

Millennium Development Goals





Let Speak Out for MDGs: Achieving the Millennium Development Goals in Indonesia

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Foreword

Towards the end of the last century Indonesia experienced a major change leading to a process of economic reform and political democratization. These changes coincided with commitments at the global level when in the year 2000 world leaders met in New York to sign the 'Millennium Declaration' vowing to accelerate human development and eradication of poverty.

Their commitments were then translated into a series of time-bound goals that came to be known as the Millennium Development Goals (MDGs). The areas covered by the MDGs are critical to Indonesia's future and they are too important to be left to the government alone. How to achieve these goals should be part of our national discourse.

To encourage this process, a shorter version of the report has been presented in an informal style. Although such a short report covering a vast range of topics can touch only lightly on most of them, but anyone who reads from cover to cover should gain a quick perspective of the country's main development challenges.

In a country as large and diverse as Indonesia data collection can be a very challenging task. Although the data presented here gives a good representation of trends at the national level and in some cases provincial level as well, it is so far unable to indicate achievements at the district level. In reality, many of the most critical decisions that will influence MDG achievements are made at the district level. Therefore, it is hoped that this report will help to introduce the ideas behind the MDGs to a much broader – but very influential group of local decision makers.

On a wide range of issues, including poverty, education, health and environmental protection, Indonesia, along with many other countries around the world set itself ambitious but achievable targets most of which were to be reached by 2015. The year 2008 thus has a particular significance, since it represents the half-way point towards the 2015 targets. As this report shows, Indonesia has much to be proud of.

We have reduced poverty, and almost all children – boys and girls – can enter primary school. But, there is still a lot of work that needs to be done in other areas. The maternal mortality ratios are high and this has to be addressed soon. Environment is another area where progress is needed. Although we have already achieved quite a lot, we need to work harder than ever to reach all the MDG targets.

Finally, I hope this report will help us to strengthen our commitment and to help all the stakeholders to set priorities, and to work together as a team for achieving the MDGs both locally as well as nationally.

The State Minister for National Development Planning
Chairman of the National Development Planning Agency

A handwritten signature in blue ink, appearing to read 'P. Suzetta'.

H. Paskah Suzetta



Foreword

It is with great pleasure that I write this brief introduction to the “Lets Speak Out for MDGs, 2008” report, which has been revised and updated to provide readers the most recent trends and status of progress on the Millennium Development Goals in Indonesia. This report is indeed timely, coming as it does against a backdrop of economic uncertainty reflected in spiking food and fuel prices and a global financial system that, as of this writing, appears to be in a state of great flux. In an increasingly globalized world, these factors no doubt pose additional challenges for countries striving to meet the MDGs.

In Indonesia, as this report shows, there is optimism that many of the MDGs will be reached at the national level, but the same cannot be said of many poorer provinces and districts which, by any measure, have remained behind. Also, even in national aggregate terms some of the targets, such as child nutrition, maternal mortality rates and access to potable water, to name just a few examples, show very little progress.

We know that progress on MDGs is not going to be a linear process and past achievements do not guarantee that the same level of progress will automatically be made in the future. This report tries to underline that fact and calls for a truly national movement, involving all segments of society, to take action. Considering the size, diversity and development gaps in the country, policies and action at the local level will largely determine whether Indonesia reaches the MDGs not just in terms of national averages but also at the local level, within each province.

Written in a highly readable style, with clear messages aimed at stirring action at all levels, the report’s purpose is to bring policy issues to a wider audience and raise awareness about the importance of these goals for improving the lives of the people.

Let this publication serve as a reminder to all that we need to work to make the most of the resources we have. The diverse agencies of the United Nations remain committed to working as “One UN,” providing strategic support to the Government of Indonesia in its development endeavors. It is heartening to note that the Government is already putting together a roadmap for achieving the MDGs that will be an important policy guide. It will also help the UN and other international agencies to channel their future support more effectively for the realization of the MDGs

United Nations Resident Coordinator

A handwritten signature in blue ink, appearing to read "El-Mostafa Benlamlah".

El-Mostafa Benlamlah

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ACRONYMS

AIDS	: Acquired Immunodeficiency Syndrome
BOS	: Bantuan Operasional Sekolah (Grants to Schools)
BPS	: National Statistics Office
CFC	: Chloroflourocarbon
CO ₂	: Carbon dioxide
DOTS	: Directly-Observed Treatment Short-course
DPD	: Dewan Perwakilan Daerah (Regional Representatives' Council)
DPR	: Dewan Perwakilan Rakyat (House of Representatives)
FAO	: Food and Agricultural Organisation
GNI	: Gross National Income
HIV	: Human Immunodeficiency Virus
IDU	: Injecting Drug User
IMF	: International Monetary Fund
IMR	: Infant Mortality Rate
Kcal	: Kilocalories
KPA	: Komisi Penanggulangan AIDS Nasional (National AIDS Commission)
MDGs	: Millennium Development Goals
MMR	: Maternal Mortality Ratio
MPR	: Majelis Permusyawaratan Rakyat (National Parliament)
NGO	: Non-Government Organization
ODA	: Official Development Assistance
PDAM	: Perusahaan Daerah Air Minum (District Drinking Water Company)
Posyandu	: Pos Pelayanan Terpadu (Health Post)
Puskesmas	: Pusat Kesehatan Masyarakat (Health Center)
Rp	: Indonesia's Rupiah
Sakernas	: Survey Angkatan Kerja Nasional (National Labour Survey)
SDKI	: Survey Demografi dan Kesehatan Indonesia (Indonesia's Demography and Health Survey)
SKRT	: Survey Kesehatan Rumah Tangga (Household Health Survey)
Susenas	: National Socio-Economic Survey
TB	: Tuberculosis
U5MR	: Under 5 Mortality Rate
UN	: United Nations
UNDP	: United Nations Development Programme
UNESCO	: United Nations Educational, Scientific and Cultural Organization
UNICEF	: United Nations Children's Fund
USD	: United States of America Dollar
WHO	: World Health Organization
WTO	: World Trade Organization

MDGS: WHERE WE STAND

INDICATOR		1990	PRESENT*	TARGET	REMARKS	STATUS
GOAL 1. ERADICATE EXTREME POVERTY AND HUNGER						
Target 1A. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day						
1.1	Population below \$ 1 a day	20.6%	7.5%	10%	Standard too low	●
1.1a	Poverty head count ratio (population below national poverty line)	15.1%	15.4%	7.5%	High but coming down	▼
1.1b	Population below \$ 2 a day (%)		49.0%		High	
1.2	Poverty gap ratio (incidence x depth of poverty)	2.7%	2.77%		Stagnant	
1.2a	Poverty Depth Index		0.76		Stagnant	
1.3	Share of poorest quintile in national consumption	9.3%	9.7%		Stagnant	
Target 1B. Achieve full and productive employment and decent work for all, including women and young people						
1.4	Growth rate of GDP per person employed		4.3%			
1.5	Employment-to-population ratio		67.3%			
1.6	Proportion of employed people living below \$1 (PPP) per day		8.2%			
1.7	Proportion of own-account and contributing family workers in total employment		62%			
Target 1C. Halve, between 1990 and 2015, the proportion of people who suffer from hunger						
1.8	Prevalence of underweight/undernourished children (under 5 years)	35.5%	28.7%	18%	Increasing	
1.9	Proportion of population below minimum level of dietary energy consumption	9.0%	6.0%	5%	Decreasing slowly	▼
GOAL 2. ACHIEVING UNIVERSAL BASIC EDUCATION						
Target 2A. Ensure that by 2015, boys and girls alike will be able to complete a full course of primary schooling						
2.1	Net enrolment rate in primary education (SD)	88.7%	94.7%	100%	Increasing	▶
2.1a	Net enrolment rate in junior high education level (SMP)	41.9%	66.5%	100%	Increasing slowly	▶
2.2	Proportion of pupils starting grade 1 who reach last grade of primary	75.6%	81.0%	100%	Increasing slowly	▶
2.2a	Proportion of pupils starting grade one who complete primary school	62.0%	74.7%	100%	Increasing slowly	▶
2.3	Literacy rate of the population aged 15 -24 years	96.6%	99.4%	100%	Increasing	▶
GOAL 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN						
Target 3A. Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015						
3.1a	Ratio of girls to boys primary school	100.6%	100.0%	100%	Increasing	●
3.1b	Ratio of girls to boys secondary school	101.3%	99.4%	100%	Increasing	▶
3.1c	Ratio of girls to boys tertiary school	98.0%	100.0%	100%	Increasing	●
3.1d	Ratio of girls to boys higher education	85.1%	102.5%	100%	Increasing rapidly	●
3.1e	Ratio of literate women to men 15 to 24 years old	97.9%	99.9%	100%	Increasing	▶
3.2	Share of women in wage employment in the non-agricultural sector	29.2%	33%	50%	Stagnant	
3.3	Proportion of seats held by women in national parliament	12.5%	11.3%		Decreasing	
GOAL 4. REDUCE CHILD MORTALITY						
Target 4A. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate						
4.1	Under-five mortality rate (per 1,000 live births)	81	44	32	Decreasing	▶
4.2	Infant mortality rate (per 1,000 live births)	57	34	19	Decreasing	▶
4.3	Proportion of one-year-old children immunized against measles a	44.5%	72%		Increasing slowly	
4.3a	Proportion of children aged 12-23 months who have been immunized against measles	57.5%	76.4%		Increasing slowly	
GOAL 5. IMPROVED MATERNAL HEALTH						
Target 5A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio						
5.1	Maternal mortality ratio (per 100,000 live births)	390	307	110	No updated data	▼
5.2	Proportion of births attended by skilled health personnel	40,7%	73.0%		Increasing	
Target 5B. Achieve, by 2015, universal access to reproductive health						
5.3	Contraceptive prevalence rate (married women aged 15 - 49)	50,5%	61.0%		Increasing	
5.4	Adolescent birth rate (per 1,000 women aged 15-19)					
5.5	Antenatal care coverage					
	at least one visit		93.3%			
	at least four visits					

INDICATOR	1990	PRESENT*	TARGET	REMARKS	STATUS
5.6 Unmet need for family planning (% of married women aged 15-49)		9.1%			

GOAL 6. COMBAT HIV / AIDS, MALARIA, AND OTHER DISEASES

Target 6A. Have halted by 2015 and begun to reverse the spread of HIV / AIDS

6.1 HIV/ AIDS prevalence (per 100.000)		5.6	Reverse		▼
6.2 Condom use in high risk sex groups					
6.2a Condom use rate of contraceptive prevalence rate among women aged 15 - 49	1.3%	1.3%		No updated data	
6.3 Percentage of 15 to 24 years old with comprehensive correct knowledge of HIV / AIDS					
Male		67.3%			
Female		66.0%			
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years					

Target 6B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs					
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Target 6C. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

6.6 Prevalence of malaria (per 1,000)	8.5			Decreasing, slowly	
6.6a Java and Bali (per 1,000)	28.1	18.9		Decreasing, slowly	
6.6b Outside Java and Bali (per 1,000)	0.21	0.15		Decreasing, slowly	
6.9 Prevalence of tuberculosis per 100,000	786	262		Needs hard work	
6.10a Proportion of tuberculosis cases detected under DOTS		76%		No updated data	
6.10b Proportion of tuberculosis cases cured under DOTS	90.0%	91.0%			

GOAL 7. ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7A. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 7B. Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

7.1 Proportion of land area covered by forest	60.0%	49.9%		Deforested	
7.2 Carbon dioxide emission (per capita)	2,536 kg	1.34 metric ton	Reduce	Increasing slowly	
Energy use (kilograms of oil equivalent)	1.5	95.3 kg oil-eq/ 1.000 \$		Increasing	
Proportion of population using solid fuels	70.2%	47.5%		Decreasing slowly	
7.3 Consumption of ozone-depleting chlorofluorocarbons (ODP tons)	7,815	6,544	Reduce	Decreasing slowly	
7.4 Proportion of fish stocks within safe biological limits					
7.5 Proportion of total water resources used					
7.6a Proportion of terrestrial areas protected	26.4%	29.5%		Increasing	
7.6b Proportion of marine areas protected		11%		Increasing	
7.7 Proportion of species threatened with extinction					

Target 7C. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

7.8 Proportion of population using an improved drinking water source	38.2%	57.2%	67%	Increasing	►
7.8a Coverage of Pipeline water - urban		30.8%	67.7%	Decreasing	▼
7.8b Coverage of Pipeline water - rural		9.0%	52.8%	Progressing slowly	▼
7.8c Protected water source - urban		87.6%	76.1%		●
7.8d Protected water source - rural		52.1%	65.5%	Progressing	►
7.9 Proportion of population using an improved sanitation facility, urban and rural	30.9%	69.3%	65.5%		●
7.9a Urban		81.8%	78.8%	Lack of quality	●
7.9b Rural		60.0%	59.6%	Lack of quality	●

Target 7D. By 2015 to have achieved a significant improvement in the lives of at least 100 million slum dwellers

7.10 Proportion of urban population living in slums					
7.10a Proportion of households with house owner or house rent status / access to secure tenure	87,7%	84,0%		Increasing slowly	►

INDICATOR		1990	PRESENT*	TARGET	REMARKS	STATUS
GOAL 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT						
Target 8.A. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system - Includes a commitment to good governance, development and poverty reduction – both nationally and internationally						
Target 8B. Deal comprehensively with debt problems of developing countries through international and national measures in order to make debt sustainable						
8.1a	Ratio of Export - Import and PDB		44.4%			
8.1b	Ratio of Loan and Saving - in commercial bank		61.6%			
8.1c	Ratio of Loan and Saving - Rural Banks		87.4%			
8.12	Ratio of International Debt to GDP		44.9%		Decreasing	
8.12	Ratio of debt to National Budget		26.0%		Decreasing	
Target 8F. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications						
8.14	Proportion of households with telephone lines		11.2%		Increasing slowly	
8.15	Proportion of households with cellular phones		24.6%		Increasing slowly	
8.16a	Proportion of households with personal computers		4.4%		Increasing slowly	
8.16b	Proportion of households with access to internet		4.2%		Increasing slowly	

* : As per the latest available data

● : Already Achieved, ► : Likely to achieve, ▼ : Lagging Behind (Needs improvement)

Note:

1. Status given for only those indicators that have quantifiable future targets
2. Additional indicators (highlighted) that are being used in Indonesia
3. If unavailable from 1990, data closest to this year has been used



TALKING ABOUT THE MILLENNIUM DEVELOPMENT GOALS

What do you want for the future? Probably for your family to be healthy and strong, and for your children to get a good education. You will also want to be able to provide enough food and clothing and a good house. And you will want freedom to live in a democratic Indonesia that allows you to express your opinions and to control your own life.

Isn't that what everyone wants?

Probably, and fortunately more Indonesians are now better off. Compared with the situation more than 60 years ago, when the Republic was founded, we have made dramatic progress. Certainly we are richer. Nowadays the average person has around five times as much income as they did then.

I don't feel that rich

Perhaps not. This is an average. Some people have done much better than others. Even so, nowadays most people are better off. And money is only a part of it. Look at all the other progress around you. More roads, more schools, more health centres, more entertainment.

More pollution, more noise, more corruption

True, you don't see improvements in everything. And sometimes the situation gets worse. You might lose your job. Or your child might get sick. Or your house might get flooded. And the situation can turn bad for the country as a whole. Ten years ago, for example, there was a monetary crisis. Suddenly many people became much poorer. Still, over a long period you can see that Indonesia has been moving in the right direction. This is called 'human development' – as people earn more, get a better education, and live longer and healthier lives.

If we have done so well, why is Indonesia still a poor country?

In fact nowadays, Indonesia is classified as a 'middle-income' country. This is determined by looking at a country's Gross National Income (GNI) which is calculated by adding up the market value of all goods and services produced in a given period of time. In 2007, our GNI per capita was \$1,650/year which at current exchange rate roughly translates into Rp 1,250,000 per month. If you compare that with many other countries, taking into account average incomes and the cost of living, then Indonesia is placed 142th out of 209 in the global league table (World Bank, GNI Table 2008).

142th? That doesn't sound very good.

It would be better to be higher up the table. But the position does not really matter. Some countries might be developing quicker, others more slowly. What matters more is what is happening in Indonesia. Are more Indonesians escaping from poverty? Can more of us read and write? Are we immunizing more children against diseases like measles or smallpox or polio? Are we living longer?

Well, are we?

We are. Certainly compared with 60 years ago. Indonesian children born in 1960 on average could expect to live only 41 years. But children born in 2007 can expect on average to live 67 years. And while in 1960 only 30% of the population could read and write, nowadays most young adults will at least have basic skills in reading and writing. But of course we still have some way to go. Millions of people are still living in poverty. Around one-quarter

of our children are malnourished and too many of our schools are short of books, or equipment or qualified teachers. Indonesia is still a developing country and it will take a long time to reach the same standards as many of the richer countries.

How long?

That depends on what area you are talking about. For example, it is usually easier for the government to make improvements in education than in health. Most progress in education takes place in schools, but good health depends not just on an effective health service but on many other factors – such as whether or not people smoke, or eat the right food. But whatever the subject it should be possible to set targets and try to achieve them. For example, we can aim for everyone to have clean drinking water by a certain year. Or we can eradicate malaria, say, or dengue fever. Or get rid of flooding or traffic jams in our cities. Of course some things will take longer than others.

Who is going to set the targets?

Anyone. You could set targets for your own community, or your school, or your puskesmas. Or the district government can set targets – the date for so many new health centres, or school classrooms. The national government can do this too. In fact it does it all the time. There is, for example, a target to achieve nine years of basic education by 2009. And the same thing happens at the global level. Over the last 20 years or so there have been lots of international meetings where Indonesia has joined with countries around the world to set global targets – on food production, for example, or ‘education for all’ or eliminating diseases like malaria or HIV/AIDS. You may not have heard of them, but there are a lot of targets the world is supposed to be aiming at.

Fine, but is that any of my business?

You might not think so. And in fact the member states of United Nations including Indonesia were getting concerned about having so many goals and targets that people had not heard about. In September 2000, the world’s leaders met in New York and issued the ‘Millennium Declaration’, in which they resolved to create an environment “conducive to development and to the elimination of poverty”. Following this, the United Nations then collated all the international goals and targets and presented them as the eight Millennium Development Goals.

Only eight?

Well in fact there are just eight general subjects – like poverty, health, or improving the position of women. But within each of these there are many more specific ‘targets’. So for women there are targets covering things like how many girls are in school compared with boys, as well as other ‘indicators’, such as how many women are working, or how many women there are in the national assembly. But overall there are eight ‘goals’. They cover the following areas: poverty, education, gender, child mortality, women’s health, major diseases, the environment, and finally international concerns such as aid and debt.

So we’re going to get rid of poverty and disease then. Seems unlikely

That would be worth doing. But the targets are realistic. For example, the long-term goal is to eliminate poverty but the MDG target is only to reduce it by half. And for HIV/AIDS the aim is to reverse the spread of the epidemic. For education, on the other hand one of the targets is absolute – to make sure that all children are enrolled in primary school, 100% of them, and that they get a full primary education.

When is all this supposed to happen?

Mostly by the year 2015. And the starting date for comparison is taken to be 1990. For example, in Indonesia in 1990 the proportion of people living below the poverty line was around 15.1%. By 2015, to cut poverty in half we would need to reduce the rate to 7.5%.

So how are we doing?

For poverty, maybe not too well. In 2006 the rate was actually higher than it was in 1990 – around 17.8%, but in 2008 it dropped to 15.4%. So there is a lot to do in the next eight years. For other goals we are doing much better. For example we already have 94.7% of children enrolled in primary school so if we can keep them there we are well on the way to achieving universal primary education. But, as you will see in the pages that follow, actually the situation is probably better than it looks for poverty, and not quite so good for education. Persevere with the rest of this report and you’ll see more of the details in the following chapters.

I suppose I might read some more

To help you make up your mind, it's also worth thinking about what the MDGs are good for, and what they are not so good for. Starting with the bad news. In many ways the MDGs are too simple. They address important subjects but concentrate on things that can be measured with numbers. In education, for example, it is good that 94.7% of children are enrolled in primary school. But if their schools have leaking roofs, or very few books, or poorly trained teachers, then just going to school will not give children a very good education. Unfortunately, the MDG education targets do not try to assess quality.

Why not?

Mostly because it is harder to measure quality. Not impossible, but not easy. You could maybe look at the qualifications of teachers, or exam results, but it is difficult to get information on this. And this leads to a second big issue. In such a vast and diverse country as Indonesia it is not very useful to have only national Figures. Look at life expectancy. Nationally, this is 68 years, but the Figure varies

from 73 years in Yogyakarta to 61 years in West Nusa Tenggara. And that says nothing about what is happening in individual districts. All in all, therefore the MDG Figures are pretty limited.

Not very useful then

Not so fast. The MDGs are not just about measurement; they are more about action. The idea is not just to count, say, how many women are dying in childbirth, but to stop those deaths. Not just to count how many Indonesian children are underweight; but to make sure they are properly fed. The real advantage of the MDGs is that they turn a spotlight on these issues. In the end, however, it will probably be more important to have reports on progress at the district level.

So why have this national report?

Think of it as a starting point – a way of introducing these subjects in a general way, so that people across this vast country can start thinking about these goals. A national report can also feed into the international systems that are keeping track of the MDGs across the world. And as you still seem to be reading, let's move quickly to Goal 1.



GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Eradicate extreme poverty and hunger

If no-one in Indonesia was poor, then most of our problems would be solved. If you have the money you can ensure that you see a good doctor, that you can have clean water piped to your house, that you eat good food. That's why the first of the Millennium Development Goals aims to reduce the number of poor people.

Sounds like we only need one goal

This first goal is certainly the most important, but you cannot look at this in isolation. In fact, all the goals are connected. True, if you have money you can afford good health care. But it also works the other way. If you are sick this will also make you poorer – you will lose time at work, or have to spend money on medicines. So if we improve health we will also reduce poverty. Similarly with education. Sending more children to school will also help them to get better paid work.

In that case why do you need to look at poverty at all?

Because there are also ways of tackling poverty directly – by creating better jobs, for example, or providing social safety nets for the poorest people. But we are moving a bit too far ahead. First, we have to work out how many people are poor.

Simple enough. Ask how much money we spend.

Yes, but you also have to work out how much money you need. National Statistics Office (BPS) estimates this in two parts. First, it considers food. BPS works out how much on an average a person consumes and how much it costs. Then it looks at

32 other basic items we need to buy – from clothing to housing to bus fares. In 2008, for example, BPS added these together and concluded that paying for all this would require Rp. 182,636 per person per month. If you are spending less than this, then you are below the 'poverty line'.

How many of us are below the line?

BPS can check this through the national socio-economic survey of a sample of households (Susenas). On this basis, in 2008 BPS estimated that around 35 million people were below the poverty line. But that's a national average. The situation varies across the country. Also, there are differences in cost of living. For example, it costs more to live in cities than villages.

So you are more likely to be poor in Jakarta

Not necessarily. If you live in a city you usually earn more. For example, in 2008 the poverty rate for Jakarta is only 4.3%, but in Papua it is 37.1%. And there are many other variations by province and by district, as you can see from Figure 1.1.

That's a big difference

In 2008 the national poverty rate is 15.4%. This means that more than 34 million people are poor. On that basis, according to the Millennium Development Goals we are not doing very well. For poverty, the goal is to halve whatever the poverty rate was in 1990. Since the rate then was 15.1% the target is 7.5%. If you look at Figure 1.2, you can see that the situation is not quite so bad. The rate is quite high but it has been coming down. The poverty rate shot up to 24.2% in 1998 following the monetary crisis. Since then, it has been falling,

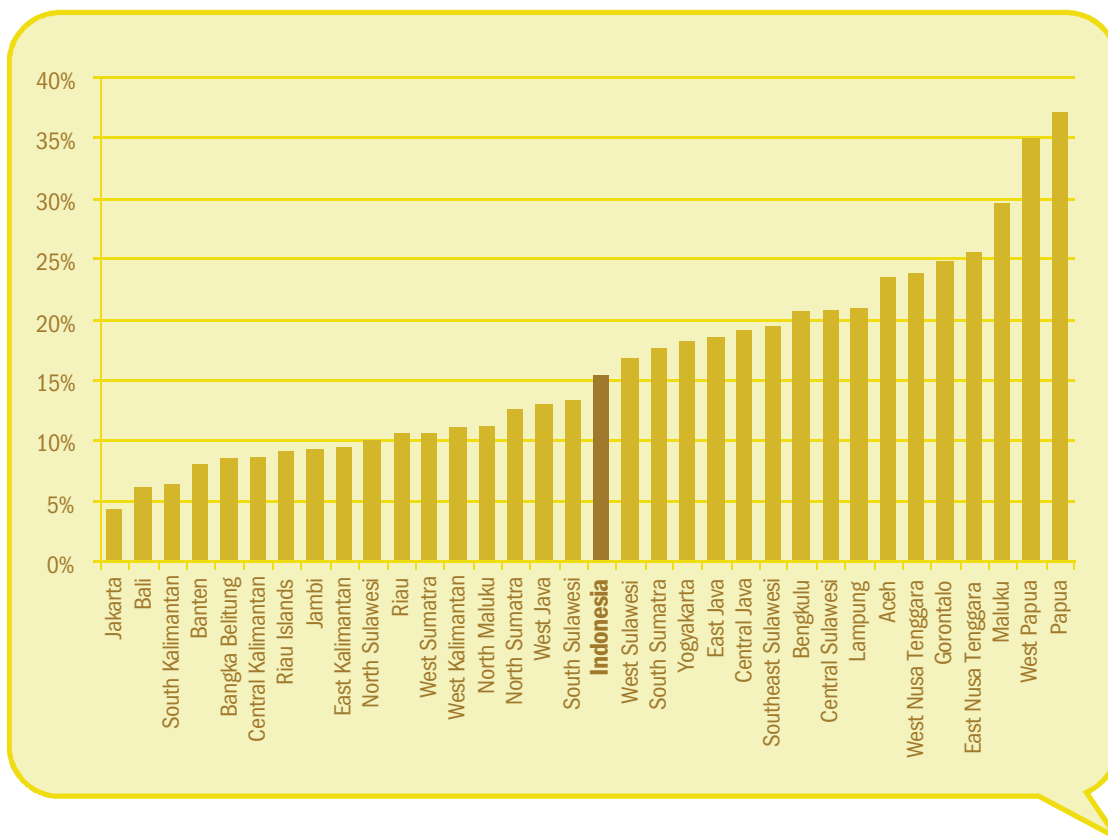


Figure 1.1
Poverty rate by province, 2008
Source:
BPS, Official Statistic News, 2008

though it did rise in 2006 probably because of the increase in the fuel and rice prices.

Is it then possible for us to reach the poverty target?

Yes, but it could be very difficult. But just to cheer you up, you might consider that on some other measures Indonesia seems to be doing better. You can, for example, use a different poverty line. The one defined by BPS is the ‘national poverty line’. This is based on national circumstances, since it takes into account what kind of food Indonesians eat and the other things we are likely to buy. But this national poverty line is difficult to compare with other countries.

Why would I want to do that?

Maybe you don’t, but some people do. For this they use an ‘international poverty line’ which is set at \$1 per day. In 2008 on an average one dollar was worth around Rp. 9,400 so you might think that would mean a poverty line in Indonesia of around Rp. 288,000 per month. But there are two complications. One is that a dollar buys more in some countries than others. Renting a house, for example, is cheaper in Bandung than, say, in New York. Another is that the value of the dollar itself

shifts over time. In fact, the dollar is worth much less than it was a few years ago. So if you want to base the poverty rate on \$1 per day you need to take both things into account.

I’m not sure I want to know all this

And you don’t really need to. The World Bank has worked out what it all means. If you want to impress your friends you can say that this is the ‘\$1-a-day poverty line in 1993 purchasing-power parity dollars’. If you don’t, you can just look at their result. In 2006 they concluded that the \$1-a-day poverty line in Indonesia was equivalent to Rp 97,000 per month, which is less than half of BPS’s national poverty line. As you can see from Figure 1.3, on this basis the poverty rate in 1990 was 20.6%, and in 2006 it was 7.5%. So using this poverty line Indonesia has already hit the MDG target – though progress seems to have levelled off.

If we are doing well on that poverty line, why not use it instead?

Mainly because it is not really appropriate for Indonesian conditions. What it shows mostly is what has happened to our very poorest people. This is important, and it is encouraging that we

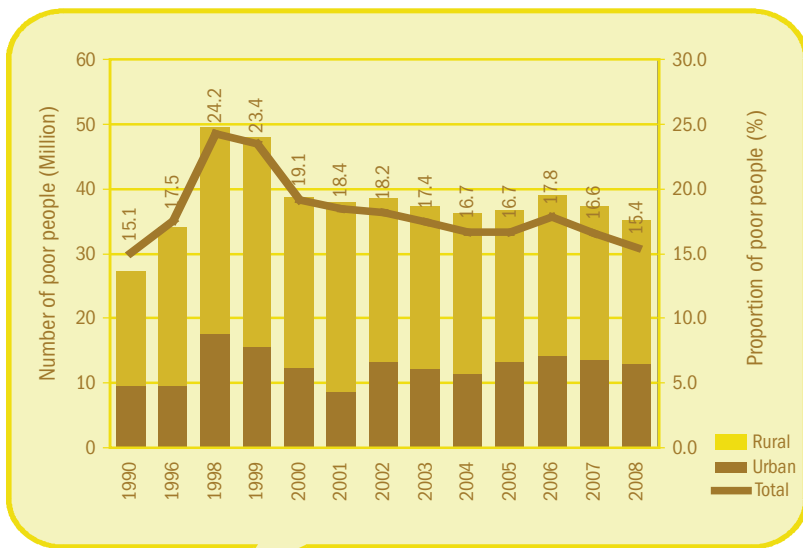


Figure 1.2

National poverty rate, 1990-2008

Source:

Formal Statistics News, 2007

Note:

The way poverty was measured changed from 1996. If the rates for 1990-1996 were recalculated using the revised method, the rates would be different.

But since we do not have those figures we will stick to 15.1% in 1990 as the baseline for poverty

have been able to cut the most extreme poverty. But for Indonesia, which the UN classifies as a middle-income country, a more appropriate international poverty line might be \$2-a-day, which works out at around Rp 195,000 a month. On this basis, however, almost half of our population is below the poverty line.

That's quite a jump

Yes, and it also shows something interesting – that many of us live around the poverty line. You only have to raise the line slightly and a lot more people find themselves below it and are defined as poor. Many of us are thus very vulnerable – if we lose our jobs, for example, or if we grow crops for which the prices are falling. And we can also suddenly fall below the line if our expenses go up. If there are increases in the price of food, say, or transport. The big jump in poverty in 1998, for example, happened

for both these reasons. First, because many people lost their jobs. Second, because there was a big increase in the price of rice. As a result of all this, there is actually a lot of movement – in and out of poverty.

How can all these people suddenly become poor?

That's because here we are only talking about 'income poverty' – and your income and the prices you have to pay can change suddenly. But if you consider yourself poor you would probably not see yourself as jumping in and out of poverty from year to year. More realistically you would feel poor for many other reasons beyond income – bad housing, for example, lack of clean water, or of education or of information. That's why poverty is sometimes called 'multidimensional'.

Simpler to stick to 'poor'

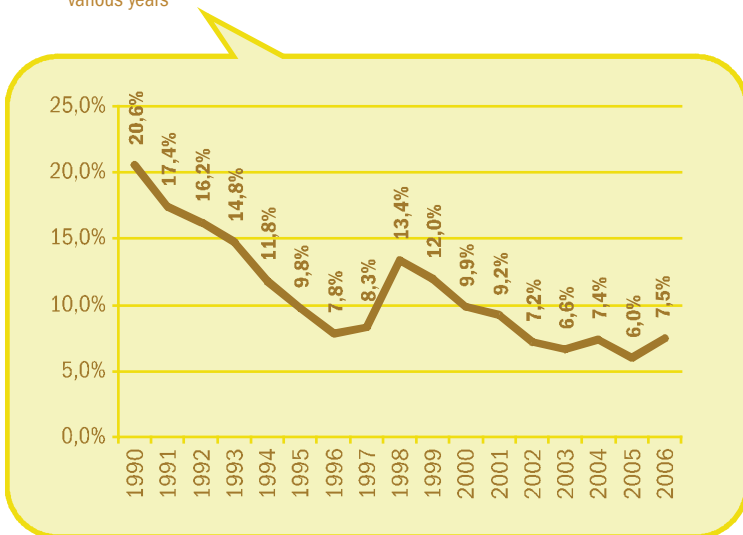
You're probably right. But you also have to think about the other issues when it comes to reducing income poverty. If, for example, you want young people to earn more you have to give them a better education. But you can also think more directly about people's income. You might start with employment and wages. Overall, the government will need to consider ways to ensure that the economy grows in ways that benefit the poorest parts of the country and the poorest people. And it will have to give a lot of thought to the rural areas since around two-thirds of poor households work in agriculture. That could mean helping farmers earn more from their work, switching to crops for which there are better prices, for example, or improving irrigation systems and roads.

Figure 1.3

\$1-a-day poverty rate

Source:

World Development Report (World Bank), calculated from various years



You say jobs can reduce poverty, but I have friends who work 12 hours a day but are still poor

Yes, that is true especially those who have tiny businesses. These businesses operate in what we call as the "informal sector". For example, farmers or people selling food or other goods in the street. Millions of people working in the informal sector find it difficult to earn enough to meet their daily needs. That's why we now have a new target on full, productive employment and decent work for all. Just any job is not sufficient to overcome poverty. What is needed are decent jobs.

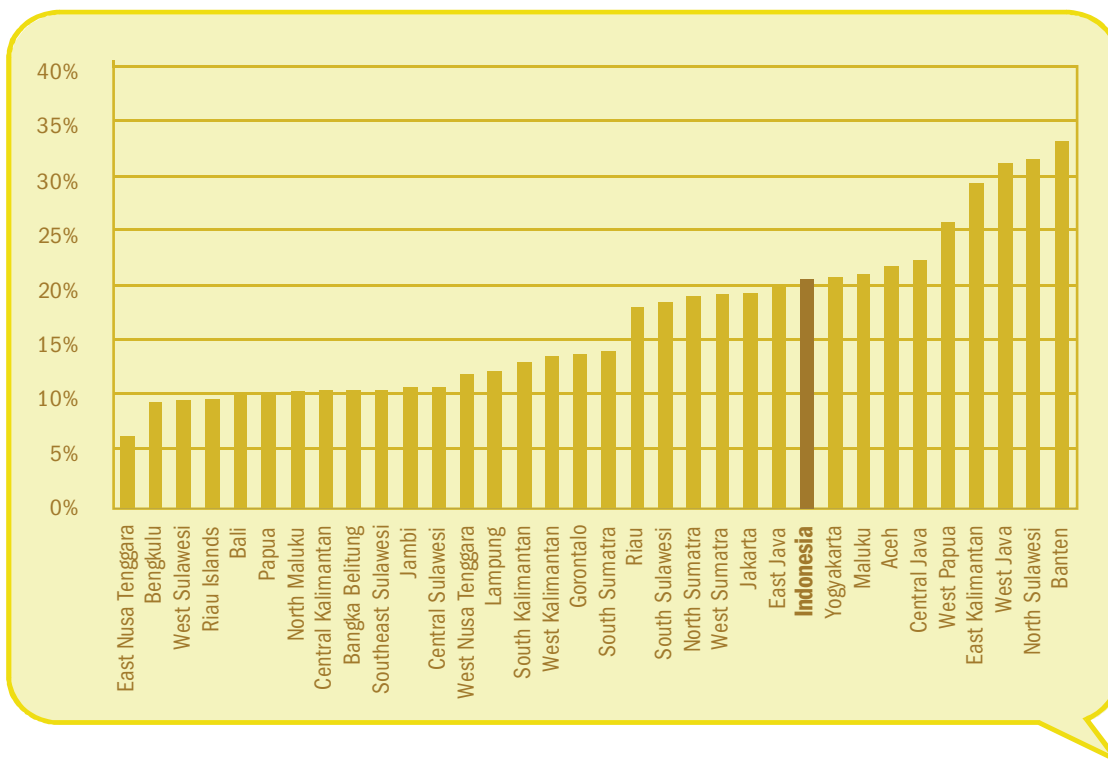


Figure 1.4
 Unemployment rate of people aged 15-24 years 2008
 Source: BPS, National Labour Survey, February 2008

What are these decent jobs?

Decent jobs are productive jobs that provide an adequate income. Decent jobs should provide security in times of adversity, good working conditions and a voice in the decisions that affect the lives and livelihoods of workers. Decent jobs allow workers and their families a pathway out of poverty.

Sounds interesting, but is that enough?

There is also a need to think of ways of helping the poorest directly by subsidizing health or education, or in some cases giving cash – as happened, for example, when the price of fuel was increased and the government responded with direct payments, called ‘unconditional cash transfers’. The government is also now implementing a scheme of conditional transfers to enable poor households to pay for expenses related to health and education. But in the long run the best solution to poverty is the right kind of economic growth that provides more work and income for the poor.

Yes, but what can we do now?

In fact there are lots of things we can do to improve things quite quickly. One is to look closely at food consumption. In fact there is another important MDG measure of poverty concerned with nutrition. This asks whether people are eating sufficient food.

If not, they are considered ‘malnourished’.

In that case, we should be OK. You don't usually see starving children in Indonesia.

Fortunately not. But that does not mean they are all eating properly. Children who are eating enough of the right kind of food will put on weight at a similar rate. So if you weigh your child you can check whether their ‘weight-for-age’ is approximately right. If it is lower than this then they are ‘malnourished’. There are other ways of assessing malnutrition but this is the main one.

How do I find out how much my child should weigh?

If your child goes regularly to the Posyandu then he or she should be weighed there. To get the national picture, in 2006 the national socio-economic survey (Susenas) weighed a sample of children and came to a disturbing conclusion. More than one-quarter of our children were malnourished. And if you look at Figure 1.4 you will see that the situation has not improved in recent years. The second MDG target is to halve the number of children who are malnourished. In 1990 the rate was around 36%, so the target should be 18%. That might not look too difficult if you consider the trend since 1990. But the last few years since 2000 are more worrying. It

Figure 1.5
Malnutrition in children under five
Source:
BPS, Socio-Economic Survey, Various Years

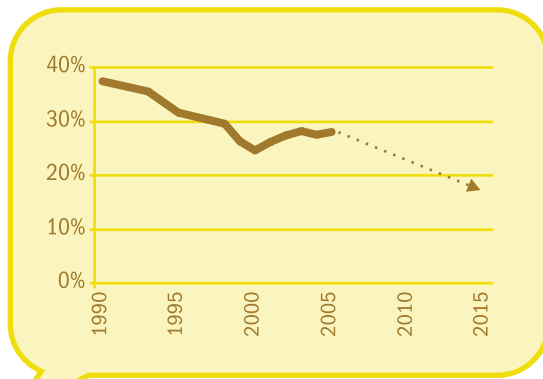
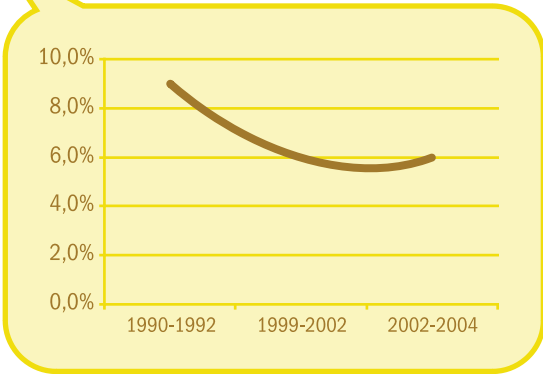


Figure 1.6
Proportion of the population eating less than minimum dietary requirement
Source:
World Development Report (World Bank, 2006)



looks as though the rate is going up again.

So why do we have more malnourished children when poverty has been coming down?

That does seem strange. After all, if people have more money they should have enough for food – and

especially for the small amounts that children eat. The problem seems to be that babies are not getting enough of the right kinds of food at the right time. At the beginning the ideal option is breast milk which should be the only food infants have until they are around six-months old. But in Indonesia after about four months, less than one-quarter of children are receiving only breast milk. And after weaning they are not getting the right kind of food. There are many other issues, such as the health of mothers, since malnourished mothers are more likely to give birth to malnourished children. Essentially, however, the problem is not only lack of income.

So what is the problem?

It's more due to lack of care. Maybe that is also linked to poverty. Perhaps poor parents have less information about child care or have less time to devote to the youngest children. But the encouraging thing is that a few simple changes in the home could quickly cut rates of malnutrition. And not just for children. Another of the MDG poverty indicators looks at whether the whole population is eating enough. To figure that out, we use the Food and Agriculture (FAO) formula to calculate minimum dietary requirement. We find that 6% of the population eat less than the minimum calories that they should consume. In the past, for the MDG Report 2004 a different calculation method was used to determine the minimum dietary requirement which was set as 2,100 Kcal of food. However, this method did not take into account other factors such as age groups, availability of food etc. which is what the FAO formula¹ does.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 1A: Halve, between 1990 and 2015, the proportion of people living below the poverty line

Using the national poverty line, the poverty rate in Indonesia in 1990 was 15.1%. The basis of the calculation changed in 1996 so subsequent data are not strictly comparable with those for earlier years. Had we been using the current basis, the 1990 figure would have been somewhat higher than 15.1%. But since this has not been recalculated, this report uses the 15.1% figure. Although the rate of poverty in 2006 increased slightly it dropped back in 2007. Based on recent trends it should still be possible by 2015 to reduce the rate to 7.5%. The situation for the \$1-a-day poverty line is different. Indonesia has already achieved the target, having reduced this rate from 21% in 1990 to 7.5% in 2006.

Two other indicators supply supplementary information. The more complex one is the 'poverty gap ratio' which measures the distance between the average income of the poor and the poverty line. In 1990 this was 2.7%, and in 2008 it is 2.8% – suggesting that the

situation of those who are poor has not changed much. The simpler one is an indicator of income distribution: the share of total consumption accounted for by the poorest 20%. This too has not changed much – between 1990 and 2008 it has remained somewhat stagnant around 9%.

Target 1B: Achieve full and productive employment and decent work for all, including women and young people

Four indicators are used to measure progress for this target: (i) the proportion of the working-age population that is employed (employment-to-population ratio); (ii) proportion of employed people living below \$1 a day (working poor); (iii) proportion of own-account and contributing family workers in total employment (vulnerable employment); and (iv) labour productivity. The employment-to-population ratio has shown little change in Indonesia in the last six years.

A more favourable trend would be an increase in the employment ratio, indicating that a larger share of the working age population are finding work. The share of the working poor in Indonesia (at 8.2 per cent in 2006) is almost same as it was in 2002. Vulnerable employment in Indonesia has decreased slightly since 2003, although the majority of workers (62 per cent) are vulnerable. Labour productivity has improved to a healthy annual average rate of 4.3% between 2000 and 2007².

Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

The first indicator for this is the prevalence of underweight children under-five years of age. The current rate is 28% and seems to be rising, so we are definitely off-track. The second indicator is the proportion of the population consuming the minimum dietary requirement. If we use the FAO computation for this indicator, it appears that Indonesia is on track.



GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Achieve universal primary education

For education Indonesia seems to be doing better. The target here is to ensure that all children receive a primary education. And if you look at the top line of Figure 2.1 you will see that, at 94.7%, we are close to enrolling almost all our children in primary school, though this national rate varies from 96% in Central Kalimantan to 78% in Papua. You can also see that enrolment in junior secondary school is steadily increasing too.

children drop out. As a result, around one-quarter of children do not graduate from primary school. Figure 2.2 shows what happened to children who entered primary school in 1999. Only 77% entered grade 6 in 2004/05 and by the end of that year only 75% had graduated (Figure 2.2)³.

Figure 2.3 takes the final bar, the proportion of children graduating from primary school, and checks what has been happening over time. You can see that the percentage of children graduating was rising. But recently it seems to have faltered. So we are just about on track, though we will need to step up our efforts to reach 100% by 2015. And graduation from primary school is just the first step. Even those children who manage to graduate might then stop their education.

They never go to secondary school

No. If you look back at Figure 2.1, you will see that only 67% of children go on to enrol in junior secondary school. This presents an even greater challenge, because the government is determined to go beyond the global MDG target and reach an even higher target. The target in Indonesia is 9 years of compulsory education including 6 years of elementary and 3 years of junior secondary school. This means that all children will have to complete junior secondary school. And the target date for this is 2008-2009. This is ambitious. We obviously need to do much better at keeping children in school.

So why are children dropping out?

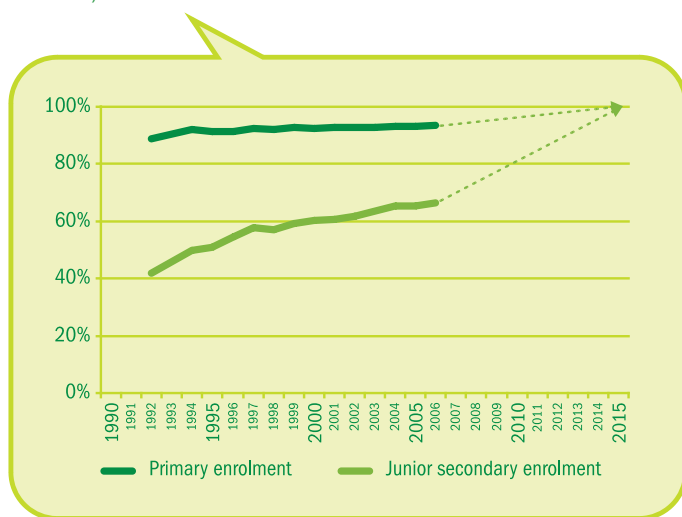
Some will have left because their parents need them to work, perhaps on the family farm. Others because they cannot afford to go to school. Around

Figure 2.1

Enrolment in primary and junior secondary education

Source:

BPS, National Socio Economic Survey (Various Years)



We are doing pretty well then, let's move on to the next goal

Unfortunately we have to stick with this one a bit longer. On enrolment we are doing quite well. But the goal is not just to get all children in school but to give them a full primary education. In fact many children do not do well in primary school. Either they have to repeat classes or they drop out. Currently, for example, around 9% of children have to repeat grade 1, and at each grade around 5% of

one-third of the poorest families say they have trouble paying fees and other costs. Parents do have to pay a significant amount, whether for fees or uniforms, or for transport, or food, or additional books or equipment (Figure 2.4)⁴.

But as well as having problems at home, there can also be problems in the school if it is not offering something that is of real value to children. It may, for example, not have sufficient books or equipment. And the building may be in a poor state. Fewer than half of primary schools have what the Ministry of Education calls ‘good classrooms’ . But another factor is that the youngest children may not be prepared for school.

What do you mean, ‘not prepared for school’?

Ideally, all children should have some kind of pre-primary education which accustoms them to a new learning environment. Here we seem to be making fair progress. Around half of pre-school children now have some form of early learning. Of these, around half are in schools for Koran studies and the rest are in kindergartens, playgroups, or day-care centres. All these activities can keep children stimulated while their brains are still developing – making it easier for them when they start primary school. Of course, at all levels of schooling the crucial issue is the quality of teaching.

Maybe we need more teachers

Probably not. In fact at primary level there are enough teachers. Primary schools have only 19 pupils per teacher. However, these teachers may not be in the right places. Many remote rural schools, for example, are short-staffed. In addition teachers do not spend enough time in the classrooms. Their working hours are short and since their pay is also low, they usually take other jobs to make ends meet.

Seems reasonable

Yes, but actually they may not show up even when they are supposed to. A survey in 2004 of more than 2,000 schools found that one-fifth of the teachers were absent⁶ . So it would be better to have fewer teachers but pay them more to spend more time in school. All of these issues become increasingly important as children grow older and move on to junior secondary school. As we saw before, around one-third of children stop after primary school.

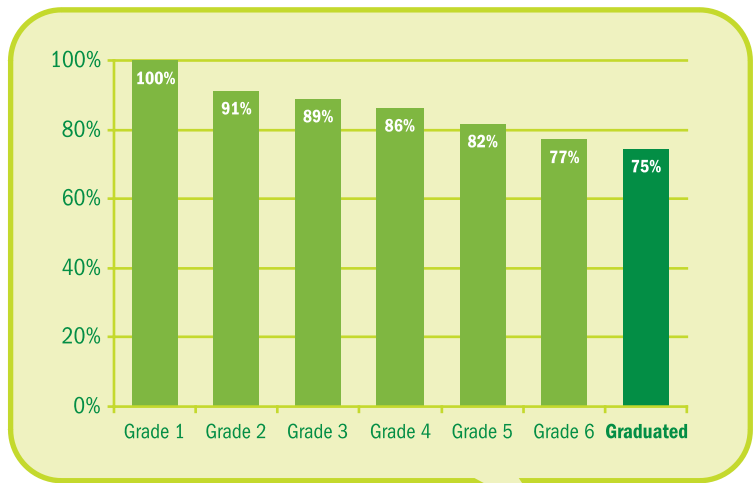


Figure 2.2
Drop-out rate of children who entered primary school in 1999
Source:
Ministry of Education

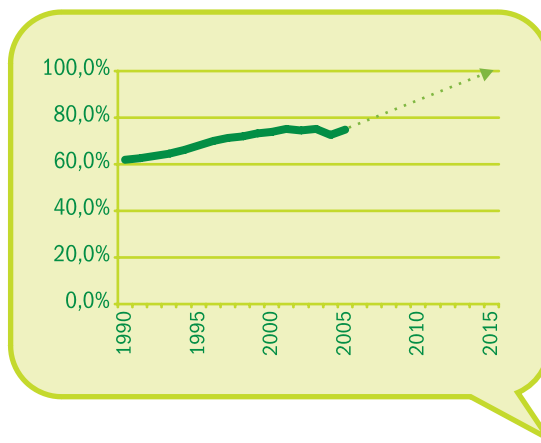


Figure 2.3
Proportion of children entering primary schools who graduate
Source:
Ministry of Education

Again the main reason is probably cost. Sending a child to a secondary school is even more expensive – especially when he or she might instead start working. A child from a poor family is 20 percent less likely to be enrolled in junior secondary school than a non-poor child⁷. But as you can also see from Figure 2.5, there are also wide differences in enrolment in junior secondary education between provinces: 78% in Aceh, for example, but only 43% in East Nusa Tenggara.

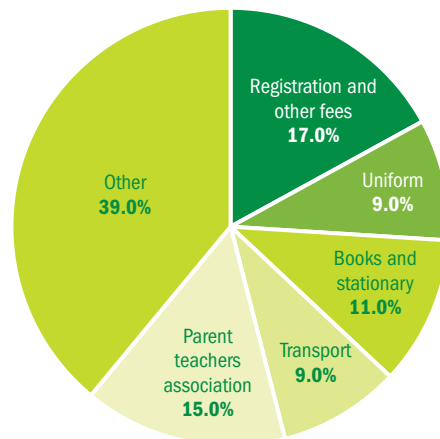


Figure 2.4
Private costs of education for the poorest 40% of households
Source:
Making the New Indonesia Work for Poor, 2006, World Bank

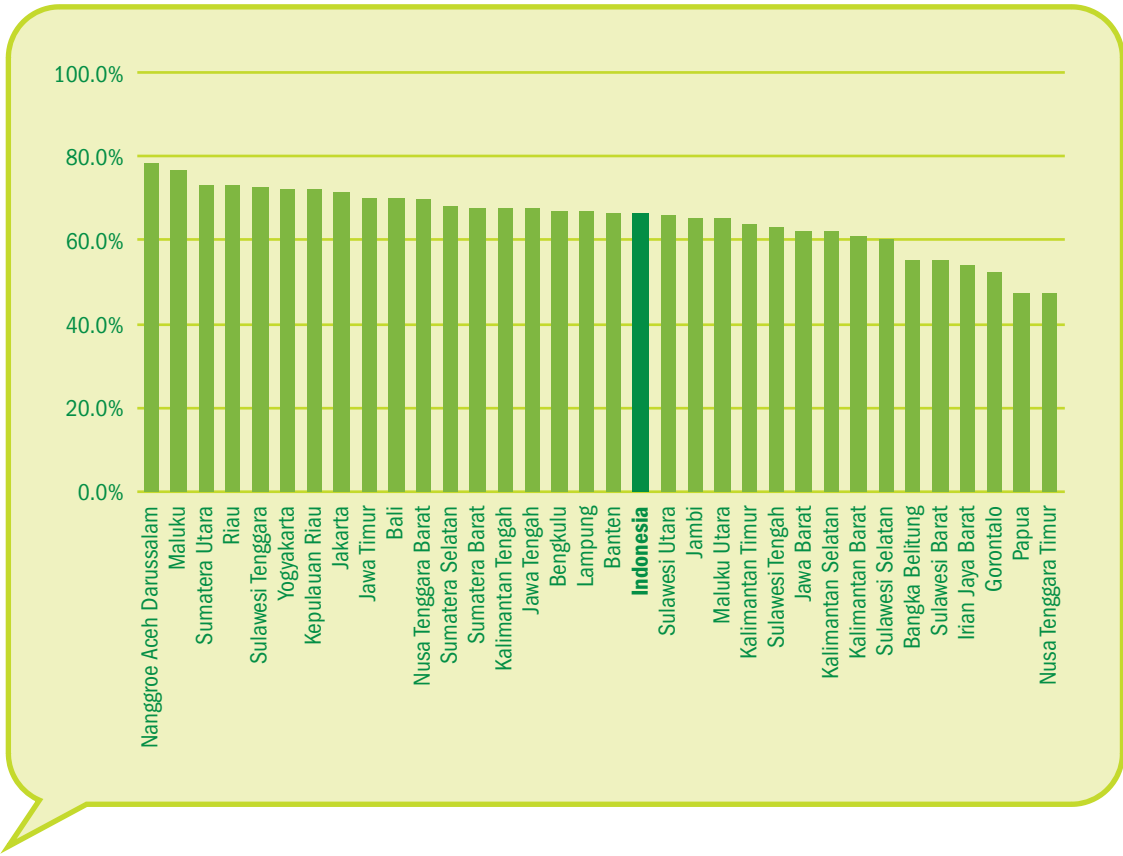


Figure 2.5
 Net enrolment in junior secondary school, by province, 2006
 Source: BPS, National Socio Economic Survey 2006

So, we can't have more children in school until families get richer. Back to poverty again.

Not quite. The government could spend more on schools so that parents do not have to face so many costs. In the past Indonesia has not spent enough public money on education. In recent years, however, expenditure has been rising and in total is now, including teachers' salaries, around 17% of total government expenditure⁸. For example, as a proportion of national income, this is around half of that of Malaysia. Still, the government is determined to increase this. In fact the Constitution and the Law on National Education require spending quite a large amount. They say that by 2009 at least 20% of the central budget, and also of the district budgets, should go on education. And this does not include teachers' salaries which account for more than half of current costs. The actual proportion in 2007, without teachers' salaries, is only around 9%.

Are we going to reach 20%?

Perhaps sooner than later. In 2008, the Constitutional Court decided that the government is obliged to allocate 20% of the national budget for education. However, a lot depends on district governments.

Currently, they are responsible for around two-thirds of public spending on education and devote almost all of this to teachers' salaries. The central government still controls most of the funds for new schools and classrooms. In addition it gives block grants to help the poorest pupils. Following the fuel price increases in 2005, the government started the Operational Aid to Schools (BOS) programme. This amounts to \$25 per student per year at the primary school level and \$35 at the junior secondary level.

What do people do with that money?

It doesn't go to the families, it goes to the schools, which should not then need to charge fees to pupils. Though there have been problems with making sure the funds went to the right schools the BOS programme, which accounted for around one-quarter of education expenditure in 2006, appears to have made a real difference to the way schools are funded. So in this respect we are making good progress. And on another positive note, there is also good news on the gender front since many more girls are now going to school which takes us neatly on to the third MDG goal.

GOAL 2: **ACHIEVE UNIVERSAL PRIMARY EDUCATION**

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

There are two relevant indicators. The first is primary school enrolment. Indonesia has reached 94.7% and on this basis should be well on track for 100% by 2015. The second relates to completion: the proportion of children starting grade 1 who reach grade 5. For Indonesia in 2004/05 the proportion was 81%, though since our primary education system has six grades, reaching grade six would be more appropriate and for this the figure is 77% and steadily increasing, so we could hit the target. The data on completion, which are used here come from the Ministry of Education using school registers. However the Susenas household survey for 2004 suggests a much higher figure, around 95%.

A third indicator for this goal is the literacy rate of 15-24 year-olds. We seem to be doing quite well on this basis, having reached 99%, though the actual competence may not be that high, since the reading and writing test applied for Susenas is quite simple.



GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Promote gender equality and empower women

First let us clarify something. Gender is not only about women. But since this goal includes empowerment of women as well, we will talk more about gender issues related to women. In many respects women in Indonesia have made rapid progress. But we are some way from gender equality. Data for the third MDG shows this quite clearly. It uses three targets. The first target covers education and, on this we seem to be doing quite well. But on the basis of the second and third targets, which cover work and representation in parliament, Indonesian women still lack opportunities.

This shows the ratio of boys to girls at various levels of education. Primary schools have equal numbers of girls and boys – indeed the ratio has been close to 100% since 1992. Now let's look at the junior secondary line. This has been above 100%, which means that in junior secondary schools there have been more girls than boys.

Looks like the girls are taking over

In junior secondary schools, despite a dip last year, they do seem to have been ahead. Maybe this is because some of their brothers are leaving school to go to work. Usually there is more work available for boys than for girls. But when it comes to senior secondary school the situation is again more equal. Another way of checking progress is by looking at how many children drop out of school. In fact the number of drop-outs is similar for boys and girls at primary school, but noticeably fewer girls drop out of secondary school. Again, that may be because boys have more opportunity to work. Interestingly poor families seem to be just as keen as rich ones to send girls to primary school.

Even though it is expensive?

That seems to make little difference. Of course as children grow older then poor families, are less likely to send any of their children to secondary school, boys or girls. But most impressive of all is what has happened in higher education. Look again at Figure 3.1. Over the past ten years girls have rapidly caught up with boys and are now ahead. Around 15% of both young men and young women are getting a higher education. The progress for girls is also evident in literacy. The literacy rate in 2006 was 91.5% for men but 88.4% for women. This

This sounds depressing

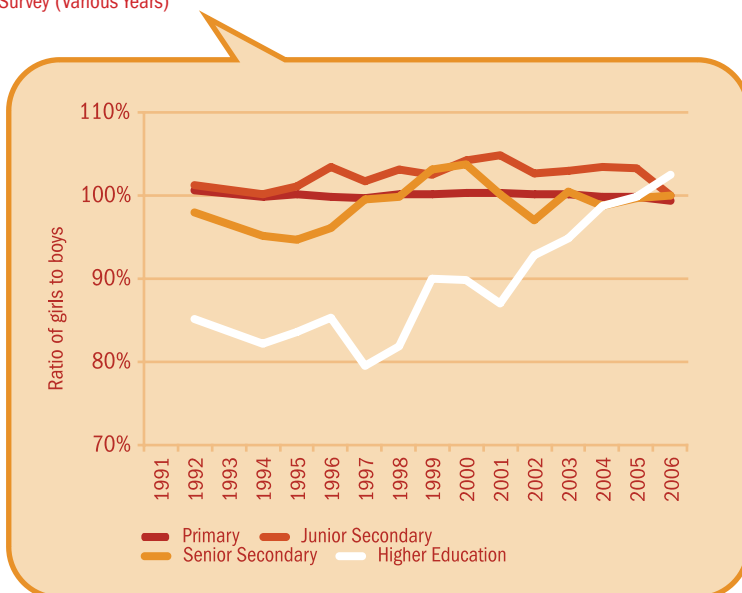
OK, let's start with the good news. Many more girls are now in school. In fact they have made quite a striking progress, as you can see from Figure 3.1.

Figure 3.1

Ratio of girls to boys at different levels of education

Source:

BPS - National Socio-Economic Survey (Various Years)



is because in the past fewer girls went to school. Now the situation is getting more equal. For people aged 15 to 24, the literacy rates for both males and females are close to 100%.

So women are doing pretty well then

In terms of the opportunity to go to school or college, yes. But when they get to school, girls then face many types of bias. Their first role models will be teachers. At the primary school there are more female teachers than male teachers. But who is in charge? When it comes to head teachers there are four times as many men as women⁹. Girls will also see biases when they open their text books. One primary school civics text book, for example discusses family responsibilities. It says that the father's main activity is earning an income while the mother's is domestic work. And it illustrates the responsibilities of children with a picture of girls washing and ironing¹⁰.

I wish my daughters did the ironing

And your sons too, I hope. Another form of bias is in the chosen course. Girls also seem to choose different subjects than boys. At junior secondary school, for example, this is clear among students who follow vocational courses. Of these, scarcely any girls choose science and technology. Many study tourism (Figure 3.2). For those who follow the general secondary education course, however, the situation is more balanced. Similar numbers of girls and boys are studying science.

As well as looking at the subjects studied you can also check what happens when girls leave school to go to work – to see how many take jobs outside the home or the family farm. The MDG target assesses this by comparing the number of men and women working in 'non-agricultural wage employment'. This is shown in Figure 3.3. If men and women were employed equally in this kind of work then the share would be 50%, but as you can see it is actually only around 33.5%.

And it seems to be lower these days

Yes, there was a peak in 1998. That was at the height of the economic crisis, when perhaps more men than women suddenly lost their jobs. After that the situation for women got worse, and there have been few changes in recent years. Further information comes from surveys of the proportion of the adult population that was in the labour

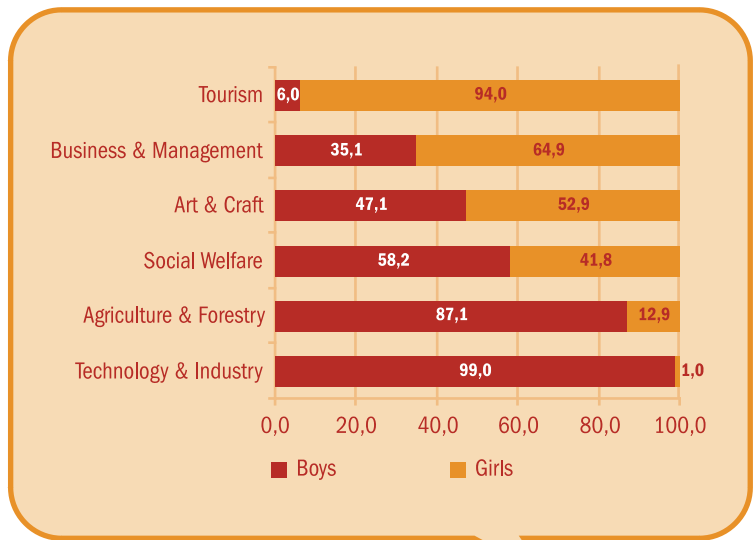


Figure 3.2
Proportion of girls and boys in vocational secondary courses, 2002/03
Source: UNESCO/LIPI, 2005

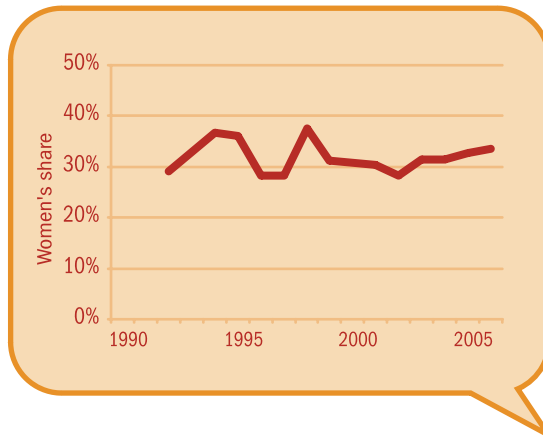


Figure 3.3
Women's share of non-agricultural waged employment
Source: BPS, National Labour Survey (Various Years)

force: in 2004 this was 86% for men but 49.5% for women¹¹. As well as having fewer jobs women also tend to get the worst jobs. In the textile, garment and footwear industries factories, for example, many young women have low-paid factory jobs – often being supervised by men. The same is true even in government. Women have only around 9.6% of the higher positions in the civil service. Another area where women are under-represented is in politics.

At least we have had a woman president

True, and that puts Indonesia ahead of many other countries. But lower down the political ladder women are less visible. Very few women have been elected to parliament, and very few women are bupatis or provincial governors. The MDG indicator for this is the proportion of members of parliament who are women. The world average for this is quite low, around 15%. Indonesia's proportion is even lower. In the DPR it was 13% in 1992; 9% in 2003; and 11.3% in 2005.

At least we are going up again

That's probably because the 2003 Election Law stipulates that parties should have at least 30% women candidates. Not all parties managed this. And even those that did generally put women quite far down their lists in unelectable positions. Still, it does appear to have had some effect. Interestingly, in the Regional Representatives' Council (DPD), where candidates do not stand for parties, women took one-third of the seats – and just over 30%

of women who ran for the DPD were elected. This seems to show that voters are quite willing to elect women. The problem is getting selected by any of the main parties. Women are also under-represented in local bodies, primarily because they also have to cope with family responsibilities. Overall, therefore, in terms of gender equality we have come a long way in education but girls and women still face many cultural and economic barriers.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

The main indicator is the ratio of girls to boys in primary, secondary and tertiary education. Here Indonesia has almost achieved the target, with ratios of 100% at primary school, 99.4% in junior secondary school, 100.0% in senior secondary school, and 102.5% in tertiary education.

The second indicator is the ratio of literate women to men, aged 15-24 years old. Here too we have almost achieved the target with a ratio of 99.9%.

The third indicator is the share of women in wage employment in the non-agricultural sector. Here we are some way from parity. The current value is only 33%.

The fourth indicator is the proportion of seats held by women in national parliament which for the National Parliament (MPR) is only 11.3%.



GOAL 4: REDUCE CHILD MORTALITY

Reduce child mortality

We all want to be able to enjoy long and healthy lives. And we are certainly living longer: between 1970 and 2005 our average life expectancy increased by around 15 years. Children born in Indonesia today can expect on average to live 67 years. You could choose life expectancy as an indicator of health. But there is a more sensitive measure - the number of children dying. Children, and especially infants, are more vulnerable to disease and unhealthy living conditions. That's why the fourth MDG goal is to reduce child mortality.

What's the difference between a child and an infant?

An infant is a child under one year old. And when looking at child mortality we usually refer to children. This is a useful distinction, as you can see in Figure 4.1. This shows the proportion of children who die either as infants or before they reach five years. Clearly we are making progress since the proportion of children dying under five years is less than half what it was in 1990. In 2007 the number was around 44 per 1,000 live births. The MDG target is to reduce the 1990 rate by two-thirds. This means we have to get it down from 97 deaths to 32.

Looks like we're most of the way there

Yes, and at this rate, we might even hit the target by 2010. But you should again look at Figure 4.1, which tracks the rate of infant mortality. The infant rate has also been coming down, but more slowly than the under-five rate. As a result, a greater share of the deaths take place in the first months of life. In 1990, 70% of deaths were of infants, but by 2005 the proportion was up to 77%.

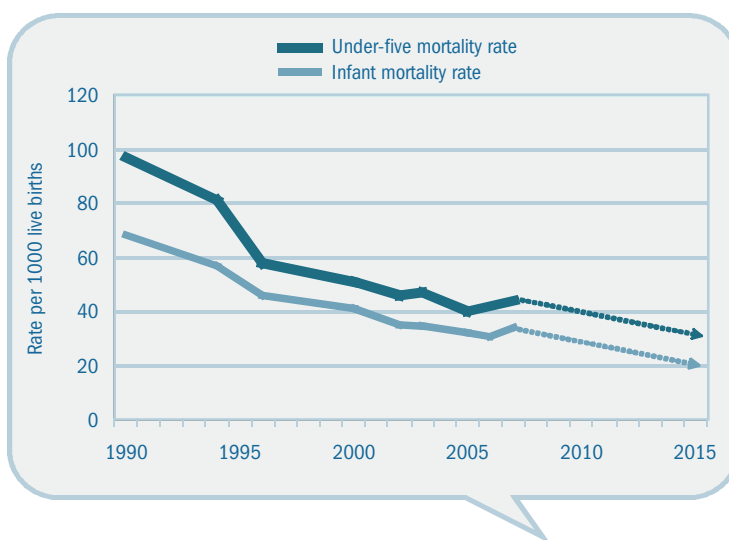


Figure 4.1
Infant and child mortality rates

Source: BPS, National Socio-Economic Survey (Various Years)

Note: Under-five mortality also includes infant mortality. So the gap between the two lines is the number of children dying between 1 and 4 years old

Still, at least more of our children are surviving

Yes. And that's for a number of reasons. One of the most important is the reduction in poverty, which means that children are growing up in richer and healthier environments. The better off you are, the more likely your children are to survive. Not surprisingly, the mortality rates are also higher in the poorest provinces.

So we're back to poverty again

Not entirely, because another big influence is the health services and particularly the immunization programme. At present we do immunize most of our children. But certainly not all. By 2007, 84.4% against diphtheria, whooping cough and typhoid,¹² though only two-third of children receive the full course. In addition, 82% were immunized against TB, and 80% against hepatitis. But this has to be

a continuous process. And it is worrying that the immunization rates for polio and rubella have fallen. These were around 74% a few years ago but have dropped to 70%. Measles too is a concern with the immunization rates of 72% for infants and 76% for children who are 12-23 months old. The government target however is 90%. An estimated 30,000 children die every year because of measles complications¹³ and there have been recent outbreaks of polio – 303 children have been paralyzed.

Why are few children being vaccinated?

Immunization depends partly on parents ensuring that their children are vaccinated but it also needs a well organized health system. We have been spending more on health but we still have a lot more to do since government spending on health is only around 5% of the national budget¹⁴. The poor in particular who rely on the public services will suffer if their puskesmas does not get sufficient investment or staff – one survey found that at any

one time 40% of staff were absent, often because they were at their own private practices¹⁵. A lot will depend now on the district governments. Currently they allocate between 4%-11% of their budgets for health, around 80% of which goes on medical workers' salaries¹⁶. The World Health Organization recommends that the proportion should be 15%.

So it comes down to more money

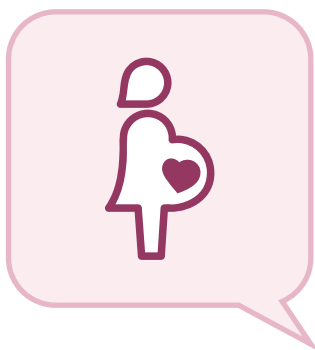
That would help. Not just for curing disease, but preventing it. Child deaths are concentrated not just in first year of life they are also increasingly concentrated in the first weeks or even days. That means we have to improve the quality of maternal and child health services especially during and immediately after delivery. If they survive this period the greatest risk they face are of acute respiratory infections and diarrhoea. Both of these can be cured if the children are treated early enough. But overall the health of young children is very closely linked to those of their mothers. This brings us to the next goal.

GOAL 4: REDUCE CHILD MORTALITY

Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality ratio

The main indicator is thus the under-five mortality rate. The MDG target is to reduce by two-thirds the 1990 rate, which was 97 deaths per thousand live births. The target is thus 32, which Indonesia is well on track to achieve.

A second indicator is the proportion of one-year-old children immunized against measles. This has increased to 72% in infants and 76% among children who are 12-23 months old, but needs to be much higher.



GOAL 5: IMPROVE MATERNAL HEALTH

Improve maternal health

Every year around 20,000 women in Indonesia die from causes related to childbirth. What should be a joyous occasion too often turns into tragedy. And almost all these deaths could have been avoided. That's why the fifth Millennium Development Goal focuses on the health of mothers – with the aim of reducing 'maternal mortality'. While everyone agrees that the maternal death rate is too high, there is often some doubt about exactly what the rate is.

Surely we know when a mother has died

But there can be doubts about the cause. You cannot, for example, rely necessarily on the report of death since that might be put down to a range of causes which may or may not be related to childbirth. The usual method is to ask women if any of their sisters died as a result of childbirth. The estimates that this produces are in Figure 5.1. This shows that the 'maternal mortality ratio' has come down from 390 per 100,000 live births to around 307. This means that a woman who decides to have four children has a 1.2% chance of dying as a result of her pregnancies. Around the country, however, the maternal mortality ratio can be much higher, especially in poorer and more remote districts. One survey in Ciamis in West Java, for example, found the ratio to be 561¹⁷. The MDG target is to reduce the ratio by three-quarters of the 1990 Figure. Assuming that the ratio then was around 450 the MDG target should be around 110.

Why are all these women dying?

Usually it is because there is some kind of emergency. The vast majority of births take place

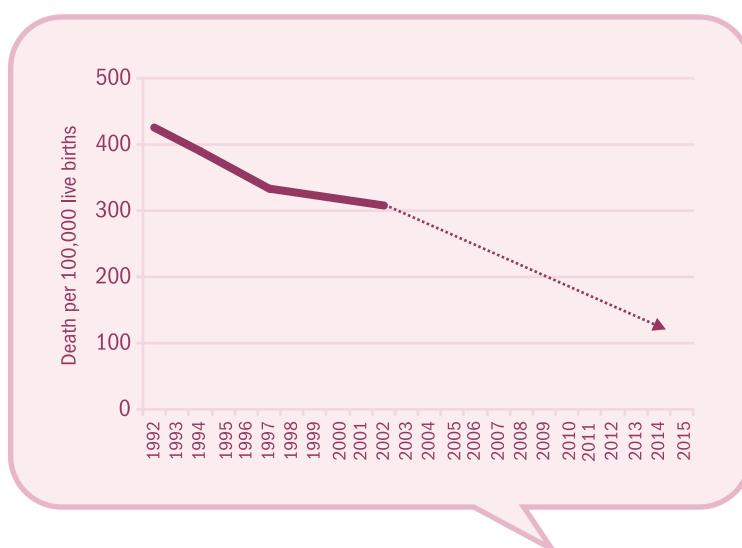


Figure 5.1
Maternal mortality ratio
Source:
BPS, Demographic and Health
Survey (Various Years)

normally. But occasionally things can go wrong. There might be an obstructed labour, for example, or a haemorrhage. The problem is that childbirth is such a major health event that any complications can have very serious consequences. Some of these complications are preventable. For example, those that result from unsafe abortions. These account for around 6% of deaths, most of which could have been prevented if the women had access to effective contraception. At present only around half of women aged 15 to 24 are using modern methods of contraception. The most common methods are injectibles, followed by the pill. The percentage of women (15-49) using contraceptives has gradually increased over the last decade reaching 61% in Demographic and Health Survey, 2007. Other potential problems can be dealt with if the mother has appropriate care at the time of the birth.

Around 60% of births in Indonesia take place at home. In those cases mother needs the support

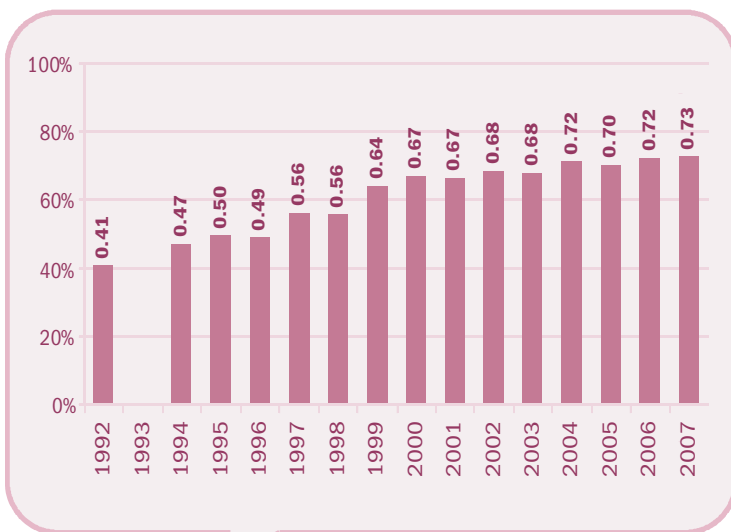


Figure 5.2
Proportion of births attended by skilled birth attendants
Source:
BPS, National Socio-Economic Survey (Various Years)

of a ‘skilled birth attendant’. Fortunately, many do have this support. As you can see from Figure 5.2, by 2007 the proportion of births attended by skilled birth attendants, either hospital or health centre staff, or the village midwives (bidan desa), had reached 73%. Again this rate varies considerably around the country from 39% in Gorontalo to 98% in Jakarta.

Don’t we have enough bidan desa?

The central government has actually trained many more midwives, and sent them around the country. Unfortunately district governments may not consider this a high priority, and may not continue to employ them when their contracts with the Ministry of Health have finished. There are also problems of quality. The village midwives may not have enough training or may be short of equipment. And if they are working in small communities they may not see many births so they do not get enough experience. But one of the main problems is actually that given a choice many families prefer the traditional birth attendants.

Why would families prefer a traditional birth attendant?

For a number of reasons. For one thing, a traditional attendant is usually cheaper, and can even be paid in rice or other goods. Families may also be more comfortable with someone they know and trust. They can be sure that the traditional attendant will be readily available and think she will give more

personal care. In cases of normal deliveries this may be true. But if there are complications she will not be able to cope – and may be reluctant to call for help from the bidan desa. This can lead to fatal delays in referring the mother to a health centre or hospital for emergency obstetric care. There can also be delays in arranging for, or paying for transport, especially in more remote areas.

In fact any woman, rich or poor, in rural or urban areas, no matter how healthy or well nourished, can have complications in pregnancy. This means that we have to treat every birth as a potential emergency that might require attention in a health centre or hospital – and make sure that we can respond quickly. International experience suggests that around half of maternal death can be avoided by skilled birth attendance but the other half cannot be saved without proper care in a medical facility¹⁸.

Every birth is an emergency?

No, but it is a potential emergency. This means it will be good if there is someone watching who can recognize danger signs. This should be the case if there is a bidan desa at the birth, or the mother gives birth in a health centre or hospital, where nurses, midwives or doctors can take the necessary action. But even when the mother arrives at a hospital she may not get the help she needs since many district hospitals are understaffed and do not offer round-the-clock services. If we are to meet the goal for maternal mortality we will need to improve the care in health centres. But we also need to think about what happens before and during pregnancy. Even if we cannot predict emergencies we can try to ensure that mothers are in the best possible position to survive them, and in particular that they are well nourished. At present, around one-fifth of pregnant women are undernourished and around half suffer from anaemia.

Anaemia?

That’s a low level of iron in the blood. This is likely to happen during pregnancy when the mother’s body needs more iron. Anaemia makes women much more vulnerable to sickness and death. They can, however, compensate for this if they are attending ante-natal clinics, where, among other things, they can receive iron supplements. Women

who regularly attend antenatal clinics should also be able to find out what they should do in case of emergencies. As well as protecting the health of the mother, ante-natal care, and post-natal care, also brings many benefits to children – and can save their lives too. You may remember from the previous goal that nowadays most child deaths

take place quite soon after birth.

Yes, just about

Another example of how all the goals are related. Make progress on one, and you are likely also to move forward on another. You should also know that women are likely to suffer from anaemia if they have malaria, which brings us to the next goal.

GOAL 5: IMPROVE MATERNAL HEALTH

Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

The nearest available data point to 1990 is for 1995. On that basis the target should be 97. The trend seems to suggest that we are behind.

A second indicator is proportion of births attended by skilled health personnel which currently is 73%.

Target 5B: Achieve by 2015, universal access to reproductive health

We can see that the contraceptive use among women aged 15-49 has increased to 61.0%. Antenatal care is also improving. But we have limited data so it difficult to tell how well we are improving access to reproductive health.



GOAL 6: **COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES**

Combat HIV/AIDS, malaria and other diseases

The sixth Millennium Development Goal addresses the most dangerous infectious diseases. Heading the list is HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome) – primarily because it can eventually have such devastating consequences, not just for people's health but for the country as a whole. Indonesia is fortunate. HIV has yet to reach levels as serious as in some other countries in South-East Asia. The number of Indonesians living with the virus is thought to be between 172,000 and 219,000 – most of them men¹⁹. That's around 0.1% of the population. So far, relatively few people have developed AIDS. According to the National AIDS Commission (KPA) report, from 1987 to June 2008 there were 12,686 cases of AIDS, out of that 2,479 died.

So we have escaped

No. HIV is still a major threat, as we can see from what happened elsewhere. In other countries infection initially spread rapidly among two high-risk groups – injecting drug users and sex workers. From there it broke out into the rest of the population causing a 'generalized epidemic'. In most of Indonesia, infections are still concentrated in these groups. Most of the population has yet to be affected. This is because with proper precautions HIV infection is quite difficult to get.

Really? I thought HIV was highly infectious

Only in certain circumstances. HIV is not spread by casual contact. You will not become HIV-positive just by living with, or working alongside, someone who has HIV. Certainly not just by touching, or even

kissing, someone who has the disease. In fact much of the stigma around HIV arises because people do not understand how it is passed from one person to another.

How is it passed then?

The greatest risk is through contact with infected blood, or through unprotected sex. Drug users are at high risk because they often share needles, allowing traces of blood to pass from one person to another. Indonesia has around half a million injecting drug users and up to half of these are now thought to be infected²⁰. The other main high-risk group is commercial sex workers. Indonesia has around 200,000 female sex workers. In Jakarta, for example, around 6% are thought to be infected. Men who have unprotected sex with men are also at high risk. In addition, pregnant mothers can also pass HIV to newborn children. So far however, in most parts of Indonesia, HIV has yet to affect a large number of people. But it could do so rapidly at any time. Indeed in some respects Indonesia is very vulnerable.

At high risk of what?

Of a widespread epidemic. One of the most critical issues is our low use of condoms. Only around 1% of couples are using condoms as a means of family planning. Even among commercial sex workers only around half use condoms. There is thus the potential for HIV to spread rapidly – from injecting drug users, to sex workers, to the sex workers' clients and then to the rest of the population. This can happen quite rapidly. Tanah Papua (comprising of Papua and West Papua) has already demonstrated how quickly the disease can spread. It now has a generalized

epidemic²¹, with 2.5% of the population in the two provinces living with HIV²². Here relatively few people inject drugs, but more people have sex with commercial sex workers and there are also higher levels of pre-marital sex. The risk is that, as it has happened in Tanah Papua, HIV/AIDS infections could spread more rapidly as a result of sexual transmission. According to the Ministry of Health, we could have half a million people infected by 2010, or even a million, if we do not take effective action²³.

So how can we prevent that?

The first priority is that people should know the facts. Most are aware of the disease but have wrong ideas. Many sex workers, for example, claim to be able to tell just by looking at a client whether or not he is infected. They cannot. People also need to know exactly how the infection is transmitted and how they can protect themselves. A survey of young adults in 2002-03, for example, found that around 40% did not know how to avoid HIV infection²⁴. But awareness is not enough. Even people who have the basic information, around 66% (61% female and 71% male, SDKI 2007) of those of reproductive age, may not change their behaviour. Some may simply be too embarrassed to buy or to carry condoms. Or maybe they just prefer not to use them. A man who has visited a sex worker may not use a condom when having sex with his wife.

Even if he has HIV?

Probably he does not know. Only around one person in twenty with HIV has taken a test. That's why it is also important that anyone should be able to get tested – and have the appropriate counselling.

What's the point in getting tested if there is no cure?

Well, if someone knows they are HIV-positive they should be less likely to expose their partners to infection. And while there is no cure there are drugs, called anti-retrovirals that can help control the progress of the disease. In principle these should be available free to all who need them, though in practice there are registration fees and other costs, and at present they are only available from city hospitals. But another reason why people do not come forward for testing or treatment is because of the stigma associated with HIV/AIDS. This is largely based on ignorance. Even some doctors and

nurses seem uninformed of the basic facts and can be reluctant to treat people with HIV. If we are to prevent a massive epidemic we need to be able to discuss the disease openly and frankly – and take practical steps, even if they seem objectionable.

What am I going to object to?

Many people argue that we should be distributing free condoms in red-light districts, or free needles to drug users. Others object because this seems to condone or encourage immoral or dangerous behaviour. But HIV/AIDS presents us with stark and difficult choices. Apart from the high-risk groups we also have to assume that ultimately everyone is at risk. So everyone needs to take the necessary precautions. Fortunately, we now have an active KPA which should help us move towards the goal.

What is the goal?

The MDG target on HIV/AIDS is by 2015 to have halted and begun to reverse the spread of the disease. We cannot say we have halted or reversed the spread of the disease since in most of the country it has yet to take a firm grip. And we hope that it does not spread. We could meet this target, but it will require a massive and well coordinated national effort. Our main problem at present is the low awareness of HIV/AIDS issues and the limited services for testing and treatment. Part of the problem with HIV/AIDS is that we do not have much experience in dealing with it. However, this is not the case with other diseases such as malaria and TB (Tuberculosis).

Are we doing any better with those?

Yes, though the starting point is actually much worse. TB has been around a lot longer than HIV/AIDS and at present affects many more people – around 582,000 in total. The rates of people with 'smear positive' TB are measured per 100,000 people and vary from 64 in Java and Bali, to 160 in Sumatera and 210 in the Eastern provinces. Each year around 100,000 people die from TB – which is our third leading cause of death. TB, which primarily affects the lungs, is highly contagious: each year one person can infect around 10 to 15 others by releasing the TB bacteria into the air where they can be inhaled by others.

That sounds very dangerous

It is, but not quite as bad as it sounds. This is first

because most people who become infected do not show any active symptoms. The most likely to suffer are those who already have weakened immune systems, so there is a strong link with the HIV virus whose main effect is to undermine the immune system. Second, TB is curable. The standard treatment is called the Directly-Observed Treatment Short-course – DOTS. This involves daily doses of three or four drugs taken over six months. Indonesia has been using DOTS since 1995. We are now detecting over three quarters of cases and curing around 91% of them.

Why not all of them?

Often this is because people stop taking the drugs when they feel better. But this does not mean they are cured. For that, they have to take the full course. Stopping taking the drugs is bad for them and everyone else, because it encourages the emergence of strains of TB that are resistant to current drugs. This is one case where incomplete treatment is actually worse than no treatment. Still, most people – 91% – do get cured and thanks to DOTS we have already met the MDG target which is to reverse the spread of the disease. In Java-Bali, for example, since 1990 the prevalence has been halved, though it is coming down more slowly elsewhere.

Good news then

Yes, but TB remains a huge problem. More than half a million people still become infected each year. The main challenge is to extend the DOTS programme, which at present is confined largely to health centres, so as to involve many more communities, NGOs and others. It is also vital to ensure that we keep the necessary drugs in stock and that people continue with the full course of treatment. In particular, we have to reach the more remote areas. Providing services here is difficult for most diseases, not just TB but also malaria.

But at least malaria doesn't kill you

Not usually, though it does undermine general health, especially of children and pregnant mothers and makes them more vulnerable to other diseases. There are also huge economic costs. Malaria can stop people working – which is estimated to cost around \$60 million dollars annually in lost income. Almost half our population – some 90 million people – live in areas where mosquitoes carry

malaria. And we get more than 18 million cases annually (Ministry of Health, 2005).

Are they going up or down?

We don't really have enough information to give a complete picture. Most people who get malaria don't report it. Only around 20% of people go for treatment. And there are only detailed surveys in the areas that are worst affected – usually those in the eastern districts of Indonesia. In Java-Bali the prevalence has now come down to quite low levels. In the eastern districts of Indonesia, on the other hand in some places, the number of report cases is increasing though this may just be because of better surveys. Overall, across the country, we could say that we are just about reversing the trend, so on track for achieving the MDG goal. But it's a close call.

Can we make it more definite?

In eastern Indonesia the main task is to prevent infection, which means starting with the anopheles mosquitoes which carry the parasite. First, we have to reduce the number of places where mosquitoes can breed – typically stagnant rivers and streams during the dry season, or rain puddles in the forests during rainy season. Then we need to protect ourselves from mosquitoes by spraying households with insecticides and in particular by using insecticide-treated bed nets, especially for children.

Who pays for all this?

Some of the money comes from the public health budget – with support from the Global Fund for AIDS, TB and Malaria. But most people have to pay for protection themselves. As you might imagine the worst affected are the poorest families. They live in low-standard housing, and cannot afford treated bed nets. Also exposed are poor people who, seeking more land, are moving to the fringes of forests. And when there is a natural disaster as in with the tsunami in Aceh, many people can be displaced to areas where they are more exposed. For all these groups the first priority is prevention. But then they also need to have treatment. Nowadays the main drug treatment is artemisin combination therapy, which is very effective. In fact in places where there are fewer cases the treatment is also an important form of prevention.

How is that?

Well, if there are no infected human beings then the mosquitoes cannot pick up the parasite. This breaks the cycle of infection. So the final stage of the struggle against malaria is elimination. Rather than waiting for patients to come to health centres,

health workers go round seeking cases and treating them. With malaria, as with many other infectious diseases, we can achieve a great deal by creating a more healthy natural and human environment. This brings us to the seventh goal.

GOAL 6: **COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES**

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

The current prevalence is 5.6 per 100,000 nationally but at present there is no indication that we are yet halting the spread of HIV/AIDS. However, we should still be able to do so. Most of the available data relate to high-risk groups.

HIV prevalence – Injecting drug users: West Java, 2003, 43%. Female sex workers 2003: Jakarta, 6%; Tanah Papua 17%. Male sex workers: 2004, Jakarta, 4%. Prisoners: 2003, Jakarta, 20%.

Testing – Received HIV tests in the past 12 months and know the results, 2004-05: female sex workers, 15%; clients of sex workers, 3%; injecting drug users 18%; men who have sex with men, 15%.

Knowledge – Proportion of group who know how to prevent infection and reject major misconceptions in 2004: sex workers: 24%; sex worker clients, 24%; men who have sex with men, 43%; injecting drug users, 7%.

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

This was a new target that was added last year. At the moment we don't have data for this.

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Malaria – Incidence is 18.6 million cases a year. The number is probably coming down.

Tuberculosis – Prevalence: Approximately 262 per 100,000 or a total of 582,000 cases per year. Case detection: 76%. Success rate for DOTS treatment: 91%.



GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Ensure environmental sustainability

Much of Indonesia's development has been at the expense of the natural environment. We are cutting down trees, degrading the land, and pumping more pollutants into our rivers and waterways and into the atmosphere. The seventh MDG aims to arrest this degradation. First, it looks at how much of our territory is covered by trees. This is vital for Indonesia since we have some of the world's richest and most diverse forests. But maybe not for much longer. In the period 1997 to 2000 we lost 3.5 million hectares of forests annually²⁵. That's an area the size of South Kalimantan province.

Less protected are two types of 'production forest' which be used to harvest timber or other forest products – but where trees should be replanted. Most vulnerable of all are areas classified as 'convertible forest' which, as the name implies, can be used for other purposes.

That's not bad. Two-thirds of Indonesia is a lot of forest

It would be if it were actually forest. Unfortunately satellite pictures show that in 2005 one-third of this 'forest area' had very few trees. The real forested area may be only 94 million hectares, or around 50%.

Look closely at Figure 7.1 and you will see that there were very few trees in around two-fifths of the production forest. On the other hand, as a small compensation, the satellite pictures also show that some of the land not designated as forests is actually forest.

That's something. But what happened to the rest of the trees?

One of the main problems is illegal logging. Timber is so valuable that many companies, sometimes in collusion with local officials, are prepared to steal it. In fact around half of Indonesia timber is thought to be produced illegally. In some cases the land is also being cleared for other purposes such as palm-oil plantations. In addition, some rural communities who are short of land have been encroaching more on the forests. And the situation is further complicated when district governments adopt their own land designations that contradict the national definitions.

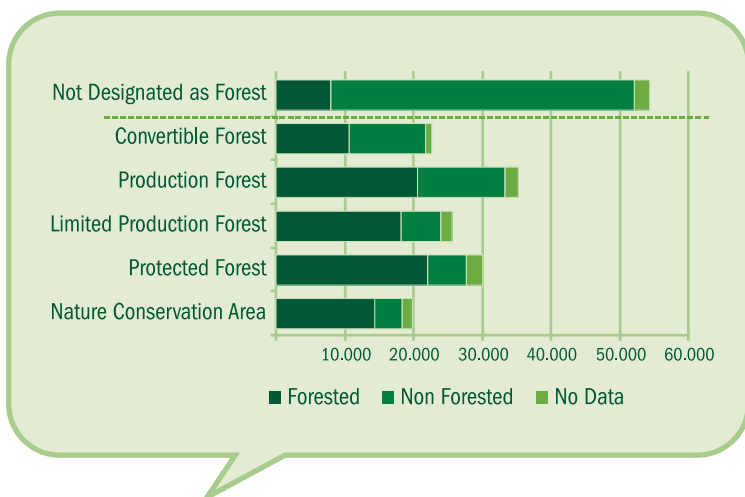


Figure 7.1
Categories of 'forest area' and actual forest coverage, 2005
Source: Ministry of Forestry, 2006

It's surprising there are any forests left.

Indeed. According to the Ministry of Forestry, however, we have around 127 million hectares of 'forest area' – about two-thirds of our territory. This area is divided into various categories which have different degrees of protection. You can see these listed in Figure 7.1²⁶. Most protected are the 'nature conservation areas' and 'protected forests'.

So we are not doing very well

No. And all of this is creating major problems for people who rely on the forests for their livelihoods especially the 10 million or so poor people, and among them the indigenous groups²⁷. Deforestation is also often accompanied by forest fires that are causing serious health problems as well as releasing vast quantities of greenhouse gases into the atmosphere. In addition, deforestation is narrowing our biological diversity. As you might imagine, for this MDG indicator, Indonesia is behind

So how do we get back on track?

This will be difficult. At the national level we have the right intentions. The government has vowed to protect the environment. But our management is weak and we have difficulty enforcing existing regulations. In particular, we will have to do more to fight forest crime and corruption. But ultimately the aim should be to pass control of the forests to local communities – so they are able to make a living from the forests and have the incentives to manage and protect them. But of course we also have many other natural resources on which poor people depend for survival, particularly the seas which employ around three million people. In fact Indonesia's marine resources are also affected by deforestation.

We have underwater trees?

No, but deforestation and land degradation erode the land, allowing rain to wash away the soil. The rivers then take the soil to the sea where it is destroying coral reefs. Our seas are also at risk from other forms of pollution, particularly from oil spills. Meanwhile back on land we are faced with pollution from toxic waste, chemicals and pesticides – as well as pollution of the air, particularly from industry and vehicle exhausts. All in all, Indonesia has a fairly polluted environment. But they do check how much energy we are using, since a lot of this is the result of industrialization which usually involves consuming more energy.

I'm using up quite a lot of energy reading this report

Very impressive too. Stick with it. Only one more MDG to go. Of course the energy we are talking about here comes not from food but from various types of fuel. Our oil consumption decreased in

1998 because of the financial crisis. However, it has risen since then and in 2005, the oil consumption was 95.2 kilograms/1,000\$ of GDP. Using more energy does not however mean more pollution, particularly if we move to cleaner fuels. In fact, another of the MDG indicators does reflect this. This looks at the proportion of the population using solid fuels. This means using wood or coal, for example, as opposed to kerosene, say, or natural gas. In fact the proportion of people using solid fuel has come down considerably, from 70% in 1989 to 47.5% in 2004.

What's wrong with solid fuels?

Usually they are dirtier, since they produce more smoke and fumes. This is risky in the home – particularly for women and children who can be badly affected by smoke. Of course the other fuel emissions we need to worry about are the 'greenhouse gases', especially carbon dioxide which is rising into the upper atmosphere and heating up the planet.

Not our fault. Most of the greenhouse gases come from the rich countries

It's certainly true that developed countries generate most of the industrial emissions. But many of the developing countries, including Indonesia, are also producing more carbon dioxide. In 2000 on average each person sent 1.15 metric tons of carbon dioxide into the atmosphere. More than half of this came from industry or households or transport, with the rest from forestry and agriculture. In 2005 this number increased to 1.34 metric tons. And, there is the issue of peatlands.

Peatlands?

Peat is a deposit of partly decayed vegetable matter. In Indonesia we have a lot of swampy forests where plant material decomposes very slowly. Over thousands of years, this has built up a thick layer of peat. This can be many metres deep and stores billions of tons of carbon dioxide. When the swamp is drained, or the peat is burned, much of this carbon dioxide rises into the atmosphere. Some NGOs argue that the destruction of peatlands is rapidly turning Indonesia into one of the world's largest emitters of carbon dioxide²⁸.

Is that true?

At this point we don't have any hard figures. The

government is investigating the issue and will be presenting estimates of what is happening. Whatever the extent, it is clear that the destruction of our forests is not only damaging our environmental heritage but also contributing to global warming. But this is not the only emission we need to worry about.

I can only do so much worrying

Fortunately, this is probably less dramatic. It refers to the uses of substances that deplete the 'ozone layer'. Ozone forms a shield that protects the earth from damaging radiation from the sun but can be removed by substances like chlorofluorocarbons that have been used in aerosols and refrigerators. Indonesia does not manufacture these chemicals, but we do use them, so the first task is to cut down on imports and then stop using the existing stock.

How are we doing? Are we killing the ozone layer as well?

I'm afraid so. Over the period 1992-2002 with international assistance Indonesia successfully eradicated 3,696 tons of ozone depleting substances²⁹. On the other hand we still have some illegal imports, and while we are using less of some of the offending substances, we are using more of others. Often the problems are with the smaller companies. As with forests, we have the right regulations but have trouble enforcing them. Are you ready for a major change of subject?

OK. Let's move on

From forests and gases, it is now time to turn to liquids and particularly drinking water. The seventh MDG goal includes a target to halve the proportion of people without 'sustainable access to safe drinking water'. But what does this mean? Maybe you get your water from wells or rivers, or out of hydrants or taps. But would you drink it?

Not likely

On the other hand you could boil it, which would give you 'access to safe drinking water'. Or if you have a regular income you can buy bottled water. Indonesia is the world's eighth largest consumer of bottled water – more than 7 trillion litres per year in 2004, and sales are growing rapidly³⁰. However, adding up how people may have access in these ways is very difficult. And the MDGs do not regard bottled water as a sustainable source

for most people. So instead the indicator used is the proportion of the population with sustainable access to an 'improved water source'.

What does improved mean?

It could be a well, for example, that has been lined, or has fencing or a covering to protect it from contamination from animals. Or it could be river water that has been filtered by a water company to remove most of the contaminants and then delivered through pipes. In either case this can be considered to produce 'clean water', though rarely safe drinking water. Even then, there are different degrees of 'clean'. One standard, for example, insists that the water source has to be at least 10 metres from a place used for disposal of excreta.

That sounds sensible

Using this standard, the national socio-economic survey (Susenas) has produced the estimates shown in Figure 7.2. The national average for Indonesia is 57.2%, though this varies from 34% in West Sulawesi to 78% in Jakarta. Halving the proportion without access by 2015 would mean reaching around 80%.

We're heading in the right direction

Yes, on the basis of progress so far we appear to be just about on track. But in practice even achieving the limited target of 'clean water' could prove difficult. The reasons differ between rural and urban areas. In the rural areas, where the proportion is around 50%, the problem is that many systems that have been installed by the government have not been well maintained – so even that 50% may be optimistic since it can include systems that are not working well.

What has gone wrong?

Often poor maintenance. In scattered communities publicly financed systems have often been based on wells or springs. But once the system is installed it may not be clear who is responsible for looking after it. Or perhaps the skilled person originally in charge has moved away. In rural areas, a better approach would be to start with the demand.

Who's demanding what?

'Demand-based' just means that communities have to decide for themselves what they want and

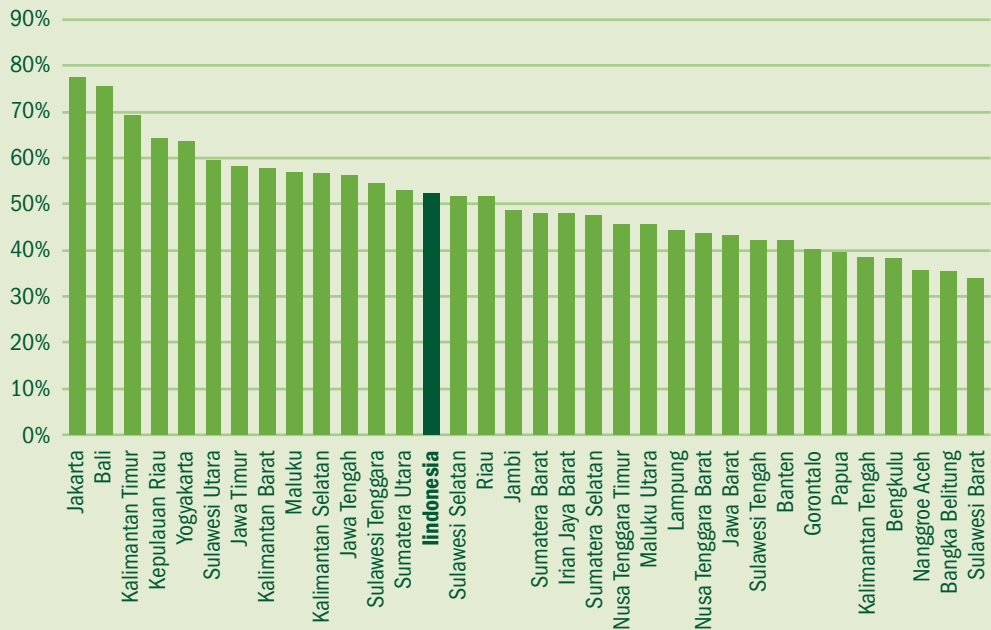


Figure 7.2
Access to improved water Sources, by province, 2006
Source: BPS, National Socio-Economic Survey, 2006

then ask for help in planning and constructing their own water supplies. Since they would be paying for materials or equipment, in future they should have a better incentive to maintain their system. This approach does work but it can take a long time. In the towns and cities, on the other hand, the situation is different. Here it is more obvious who should run the systems.

Who?

The overall responsibility is held by the local government. But their task is made more difficult by the inefficiency of the district drinking water companies (PDAMs) who deliver water either piped to households or to the general population through hydrants. They are inefficient partly because they cannot afford to invest. They are not usually allowed to raise their prices as much as they need and often are delivering water below cost. Some bupati also regard their PDAM as a ready source of income. Not surprisingly many PDAMs are deeply in debt. In addition much of the infrastructure is decaying. In Jakarta, for example, around half the water is leaking out of the underground pipes. But people with piped connections are the lucky ones. At present around only one-third of urban households have piped connections to their homes and the

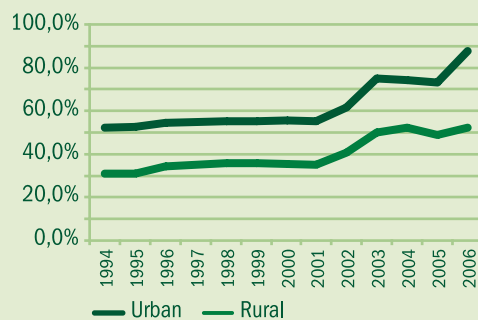


Figure 7.3
Access to improved water Sources, urban and rural
Source: BPS, National Socio-Economic Survey, 2006

number is not increasing very fast: between 1990 and 2005 piped water coverage only increased by 3 percentage points.

And the unlucky ones?

Most of the rest of us rely on hydrants, or use well or river water. Worst off are the poorest communities which are very unlikely to be able to afford piped connections, and certainly cannot get them if they are living in squatter settlements. This means they end up buying from roving vendors – often paying 10 to 20 times as much as those with piped supplies.

So what do we do?

Clearly we have to invest much more in water supplies. But we also need viable systems of finance – to gather sufficient income from the better off while offering well-targeted subsidies to the poor. In addition improved water supplies should be accompanied by better systems of sanitation since the two are connected – often too closely.

How?

Mostly because bad systems of sanitation pollute the water supplies. As you might expect, there is an MDG goal for sanitation too. This is to halve the proportion of the population without access to safe sanitation.

What counts as ‘safe’ sanitation?

If you are lucky, a flush toilet in your home that is ultimately connected to a mains sewer. But only a few of us manage that. Most people rely on a latrine with a septic tank, or failing that use a public toilet. ‘Unsafe sanitation’, which you were just about to ask about, could involve using a pond or a rice field or a river or a beach. You might be surprised to learn that Indonesia has already met its sanitation target. In 1990 the proportion of households with safe sanitation was around 30%. So the target for 2015 would be 65%. By 2006 the average was 69.3% (Figure 7.4).

Pretty good then

Yes, in some respects quite impressive. Unfortunately, many of these systems are substandard. Many are based on septic tanks that frequently leak and contaminate the groundwater. So, although they

may be safer for the user of the toilet, they are very unsafe for water supplies. You might also have seen that we started in 1990 at quite a low level so the target was not very high. We may seem to be doing well but that’s probably an illusion. We will need to invest far more.

How much more?

One estimate suggests that over the next ten years the total cost would be around \$10 billion³¹. But that would have to come from both households and the government. This would be money well spent. It would result in many cost savings – from reduced medical expenses to time saved in not having to queue for public toilets. Some economists have estimated that we could achieve returns of about Rp10 for every rupiah invested.

Sounds like a good deal. How do we invest?

That will depend on where you live. In the rural areas, people will generally start with something simple, a pit latrine, say, then move on to a latrine with a septic tank. In the urban areas the situation is more difficult because there is less space. The poorest communities will initially at least have to continue with communal toilets. In the longer term we need to find ways of extending the public sewerage system so that more people can connect to it. But as with water supplies, improvements will only come if we demand them. People have to realize just how vital good sanitation is and come together to plan their own systems – while the government can provide support. Investing in a new sanitation system, however, also probably means owning your own house.

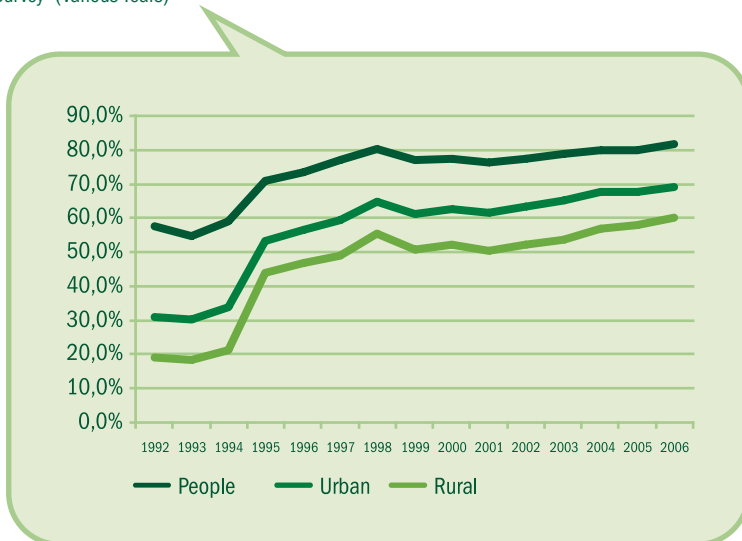
Which most people do

Indeed they do, and installing a good sanitation system would add value to the home. This also brings us neatly to the final target in this goal which is concerned with housing – and specifically with improving the lives of slum dwellers. In this respect at least Indonesia has made big improvements. Around 15 years ago, only 20% of households had legal title to their land. Now the majority do, thanks to a massive campaign to improve land titles by the Land Agency. And as you pointed out, we also tend to own our homes. At least four-fifths of us own or lease our homes³².

But you still see plenty of slums

And they are proliferating. Between 1999 and

Figure 7.4
Proportion of population with access to safe sanitation facilities
Source:
BPS, National Socio-Economic Survey (Various Years)



2004, the land covered by slum areas increased from 47,000 to 54,000 hectares. In total, around 15 million houses are considered substandard³³. The main problem is that more and more people are now crowding into the cities where 42% of us now live. The Ministry of Housing estimates that we already have backlog of 6 million homes and will need 1 million more each year. For most people the problem is poverty. You can only build a house if you have sufficient savings or can borrow from family or friends. Very few people can get bank loans. For that you need full-time formal job – which only one-quarter of us do.

I'm not sure I want to take a bank loan anyway

Yes, not many people want to take on long-term loans. But if we do manage to get the funds together, we should also be able to build our houses in places that have services such as water, electricity and sanitation. That will need massive public investment, which often means borrowing domestically or relying on international loans. The final MDG goal looks at that and more. We will see how we relate to the rest of the world.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

The first indicator is the proportion of land area covered by forest. On the basis of satellite imagery, this is around 49.9% and may even have risen slightly. But Landsat images are of fairly low resolution and may not be suitable for tracking changes. Another indicator is the ratio of area protected to maintain biological diversity. In 2006 this was officially 29.47%, though some of this may have been encroached upon.

The latest figures on carbon dioxide emissions per capita is 1.34 while the total consumption of ozone-depleting substances stood at 6,544 metric tons.

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

In 2006, 57.2% of the population had access to safe drinking water, so there is still some way to go. For sanitation we already appear to have exceeded the 65% target having achieved 69.3% coverage, though much of this is of low quality.

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Although 84% of households have secure tenure, either by owning or renting, the number of slum areas that have very few services and little security is increasing.



GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Develop a global partnership for development

The final Goal is concerned with international cooperation. This means looking at such issues as trade, international debt, and international aid. In fact, the targets and indicators are mostly for the developed countries who are supposed to help the poorest countries achieve all the other goals.

Nothing to do with Indonesia then

Not necessarily. In fact some developing countries in the Asia-Pacific region now offer assistance to other developing countries. And Indonesia too could look at ways of helping its poorest neighbours such as Timor-Leste. Even so, our main interest in this goal is actually to see how the policies of the richer countries will affect us. Let's start with trade. First, our exports – since making more goods for export should generate more jobs and help people climb out of poverty. In the past we mostly exported raw materials such as oil, timber and palm oil. But from the 1980s many businesses started to invest in factories making simple manufactured goods, like garments and footwear, for export. Nowadays over half our exports are industrial products. This is how Indonesia joined in the recent wave of globalization.

Globalization? Are we in favour of that?

Some people are. While others are not. Those who are against it think that the international flow of goods and money and information simply allow rich countries to exploit poor countries. Others think that we have to accept globalization, but do so on the right terms. This would mean, for example, ensuring that international trade was as fair as possible, so that all countries have the same opportunities. Trade

should also be fair to workers. Those employed in export industries should therefore have decent pay and working conditions. In fact, Indonesia has been keen to increase international trade – exports and imports. But this can produce both winners and losers³⁴.

Who loses?

The losers are those in enterprises that cannot compete with low-price imports. Take rice. If we import cheap rice produced abroad this will reduce the price in Indonesian markets. This is good for those of us who buy rice, but it may also reduce the income of rice farmers.

So what should we do?

First we have to decide how 'open' our economy should be. Being open, with few import controls, doesn't necessarily harm local companies. Often it makes them more efficient. It encourages them to concentrate on the goods they produce best. But we might still want to protect some of our industries with tariffs and other measures – at least for a time. Maybe we want to protect those which we think are essential, or which need more time so they can prepare themselves to compete internationally, for example services.

Services?

Services refers to things like restaurants, or hairdressers, or hotels. We provide most of our services ourselves. But we also buy from foreign companies who have set up enterprises here. Many other companies are keen to invest in Indonesia and other developing countries – and to provide services

like electricity or water supplies. For example, we already have two private municipal water suppliers in Jakarta. In negotiations at the World Trade Organization (WTO), many countries are pressing for more opportunities to sell services overseas. Many people argue against this. They believe that certain services, like water or sanitation, should be provided by the state – and should not be run by private companies, foreign or Indonesian, since this could reduce access for the poor.

Would it?

Yes it could – if private companies just concentrated on richer customers and neglected the poor. On the other hand a mixture of public and private provision could get more efficient services. Even poor people may be prepared to pay a small amount if they think they will get a good service. The government need to ensure access for all, regardless of who provides the service. How open we are to trade in services or in goods is largely our choice, but this issue also forms part of negotiations at the WTO. These discussions also include things like whether we can use cheap ‘generic’ copies of drugs for HIV and other diseases, or whether we have to buy full-price drugs from international companies.

What has this got to do with the MDGs?

One of the targets within the eighth goal is to “Develop further an open, rule-based, predictable, non-discriminatory trading and financial system”. In short, that means fair trade and aid flows. For trade a lot of these issues are sorted out at the WTO. Unfortunately, the latest round of negotiations, called the ‘Doha round’, broke down mostly because the developed countries wanted to give too much protection to their own farmers. It might be possible to get these talks going again. But Indonesia, with many other developing countries, believes that we have offered enough already. It is now up to the rich countries to offer more. Another way in which the developed countries are encouraged to help is by giving foreign aid. In fact they have promised to give an amount equivalent to 0.7% of their total national incomes as ‘official development assistance’ to poor countries,

Do they?

No. Scarcely any have reached this goal, though some are slowly increasing their contributions. We are interested in this because in the past we have

relied on foreign aid for much of our ‘development expenditure’ – which is used for building new infrastructure such as roads³⁵. As you can see from Figure 8.2 we have usually received aid equivalent to 40% of our development expenditure, though in some years much more.

Who gives us aid?

The biggest donors are the World Bank, the Asian Development Bank and Japan. Most is in the form of loans. You might think that foreign aid is primarily for improving health and education. But much more goes for building new physical infrastructure such as roads – which will reduce poverty, but indirectly. Over the last couple of years a lot of the aid has gone to disaster reconstruction, after the tsunami, and the earthquake in Yogyakarta. In total, for 2006-2007, for example, we were promised \$5.4 billion.

It would be better though to get more grants

We are unlikely to get a lot of grants though. Most donors are concentrating their support on countries that are poorer than Indonesia. So unless there are humanitarian needs, in case of disasters, Indonesia is less likely to qualify for grants.

How about loans then?

Yes, we could, but we need to consider our current debt burden. In 2007 the government decided it could manage without the annual meeting of Indonesia’s donors, called the Consultative Group on Indonesia. It said it wanted to take more control over the process and would talk to donors individually. It also believes it should be raising more funds not from donors but from the financial markets by selling bonds.

If we take all these loans, won’t we have to pay them back?

Usually, yes. Whether the borrowing comes from loans or selling bonds, we have to pay interest, and eventually repay the capital. In fact one of the problems for achieving the MDGs is that Indonesia continues to spend so much on servicing debts that we don’t have enough to spend on health or education. If you look at Figure 8.3, you can see how our debts increased in the past, but now is going down³⁶. After the financial crisis there was an alarming rise, but most of this was not international

debt but domestic debt. That's money the government owes to institutions within Indonesia – though we didn't actually 'borrow' that money in the conventional way. If you don't want to follow the details of this you might like to skip the next paragraph.

Try me

OK. What happened was that following the economic crisis of 1997 many Indonesian banks which had made bad loans to local companies were about to go broke. The government was nervous about a collapse in the banking system so it stepped in to save some of them. To do this, it issued billions of dollars-worth of government bonds and gave these to the banks so they could use this as capital. That meant they were solvent again. Normally the government issues bonds and then sells them to raise money. In this case, however, we didn't get any money in return. What we got were healthier banks. But we still got landed with the debt – and have to pay interest on these bonds to the banks, or whoever owns them now. That's expensive.

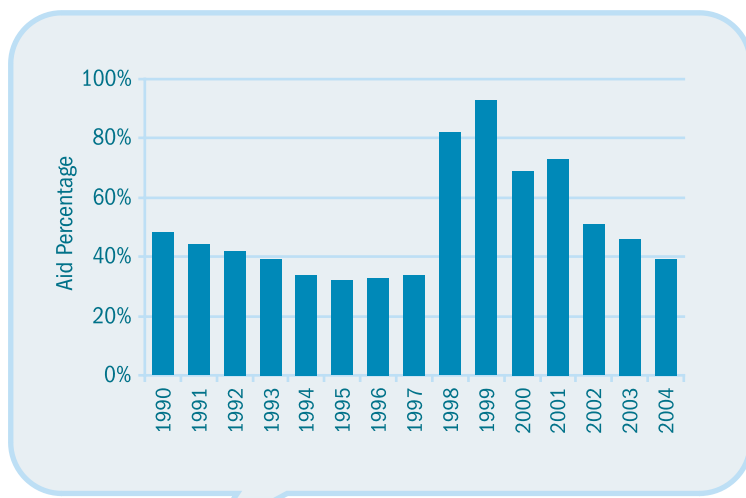


Figure 8.1

Aid as a proportion of development expenditure, 1990-2004

Source:

Chowdhury, A. and Sugema I

How much is all this costing us?

For example in 2006, 'servicing' this debt was equal to 26% of government expenditure. Indeed the government is spending more on interest payments than it is on education, or health. So you could say that we are paying for the incompetence of rich bank owners at the expense of the poor. But the government argued that it had no choice. A collapse in the banking system would have made things worse for everyone rich and poor. Whether that

decision was right or wrong, we now have to deal with the consequences. In 2006, the government still owed \$144 billion in debt.

Who to?

Almost half is domestic – owed to banks which are using it as capital. The rest, around \$67.7 billion is owed to institutions overseas. Some of this is owed to bilateral donors who lent us money as a part of aid programmes or to help us buy some of their exports. The rest is owed to 'multilateral' donors like the World Bank or the Asian Development Bank.

Can we just refuse to pay?

We can't renege on the domestic debt since that would cause lots of our banks to crash. And we cannot just default on international debt since that would cut us off from the world's financial markets, and probably trigger a new financial crisis. Better not think about that. But we can negotiate. We can ask multilateral and bilateral donors, for 'debt relief'. We did this a few decades ago, and they forgave part of our debts. But things are more difficult now. International donors still give some debt relief, but only to the very poorest countries. Indonesia is now a middle-income country, so we don't qualify. In any case, this would probably mean subjecting ourselves to an assessment by the International Monetary Fund (IMF).

That would not be very popular

No. In fact the government has deliberately paid off all its debts to the IMF so we do not have to follow IMF conditions. But there are still things we could do to reduce the debt, at least slightly. One option is to encourage bilateral donors to engage in 'debt swaps'.

Very strange. What can you swap debt for?

It does seem odd. But some bilateral donors are prepared to write off a part of what we owe them if we spend an equivalent sum on development. Germany, for example, negotiated with Indonesia to write off around \$135 million-worth of bilateral debt if the government used the funds for education and environmental projects. Unfortunately, these schemes typically involve relatively small sums (our total debt to Germany is \$1.3 billion). Again the international rules prevent us swapping very large amounts of debt.

Time to change the rules

Good idea. Indonesia with other developing countries should be arguing that a high level of debt is harming our progress towards achieving the MDGs. So we should be given some form of debt relief. And in fact many of the issues in Goal 8, whether on trade or aid or debt, both the government and civil society should be challenging the international status quo. We are quite happy to report on our own efforts towards achieving the goals we have agreed to. But the developed countries also need to monitor their activities. The MDGs are an international responsibility.

Well said. Have we finished?

Not quite. Lets talk about bringing the MDGs home.

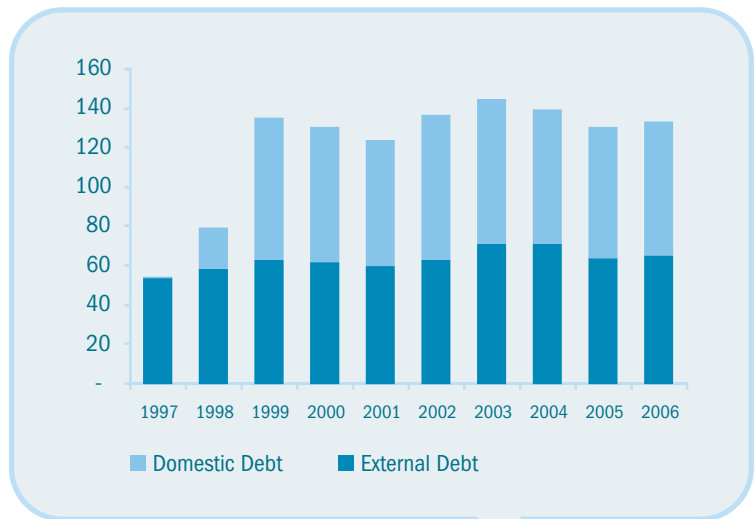


Figure 8.2
Government debt 1996-2006 (in Billion US \$)
Source:
World Bank Indonesia



BRINGING THE MDGs HOME

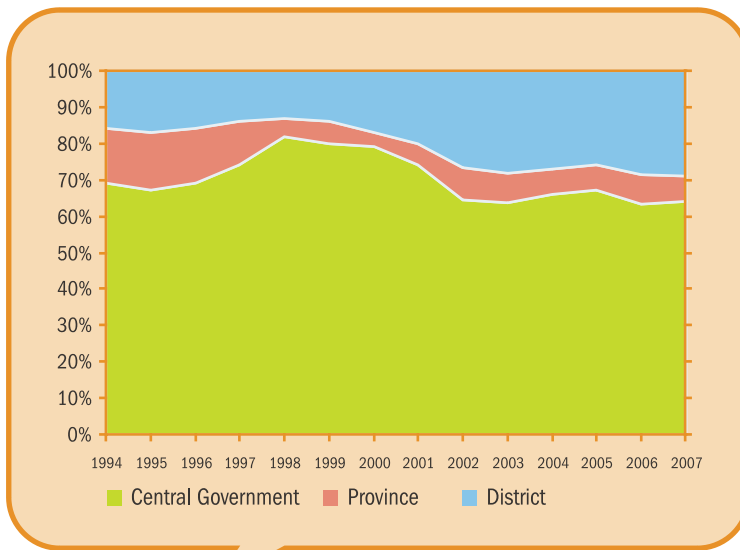


Figure 9.1
Distribution of government budget
Source: World Bank 2007

Bringing the MDGs home

MDGs are global goals but, in many ways they should be adapted to the Indonesia national as well sub-national situation. In fact for many of the goals most of the responsibility lies with the provinces and districts. You can see this in Figure 9.1 as the districts have steadily taken over more of the government's routine expenditure³⁷.

So, districts should be doing more?

Yes, they have to. Of course one of things that they need is information. In fact BPS does collect some of the same information at the district level. This does not go back to 1990 so it might be difficult to arrange targets for 2015. But that does not matter. The most important thing is that provinces and districts think about the MDGs and work out what they could do best. And it need not stop at the district. You could go down to a village.

Seriously? Can you measure all these things in a village?

You can. Communities themselves can choose the goals they want to concentrate on and then see how they could check and accelerate progress. If you are concerned about malnutrition, for example, maybe the puskesmas could ensure that it was weighing all the children. You could then add up all the information and see if malnutrition was going up or down. And more important you could agree what to do about it.

Like what?

Well you could check how children who are not growing fast enough are being fed, and maybe offer advice or support to mothers. Are all the children in school? It should be easy enough to look at the school register. If TB is a problem, maybe you could try to get as many people as possible tested and then start the treatment. Have any women been dying as a result of childbirth? How about watching how many pregnant women are attending ante-natal clinics, and have made plans about what to do if there is an emergency.

Sounds like a lot of work

You don't have to try everything at once. You can start with a couple of priorities and move on from there. For the MDGs, the spirit is more important than the details. If individual districts or communities start taking their own action then all this will soon add up. 2015 is only seven years away. But we can do a lot in seven years.

Is that it?

We're finished, but if you are interested to know more you can go through the reference material that has been listed at the back.

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