Steve Christiantara/SMERU

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FROM MDGS TO SDGS: LESSONS LEARNED FROM NTB AND TANGIBLE STEPS FORWARD

After we have been acquainted for years with the term Millennium Development Goals (MDGs), in 2015, this global development agenda officially ended. To replace it, 193 countries, including Indonesia, agreed to adopt a new global development agenda, known as the Sustainable Development Goals (SDGs).

This article is based on SMERU's research report, "The SDG Platform and Its Challenges in Indonesia" (2016). The study aims to identify the potential challenges that Indonesia would face in the country's effort to reach the SDGs in the next 15 years and to provide policy recommendations to anticipate these challenges. In this study, the research team conducted a literature review on reports highlighting the challenges faced and the success of reaching the MDGs published by ministries as well as on reviews by several institutions. In addition, the research team conducted discussion and consultation sessions with several stakeholders at the national and regional levels.

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The SMERU Research Institute is an independent institution for research and policy studies which professionally and proactively provides accurate and timely information as well as objective analysis on various socioeconomic and poverty issues considered most urgent and relevant for the people of Indonesia.

With the challenges facing Indonesian society in poverty reduction, social protection, improvement in social sector, development in democratization processes, and the implementation of decentralization and regional autonomy, there continues to be a pressing need for independent studies of the kind that SMERU has been providing.

The SMERU newsletter is published to share ideas and to invite discussions on social, economic, and poverty issues in Indonesia from a wide range of viewpoints. The findings, views, and interpretations published in the articles are those of the authors and should not be attributed to SMERU or any of the agencies providing financial support to SMERU. Comments are welcome. If you would like to be included on our mailing list, please visit our website or send us an e-mail.

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Dear readers,

The Sustainable Development Goals (SDGs) are recognized as the global development agenda with a wider and more inclusive mandate than the Millennium Development Goals (MDGs) which ended in 2015. The SDGs differed to the MDGs as the latter were formulated by experts from member states of Organisation for Economic Co-operation and Development (OECD) and some international institutions. The SDGs, on the other hand, were adopted out of an agreement between all 193 member states of the United Nations along with input from the civil society and various relevant stakeholders. It is unsurprising if the SDGs covered a more diverse and detailed list of problems, as well as ensuring that not a single citizen is left behind, regardless of age and background, by emphasizing principles of equality and anti-discrimination.

On this note, The SMERU Research Institute conducted several research studies in 2015 to assess challenges to realizing the SDGs in Indonesia. Furthermore, other SMERU research studies could give insight and input to existing efforts in achieving the SDGs in Indonesia, especially in health and education sectors. In this second edition of the SMERU Newsletter for the year, we presented the findings of four SMERU research studies on the SDGs, health, and education.

The first research study focused on lessons learned from the MDGs and challenges in realizing the SDGs in Indonesia. Both the second and third research studies covered the issue of maternal and child health, especially health care delivery for mothers, newborn, and children as well as child nutrition. Meanwhile, the fourth study focused on the issue of education: a diagnostic study on basic education learning in INOVASI's partner *kabupaten*.

To complete the discussion, SMERU invited Yosi Diani Tresna, the Head of Subdirectorate of Child Protection, Bappenas, to give an insider's perspective on gender and child issues related to implementing the SDGs in Indonesia.

This edition is hoped to build knowledge on the challenges Indonesia faces to achieving the SDGs targets as well as reducing poverty and inequality.

We hope you enjoy this edition.

Liza Hadiz

Editor

Regional consultations were conducted in two provinces, West Nusa Tenggara (NTB) and North Sulawesi (Sulut).

The Difference between MDGs and SDGs

The MDGs were formulated by the Organisation for Economic Co-operation and Development (OECD) and international experts, while the SDGs were compiled by involving a larger group of stakeholders. At its initial start, the SDGs were adopted through a very inclusive participatory process using methods of direct consultation with all elements (government, civil society, academicians, private sector, and philanthropic societies) from developed and developing countries.

This has contributed to the important difference between the MDGs and SDGs. First, the SDGs were formulated based on the principles of human rights, inclusiveness, and antidiscrimination. Second, in terms of agenda, the SDGs do not only focus on efforts to fulfill present needs, but also towards the future and continuous needs. Third, SDGs aim to ensure that every human being can enjoy well-being and that economic, social, and technological advancements will take place in harmony with nature and the environment. Fourth, SDGs were designed to encourage peace in order to develop a just and inclusive society, free from fear and violence. Fifth, SDGs uphold cooperation among all the stakeholders.

The MDGs and SDGs are also different in terms of their number of goals and indicators. The MDGs have 8 goals and 60 indicators, while in the SDGs, they were transformed into 17 goals and 232 indicators (latest data from UNStas, March 2017). Among the 17 goals of the SDGs, four are new: goal 9 (industry, innovation, and infrastructure), goal 10 (reduce inequality), goal 11 (sustainable community and city), and goal 16 (peace, justice, and strong institutions).

Synchronizing the SDGs and the 2015–2019 National Mid-term Development Plan (RPJMN)

One of the lessons learned from the implementation of the MDGs is that in order to ensure optimal implementation, the global development agenda needs to be translated and integrated into the development planning, policy, and strategy at the national and regional levels. In the case of Indonesia, in general, the goals and targets of the SDGs are reflected in the 2015–2019 RPJMN targets. This study's exploration of the government's effort in synchronizing the SDGs and the RPJMN concludes that several SDGs (poverty, health, education, inequality, water and sanitation, and access to energy) are very much aligned to the targets of the 2015–2019 RPJMN. The SDGs having limited discussion within the 2015–2019 RPJMN are gender equality, inclusive and sustainable economic growth and decent work, and sustainable consumption and production patterns. The UNDP (2015) also came up with the same conclusion that the Nawa Cita, 2015–2019 RPJMN, and SDGs all have a point of alignment even though the Nawa Cita and SDGs both came from two different perspectives.

MDGs Achievements in Brief and Efforts to Accelerate

According to the National Development Planning Agency's (Bappenas) report on the Millennium Development Goals achievement,[1] MDGs achievements up to 2014 are categorized into (i) goals achieved, (ii) goals which achievement show significant progress and hope to be

There is still limited discussion in Indonesia's 2015–2019 Mid-term Development Plan about the SDGs aim to reach a sustainable pattern of production and consumption.

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[1] "Pencapaian Tujuan Pembangunan Milenium di Indonesia 2014" (Bappenas, 2015: xi-xii).

fully achieved by 2015, and (iii) goals which achievement show progress but great effort is still required to fully achieve them. From these three categories, the third is the most important because it consists of issues that need to be prioritized in the implementation of the SDGs in Indonesia. There are 14 indicators which are part of this category and is included in almost every target.

The central government has recognized the obstacles faced by the provinces in their effort to achieve MDGs targets, thus a number of regulations were issued to accelerate the process. One of these regulations is Presidential Instruction (Inpres) No. 3/2010 on Justice-based Development Programs which states the need for a mechanism

Box 1. Lessons learned from the Regions in Efforts to Achieve the MDGs: NTB Province Case Study

The basis for the implementation of the MDGs in NTB is written in and integrated into the 2013–2018 RPJMD. Out of 57 indicators, the Government of NTB in 2015 was able to achieve 27, whilst 23 were in process of being achieved and 7 were still difficult to achieve.

The third goal of the MDGs (gender equality and women's empowerment) has the most indicators. The Governor of NTB issued Gubernatorial Decree (Pergub) No. 39/2014 which regulates gender mainstreaming to encourage regional working units (SKPD) to use a gender analytical framework as the basis of their planning. The Government of NTB also issued Circular (SE) No. 150/1138/Kum on the Postponement of the Marrying Age which recommends 21 as the minimum marrying age for boys and girls. The government believes that the cause of poverty is marriage at a very young age. With SE No. 150, the government hopes to reduce the growing rate of poor families.

MDGs Achievement

Although target 1a (reducing the poverty rate to less than US$ 1 (PPP) per day) has not been achieved, the percentage of poor people in NTB has declined from 27,17% in 2008 to 21,55% in 2010 and 17,24% in 2014. Efforts to reduce poverty in NTB involved numerous program innovations. These innovations are divided into four clusters. Cluster 1: cash assistance and noncash assistance programs; cluster 2: sustainable empowerment programs and increase of processing industries; cluster 3: development of creative industries and industries based on local natural resources; cluster 4: tourist attraction programs ("Visit Lombok"), acceleration of infrastructure development, and village electricity services.

In addition, the success story of efforts to reduce poverty in NTB comes from Kabupaten West Lombok. The Government of West Lombok formed the Coordination Team for Regional Poverty Reduction (TKPKD), which succeeded in formulating the Regional Poverty Reduction Strategy document. This document was then integrated into the regional budget plan (RAPBD) so that it can be integrated into the strategic plan (*renstra*) and work plan (*renja*) of the SKPD. In this way, the budget for poverty programs are integrated with several other development programs. In the five years of its implementation, the poverty rate in Kabupaten West Lombok had decreased from 24.02% in 2009 to 17.20% in 2014. The Regional Development Planning Agency (Bappeda) of West Lombok also cooperates with Statistics Indonesia (BPS) in examining macro data which can be used as a benchmark for intervention. The agency also uses their poverty map to identify poverty enclaves.

Barriers to Achieving the MDGs

One of the barriers to achieving the MDGs in NTB relates to the action plan or program that has not been fully followed up by the *kabupaten*/*kota* (district/city) government. Basically, the commitment of the local government in general depends very much on its fiscal capacity, meaning that high commitment needs to be supported by sufficient budget. In reality, there is limited local government budget available to use to achieve the MDGs. On the other hand, the support from the private sector and the community in general is still very low. In addition, the NTB government is very much dependent on incentive funds and other funds from the central government to implement programs that will help achieve the MDGs.

The implementation of the MDGs has not been supported by optimal synergy by all elements due to the ego-centrism of various government sectors, both in terms of data collecting, monitoring and evaluation. Problems in updating the data of program beneficiaries have caused program mistargeting. In addition, there are no monitoring and evaluation programs which are integrated, conducted regularly, and cross-sector. Each SKPD has and implements its own monitoring and evaluation mechanism.

to provide incentives for provinces that show good performance in achieving the MDGs. For this purpose, since 2013, the Ministry of National Development Planning (PPN)/ Bappenas has given an MDGs award to provinces that have fulfilled a selected 12 indicators. Other efforts to accelerate MDGs achievements are by (i) developing a 2010–2015 road map to accelerate MDGs achievement in Indonesia, (ii) forming an MDGs National Coordinating Team under the coordination of Bappenas, (iii) developing a regional action plan (RAD) for the acceleration of MDGs achievement in 33 provinces, (iv) increasing financial support for the acceleration of MDGs achievement through the national and regional budget, and (v) increasing the availability of data and information concerning MDGs indicators.

Challenges in SDGs Implementation

Our study which consults experts at the national level and stakeholders at the regional level has identified various challenges potentially faced by Indonesia in efforts to achieve the SDGs. Challenges to the implementation of SDGs in the current decentralization era are not only found at the global and national levels, but also at the provincial and local levels (*kabupaten/kota*). The regional government will face complex challenges, while at the same time the regional government has limited human resources and capacity to overcome this obstacle.

In regard to goals 1, 8, and 10 which are the focus of the study, Tabel 1 summarizes the challenges which will be faced by Indonesia in achieving the SDGs.

Conclusions

The implementation of the MDGs which ended in 2015 provided ample experience in planning, budgeting, and coordinating the implementation of the global development agenda, particularly for the government (national and regional governments). Many MDGs targets and indicators were successfully achieved by Indonesia, despite the fact that much homework still needs to be done. Considering that there are now more goals and targets, challenges faced to achieve the SDGs will be even harder.

The good news is that Indonesia had a longer period for preparation as well as a better preparation strategy for the SDGs. In general, all of the global development goals are already referred to in the 2015–2019 RPJMN. With all the challenges and the anticipated policies identified in this study, it needs to be emphasized that the next steps to be pursued are drafting subregulations and synchronizing policies at the national and regional levels.

In regard to SDGs achievements in the regions, there is a need to increase the role and sense of ownership of the regional governments because they are the spear head of the successful implementation of this global development agenda. The role and sense of ownership can be increased by the following action: the central government sets a clear SDGs target for each region to achieve and incentive for achieving them. The target and incentive will encourage regional governments to improve their performance and ultimately achieve the development goals set in the SDGs. ■

Table 1. Challenges Indonesia will Face in the Effort to Achieve the SDGs

GOAL 1 (POVERTY)	GOAL 8 (DECENT WORK)	GOAL 10 (INEQUALITY)
Uncertainty of the global economic situation and political cycle	The large proportion of informal sector workers and the small number of decent work available	Limited policies aiming to tackle inequality
Low access (particularly for the poor) to quality education and good nutrition	The low quality of human resources and Indonesian workers' competitiveness	High inequality between regions
Lack of skill development programs for youths from poor families	Youth unemployment trend	Inequality in access to education and health opportunities
Weak vertical and horizontal coordination in implementing poverty reduction policies	Minimum social protection for workers	The poor's low access to productive assets
		Gender inequality
The dynamic definition and measure of poverty and the uncertain continuity of the updating of data	The unavailability of data on workers' productivity in urban and rural areas	The limited availability of data, such as data on inequality from various dimensions (income, asset, etc.)

Vita Febriany/SMERU

THE MATERNAL, NEONATAL, AND CHILD HEALTH (MNCH) SERVICES IN THE EARLY YEARS OF IMPLEMENTATION OF THE UNIVERSAL HEALTH CARE SCHEME IN INDONESIA: A BASELINE ASSESSMENT[1]

Indonesia introduced the Universal Health Scheme (JKN) on 1 January 2014, with the aim to ensure quality healthcare services for all, yet without imposing extra burden on its citizens. JKN covers all aspects of medical services, including maternal, neonatal and child health (MNCH)—one of the priority health areas in the development sector. The most recent Indonesian Demographic and Health Survey (SDKI) showed that maternal and infant mortality rates are yet to meet targets set by Millennium Development Goals (MDGs). JKN presents a momentous opportunity to lift MNCH quality so that Indonesia can catch up with its progress of achieving Sustainable Development Goals (SDGs) (the latter being a development commitment created from the MDGs, with special reference to universal access to health care and MNCH improvements).

As was the case with the Universal Delivery Care (Jampersal) program, the MNCH components under JKN cover antenatal care, delivery, post-natal care, family planning, nutrition, and basic immunization. On this note, SMERU assessed MNCH services in JKN's preliminary implementation during the period of 2014–2015 in seven districts (*kabupaten*) and cities (*kota*) (see Figure 1). Apart from observing how MNCH services have been implemented under the JKN, this study specifically looks at how JKN policies and other supporting systems can reach poor and vulnerable women and children. This study also observes the political economy dynamics and regulatory framework that could either support or detract JKN implementation, especially with regards to MNCH services.

Figure 1. Study locations

[1] This article is a summary of SMERU's research report titled "The Maternal, Neonatal, and Child Health (MNCH) Services in the Early Years of Implementation of Universal Health Care Scheme in Indonesia: A Baseline Assessment" (unpublished).

This study seeks to answer a few questions related to three main factors affecting MNCH services under the JKN scheme:

1. The demand side. What is the limit of JKN's financial protection scheme coverage for the poor and vulnerable in accessing MNCH services?
2. The readiness of healthcare supply. Can public and private healthcare institutions provide affordable MNCH services for the poor and vulnerable?
3. Contextual factors. What are some of the supporting factors which enabled the government to overcome barriers in providing MNCH services for the poor and vulnerable?

Financial Protection and MNCH Services in the JKN Era

Three aspects are important considerations to assess MNCH demand: (i) system beneficiaries, (ii) services covered, and (iii) proportion of healthcare premium covered by the system (see Figure 2). Results of this study showed that during the transition period from Jampersal Program to JKN, JKN has impacted local health financing and subsequent healthcare coverage. On MNCH, JKN's coverage for expecting mothers and infants is lower than the previous Jampersal program. The latter ensured coverage for all expecting mothers and infants outside existing private and public health insurances or programs. Meanwhile, JKN ensures services only for those already registered in the scheme.

On the supply side, both JKN and Jampersal covers similar levels of MNCH services. However, this study indicated that compared to Jampersal, JKN has a relatively modest coverage for private midwife services during the transition period, thus reducing the width of MNCH services available for poor mothers, infants, and children. Furthermore, JKN is deemed relatively limited in its coverage of ante-natal and diagnostic services for high-risk pregnancy.

The study also found that JKN has been able to provide a solution for poor families to access MNCH services, especially in terms of financing medical bills. However, cost-sharing practices have been observed (i.e. out-of-pocket payments for extra or out-of-patent medicine). Furthermore, similar to Jampersal, JKN does not cover the poor from indirect healthcare costs, even if these costs were the same or greater than the direct medical payments. For example, these costs include transport cost to and from health facilities, especially in remote areas where patients would have to use several modes of transportation, and costs incurred when patients' families accompany extended hospital stay patients, including food and other miscellaneous costs, or opportunity costs for taking leave from one's work. Other large costs include midwife services for pre- and post-delivery in most study areas.

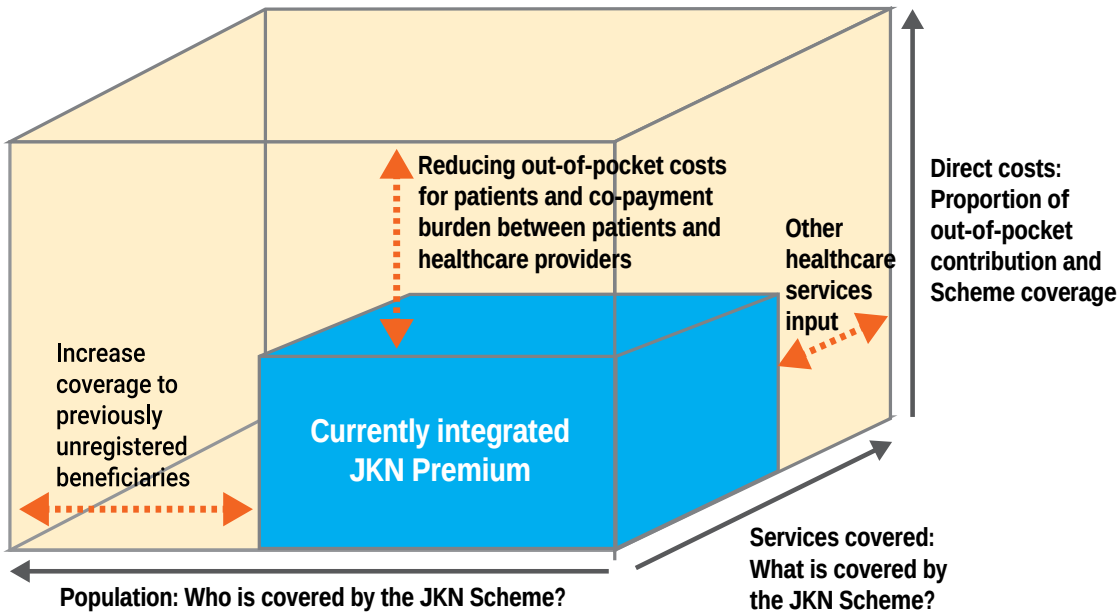

Figure 2. Dimensions in the universal JKN Scheme

Human Resources and Health Facilities Capacity and Availability

Demand spikes due to universal healthcare should be manageable if there is a strong supply side. However, this study showed persisting capacity problems in the medical system during JKN's early implementation stage, namely health facilities' and health workers' availability and service quality. There is a lack of and an unequal distribution of health workers such as midwives and obstetricians in community health centers (*puskesmas*) and gynecologists in hospitals. From the seven *kabupaten* and *kota* studied, only three passed the Ministry of Health's standard for having a minimum of four *puskesmas* specializing in obstetrics. Meanwhile, no gynecologists and pediatricians could be found in Kabupaten Gorontalo Utara and Kabupaten Hulu Sungai Utara—thus, patients suffering from complications related to female reproductive system and children's health had to be referred to other neighboring hospitals, often found at a distance from these *kabupaten* or *kota*. There is also a significant difference in the number of hospitals and health workers available between Java and other islands (see Table 1).

Problems related to mothers and infants, including high maternal and infant mortality rate, relate to the low levels of midwife competency and professional support during delivery. Midwives' inadequate skill in identifying complications could result in delayed transfer of care (DTOC) for further medical assistance—which could eventually result in death of patients during transport to or upon arrival at hospitals. A study conducted by the Indonesian Academy of Sciences (2013) revealed that the problems have been caused by low midwifery training and education quality—where they failed to meet WHO standards. Other issues include low infrastructure access for clean and safe delivery in health facilities, especially in *puskesmas*. Midwives are not well equipped, especially with resuscitation equipment for treating babies suffering from asphyxia during birth. Midwifery equipment often have to be sourced individually because the government do not provide them for health workers. Furthermore, midwives refuse to work in remote *puskesmas*, citing lack of clean water and electricity access as well as poor sanitation as their primary concerns.

Other problems affecting health services include the low level of understanding of health workers and Social Security Implementing Agency (BPJS) administrators about the JKN scheme in health centers and *kabupaten* government offices. Moreover, many *puskesmas* often run into technical problems when using software applications to process claims and reports to the central BPJS system due to low human resources capacity and lack of internet access.

Table 1. Number of Available Health Facilities and Workers in Study Areas, 2014

KABUPATEN/KOTA	HEALTH FACILITIES, 2014							HEALTH WORKERS, 2014[c]	
	PUSKESMAS[a]				HOSPITALS[b]			MID-WIVES	DOCTORS
	General	Inpatient treatment	Obstetrics	Total	Public	Private	Total		
Kota Bogor	16	8	4	24	4	9	13	133	99
Kabupaten Sleman	21	4	5	25	6	21	27	164	85
Kota Padang Panjang	4	0	0	4	1	1	2	57	21
Kabupaten Hulu Sungai Utara	11	2	2	13	1	1	2	222	14
Kabupaten Lombok Timur	0	29	6	29	1	2	3	198	47
Kabupaten Gorontalo Utara	10	5	2	15	1	0	1	62	15
Kabupaten Halmahera Barat	9	2	3	11	1	0	1	209	19

[a] Source: http://www.komdat.kemkes.go.id/
[b] Source: http://sirs.buk.depkes.go.id/rsonline/report/ and District Health Profile.
[c] Source: http://www.komdat.kemkes.go.id/ and District Health Profile.

Contextual Factors Unrelated to Supply and Demand

This study revealed that, first, political contexts in *kabupaten/kota* level could impact healthcare intervention, and ultimately affecting the performance of the health sector itself. Some observed dynamics include: health insurance payment initiatives and its management, change of leadership at the *kabupaten/kota* governance levels=which affects the performance of said *kabupaten/* kota's health agency or even affecting the health workers working in various health facilities). In addition, strong lobbying by the *kabupaten* health agency to the head of *kabupaten/kota* and Regional House of Representatives could also increase the size of health budget.

Secondly, regulatory framework is another important contextual factor. Some issues that become the weak points for JKN scheme include: (i) lack of important regulations such as how regional governments could integrate existing Regional Health Insurance program with JKN; (ii) inconsistent horizontal and vertical regulations, and (iii) contradictory rules and regulations.

Policy Recommendations

1. Improve the coverage and quality of healthcare services by:
   a. Issuing clear rules and regulations (both at the *kabupaten/kota* levels) on premium coverage for *puskesmas* operational costs, including out-of-pocket costs for medicine and consumables;
   b. Conducting a comprehensive reviews on JKN regulations and solving any inconsistencies found during the process.

2. Improve access and availability by:
   a. Taking into account the local conditions that fall outside the scope of the national program in JKN rules and regulations, such as regarding the water-based transportation in rural areas.
   b. Finding a breakthrough in providing universal access and availability for covering obstetrics facilities by developing clear and effective medical database.

3. Increase healthcare coverage by:
   a. Increasing healthcare coverage or including the poor and vulnerable in the JKN special beneficiaries' list (PBI) by providing clear guidelines regarding eligible beneficiaries and consulting the regional government in the process.
   b. Improving technical skills of data surveyors in the regions who are responsible for updating or verifying data for the social services agency at the *kabupaten/kota* levels.

4. Conduct a large scale and sustained awareness campaign via social or mass media to raise the awareness of both social and health workers of the JKN program. Simultaneously, updating regional BPJS administrators' knowledge and information would close the knowledge gap with central BPJS administrators. ■

Clear guidelines are needed to increase the JKN coverage for the poor and vulnerable.

Dok. SMERU


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BARRIERS TO OPTIMAL INFANT AND YOUNG CHILD FEEDING PRACTICES IN INDONESIA: WHAT COMMUNITY LEADERS SAY

A significant number of children in Indonesia still suffer from malnutrition problems such as stunting, underweight, and wasting. To overcome this issue, the Government of Indonesia has set various policies and programs. One of them is related to infant and young child feeding (IYCF) which includes early breastfeeding initiation (EBI), exclusive breastfeeding, and complementary feeding. In addition, Indonesia has also committed to reaching the 2025 global nutrition targets adopted by the World Health Assembly (WHA) in 2012. Indonesia's Demographic and Health Survey 2012 reported that only 42% of infants are exclusively breastfed for the first 6 months of life; and 63% of children aged 6–23 months are not fed appropriately in accordance with the World Health Organization's IYCF recommendations.

Without a deeper understanding of the barriers to improving IYCF practices, it will be hard for Indonesia to achieve its nutrition improvement targets in the future. Therefore, in 2015, The SMERU Research Institute conducted an opinion leader research on IYCF with the following objectives: (i) identify barriers to IYCF practices, (ii) identify possible solutions to these barriers, and (iii) recognize channels of communication and points of engagement with opinion leaders.

This study collected opinions from leaders at the national and subnational levels (one district (*kabupaten*) and one city (*kota*)). Information were collected through in-depth interviews with informants from government institutions, national and international nongovernmental organizations (NGOs), health workers and health workers associations, workplaces and labor unions, formula companies, and mass media. Furthermore, FGDs were conducted at the subdistrict (*kecamatan*) level with communities and religious leaders, cadres of the Family Empowerment and Welfare Movement (PKK)/integrated health service post (*posyandu*), staff of community health centers (*puskesmas*), and nursing mothers.

Barriers to Appropriate IYCF Practices

Barriers to EBI Practices

Government Regulation No. 33/2012 obligates every health worker to encourage EBI. Since the enactment of this regulation, EBI practices in Indonesia has increased. However, its implementation has not been optimal because mothers, families, and the community lack knowledge of EBI. On the other hand, there is a weak commitment and willingness on the side of health workers to implement EBI. EBI is usually initiated when mothers give birth in health facilities, but not when they give birth at home or at the private practices of midwives and traditional midwives; neither is it encouraged in remote areas which still lack sufficient access to health workers and facilities.

Barriers to Exclusive Breastfeeding

In Indonesia many infants are introduced to solid foods or formula milk before six months old. There is a misconception that feeding foods to infants under six

months may stimulate eating. Formula milk advertisement also creates the perception that formula milk is better than breastmilk. Another misperception is that when a baby cries, it means the baby is hungry and should be given food or formula.

Low milk supply, particularly in the first three days after delivery, is another excuse for not breastfeeding exclusively. The concern that breastfeeding may affect the shape of one's breasts also discourages mothers to exclusively breastfeed their babies. In addition, health workers tend to provide less support to mothers to breastfeed. Working mothers' lack of knowledge and commitment as well as low workplace support are the main barriers affecting working mothers' decision to continue exclusive breastfeeding. Meanwhile, local regulations do not support exclusive breastfeeding.

Barriers to Better Complementary Feeding Practices

Complementary feeding practices in Indonesia are still far from optimal. The study found early introduction to complementary foods, which means failure of exclusive breastfeeding. We also found the late introduction to complementary feeding to infant with no teeth. The latter is also influenced by the misconception that formula milk contains sufficient amount of required nutrients, and thus can replace complementary foods. When complementary food is introduced to a six-month old baby, it is usually prepared too runny and does not meet a balanced nutritional intake; for example, babies who are fed with porridge (carbohydrate) without additional vegetable or protein food. Another issue is preference of providing instant food instead of homemade food. These problems occur due to the low understanding and awareness concerning appropriate complementary feeding practices. One reason for this is the lack of mothers' initiative to visit *posyandu* and lack of willingness or opportunity to read maternal and child health literature and seek information about complementary feeding from other media channels. On the other hand, socialization/educational activities on complementary feeding provided by the government, health workers, and *posyandu* cadres are deemed ineffective.

Institutions and government structures, the relationship between actors involved in the policymaking process, and formal and informal rules/norms related to IYCF are all factors impeding IYCF practices. The tasks, responsibilities, and expected behavior of IYCF stakeholders have been regulated in the existing IYCF legislations in Indonesia, but have not been implemented as expected. In addition, policy implementation to support optimal IYCF practices remains weak, indicating weak law enforcement, limited dissemination and inadequate educational activities to support optimal IYCF practices. Cultural influences (habits and traditions) and household economic status are other factors impeding proper and good complementary infant feeding practices. Society still perceives that child care is women's responsibility. Therefore, the effort to understand and gain knowledge about IYFC practices is burdened upon mothers, without involving fathers.

How Institutions Influence Government's IYCF Practices

Improving nutritional outcomes has been included as one of the targets set by the government in various development planning documents in Indonesia, including the National Long-Term Development Plan (RPJP), Medium-Term Development Plan (RPJM), and Strategic Plan of the Ministry of Health. However, there are weaknesses in policy implementation, dissemination and educational activities, monitoring and evaluation, as well as regulation enforcement.

During policymaking processes, different government bodies show different levels of support in setting the goals of the improvement of IYCF practices as their priority. The Ministry of Health highly supports IYCF practices

Arran McMahon/SMERU

There is a lack of effective socialization about complementary feeding provided by the government, health workers, and *posyandu* cadres.

Rachma Indah Nurbani/SMERU

Understanding and awareness of appropriate complementary feeding practices are still very low.

because it is one of the targets of its strategic plan. On the other hand, some ministries, such as the Ministry of Trade and the Ministry of Industry, are more concerned with the implication of IYCF policies towards government revenues. For example, they are afraid that totally prohibiting formula companies from promoting formula milk may cause these companies to close their operations in Indonesia.

At the *kabupaten/kota* level, the implementation of IYCF programs is influenced by several factors, including regional budget, leaders' initiative, creativity, and priority. In the era of regional autonomy, *kabupaten/kota* leaders play an important role in facilitating the success of IYCF implementation.

In general, the sheer vast size of Indonesia's population and different levels of education become a challenge for the government to conduct the socialization on IYCF practices. Furthermore, socialization for health workers is considered ineffective and does not provide a better understanding of IYCF. Provision of information targeted only at the mothers and not to other family members also inhibits the dissemination of information on IYCF

Moreover, the weak coordination between the government, health workers and civil society also hinders IYCF implementation. Monitoring, evaluation, and enforcement of regulations on the implementation of IYCF are also weak due to the lack of clarity of various institutions responsible to carry out each task.

Nongovernmental Organizations

There are two different perceptions on nongovernmental organizations in relation to IYCF. Some informants consider that NGOs have been supportive of various activities to improve IYCF practices. However, others perceive NGOs negatively, because some NGOs collaborate with formula milk companies.

Formula Milk Companies

A number of informants believe that formula milk companies have the power to influence the government in the process of drafting IYCF policies.. Formula milk companies were involved in the discussion on Government Regulation (PP) No. 33/2012, making it possible for them to assert their interest in government policy and influence the practice of complementary feeding. These companies are also allowed to organize seminars and training sessions for health workers. These events are closely related to the companies' commercial interest, such as promoting their products and increasing theirstock value.

Health Workers

Health workers' association, such as the Indonesian Midwives' Association (IBI) frequently organizes seminars and training in cooperation with formula milk companies. By attending these seminars and training sessions, midwives will receive a certificate that will ease the way to their promotion or to obtain a practice permit for five years without taking competency test. Furthermore, if the midwife buys any of the company's products, she will receive gifts—buying more products means getting more gifts.

Employers

Employers are generally deemed as not providing optimal support for IYCF practices, particularly in providing lactation rooms, allowing sufficient break time for nursing mothers, and other facilities to support lactation activities.

Providing support to nursing working mothers is often considered as a burden for the company because it will have an impact on the productivity and revenue of the company.

Media

Digital and print media seldom publish news on health issues, including information on IYCF because this particular issue and health issues in general are news that do not sell. Based on this fact, the media is not considered as a stakeholder that supports complementary feeding.

Solving the Problem

1. **Improving socialization and education of IYCF for all stakeholders.**
   Socialization and education at the community level should be targeted not only at mothers, but all members of the family, and should be able to reach poor families. An effective and intensive method of communication appropriate for the context of each target groups is required. For this purpose, there needs to be coordination between health workers, *posyandu* cadres, and community leaders.

   At the government level, there is the need to increase the awareness of regional governments of the importance of supporting IYCF practices. At the same time, there is the need to increase understanding about conflict of interests which may emerge if formula milk companies are involved in policymaking processes and policy implementation. The government also needs to increase communication with the mass media and private employers. In addition, the government can appoint an ambassador for breastfeeding awareness to effectively voice the importance of breastfeeding.

> "With the regional autonomy policy, local leaders play an important role in the successful implementation of IYCF."

2. **Strengthening control over stakeholders' interest in IYCF.**
   The government needs to come up with a more comprehensive regulation to guide the behavior of IYCF stakeholders and determine which institutions are responsible for monitoring, evaluation, and enforcing regulations as well as good implementation of IYCF. In relation to this, the government needs to set indicators for IYCF practices in the health sector's minimum service standard (SPM). The government also needs to increase its concern toward exclusive breastfeeding and complementary feeding and regulate the sale of formula milk.

3. **Enforcing policy implementation to support improvement of IYCF practices.**
   The government needs to increase budget allocation for the improvement of IYCF practices, improve intersectoral coordination in policy implementation, improve the management of health workers, support the provision of lactation rooms in the work place of micro and small enterprises as well as increase access of information concerning IYCF in remote areas.

4. **Using the right channel of communication for advocacy.**
   The improvement of IYCF practices needs to involve the central government because regional governments refer to policies from the central government when developing their policies. Aside from this, through the "politics of budgeting", the central government has encouraged regional governments to commit to certain policies. Regional governments' commitment to the policies will affect their implementation. Regional governments will be more motivated to implement a policy if it is advocated by the central government.

5. **The central government's policy advocacy to the regional governments needs to involve the Ministry of Home Affairs.**
   Advocacy can be conducted directly to regional government institutions (agencies, Regional Development Planning Board, local leaders, members of the legislative) and village-level fora through formal mechanisms such as public hearings or through informal mechanisms such as personal approach. Advocacy may also be indirectly targeted at nongovernmental IYCF stakeholders such as the workers union, faith-based organizations, and mass media. In addition, statistics and credible research results are effective means to influence government in developing policies. It goes without saying that the effectiveness of advocacy methods and stakeholders' involvement varies in each area. ■

Hastuti/SMERU

BASIC EDUCATION LEARNING IN INOVASI'S SIX PARTNER DISTRICTS IN WEST NUSA TENGGARA PROVINCE[1]

In 2014, Indonesia's net enrollment rate for its basic education was nearing universal participation of almost 100% for elementary school and 80% for junior high school. However, the education system suffers from a learning crisis—especially in students' literacy and numeracy abilities. Indonesia's Programme for International Student Assessment (PISA) score, for example, is low relative to other Organisation for Economic Co-operation and Development (OECD) member countries as well as non-OECD countries; and 75% of students lack basic mathematical skills. On that note, the Government of Indonesia, represented by the Ministry of Education and Culture (Kemendikbud), and the Government of Australia, represented by Department of Foreign Affairs and Trade (DFAT), initiated the Innovation for Indonesia's School Children (INOVASI) program in 2016. This program targets education providers at both elementary and junior high school levels, where evidence on successful learning strategies will be collected over four years with the aim of utilizing said strategies to facilitate the creation of better education policy in the future. The approach employed are monitoring, evaluation, research, and teaching and learning activities with a focus on teaching and teaching support qualities, as well as other social aspects to ensure universal education across the board. Kemendikbud and DFAT chose West Nusa Tenggara province (NTB) and six *kabupten* (districts) within the province: Lombok Tengah, Lombok Utara, Sumbawa Barat, Sumbawa, Dompu, and Bima, as study partners in the first phase of this study.

In the early stages of the program, SMERU assisted INOVASI to implement a diagnostic study of the basic education system in all partner *kabupaten* to understand: (i) regional sociopolitical and economic contexts; (ii) stakeholders' hierarchical position and influence within the education system; and (iii) policy development and innovation in learning, particularly in literacy and numeracy skills.

This study used a qualitative approach. Data were collected in July and August 2016. In every participating *kabupaten*, SMERU held 24=30 individual interviews with local stakeholders at the *kabupaten* level and at schools, 16 group interviews (with teachers, students, and parents), and one *kabupaten*-level focus group discussion (FGD). Furthermore, researchers collected various secondary data related to basic education performance.

[1] This article is a summary of The SMERU Research Institute's research report titled "Synthesis Report: Diagnostic Study of Basic Education Learning in INOVASI's Six Partner Districts in West Nusa Tenggara Province" (forthcoming).

An Overview of Learning Conditions in NTB

NTB is one of Indonesia's provinces suffering from low teaching quality, particularly at primary and secondary school levels. USAID (2014) reported more than 20% of Grade 2 students from NTB struggled with basic reading skills. The students were unable to even understand simple words in their reading material. According to ACDP (2014), only 1 out of 3 Grade 8 students from NTB could answer reading comprehension questions based on short stories.

Primary school students from the province is still classified as having low numeracy skills. ACDP (2014) found that only 1 out of 4 Grade 4 students could answer subtraction problems such as 238 = 129 = (?) and only 1 out of 10 students were able to answer division problems such as 655 : 5 = (?). The study also showed that only 1 out of 4 Grade 8 students could solve mathematical ratio problems in a story format. At higher education levels, the study concluded that learning problems observed in NTB do not lie in basic literacy and numeracy skills alone. Students from higher education levels were also found to have difficulty in applying knowledge and logical reasoning. SMERU (2009) revealed that only 42% of students from the school sample in Lombok Tengah were able to answer more than 50% of questions in a mathematics test—the lowest when compared to results of other studies on similar topics from *kabupaten* in other provinces.

In general, all of the six *kabupaten* education system have been performing at similar levels in 2015/6 (see Table 1). Each partner *kabupaten*'s performance was found to have insignificant and inconsistent differences. For example, Sumbawa Barat, Lombok Utara, and Sumbawa have lower number of early school leavers at elementary school level and better teachers' competency score than other partner *kabupaten.* On the other hand, Bima and Dompu scored highest levels of net enrollment rate for elementary school as well as having the lowest teacher-student ratio when compared to other partner *kabupaten*. Overall, West Sumbawa performed very well on four, out of six, education performance indicators.

Learning Problems

This study shows that there are 10 main issues common to te experiences of all partner *kabupaten*: (i) low teaching quality, (ii) low number of professional teachers employed by the civil service and an unequal distribution of teachers, (iii) lack of professional training for teachers, (iv) low teaching commitment, (v) lack of funding and access to infrastructure, (vi) low levels of parental support and engagement, (vii) low levels of students' willingness to learn, (viii) strong political interests influencing education policies, (ix) early school leavers, and (x) weak supervision on policy implementation. These are interconnected; one issue can lead to the beginning of the other.

Four of the ten previously mentioned main issues are directly related to teachers. Low teaching quality is caused by the low quality of tertiary education institutions and mismatch of teachers' education background with their teaching assignment. The low number of professional teachers employed by the civil service and an unequal distribution of these teachers throughout all six partner *kabupaten* are caused by a limited recruitment focus and the influence of political interests.

The lack of professional teachers employed by the civil service have driven the regional government to hire more temporary teachers. However, professional standard of these temporary teachers are questionable and often the regional government hire more teachers than required as temporary teachers are hired due to their personal connection to the regional administrators rather than their professional merit. As a result, 43–64% of teachers across all six participating *kabupaten* are temporary

Table 1. A Snapshot of Education Performance of Six Partner Kabupaten from NTB Province, 2015/16

INDICATORS	*KABUPATEN*					
	Bima	Dompu	Lombok Tengah	Lombok Utara	Sumbawa	Sumbawa Barat
Rate of early school leaving, elementary school (%)	0,32	0,22	0,14	0,06	0,07	0,04
Average competency score of elementary school teachers	45	46	51	53	52	56
Average National End of School Exam score, elementary school	56	55	53	52	55	58
Net enrollment rate, primary school (%)	96	96	92	82	80	84
Teacher-student ratio, primary school	9	9	14	15	11	12
Human development index – 2014	63	64	62	60	63	67

Source: INOVASI (2016) Nusa Tenggara Barat - Potret Pendidikan Kabupaten 2015/16.

Table 2. Kabupaten Level Ratio of Permanent and Temporary Primary School Teachers

KABUPATEN	%		SOURCE
	Permanent	Temporary	
Bima	**37**	**63**	*Renstra Dinas Dikpora Kabupaten 2016–20* **(valid data as of 31/12/2014)**
Dompu	**36**	**64**	*Renstra Dinas Dikpora* **2010–15**
Sumbawa	**51**	**49**	*Dinas Pendidikan Nasional*, **Kabupaten Sumbawa**
Sumbawa Barat	**57**	**43**	*Buku Saku Pendidikan* **TA 2012/13, excluding madrasa**
Lombok Tengah	**55**	**45**	*Dinas Dikpora Kabupaten*, **2016**
Lombok Utara	**48**	**52**	*Pangkalan Data Dikpora Kabupaten*, **2015 and** *Dikpora* **NTB, 2015**

teachers (see Table 2). A macro picture of the average student-teacher ratio reveals a sufficient number of teachers working as civil servants at the *kabupaten* level. However, the micro picture reveals a different story: there is an unequal student-teacher ratio between schools due to the way teacher distribution policy is implemented. For example, there are only two teachers, its principal included, working as permanent civil servants in one of the public junior secondary school in Kabupaten Bima.

Ideally, the schools' problems could be solved by further follow-up actions based on the superintendent report, which is further verified by the head of regional technical implementing unit (UPTD). Yet, aside from the different level of capacity among the regional supervisors, superintendents' reports generally go unnoticed by the local administrators across all partner *kabupaten*.

There is an inter-institutional communication network for elementary schools in all six *kabupaten*, but intensive, structured, and regular use of communication technology were almost unheard of. Face-to-face discussions, such as site visits or meetings, and official letters are preferred. Landline phones or mobile phones are simply used to invite participants for meetings. Social media applications are not seen as worthy for official use. Social media channels also have a limited user base. Parents rarely speak to school staff (including teachers), and vice versa. Even if a parent-teacher exchange was to happen, it is often done in person. Student-teacher communication is conducted in person, and mobile phone is used to facilitate such meetings only in selected schools.

Innovative Policies and Programs

All six *kabupaten* have shown various types of policy innovation related to education policy and programs, especially in improving learning capacity. Kabupaten Sumbawa Barat has the most number of innovative local initiatives, followed by Sumbawa, Lombok Utara, Bima, Dompu, and Lombok Tengah. The initiator of local policy innovation could be differentiated at the regional government level (*kabupaten* head/regional education agency), nongovernmental organizations (NGOs), private sector, and school staff (principal/teachers).

Regional government-led policy innovations can be found in replication of previously successful central, provincial, or institutional programs, or other local initiatives, in all partner *kabupaten*. For example, Regional School Operational Assistance programs (BOSDA) replicate central government's School Operational Assistance (BOS) program and policies which provide financial incentives for teachers to be posted in remote areas, develop professional capacity for teachers, increase the overall number of teachers, and programs which focus on improving libraries, the publication of journals, as well as improving the literacy and numeracy skills of less proficient children. These innovations were funded by the regional government budget or by overseas development aid—as was of the latter in four of the partner *kabupaten*.

NGO-led innovations were found in all *kabupaten*, but mostly concentrated in Sumbawa Barat and Lombok Utara due to the support of private enterprises working in the area. NGO-led innovations could be found in the creation of reading houses/parks, library development and local school magazines assistance, improvement of the quality and assistance provided to teachers, development of inclusive facilities for schools, and establishment of community schools. Private sector-led

> "School leaving is a serious problem within the learning system that causes low literacy and numeracy capacities."

Ruhmaniyati/**SMERU**

Innovative programs and policies such as varying sizes and quantities of local initiatives to boost teaching and learning activities can be found in all partner kabupaten.

innovation could be found in Sumbawa Barat and Lombok Utara. Private firms give direct assistance through scholarships, land acquisition, infrastructure assistance, and program support for teaching activities. School-driven innovation could be found in all participating *kabupaten*, except Lombok Utara. These programs include discussion groups for teachers, teaching assistance for less proficient students, public speaking exercise for students, pre-class reading program, and formation of school committee according to villages, as well as implementing the use of projectors, mobile phones, and internet as part of classroom learning.

All innovations target teachers, students, and school administrators with the aim to boost students' literacy and numeracy skills and learning interest, increase teachers' quantity and teaching quality, as well as to encourage society and parents to take on a greater role in order to improve learning quality. However, their impact have yet to be identified due to limited budget, narrow program focus, and brief and inconsistent policy implementation. Even though *kabupaten* with greater number of policy innovations would result in better education performance, a successful relationship between the two must be supported by other factors.

Relevant Stakeholders

The education sector involves many relevant stakeholders, whose responsibilities and functions could be grouped as initiators, implementers, and supporters. Stakeholders' interest and influence over the learning process vary between institutions and *kabupaten*.

Generally, schools and the regional education agency are seen as having highest levels of interest and influence as they have a direct role and responsibility over the learning process. In most partner *kabupaten*, the *kabupaten* head, the Regional House of Representatives (DPRD) and the Regional Development Planning Agency (Bappeda) are seen as having high interest and influence due to their capacity in determining budget size and diversity of education innovation. In some of the partner *kabupaten*, superintendents were seen as having high interest and influence, although there is a need for an increase of supervision quality, monitoring, and implementation of policy based on observed trends.

Conclusion

Early school leaving is a serious problem within the education system that resulted in the students' low literacy and numeracy skills. This problem needs solutions, such as: (i) improving teacher management to lift both quality and quantity of professional teachers and ensuring that they are equally distributed throughout the region, and (ii) improving the teaching and learning system to boost students' literacy and numeracy skills.

The results of this study needs to be strengthened. This study uses a qualitative approach and needs further support via quantitative study to provide quantitative information with regards to learning, analysis of innovative programs, and the connection between important stakeholders and basic education in the region. ■

Enung/SMERU

PROGRESS TOWARD THE SUSTAINABLE DEVELOPMENT GOALS: HEALTH AND EDUCATION OF CHILDREN 0–12 YEARS

Yosi Diani Tresna[1]

The period from 0–12 years is important for a child's development. This development process includes a focus on health, education, care and protection. This period determines a child's physical and socioemotional development, which will affect their intellectual development throughout their lifetime. As such, the fulfilment of health care, education and child protection services must be optimally ensured during this period.

The Sustainable Development Goals (SDGs) replace the Millennium Development Goals (MDGs) as the global agenda to reduce poverty, inequality, and climate change through direct action. There are 17 goals with 169 targets in regard to sustainable development. These goals and targets will guide development and financing policies for the next 15 years (to 2030). The SDGs are implemented based on the principle of "no one left behind". This principle is particularly important for national development in Indonesia, where almost one-third of the population is under 18. The SDGs will not be achieved if children are still living in poverty (goal 1); suffering starvation and malnutrition (goal 2); dying in birth or as children (under 5 years of age) because of poor health care or inflicted by preventable diseases (goal 3); unable to complete education (goal 4); married before the age of 18 (goal 5); economically exploited (goal 8); or experiencing violence or living in fear (goal 16).

The third objective of the SDGs is related to health. While Indonesia ranks at the top in the average global rate in reducing under-five mortality and also rates quite well in reducing infectious diseases, more efforts are needed to eliminate preventable infant and maternal mortality during childbirth. In addition, changes to lifestyles in urban areas are posing new challenges: non-infectious diseases in both children and adults, such as diabetes melitus and heart problems.

Another challenge in health development is differing levels of quality in health care services and unequal distribution of health care workers, particularly in the disadvantaged regions, remote areas, border regions, and outer islands. The main causes for this are limited formation of staff, recruitment difficulties, and the reluctance of health workers to be placed in such areas.

[1] Head of the subdirectorate of child protection, directorate of population, women empowerment, and child protection, Bappenas.

Current government programs aimed at increasing the health of the population, particularly 0=12 year old children include:

1. increasing childbirth support in health facilities;
2. strengthening and developing policies around nutrition, focusing on the first 1,000 days of a child's life;
3. strengthening prevention of infectious diseases and control of biological risks, campaigns to raise awareness about healthy living and maintaining a clean environment in relation to non-communicable diseases, and creating a healthy environment;
4. improving the distribution of health-related human resources, among others through the placement of temporary staff and in-house training doctors;
5. improving systems and increasing cooperation between health care centers (*puskesmas*) and blood transfusion units, with the aim of decreasing maternal mortality rate;
6. governing health funds to be managed by the regional general hospital and the local government; and
7. increasing the number of those eligible for the Indonesia Health Card (KIS), particularly those eligible to receive premium assistance beneficiaries (PBI).

In terms of achieving the fourth SDGs related to quality education, overall the development of education in Indonesia has produced some relatively good results. This can be seen through the increasing proportion of the population participating in basic education. In addition, there is an increasing awareness that school participation alone is insufficient. Learning outcomes must be measurable to ensure that schools are supported with the appropriate learning environments for children to obtain real benefits.

Despite this, education development still faces a number of challenges in supporting child's growth, such as: (i) not all children have access to quality early childhood education; (ii) gaps in school participation remain between regions and income groups; and (iii) there remains room for improvement in the implementation of the 12-Year Compulsory Education Program.

Efforts to increase education outcomes for children include making access to education more equitable and expanding access to education through the provision of operational support at all levels. This includes increasing education access for the poor, children living in villages, remote areas and at the border areas of Indonesia, and those with special needs. This assistance is also aimed at reducing the cost of education for the community. For primary and middle school, the central government provides School Operational Assistance (BOS). This is in line with the expansion and even distribution of education to support the 12-Year Compulsory Education Program; and increasing the access to and quality of early childhood education.

Efforts to overcome the participation gap for different income groups include the provision of education assistance via the Indonesia Smart Card (KIP). This assistance is aimed at reducing households' financial burden of educating children, including the cost of transport to and from school, education costs, pocket money and stationery.

http://mataindonesia.id

One of the government's endeavors to increase health outcomes is to expand the number of people who can access the Indonesia Health Card (KIS)

In general, efforts to achieve the child education and health-related SDGs, particularly for 0–12 year olds, still face a number of challenges including (i) 13.31% of children are living below the national poverty line (approximately Rp3,000 or USD1 per day); (ii) approximately 27% of infants under 5 do not have a birth certificate—affecting their ability to enroll in school; and (iii) the increasing rate of violence and abuse toward children, including child marriages.

Targets to increase the quality of the life of Indonesians, as outlined in the 2015–2019 National Medium Term Development Plan (RPJMN), have referred to the SDG targets. Therefore, the implementation of activities to reach both development agendas are already in progress, Eventually, since the two development agendas are already aligned, the goal to increase the quality of Indonesia's human resources—seen through increases in health and education improvement—will be achievable. ■

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