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## Problems and Challenges for the Indonesian Conditional - Cash Transfer Programme – *Program Keluarga Harapan (PKH)*

Stella A. Hutagalung, Sirojuddin Arif and Widjajanti I. Suharyo<sup>1</sup>

Generally speaking, the implementation of the *Program Keluarga Harapan* (PKH, Hopeful Family Programme)<sup>2</sup> deals with several aspects of development simultaneously. In addition to school attendance and health visits, gender is an important issue for consideration in impact studies of such programmes. Indeed, the PKH provides a good means of analysing the role of women in social protection or development programmes in general. Although its aim is to increase human investment for the next generation, rather than target women, the PKH places women in a unique position as the allowance recipients. As this paper will show, in the case of Indonesia the problem is that women are still generally caught in traditional gender constructs, in which they are in lower positions than men. Channelling the allowance to women may re-enforce traditional gender constructions so that it is more difficult for women to attain equal gender relations with men. Placed in the context of state development projects, the scheme could simply place women at the service of the state, as occurred in previous programmes. As the recipients of the allowance, women may be asked to bear responsibility for the success of the programme. However, in actual fact, as the implementation of the programme requires adequate support from other public services, especially health and education services, its success will also be highly dependent upon the availability of these two services. Indeed, many poor communities, especially in provinces where the PKH is implemented, face difficulties accessing these two services.

### 1. CCTs, Social Protection and Poverty in Indonesia

Historically speaking, the development of poverty reduction and social protection programmes in Indonesia owes much to the serious impacts of the 1997/8 crisis on poverty. Prior to the crisis, due to the rapid economic growth enjoyed by the country, the incidence of poverty fell dramatically from 40.1 per cent in 1970 to 11.3 per cent in 1996. Furthermore, there were also improvements in non-consumption poverty indicators such as infant mortality rate, school participation rate and life expectancy at birth. Nevertheless, the crisis suddenly undid these achievements as the total number of poor people increased dramatically by more than 14 million in 1996– 1999. In order to mitigate this disturbing impact, the government of Indonesia, with the support of many international donors, began to establish anti-poverty programmes, targeted specifically at the poor. Before the crisis, such programmes had no place in government national development agendas. During the first five periods of *Pelita*<sup>3</sup> (1969-1994), the

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<sup>2</sup> The name of conditional cash transfer programme in Indonesia

<sup>3</sup> Standing for *Pembangunan Lima Tahun*, *Pelita* are the five year development plans developed by the GoI between 1969 and 1994.

government did not explicitly include poverty reduction in its development agenda. During this period poverty reduction was done through a general development approach focused on economic development with an industrialisation strategy, resting on comparative wealth principles and economic development using competitive advantage. It was only in the early *Pelita VI* period (1994) that the government included poverty reduction as a national development goal, and until now poverty reduction continues to be the main agenda for national development policy.

In general, direct (targeted) poverty reduction consists of programmes based on community empowerment and social protection. National programmes based on community empowerment began through the Presidential Instruction Funds for Less-Developed Villages (*Program Inpres Desa Tertinggal*, IDT) which ran from 1993-1997 and the Programme for the Development of Prosperous Families (*Program Pembangunan Keluarga Sejahtera*) which ran from 1996 to January 2003. In addition to these two programmes, another smaller scale programme, the Development and Raising of Income for Small Scale Farmers/Fishers (*Pembinaan dan Peningkatan Pendapatan Petani/Nelayan Kecil*, P4K), ran from 1979 to 2005. These three programmes had similar components, as they all provided capital aid and assistance, although they differed in their methods of implementation. In addition, IDT was accompanied by physical infrastructure development assistance provided through the Infrastructure Development Support Project for Less Developed Villages (*Proyek Pembangunan Prasarana Pendukung Desa Tertinggal*, P3DT), to support community economic activities.

Other important national programmes based on community development are the *Kecamatan* (subdistrict) Development Programme (PPK) and the Urban Poverty Reduction Programme (P2KP). PPK began in 1998 and is aimed at rural areas, while P2KP began one year later and is aimed at urban areas. These two programmes are quite innovative in using a local institutional development model which applies participative development principles, where the planning and implementation of development activities directly involves community members, both male and female. Funds are distributed directly to the community. A large proportion of the funds is used for physical infrastructure development to kick-start economic and social activity, while other funds are used to support capital for productive economic activities. This programme is considered to be quite successful in increasing the efficiency of infrastructure development and lowering corruption levels. However it has not been successful in creating a system of capital provision to support productive economic activity.

Several analyses indicate that on the one hand community participation is still a formality - temporary and insignificant. In addition, elite groups still have a relatively large role in decision making or determining projects, and financial transparency is low. Despite this, findings on the post-construction economic effects of several community based infrastructure development programmes show that infrastructure development or infrastructure built through PPK and P2KP were positive. These two programmes,

among other things, can reduce costs by 55 per cent and 66 per cent respectively compared to the cost that would incur if the work was performed by contractors.<sup>4</sup> In 2007 the Government of Indonesia (GoI) integrated the two programmes to become the National Community Empowerment Programme (*Program Nasional Pemberdayaan Masyarakat*, PNPM), which will be implemented on a larger scale. Based on the lessons learned from PPK and P2KP, the success of PNPM will be highly dependent on the level of participation by the community and implementers at the local levels.

Programmes directed to poor people began in 1998 as a reaction to the economic crisis, and ran through the Social Safety Nets, or JPS<sup>5</sup> programme, which aimed to protect the community from the effects of the crisis. In 2005 the government also implemented the Unconditional Direct Cash Transfer Programme<sup>6</sup> (*Program Bantuan Tunai*, BLT) as one form of compensation for the reduction in the government fuel subsidy. This programme is considered to have helped recipients to fulfil their needs. However, there are still several obstacles in implementation, such as inaccurate targeting and poor communities in some areas failing to benefit from the programme. Another criticism of BLT is its inability to help poor communities move permanently out of poverty.<sup>7</sup>

In 2007 the government began to trial a conditional cash transfer (CCT) programme known as the Hopeful Family Programme (*Program Keluarga Harapan*, PKH) in seven provinces: West Sumatra, DKI Jakarta, West Java, East Java, North Sulawesi, Gorontalo and East Nusa Tenggara (Figure 1). This programme is hoped to be more aimed at helping to increase the education and health of poor communities in an ongoing manner. The idea of implementing the CCT programme emerged initially in early 2005, as an alternative poverty reduction strategy for the major reduction in fuel subsidy. Major donors, particularly the World Bank, had advocated the programme, as previous experience in several Latin America countries has found it to be a successful policy instrument for reducing poverty and increasing human development levels. However, as the institutional support for CCT did not yet exist, and a couple of years would be required to establish such system, the GoI decided to first implement BLT, which could be executed quickly. Meanwhile, the GoI would think through and make necessary arrangements for implementing a CCT-type programme.

As the programme name may indicate (*keluarga*, family), PKH funds are given to targeted poor families. The programme guidelines state that the main goal of the programme is to improve the quality of human development especially for children from

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<sup>4</sup> Presentation material on the evaluation of the effects of KDP and P2KP, taken from the evaluation of KDP by the University of Indonesia (2002) and the evaluation of P2KP by the World Bank (2004).

<sup>5</sup> Standing for *Jaring Pengaman Sosial*

<sup>6</sup> BLT is an aid programme for the poor and almost poor households providing each household with Rp100,000 cash per month, paid once every three months (in a one year timeframe) through the local post office. In the first round, around October–December 2005, the programme covered approximately 15.1 million households. However, in its implementation there were an additional four million households so the total number of BLT recipients reached around 19.1 million households.

<sup>7</sup> Indeed, BLT is designed to reimburse the poor for the reduction in the fuel subsidy, to help them maintain their consumption levels. The value is too small to increase welfare status.

poor families. Families are provided with an allowance conditional on their attention to their children's education and health (Tim Penyusun Pedoman Umum PKH, 2008: 1). The data shows that in 2002/2003 the maternal mortality rate in Indonesia was 307 per 100,000 live births, which is the highest in Southeast Asia. Among women in the lowest quintile of household expenditure, only 40 per cent give birth assisted by medical personnel, while around 82 per cent of women in the highest quintile were assisted by medical personnel. Similarly, the mortality rate among young children from poor families is also very high, at 53 per 1000 live births. In contrast, the mortality rate of young children from better-off families is less than 24 per 1000 live births. In the education sector, chronic poverty is also closely related to low levels of education. In 2004 the primary school net enrolment rates (NER) for children from the poorest and richest quintiles did not differ greatly, at 91.95 per cent and 92.23 per cent respectively. However the difference at the junior and senior high school levels was quite substantial. At the junior high school level the NER for the poorest quintile was 49.97 per cent, compared to 76.60 per cent for the richest quintile; and at the senior high school level the NER for the poorest quintile was 21.9 per cent, compared to 65 per cent for the richest quintile.<sup>8</sup> By addressing these problems, it is expected that children from poor families could escape from inter-generational poverty trap they might inherit from the poor condition of their parents.

However, PKH is only one of the Gol's poverty reduction programmes, and serves to strengthen its efforts in poverty alleviation. The Gol manages many other programmes to help the poor cope with their livelihood difficulties and keep those vulnerable from falling into poverty. In addition to the programmes mentioned above, the CCT scheme that defines the design of PKH is also adopted in a community CCT named PNPM *Generasi*. PNPM *Generasi* was launched simultaneously with PKH, but implemented in different regions. Thus, a village that receives PKH will not be included in PNPM *Generasi*.

Unlike PKH, in the PNPM *Generasi* block grants will be allocated to communities rather than to individual targeted households. A condition for participation in the programme is that communities must commit to improving health and education conditions. PNPM *Generasi* places a strong focus on education and health activities, emphasizing investment in certain lagging health and education outcomes. Applying the principles of community-driven development, communities decide how best to use the block grants to reach several education and health targets. Communities manage and decide the use of the grants through a facilitated participatory planning process. In PNPM *Generasi* conditionality will take the form of performance-based financial incentives for villages. Communities will submit proposals to fund certain activities or investments. The PNPM *Generasi* approach builds extensively upon the work of the *Kecamatan* (subdistrict) Development Project (KDP). Examples of activities or investments include but are not limited to:

- Payment of transportation costs for midwives and nurses to provide outreach services

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<sup>8</sup> Komite Penanggulangan Kemiskinan 2005

- Improvements in the organisation and management of *posyandu* (*pos pelayanan terpadu*/integrated health service posts) to ensure that immunisation, vitamin A and weighing services are efficiently carried out
- Building of infrastructure for health posts
- Contracting of midwives or nurses to provide services in villages
- Local/small scale infrastructure such as roads and bridges which lead to education and health services

## 2. The PKH – Expectations, Design and Implementation Progress

The household CCT programme, PKH, provides cash transfers to households, similar to traditional CCT programmes in Latin American and Caribbean countries. The design very much adopted that of Mexico's PROGRESA, with slight modifications. Unlike PROGRESA, PKH does not provide nutritional supplements for children and pregnant women. The fund is not directly given to eligible households; rather, the household collect the funds at the local post office. Eligible households must be classified as chronically poor (*Rumah Tangga Sangat Miskin*), and meet one of the following conditions: have a child aged 6–15 years; have a child under 18 years who has not completed primary school; have a child aged 0–6 years; or have a pregnant/lactating mother. Cash transfers are made to households on the condition that certain health and education-related obligations are met. The Ministry of Social Affairs is the implementing agency and the Post Office manages the transfer of funds.

**Table 1.1. Indicators that Must be Met by Programme Beneficiaries**

Sector	Indicators
Health	(1) Four prenatal care visits for pregnant women at health institutions
	(2) Taking iron tablets during pregnancy
	(3) Delivery assisted by a trained health professional
	(4) Two postnatal care visits
	(5) Complete immunisations (BCG (Tuberculosis), DPT (Diphtheria, Whooping Cough, Tetanus), polio, measles, and Hepatitis B) and additional immunisations for children aged 0-11 and 12-59 months
	(6) Ensuring of monthly weight increases for infants
	(7) Monthly weighing of children under three and bi-annually for under-fives
	(8) Vitamin A twice a year for under-fives
Education	(9) Enrolment of all children aged 6 to 12 years in primary school
	(10) Minimum attendance rate of 85 per cent for all primary school-aged children
	(11) Enrolment of all children aged 13 to 15 years in junior high school; and
	(12) Minimum attendance rate of 85 per cent for all junior secondary school-aged children

PKH applies traditional CCT design with quarterly cash transfers to individual poor

households. PKH recipient households will receive regular cash transfers through the post office as long as they meet the requirements to use specified health and education services. Health facilities and schools will regularly report non-use of these services to the *kecamatan* PKH management office. If a PKH recipient fails to comply with the conditions (Table 1.1), after a few warnings the cash transfers will be terminated. Recipients will receive a transfer based on their particular situation (Table 1.2).

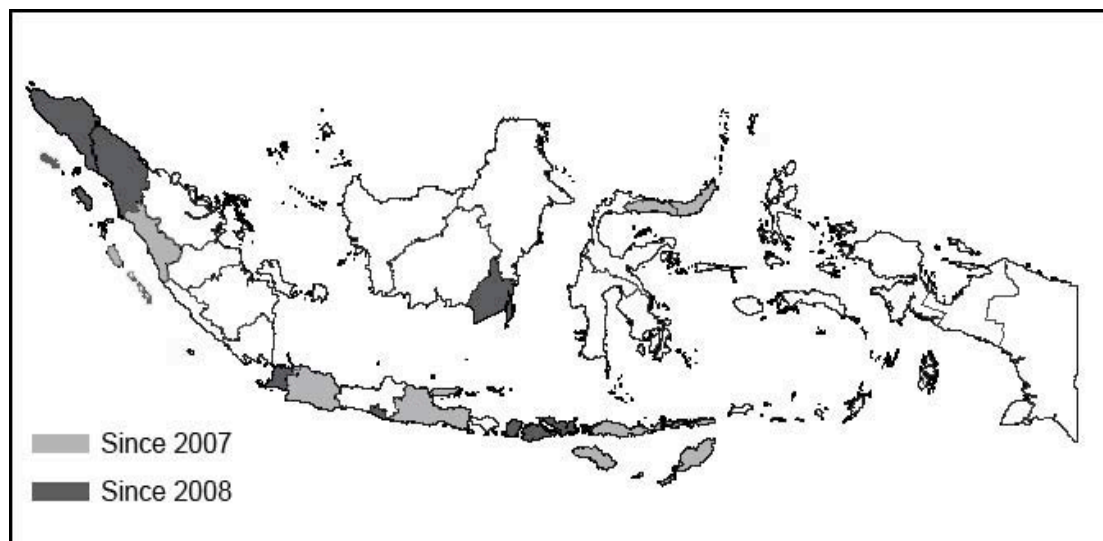
**Table 1.2. PKH Cash Transfer Scenario to Poor Families**

Transfer scenario	Transfer amount per poor family per year (Rp)
Fixed transfer	200,000
Transfer for poor families who have:	
a. Children aged under 6 years	800,000
b. Pregnant/lactating mother	800,000
c. Primary school aged children	400,000
d. Junior high school aged children	800,000
Average transfer per poor family	1,390,000
Minimum transfer per poor family	600,000
Maximum transfer per poor family	2,200,000

Source: *Pedoman Umum PKH (PKH General Guidelines), 2007*; Note: 1 US\$ ≈ Rp 12,000

In 2008, the Gol expanded PKH to an additional six provinces: Aceh Darussalam, West Nusa Tenggara, South Kalimantan, Banten, North Sumatra and Yogyakarta (Figure 1). Provinces are selected so that various types of areas are represented, e.g. high/medium/low poverty rates, urban/rural areas, coastal areas/islands, accessible/difficult-to-access areas. Beneficiary households are determined by combining geographic and household level targeting. Locations are first selected based on several criteria: high incidence of poverty, high incidence of malnutrition, low transition rate from primary to secondary school education, inadequate supply of health and education facilities, and approval from the local government for residents to participate in the CCT projects.

Figure 1.1 PKH Recipient Provinces



The selection process for eligible households in *kecamatan* where PKH is implemented consisted of two stages. An initial register of beneficiaries was created using the Unconditional Cash Transfer<sup>9</sup> (UCT) beneficiaries list and then applying a proxy means test. It was then determined that only households in poverty would be selected for the programme. To minimise any exclusion error, households not on the UCT list but deemed severely poor were also considered.<sup>10</sup> Finally, the eligibility of households identified during the first stage was determined, based on whether the households had one of the following: a child aged 6-15 years; a child under 18 years who had not completed primary school; a child aged 0-6 years; or a pregnant/ lactating mother.

Unlike the previous UCT programme introduced in 2005/2006, where cash transfers were received by the head of the household, usually male, PKH transfers funds to the woman in the household to ensure the programme's effectiveness in improving the quality of education and health. This could be the mother (wife) or one of the adult women in the household (grandmother, aunt, or elder sister) who takes care of the children in the family and whose name is written on the PKH member card. With this programme, women in the community will have access to new resources, in the form of the additional cash. In exceptional circumstances where a woman cannot be the recipient of the funds, the household must complete a special form.

<sup>9</sup> To respond to the high increase in fuel prices, in 2005/2006 and 2008 the GoI implemented a national unconditional cash transfer programme (known as *Bantuan Langsung Tunai*/BLT). The programme operated for one year, starting from October 2005, and was part of the compensation programme for the reduction in the fuel price subsidy (*Programme Kompensasi Pengurangan Subsidi Bahan Bakar Minyak/PKPS-BBM*). BLT provided cash transfers to poor and near-poor households, which covered around 19.1 million households. The transfer amount was Rp100,000 (• \$US8) per household per month, which was disbursed quarterly through post offices.

<sup>10</sup> The central statistics office (Statistics Indonesia) constructed the initial register of beneficiaries based on a survey of basic health and education services (*Survey Pelayanan Dasar Kesehatan dan Pendidikan*).

The objectives of the PKH programme are to reduce poverty and improve the quality of human resources, especially for the poor. The specific objectives of the PKH programme are:

1. To improve recipients' socioeconomic conditions;
2. To improve recipients' education levels;
3. To improve the health and nutrition status of pregnant women, postnatal women, and children under five in recipient households; and
4. To improve recipients' access to and quality of education and health services.

PKH is planned to be the basis of the development of a future social security system, especially for the poor. Planned to run until 2015, the programme aims to reach approximately 6.5 million chronically poor families. Every household will receive the funds for a six year period. The programme is designed to support demand-side improvements in education and health services for poor families, so that children from chronically poor families can escape the intra-generational poverty trap.

### **3. State Development and Changes in Traditional Gender Roles**

With some exceptions, gender relations in Indonesia are generally characterised by the lower position of women in relation to men, in both the domestic and public spheres. Only in certain social groups or conditions can women enjoy better positions. As will be discussed below, women from low income Javanese families are often praised as having a relatively dominant position in their families (Moore, 1988: 82).

However, this condition does not apply to other conditions or social groups, i.e: middle income families. The case of the *Minangkabau* of the West Sumatra is also often cited as exemplifying more equal gender relations. The matrilineal rules that define the social organisation of this ethnic group allow women as wives, sisters, and mothers to have access to and influence in some aspects of domestic and social life. Their strong position within the matrilineal kinship system allows them to control not only the inheritance of their family's wealth, but also the decision making process. Nevertheless, it should be noted that it is usually senior women who can enjoy such an influential position (Jendrius 2007: 4-10). Besides, it is the *mamak* - mother's brother - who usually takes the key role in the decision making process - which is traditionally done in an extended family system - thus putting women in a lower position in general. Besides, the *Minangkabau* women also have to bear domestic duties as women from other ethnic groups do.

In addition to such cases, numerous studies and reports from many different regions and ethnic groups reveal that women are usually in lower positions than men. Women often bear more tasks or longer working hours than men. This burden can materialise in many different forms and contexts in accordance with the diversity of regional and ethnic backgrounds in Indonesia. Moreover, different meanings can be attributed to these different gender roles or constructions.

Some societies prioritise boys over girls on the assumption that it is sons who will be responsible for maintaining the family's genealogy. For instance, the *Batak* of North Sumatra, who establish their kinship solidarity along patrilineal lines, explicitly express male superiority over females from childhood. The birth of a son is celebrated with joy. In contrast, the absence of a son may be regarded as a great deficiency within a family so everyone, especially male family members, desire to have at least one son in their home. Because of local traditions sons inherit the family's name, thus maintaining the continuity of the family (Purnama 2001: 44). Similarly, the Balinese maintain that it is the son's responsibility to hold traditional and religious rituals (Purnama, 2001: 51). Boys' education has therefore been considered more important than girls'. In contrast to the allegedly important position of boys, girls have been considered to be destined for the house and kitchen, and not to need advanced training or education. This inequality does not only occur in education. Purnama also found that such gender based prioritisation also occurs in relation to inheritances. Among the *Batak* in particular, it is the son who usually inherits the family's wealth.

Indeed, male prioritisation in inheritance has been widely practiced among many different societies in the country, within different contexts and with different implications. Assuming that boys will replace fathers and girls will replace mothers, the Sundanese determine that boys will inherit land twice as large as girls' (Daulay 2001: 33). In a slightly different case, the *Sasaks* maintain that land is for sons and houses for daughters. This tradition implies that *Sasak* women have neither rights nor access to land (Makinuddin 2005: 61–71). Even if there is no son within a family, land is not given to the daughter, but rather to the son of a male relative, such as the father's brother's son (Purnama 2001: 47–8). What underlies these practices is the belief that men are superior to women. Other than the patrilineal notion of maintaining a family's genealogy through a son, another norm holds that it is the male or husband who bears responsibility for feeding the family, ignoring the fact that women are also required to work to fulfil the family's needs, as occurs in many societies.

Despite commonly held notions about career women's double burden, as if it is only women working in the formal sector in urban areas who have to bear double tasks of office and domestic work, women employed in traditional industries have long borne the same burden. *Dayak* traditions, for instance, maintain that women must not only take care of children and all domestic matters, from preparing food to cleaning the house, but also work in the field. Women must wake up early in the morning to complete all these activities. This double burden is also evident in the fact that during the harvest season in rural areas in Kalimantan, it is common for women to carry both a child and a basket full of forest products or paddy on their backs (Darmawati 2001: 41– 57). A similar story can also be told about women in Papua. In addition to caring for children, women also have to work in the field. Women have the task of planting and tending to the sago palm until it can be harvested, while men only bear responsibility for clearing the field. Yet women's tasks do not stop there. Women also play the major role in selling the harvest (Santi 2002: 65–82).

In relation to the issue of women's double burden, special mention should be made of the case of Javanese women. Echoing the widely held opinion about Javanese women articulated by previous researchers, Syahrir (2004: 77) makes a clear distinction between women from high ranking families (*priyayi* families) and those who are 'common people', or villagers. While the former are subordinate to their husbands, the latter enjoy a dominant role within their families. Indeed, dominant thought among many scholars is that compared to women in other countries, Indonesian (i.e. Javanese) women have a relatively high position in their societies. Studies that initially supported this claim include Stoler's (1977) and Geertz's (1961) research on the role and position of women in Java. Both studies suggest that Javanese women have a significant role in household finance and the decision-making process (Moore 1988: 82). Similarly, Indonesian anthropologist Koentjaraningrat noted that even though the head of the family in Javanese families is traditionally the husband, this does not mean that wives have a lower status than their husbands (Rivaie, 1996: 22). Yet as Diana L Wolf (in Rivaie, 1996: 12) asserts, such a claim overstates the position of women. In addition to overlooking the fact that this 'higher' position also involves women cultivating and managing fields, or generating family income in general, as Rivaie's study on the life of women workers in the 'Dua Tang' factory confirms, such a claim does not consider the limitations faced by these women in matters like sexuality, power relations and access to income sources (Rivaie 1996: 14–15). Finally, it does not take into account the long working hours women face in bearing their double burden of working and managing domestic affairs.

Another cultural construction that discriminates against women is the perception that women should serve their husbands. Although it is manifested in different ways, and carries different implications, as different cultural backgrounds may express the idea differently, such a construct has put women from many different ethnic groups in Indonesia, in a subordinate position to their husbands or male members of society in general. Among Javanese people, a famous saying that circulates widely in daily conversation states that women are '*konco wingking*', meaning that the task of women is to serve their husbands in the domestic arenas - the bed for making love, the kitchen for providing their husbands' food and the well to wash their clothes. Purnama (2001: 41–57) also observed that people in Eastern Nusa Tenggara explicitly state that women should behave like servants before their husbands. In the context of local culture, this expectation is legitimised by the practice of *Belis*, or a traditional dowry exchange. Although the practice requires both bride and groom to exchange goods for their families, from the very beginning of the process it is apparent that the practice favours the groom. While the bride must provide her gift '*secara kontan*' (all at once), the groom is allowed to give it in instalments. The tradition further rules that the dowry paid by the groom must serve as '*alat pembayaran*', which roughly means that it is a means of 'buying' the bride. From such belief derives the practice of husbands treating their wives as they like (Purnama 2001: 41-57).

Finally, traditional norms ('*adat*') about the role of women in social life also contribute to

the marginalisation and subordination of women in many societies. In Batak land, men's superiority is culturally reinforced through the exclusion of women from 'adaŕ' or public meetings. The customs rule that women's place is in the kitchen to provide meals, not to sit as equal partners for men in meetings (Purnama 2001: 44). A similar rule can also be observed among the *Sasaks*. Even though the *Berugak*, the place in which the 'adaŕ' meeting is usually held, was initially built for women to meet guests or visitors in the event their husbands were absent - a matter which, according to many observers, also symbolises the subordination of the *Sasak* women - women were traditionally not allowed to participate in the meeting. This is because only men are considered to have political rights in the *Sasak* traditional system (Makinuddin 2005: 61-71). In its most recent form, as observed by Wafa (2003: 44) in Bakalan village, Central Java, at the village level male domination in the public sphere can be seen in the composition of leadership in village public institutions like village governments, consultative boards, and other village organisations, where most posts are held by men - with the exception of the PKK.<sup>11</sup>

The use of such unequal gender relations by the government in supporting its development agendas made this condition even worse. For the New Order administration, women should primarily be in houses serving their husbands, children and families. They were allowed to work or participate in other social activities, provided this did not disturb their principal tasks as mothers and wives. Many state regulations regarding the role and place of women in national development enacted during the New Order reign were essentially aimed at reinforcing this principle. As Hadiz and Eddyono (2005) have stated, the state has further formalised the traditional division of roles between male and female through its policies and regulations. In addition to this was the establishment of the PKK and *Dharma Wanita* as the official organisations for Indonesian women.

Although aimed at different social groups - the PKK to female villagers and *Dharma Wanita* to the wives of civil servants - both organisations share similar goals, activities and organisational structures. Despite their formal dispositions as women's organisations, both the PKK and *Dharma Wanita* maintained that women's leadership should be based on their husband's rank in the state bureaucracy or village leadership. As such, some make the criticism that women actually only hold 'shadow authority' or 'artificial power' (Suryakusuma 2000 in Idris 2003: 26). It is actually the state, through the bureaucratic ranks of husbands, which ultimately has authoritative control over these organisations. The state imposes its patriarchal ideology on women in an extremely refined manner, through the organisation's activities. Activities are concentrated on the improvement of women's skills and capacity in managing domestic

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<sup>11</sup> The PKK, or *Pemberdayaan Kesejahteraan Keluarga* (Family Welfare Empowerment), is a women's organisation specially created by the New Order administration to mobilise women's support for the national development agenda. Yet many criticise the organisation as a 'political' tool for the government to enforce its patriarchal ideology to domesticate Indonesian women, and thus distance them from the political arena, as the main concern of the organisation has been to improve women's role and skills in managing domestic life.

affairs. Many people may see this as a natural process as the domestic arena is traditionally seen as women's destiny. As some women acknowledge, PKK activities have increased their knowledge and skills in providing nutritious food for their husbands and children (Manurung-Samosir 1997: 97). In this regard, it is true that the organisations' activities have had some positive impacts on the domestic skills of many Indonesian women. However, beneath this lies the state's interest in securing the national development agenda by placing the task of managing domestic affairs on women.

Hadiz and Eddyono (2005: 29-103) clearly explain how this interest has been gradually emphasised in the state national development guideline (GBHN) and other state regulations. The People's Consultative Assembly Decision No IV/1978 (Tap MPR RI No IV/MPR/1978) clearly stated that both women and men have the same rights, obligations and opportunities to participate in national development. However, it was further explained in the implementation regulations that women's roles should not violate their main task of maintaining family welfare and promoting their children's education. State-Ibuism, as Suryakusuma calls it (in Hadiz and Eddyono 2005: 20), and as emphasised by the New Order administration, maintained that 'good mother' and 'good wife' were the best roles women could play in national development. Women should be allowed to work, provided this did not violate their tasks in managing domestic matters. Instead of the double burden argument commonly used by many feminists and gender activists to criticize this practice, the New Order administration coined another more novel, elegant term, '*peran ganda*' (double roles), as if the practice did not burden women.

The nature of the state's interest in women is clearer in policies and regulations governing women's positions and roles in work places and other development programmes. Take the case of family planning, which constituted the core of New Order policy in controlling population growth. Despite the neutrality of the programme in targeting both men and women, it appeared to favor men in terms of implementation. Data shows that female participation in the programme has been significantly higher than male participation. While the female participation rate was at least 52.1 per cent for all types of contraceptives, the male participation rate was only 0.9 per cent for condoms and 0.7 per cent for vasectomies. As a result, it was women who had to face the various side effects of the programme. Ample evidence indicates that many women had to deal with many health problems ranging from infection of the reproductive organs to obesity caused by the unsuitability of the contraceptives being used.

According to Sukeni (n.d.), this suffering was partly the result of gender discrimination induced by state policy, which systematically 'mobilized' women to participate in the programme. While many types of female contraceptives have been produced and made widely available, there have been only a few types of male contraceptives. Furthermore, men were also often 'privileged' in the programme's socialization. The choice of village meetings to host socialization activities gave men greater access to information than women, as it is men who were usually invited to the meeting. In fact, women also had

the same right to the information as they were also targeted by the programme. Information from nurses or doctors during health visits or consultation only added to discrimination against women as they usually persuaded them to take contraceptives. Embedded within a culture of patriarchy, as decision making in family was usually dominated by husbands<sup>12</sup>, it is women who finally became the real implementers of the programme, and had to deal with its consequences.

The condition of women in the work place tells a similar story of the state's indifference towards the fate of women and gender inequality in general. Effendi (2000) notes that the New Order administration's labour policy used women as cheap labour to accelerate the development of national manufacturing industries, as well as the growth of export commodities from the sector. Similarly, in the international labour market, especially in the domestic services sector, the government also made the low wages of Indonesian women workers their main competitive advantage in order to permeate the labour market in regions like the Middle East, Hong Kong, or neighbouring countries like Singapore and Malaysia. A more moderate critique identifies existing gender inequality as the direct cause of women's marginalization in the labor market. Due to their low skills and education, women have to work in menial positions with low wages. Yet the government's policies have arguably played some role in this situation. As Hadiz and Eddyono (2005) have shown, the government has formalized traditional gender roles through its acts and regulations. Such women-discriminating regulations can be clearly seen in the state's policy on domestic workers. Notwithstanding the government's formal claim that it regulates and defends the rights of those working in this sector, the fact that it specifies the sector as a women's domain has further formalized the traditional roles of women in the domestic sphere.

With such policies and regulations, many criticised the New Order as domesticating women. Instead of promoting women's emancipation, government programmes like those of the PKK and *Dharma Wanita* have indeed pushed Indonesian women further towards traditional domestic roles. Rather than improving women's status, many sayings the state often coined for women, like the 'queen of the household' (*ratu rumah tangga*) or 'pillar of the state' (*wanita sebagai tiang negara*) actually served as ideological tools to systematically subjugate women to serve the national development agenda (Idris 2003: 28). Not surprisingly, despite Indonesian women's progress and improvement in certain areas, like literacy, school enrolment and labour force participation, generally they are still caught within traditional gender roles.

With the collapse of the New Order government as a result of the reform movement in 1998, many hoped that there would be more spaces for women's movements to explicitly articulate their interests and aspirations, including raising their position above their male partners. The political openness of the new era has not only allowed women's groups to criticise past government policies regarding women's organizations

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<sup>12</sup> In many different societies, it was found that the decision to participate in the family planning programme was usually taken by husbands (Sukeni, n.d.).

and women's role in society, which they thought aimed to domesticate and de-politicise women. It has also allowed them to defend more strategic issues like family planning and maternal mortality. On the part of the government, gender mainstreaming policy was issued in response to these demands. The policy states, among other things, that both men and women have the same access and control to development. It also rules that the government will increase gender awareness amongst many development stakeholders (Purba n.d.: 5-6). Furthermore, the change in name of the Ministry of Women's Affairs to the Ministry of Women's Empowerment during the reform period has also raised people's expectations that women's issues would be given strong consideration in the state's policies (Idris 2003: 31-2). However, as to the extent to which these developments have really affected day to day gender relations at the grass roots level, many believe that gender equality in the country has a long way to go. Perhaps gender relations are so deeply rooted in traditional culture and the New Order administration's formalising influence that at the grass roots level, gender relations in the aftermath of the collapse of the New Order remain the same as they were decades before (Mukherjee 1999: 122). Put differently, gender inequality is still a big problem in Indonesia nowadays. In spite of increasing equality in educational achievement, gender inequality is still prevalent in the country, especially in terms of employment, as shown by women's labour participation rate or access to jobs (Agung and Bustami 2004: 94).

#### 4. Public Service Provisions

Indonesia is a country spanning a vast area (land area 1,922,570 km<sup>2</sup> and sea area 3,257,483 km<sup>2</sup>), and a total population of 220 million in 2006, making it the fourth largest country in the world by population. There are two types of regional segregation in Indonesia, Java and Bali versus outside Java and Bali, and Western Indonesia versus Eastern Indonesia. Western Indonesia consists of Java, Bali, Sumatra and Kalimantan, while Eastern Indonesia consists of Sulawesi, Nusa Tenggara Archipelago, Maluku Archipelago, and Papua. Western Indonesia, particularly Java and Bali, is significantly more developed than Eastern Indonesia in terms of economic activity, infrastructure, and population.<sup>13</sup> The spread of the Indonesian archipelago and its high population density are challenges for the government in providing integrated health and education services, including in poor regions. The implementation of the PKH also requires adequate support from other public services, especially health and education. Indeed, PKH's success is highly dependent upon the availability of these two services. In reality, many poor communities face difficulties accessing these two services. We can see a picture of this in several regions in Indonesia, especially in the provinces in which PKH operates.

Long distances from health facilities and high costs are the main cause of poor

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<sup>13</sup> Although Western Indonesia is considered more developed than Eastern Indonesia, this does not mean that there are no poor areas in Western Indonesia. Several *kabupaten* in Bengkulu, Lampung, West Kalimantan and Central Kalimantan, for example, are categorised as 'Left behind areas', and several *kabupaten* in Java have high poverty indicators (see Suryahadi *et al.* 2005).

communities' low access to quality health services. Lack of access, measured by the level of difficulty in accessing the nearest health service, increased from 21.6 per cent in 1999 to 23.1 per cent in 2002. The extremes in the conditions of health services can be seen in the lack of access in Way Kanan, Lampung, which is 89 per cent, compared to 0.7 per cent for Jakarta. *Kabupaten/ kota* (municipality) level mapping (2003) based on the total number of villages with difficult access to hospitals and *puskesmas* (community health centres) shows that around 9.5 per cent of *kabupaten/kota* experience high difficulty in accessing to health services.<sup>14</sup>

The low quality of basic health services is also caused by the limited health work force, and insufficient equipment and resources. Areas with the lowest average number of doctors per 100,000 population are Maluku and West Kalimantan (0.4), while the average number of doctors per 100,000 population in North Sulawesi is 1.5, in Jakarta 2.1, and in Bali 3.2. The ratio of hospital beds per 100,000 population in Jakarta is more than 160, while in West Nusa Tenggara (NTB) it is less than 25. Meanwhile utilisation of health practitioners is highest in DKI (96 per cent) and lowest in Southeast Sulawesi (28.5 per cent).<sup>15</sup>

The health practitioners used most often by poor communities are midwives and medical aides<sup>16</sup> closest to their place of residence. Health practitioners are distributed unevenly across regions, and tend to be concentrated in urban areas, diminishing rural communities' access to quality health services. There are currently around 80,000 midwives in Indonesia, while the total number of rural midwives decreased from 62,812 in 2000 to 39,906 in 2003. Currently around 22,906 villages do not have a village midwife.<sup>17</sup>

The low number of village midwives relative to the spread of service areas means that many communities do not have access to midwifery services. In East Nusa Tenggara, for example, large service areas mean that village midwives cannot service entire communities, even if they reside in the villages. Some hamlets<sup>18</sup> are far from the village midwife or *polindes*.<sup>19</sup> In addition, there are almost no rural transport facilities which can be used to cover the large service areas and access isolated areas, with the exception of relatively expensive motorcycle taxis (*ojek*). This is why in areas difficult for the village midwife to access, *dukun beranak*<sup>20</sup> are involved in prenatal care, mainly in checking and correcting the foetal position, as well as being responsible for the delivery

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<sup>14</sup> Committee for Overcoming Poverty (*Komite Penanggulangan Kemiskinan*) 2005:15-18.

<sup>15</sup> *ibid.*

<sup>16</sup> Medical aides, or *mantri kesehatan*, are nurses who are usually placed in *puskesmas* (community health centres) or *pustu* (*puskesmas pembantu*, secondary community health centres). They usually also provide basic health services in their residences.

<sup>17</sup> Committee for Overcoming Poverty 2005. In 1989, the Indonesian government began hiring midwives and placing them in rural villages, an initiative subsequently formalised as the *Bidan di Desa* (Midwives in Villages) programme. By the end of 1994, more than 50,000 nurse-midwives had been placed (Parker and Roestam 2002, in World Bank Report 2006:22).

<sup>18</sup> A hamlet (*dusun*) is a subsection of a village.

<sup>19</sup> Sri Kusumastuti Rahayu *et al.*, 2008. *Polindes* (*Pondok bersalin desa*) is a village maternity post.

<sup>20</sup> Traditional midwife

process.<sup>21</sup>

The placement of midwives in villages is also hard to achieve if the local *polindes* does not have appropriate facilities. The majority of villages in NTT are not properly serviced by basic utilities such as electricity and water. The lack of water and electricity makes village midwives and teachers reluctant to live there.<sup>22</sup> As an example, since 2002 Desa Falas in Kabupaten Timur Tengah Selatan, NTT, does not have a village midwife. The community is only serviced by a medical aide when there are services from the *posyandu* (integrated health service post) and *pusing* (*puskesmas keliling*, or mobile community health centre), while midwife coordinators or officials from the *kecamatan* (subdistrict) *puskesmas* only occasionally come to monitor. The lack of water makes village midwives unwilling to live in this *polindes* or village. Currently there is still no replacement midwife in the village.<sup>23</sup>

Mother and child health services are also provided through *posyandu*. It can be said that *posyandu* are the spearhead for MCH (mother and child health) services run by village midwives in cooperation with *posyandu* units (from two to five people). These units usually help the midwives with noting, counting, measuring, administering immunisations, and providing information about MCH. Village midwives administer vaccinations and pregnancy checks for mothers. The *posyandu*'s schedule of activities is determined on a set date every month. *Posyandu* activities are usually performed at the *polindes*, the head of the *dusun* or a *kader* person's house, the village office, *pustu*, or elsewhere. The distance in reaching a *posyandu* is an obstacle for those who live in isolated areas, particularly if pregnant women have to travel far and there are no vehicles to transport them.

Poor communities have the lowest access to formal and non-formal education as well. This is due to several factors: the high cost of education; the limited number and quality of infrastructure and education tools; the limited number and quality of teachers in poor regions and communities; the limited number of schools suitable for the teaching and learning process; the limited number of junior high schools in rural areas, isolated areas and pockets of poverty; and the limited number, spread and quality of sources of basic non-formal education.

The high cost of education means that poor communities' access to education is limited. According to regulations, tuition fees (*sumbangan penunjang pendidikan*, or SPP) have officially been abolished. However, in reality the community must still pay for various items such as books, writing materials, uniforms, shoes, transport costs and pocket money. These costs have become obstacles for poor communities in sending their children to school.<sup>24</sup> Furthermore, when children are enrolled for the first time in

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<sup>21</sup> *ibid.*

<sup>22</sup> *ibid.*

<sup>23</sup> *ibid.*

<sup>24</sup> 2003 *Susenas* (national socioeconomic survey) data shows that education costs are one of the largest household expenditures. For the lowest 20 per cent of households in terms of expenditure, education costs per child are 10 per cent of total expenditure for primary school, 18.5 per cent for junior high school, and 28.4 per cent for senior high

any school they are required to pay an initial enrolment fee, widely known as ‘building money’ or ‘desk money’. The size of this payment depends on many factors - the type of school, the area in which it is located, and its reputation.<sup>25</sup>

The results of SMERU’s Baseline Study of the implementation of conditional cash transfers shows that associated school expenses such as transportation, books, students’ exercise sheets, school equipment, uniforms and snack money are a burden for parents in sending their children to school. For example, in several state junior high schools in Sumedang, West Java, prospective students are required to provide money for chairs/buildings, books (exercise sheets and some text books), and clothing (uniforms, batik, sport uniform, Muslim uniform), which in total range between Rp 400,000 and Rp 600,000. This also occurs in NTT. Parents of students at one junior high school must pay no less than Rp 700,000 at the start of the school year.<sup>26</sup> The BOS<sup>27</sup> programme does not automatically provide incentives for parents to send their children to school, particularly junior high school, as it does not cover expenses such as uniforms, transportation, and snack money.<sup>28</sup>

Financial difficulties in meeting the cost of school education have contributed to a high school drop out rate, and low higher education rate. The absolute school drop out rate is still fairly high, although as a percentage it declined from 3.1 per cent in 1995/1996 to 2.4 per cent in 2004/2005 for the primary school/Islamic primary school level, and from 3.8 per cent to 2.6 per cent for the junior high school/Islamic junior high school level.<sup>29</sup>

The education difficulties faced by poor communities also relate to the total number of schools available. Isolation<sup>30</sup> is the main issue that rural communities complain about, as it means that children are unable to continue their education to the junior high school level, and have no choice but to withdraw from school. State junior high schools are usually found in the *kacamatan* (subdistrict) capital. In West Java, each *kecamatan* has more than three junior high schools, but in NTT there are usually only one or two. Junior high schools or their equivalent are often inaccessible due to distance. In Taunbaen village and Oenenu village in NTT, junior high school students have to travel more than 10 kilometres to school. Long distances cannot be overcome in most villages in remote areas of Indonesia as transportation is either unavailable or expensive. Thus, many school children must walk for 2–3 hours to get to school. Not only does this take up a great amount of the children’s energy and time, but it also reduces their enthusiasm for learning and leaving for school. Their concentration is also diminished after such a long journey, more so if they have not been provided with breakfast before leaving.

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school. Of these education costs, 20 per cent is for transport, 10 per cent for the purchase of uniforms and registration costs, and 11 per cent for other expenses (Committee for Overcoming Poverty 2008: 20).

<sup>25</sup> Akhmadi, *et al.* 2003: 36.

<sup>26</sup> Sri Kusumastuti Rahayu, *et al.* 2008: 57.

<sup>27</sup> *Bantuan Operasional Sekolah*/ operational assistance for schools

<sup>28</sup> *ibid.* See also Akhmadi, *et al.* 2003.

<sup>29</sup> Committee for Overcoming Poverty 2005.

<sup>30</sup> Regional isolation is related to long distances, unfavourable roads and sometimes the lack of bridges to cross rivers, as well as the unavailability of junior high schools in the relevant areas, and lack of transportation facilities.

Sometimes, it also means that the children do not make it to school, truanting instead.<sup>31</sup> A similar situation exists in Tangerang, an industrial area in West Java, and Pontianak (West Kalimantan). In Tangerang, some students have to walk or ride a bike 2–3 km to and from school. In some locations in Pontianak, students have to use boats to travel to school, even though the actual travelling distance is not extensive.<sup>32</sup> In Simpang village, Garut (West Java), students even have to swim across a river 70 metres wide in order to reach their school in Tasikmalaya, another district.<sup>33</sup>

Many schools, especially in isolated areas, often experience difficulty in obtaining quality teachers<sup>34</sup>, and if there are teachers, in many cases they do not always attend class. In SMERU's research 'Baseline Survey on Teacher Attendance and Welfare Assistance for Teachers in Remote Areas'<sup>35</sup> more than 25 per cent of sample teachers in remote areas did not have formal teaching qualifications. The highest teaching qualifications held by many sample teachers in remote areas were at the junior high school and diploma levels. In non-remote areas, however, almost 85 per cent of sample teachers had teaching qualifications at the diploma (one, two or three years) and undergraduate degree levels; in Kota Surakarta there were even two sample teachers who held postgraduate qualifications.

In 'Baseline Survey on Teacher Attendance and Welfare Assistance for Teachers in Remote Areas' it was also found that the level of teacher absenteeism in Kabupaten Kolaka, Southeast Sulawesi, was very concerning, and had reached 44.1'.<sup>36</sup> Difficulty in accessing many sample schools in remote areas is the main cause of high absenteeism in the *kabupaten*, and one sample school, Likuwalanapano public primary school in Kabupaten Kolaka, Southeast Sulawesi, did not hold classes for two weeks because teachers and the school principal were not at the school. Based on the observations of the research team during its visits to schools, often there were only temporary teachers, who generally resided in the village in which the school was located.<sup>37</sup> Teachers' difficulties in attending schools in remote areas are worsened by transport constraints, because many teachers do not live in the relevant villages. As a result teachers often come late, especially in the rainy season; teachers arrive at the school at around 11am and come only to fill in the attendance list.<sup>38</sup>

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<sup>31</sup> Sri Kusumastuti Rahayu, *et al.* 2008. From the study 'Causes of Low Secondary School Enrolment in Indonesia' (Suryadarma *et al.* 2006), which states that building more schools increases children's probability of continuing to secondary school.

<sup>32</sup> Akhmadi, *et al.* 2003.

<sup>33</sup> Ramadhan, 2007 in Kompas Daily, 2 March 2007.

<sup>34</sup> Actually, in 2005 the GoI declared Regulation No.14 requiring that all teachers (from primary to senior high schools) should have a qualification of at least 4 years' diploma level (D4) or *sarjana satu* (S1/Undergraduate degree) level. Data from Depdiknas 2006 (Ministry of Education) stated that only 35.6 per cent of teachers in Indonesia have D4 or S1 degree. (Indonesia MDGs Report 2007:33).

<sup>35</sup> Toyamah, *et al.* forthcoming. The SDN (public primary school) sample consists of 170 schools, 90 of which are in remote areas, and 80 in urban areas.

<sup>36</sup> *ibid.*

<sup>37</sup> *ibid.* Temporary teachers in remote areas are usually taken from the local area because of a shortage of teaching staff. Generally temporary teachers in remote areas only have a senior high school education.

<sup>38</sup> Sri Kusumastuti Rahayu, *et al.* 2008. Remote areas are usually also troubled with looting. This occurs in Kabupaten Empat Lawang, South Sumatra, for example. For security reasons several teachers in the *kabupaten*

Another problem related to education services in poor areas is the damaged or badly damaged condition of school buildings. Many classrooms in West Java and NTT can no longer be used; the plasterboard is broken and school benches cannot be used. Several primary schools do not have a library; if there is a library, its condition is poor and the book collection is very limited. This is also the case with visual aids and sporting equipment, which are minimal. In NTT there are still many schools, mainly primary schools, which only have thatched roofs, woven fibre walls, and dirt floors. In terms of quantity there are too few junior high schools, although the facilities for teaching and learning activities and school infrastructure are better than those in primary schools. In several schools the tables, chairs and toilets are in an unacceptable condition. The scarcity of clean water facilities is an additional obstacle. In certain seasons, schools rely on clean water from a well, but often there are no wells close to schools, so sanitation is lacking.<sup>39</sup>

## Concluding Notes

This paper aims to explain the challenges which must be faced in the implementation of PKH in Indonesia, which operates in a context vastly different to that of Brazil and Mexico, where CCTs were first implemented. The PKH pilot project in Indonesia only began running in 2007 in seven provinces: Gorontalo, West Sumatra, DKI Jakarta, West Java, East Java, North Sulawesi and NTT; followed by an additional six provinces in 2008: Aceh Darussalam, NTB, South Kalimantan, Banten, North Sumatra, and Yogyakarta. PKH aims to capture approximately 6.5 million chronically poor households across Indonesia.

Capturing 6.5 million chronically poor households across Indonesia is the first challenge for PKH. This also means that the programme has been targeted correctly - that it is indeed those in the chronically poor group who receive the funds, and that recipients meet the other conditions of having a child aged 6–15, a child under 18 years who has not completed primary school, or a child aged 0–6 years, or a pregnant or lactating mother. Monitoring the provision of funds to families who really fulfil the criteria is very important for the achievement of PKH's aims.

Another challenge is whether PKH is able to break the poverty cycle between generations. Several studies show that CCT programmes can indeed make a major difference to the income of poor households, but cannot be expected to significantly reduce poverty.<sup>40</sup>

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deliberately depart home for school after 7am because roads are busier, while the principal at one very remote school only attends the school twice per week (See Toyamah, *et al.* forthcoming).

<sup>39</sup> Sri Kusumastuti Rahayu, *et al.* 2008. In the 1970s, through the INPRES (Presidential Instruction Scheme) school building programme, many school buildings were constructed and consequently there was a sharp rise in school participation rates. However, there is concern about the quality of many of these buildings, especially the primary schools, moreover, these buildings have been poorly maintained. (Akhmadi, *et al.* 2003).

<sup>40</sup> Zepeda 2006.

PKH aims to invest in human capital, particularly for children aged 0–6 years and 6–15 years or under 18 years who have not completed primary school education. However, the success of PKH also relates to the availability of quality health and education facilities. As outlined previously, many poor communities are still unable to access health and education services due to the high costs (additional costs, transport costs, etc). Health and education facilities are difficult to access because of distance, and because they are not available in these communities. Because of this, the availability of supply side factors is an essential condition for the programme's viability. The determination of conditions only makes sense if the supply side is appropriate. Perhaps the PNPM (Community CCT) programme can fulfil this need, if it can be harmonised with PKH.

It cannot be denied that in poor families children are viewed as an asset, to become workers, whether it be in the agricultural, plantation or fishing sectors. Several studies conducted by SMERU show that children often do not go to school or even drop out of school because they must help their parents work in the field, tend to livestock or go out to sea, or even work as labourers for other people. The lack of schools, high costs of schooling, and low parental motivation for sending their children to school because they do not see that this will allow children to get work more easily after graduation, are some of the factors which make children leave school. In addition to this there are still communities which marry off girls at a very young age.<sup>41</sup> This is also a challenge in the implementation of PKH; can the community be convinced that it is more important for children to attend school than work and marry young, and that the money provided through PKH can offset the income that the children would have earned if they work? It is in this way that PKH, as one part of the social protection schemes available in Indonesia, must support and be supported by other social protection programmes.

Another factor to be considered is the provision of PKH funds to women. Many question whether this can improve the position of women in the households and community. Molyneux (2007) raised the adverse gender impact associated with the provision of funds to women by pointing out that women's role is largely confined to 'servicing the needs of others', especially their children. Generally it is mothers - not fathers - who are monitored for compliance with the conditions imposed by CCTs, thereby reinforcing women's role as carers of children, while men remain marginalised. Molyneux questions how this empowers women. This is also relevant for the Indonesian context - is PKH able to respond to this challenge? Will PKH become a burden for women in chronically poor households due to the number of conditions they must fulfil? Will PKH actually make women return to their original roles - only concerned with domestic affairs? Or does PKH indeed have the potential to empower women? In what sense?

The implementation of PKH in Indonesia must be appreciated. However, it should be noted that the success of the programme very much relates to the challenges outlined above. In order to achieve all of its goals the PKH must be ready to overcome these

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<sup>41</sup> Akhmadi *et al.* 2003: 27-28

challenges.

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