Indonesia’s progress on the 2015 Millennium Development Goals

The Millennium Development Goals (MDGs) were established in 2000 as an ambitious set of international targets for development improvements during the first 15 years of the new century. Their creation marked a historical achievement and galvanized political support around improving conditions for all people, young and old, throughout the world. They permitted governments and other key stakeholders such as donor organizations, foundations and the private sector to “speak the same language” for the first time about international development.

The majority of countries throughout the world committed to specific targets through 2015 to improve their results in the eight MDG categories (see Table 1). Despite some cynicism, the MDGs have shown that when agreement is reached and there is the political will to implement the vision, real and dramatic change can follow.

An example is child mortality. In 2011, nearly 7 million children died before their fifth birthday. This is still too many, but a dramatic decline from the 12 million children who died per year two decades
Another example is education, with more than 90 percent of school-aged children enrolled in primary school and about half of those girls. In other areas, the MDGs have not been as successful and countries only have two and a half years left to meet important goals.

A ‘whole of government’ approach

The government of Indonesia, coordinated by the Ministry of National Development Planning (BAPPENAS) and the special envoy for the achievement of the MDGs, has taken a whole-of-government approach to coordinate resources and delegate authority to achieve the MDG targets by 2015. The MDGs guided the 2010-2014 National Development plan and the actions of the responsible ministries such as health, education and the environment. Continued progress will mean improvement in the lives of millions of Indonesians and, increasingly, those who are the most at risk and hardest to reach.

Under the process, Indonesia set multiple national-level goals that addressed each of the MDGs and it has made steady progress on most, achieving several of the targets. For MDG1, Indonesia has surpassed its goal of halving the percentage of the population living on less than $1 per day (from 21 percent in 1990 to 6 percent in 2008). Indonesia is also on track to meet targets for reducing the prevalence of underweight children below 5 years of age. As of 2010, however, the country was behind on the percentage of its population below the minimum level of dietary consumption, with more than 60 percent of the population still consuming less than the internationally recognized standard of 2,000 calories per day.

For MDG2, the net enrollment rates for primary education are increasing and are on track to achieve the target of 100 percent by 2015, although around 3 to 5 percent of Indonesian children aged 7 to 14 are still not enrolled in school. According to Ministry of Education and Culture statistics, primary school completion has improved from approximately 62 percent in 1990 to 94 percent in 2008. Indonesia is also on track or has already achieved its MDG3 targets for gender equality and empowerment of women.

For MDG4, Indonesia has also made significant strides. Child mortality below age 5 has fallen nationally from 97 deaths per 1,000 live births on average in 1991 to 44 deaths per 1,000 live births in 2007. Infant and neonatal mortality have also fallen, although neo-

Table 1: The Millennium Development Goals are comprised of eight categories of measurable goals for improving national level outcomes.

<table>
<thead>
<tr>
<th>MDG1</th>
<th>Eradicate extreme poverty and hunger</th>
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<tbody>
<tr>
<td>MDG2</td>
<td>Achieve universal primary education</td>
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<tr>
<td>MDG3</td>
<td>Promote gender equality and empower women</td>
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<tr>
<td>MDG4</td>
<td>Reduce child mortality</td>
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<tr>
<td>MDG5</td>
<td>Improve maternal health</td>
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<tr>
<td>MDG6</td>
<td>Combat malaria, HIV/AIDS, and other diseases</td>
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<tr>
<td>MDG7</td>
<td>Ensure environmental sustainability</td>
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<tr>
<td>MDG8</td>
<td>Global partnership for development</td>
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natal mortality has not fallen as quickly, particularly over the past decade. Immunization coverage has also improved significantly to approximately 75 percent of 1-year-old children immunized against measles in 2010, an increase from 45 percent in 1991. The Ministry of Health is making significant efforts to meet the MDG targets, although some areas remain far behind, particularly in eastern Indonesia where child mortality rates in several provinces are more than double the national average.

**Indonesia has surpassed its goal of halving the percentage of the population living on less than $1 per day and is on track to meet targets for reducing the prevalence of underweight children.**

The results for MDG5, maternal health, are not as successful. Indonesia is off track on reducing the maternal mortality rate from 390 maternal deaths per 100,000 live births in 1991 to its goal of 102 by 2015. The rate is still above 200, which puts Indonesia significantly behind neighboring countries such as Malaysia and the Philippines. In addition, contraceptive use among married women aged 15 to 49 and the unmet need for family planning are not on track to meet MDG goals.

Indonesia has made significant improvements in other areas of maternal health including antenatal care coverage, with more than 80 percent of women now receiving at least four antenatal consultations and just under 80 percent of births now attended by skilled health personnel, compared to only 45 percent in 1991.

Indonesia has had mixed results in meeting MDG6 and MDG7, and is on track to meet MDG8. No significant progress has been made towards reducing the spread of HIV/AIDS, but it has significantly reduced the incidence of malaria, and reduced the death rate from tuberculosis by more than half since 1990. Under MDG7, Indonesia has not halted deforestation and emitted more carbon dioxide in 2008 compared to 2000, but has improved protection of fisheries and biologically diverse land areas.

Indonesia is not on track to meet any of
Save the Children’s post-2015 goals

| Goal 1 | By 2030, eradicate extreme poverty and reduce relative poverty through inclusive growth and decent work. |
| Goal 2 | By 2030, eradicate hunger, halve stunting (chronic malnutrition), and ensure universal access to sustainable food, water, and sanitation. |
| Goal 3 | By 2030, end preventable child and maternal mortality and provide basic healthcare for all. |
| Goal 4 | By 2030, ensure that children everywhere receive quality education and have good learning outcomes. |
| Goal 5 | By 2030, ensure all children live a life free from all forms of violence, are protected from conflict and thrive in a safe family environment. |
| Goal 6 | By 2030, governance will be more open, accountable and inclusive. |

its safe drinking water and sanitation targets under MDG7, with less than half of the population having sustainable access to an improved water source and only slightly more than half with access to basic sanitation. Finally, Indonesia has used prudent macroeconomic management and steady economic growth to make significant progress on MDG8’s macroeconomic indicators.

The post-2015 agenda and Indonesia’s leadership

President Susilo Bambang Yudhoyono, along with United Kingdom Prime Minister David Cameron and Liberian President Ellen Johnson Sirleaf, were the three co-chairs of the 27-member High Level Panel of Eminent Persons on the post-2015 development agenda. From September 2012 to May 2013, this panel was charged with providing recommendations to the UN secretary general on the global development agenda beyond 2015. Yudhoyono’s participation reflects Indonesia’s increasing international clout and its leadership role among middle-income nations.

The panel presented its final report in May, calling for five transformative shifts toward a forward-looking, integrated, global and sustainable development agenda. The panel called for the five transformations to be applied to all countries so that they: (1) leave no one behind; (2) put sustainable development at the core; (3) transform economics for jobs and inclusive growth; (4) build peace and effective, open, and accountable public institutions; (5) forge a new global partnership.

Within the report, there are four elements that demonstrated a “beyond MDG” commitment to children and child rights, including:

- Eradicating extreme poverty and ending preventable child deaths by 2030
- Focusing on the needs of those left behind by economic growth and development, in particular the commitments to “zero goals” (for example on poverty and child mortality) and the recommendation to only consider a target reached if it is achieved within all key economic and social groups
- Integrating key elements missing from the MDGs, especially inequality, sustainability, accountability and conflict
- Eliminating all forms of violence against children
Moreover, as the process of consultation goes forward on 12 goals and 54 targets, the panel recommended strengthening commitments on universal access to high-quality services (including universal health coverage) and stronger attempts to address income inequality. It is now up to UN member states to take this agenda forward and continue with the progress made by the MDGs to guarantee that everyone benefits, even the hardest to reach children in the most remote and vulnerable areas.

Our post-2015 approach

Save the Children is the largest independent nonprofit, child-based movement in the world. Our 29 member organizations from northern and southern nations work in more than 120 countries to improve children’s lives and protect their rights. In addition to working together with governments and local civil society to achieve these goals, we advocate for change at an international level on issues affecting children. In this light, we have put forth our vision for a post-2015 development framework that is coherent with the High Level Panel report and that will enable this next generation to end absolute poverty forever.

Child mortality below age 5 has fallen nationally from 97 deaths per 1,000 live births on average in 1991 to 44 deaths per 1,000 live births in 2007.

While our goals, above, are ambitious, so were the original MDGs, and the progress that the world has made towards achieving them has been extraordinary. Since 2000, more than 600 million people (mostly in Asia) have been lifted out of poverty, and 56 million more children now go to school. An estimated additional 14,000 children escape death every single day. We also now
have more of the necessary tools to achieve these new, lofty goals and strong examples throughout the world of how to accomplish them.

The major change in our proposed approach, which has been recognized by the High Level Panel report, is to orient new goals towards a post-2015 world in which all people, particularly children, enjoy improved development opportunities and outcomes. This includes eradicating extreme poverty and hunger for all people. It means that no child anywhere in the world needs to die because of a lack of access to health care, or not be able to learn because they don’t attend school. In addition, no child needs to suffer violence.

Today’s inequalities in access to education, health care and nutrition are tomorrow’s inequalities in income, prosperity and power. It is no longer good enough in the post-2015 world to reach 95 percent or 99 percent, because we need to achieve 100 percent coverage for all.

Indonesia’s challenges for 2030

Indonesia, as with all countries, has significant work ahead to achieve the goals that we propose. By 2030, it will likely have gone through dramatic economic and demographic changes. The population will be around two-thirds urban, with the most significant growth occurring in secondary cities. By 2030, Indonesia will have largely enjoyed its “demographic dividend” from welcoming young people into the workforce and will be in the process of becoming an aging society. An estimated 50 to 100 million people will move into the middle class and the nation will likely be one of the top ten aggregate economies in the world. It is also likely that key health, education and poverty indicators will continue to improve.

However, Indonesia will remain a vast, archipelagic, culturally diverse nation. A main challenge will be to ensure that the gains enjoyed in improved access to quality social services are available to all Indonesians. Most of the easier to reach populations have already seen improvements in education and health care services, but the pace of improvement has slowed. Rates of reductions in child mortality are slowing and a small percentage of children still do not go to school. In addition, regional inequities exist. Some eastern provinces have child and maternal mortality rates that are still two or three times higher than the national average. These relatively small regional differences will become more important as Indonesia strives towards “zero” preventable child and maternal death, and 100 percent education coverage.

The good news is that Indonesia is systematically addressing its particular geographic challenges. The decentralization process has enabled the government to orient substantial resources for local expenditures and local ownership of social service delivery. The central government has also developed and implemented important policies to address some deficiencies in its poorest provinces and areas. The Support for Poor
Save the Children’s goals are ambitious but so were the original MDGs, and the progress that the world has made towards achieving them has been extraordinary.

and Disadvantaged Areas Project (P2DTK) is one of these initiatives, as is the Special Envoy to Papua, whose main role is to maintain good dialogue with various stakeholders. Improving conditions in Papua and other eastern provinces will continue to be Indonesia’s greatest challenge to end absolute poverty and ensure universal access to quality education and health care.

Water, sanitation and nutrition

Despite commendable progress in reducing extreme poverty and overall poverty rates, Indonesia continues to face significant challenges in ensuring adequate nutrition levels for all people and in providing adequate water and sanitation. While it has made significant strides towards reducing weight-for-age malnutrition over the past 20 years, stunting (height-for-age) among children under five remains very high at around 40 percent. Stunting correlates with a lower IQ, which leads to lower educational attainment and productivity as an adult. Malnutrition also contributes to under-five mortality and child illness.

Nutrition is complex and influenced by many factors. It is linked to access, availability and utilization of nutritious food. Indonesia must pursue pro-poor economic growth strategies that include improving sustainable, small-holder agricultural productivity to ensure that the vast majority of Indonesians have sufficient income to afford nutritious food.

There are huge opportunities to improve agricultural productivity throughout the archipelago and Indonesia needs to harness the private and public sector to raise small-holder yields and incomes. This can be supported with improved technology transfer to appropriate crops in appropriate climates, and improvements to the overall infrastructure network. Continued support for the deepening of small-scale financial services is also necessary to support rural communities and agricultural production. Particular attention will also need to be paid to promoting environmentally sustainable solutions as growing conditions change due to global warming.

Indonesia also has to grow the formal economy and move more urban families from near poverty levels of $2 to $3 per day per capita into the consumer class. Increasing free and compulsory education through grade nine is one successful strategy in doing this, as are coordinated development efforts to improve the investment climate, particularly for labor-intensive businesses that will generate significant amounts of jobs for new labor entrants and low-skilled workers.

Over the next 15 to 20 years, Indonesia should make available more places in technical vocational schools (SMKs) and seek to make public schooling free through grade 12. Finally, the government should explore the expansion of targeted conditional cash transfer programs such as the Program Kesejahteraan Sosial Anak (PKSA), which benefits some of Indonesia’s poorest children. Civil society can play an active role in effectively implementing these programs and the nation should seek to link participation to...
The geographic challenges of Indonesia cannot be overstated, and combined with insufficient infrastructure and frequent natural disasters; not all areas have regular access to nutritious food. The government should continue its efforts to expand and improve transportation infrastructure to reduce post-harvest food losses and ensure that nutritious food can be transported from farm to market. In addition, a variety of staple crops such as rice, corn, and cassava can be nutritionally enhanced.

The Indonesian public and private sector should invest in more research and the dissemination of these improved technologies and accompany this with training and extension services for small-scale farming families. Special attention should be paid to the environmental impacts of improved agricultural technologies to ensure they do not damage eco-systems. Indonesia needs to also continue to invest in disaster preparedness and risk reduction to ensure that the frequent and disruptive natural disasters do not cause short or long-term food shortages in affected locations.

It is concerning that Indonesia has a higher level of low birth weight babies compared to international averages, and this likely indicates deficiencies in maternal nutrition.

The poor utilization of food and poor nutritional practices also lead to high rates of malnutrition. A person typically has a short and vital window of approximately 1,000 days from conception through the first two-plus years of life to prevent stunting. Although the causes are not very well

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Source: WHO Global Database on Child Growth and Malnutrition
understood, it is concerning that Indonesia has a higher level of low birth-weight babies compared to international averages and this likely indicates deficiencies in maternal nutrition. It is alarming that the exclusive breastfeeding rate of infants under six months continues to fall in Indonesia from an estimated 63 percent in 1987 to 32 percent in 2007, although recent data has shown improvement.

Indonesia needs to enforce current regulations to promote breastfeeding and work with the whole of society to comprehensively promote it. Caretakers and families then need to make good choices around complimentary feeding practices during the 6–24 month period to address the rest of the crucial 1,000 day window. Indonesia should look to revitalize community-based education and outreach efforts such as the community health and nutrition posts (POSYANDUS) with a specific focus on promoting improved relevant health and nutrition behaviors. It should also continue to support the Scaling up Nutrition movement and explore how to effectively promote improved nutrition among the urban poor.

As mentioned previously, Indonesia will not meet its MDG goals for household water and sanitation, so there is some unfinished business for the next 15 years. Poor water and sanitation conditions impact children by increasing illness and diarrhea, which still kills approximately 50,000 Indonesian children every year. Finding appropriate solutions to urban sanitation at the household and municipal levels will become of paramount importance as more people crowd into cities. Significant increases in funding, particularly from local governments, will be needed, and the government and donors should carefully assess the success of efforts such as the Community Led Total Sanitation project that is currently being piloted and scaled-up.

**Poor water and sanitation conditions impact children by increasing illness and diarrhea, which still kills approximately 50,000 Indonesian children every year.**

**Assessing progress on health care**

Indonesia has admirable accomplishments reducing child mortality and aims to cover all citizens under some type of health insurance by the end of this decade. However, the path to no preventable child or maternal deaths by 2030 is still full of obstacles and challenges.

With the provision of health insurance for all Indonesians by the end of this decade and as the population continues to expand and age, utilization of health facilities will increase. It is therefore important to ensure that all health facilities, from primary clinics at the sub-district level (PUSKESMAS) to district and provincial hospitals, are equipped and staffed appropriately. Local governments, which have oversight of the health system, must adequately fund these facilities and make difficult decisions about resource allocation. In addition, the different levels of the system must be able to communicate through comprehensive referral systems that guide patients to appropriate levels of care. This will require focusing on health care management along with the quality of care itself. Indonesia will need competent managers running increasingly complex municipal
and district health systems and facilities, and stronger systems of support and accountability running from the central government to local governments.

The system should also maximize investment in preventive health care. All women must have access to the minimum number of antenatal care visits and all children must get regular vaccinations and health check-ups. Much of this can be done through certified village midwives and PUSKESMAS staff outreach, particularly if there is an effective referral system. More attention will need to be paid to communicable diseases in urban areas and ensuring that all children receive vaccinations in a timely manner.

There are difficult decisions to be made about resource allocation in the health system. The first will be to mandate that all health workers, from midwives to specialist doctors, meet minimum professional standards. This will include improving the rigor of pre-service training and then promoting in-service training, mentoring and support at all levels.

In addition, Indonesia should assess the needs for specific kinds of health workers such as nurses, obstetricians and gynecologists, pediatricians and others, and incentivize young people to choose these professions. Finally, the Ministry of Health needs to ensure that each location is adequately staffed with personnel who are capable of managing obstetric and neo-natal emergencies.

The nation also needs to have a special approach for some disadvantaged and remote areas, particularly in northern and eastern Indonesia. While in more densely populated areas the focus is on getting more pregnant women and children into better functioning facilities, the approach in remote areas will still be to ensure the availability of trained
More effort needs to be paid to support primary school teachers with in-service training to promote active teaching methods that instill problem-solving, and cognitive and social skills in primary students.

Health workers at the community level, including village midwives. These community volunteers and health workers will continue to provide services that the overall system should support with equipment, minimum facilities, functioning referral systems and continued in-service training.

**Education and quality learning**

The vast majority of primary-age students attend school in Indonesia and universal education is available through year nine. This is a major achievement, but it is not a sufficient condition for giving all children quality education. Many of these students are still not learning. Indonesia ranks among the lowest 10 of 57 countries in reading, math and science as measured by the 2009 Program for International Student Assessment (PISA) rankings of educational attainment among 15-year old students. And it ranks below Thailand, Brazil and Mexico in all subjects.

To address low educational attainment, start with younger children. A huge body of evidence shows that providing children with early learning opportunities through pre-schools leads to improved overall results during their formal education. Currently, almost all pre-primary school education is provided by private entities, many of dubious quality. Supporting pre-school education including developing a curriculum and national standards complimented by public funding for teachers and infrastructure will allow all young learners to be ready for success in primary school. Today, this is partially encapsulated in national goals for pre-school enrollment, but more needs to be done. Particular attention must be paid to eastern Indonesia, where pre-school enrollment is very low and first grade repetition rates can reach 25-30 percent in some areas.

At the primary level, more attention needs to be paid to teaching quality and school management. Schools at this level typically have adequate resources to provide decent education, but often lack quality standards, particularly for teachers. More effort needs to be put into supporting primary school teachers with in-service training to promote active teaching methods that instill problem-solving, and cognitive and social skills in primary students. Primary schools need to focus less on rote memorization for national examinations and more on developing basic literacy and mathematics skills. This will require more individualized attention to ensure that all students learn in protective and fun environments.

The Ministry of Education is now making a significant push to ensure that adequate infrastructure and teachers are in place to respond to the increased enrollment and attendance of students at the junior high school (SMP) level. It is too common now to see junior high schools with 40-50 students in a classroom. This push is also crucial to guarantee that more disadvantaged children can attend through year nine, particularly in rural areas where adolescents still drop out of
school at young ages, often to work.

Over the next two decades, the education ministry should focus on reducing class sizes and improving the quality of instruction. Furthermore, as the population continues to urbanize and globalization accelerates, a high school education will likely become a near prerequisite to attain formal sector employment. Therefore, either a general high school or technical high school (SMK) education should be both available and free to all qualifying students. Particular importance should be given to improving vocational secondary education, including linking programs closely with employers.

The family environment

When children grow up in a healthy family environment, they usually enjoy their childhood and thrive developmentally. At the policy level, Indonesia has made progress on this front by passing important laws that recognize the importance of family-based protection for children from abuse, neglect, exploitation and violence. The Child Welfare Law 4/1979 recognized that parents have the primary responsibility for the protection and care of their children. The Child Protection Law 23/2002 stipulates that children have the right to be protected from abuse, neglect, exploitation and violence. The subsequent law for the elimination of domestic violence prohibits violence against women and children in the home.

Despite this strong legal foundation, enforcement remains inconsistent. Culturally and socially, violence against children is still too widely accepted. Unfortunately, millions of children remain abused, neglected and trafficked. However, it is rare for a parent to be brought to justice to remove their pa-
rental rights because of this abuse, although the laws stipulate that this can be done in extreme cases. Indonesia needs to engage civil society over the long term to change prevailing attitudes and also reinforce the application of the law, particularly in remote and rural areas.

The issue of placement of children in institutions also continues to be of concern. There are more than 500,000 children in more than 8,000 child care institutions throughout Indonesia, and the vast majority of these children still have at least one parent who can care for them. These children are often in an institution for long placements without a care plan or review. They grow up without love from their parents.

Since 2007, the Ministry of Social Affairs has started shifting the paradigm from institutional care towards family-based care. This is a long-term and complex process but progress has been made. The National Standard of Care for Childcare Institutions was adopted by the ministry in 2011 and dissemination and piloting have been implemented gradually across Indonesia. The draft regulation on alternative care is in the process of being finalized. Social welfare sectors are improving but need to be strengthened as Indonesia continues to improve its social work system to implement policies that better protect children.

Children first

Indonesia has made impressive gains towards improving the quality of life of its people, as reflected by the progress it has made towards achieving the MDGs. President Yudhoyono played a lead role in shaping the development agenda beyond 2015. Save the Children has welcomed his leadership and applauds the post-2015 recommendations of the High Level Panel.

However, much still needs to be done to eradicate absolute poverty within the next two decades, and addressing inequality is the cornerstone from which we must build. Only in this way can we achieve sustainable growth with equity to ensure the opportunity for health, education and freedom from violence for all Indonesian children. The government has consistently declared its optimism by establishing and working to meet ambitious development goals. By emphasizing its national capacity and putting people, especially children, first, Indonesia can continue to substantially improve the lives of all of its citizens.