten	38	56
Bali	14	19
West Nusa Tenggara	74	103
East Nusa Tenggara	59	73
West Kalimantan	47	63
Central Kalimantan	40	47
South Kalimantan	45	57
East Kalimantan	42	50
North Sulawesi	25	33
Central Sulawesi	52	71
South Sulawesi	47	72
Southeast Sulawesi	67	92
Gorontalo	77	97
Maluku	-	-
North Maluku	-	-
Papua	-	-
Indonesia	**35**	**46**

Province figures are for the 10-year period preceding the survey. National figures are for the five-year period preceding the survey.
Infant mortality rate: probability of dying between birth and exactly one year of age, expressed in per 1,000 live births.
Under-five mortality rate: probability of dying between birth and exactly five years of age, expressed in per 1,000 live births

Source: Indonesia Demographic and Health Survey 2002-2003. The survey did not include Nanggroe Aceh Darussalam, Maluku, North Maluku and Papua provinces.

Table 4.2. Proportion of 12–23 months old children immunized against measles [%]

Province/national	1994	1997	2002
Nanggroe Aceh Darussalam	33.1	61.1	-
North Sumatra	49.4	53.0	56.3
West Sumatra	47.6	66.0	66.0
Riau	61.2	65.7	75.4
Jambi	60.3	53.1	73.2
South Sumatra	67.6	78.1	78.2
Bengkulu	70.0	73.9	82.3
Lampung	57.3	83.1	79.8
Bangka Belitung	67.6	78.1	71.4
Jakarta	67.9	77.8	80.4
West Java	62.6	61.8	71.7
Central Java	73.7	70.6	75.9
Yogyakarta	83.5	96.3	91.1
East Java	59.2	79.4	76.5
Banten	62.6	61.8	44.0
Bali	83.7	81.5	82.7
West Nusa Tenggara	64.0	84.0	80.9
East Nusa Tenggara	68.0	85.5	88.6
East Timor	53.3	69.0	
West Kalimantan	50.7	66.1	61.0
Central Kalimantan	60.2	83.0	58.9
South Kalimantan	64.6	69.5	69.8
East Kalimantan	81.0	86.4	80.9
North Sulawesi	78.1	85.4	73.6
Central Sulawesi	53.1	72.7	84.1
South Sulawesi	56.2	65.3	71.0
Southeast Sulawesi	70.7	84.4	70.3
Gorontalo	78.1	85.4	75.5
Maluku	56.2	76.6	-
North Maluku	56.2	76.6	-
Papua	64.6	84.7	-
Indonesia	**62.5**	**70.9**	**71.6**

Source: Indonesia Demographic and Health Surveys. The 2002 survey excludes Aceh, Maluku, North Maluku and Papua.

Table 5.1. Contraceptive prevalence rate among married women aged 15-49 years [%]

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	24.8	31.0	38.4	39.6	39.5	38.1	38.8	---	---	39.7
North Sumatra	37.5	42.2	45.0	44.8	44.1	44.8	46.2	42.1	41.0	39.8
West Sumatra	40.8	43.2	41.7	41.4	42.7	43.4	44.1	44.2	43.3	44.7
Riau	36.7	41.6	43.9	43.8	44.2	45.5	43.0	48.2	45.4	47.5
Jambi	55.1	58.0	58.1	58.2	59.4	57.8	61.1	57.3	58.0	58.5
South Sumatra	47.7	52.8	52.7	53.2	56.2	54.7	56.8	55.0	53.6	54.7
Bengkulu	55.5	60.2	64.6	62.3	63.4	63.1	66.4	66.7	68.5	64.2
Lampung	53.9	58.5	60.4	59.7	62.0	62.5	63.0	61.6	60.1	59.7
Bangka Belitung	---	---	---	---	---	---	---	---	54.0	52.9
Jakarta	55.1	56.1	55.8	52.0	55.8	54.8	53.1	54.0	52.4	51.1
West Java	52.0	56.7	57.9	56.6	58.0	59.0	57.3	56.7	56.3	56.9
Central Java	56.1	60.0	60.0	59.5	61.1	60.8	60.4	59.2	58.0	58.5
Yogyakarta	62.5	64.7	65.4	61.7	62.4	62.9	61.1	62.4	60.4	59.8
East Java	56.5	57.4	57.7	56.6	56.7	57.0	57.3	55.4	54.0	56.1
Banten	---	---	---	---	---	---	---	---	55.3	54.2
Bali	67.3	69.7	70.7	69.2	68.5	67.6	70.7	65.1	37.2	66.0
West Nusa Tenggara	42.7	50.7	48.3	48.5	51.6	51.2	55.6	54.5	52.0	50.1
East Nusa Tenggara	27.0	38.5	39.0	36.2	37.1	37.1	34.9	31.6	28.7	30.5
East Timor	12.8	20.3	23.4	19.5	22.6	22.7	---	---	---	---
West Kalimantan	46.3	52.7	53.0	54.1	55.4	55.3	57.5	55.5	53.9	54.2
Central Kalimantan	53.4	58.0	65.8	58.6	64.7	64.0	65.6	58.5	53.6	57.6
South Kalimantan	50.0	55.7	57.8	57.8	56.6	59.7	60.9	58.6	58.7	62.9
East Kalimantan	49.8	56.7	58.2	60.9	56.5	57.1	60.8	54.7	52.3	55.1
North Sulawesi	58.9	67.5	67.9	71.0	69.0	65.5	62.6	61.8	62.0	68.0
Central Sulawesi	49.1	48.9	53.0	55.1	55.2	52.9	49.2	47.7	47.2	48.9
South Sulawesi	36.8	36.7	39.1	36.2	37.1	35.7	37.4	36.5	34.8	35.3
Southeast Sulawesi	36.0	43.8	43.8	42.5	45.9	46.8	44.7	42.3	38.6	42.0
Gorontalo	---	---	---	---	---	---	---	---	55.9	55.0
Maluku	30.5	37.2	40.1	37.1	44.5	38.2	38.5	---	26.0	44.9
North Maluku	---	---	---	---	---	---	---	---	31.7	52.5
Papua	31.1	34.5	41.6	38.7	39.4	42.9	40.4	32.2	35.3	43.2
Indonesia	**50.5**	**54.2**	**55.2**	**54.2**	**55.3**	**55.4**	**55.3**	**54.4**	**52.5**	**54.2**

2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province
Includes modern contraceptive methods only (injection, pill, intra-uterine device, implant, tubectomy, vasectomy, condom)

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 5.2. Proportion of births attended by skilled health personnel [mothers of children <1 year old] [%]

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	43.4	50.1	50.4	56.4	58.9	66.2	75.4	--	--	96.4
North Sumatra	68.6	77.8	79.1	77.4	81.1	77.2	83.8	83.8	85.0	85.9
West Sumatra	62.0	74.3	73.8	72.5	81.0	73.0	77.6	88.0	85.7	87.1
Riau	61.1	57.1	61.9	54.2	61.6	66.9	68.3	73.2	77.9	80.8
Jambi	43.2	54.9	47.2	46.3	57.4	55.0	60.2	57.1	68.3	63.2
South Sumatra	43.6	51.5	52.3	53.5	63.1	59.5	73.8	68.1	74.4	70.8
Bengkulu	45.4	49.5	63.4	55.1	72.9	59.8	71.0	63.5	79.8	82.0
Lampung	34.8	48.2	46.0	43.8	53.3	51.6	59.0	67.6	65.0	63.8
Bangka Belitung	--	--	--	--	--	--	--	--	61.4	76.0
Jakarta	90.4	88.6	94.9	93.4	96.4	86.6	93.6	96.6	96.8	96.2
West Java	29.7	38.8	40.2	41.1	47.8	45.6	51.5	57.2	53.4	55.5
Central Java	35.2	40.6	45.8	44.4	54.4	54.5	63.2	65.7	69.9	73.0
Yogyakarta	59.8	60.6	67.5	60.2	73.3	67.2	84.2	76.0	85.1	91.8
East Java	41.9	46.0	48.5	49.0	57.6	59.2	67.2	74.4	71.4	73.6
Banten	--	--	--	--	--	--	--	--	58.4	57.3
Bali	74.1	82.7	83.0	85.1	90.3	85.1	92.0	94.2	94.4	92.9
West Nusa Tenggara	14.3	23.6	17.1	18.6	25.9	39.5	40.5	58.3	50.3	52.7
East Nusa Tenggara	21.6	21.2	24.7	23.3	26.5	33.5	37.9	36.2	36.7	38.9
East Timor	17.7	21.4	31.5	22.7	29.4	26.9	--	--	--	--
West Kalimantan	26.9	38.5	43.3	40.0	45.7	47.3	50.0	54.0	56.2	59.6
Central Kalimantan	27.4	42.2	40.4	39.6	51.0	56.5	62.4	70.0	65.4	64.0
South Kalimantan	25.2	52.4	43.1	47.3	56.9	60.0	58.5	61.3	66.1	72.1
East Kalimantan	62.7	63.5	66.4	62.6	65.3	61.2	65.2	73.6	81.5	83.5
North Sulawesi	53.0	60.9	61.0	60.5	67.0	70.0	71.1	72.1	80.6	81.3
Central Sulawesi	20.7	31.7	32.8	37.5	43.1	50.7	53.4	55.3	55.7	57.8
South Sulawesi	33.0	45.0	43.1	44.5	46.4	48.5	56.9	58.7	57.5	57.9
Southeast Sulawesi	19.2	29.7	28.5	26.1	31.0	36.0	35.6	35.0	40.5	34.9
Gorontalo	--	--	--	--	--	--	--	--	57.6	45.2
Maluku	21.1	33.1	37.0	35.0	48.2	39.0	48.5	--	60.9	86.6
North Maluku	--	--	--	--	--	--	--	--	55.6	72.4
Papua	47.2	47.3	49.4	35.9	57.7	51.1	57.0	67.4	68.1	93.8
Indonesia	**40.7**	**47.2**	**49.7**	**49.2**	**56.3**	**56.0**	**63.1**	**66.9**	**66.6**	**68.4**

2002 figures for Aceh, Maluku, North Maluku and Papua represent only the capital city of each province.
Skilled health personnel includes: doctors, midwives, and other paramedical staff

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 5.3. Proportion of birth attended by skilled health personnel [mothers of children <5 years old] [%]

Province/national	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	40.6	45.1	49.1	52.5	56.1	56.2	68.5	--	--	96.3
North Sumatra	65.4	76.8	75.9	71.3	82.4	72.3	81.5	83.1	82.6	84.6
West Sumatra	64.1	65.6	70.6	67.0	76.6	71.8	80.2	83.6	81.2	84.9
Riau	55.0	51.7	58.5	44.2	61.5	57.3	68.8	69.9	74.6	78.7
Jambi	37.7	42.5	43.6	38.7	56.8	51.0	59.5	55.3	63.3	61.6
South Sumatra	42.3	43.5	46.5	48.3	60.5	55.0	68.2	72.4	73.9	69.4
Bengkulu	43.2	47.8	50.8	54.7	63.3	55.1	70.9	71.2	72.1	74.8
Lampung	30.3	40.0	40.7	40.8	50.3	49.3	58.6	63.2	63.9	61.6
Bangka Belitung	--	--	--	--	--	--	--	--	67.3	72.5
Jakarta	90.3	89.6	91.6	90.9	96.4	87.2	94.6	94.1	95.9	97.1
West Java	26.8	34.5	37.6	36.2	45.5	42.9	49.6	53.5	52.4	54.6
Central Java	31.0	37.3	39.9	39.7	49.1	47.3	57.7	61.5	64.5	69.8
Yogyakarta	49.5	60.5	60.3	54.4	68.8	62.5	78.1	76.0	81.9	87.2
East Java	38.7	41.7	44.2	44.8	52.7	54.2	62.8	67.4	68.1	72.2
Banten	--	--	--	--	--	--	--	--	59.7	56.6
Bali	73.6	78.8	84.5	83.9	85.8	83.8	90.4	93.3	91.3	92.4
West Nusa Tenggara	13.1	16.4	17.7	18.8	24.8	34.4	36.1	46.4	45.3	49.9
East Nusa Tenggara	19.8	21.4	22.9	18.9	25.6	31.8	31.7	32.3	34.4	37.3
East Timor	18.5	19.7	24.2	18.8	27.3	23.4	--	--	--	--
West Kalimantan	22.7	33.1	32.7	33.6	44.7	40.9	46.4	52.6	49.4	54.0
Central Kalimantan	18.9	40.3	36.6	36.0	45.1	51.6	57.9	62.4	66.2	61.1
South Kalimantan	29.3	44.9	43.6	42.9	50.6	50.6	56.9	59.6	63.7	64.1
East Kalimantan	61.8	55.9	58.4	54.8	61.7	62.3	68.8	73.6	79.8	79.2
North Sulawesi	52.7	60.9	58.6	54.2	66.8	59.4	71.4	71.1	83.9	85.2
Central Sulawesi	30.0	30.8	35.8	33.4	41.1	45.0	49.8	51.2	52.9	58.1
South Sulawesi	38.6	41.6	43.2	42.2	47.8	47.8	54.7	56.7	54.9	57.3
Southeast Sulawesi	17.4	26.4	24.2	19.3	26.1	32.8	37.1	34.7	36.6	34.0
Gorontalo	--	--	--	--	--	--	--	--	51.1	44.5
Maluku	22.8	28.5	31.8	24.0	40.6	34.4	42.7	--	58.8	89.9
North Maluku	--	--	--	--	--	--	--	--	49.3	77.0
Papua	38.7	34.6	34.9	29.3	45.5	41.6	51.5	55.3	56.9	95.1
Indonesia	**38.5**	**43.6**	**46.1**	**44.9**	**53.9**	**51.8**	**60.2**	**63.5**	**64.2**	**66.7**

2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province
Skilled health personnel includes: doctors, midwives, and other paramedical staff

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 6.1. Proportion of contraceptive users (married women aged 15–49 years) reporting condom use [%]

Province	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002
Nanggroe Aceh Darussalam	2.6	0.4	1.5	1.6	1.5	0.6	0.8	---	---	1.7
North Sumatra	3.7	3.4	1.7	1.7	1.8	1.8	1.2	0.6	0.9	1.2
West Sumatra	0.4	0.6	1.0	1.2	0.5	0.9	0.4	0.5	0.6	0.6
Riau	2.8	2.6	2.7	1.8	1.8	2.2	0.7	0.6	1.1	0.6
Jambi	0.0	0.7	0.4	0.6	1.1	0.5	0.5	0.1	0.3	0.3
South Sumatra	1.9	1.7	0.8	1.5	0.8	1.1	0.5	0.5	0.7	0.2
Bengkulu	1.5	0.6	0.9	0.8	0.9	0.3	0.4	0.3	0.5	0.4
Lampung	0.3	0.6	0.3	0.5	0.2	0.6	0.6	0.3	0.1	0.5
Bangka Belitung	---	---	---	---	---	---	---	---	0.3	0.8
Jakarta	2.2	2.2	0.9	1.6	1.9	1.4	0.7	0.9	0.3	1.5
West Java	0.6	0.4	0.4	0.6	0.4	0.3	0.5	0.2	0.2	0.2
Central Java	1.5	1.0	0.9	0.8	0.8	0.7	0.7	0.4	0.5	0.5
Yogyakarta	4.8	3.9	3.6	2.7	2.4	4.2	2.2	2.7	1.3	2.0
East Java	1.2	0.7	0.8	0.5	0.9	0.6	0.4	0.5	0.3	0.3
Banten	---	---	---	---	---	---	---	---	0.3	0.6
Bali	1.7	1.4	1.5	1.8	0.9	1.1	0.6	0.5	0.6	0.8
West Nusa Tenggara	0.6	0.3	0.3	0.5	0.5	0.3	0.2	0.0	0.2	0.0
East Nusa Tenggara	1.5	0.3	0.2	0.3	0.4	1.5	0.2	0.1	0.0	0.2
East Timor	0.6	0.5	0.4	0.6	0.9	0.9	---	---	---	---
West Kalimantan	0.6	0.7	0.3	0.5	0.5	0.7	0.1	0.1	0.3	0.2
Central Kalimantan	0.4	1.1	0.3	0.7	0.4	0.1	0.2	0.2	0.3	0.3
South Kalimantan	0.2	0.6	0.3	0.7	0.3	0.4	0.4	0.2	0.2	0.4
East Kalimantan	2.1	0.7	1.0	1.0	0.6	0.5	1.0	0.6	0.3	0.3
North Sulawesi	0.2	0.2	0.4	0.4	0.4	0.7	0.2	0.1	0.2	0.1
Central Sulawesi	0.1	0.1	0.5	0.2	0.5	0.6	0.0	0.3	0.1	0.1
South Sulawesi	0.8	0.5	0.8	0.7	0.5	0.4	0.4	0.2	0.1	0.2
Southeast Sulawesi	0.4	0.1	0.3	0.8	0.5	0.1	0.2	0.2	0.0	0.1
Gorontalo	---	---	---	---	---	---	---	---	0.1	0.1
Maluku	0.5	0.3	0.1	0.6	0.3	0.3	0.0	---	0.0	0.0
North Maluku	---	---	---	---	---	---	---	---	0.0	0.0
Papua	0.7	2.3	0.6	1.1	1.2	0.6	0.8	0.4	0.4	2.5
Indonesia	**1.3**	**1.0**	**0.8**	**0.8**	**0.8**	**0.7**	**0.6**	**0.4**	**0.4**	**0.4**

2002 figures for Aceh, Maluku, North Maluku, and Papua represent only the capital city of each province

Source: Susenas, calculated for MDG report by BPS—Statistics Indonesia

Table 6.2. HIV/AIDS knowledge from different surveys

IDHS 2002-3				MICS 2000										
Total		Heard of HIV/AIDS		Total	Heard of HIV/AIDS [6] / [4]		of which, knows that using a condom every time prevents HIV/AIDS [8] / [6]		of which, knows that a healthy person can be infected with HIV [10] / [6]		% of total women in age group knowing that using a condom every time prevents HIV/AIDS [8] / [4]		% of total women in age group knowing that a healthy person can be infected with HIV [10] / [4]	
	N [1	% [2]	N [3]	N [4]	% [5]	N [6]	% [7]	N [8]	% [9]	N [10]	% [11]	N [12]	% [13]	N [14]
Total interviewed women	29,482			11,049										
Aged 15–19	956	59.8	572	2,044	65.4	1,337	29.9	400	52.7	704	19.6	400	34.5	704
Aged 20–24	3,875	67.3	2,608	1,867	72.6	1,355	37.8	512	53.7	728	27.4	512	39.0	728
Aged 15–24	**4,831**	**65.8**	**3,180**	**3,911**	**68.8**	**2,692**	**33.9**	**912**	**53.2**	**1,432**	**23.3**	**912**	**36.6**	**1,432**
Aged 25–29	5,375	68.7	3,693	1,801	67.9	1,223	37.1	454	50.2	614	25.2	454	34.1	614
Aged 30–39	10,609	61.4	6,514											
Aged 40–49	8,667	45.7	3,961											
Aged 30–34				1,602	65.9	1,056	34.7	366	51.9	548	22.9	366	34.2	548
Aged 35–39				1,558	57.3	893	30.7	274	58.7	524	17.6	274	33.6	524
Aged 40–44				1,293	50.1	648	27.0	175	61.1	396	13.5	175	30.6	396
Aged 45–49				884	42.8	378	29.8	113	59.8	226	12.8	113	25.6	226
Aged 15–49	**29,482**	**58.8**	**17,347**	**11,049**	**62.4**	**6,890**	**33.3**	**2,294**	**54.3**	**3,740**	**20.8**	**2,294**	**33.9**	**3,740**
Total interviewed men	8,310													
Aged 15–19	11	72.3	8											
Aged 20–24	426	79.6	339											
Aged 15–24	**437**	**79.4**	**347**											
Aged 25–29	1,214	79.7	968											
Aged 30–39	3,034	78.8	2,391											
Aged 40–49	2,618	66.4	1,738											
Aged 30–34														
Aged 35–39														
Aged 40–44														
Aged 45–49														
Aged 50–54	1,007	60.1	605											
Aged 15–49	**8,310**	**72.8**	**6,049**											

Source:
Multiple Indicator Cluster Survey 2000 (MICS)
Indonesia Demographic Health Survey 2002-2003 (IDHS)

Table 6.3. Provision of drugs and their stock outages, 2000

	Public (n=946)			Private (n=1,904)		
Drugs	% of facilities that provided drug	of which % out of stock at time of survey	Number of weeks out of stock during last 6 months	% of facilities that provided drug	of which % out of stock at time of survey	Number of weeks out of stock during last 6 months
Ampicillin	95.7	8.4	4.9	79.1	3.5	2.6
Paracetamol	99.6	1.8	3.6	82.2	1.8	2.3
Anti-malarials	44.2	5	4.7	25.5	3.9	2.7
INH	73.2	4.5	5.8	18	2.6	3.4
Rifampicin	61	5.5	6.8	13.8	3.4	3.6
Ethambutol	65.9	6.9	7.8	14.4	2.6	3.3

Source: Beegie et al 2001. Analysis of the IFLS.

Table 7.1. Proportion of forested area[1] to land area in Indonesia, 1993 and 2001

Bioregion	Forested area 1993 (ha)[2]	Forested area 2001 (ha)[3]	Land area (ha)[4]	Proportion 1993 (%)	Proportion2001 (%)
Sumatra	26,481,554	22,155,466	48,239,300	54.9	45.9
Java–Bali	3,190,088	3,152,099	13,313,200	24.0	23.7
Kalimantan	38,467,884	36,328,242	54,789,100	70.2	66.3
Sulawesi	13,554,559	11,738,280	19,180,000	70.7	61.2
Nusa Tenggara	2,731,235	2,565,570	6,750,200	40.5	38.0
Maluku	5,096,883	7,146,109	7,787,100	65.5	91.8
Papua	40,591,690	40,298,365	42,198,100	96.2	95.5
Indonesia	**130,113,894**	**123,384,131**	**192,257,000**	**67.7**	**64.2**

[1] Consists of protected forest, production forest and convertible production forest
[2] Statistics of Forestry 1992-1993
[3] Statistics of Forestry 2001
[4] BPS—Statistics Indonesia 1999

Table 7.2. Ratio of protected area in Indonesia, 2000

Bioregion	Protected forest area (ha)[1]	Conservation land area (ha)[1]	Total protected area (ha)	Land area (ha)[2]	Ratio of protected area (%)
Sumatra	6,562,845	4,752,442	11,315,287	48,239,300	23.5
Java–Bali	729,314	531,888	1,261,202	13,313,200	9.5
Kalimantan	6,627,016	4,051,815	10,678,831	54,789,100	19.5
Sulawesi	4,837,056	1,454,880	6,291,936	19,180,000	32.8
Nusa Tenggara	1,153,074	494,136	1,647,210	6,750,200	24.4
Maluku	1,809,634	259,540	2,069,174	7,787,100	26.6
Papua	10,619,090	6,799,710	17,418,800	42,198,100	41.3
Indonesia	**32,338,029**	**18,344,410**	**50,682,439**	**192,257,000**	**26.4**

[1] Statistics of Forestry 2002
[2] BPS—Statistics Indonesia 1999

Table 7.3. Ratio of gross domestic product and total energy used in indonesia, 1990–2000

Year	Final comercial energy used (barrel oil equivalent)[1]	Final total energy used (BOE)[2]	GDP (billion Rp)[3]	Ratio (BOE/million Rp)[1]	Ratio (BOE/million Rp)[2]
1993	292,751,948	495,406,573	329,776	0.89	1.50
1994	304,748,822	510,013,083	354,640	0.86	1.44
1995	330,488,271	537,892,594	383,792	0.86	1.40
1996	356,732,306	565,951,912	414,419	0.86	1.37
1997	377,239,710	591,083,662	433,246	0.87	1.36
1998	369,511,000	586,682,419	376,375	0.98	1.56
1999	389,713,886	609,281,561	379,352	1.03	1.61
2000	421,276,658	641,270,629	398,017	1.06	1.61
Average	**355,307,825**	**567,197,804**	**383,702**	**0.93**	**1.48**

[1] Excluding biomass used. Source: Statictics of Economy and Energy 2000, Dept. Energy and Mineral Resources
[2] Including biomass used. Source: Statictics of Economy and Energy 2000, Dept. Energy and Mineral Resources
[3] BPS—Statistics Indonesia

Table 7.4. Total emissions CO_2 and CO_2-e[1] in Indonesia, 1990–1995, 2000, 2005, 2010, 2015, and 2020

Year	Total emissions (giga gram)
Actual	
1990	452,941.18
1991	547,058.82
1992	558,823.53
1993	364,705.88
1994	482,352.94
Estimation	
1995	514,285.71
2000	464,285.71
2005	478,571.43
2010	535,714.29
2015	628,571.43
2020	764,285.71

[1] Based on graphs in National Strategy Study on Clean Development Mechanism in Indonesia. State Ministry of Environment. 2001.

Table 7.5. Total CO_2 and CO_2-e emissions per capita in Indonesia, 1990, 1995 and 2000

Year	CO_2 emission (giga gram)[1]	Population[2]	CO_2 emission per capita (kilogram per capita)
1990	452,941	178,631,196	2,535.6
1995	514,286	193,915,089	2,652.1
2000	464,286	206,264,595	2,250.9

[1] Based on proxy of graphs in National Strategy Study on Clean Development Mechanism in Indonesia. State Ministry of Environment 2001
[2] 1990 and 2000: population census; 1995: inter-censal population

Table 7.6. Actual consumption of ozone-depleting substances in Indonesia 1992–1998 [metric ton]

ODS	1992	1993	1994	1995	1996	1997	1998
CFC-11	933	1,237	2,804	4,238	4,998	4,398	3,350
CFC-12	4,164	2,940	3,962	4,008	3,910	3,214	2,810
CFC-115	40	44	40	42	40	38	38
Halon-1211	154	160	134	98	36	-	-
Halon-1301	51	56	42	36	15	15	-
CFC-113	160	200	150	100	10	-	-
Carbon tetrachloride	115	120	98	80	50	20	-
Trichloroethane	2,198	243	267	294	323	235	200
Methyl Bromide	-	211	231	254	198	242	210
Total	**7,815**	**5,211**	**7,728**	**9,150**	**9,670**	**8,162**	**6,608**

Source: Indonesia Country Programme Update, State Ministry of Environment, 2000

Notes:
CFC-11: Trichlorofluoromethane
CFC-12: Dichlorodifluoromethane
CFC-115: Monochloropentafluoroethane
CFC-113: Trichlorotrifluoroethane
Halon-1211: Bromochlorodifluoromethane
Halon-1301: Bromotrifluoromethane

Table 7.7. Proportion of population by type of cooking fuel used in Indonesia

Year	Electricity	Gas	Kerosene	Firewood/ charcoal	Others	Remarks
1989	0.70	1.40	26.82	70.19	0.50	Firewood and charcoal were not separated
1992	2.39	3.39	27.22	66.10	0.60	"Firewood/charcoal" including 0.2% charcoal as cooking fuel
1995	3.93	4.13	32.46	59.67	0.60	"Firewood/charcoal" including 0.4% charcoal as cooking fuel
1998	1.38	7.29	37.64	52.13	0.20	"Firewood/charcoal" including 0.34% charcoal as cooking fuel
2001	2.94	8.30	44.65	44.05	0.10	"Firewood/charcoal" including 0.2% charcoal as cooking fuel; 1.2% households reported not cooking

Source: Susenas in Annual Statistics of Indonesia. Includes East Timor up to 1998.

Table 7.8. Proportion of households/population using biomass as cooking fuel* [%]

National/ province	% households using firewood or charcoal as cooking fuel					% population using firewood or charcoal as cooking fuel				
	1989	1992	1995	1998	2001	1989	1992	1995	1998	2001
Nanggroe Aceh Darussalam	85.4	77.8	72.6	65.5	-	85.4	77.8	72.1	66.1	-
North Sumatra	71.1	63.3	56.2	47.6	44.5	71.6	63.7	55.8	48.0	44.1
West Sumatra	81.5	69.7	66.0	60.4	54.6	81.3	69.6	65.3	60.9	54.9
Riau	58.3	62.0	60.8	49.2	40.7	57.9	61.7	61.2	49.0	40.8
Jambi	74.7	75.9	73.4	63.3	55.2	74.6	75.7	74.0	64.0	54.5
South Sumatra	64.1	68.9	65.1	59.3	54.3	64.2	69.0	65.6	59.1	53.8
Bengkulu	83.3	71.5	55.6	64.6	55.6	83.6	71.8	54.9	65.1	55.6
Lampung	85.9	85.6	80.2	76.4	70.3	85.8	85.4	79.6	76.0	70.4
Bangka Belitung	-	-	-	-	37.2	-	-	-	-	37.5
Jakarta	2.3	0.7	0.9	0.6	0.8	2.3	0.6	0.9	0.6	0.8
West Java	57.4	52.3	40.0	32.6	26.6	56.9	51.9	40.5	32.3	26.3
Central Java	80.8	77.8	71.1	63.9	55.3	79.9	77.0	70.3	64.7	55.9
Yogyakarta	76.6	72.5	56.5	61.3	47.3	76.7	72.6	56.3	61.6	47.8
East Java	75.3	70.7	63.4	58.6	46.4	74.5	70.0	63.2	59.2	46.8
Banten	-	-	-	-	24.6	-	-	-	-	24.6
Bali	76.5	69.9	61.5	54.6	45.3	76.2	69.6	61.7	54.1	45.2
West Nusa Tenggara	86.1	81.3	80.0	75.8	49.6	86.2	81.5	79.2	76.1	49.8
East Nusa Tenggara	94.8	92.0	86.8	90.5	81.5	95.2	92.3	87.5	90.2	81.0
West Kalimantan	76.3	75.8	70.4	60.8	58.9	75.6	75.2	70.1	61.4	58.3
Central Kalimantan	90.9	85.8	79.0	63.7	49.2	91.6	86.6	79.4	64.6	49.0
South Kalimantan	87.3	81.1	74.4	60.9	43.0	86.3	80.2	73.7	60.9	43.1
East Kalimantan	49.5	49.6	43.0	33.7	29.5	49.5	49.6	43.0	33.7	29.7
North Sulawesi	77.0	72.4	72.0	68.6	45.3	76.7	72.2	71.9	69.1	44.8
Central Sulawesi	91.5	87.6	82.9	80.4	74.4	91.4	87.4	83.2	80.1	74.2
South Sulawesi	79.4	71.5	72.3	58.1	50.4	79.6	71.7	71.9	57.6	50.1
Southeast Sulawesi	91.1	85.9	82.3	74.8	62.1	90.6	85.4	82.9	75.7	61.8
Gorontalo	-	-	-	-	66.5	-	-	-	-	66.1
Maluku	83.5	78.5	72.6	71.2	-	83.1	78.2	72.5	71.4	-
North Maluku	-	-	-	-	-	-	-	-	-	-
Papua	79.8	82.2	75.1	71.1	63.8	79.9	82.3	75.0	70.9	62.9
Indonesia	**70.4**	**66.3**	**59.2**	**52.9**	**43.5**	**70.2**	**66.1**	**59.7**	**52.1**	**44.0**

Note:
*Percentage of charcoal use within total use of cooking fuels ranged from 0.27% to 0.43%

Household to population:
1989 recalculated using 1990 average household size
1992 recalculated using 1990 average household size
1995 recalculated using 1995 average household size
1998 recalculated using 2000 average household size
2001 recalculated using 2002 average household size

Source: Susenas. Includes East Timor up to 1998.

Table 7.9a. Proportion of household/population by type of water sources (total) [%]

National/province	1992		1993	
	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	8.3	56.2	10.3	47.3
North Sumatra	21.8	64.8	20.2	62.1
West Sumatra	21.5	60.1	17.9	51.2
Riau	7.9	60.5	6.6	58.6
Jambi	12.8	61.4	11.7	50.8
South Sumatra	17.2	46.6	18.8	49.9
Bengkulu	12.5	41.2	12.4	38.2
Lampung	4.4	36.1	4.9	32.1
Bangka Belitung	---	---	---	---
Jakarta	43.9	98.4	44.1	96.9
West Java	7.6	68.6	8.1	60.5
Central Java	11.2	66.9	10.8	65.3
Yogyakarta	8.3	84.1	8.0	73.6
East Java	14.9	69.7	14.7	72.1
Banten	---	---	---	---
Bali	30.9	77.8	32.6	77.3
West Nusa Tenggara	13.7	71.9	10.8	65.5
East Nusa Tenggara	19.7	68.5	16.8	53.4
West Kalimantan	9.5	42.2	9.0	48.0
Central Kalimantan	13.2	31.3	10.5	36.1
South Kalimantan	25.2	47.8	27.4	46.0
East Kalimantan	35.6	53.9	39.0	57.8
North Sulawesi	21.6	71.4	21.8	64.5
Central Sulawesi	20.6	48.9	16.5	55.4
South Sulawesi	14.7	57.1	17.4	56.2
Southeast Sulawesi	24.8	50.0	21.5	59.1
Gorontalo	---	---	---	---
Maluku	16.4	56.2	17.8	62.5
North Maluku	---	---	---	---
Papua	9.6	41.8	18.3	43.2
Indonesia	**14.7**	**65.1**	**14.7**	**62.7**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9a. Proportion of household/population by type of water sources (total) [%]—continued

National/province	1994			1995		
	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	10.5	24.1	48.4	10.4	25.4	52.5
North Sumatra	22.0	39.6	63.9	23.1	40.4	65.0
West Sumatra	18.4	33.2	52.4	19.6	34.3	58.7
Riau	7.6	44.5	62.8	8.9	41.4	62.7
Jambi	15.1	39.6	51.1	14.2	37.3	51.3
South Sumatra	17.6	32.1	47.2	17.9	34.9	51.8
Bengkulu	11.5	24.4	46.4	13.9	21.2	43.9
Lampung	6.4	18.9	36.3	4.8	17.6	41.8
Bangka Belitung	---	---	---	---	---	---
Jakarta	47.5	54.8	98.3	47.1	55.7	97.8
West Java	10.9	28.9	65.6	11.3	29.4	69.9
Central Java	10.7	39.3	70.8	11.3	39.4	69.7
Yogyakarta	8.8	45.4	72.8	10.0	44.7	85.0
East Java	15.8	46.9	72.5	15.3	47.4	75.8
Banten	---	---	---	---	---	---
Bali	35.2	59.9	82.9	35.8	58.5	83.8
West Nusa Tenggara	10.6	28.4	65.5	12.8	27.8	67.8
East Nusa Tenggara	16.9	37.5	49.6	16.9	35.3	50.6
West Kalimantan	10.0	48.3	48.4	8.6	58.6	60.2
Central Kalimantan	14.1	30.2	36.8	11.6	26.0	36.0
South Kalimantan	29.2	41.5	49.3	29.6	39.6	47.6
East Kalimantan	41.3	53.2	60.6	43.2	56.0	61.8
North Sulawesi	26.4	46.5	73.8	30.1	47.7	75.6
Central Sulawesi	17.3	27.3	56.3	18.2	28.8	53.7
South Sulawesi	18.9	35.8	58.5	18.8	34.5	59.9
Southeast Sulawesi	24.9	41.2	59.5	24.3	44.5	60.5
Gorontalo	---	---	---	---	---	---
Maluku	23.4	44.8	65.4	19.4	39.6	60.8
North Maluku	---	---	---	---	---	---
Papua	16.7	30.1	35.0	17.6	31.7	43.0
Indonesia	**16.2**	**38.2**	**65.3**	**16.4**	**38.5**	**67.7**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9a. Proportion of household/population by type of water sources (total) [%]—continued

National/province	1996			1997	
	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[1)]
Nanggroe Aceh Darussalam	9.9	27.4	51.2	12.8	59.3
North Sumatra	22.7	38.2	64.2	26.3	70.5
West Sumatra	18.0	35.6	59.1	22.5	65.4
Riau	7.2	47.6	63.9	8.1	68.0
Jambi	16.1	38.9	52.4	18.3	62.4
South Sumatra	17.7	35.1	58.0	21.4	58.7
Bengkulu	13.4	20.9	43.7	15.6	48.5
Lampung	6.2	25.3	50.3	6.2	54.1
Bangka Belitung	---	---	---	---	---
Jakarta	53.2	59.4	98.6	53.5	99.3
West Java	13.9	34.4	76.8	14.1	79.5
Central Java	12.6	42.3	75.0	13.9	80.2
Yogyakarta	9.5	43.8	82.2	11.8	81.5
East Java	16.2	51.7	78.7	18.4	80.8
Banten	---	---	---	---	---
Bali	36.5	60.5	85.3	46.2	87.6
West Nusa Tenggara	11.4	31.6	67.6	14.4	80.2
East Nusa Tenggara	16.5	41.8	59.1	16.4	60.4
West Kalimantan	9.5	50.1	52.0	12.2	57.0
Central Kalimantan	12.6	31.3	39.9	12.8	42.0
South Kalimantan	31.8	43.0	52.1	31.3	56.4
East Kalimantan	43.2	59.5	65.3	41.6	68.0
North Sulawesi	26.7	42.1	70.7	27.9	82.6
Central Sulawesi	18.5	34.8	60.5	21.9	70.2
South Sulawesi	20.0	37.5	64.5	21.5	69.1
Southeast Sulawesi	19.8	41.4	61.8	24.7	66.2
Gorontalo	---	---	---	---	---
Maluku	27.2	47.7	71.6	20.4	68.2
North Maluku	---	---	---	---	---
Papua	17.5	33.2	39.9	18.6	48.3
Indonesia	**17.6**	**41.5**	**71.4**	**19.2**	**75.0**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9a. Proportion of household/population by type of water sources (total) [%]—continued

National/province	1998			1999		
	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	12.2	28.7	59.2	9.7	27.9	63.7
North Sumatra	24.8	43.2	71.3	23.5	43.6	72.0
West Sumatra	21.9	39.8	64.8	21.5	40.8	67.0
Riau	7.1	43.6	65.1	7.3	45.4	68.2
Jambi	22.2	45.5	63.4	22.2	45.7	61.1
South Sumatra	18.3	38.3	61.6	17.6	38.5	64.9
Bengkulu	14.9	22.6	48.1	14.7	23.9	52.8
Lampung	6.0	26.9	54.8	5.6	28.4	58.4
Bangka Belitung	---	---	---	---	---	---
Jakarta	50.3	63.0	99.5	47.6	60.6	98.7
West Java	12.9	33.5	81.4	13.4	34.1	80.3
Central Java	15.1	44.7	79.9	15.1	45.7	81.3
Yogyakarta	11.6	47.1	88.5	9.2	48.7	82.9
East Java	18.6	50.2	83.1	18.8	51.2	84.6
Banten	---	---	---	---	---	---
Bali	45.3	63.5	89.9	46.2	65.4	92.4
West Nusa Tenggara	12.4	32.7	80.0	13.8	33.4	79.7
East Nusa Tenggara	18.8	48.1	64.7	19.1	43.5	63.9
West Kalimantan	15.0	59.0	61.2	11.5	52.3	55.9
Central Kalimantan	16.2	36.5	49.2	15.8	38.6	50.1
South Kalimantan	35.7	48.5	60.4	34.3	47.9	60.8
East Kalimantan	49.9	58.4	69.7	46.6	62.6	71.0
North Sulawesi	28.5	49.1	78.6	23.1	46.7	76.8
Central Sulawesi	24.2	40.4	68.0	19.9	39.0	70.2
South Sulawesi	23.1	41.6	71.5	21.7	42.8	72.0
Southeast Sulawesi	24.7	47.5	71.0	21.7	48.7	71.3
Gorontalo	---	---	---	---	---	---
Maluku	24.3	44.5	71.6	20.7	44.8	76.6
North Maluku	---	---	---	---	---	---
Papua	16.2	36.7	45.1	15.0	38.6	48.6
Indonesia	**19.1**	**43.1**	**76.4**	**18.6**	**43.4**	**77.1**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9a. Proportion of household/population by type of water sources (total) [%]—continued

National/province	2000		2001	
	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	---	---	---	---
North Sumatra	27.7	75.7	24.7	73.7
West Sumatra	21.9	69.5	22.3	65.8
Riau	10.8	71.2	10.4	71.8
Jambi	17.3	61.7	16.9	63.1
South Sumatra	17.7	64.7	16.1	61.5
Bengkulu	15.9	61.9	13.3	50.9
Lampung	5.1	53.9	6.8	56.9
Bangka Belitung	---	---	9.6	64.2
Jakarta	48.3	99.1	51.0	98.8
West Java	12.4	80.8	12.6	78.6
Central Java	15.8	82.6	14.5	81.5
Yogyakarta	9.1	84.3	6.7	88.0
East Java	20.0	83.9	17.9	84.0
Banten	---	---	13.0	81.4
Bali	47.1	93.3	40.3	90.7
West Nusa Tenggara	18.3	81.4	16.6	84.3
East Nusa Tenggara	17.4	66.7	19.2	65.9
West Kalimantan	14.2	56.4	9.8	58.2
Central Kalimantan	17.9	47.0	13.5	47.6
South Kalimantan	33.9	58.5	33.8	60.1
East Kalimantan	45.3	65.8	41.7	66.8
North Sulawesi	27.4	81.6	31.1	83.9
Central Sulawesi	20.9	66.5	17.6	70.9
South Sulawesi	22.0	74.6	20.8	69.7
Southeast Sulawesi	26.3	79.0	23.0	74.9
Gorontalo	---	---	14.8	67.4
Maluku	---	---	28.0	75.7
North Maluku	---	---	21.4	48.8
Papua	15.6	48.3	16.3	51.9
Indonesia	**19.2**	**78.2**	**18.3**	**77.2**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9a. Proportion of household/population by type of water sources (total) [%]—continued

National/province	2002		
	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	---	---	---
North Sumatra	24.1	50.2	75.5
West Sumatra	21.0	47.0	70.0
Riau	11.0	51.6	70.2
Jambi		50.3	63.1
South Sumatra	15.8	41.3	61.4
Bengkulu	11.3	36.3	54.5
Lampung	5.3	39.6	62.9
Bangka Belitung	8.4	41.9	64.5
Jakarta	49.8	70.4	99.3
West Java	13.6	41.2	81.4
Central Java	15.0	53.2	82.0
Yogyakarta	9.4	61.3	87.4
East Java	19.1	57.8	85.0
Banten	9.9	40.3	84.5
Bali	42.2	73.2	92.8
West Nusa Tenggara	12.5	43.5	78.6
East Nusa Tenggara	14.9	42.5	66.3
West Kalimantan	10.6	51.8	57.2
Central Kalimantan	13.5	34.1	46.7
South Kalimantan	33.5	47.7	57.2
East Kalimantan	46.1	64.6	70.4
North Sulawesi	32.4	57.8	83.4
Central Sulawesi	15.4	38.0	71.1
South Sulawesi	20.8	45.8	72.1
Southeast Sulawesi	22.5	51.3	73.0
Gorontalo	11.2	30.5	68.3
Maluku	---	---	---
North Maluku	---	---	---
Papua	---	---	---
Indonesia	**18.3**	**50.0**	**78.7**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.
2002 data for Aceh, Maluku, Maluku Utara and Papua represent the capital city only.

Table 7.9b. Proportion of households/population by type of water sources (rural) [%]

National/province	1992		1993	
	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	2.0	50.3	4.1	40.4
North Sumatra	9.7	53.3	8.9	49.1
West Sumatra	14.2	51.3	8.9	40.6
Riau	2.5	56.0	0.6	49.9
Jambi	8.9	54.7	5.1	44.9
South Sumatra	3.0	34.7	3.9	38.2
Bengkulu	8.8	31.8	8.6	27.6
Lampung	2.5	33.4	2.6	28.3
Bangka Belitung	---	---	---	---
Jakarta	---	---	---	---
West Java	2.8	60.7	2.9	50.8
Central Java	3.0	60.1	4.5	59.6
Yogyakarta	1.7	78.6	2.6	60.6
East Java	5.7	64.3	4.6	66.3
Banten	---	---	---	---
Bali	24.9	72.9	27.0	73.0
West Nusa Tenggara	10.3	70.1	7.5	62.1
East Nusa Tenggara	15.0	49.9	11.4	49.0
West Kalimantan	1.8	29.9	2.4	37.3
Central Kalimantan	8.1	19.7	4.2	25.6
South Kalimantan	6.8	34.8	10.3	33.4
East Kalimantan	5.5	20.0	11.0	28.2
North Sulawesi	12.3	66.2	12.0	57.5
Central Sulawesi	16.1	40.9	10.7	47.6
South Sulawesi	3.5	49.4	6.4	47.3
Southeast Sulawesi	19.5	46.4	11.4	52.1
Gorontalo	---	---	---	---
Maluku	4.8	48.5	6.2	54.6
North Maluku	---	---	---	---
Papua	2.2	35.5	4.7	29.2
Indonesia	**5.5**	**55.8**	**5.4**	**52.8**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9b. Proportion of households/population by type of water sources (rural) [%]—continued

National/province	1994			1995		
	Piped water[1)]	Water from improved sources controlled for excreta disposal [2)]	Water from improved sources regardless of distance from excreta disposal [3)]	Piped water[1)]	Water from improved sources controlled for excreta disposal [2)]	Water from improved sources regardless of distance from excreta disposal [3)]
Nanggroe Aceh Darussalam	3.8	17.5	41.0	3.7	19.1	44.8
North Sumatra	8.6	31.1	49.2	7.3	28.0	50.1
West Sumatra	10.4	26.6	42.3	11.0	26.8	48.5
Riau	1.5	43.8	55.3	2.7	41.0	54.4
Jambi	7.2	33.3	42.7	5.1	30.4	43.0
South Sumatra	3.7	20.9	34.7	5.0	23.7	39.1
Bengkulu	6.0	19.0	34.1	8.4	15.9	33.1
Lampung	3.7	16.9	31.8	1.9	15.4	37.3
Bangka Belitung	---	---	---	---	---	---
Jakarta	---	---	---	---	---	---
West Java	3.6	22.3	56.8	4.3	23.6	61.1
Central Java	3.8	36.1	64.9	3.0	34.8	63.1
Yogyakarta	2.2	45.3	62.1	3.8	46.5	73.0
East Java	5.2	40.5	65.6	4.8	41.1	69.3
Banten	---	---	---	---	---	---
Bali	28.5	58.2	79.4	27.2	57.2	79.7
West Nusa Tenggara	8.2	26.1	62.4	10.5	26.2	64.1
East Nusa Tenggara	9.4	31.3	44.5	10.4	29.7	46.1
West Kalimantan	4.1	36.3	37.6	2.6	48.8	51.4
Central Kalimantan	7.1	23.7	24.9	3.3	17.3	21.7
South Kalimantan	11.5	26.7	35.4	9.7	22.9	32.3
East Kalimantan	13.4	27.1	33.0	11.0	27.9	34.9
North Sulawesi	16.2	41.9	69.8	19.3	41.3	70.3
Central Sulawesi	11.6	22.2	48.2	10.5	21.9	43.8
South Sulawesi	6.6	24.3	48.4	5.8	22.8	50.3
Southeast Sulawesi	14.0	31.3	51.7	12.9	35.6	53.3
Gorontalo	---	---	---	---	---	---
Maluku	10.1	35.4	57.1	7.3	29.2	50.9
North Maluku	---	---	---	---	---	---
Papua	3.0	16.9	20.2	5.0	20.0	30.3
Indonesia	**5.9**	**30.9**	**55.1**	**5.7**	**30.8**	**57.4**

Definitions:
1) Percentage of households surveyed using piped water
2) Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
3) Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9b. Proportion of households/population by type of water sources (rural) [%]—continued

National/province	1996			1997	
	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	3.4	22.7	44.5	4.5	53.1
North Sumatra	7.4	26.8	50.4	8.6	56.4
West Sumatra	9.1	29.1	49.2	12.6	56.9
Riau	1.1	46.5	56.9	1.0	59.8
Jambi	5.2	31.5	43.5	8.5	56.1
South Sumatra	4.4	24.7	47.8	5.3	47.1
Bengkulu	6.8	15.8	31.6	7.4	33.9
Lampung	2.6	23.9	46.0	1.3	48.8
Bangka Belitung	---	---	---	---	---
Jakarta	---	---	---	---	---
West Java	5.0	28.7	67.3	4.6	70.1
Central Java	4.6	38.1	69.3	5.7	75.1
Yogyakarta	3.9	46.5	73.0	5.9	71.5
East Java	4.9	46.4	72.9	6.5	75.5
Banten	---	---	---	---	---
Bali	29.6	59.1	82.0	39.4	84.9
West Nusa Tenggara	8.4	30.4	64.8	12.2	78.9
East Nusa Tenggara	9.4	35.9	54.5	8.6	55.1
West Kalimantan	2.6	38.4	41.2	5.7	48.9
Central Kalimantan	5.4	25.7	29.3	4.1	30.1
South Kalimantan	14.1	28.3	39.8	13.3	43.5
East Kalimantan	13.0	32.0	39.4	8.8	45.1
North Sulawesi	16.8	35.0	64.9	16.9	78.8
Central Sulawesi	13.4	30.7	52.9	14.3	62.9
South Sulawesi	5.9	25.4	54.9	6.0	60.5
Southeast Sulawesi	7.9	32.9	53.2	14.0	58.8
Gorontalo	---	---	---	---	---
Maluku	15.7	38.4	64.0	9.9	58.2
North Maluku	---	---	---	---	---
Papua	3.4	18.8	23.9	5.8	37.1
Indonesia	**6.1**	**34.3**	**61.5**	**7.0**	**65.7**

Definitions:
1) Percentage of households surveyed using piped water
2) Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
3) Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9b. Proportion of households/population by type of water sources (rural) [%]—continued

National/Province	1998			1999		
	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	4.8	22.2	52.4	3.9	22.0	56.3
North Sumatra	9.1	30.5	58.1	8.4	30.6	58.8
West Sumatra	13.3	33.6	55.8	12.0	35.4	58.2
Riau	1.2	43.5	56.6	0.8	46.3	61.7
Jambi	9.7	36.2	54.3	8.0	34.4	50.7
South Sumatra	4.5	27.8	51.9	5.0	28.8	55.9
Bengkulu	9.6	18.9	33.3	6.6	16.7	39.0
Lampung	2.9	25.3	51.8	1.9	26.4	54.6
Bangka Belitung	---	---	---	---	---	---
Jakarta	---	---	---	---	---	---
West Java	5.4	29.1	72.4	5.1	27.8	71.5
Central Java	6.2	40.1	74.7	5.6	41.0	75.8
Yogyakarta	8.7	50.2	81.6	4.8	47.4	72.0
East Java	7.2	44.4	78.3	6.3	43.3	78.3
Banten	---	---	---	---	---	---
Bali	39.6	61.1	85.2	41.0	66.4	89.3
West Nusa Tenggara	8.8	30.6	77.9	9.9	31.6	76.6
East Nusa Tenggara	12.0	41.2	60.6	10.2	38.5	58.0
West Kalimantan	8.6	48.2	51.8	5.0	41.0	45.6
Central Kalimantan	7.9	31.7	36.8	6.5	31.6	35.9
South Kalimantan	18.2	34.2	49.0	16.0	33.0	48.3
East Kalimantan	15.1	31.6	39.6	19.6	38.6	46.8
North Sulawesi	18.4	44.0	73.5	12.0	41.7	72.2
Central Sulawesi	17.9	36.3	61.2	14.1	34.7	63.8
South Sulawesi	8.2	30.2	63.5	8.2	32.5	63.9
Southeast Sulawesi	14.7	41.9	64.7	10.2	38.9	64.3
Gorontalo	---	---	---	---	---	---
Maluku	13.6	35.6	63.0	9.1	34.0	69.4
North Maluku	---	---	---	---	---	---
Papua	4.6	25.2	30.9	1.8	26.7	37.3
Indonesia	**8.0**	**35.9**	**67.3**	**7.0**	**35.6**	**67.7**

Definitions:
1) Percentage of households surveyed using piped water
2) Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
3) Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9b. Proportion of households/population by type of water sources (rural) [%]—continued

National/province	2000		2001	
	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	---	---	---	---
North Sumatra	10.2	63.3	7.6	60.6
West Sumatra	11.7	61.2	12.0	56.8
Riau	1.0	61.8	2.5	64.5
Jambi	9.3	52.5	8.8	54.9
South Sumatra	3.5	59.0	2.7	50.0
Bengkulu	8.8	50.4	7.8	41.9
Lampung	1.0	49.8	2.8	52.4
Bangka Belitung	---	---	0.6	50.9
Jakarta	---	---	---	---
West Java	4.0	71.5	5.0	69.0
Central Java	5.3	77.0	5.5	75.7
Yogyakarta	8.6	79.1	2.7	81.7
East Java	6.6	78.2	6.1	77.9
Banten	---	---	2.0	63.6
Bali	39.8	90.6	33.7	86.1
West Nusa Tenggara	13.1	78.8	5.5	77.8
East Nusa Tenggara	8.4	62.2	11.8	61.7
West Kalimantan	5.5	42.8	4.1	45.4
Central Kalimantan	7.0	33.2	4.4	32.0
South Kalimantan	14.1	44.0	13.2	46.5
East Kalimantan	6.7	33.5	11.4	44.4
North Sulawesi	16.1	77.4	18.3	83.7
Central Sulawesi	15.3	60.6	12.7	65.5
South Sulawesi	7.0	66.6	4.8	60.2
Southeast Sulawesi	16.1	74.7	13.1	71.3
Gorontalo	---	---	7.3	61.0
Maluku	---	---	24.0	67.6
North Maluku	---	---	9.1	36.1
Papua	1.6	36.3	3.4	39.4
Indonesia	**6.9**	**68.7**	**6.5**	**67.0**

Definitions:
1) Percentage of households surveyed using piped water
2) Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on.
3) Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9b. Proportion of households/population by type of water sources (rural) [%]—continued

National/province	2002		
	Piped water[1]	Water from improved sources controlled for excreta disposal[2]	Water from improved sources regardless of distance from excreta disposal[3]
Nanggroe Aceh Darussalam	---	---	---
North Sumatra	7.4	36.7	62.1
West Sumatra	10.9	38.3	61.5
Riau	0.6	46.8	59.2
Jambi	9.6	40.0	51.9
South Sumatra	3.3	30.9	50.0
Bengkulu	4.0	29.6	45.4
Lampung	1.1	36.9	59.6
Bangka Belitung	0.5	36.8	56.6
Jakarta	---	---	---
West Java	4.6	32.1	71.5
Central Java	5.4	48.4	76.5
Yogyakarta	6.7	71.4	82.3
East Java	6.9	49.9	78.1
Banten	0.1	31.4	69.6
Bali	36.8	73.8	88.9
West Nusa Tenggara	6.2	39.8	77.1
East Nusa Tenggara	7.2	36.9	62.4
West Kalimantan	5.1	38.8	45.0
Central Kalimantan	3.5	24.4	33.8
South Kalimantan	10.7	29.2	39.5
East Kalimantan	14.5	35.2	45.2
North Sulawesi	17.6	50.0	80.0
Central Sulawesi	10.5	35.2	67.3
South Sulawesi	4.6	33.0	64.0
Southeast Sulawesi	12.8	44.5	68.6
Gorontalo	4.3	22.6	59.8
Maluku	---	---	---
North Maluku	---	---	---
Papua	---	---	---
Indonesia	**6.2**	**40.8**	**68.5**

Definitions:
1) Percentage of households surveyed using piped water
2) Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on
3) Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.
2002 data for Aceh, Maluku, Maluku Utara and Papua represent the capital city only.

Table 7.9c. Proportion of household/population by type of water sources (urban) [%]

National/province	1992		1993	
	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	40.6	86.7	40.3	80.5
North Sumatra	43.9	85.6	39.3	84.1
West Sumatra	48.8	93.2	48.6	87.4
Riau	19.8	70.2	19.0	76.3
Jambi	27.5	86.5	34.1	71.5
South Sumatra	52.1	75.8	54.5	78.1
Bengkulu	25.0	72.9	24.3	70.9
Lampung	18.4	56.6	21.5	60.3
Bangka Belitung	---	---	---	---
Jakarta	43.9	98.4	44.1	96.9
West Java	17.0	84.1	17.5	77.6
Central Java	33.5	85.2	26.9	80.1
Yogyakarta	14.8	89.6	12.5	84.4
East Java	39.9	84.5	40.7	87.0
Banten	---	---	---	---
Bali	46.2	90.2	45.7	87.3
West Nusa Tenggara	30.6	80.6	26.6	82.1
East Nusa Tenggara	58.4	84.8	58.6	86.7
West Kalimantan	42.3	94.5	36.5	93.3
Central Kalimantan	34.8	80.9	35.5	77.8
South Kalimantan	76.3	84.0	72.9	79.6
East Kalimantan	67.4	89.6	67.3	87.8
North Sulawesi	52.0	88.5	52.6	86.5
Central Sulawesi	43.4	89.4	43.1	90.9
South Sulawesi	50.1	81.4	50.8	82.8
Southeast Sulawesi	49.8	79.1	65.2	89.4
Gorontalo	---	---	---	---
Maluku	61.5	85.9	59.4	91.1
North Maluku	---	---	---	---
Papua	61.3	85.2	61.1	86.8
Indonesia	**35.3**	**86.1**	**34.3**	**83.8**

Definitions:
1) Percentage of households surveyed using piped water
2) Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on
3) Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9c. Proportion of household/population by type of water sources (urban) [%]—continued

National/province	1994			1995		
	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	40.3	52.2	81.4	38.5	50.8	84.6
North Sumatra	43.5	52.8	87.5	46.8	58.7	87.4
West Sumatra	44.2	54.9	85.1	44.1	56.5	87.9
Riau	19.8	45.9	77.5	20.8	42.3	78.3
Jambi	40.6	58.3	77.9	41.0	56.5	75.6
South Sumatra	50.3	58.5	76.7	47.7	60.8	81.3
Bengkulu	26.7	41.4	80.4	27.5	37.1	70.9
Lampung	21.9	30.9	63.1	20.9	30.1	67.1
Bangka Belitung	---	---	---	---	---	---
Jakarta	47.5	54.8	98.3	47.1	55.7	97.8
West Java	22.5	38.6	79.5	21.6	37.6	83.1
Central Java	27.6	46.6	85.0	30.3	49.5	84.9
Yogyakarta	13.3	45.5	80.3	13.8	43.1	92.4
East Java	41.8	61.5	89.4	39.8	61.2	91.0
Banten	---	---	---	---	---	---
Bali	49.6	63.6	90.3	52.4	61.1	91.8
West Nusa Tenggara	22.1	38.7	80.1	23.5	34.9	85.3
East Nusa Tenggara	70.4	79.3	85.8	60.7	70.8	80.2
West Kalimantan	34.5	93.0	92.9	32.7	94.9	95.7
Central Kalimantan	39.6	55.0	80.7	40.3	57.3	84.8
South Kalimantan	74.9	77.5	85.0	79.2	79.0	85.6
East Kalimantan	68.5	79.3	87.3	73.2	84.0	86.8
North Sulawesi	56.9	60.4	85.8	61.2	66.1	90.9
Central Sulawesi	41.2	47.5	90.3	48.3	56.5	92.5
South Sulawesi	54.6	67.5	87.4	53.9	65.1	85.9
Southeast Sulawesi	68.3	79.7	90.7	66.0	77.1	86.7
Gorontalo	---	---	---	---	---	---
Maluku	67.3	77.1	92.8	56.4	73.0	91.2
North Maluku	---	---	---	---	---	---
Papua	58.8	69.0	80.6	60.6	70.5	86.1
Indonesia	**36.5**	**52.1**	**85.7**	**36.5**	**52.6**	**87.3**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9c. Proportion of household/population by type of water sources (urban) [%]

National/province	1996			1997	
	Piped water [1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	35.3	45.5	77.4	43.2	82.0
North Sumatra	44.2	54.3	83.9	49.5	89.2
West Sumatra	42.8	54.8	86.6	48.2	87.7
Riau	18.4	49.5	76.7	20.6	82.4
Jambi	46.1	58.3	76.8	43.2	78.5
South Sumatra	47.8	59.1	81.0	57.2	84.3
Bengkulu	28.3	35.4	71.1	32.2	78.0
Lampung	24.7	32.5	72.8	30.3	80.7
Bangka Belitung	---	---	---	---	---
Jakarta	53.2	59.4	98.6	53.5	99.3
West Java	26.2	41.9	90.0	26.3	91.4
Central Java	30.2	51.1	87.5	31.0	90.7
Yogyakarta	13.0	41.0	88.0	15.1	87.0
East Java	41.6	62.8	91.7	43.7	91.8
Banten	---	---	---	---	---
Bali	48.6	63.0	91.1	56.9	91.9
West Nusa Tenggara	25.0	36.6	80.8	24.3	86.0
East Nusa Tenggara	61.2	77.7	87.6	62.5	92.0
West Kalimantan	36.7	92.5	95.1	37.3	88.9
Central Kalimantan	35.9	50.4	74.0	38.5	77.0
South Kalimantan	74.5	76.9	81.9	73.2	86.6
East Kalimantan	70.2	86.7	88.6	69.7	87.7
North Sulawesi	53.8	61.7	86.9	57.0	92.7
Central Sulawesi	37.1	49.4	88.0	47.2	94.3
South Sulawesi	56.1	67.8	89.3	59.2	89.9
Southeast Sulawesi	60.5	70.6	91.1	57.7	89.0
Gorontalo	---	---	---	---	---
Maluku	60.3	75.9	93.4	48.1	94.5
North Maluku	---	---	---	---	---
Papua	58.4	74.7	86.5	55.0	80.1
Indonesia	**38.3**	**54.4**	**89.1**	**39.9**	**90.8**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9c. Proportion of household/population by type of water sources (urban) [%]—continued

National/province	1998			1999		
	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources controlled for excreta disposal[2)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	41.3	53.6	86.2	30.9	45.1	90.6
North Sumatra	46.4	60.4	89.4	43.4	59.5	89.2
West Sumatra	46.0	57.0	90.0	45.2	54.0	89.0
Riau	17.1	43.6	79.3	18.4	44.0	79.2
Jambi	52.7	68.9	85.8	53.0	70.6	83.6
South Sumatra	48.3	62.0	82.9	45.3	60.4	84.7
Bengkulu	25.3	37.4	77.3	30.8	41.3	80.4
Lampung	22.3	34.9	70.7	24.7	37.2	78.2
Bangka Belitung	---	---	---	---	---	---
Jakarta	50.3	63.0	99.5	47.6	60.6	98.7
West Java	22.0	38.9	92.2	22.5	40.9	90.2
Central Java	33.4	54.0	90.6	32.3	54.3	91.4
Yogyakarta	13.2	44.4	92.5	11.4	49.4	88.4
East Java	42.6	61.9	93.3	41.7	65.6	95.8
Banten	---	---	---	---	---	---
Bali	54.2	67.6	97.2	53.0	63.8	96.4
West Nusa Tenggara	28.9	41.7	89.6	30.2	40.8	93.0
East Nusa Tenggara	67.6	81.7	93.4	65.0	76.2	94.4
West Kalimantan	39.8	97.1	97.4	33.3	90.5	90.5
Central Kalimantan	41.1	51.6	86.5	42.2	57.6	90.5
South Kalimantan	77.4	80.6	87.3	77.3	80.8	90.0
East Kalimantan	76.1	84.8	92.4	71.1	85.9	93.1
North Sulawesi	54.8	62.5	91.8	49.1	59.1	87.8
Central Sulawesi	45.7	54.6	91.3	36.5	51.3	88.2
South Sulawesi	59.1	68.9	90.7	54.3	65.9	91.4
Southeast Sulawesi	54.8	65.7	89.9	54.4	77.3	91.2
Gorontalo		---		---	---	---
Maluku	53.0	70.0	94.7	50.5	72.7	95.3
North Maluku	---	---	---	---	---	---
Papua	52.0	68.4	88.7	52.1	72.1	80.6
Indonesia	**37.9**	**55.2**	**90.8**	**36.4**	**55.5**	**91.7**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9c. Proportion of household/population by type of water sources (urban) [%]—continued

National/province	2000		2001	
	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]	Piped water[1)]	Water from improved sources regardless of distance from excreta disposal[3)]
Nanggroe Aceh Darussalam	---	---	---	---
North Sumatra	51.0	92.1	46.7	90.6
West Sumatra	48.9	91.5	48.4	88.5
Riau	23.8	83.8	20.9	81.3
Jambi	39.3	86.6	38.5	84.9
South Sumatra	46.0	76.1	44.3	85.7
Bengkulu	34.4	91.7	26.8	73.4
Lampung	21.6	70.4	22.0	73.8
Bangka Belitung	---	---	21.2	81.2
Jakarta	48.3	99.1	51.0	98.8
West Java	21.0	90.4	20.3	88.1
Central Java	32.5	91.7	28.1	90.0
Yogyakarta	9.5	87.7	9.2	91.9
East Java	40.5	92.4	34.7	92.6
Banten	---	---	21.6	95.4
Bali	55.2	96.4	47.0	95.3
West Nusa Tenggara	28.5	86.4	36.3	96.0
East Nusa Tenggara	70.3	93.4	60.5	89.0
West Kalimantan	39.2	95.3	25.4	93.6
Central Kalimantan	46.0	82.6	35.6	85.3
South Kalimantan	70.8	85.6	70.3	84.2
East Kalimantan	75.5	90.9	65.4	84.3
North Sulawesi	49.6	90.0	51.2	83.2
Central Sulawesi	44.7	91.0	38.6	93.9
South Sulawesi	58.5	94.3	59.0	92.3
Southeast Sulawesi	65.4	95.3	59.7	88.4
Gorontalo	---	---	36.8	86.1
Maluku	---	---	38.0	95.8
North Maluku	---	---	65.9	94.6
Papua	53.5	80.8	50.7	85.2
Indonesia	**36.2**	**91.1**	**33.6**	**90.6**

Definitions:
[1)] Percentage of households surveyed using piped water
[2)] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on
[3)] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.

Table 7.9c. Proportion of household/population by type of water sources (urban) [%]—continued

National/province	2002		
	Piped water [1]	Water from improved sources controlled for excreta disposal [2]	Water from improved sources regardless of distance from excreta disposal [3]
Nanggroe Aceh Darussalam	---	---	---
North Sumatra	45.9	67.8	93.0
West Sumatra	44.6	66.9	89.9
Riau	22.7	57.4	82.6
Jambi	38.8	75.0	91.6
South Sumatra	40.0	60.5	83.4
Bengkulu	29.1	51.2	76.6
Lampung	20.7	49.3	75.0
Bangka Belitung	18.6	48.8	74.7
Jakarta	49.8	70.4	99.3
West Java	22.1	49.3	90.8
Central Java	28.2	59.6	89.6
Yogyakarta	11.0	54.4	90.4
East Java	35.7	68.4	94.3
Banten	17.3	47.5	95.7
Bali	46.6	72.8	96.0
West Nusa Tenggara	23.2	49.3	81.1
East Nusa Tenggara	55.4	72.1	86.8
West Kalimantan	26.5	89.8	92.7
Central Kalimantan	37.6	57.7	77.4
South Kalimantan	71.0	78.5	86.3
East Kalimantan	70.0	86.4	89.4
North Sulawesi	54.8	70.3	88.7
Central Sulawesi	36.7	49.4	87.4
South Sulawesi	58.6	75.9	90.8
Southeast Sulawesi	58.7	76.6	89.2
Gorontalo	29.9	51.8	91.7
Maluku	---	---	---
North Maluku	---	---	---
Papua	---	---	---
Indonesia	**33.3**	**61.4**	**91.4**

Definitions:
[1] Percentage of households surveyed using piped water
[2] Percentage of population using water from improved sources more than 10 m away from excreta disposal site. The improved sources include: piped water, pumped water, packaged water, water from a protected well or protected spring, rain water. Susenas includes packaged water as a source only from 1998 on
[3] Percentage of households surveyed using water from improved sources, including those less than 10 m away from excreta disposal

Source: Susenas data as published in Welfare Statistics by BPS—Statistics Indonesia. Includes East Timor up to 1998.
2002 data for Aceh, Maluku, Maluku Utara and Papua represent the capital city only.

Table 7.10. Coverage by regional drinking water companies (PDAM), 2000

No	National/ province	Urban population	Number of cities	Production		Service coverage	
				lt/second	Leakage (%)	Population	Proportion (%)
A	Sumatra	17,884,336	129	26,907	33	9,686,679	54.2
1	Nanggroe Aceh Darussalam	1,636,288	18	592	43	1,099,033	67.2
2	North Sumatra	6,940,581	33	8,038	29	3,259,964	47.0
3	West Sumatra	1,810,884	13	2,426	32	1,014,966	56.0
4	Riau	1,432,729	16	2,733	40	890,685	62.2
5	Jambi	1,214,291	11	1,835	29	90,858	74.8
6	South Sumatra	2,380,358	14	3,429	31	1,130,269	47.5
7	Bengkulu	394,367	6	1,179	22	29,162	73.9
8	Lampung	2,074,838	18	1,347	30	1,091,562	52.6
B	Java-Bali	75,049,732	141	68,003	40	37,722,303	50.3
1	Jakarta	12,506,352	1	22,492	55	8,113,113	64.9
2	West Java	32,902,780	47	17,602	29	8,984,381	27.3
3	Central Java	12,221,214	33	7,548	33	7,452,623	61.0
4	Yogyakarta	856,319	6	954	38	699,033	81.6
5	East Java	14,597,730	45	15,961	38	10,810,145	74.1
6	Bali	1,965,337	9	3,446	23	1,663,008	84.6
C	Kalimantan	5,259,688	37	8,435	29	3,228,400	61.4
1	West Kalimantan	1,016,552	12	2,428	31	645,841	63.5
2	Central Kalimantan	1,012,156	8	1,182	35	372,362	36.8
3	East Kalimantan	1,883,453	6	2,746	27	1,219,077	64.7
4	South Kalimantan	1,347,527	11	2,079	27	99,112	73.6
D	Sulawesi	6,103,336	63	12,925	27	3,802,374	62.3
1	North Sulawesi	1,548,496	10	3,064	28	988,114	63.8
2	Central Sulawesi	635,055	15	492	39	292,614	46.1
3	South Sulawesi	3,544,560	30	8,656	25	2,264,031	63.9
4	Southeast Sulawesi	375,225	8	713	39	257,615	68.7
E	Others	5,115,469	29	3,059	32	2,138,371	41.8
1	West Nusa Tenggara	2,721,435	6	949	28	662,529	24.3
2	East Nusa Tenggara	1,074,866	6	832	29	748,545	69.6
3	Maluku	506,772	7	401	28	267,382	52.8
4	North Maluku	176,298	3	67	26	113,943	64.6
5	Papua	636,098	7	810	43	345,972	54.4
I	Western Indonesia	92,934,068	270	9,491	38	47,408,982	51.0
II	Eastern Indonesia	16,478,493	129	24,419	28	9,169,145	55.6
	Indonesia	**109,412,561**	**399**	**119,329**	**36**	**56,578,127**	**51.7**

Source: Data and General Information, Urban and Rural Development. Ministry of Resettlement and Regional Infrastructure 2001.

Table 7.11a. Proportion of households having access to improved sanitation (total) [%]

National/ province	Total										
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002*
Nanggroe Aceh Darussalam	25.1	27.7	28.6	51.6	51.1	57.5	57.4	59.8	---	---	95.6
North Sumatra	41.1	35.4	36.5	62.0	64.9	68.3	71.7	70.8	72.7	70.2	72.7
West Sumatra	19.8	20.4	21.2	32.2	31.8	36.1	41.8	39.4	41.3	42.5	45.2
Riau	32.0	32.0	32.8	64.4	67.2	71.3	77.8	76.7	76.3	75.7	79.9
Jambi	25.0	20.9	31.4	47.0	48.9	55.0	68.0	55.2	55.1	60.7	61.1
South Sumatra	29.3	33.9	35.6	50.6	56.4	57.2	65.2	59.8	62.1	62.0	62.6
Bengkulu	32.3	29.8	32.1	54.2	53.5	59.5	66.4	66.0	60.5	63.2	64.0
Lampung	34.4	35.0	36.6	74.9	79.5	81.0	86.0	81.3	84.9	80.5	81.8
Bangka Belitung	---	---	---	---	---	---	---	---	---	59.2	58.0
Jakarta	82.5	78.8	85.1	84.7	90.6	93.1	94.7	93.2	92.7	91.7	93.2
West Java	26.4	26.0	31.4	39.1	43.2	48.8	57.8	50.3	54.0	50.5	53.5
Central Java	26.2	29.2	31.6	54.5	56.5	59.0	63.0	59.1	59.9	60.2	61.3
Yogyakarta	40.9	43.0	60.9	76.4	77.2	75.7	83.2	78.3	81.4	82.2	84.7
East Java	27.6	26.7	31.8	57.3	59.2	60.1	64.5	64.2	64.0	61.6	64.5
Banten	---	---	---	---	---	---	---	---	---	63.3	61.2
Bali	39.9	41.4	36.9	63.6	66.2	69.8	72.0	74.2	77.0	72.3	76.4
West Nusa Tenggara	17.0	15.4	20.8	29.3	34.6	42.0	40.2	41.5	44.2	40.4	41.2
East Nusa Tenggara	21.9	14.7	24.6	66.7	74.3	70.1	75.1	65.3	63.2	65.2	65.0
West Kalimantan	21.3	23.7	13.3	41.8	44.6	47.1	58.5	51.9	59.1	54.8	55.8
Central Kalimantan	16.7	15.9	14.8	33.1	37.6	40.9	60.5	47.2	40.8	52.1	49.7
South Kalimantan	28.0	11.3	15.9	47.6	50.9	52.9	60.7	56.9	53.8	54.5	57.7
East Kalimantan	43.3	42.4	41.3	65.9	72.8	71.6	82.4	74.3	68.4	74.2	75.6
North Sulawesi	33.5	35.1	36.9	68.6	68.3	74.2	74.1	71.3	73.2	78.6	79.1
Central Sulawesi	21.1	23.5	21.5	41.3	44.7	51.6	48.9	49.2	49.6	47.8	49.6
South Sulawesi	36.8	26.6	30.4	54.2	58.2	60.0	63.5	61.8	63.6	61.1	61.8
Southeast Sulawesi	37.1	31.8	43.8	56.4	61.8	56.7	69.6	60.2	64.2	63.0	59.8
Gorontalo	---	---	---	---	---	---	---	---	---	49.1	44.6
Maluku	24.0	25.3	29.3	37.3	42.8	44.2	49.3	44.0	---	45.0	84.8
North Maluku	---	---	---	---	---	---	---	---	---	69.2	84.9
Papua	27.6	33.5	25.9	46.7	41.8	50.1	53.5	50.9	48.7	48.1	95.8
Indonesia	**30.9**	**30.2**	**33.9**	**53.4**	**56.4**	**59.3**	**64.9**	**61.1**	**62.7**	**61.5**	**63.5**

Note:
*2002 data for Aceh, Maluku, Maluku Utara and Papua represent the capital city only. Includes East Timor up to 1998.
Definition: Proportion of households using septic tank and hole for final excreta disposal

Source: Susenas, as published in Welfare Statistics by BPS—Statistics Indonesia

Table 7.11b. Proportion of households having access to improved sanitation (rural) [%]

National/ province	Rural										
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002*
Nanggroe Aceh Darussalam	17.7	20.6	21.2	44.4	43.7	51.0	50.9	54.5	---	---	---
North Sumatra	25.4	18.7	17.9	46.0	50.8	52.2	57.5	57.3	60.8	55.3	58.1
West Sumatra	10.0	10.2	10.9	19.8	20.5	22.4	29.6	26.4	29.4	31.4	33.2
Riau	16.2	20.0	20.3	54.5	59.6	60.4	70.0	69.8	65.5	67.7	71.0
Jambi	15.2	17.0	22.4	36.0	38.0	46.2	58.7	43.0	43.1	52.1	52.7
South Sumatra	17.7	24.6	24.7	42.4	46.4	46.4	56.9	47.5	54.6	53.0	51.5
Bengkulu	22.5	18.4	17.7	44.2	43.3	49.0	53.4	55.3	50.1	52.2	53.2
Lampung	30.7	31.5	31.5	74.2	79.1	79.4	85.7	80.6	84.6	78.9	80.2
Bangka Belitung	---	---	---	---	---	---	---	---	---	45.8	44.2
Jakarta	---	---	---	---	---	---	---	---	---	---	---
West Java	16.4	15.1	18.2	27.8	31.3	35.0	47.6	36.9	40.6	38.0	41.5
Central Java	18.0	21.6	22.8	49.5	51.7	53.4	58.3	53.2	52.6	53.7	54.4
Yogyakarta	27.3	21.3	56.7	80.4	81.9	86.1	89.8	85.0	88.0	84.9	89.0
East Java	18.6	17.1	21.0	50.6	52.9	52.6	57.2	56.4	55.2	53.2	56.3
Banten	---	---	---	---	---	---	---	---	---	33.5	29.2
Bali	26.6	30.0	25.0	51.1	53.5	57.4	59.6	61.9	63.7	56.3	60.5
West Nusa Tenggara	11.2	9.1	15.4	23.6	29.2	38.8	35.7	36.6	37.4	31.5	31.5
East Nusa Tenggara	17.8	12.6	23.0	64.0	71.1	66.3	72.3	60.9	57.7	61.4	59.5
West Kalimantan	9.8	13.8	11.4	30.6	35.0	36.8	49.0	40.2	47.7	43.0	44.3
Central Kalimantan	7.2	7.3	8.4	23.7	26.1	29.7	50.2	34.9	27.5	37.9	38.4
South Kalimantan	21.0	7.9	15.1	40.8	40.2	46.1	52.9	47.1	46.0	45.8	48.8
East Kalimantan	19.9	24.9	27.1	53.9	61.0	62.1	71.9	67.8	50.8	63.3	65.1
North Sulawesi	26.8	26.7	30.2	62.0	60.7	69.0	67.3	63.5	63.8	70.9	69.1
Central Sulawesi	15.3	17.4	14.1	33.1	38.0	42.5	38.4	42.0	42.5	40.6	43.9
South Sulawesi	30.2	21.1	23.4	44.5	48.2	49.6	52.9	51.8	53.4	49.4	50.2
Southeast Sulawesi	34.5	29.0	40.8	52.8	57.3	51.0	67.8	54.8	58.6	56.6	52.6
Gorontalo	---	---	---	---	---	---	---	---	---	36.9	33.3
Maluku	14.5	15.1	19.2	27.4	30.7	32.3	37.2	29.9	---	29.1	---
North Maluku	---	---	---	---	---	---	---	---	---	62.6	---
Papua	21.3	22.7	14.2	37.5	30.0	39.6	41.6	40.2	37.5	34.9	---
Indonesia	**19.1**	**18.5**	**21.2**	**44.0**	**46.8**	**49.0**	**55.6**	**50.8**	**52.3**	**50.3**	**52.2**

Note:
*2002 data for Aceh, Maluku, Maluku Utara and Papua represent the capital city only. Includes East Timor up to 1998.
Definition: Proportion of households using septic tank and hole for final excreta disposal

Source: Susenas, as published in Welfare Statistics by BPS—Statistics Indonesia

Table 7.11c. Proportion of households having access to improved sanitation (urban) [%]

National/ province	Urban										
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002*
Nanggroe Aceh Darussalam	63.5	62.0	62.0	82.1	80.3	81.3	83.1	79.1	---	---	95.6
North Sumatra	69.6	63.7	66.2	85.8	85.0	89.5	91.2	88.5	88.7	89.5	91.7
West Sumatra	56.5	55.3	54.6	67.7	63.5	71.7	75.8	71.8	72.7	70.9	73.3
Riau	66.8	56.5	57.5	83.1	81.0	90.2	90.9	88.5	90.6	86.2	90.0
Jambi	61.9	34.4	59.3	79.8	78.8	77.3	90.5	81.6	87.7	83.5	82.7
South Sumatra	57.8	56.2	61.2	69.5	79.2	81.0	83.4	86.8	77.1	80.9	84.2
Bengkulu	65.6	65.1	71.8	79.3	76.9	80.8	91.9	87.5	87.4	90.5	90.2
Lampung	62.5	60.9	66.3	78.8	81.5	88.8	87.1	84.8	86.2	86.2	87.5
Bangka Belitung	---	---	---	---	---	---	---	---	---	76.4	75.9
Jakarta	82.5	78.8	85.1	84.7	90.6	93.1	94.7	93.2	92.7	91.7	93.2
West Java	45.7	45.5	52.6	55.9	59.8	66.2	70.2	65.0	68.0	63.1	64.9
Central Java	48.5	48.6	52.9	66.1	66.9	70.5	72.7	69.7	71.5	70.0	70.8
Yogyakarta	54.5	60.9	63.7	73.9	74.2	69.9	79.4	74.9	77.1	80.5	82.2
East Java	52.2	51.8	58.3	73.2	73.2	76.1	79.8	78.3	77.4	73.6	75.8
Banten	---	---	---	---	---	---	---	---	---	86.7	85.3
Bali	74.1	67.8	61.9	87.7	88.6	89.4	91.5	90.3	91.7	88.2	89.7
West Nusa Tenggara	46.0	45.7	45.9	55.7	58.9	56.4	60.5	62.6	57.3	56.2	57.8
East Nusa Tenggara	55.3	31.0	35.9	84.4	94.3	92.8	94.7	87.6	95.3	86.4	93.8
West Kalimantan	70.5	65.4	21.1	87.1	83.3	87.5	95.4	91.5	91.7	87.1	89.4
Central Kalimantan	57.6	49.8	38.4	65.2	74.2	74.0	91.3	82.2	74.8	86.5	76.9
South Kalimantan	47.4	20.3	17.8	64.5	76.8	68.5	79.4	79.8	68.3	70.0	72.4
East Kalimantan	68.2	60.0	55.0	77.0	83.3	79.9	90.4	80.3	82.2	82.7	83.5
North Sulawesi	55.3	61.4	57.2	87.7	89.2	87.9	91.8	89.6	91.7	90.7	94.2
Central Sulawesi	50.7	51.7	53.0	73.4	68.7	82.0	84.8	69.6	79.5	78.7	73.9
South Sulawesi	57.4	43.0	50.7	80.3	84.0	85.2	89.2	86.0	88.5	88.8	88.7
Southeast Sulawesi	49.0	43.7	55.9	69.8	77.0	74.1	75.2	75.5	85.5	86.7	86.5
Gorontalo	---	---	---	---	---	---	---	---	---	84.8	75.4
Maluku	61.1	62.0	62.8	67.8	77.2	75.6	81.9	80.2	---	84.1	84.8
North Maluku	---	---	---	---	---	---	---	---	---	92.9	84.9
Papua	72.1	67.5	61.7	78.0	76.1	79.8	90.1	81.4	79.0	83.1	95.8
Indonesia	**57.5**	**54.9**	**59.2**	**71.1**	**73.5**	**76.9**	**80.4**	**77.0**	**77.4**	**76.2**	**77.5**

Note:
*2002 data for Aceh, Maluku, Maluku Utara and Papua represent the capital city only. Includes East Timor up to 1998.
Definition: Proportion of households using septic tank and hole for final excreta disposal

Source: Susenas, as published in Welfare Statistics by BPS—Statistics Indonesia

Table 7.12a. Proportion of households who own or rent their house [%]

National/province	Rural and urban					Rural		Urban	
	1992	1995	1998	2001		2001		2001	
	Own or rent	Own or rent	Own or rent	Own or rent	Own	Own or rent	Own	Own or rent	Own
Nanggroe Aceh Darussalam	86.54	82.18	90.11	---	---	---	---	---	---
North Sumatra	81.34	77.46	80.43	73.99	70.07	77.86	76.26	69.02	62.11
West Sumatra	86.20	83.79	82.25	75.66	70.72	78.24	76.51	69.14	56.05
Riau	90.33	88.47	89.13	82.57	68.68	86.02	82.59	78.25	51.23
Jambi	80.40	76.95	78.56	76.76	74.44	82.24	80.71	62.39	58.00
South Sumatra	85.23	81.84	85.03	76.42	72.49	84.40	83.77	59.67	48.80
Bengkulu	86.91	82.38	85.88	84.71	80.68	87.50	86.64	77.82	65.94
Lampung	91.30	89.90	94.12	89.83	88.81	94.27	93.91	73.20	69.70
Bangka Belitung	---	---	---	79.63	75.96	83.49	82.57	74.69	67.50
Jakarta	66.60	61.06	65.73	70.08	51.75	---	---	70.08	51.75
West Java	87.70	82.71	86.82	84.48	80.86	89.04	88.20	79.95	73.55
Central Java	91.31	90.29	91.75	88.14	87.30	93.21	93.17	80.57	78.54
Yogyakarta	85.97	83.59	83.71	80.03	74.47	92.96	92.76	72.19	63.37
East Java	91.01	91.00	91.61	86.41	83.82	91.64	91.52	78.98	72.87
Banten	---	---	---	83.70	72.12	87.50	87.29	80.73	60.21
Bali	89.33	90.11	90.25	86.09	78.99	90.15	89.87	82.02	68.10
West Nusa Tenggara	90.58	90.87	93.31	86.15	84.18	91.30	91.24	77.01	71.65
East Nusa Tenggara	92.18	89.06	89.77	87.43	85.59	89.88	89.13	74.06	66.25
East Timor	92.20	93.25	89.41	---	---	---	---	---	---
West Kalimantan	89.11	85.79	88.02	85.51	84.63	89.48	89.27	74.59	71.88
Central Kalimantan	86.30	83.98	82.60	83.66	78.74	86.33	84.93	77.19	63.75
South Kalimantan	84.53	84.92	87.22	79.19	71.26	79.20	77.68	79.17	60.12
East Kalimantan	80.82	77.63	82.49	78.37	65.64	85.06	83.21	73.14	51.89
North Sulawesi	84.84	82.36	87.54	75.55	70.92	79.73	78.55	68.97	58.91
Central Sulawesi	88.23	86.12	83.60	85.30	82.04	89.13	88.75	69.69	53.75
South Sulawesi	91.06	88.63	88.34	85.02	83.73	92.38	92.25	67.53	63.49
Southeast Sulawesi	85.95	84.15	85.34	82.55	81.76	86.78	86.54	66.87	64.06
Gorontalo	---	---	---	---	73.34	77.95	77.95	61.61	59.82
Maluku	88.01	87.36	91.04	73.79	---	---	---	---	---
North Maluku	---	---	---	---	---	---	---	---	---
Papua	84.21	75.26	76.07	81.79	75.30	87.96	87.21	65.33	43.50
Indonesia	**87.69**	**85.14**	**87.33**	**83.52**	**79.26**	**89.04**	**88.46**	**76.37**	**67.33**

Source: Susenas

Table 7.12b. Proportion of household having land certificate from BPN, 2001 [%]

National/ province	Total	Rural	Urban
Nanggroe Aceh Darussalam	---	---	---
North Sumatra	24.51	10.15	46.13
West Sumatra	30.08	21.59	59.11
Riau	26.42	13.48	52.73
Jambi	47.09	40.48	69.76
South Sumatra	20.34	13.52	43.64
Bengkulu	40.56	31.44	71.58
Lampung	23.16	18.88	49.76
Bangka Belitung	31.77	16.60	53.89
Jakarta	62.61	---	62.61
West Java	23.39	12.02	37.16
Central Java	44.36	33.65	63.63
Yogyakarta	56.12	43.83	67.68
East Java	27.75	18.22	45.22
Banten	24.77	7.32	47.59
Bali	54.82	48.53	62.21
West Nusa Tenggara	24.26	13.67	49.29
East Nusa Tenggara	29.81	24.70	69.23
East Timor	---	---	---
West Kalimantan	37.36	25.49	73.14
Central Kalimantan	40.33	29.94	80.74
South Kalimantan	27.71	16.04	53.39
East Kalimantan	35.85	31.53	41.11
North Sulawesi	44.23	30.52	76.60
Central Sulawesi	43.76	40.34	71.20
South Sulawesi	30.60	22.40	58.35
Southeast Sulawesi	42.61	39.72	57.14
Gorontalo	28.68	19.53	59.65
Maluku	---	---	---
North Maluku	---	---	---
Papua	43.62	35.31	81.82
Indonesia	**32.31**	**21.63**	**50.78**

BPN: Badan Pertanahan Nasional (Agency for National Land Affairs)

Source: BPS—Statistics Indonesia, "Housing and Settlement Statistics 2001"

Table 7.13. Slum areas in Indonesia

No.	Islands	Slum areas (Ha)		Number of villages
		1996	1999	1999
1	Sumatra	17,047	13,897	1,132
2	Java + Bali	4,828	7,714	1,253
3	Kalimantan	667	6,209	491
4	Sulawesi	5,164	16,779	612
5	Nusa Tenggara	5,833	2,451	284
6	Maluku + Papua	511	343	85
Indonesia		**40,053**	**47,393**	**3,857**

Source: BPS—Statistics Indonesia, "Statistik Potensi Desa" 1996, 2000

GLOSSARY

APEC	Asia-Pacific Economic Cooperation
ARI	Acute respiratory infections
ASEAN	Association of Southeast Asian Nations
Bappenas	National Development Planning Agency
BOE	Barrel Oil Equivalent
BPN	National Agency for Land Affairs
BPS	Central Statistical Office of Indonesia (BPS—Statistics Indonesia)
CFC	chlorofluorocarbons
CH_4	methane
CO	carbon monoxide
CO_2	carbon dioxide
CO_2-e	carbon dioxide equivalents
COMBI	Community Based Initiative, National Tuberculosis Programme
CWSH	Community Water Services and Health
DPRD	Local parliament, district or province level
DOTS	Directly observed treatment—short course
FAO	Food and Agricultural Organization, United Nations
FDC	fixed dose combination
GBHN	State Policy Guidelines
GDP	Gross Domestic Product
GER	Gross enrolment ratio
Gerdunas	National Integrated Movement to Control TB
Ha	Hectare
HIPAM	Association of Drinking Water Subscribers
HIV/AIDS	Human immunodeficiency virus/ Acquired Immunodeficiency Syndrome
IDG	International Development Goal
IDHS	Indonesia Demographic and Health Survey
IFLS	Indonesia Family Life Surveys
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMF	International Monetary Fund
IMR	Infant mortality rate
INH	Isoniazid, a TB preventive medicine
JMD	village malaria worker
Kabupaten	district, as a unit of governance under decentralization
Kcal	kilocalories

KKN	Corruption, collusion and nepotism
Kotamadya	city or municipality, as a unit of governance under decentralization
KPS	Facility Management Group
lt	litre
m	metre
MDG	Millennium Development Goal
MICS	Multiple indicator cluster survey
MMR	Maternal mortality ratio
MoNE	Ministry of National Education
MPS	Making Pregnancy Safer, a national strategy
NAM	Non Aligned Movement
NCHS	National Center for Health Statistics
NER	net enrolment ratio
NGO	non-governmental organization
N_2O	nitrous oxide
NO_x	nitrogen oxides
NTB	West Nusa Tenggara province or Nusa Tenggara Barat
NTT	East Nusa Tenggara province or Nusa Tenggara Timur
ODA	Official Development Assistance
ODP	Ozone Depleting Potential
OECD	Organization for Economic Co-operation and Development