

NEWSLETTER SMERU

NO.1/2019

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This edition of SMERU's newsletter disseminates research results on youth and children while focusing on a topic relatively rarely discussed by the public. First, about youth's role in development, which often has a nuance of mere jargon. In a collaborative study between SMERU and the National Development Planning Agency (Bappenas), youth is viewed as both object and subject of Sustainable Development Goals (SDGs) and the Indonesian Youth Law. The researchers assess that the SDGs and Youth Law share the same point of view in terms of youth's role in development, although some of their ideas are not in agreement.

Second, is on the topic of high inequality in access to higher education between economic groups. To address this, the government is now designing a policy, other than scholarships, to provide assistance for students. Utilizing results of the 2015 National Labor Force Survey (Sakernas), SMERU conducted a simulation of a student loan system based on two approaches, namely the mortgage-type loan and the income-contingent loan. The findings indicate that an income-contingent loan for students needs to be considered as it offers affordability and equity of higher education for lower economic groups.

Third, with regard to female adolescents, this edition highlights bad menstrual hygiene management (MHM) practices which, in the long term, will affect sexual and reproductive health. In 2018, SMERU along with Plan International Indonesia conducted a study to learn the dynamics of the MHM implementation while, at the same time, evaluated Plan's MHM program. This study reveals that there have been misperceptions of and limited access to information on menstruation and MHM. Therefore, girls have not practiced the standardized MHM at school and their schools have not facilitated them for the purpose. For this reason, SMERU recommends that Plan's MHM model be developed, expanded, and replicated.

Fourth, this edition highlights the issue of child labor in tobacco farming. In 2018, SMERU collaborated with ECLT Foundation on a study in two tobacco-producing *kabupaten* (districts), namely Lombok Timur and Jember. Besides facing health risks from direct contact with green tobacco leaves, many children also work long hours beyond what is permitted for their age. This study recommends an improvement in the national policy and the initiation of a pilot program on child labor policy.

Lastly, with regard to deprivations of children at a very young age, which tend to go on through their life cycle, various government programs have considered children as part of the development process. Our guest writers, Wenny Wandasari and Santi Kusumaningrum—two researchers from the Center on Child Protection and Wellbeing at Universitas Indonesia (Puskapa)—suggest that the 2020–2024 National Medium-term Development Plan (RPJMN) prioritize, among others, universal services and cross-sectoral programs to overcome the problems of unequal access to services, poor response of existing service systems, and exclusion of minority groups.

I hope you enjoy this edition.

Syaikhul Usman
Editor



Novita Maizir/SMERU

THE SUSTAINABLE DEVELOPMENT GOALS OF YOUTH AND ADOLESCENTS IN INDONESIA¹

Introduction

By 2025–2030, Indonesia will have a demographic bonus—an opportunity for economic advancement through labor supply, savings accumulation, and human capital. Youth and adolescents are important parts of this process, yet they have to deal with various challenges, including the high poverty rate and limited access to basic services and opportunities for decent jobs.

To realize both the demographic bonus and the Sustainable Development Goals (SDGs) by 2030, it is important to maximize the role and participation of youth and adolescents from the beginning of the agenda formulation stage. In connection to this, SMERU conducted a baseline study which measures the Indonesian youth and adolescents' advancement in some of the SDG thematic areas and which identifies room for improvement in the Youth Law to

ensure active participation of youth in development. It is expected that the results of this study will be used as reference for the government and other stakeholders in developing policies and programs that prioritize investment in youth and adolescents as well as ensure the realization of both the demographic bonus and achievement of the SDGs.

Youth is defined as a population group ranging from the age 16 to 30 years, while adolescents range from age 10 to 19 years. Youth and adolescents are thus the population aged between 10 and 30 years. The indicators are measured using data from Statistics Indonesia, particularly National Socioeconomic Survey (Susenas) and National Labor Force Survey/NLFS (Sakernas) 2015, and data from the relevant ministries/institutions as set forth in the document of Metadata Indikator TPB (Bappenas, 2017). According to these data, in 2015 Indonesia had 90.4 millions of youth and adolescents, or 36% of 254.3 millions of the total population with a balanced gender proportion.

¹ This article is a summary of the draft Baseline Report of Youth and Adolescents Sustainable Development Goals (SDGs) of Indonesia (forthcoming) written by Athia Yumna, Elza Elmira, Ridho Al Izzati, and Rika Kumala Dewi.



Figure 1. Map of youth and adolescent distribution in Indonesia (%)

They are evenly distributed in all welfare quintiles, though youth proportion tends to increase with higher welfare quintiles, while the opposite prevails for adolescent proportion. About three fourth of youth and adolescents live in Java and Sumatra. There are more youth living in urban areas than those in rural areas, while the numbers of adolescents living in rural and urban areas are balanced.

Baseline Situation of Youth and Adolescent SDGs

An analysis on Indonesia's youth and adolescent condition was conducted on relevant targets and indicators in 12 out of 17 SDGs.

Goal 1: No poverty

The high number of poor youth and adolescents may obstruct the maximum capitalization of the demographic bonus benefits. In 2015, 9.8 millions of youth and adolescents, or 34% of 28.5 millions of the poor population, were poor. They were deprived in various dimensions of life. In the poorest 40% of the households, there are (i) 40% of households with youth and adolescent members who have no access to clean water, and (ii) 30% of households with female members aged 15–30 years who have married and previously did not give birth in a healthcare facility. The percentage of adolescents aged 10–17 years who have a birth certificate is 82.6%, while for the poorest 40%, it is only 74.6%. The poverty rate and the

life dimension situation of youth and adolescents in urban areas are better than those in rural areas.

Goal 2: Zero hunger

Among the population of productive age, nutrition is intergenerational issue as youth and adolescents suffering from undernutrition have a higher probability of having undernourished (including stunted) children. According to the data, one of three to ten youth and adolescents have experienced meal infrequency and hunger, and more than half of pregnant women aged 16–30 suffer from anemia. Furthermore, youth and adolescents are experiencing a double burden of nutrition related to undernutrition (stunting and wasting) and persistent micronutrient deficiency as well as increasing cases of overweight and obesity.

Undernutrition is related to poverty and inequality. Most provinces with high rates of food insecurity (located in the eastern part of Indonesia) also have high rates of poverty and inequality. Some provinces with the highest prevalences of 13 to 18-year-old adolescents with undernutrition status also have the highest prevalences of overweight and obesity. Furthermore, there is an indication of positive correlation between the cases of children with stunting and the cases of young women with calorie deficit. This indicates that women lacking calorie are more likely to give birth to stunted children.

Goal 3: Good health and well-being

Speaking about health, around 88%–92% of women aged 15–30 years old had their last birth delivery helped by health personnel, and about 71%–77% gave birth to their infants in health facilities. Moreover, youth and adolescents have double burden of disease in the form of high noninfectious (hypertension, anemia, obesity) and infectious (HIV/AIDS, tuberculosis) health problem prevalences. Youth and adolescents' health risks also relate to cigarette and alcohol consumption. The smoking prevalence in youth is five times that in adolescents, and most smokers are male. The higher their welfare, the higher the smoking level to some extent. After that, well-being improvement will be related to smoking level decrease. Meanwhile, youth and adolescent's alcohol consumption level ranges 0.12–0.41 liter/capita; with the highest consumption level is found in North Sumatera, Bali, DKI Jakarta, some provinces in Sulawesi and Maluku.

According to the Global Burden of Disease (GBD) Indonesia 2015 data, road accidents are the fifth major premature death cause. Most of road accident victims age 16–30 years old; with the cause being mainly driving experience and their risky driving behavior.

Regarding the access to health insurance, around 64% of the youth and adolescents are declared as having been covered in JKN. However, according to Susenas, only 48% of these youth and adolescent have health insurances, including JKN. These different figures are due to, among other things, the less optimal implementation of JKN, particularly in terms of distributing JKN member cards which fail to reach the targets.

Health, in particular youth and adolescent's health, is tightly related to work productivity, degenerative disease risk, and government's economic burden in dealing with these issues in the future.

Goal 4: Quality education

Through education, youth and adolescents are expected to be a competitive generation. Their access to elementary and secondary educations

are fairly good; the gross enrollment ratio (GER) for elementary and junior high schools are above 90%, and 78% for senior high school. Nevertheless, access to higher education remains low; only 25% of youth population enjoy the privilege of studying at higher education. Inequality of access also exists; the enrollment rates for urban areas and wealthy groups are far better, particularly at senior high and higher education levels. Furthermore, when seen from the PISA scores and the result of the TIMSS study, Indonesia has yet to significantly improve its education quality.

Goal 5: Gender equality

Gender equality affects well-being in general. Female youth and adolescents have equal access to education; in fact, their enrollment rates are a little bit higher than their male counterparts at all levels. However, in the work sphere, the number of women assuming young manager positions (19–30 years of age) is just one third. Women are also vulnerable to child marriage; about 10% of female adolescents and 6% of women aged 20–24 years have been married before reaching their 18th birthday. The child marriage rate in rural areas is twice as much as that in urban areas, with the provinces in central and eastern parts of Indonesia having higher prevalences.

Goal 6: Clean water and sanitation

Access to clean water and access to sanitation are two determinants of health and productivity of all household members. Approximately seven from ten households with members aged 10–30 years have access to clean water. Nonetheless, there is unequal access between provinces; the western (Bengkulu) and eastern (Papua) parts of Indonesia have lower access to clean water. Furthermore, there is inequality between regions in terms of basic facility development: access to clean water and proper sanitation for rural areas is lower than that for urban areas.

Goal 7: Affordable and clean energy

Energy has been an important determinant of development. As much as 71% of households with members of youth and adolescence age uses gas

for cooking fuel in their homes. However, inter-region and inter-income group disparities still exist; the figures for urban areas and wealthy groups are higher than those for rural areas and poor groups..

Goal 8: Decent work and economic growth

Open unemployment rate of the population aged 15–30 years in 2015 was 15.4%—more than twice the rate at the national level, and this contributed to Indonesia's low Youth Development Index (YDI). The unemployment rate is higher for urban areas. Provinces with the highest youth unemployment rate include Maluku, Aceh, North Sulawesi, West Java, and Banten.

Among the working youth, 13% work less than 35 hours in a week and are still looking for jobs. The prevalence in rural areas is twice that in urban areas, and it is higher in adolescent population than youth. More than a half of youth population work in the formal sector. However, their membership in the government's workers social protection program, BPJS Ketenagakerjaan, is still low, not more than 20%.

Goal 9: Industry, innovation and infrastructure

During 2005–2010, youth and adolescents absorption in the manufacturing sector did not grow significantly. Youth and adolescents are more likely to be employed in the service sector, the number of which has reached half the total of the working youth and adolescents.

In terms of innovation through technology, 70% of youth and adolescents have mobile phones, while only 40% of them access the internet. The proportions of the mobile phone possession and internet access are higher in urban than rural areas, and also higher in the wealthy than the poor groups.

Goal 11: Sustainable cities and residences

Creating sustainable cities and residences is important in order to make youth and adolescents have a better quality of life. However, access of urban households with youth and adolescent members to decent and affordable housing remains low, i.e., less

than a half. DKI Jakarta, East Nusa Tenggara, and Riau Islands are the provinces with the lowest access levels.

Goal 13: Climate change handling

Climate change has contributed to an increase in natural disaster incidents. Youth and adolescents are highly vulnerable to natural disaster impacts, yet their participation in relation to disaster mitigation has been particularly low. The government has established disaster and climate change policies, yet the participation of youth and adolescents in the formulation processes has been low. Also the government has integrated attempts for disaster mitigation, adaptation, risk reduction, and early warning into the school curriculums, yet again, the participation level of youth and adolescents in disaster and climate change capacity building is extremely low (0.28%). The percentage of youth and adolescents who are aware of guidelines/warnings about potential disasters is also low (9.58%). Furthermore, active involvement in environmental organizations is only 1.94% among youth and 1.70% among adolescents. The participation level is higher in urban than rural areas, and is also higher in the higher welfare groups.

Youth and adolescents have high vulnerability to natural disaster impacts, yet their participation in disaster-related response is particularly low.

Being committed to adopt Sustainable Development Goals (SDGs), Indonesia needs to integrate SDG components into their national development agenda, including those related to youth.



Goal 17: Partnership to achieve goals

Inter-country partnerships encourage various stakeholders, including youth and adolescents, to be involved in achieving the SDGs. Indonesian youth and adolescents have been involved in a number of global youth and adolescent movements, such as YouthCan!, Global Partnership with AIESEC for Youth Engagement and Entrepreneurship, Youth Philanthropy Forum on SDGs, and Digital Skills for Decent Jobs for Youth. At the national and regional levels, youth and adolescents have high participation rate in social activities (82%), yet their levels of participating in organizations and expressing their opinions at neighborhood meetings are exceptionally low.

Review of Youth Law and SDGs: Rooms for Improvement and Challenges

Law No. 40 of 2009 on Youth (Youth Law) sets forth the responsibilities, rights, and strategic roles of youth in the development and also governs and arranges youth development in Indonesia. Being committed to adopt SDGs, Indonesia needs to integrate SDG components into their national development agenda, including those related to youth. For this reason, there is a need to synchronize the Youth Law and youth development in SDGs.

SDGs have ten principles for guiding youth in the implementation of SDGs. Meanwhile, the Youth Law mandates the realization of role and development of potentials of youth through activities to make them aware, empowered, and developed. Hence, it can be concluded the Youth Law and SDGs to some degree have been in sync regarding the role of youth in the development process. The problem is that not all attempts to realize the youth as a social control and moral power set forth in the Youth Law are included in SDGs. Those attempts not included in SDGs involve such efforts to nurture ethics, morality, faith and piety, and to strengthen the youth nationalism.

On the other hand, the Youth Law only accommodate a half of the ten principles of SDGs guidelines on youth involvement in the development.

The principles which still need to be considered by the Youth Law are the guidelines to:

- find creative ways to involve the youth;
- ensure that the development processes are responsive to the youth diverse aspirations and experiences;
- ensure that the attempts to create a meaningful youth participation supportive environment are effective;
- ensure that whatever the youth are participating in has a real impact; and
- ensure that the indicators and data of youth-sensitive development are developed and made available. ■



Tony Liang/SMERU

STUDENT LOAN FOR HIGHER EDUCATION IN INDONESIA: IS IT FEASIBLE?¹

To date, no policies have successfully addressed inequality in access to higher education in Indonesia. The 2018 National Socioeconomic Survey (Susenas) shows that the gross enrollment rate at tertiary level was only 36.2% in 2017, around 2.6% of which are students from low-income families, 24% from middle-income families, and 55% from high-income families. Thirty-two million Indonesians have primary-level education, 22 million have junior secondary-level education, and 34 million others are senior high school graduates, while only around 10 million Indonesian labor force hold a university degree (Kemenristekdikti², 2016). With such inequality, the government needs to design a better financing policy which can reduce students' heavy reliance on scholarships or subsidies considering the high cost of pursuing higher education.

Student Loan System

The government is looking into a student loan system as one of the alternatives to improve access to higher education. There are two types of financing systems practiced thus far. The first type is a mortgage-type loan system for which the repayment period is set in the beginning. This system is practiced in the United States; however, reports show that the system burdens lower-income debtors with high debt repayment. The second type is an income-contingent loan system for which students start paying off their debt after they secure a job and their income reaches a certain threshold. This system is more accommodating to students from low-income families and has been implemented in several countries, including Australia, Sweden, England, and Germany.

The Simulation of an Income-contingent Loan System

To look into the feasibility of implementing student loan systems in Indonesia, SMERU conducted a study that includes a simulation of an income-contingent loan scheme. The simulation was conducted to assess the affordability, feasibility, duration, and necessary policies for the scheme. In this study, the performance of the income-contingent loan system was compared with that of the mortgage-type loan system previously simulated by Chapman and Suryadarma (2013). This study used the sample of tertiary education graduates living in Sumatra and Java³ which was obtained from the 2015 National Labor Force Survey (Sakernas 2015). The simulation projected the repayment period, total amount of repayment, and the amount of subsidy the government needs to provide for the implementation of an income-contingent loan system.

The result of the simulation shows that the mortgage-type loan system does not suit the condition in Indonesia as the repayment burden can reach 60% of the income of the low-income group (Q25) in the first year of the loan repayment period (one year after finishing university). Therefore, the government can opt for the income-contingent loan system and learn from other countries which have successfully implemented it. In the income-contingent loan system, students can start repaying their loan after they secure a job and reach a certain threshold of earnings. The repayment amount is adjusted to their income: when income is low, the amount of repayment is low and the repayment amount increases as income increases. According to Sakernas 2015, the median income per annum was Rp16.8 million for male graduates and Rp12 million for female graduates. With the median-based repayment system, 50% of the graduates can start repaying their loan in the first year of their employment and they are expected to fully pay off their debt within 20–25 years, depending on the loan scheme. While repayment length is not fixed upfront, repayment amounts are predetermined.

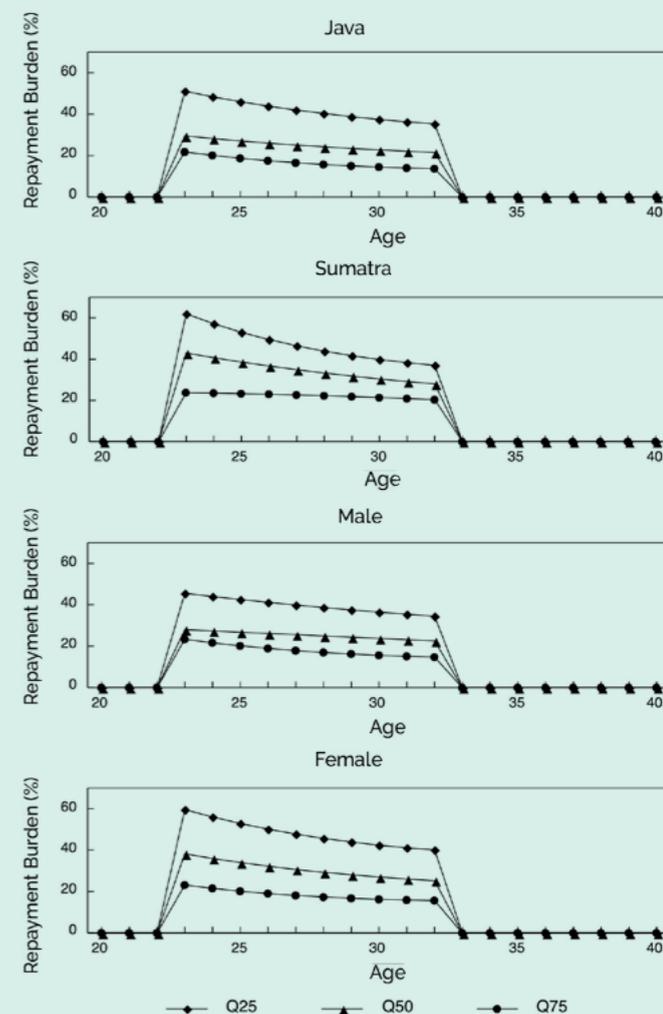


Figure 1. Mortgage-type loan repayment burdens among three quantiles of income distribution (Q25, Q50, and Q75)

There are several characteristics of tertiary education that must be considered when designing a student loan system (Doris and Chapman, 2016). In the Indonesian context, only 55% of the total higher education institutions have received government accreditation (Kemenristekdikti, 2016). This can limit the chances of the graduates to land a job quickly and start paying back their loans. Furthermore, students who drop out may not be able to repay any of their outstanding loans. Other things to consider include uncertain value of degree investment which makes the calculation of potential returns difficult. Also, demand for labor force always changes and this may affect graduates' ability to secure a job and earn a sufficient income to pay off their loans.

¹ This article is based on SMERU's working paper entitled "Financing Higher Education in Indonesia: Assessing the Feasibility of an Income-contingent Loan System" (2018) written by Elza Elmira and Daniel Suryadarma.

² Ministry of Research, Technology, and Higher Education of the Republic of Indonesia.

³ Sumatra and Java are the islands on which tertiary education graduates predominantly work.

Necessary Supporting Factors

Indonesian policymakers need to pay attention to several factors regarding the income-contingent loan system as to ensure its successful implementation. Learning from the experience of other countries, the income-contingent loan system is highly affected by national policies. Successful implementation of this system depends on the interest rates and the amount of subsidy the government is able to provide.

To ensure the sustainability of an income-contingent loan system, the government needs to provide implicit subsidies⁴ which may vary in amounts depending on the loan scheme.

The result of the simulation (Figure 2) shows that high-income male workers (Q75) would be able to pay off their debt between the ages of 32–37, depending on the loan schemes (zero real interest rates, 2% real interest rates, or 25% surcharge). Middle-income male workers (Q50) would be able to pay off their debt when they are 38–44 years old. The repayment period is set between 10–22 years because they would start repaying their loan at the age of 22. Meanwhile, low-income workers (Q25) would be able to start repaying loans at the age of 31 and pay off the total debt at the age of 48–58. As the system simulated would write off outstanding debts after the period of 25 years, people would not be able to pay off their debts if the 2% real interest rate and 8% repayment burden scheme is used. However, using another scheme, low-income male workers would be able to pay off their loan in a period of 17–24 years. Lastly, considering the estimated implicit subsidies the government has to provide, the 25% surcharge and 10% repayment burden scheme seems to be the best choice as it would require minimum implicit subsidies.

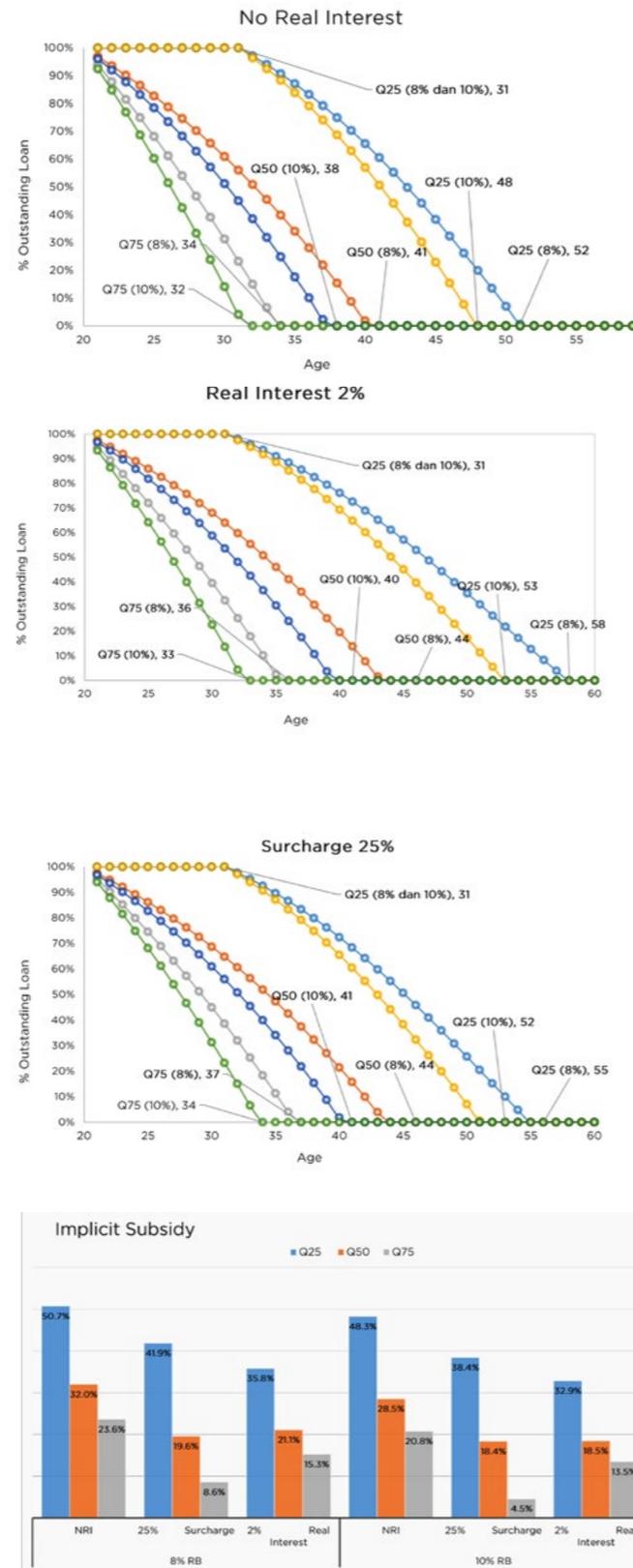


Figure 2. Income-contingent loan repayment patterns for male workers among three quantiles of income distribution (Q25, Q50, and Q75)

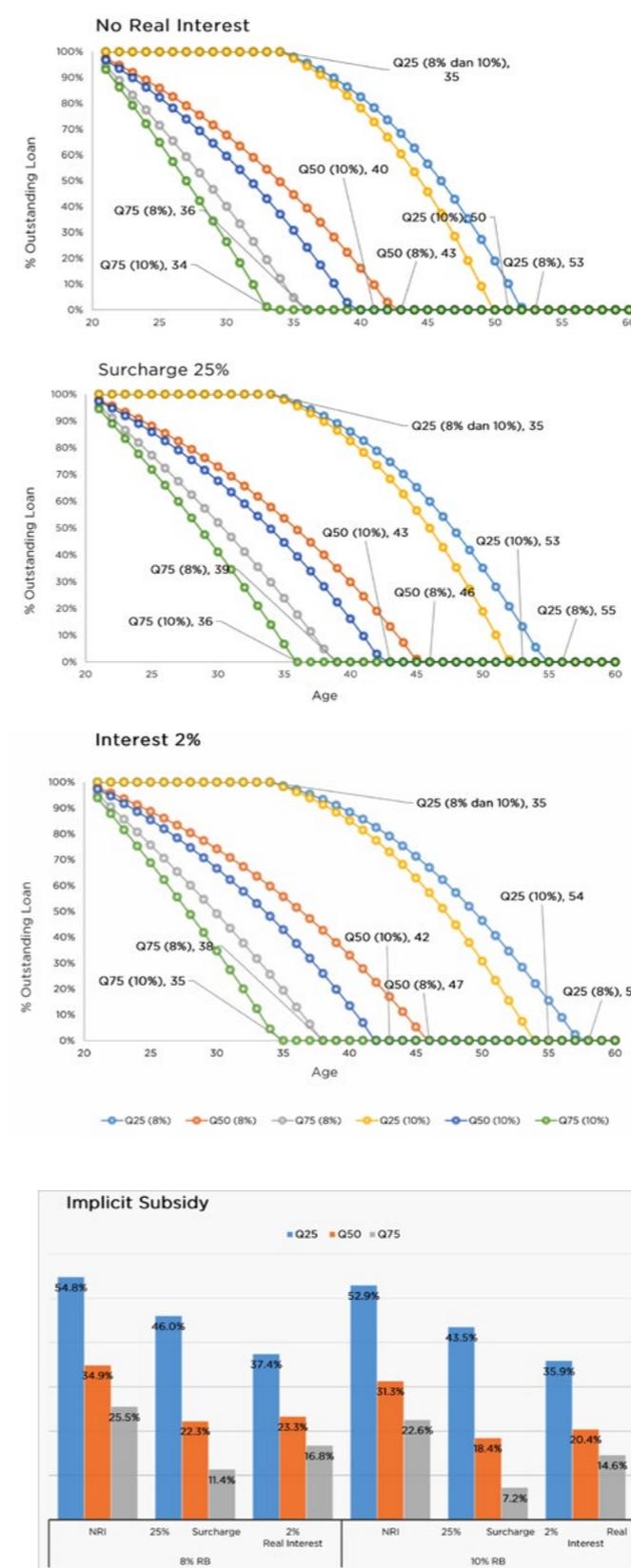


Figure 3. Income-contingent loan repayment patterns for female employees among three quantiles of income distribution (Q25, Q50, and Q75) for different repayment schemes

Meanwhile, due to income inequality, female workers would be able to start repaying debts later than male workers and require bigger implicit subsidies (Figure 3). However, unlike males, the simulation shows that females would be able pay off their loan in less than 25 years. Similar to males, the 25% surcharge and 10% repayment burden scheme seems to be the best choice for females.

Another issue the government needs to consider when implementing an income-contingent loan system is to ensure that the labor market can optimally absorb university graduates and to create a reliable system that can document their lifetime income, including those who work in the informal sectors. Another important element that determines successful implementation of an income-contingent loan system is a strong tax system which requires capable tax officers and consistent income reporting. This is important as loan repayment is usually integrated with income tax payment and reporting.

Access to higher education requires an appropriate financing system and policy. In regard to this issue, the income-contingent loan scheme is feasible to implement as repayment burdens can be set at a relatively low proportion of income so that potential default could be reduced or even eliminated. Therefore, this scheme can reduce the financial burden of education for lower income groups. With the right policy, this scheme can improve the affordability of and promote equal access to higher education in Indonesia. ■

⁴ Implicit subsidies are provided indirectly by the government for students by financing the loan in advance.



MENSTRUAL HYGIENE MANAGEMENT (MHM) FOR PRIMARY AND JUNIOR HIGH SCHOOL STUDENTS¹

Background

According to the Ministry of Education and Culture (2017), 15% of primary schools (SD) do not have sufficient access to water, 54% of primary schools do not have separate toilets for female and male students, and most toilets are broken. UNESCO's global study (2014) reveals a strong correlation between sanitation facilities at schools and the number of female students who continue their schooling as well as their attendance rate during menstruation.

In various cultures, there is a long-established misconception about menstruation and menstrual hygiene management (MHM), and the condition is worsened by the limited access to information. Besides affecting female students' participation in school, bad MHM practices also lead to health issues related to sexual and reproductive health, and this may have a long-term effect to females' health and socioeconomic condition.

In Indonesia, studies about MHM are rare and limited. That was why in 2018, The SMERU Research Institute, in collaboration with Plan International Indonesia, conducted a qualitative study to learn about the practices, impacts and knowledge of MHM at the primary school and junior high school levels, as well as to evaluate the MHM Plan intervention program. The study was conducted in Plan program areas, namely in West Jakarta City (Jakarta), Kabupaten Nagekeo (East Nusa Tenggara), and Kabupaten Lombok Utara (West Nusa Tenggara). In each region, information was collected from intervention primary schools (recipients of the MHM Plan program), control primary schools, junior high schools, and stakeholders in the *kabupaten*/city levels, as well as the public.

To understand the MHM dynamics, the study applied the ecological framework of Emory University and UNICEF, which looked into the factors within and outside individual female students. The MHM standards used refer to the concept from the School Health Initiative (UKS) Directing Team and UNICEF (2016). Based on the concept, the standards include (i) using clean sanitary napkins, (ii) replacing sanitary

napkins every 3–4 hours (converted to 5–6 sanitary napkins per day), (iii) washing hands prior to and after changing sanitary napkins, (iv) wrapping a dirty disposable sanitary napkin before disposing it into the garbage bin, not burning it (v) cleaning the genital area each time a student changes a sanitary napkin, (vi) washing the dirty sanitary napkin before disposing it if water is available.

External Factors

Cultural Factor

The extent of openness in talking about menstruation differs in each study area. Among the study areas, Jakarta is where people are the most open about discussing menstruation. In Jakarta and East Nusa Tenggara, talking about menstruation is not a taboo subject; nevertheless, some parents in Jakarta and some informants in East Nusa Tenggara felt embarrassed and uncomfortable and thought it was inappropriate to discuss the topic with males. In West Nusa Tenggara, most informants, including health officials, thought it is a taboo to talk about menstruation in public or outside the family.

In all study areas, some taboos persist. Females having their period are forbidden from washing their hair, being around males, drinking cold beverages, letting their hair fall out, clipping their fingernails, cutting their hair, entering a farmland/plantation, and even taking a bath.

Institutional Factor

Regulation of the Minister for Education and Culture No. 24/2007 has the potential of supporting MHM as it regulates standards for school facilities and infrastructures, including toilets, which must be separated by sex, safe, comfortable and sufficient (one toilet for every 50 female students and one toilet for every 60 male students). The schools in the study areas, however, have not fully followed the regulation. Almost all primary schools in this study have separate toilets for male and female students, but only a small number of them have toilets that meet the required standards. At the junior high school level, only Jakarta has a sufficient number of separate toilets. Most toilets do not meet the safety standards, as some have broken locks or missing door handles, nor do they meet the standard for comfort, as some are found dirty. Meanwhile, the condition of UKS rooms are generally below standards so that students with menstrual problems only rarely make use of the facility.

In general, the media disseminate limited information to students about menstruation and MHM. Community health centers (*puskesmas*) do not have any special program and were involved only when the Plan program was running. At schools, related lessons have not provided accumulated knowledge on menstruation or MHM even though the intervention primary schools in East Nusa Tenggara provide an additional lesson on MHM. In fact, at the control primary schools in East Nusa Tenggara and in West Nusa Tenggara, the materials were skipped or delivered partially because menstruation is deemed a sensitive topic and should not be delivered by a male teacher. At the same time, parents, who generally are the main source of information for students, have limited knowledge about the topic.

All schools in the study areas show leniency to students who are having their period by allowing them to rest or nap in the UKS room or the classroom, to go home earlier, or not to follow a lesson. The intervention primary schools in East Nusa Tenggara provide special services in the form of clean water, sanitary napkins, tissue, garbage bins, and soap. Junior high schools in Jakarta provide sanitary napkins in a limited number.

Students' Experiences

The majority of the students had their period for the first time at the age of 12. Students in Jakarta tended to have period earlier than those in East Nusa Tenggara and in West Nusa Tenggara. Upon having their period for the first time, generally the students experienced varying degrees of discomfort and emotions, such as fear, shock, panic, and confusion. Their reactions included screaming and crying. Some felt varying degrees of disgust and discomfort; some were embarrassed and were afraid their peers would mock them. Some students, however, admitted of feeling glad because they saw menstruation as a sign of good health and fertility (Figure 1).

The primary sources of information about menstruation and MHM for female students were their mothers, relatives, friends, and teachers/schools. Only a small number of students received information before they had their first period; parents or siblings usually gave them information when the students got their period for the first time. Primary school female students in Jakarta and all junior high school female students have relatively better knowledge about menstruation than other groups of

¹ This article is a summary of SMERU's research report titled "Studi Kasus Manajemen Kebersihan Menstruasi (MKM) Siswa SD dan SMP di Indonesia" written by Hastuti, Rika Kumala Dewi, and Rezanti Putri Pramana.

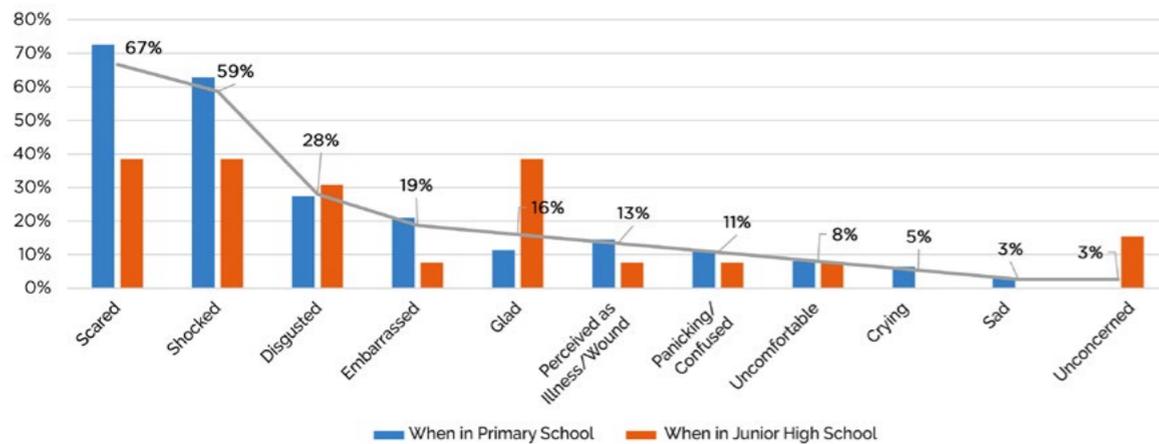


Figure 1. Students' feelings when they experienced menstruation for the first time based on school levels (n: primary schools = 62, junior high schools = 13)

students. However, overall, only a small number of female students could explain the biological aspects of menstruation (Table 1) and their knowledge about MHM is limited.

Attitudes toward menstruation do not differ much between primary and junior high school female students, as well as between those of different regions. For them, menstruation is not a taboo topic, but they are reluctant to discuss it in the open and in the presence of males. Most female students feel more comfortable talking about it with their mothers, while some talk about it with their peers. Almost all female students consider menstruation normal and not disgusting. However, during their period, they mostly observe the aforementioned taboos, except for the female students in Jakarta, who said that they

do not refrain from shampooing their hair if they feel their hair is dirty or they have an itchy scalp.

Almost all students have not fully complied with all MHM standard practices. The practices of primary and junior high school students are basically similar even though the study finds some variations between regions. The practices in Jakarta are relatively better. For instance, students in Jakarta change sanitary napkins more often than those in the other study areas and they dispose of the used sanitary napkins to the garbage bin, whereas most students in East Nusa Tenggara bury the used sanitary napkins and some dispose of them in the toilets or even burn them. Meanwhile, in West Nusa Tenggara, most students throw their used sanitary napkins into the river or to the garbage dump, while some bury or burn the used sanitary napkins. Overall, only some students wash their hands before changing a sanitary napkin and most wash their hands without soap. Usually they wash their hands after changing a sanitary napkin, but most use soap. Also, due to the insufficient number of toilets, only a small number of primary and junior high school students who change sanitary napkins at school.

Effects of Menstruation and MHM Practices

Menstruation has led to some students suffering from physical and psychological discomforts, including abdominal cramps, back pain, headache, languidness, and some emotional problems. Because of menstruation, a few students even get bullied by their peers. These incidents—along with the culture of shame/taboo—have made a number of students, especially those still in primary school, choose to hide their condition and thus disrupting MHM practices at school.

Table 2. Impact of Menstruation on Students' Learning Process

| | Primary School Students n (%) | Junior High School Students n (%) |
|--|-------------------------------|-----------------------------------|
| Losing concentration when studying | 11 (25%) | 17 (55%) |
| Not joining PE lesson | 3 (7%) | 6 (19%) |
| Resting/taking a nap at UKS room/another place | - | 5 (16%) |
| Going home early | 2 (5%) | 6 (19%) |
| Skipping a school day | 3 (7%) | 1 (3%) |
| Number of students | 44 | 31 |

The physical and psychological discomforts during menstruation affect their studying. Some students lose their concentration and cannot fully participate in the lessons even though they stay in class (Table 2). The study did not find any information about menstruation that led to any student to drop out from school.

Menstruation also affects their daily activities and social relationships. When they are having their period, students tend to reduce their activities, especially in helping their parents at home. They also reduce the frequency of outdoor activities and interaction with male peers. Especially in East Nusa Tenggara, activities at the farm are disrupted because of the taboo for those having their period to enter a farmland. Meanwhile, MHM practices in East Nusa Tenggara and West Nusa Tenggara have the potential of damaging the environment because of the habit of burying, burning, or throwing used sanitary napkins to the river.

PMHM Plan Program

Plan conducted intervention programs in different forms and periods. In Jakarta, MHM promotion was launched in 2017, while it was in 2014 in East Nusa Tenggara (along with the construction of two MHM toilets), and in 2017 in West Nusa Tenggara (with the construction of one MHM toilet). Today, the Plan intervention program is over, but the schools still run various MHM activities. At a primary school in Jakarta, a teacher initiated an information dissemination program about menstruation and MHM during school hours. In East Nusa Tenggara, the primary schools provide special materials about MHM and MHM

toiletry necessities. At the primary schools in West Nusa Tenggara, even though not routinely, teachers continue to promote MHM.

Generally, the MHM Plan program received positive responses, but it could be made more effective. In Jakarta and in West Nusa Tenggara, there has been no change in attitudes between the intervention and control primary schools regarding the openness in discussing the issue, level of understanding and practices of MHM, and ability to handle MHM-related problems, as well as bullying incidents. The intervention program, however, added to the female students' knowledge so that students who have not had their first period are more prepared. In West Nusa Tenggara, the number of students who went home early when they had their period dropped. In East Nusa Tenggara, the intervention program has a clear impact in various aspects, but the impact on MHM practices is less than expected because people still observe the local cultures and beliefs.

In general, intervention activities aligned with the condition in the regions/at schools. However, the dissemination activity usually was held only once, which was not enough to improve the understanding and change people's attitude. Especially in East Nusa Tenggara, the material for further dissemination from school did not cover all MHM standard practices. Also, the provision of MHM-special toilets in primary schools does not result in much impact because only a small number of primary school students already have their periods.

Policy Recommendations

To improve the knowledge and understanding of menstruation and MHM, and to help people leave behind the inhibiting cultures and beliefs, there must be effective dissemination and campaign targeting various parties. Moreover, schools need to have supporting facilities as stipulated in the Regulation of the Minister for Education and Culture No. 24/2007.

The MHM Plan program needs to continue and should (i) expand the targets to more junior high schools because most students have their period for the first time during junior high school, (ii) cooperate and collaborate with various parties to support the program's expansion, (iii) improve the effectiveness of the utilization of MHM toilets, and (iv) extend the outreach and frequency of the program. ■



SMERU

NO MORE CHILD LABOR IN TOBACCO PLANTATIONS!¹

ILO (2013) states that there are at least 168 million child laborers all over the world, and 85 million of them do hazardous work. In Indonesia, 4 million children aged 5–17 years have been identified as laborers, and 58% of them, aged 7–14 years, work in the agricultural sector. Child labor in tobacco plantations has raised concern as children are exposed to chemical hazards such as pesticides and nicotine.

As a matter of fact, Indonesia has established national regulations and programs to eliminate the worst forms of child labor, and even designed a Roadmap towards a Child Labor-Free Indonesia in 2022. However, information regarding the situation of the children in tobacco farmer community is not widely known, thus making it difficult to carry out interventions.

For this purpose, in 2018, with the support of the ECLT Foundation SMERU undertook a diagnostic study on child labor in rural areas, with an emphasis on tobacco growing. This study was carried out in the country's main tobacco-growing regions, namely Lombok Timur (West Nusa Tenggara) and Jember (East Java), by interviewing 1,000 households that were randomly selected in 10 villages. The purpose was to understand the situation and causes of child labor in tobacco plantations and find possible solutions. This study uses two definitions of child labor, i.e. the ILO definition and that of Law No. 13/2003 on Labor.

Child Labor in Tobacco Farming

As tobacco becomes the main source of income of the people in the study villages, high prevalence of child labor is found in tobacco plantations. Children aged 15–17 years are often not treated as children

Box 1. Definition of Child Labor and Hazardous Work

Law No. 13/2003 on Labor:

Child laborers are children

- i. aged <13 years and work (economically active),
- ii. aged 13–15 years and work more than 21 hours per week or working outside the family farm or business
- iii. aged 16–17 years and work more than 21 hours per week,
- iv. aged <18 years and whose work is categorized as hazardous.

Indonesian Statistics and ILO (2009):

Child laborers are children

- i. aged 5–12 years and work (economically active),
- ii. aged 13–14 years and work for more than 15 hours per week,
- iii. aged 15–17 years and work for more than 40 hours per week,
- iv. aged 5–17 years and the work is categorized as hazardous.

ILO Convention No. 182/1999:

Hazardous work is work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morale of children.

by the community. They are even regularly assigned with heavy tasks such as carrying tobacco leaves.

Family status, such as contract farmers or noncontract farmers and land owners or tenant farmers, does not reduce the chances of children becoming laborers. A significant and consistent predictor of the chances of children working in tobacco farming is that the child is older, comes from a farm labor family (41% in Lombok Timur and 43% in Jember), and lives in a small village where there is a large proportion of child laborers in the tobacco sector.

As many as 58% of child laborers in Lombok Timur are involved in post-harvest activities, particularly menggelantang or tying up tobacco leaves, and 47% in Jember do nyujen or sticking and tying tobacco leaves for curing. Some are also involved in other processing activities such as drying tobacco leaves.

The labor time spent by older children and boys is longer than younger children and girls. The number of labor hours per week for children aged 13–14 years is 3–6 hours, while children aged 15–17 years, especially boys, reaches 12 hours. This study finds that these children work exceeding the permitted allotted working hours for children their age. Around 18% in Lombok Timur and 33% in Jember of child

laborers aged 13–14 years work for 15 to 84 hours per week. Even around 8% in Lombok Timur and 14% in Jember of child laborers aged 15–17 years work more than 40 to 84 hours per week.

The wage contribution of child laborers to their household's income per capita is 14% in Lombok Timur and 9% in Jember. The form of contributions depends on the economic condition of the family. Children from poor families contribute their income to buy basic needs, school supplies, and for allowance. Meanwhile, children from rich families usually work to reduce the labor cost of their parent's tobacco farm. The children also use their income to buy personal needs, such as cell phones, mobile-phone top-up credit, and second-hand motorcycles.

Many do not know the dangers behind fresh tobacco leaves, whereas workers who have direct skin contact with them are likely to suffer from green tobacco sickness (GTS) or acute nicotine poisoning due to absorbing nicotine through the skin. The symptoms of GTS include nausea, vomiting, headache, weak muscles, and dizziness. Some studies found that children are far more susceptible to suffering from GTS than adults (McKnight and Spiller, 2005). The dissemination about GTS is only given to students in certain elementary schools outside of school hours and to contract farmers. As such, households of farm

¹ This article is a summary from the report titled 'Diagnostic Study of Child Labor in Rural Areas (with Special Emphasis on Tobacco Farming)' written by Emmy Hermanus, Stella Aleida Hutagalung, Rezanti Putri Pramana, Fatin Nuha Astini, Elza Elmira, Veto Tyas Indrio, and Widjajanti Isdijoso.

² ECLT (Eliminating Child Labour in Tobacco growing) Foundation is an institution that aims to develop programs that eliminate child labor in tobacco farming.



Tying tobacco leaves for curing

laborers and noncontract farmers do not know about this illness. Additionally, the health officers in the study villages have never received information about GTS.

There are only a small number of child laborers who use personal protective equipment (PPE). In both regions, more than 75% of child laborers do not use PPE. Of those who use PPE, many wear head protection gear (hats) and respiratory protection (masks).

The Causes of Child Labor

The contributing factors that cause child labor in tobacco plantations in the study locations can be classified into enabling factors, push factors, and pull factors.

Enabling factors (enabling environment/situation) include:

- existing local norms and customs that consider children aged 12 years as adults, thus they need to work and have their own income in order to be independent, and
- legal framework related to child labor that has not provided definitions of light work and hazardous work, especially in tobacco plantations.

Push factors include:

- lack of understanding of and awareness on child labor issues,
- lack of alternative facilities for children's leisure activities, and
- economic motives related to family poverty and the economic interests of children.

Pull factors include:

- high demand for labor, especially during harvest;
- lack of technology and innovation that can reduce and replace labor-intensive tasks; and
- economic motives to maintain the selling price of tobacco by expediting the tobacco leaf processing.

Solutions

Based on the findings of the study, there are several possible solutions to address the root cause of child labor. First, the solution related to the central government's policies; second, industrial innovations; and third, the implementation of pilot programs at the regional level. These solutions are set forth in the following recommendations.

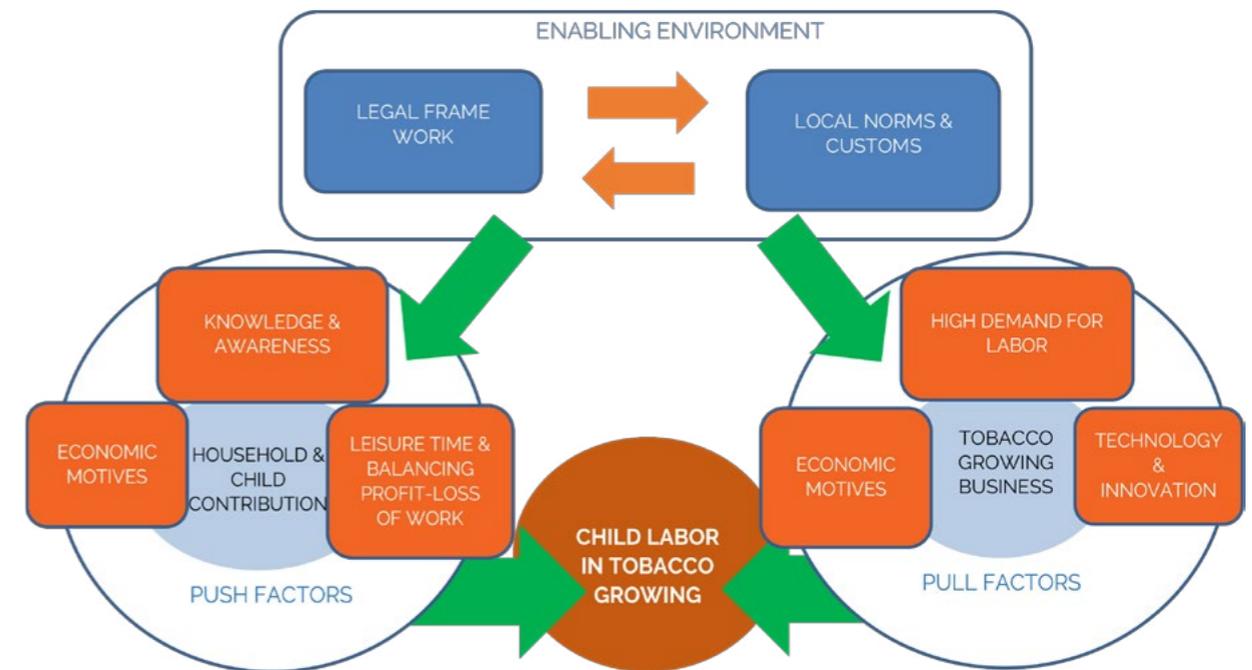


Figure 1. Causes of child labor in tobacco plantations

Policy Recommendations

1. Recommendations for the Central Government

In order to support programs to eliminate the worst forms of child labor and the Roadmap towards a Child Labor-Free Indonesia in 2022, it is necessary to improve the following central government's policies related to tobacco farming.

- Provide guidelines for the prohibition of child labor in tobacco plantation enterprises by revising the Minister of Labor and Transmigration Decree No. 235/2003.
- Revive the Roadmap towards a Child Labor-Free Indonesia in 2022 by complementing it with a specific strategy focusing on livelihoods in the agricultural sector where child labor prevalence is high, including tobacco farming, and to establish concrete steps, including the roles and responsibilities of each institution and the time frame for the actions.
- Include the prohibition of child employment in tobacco regulations at the national and regional levels (province and *kabupaten/kota*), accompanied by strong law enforcement and intensive advocacy to influence local norms.

- Increase people's awareness on the forms of hazardous work, its consequences, and the regulations that prohibit child labor in tobacco growing.
- Improve social protection programs to better address child labor issues.
- Include steps for addressing child labor within child-friendly kabupaten/city programs by using various possible financing sources.

2. Recommendations for Industry Practitioners

Industry practitioners need to develop new technologies and innovations in tobacco handling and processing in order to replace child and adult labor as an effort to tackle pull factors which are driven by lack of labor force.

3. Recommendations for Kabupaten Government

At the regional level, it is necessary to implement pilot programs first and foremost in order for the intervention to be focused and to obtain lessons learned for the implementation in other areas. Lombok Timur and Jember can be used as the locations for the pilot programs as they are the country's main tobacco-growing regions where

child labor prevalence is high. The pilot program in Lombok Timur includes the following actions:

- a) Establish formal and informal regulations at the village level to address labor issues.
- b) Conduct training for health workers on the potential hazards as well as health and safety risks for tobacco laborers.
- c) Intensify dissemination and advocacy of the prohibition of child labor by involving nongovernmental organizations, teachers, and nonformal education institutions (Qur'an recital groups).
- d) Establish a community-based monitoring committee led by the village cadres, teachers, and health workers to monitor involvement of children in tobacco growing.
- e) Address the lack of platform for children's leisure activities by, among other things, building a public library and sports facilities.

- b) Formulate village-level regulations which include the requirements for farmers and tobacco companies to build a warehouse outside of housing areas in order to prevent children from getting involved in post-harvest activities.
- c) Ensure that tobacco companies implement Sustainable Tobacco Production (STP) guidance by conducting Farmers Register Survey.
- d) Build a partnership with the local nongovernmental organizations to determine pilot villages by considering various criteria.
- e) Build a smart house at the dusun³ level in places that can be easily accessed by children. ■

³ A *dusun* is an administrative area within a village, consisting of a number of RT.

The pilot program in Jember should include the following actions:

- a) Formulate village-level regulations which contain the explanation on children's rights and the prohibition of child labor as well as stipulate the stages of hazardous work and the mandatory use of PPE.

The government needs to develop new innovation and technology in tobacco handling and processing in order to replace child and adult laborers.



CHILD PROTECTION WITHIN DEVELOPMENT POLICIES¹

Wenny Wandasari and Santi Kusumaningrum²

The government is able to provide child protection by putting in place proper policies and implementing governance that supports child protection. The 2020–2024 National Medium-term Development Plan (RPJMN) provides the possibility to prioritize health, education, welfare, caregiving, and protection for children, especially vulnerable ones³, through universal, holistic, responsive, and inclusive services. This will ensure the quality of human and economic development in Indonesia.

In addition to meeting constitutional obligations, investing in children would have an impact on economic growth and social stability. Investing in children means investing in human resources. A well-protected child will grow up as an adult who is able to reach his/her full potential and in turn will support economic growth. Child protection does not only affect children's future participation and positive contribution toward the society, but it will also help reduce the cost brought upon by illnesses and unemployment (Perezniето, Pereowell, and Avdagic, 2011).

Early childhood is a critical period for overcoming poverty, inequality, and poor health as well as for promoting a child's optimal physical, cognitive, and social-emotional growth. Deprivation in early childhood will contribute toward deprivation throughout a person's life cycle and tends to be passed on to the next generation. Poverty, low educational attainment, and being susceptible to violence will limit a person's ability to live a healthy and productive life and to escape the poverty cycle (Huebner et al., 2016).

¹ This article has been extracted from the introduction to a series of discussions related to the drafting of the 2020–2024 RPJMN Background Study on Child Protection.

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³ Vulnerable children are those who, due to certain circumstances (such as being without a legal identity, coming from a poor family, or being cared for by nonfamily members), are at risk of discrimination, violence, and neglect.

The Indonesian government has acknowledged the importance of child protection as the priority of development. This commitment is shown through various laws, regulations, and policies to protect children's rights. There are various sectoral achievements, such as the high enrollment rates in primary and junior high schools, and the beginning of an increased enrollment rate in senior high schools. The completion rates for primary and junior high schools have been constant for the past several years. The number of five-year-olds who have not been vaccinated has declined and the coverage of health insurance has improved (BPS, 2015; 2017).

Although there is an indication of improved child protection nationally, there are still discrepancies in a number of indicators and among regions. Even though access to education, especially elementary education, has been overcome, the quality of education output is still of concern (Bappenas and UNICEF, 2017). Another example, in 2017, in Papua and Aceh, about one out of five children is not vaccinated (BPS, 2017). Moreover, nationally, more than half of the population of children are not yet protected by health insurance, with the lowest coverage rates found in Papua and South Sumatra (BPS, 2017). In Papua and East Nusa Tenggara, only a quarter of families from the children population could present their children's birth certificate. Additionally, children in the highest income quintile have a much greater chance to receive birth certificates than children in the lowest income quintile (BPS, 2017). Child marriage (under 18 years) and teenage pregnancy (15–19 years) rates have not experienced any reduction since 2015 (BPS, 2015; 2017). Half of the female population aged 20–24 years are married before the age of 18 and are in the second lowest income quintile (BPS, 2017).

The government has been facing difficulties in acquiring reliable data on violence against children and the situation of vulnerable children groups. The national data on violence against children can hardly be made available regularly or as a whole (Dunne et al., 2015). Related data on groups of children of religious, ethnic, and sexual minorities as well as children with disabilities are also unavailable. The lack of disaggregated data on vulnerable children has caused difficulties for the government in designing proper programs and policies.

What are the problems in child protection?

Development programs have included children as their targets and have taken into consideration the condition of children as part of development based on the human life cycle. Nonetheless, there are still the following challenges.

Unequal access. Availability and accessibility of health, education, welfare, and protection services are the main factors in the development programs for children. Unequal access to basic services for children and access to economic opportunities for families are due to geographic and mobility barriers, poverty, and other structural factors within the society, as well as administrative barriers such as the absence of personal identification documents. There are also social norms which continue to prevent children from attaining opportunities in their lives. For example, the dangerous practice of marrying children in their teenage years affects young girls' access to education, which in turn affects their health, their children's health, and their families' welfare (Bappenas dan UNICEF, 2017).

Unresponsive system. Even though children are able to access the said services, there is still the problem of quality and responsiveness of the system in meeting the unique and special needs of vulnerable children. There are also various and complex problems, e.g., abused children. Moreover, there are also welfare, education, and health services that do not meet the minimum standards, which then produce less than optimal results as well as fragmented and incomplete services, and even those that are discriminatory toward children. The service units and their overarching sector tend to work in silos according to their respective mandates. This poses a problem as child issues often require interlinked responses and are not only to children, but also to their families. Weak resources, supervision mechanism, and program evaluation reduce the effectiveness of child protection programs.

Social exclusion. After dealing with access and service quality issues, there is still the issue of the exclusion of minority children. Children from certain religious and ethnic groups, children of refugees, children of migrant workers, children with disabilities, children dealing

with the law, and many more suffer greater hurdles in accessing basic services and receiving protection from violence and discrimination (CRC Committee, 2014).

What should be the focus of child protection policies?

Unequal access to and inadequate health, education, caregiving, and child protection services, as well as social exclusion can negatively impact the quality of life of children and increase their risk to be exposed to the dangers and difficulties of living, which are not detected by the system (Moore, McDonald, and McHugh-Dillon, 2015). If these life dangers and difficulties are not immediately addressed, they will impede the child's personal growth during their adult life, which in turn will negatively impact human and economic development (UNICEF, 2016). To address this issue, the government should prioritize the three following items in the 2020–2024 RPJMN.

1. Universal, responsive, and inclusive services. In order to break the cycle of inequality, it is necessary to broaden the reach of basic, caregiving, and protection services to be inclusive of all children (UNICEF, 2016). To ensure that the services reach the most vulnerable children, special efforts and more resources are needed (Moore et al., 2015; UNICEF, 2016). To provide equal access to the services, the government should plan and fund:
 - a) services that reach children in poor and remote areas, and services that are able to detect and address the impact toward children suffering from violence and social exclusion;
 - b) services that respond to the special needs of the vulnerable groups, including children with disabilities; and
 - c) the provision of trained social workers in all villages.
2. Programs that target children's issues that are interlinked and that enable systematic cross-sector cooperation. The programs for stunting management and prevention should be based, among others, on four main pillars, namely
 - a) health and nutrition,
 - b) basic infrastructure and clean water,

- c) protection and caregiving, and
- d) comprehensive and accurate population data, starting from recording births, which is an example of a cross-sector program, which, if implemented well, will improve children's quality of life.

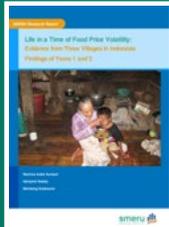
3. Programs to address special issues. An example is eliminating violence against children and prevention of child marriages. ■



The government should plan and fund services that reach children in poor and remote areas, and services that could detect and address the impact of children suffering from violence and social exclusion.



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