



KEMENTERIAN PEMBERDAYAAN PEREMPUAN DAN PERLINDUNGAN ANAK  
REPUBLIK INDONESIA



REPUBLIK INDONESIA  
KEMENTERIAN PERENCANAAN PEMBANGUNAN NASIONAL/  
BADAN PERENCANAAN PEMBANGUNAN NASIONAL

**POLICY BRIEF**  
**KERTAS KEBIJAKAN**

# GENDER EQUALITY

## KESETARAAN GENDER



## INDONESIA



THE WORLD BANK | BANK DUNIA



The Asia Foundation



Kingdom of the Netherlands



Canadian International  
Development Agency

Agence canadienne de  
développement international



Australian Government  
AusAID

**Indonesia has experienced an improvement in narrowing the gender gap in some key areas of endowment (e.g. health and education), opportunities, voice and agency, and necessary legislation for gender mainstreaming, but challenges remain.** Gender parity index in education has been achieved. Maternal health has significantly improved. There are no pronounced gender disparities in infant and under five mortality rates and other health outcomes. Women labor's participation rate continues to grow with better return for educated women than men. Women's political representation has increased. Challenges persist in MMR, HIV/AIDS, stunting and wasting, gender streaming in education, economic opportunities, access to legal justice, and voice and agency in influential decision makings. These challenges juxtapose the emerging trends of human trafficking and non-women friendly policies at sub national levels.

**The key achievements and outstanding-issues are presented in the eight Policy Briefs, developed by the Government (the Ministry of National Planning and The Ministry of Women's Empowerment and Child Protection) and development partners (the World Bank, AusAID, CIDA, The Netherlands Embassy, DFID, and ADB).**

**Policy Brief 1: Gender Mainstreaming** has been adopted since the issuance of Presidential Instruction No 9/2000. Presidential Instruction No 3/2010 and other ministerial regulations on gender mainstreaming further stipulate efforts on equitable and inclusive development. The emerging non-women friendly legislation at the local level signifies the importance of enforcing the aforementioned legislative and policy frameworks, coordination among national ministries and all levels of public institutions, and replication of good practices.

**Policy Brief 2: Gender Equality and Health** in Indonesia shows positive results and remaining challenges in the four key health areas related to the MDGs. Important efforts have been made to increase women's access to health services but Indonesia needs to work hard on reducing the high maternal mortality rate, increasing access to water and sanitation as well as HIV prevention and treatment for the increasing number of adult women living with HIV.

**Policy Brief 3: Gender Equality and Education** has been one of the key achievements for Indonesia. The MDG targets on gender parity in net enrollment are on track to be met by 2015, especially if disparities at the provincial level are addressed. Focus is now on systematic measures to increase access to improved outcomes from a more gender responsive education. The challenge remains to mainstream a gender perspective in education which involves assessing the implication of any planned educational actions (legislation, policies or programs) to boys and girls, in all areas and at all levels.

**Policy Brief 4: Employment, Migration, and Access to Finance** remain a challenge in that without proper measures may impede development. The average annual growth of women entering labor market is higher than men, but women continue to face lower labor's participation and higher unemployment rates, poorer quality work and lower wages, limited access to resources, discrimination in hiring and promotion, and a higher level of economic informality. Women constitute most of self-employed, unpaid family workers, and migrant workers, making them susceptible to personal and financial insecurity, trafficking and other human rights violations. Closing these gender gaps requires focusing on the equal employment opportunities, link and match of women's trainings and skills with the labor market, underlying factors of labor market segmentation, and wage gaps and career opportunities.

**Policy Brief 5: Poverty, Vulnerability and Social Protection** has been one of the current highest government's development priorities. Whilst the national poverty rate fell from 16.7% (2004) to 13.3% (2010) and poverty rates amongst female-headed households (FHH) remain lower than male-headed households (MHH), the overall rate of poverty reduction for FHH is lower than MHH. This is notwithstanding the well-targeted FHH in all Social Protection programs. Improved targeting techniques will reduce exclusion and inclusion errors and ensure that more poor households receive social protection. The challenge will be to ensure the new targeting mechanisms to include poverty indicators which reflect characteristics of poor and vulnerable FHHs and the male-female intra-household equal access to program benefits.

**Policy Brief 6: Gender Equality in Disaster Management and Climate Adaptation** highlights the gendered differentiated impact of disasters. There has been significant learning from Aceh Tsunami on good practices for gender responsive disaster management. These need to inform and further strengthen all related national and local-level policies, institutions and programs to tackle the root causes of gender-based vulnerabilities, ensure use of gender analysis and sex-disaggregated data, as well as give equal weight to men's and women's rights and capacities.

**Policy Brief 7: Women's Voice in Politics and Decision Makings** in Indonesia has increased due to, among others, affirmative action for women candidacy and political participation in 2008. Women's representation in the Parliament (DPR) increased from 11% (2004-2009) to 18% (2009-2014). Representation remained below the desired 30% and inadequate in other critical areas of public service and decision-making roles. Significant disparities within political parties and across levels of national and sub national government constrain the MDGs' achievement for women's empowerment. Indonesia's Constitution and legal framework assure the equal rights of women. Strengthening current laws/regulations as well as implementation and monitoring could more effectively address women's institutional and socio-cultural barriers.

**Policy Brief 8: Violence Against Women (VAW): Domestic Violence and Human Trafficking** in Indonesia show both important progress and outstanding issues. More efforts are needed for law enforcement, capacity building of service provider and wider community, and extend services to urban and rural areas. The increased trend of human trafficking demands more integrated efforts for prevention, protection, prosecution and reintegration.

# POVERTY, VULNERABILITY AND SOCIAL PROTECTION



This Policy Brief provides an overview of key gender equity issues in addressing vulnerability and social protection of the poor. President Susilo Bambang Yudhoyono has declared poverty reduction to be his government's highest development priority. The national poverty rate fell from 16.7% in 2004 to 13.3% in 2010, with no differences between men and women's consumption based poverty rates. Poverty rates amongst female-headed households (FHH) remain lower than male-headed households (MHH). Over 2004-09, however, while there is a slightly higher percentage of poor MHH than FHH, the overall rate of poverty reduction is slower for FHH than for MHH and the poverty rate for urban FHH is increasing. This is despite the fact that a significantly higher percentage of FHH than MHH benefit from all Social Protection (SP) programs. Improved targeting techniques will reduce exclusion and inclusion errors and ensure that more poor households receive social protection. The challenge will be to ensure that poverty indicators which reflect characteristics of poor and vulnerable FHHs are also included in new targeting mechanisms and that male and female household members have equal access to program benefits within the household.

## Current Status:

### • Poverty Reduction

Poverty data reveals specific gender gaps in poverty reduction, particularly affecting urban female headed households.

Poverty reduction has been slow overall, without significant differences between sexes. While there are more poor MHH than FHH, the rate of reduction in poverty among FHH is slower than for MHH, and poverty among urban FHH is actually increasing. Poverty depth and severity indicators are fairly low for both types of households and they are slightly lower for FHH, although the rate of reduction is significantly

slower for FHH than for MHH. (Note: The depth of poverty is measured by the poverty gap which adds-up the extent to which individuals on average fall below the poverty line. The poverty severity index is the squared poverty gap index and highlights the level of inequality by putting more weight on the very poor).

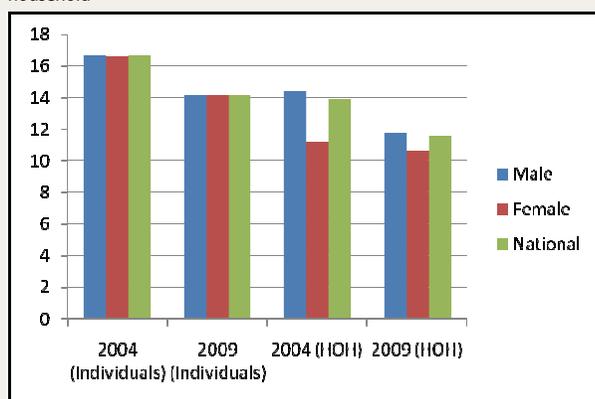
The main issues relating to gaps between male and female headed households include (see Table 1):

- FHH represent 14.6% of all households, 15.5% of all urban households and 13.8% of all rural households. Approximately half of all FHH and 47.4% of all MHH are urban. There is no difference between men and women's poverty rates, which is approximately 14%. Over the last 5 years (2004-2009), the poverty headcount rate decreased by 2.6 percent-

# POLICY BRIEF 5

age points for men and 2.4 for women. (Note: All temporal trend lines in this brief are between 2004 and 2009). There is a slightly higher percentage of poor MHH than FHH, based on consumption measures of poverty. Consumption measure of poverty is defined by the value of per capita consumption per day/month. The poverty rate is 11.7% for MHH, and 10.6% for FHH. The rate of reduction in poverty is slower for FHH than for MHH. Poverty decreased by 18% among MHH and by 5.3% among FHH. The near-poverty rate is 22.25% for MHH and 19.44% for FHH. The poverty line for the near-poverty rate = poverty line \* 1.2. The very poor rate is the same (4%) for both FHH and MHH. The poverty line for the very poor rate = poverty line\*0.8. (See Figure 1)

**Figure 1:** Poverty Rates (2004-2009), by sex of individual and head-of-household



**Source:** Susenas 2004, 2009, World Bank calculations. (Individuals is poverty headcount rate by sex of individuals in poor households. HOH is poverty rate of households by head-of-household gender).

- While overall the rate of poverty reduction in urban areas is slower than in rural areas, there are some significant gender differences. The poverty rate for urban FHH has increased by 9.2%, while it has decreased by 17% for MHH. Among the near-poor in urban areas poverty reduction is higher for MHH at 14% than for FHH at 3%. Given the rapid rate of urbanization in Indonesia this needs to be investigated and addressed further. Poverty is also

reducing more slowly for FHH than for MHH in rural areas. The poverty rate for rural FHH has decreased by 8%, while it has decreased by 16% for MHH.

- An examination of the depth (poverty gap index) and severity (poverty gap squared) of poverty among male and female headed households reveals similar trends. While the actual levels for MHH and FHH are currently similar and relatively low, the reduction is more pronounced for MHH than for FHH, particularly in urban areas, where the depth of poverty has reduced by 21% for MHH compared to 7% for FHH, and severity of poverty has reduced 25% for MHH and 19% for FHH. In rural areas both depth and severity of poverty has decreased by 16% among MHH and 13% among FHH. (See Table 1)

**Table 1:** Consumption based poverty measure

Indicator (%)	National			Urban			Rural		
	2004	2009	Change	2004	2009	change	2004	2009	change
MHH as percentage of total HH	86	85	(0)	85	84	(0)	87	86	(1)
FHH as percentage of total HH	14	15	3	15	16	0	13	14	3
% of all urban MHH				42	47	14			
% of all urban FHH				46	51	11			
Poor individuals in the population	17	14	(14)	12	11	(12)	20	17	(14)
Poor MHH	14	12	(19)	11	9	(17)	17	14	(16)
Poor FHH	11	11	(5)	8	8	9	14	13	(8)
Near poor MHH	25	22	(9)	20	17	(14)	28	27	(4)
Near poor FHH	21	19	(8)	15	15	(3)	26	24	(7)
MHH P1- depth	2.50	2.01	(19.64)	1.96	1.54	(21.31)	2.88	2.42	(15.83)
FHH P1	2.04	1.78	(12.61)	1.57	1.46	(6.90)	2.44	2.12	(13.28)
MHH P2- severity	0.67	0.53	(21.19)	0.55	0.41	(24.77)	0.76	0.64	(16.23)
FHH P2	0.56	0.46	(16.85)	0.48	0.39	(19.42)	0.62	0.54	(13.04)

**Source:** Susenas 2004, 2009, World Bank calculations. Note: M/F is Male/Female ratio for measure. MH/FH is male-headed households / female-headed households ratio for measure.

- Possible explanations for the slower rate of poverty reduction for FHH than for MHH include: FHH typically only have one adult income earner (in the absence of a working male adult), coupled with coping strategies used by FHH to maintain relatively equal levels of consumption such as keeping children out of school for income generation or saving on school fees. Indeed while the percentage of poor children (between the ages of 6 and 15) not in school are even at national level (ap-

proximately 18% for both MHH and FHH) there are opposite trends in urban and rural areas. There is a higher rate of poor children out of school in poor urban FHH (19%) than in MHH (15%), while there is a lower rate of children out of school in rural FHH (17%) than MHH (20%). On the other hand, there is consistently a higher rate of poor children working in rural areas than in urban areas, and this is higher in FHH (12%) than in MHH (8%). The percentage of poor working children among urban FHH decreased from 12% to 2% over the same period which saw an increase in urban FHH poverty, possibly indicating past reliance of urban FHH on income from child labour (see Table 2).

**Table 2:** Non-consumption poverty measures

Indicator (%)	National			Urban			Rural		
	2004	2009	change	2004	2009	change	2004	2009	Change
<b>MHH</b>									
Not in school*	14	12	(21)	9	10	(6)	18	13	24
Working children**	4	5	7	1	2	(67)	6	6	(3)
Poor not in school*	23	18	(28)	19	15	24	25	20	20
Poor working children**	6	7	11	3	3	(29)	7	8	(12)
<b>FHH</b>									
Not in school*	15	12	(22)	10	11	(12)	19	13	29
Working children**	7	8	10	7	4	46	8	11	(32)
Poor not in school*	25	18	(42)	24	19	19	26	19	25
Poor working children**	9	9	-	12	2	83	7	12	(69)

Source: Susenas 2004, 2009, World Bank calculations. \* age 6-15 \*\* age 10-14

- Other non-income or consumption based indicators of poverty which are typical of FHH include the absence or sale of assets and absence or use of savings for consumption as opposed to production. Currently there is insufficient analysis on this issue and further research is needed to examine possible causes of the increase in urban poverty among FHH, as well as the challenges FHH in general face in escaping poverty, in order to better target vulnerable FHH.

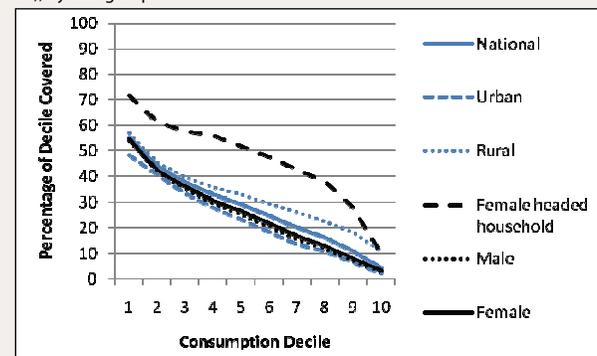
## Current Status:

- **Social Protection**

While FHH tend to benefit slightly disproportionately from social assistance protection benefits, there remain significant inclusion and exclusion biases for both poor FHH and MHH.

Males and females are equally distributed among households receiving social assistance, but female-led households are consistently more likely than any other sub-group to be beneficiaries, even if they have high levels of consumption. This suggests that communities consider them more deserving of assistance than other households. While FHH are not specifically targeted by social protection programs (with the exception of PEKKA, see below), decisions regarding which households should receive assistance are often made at the community level, and FHH are often considered poorer than MHH based on local level perceptions and knowledge. However, for both FHH and MHH, there are significant inclusion and exclusion biases (some non poor households who are not eligible are receiving assistance while some poor households who are eligible are not (see Figure 1 and Figure 2).

**Figure 2:** Percentage of Consumption Decile Receiving BLT Benefits (2008-09), by sub-group



Source: Susenas 2009, World Bank calculations

Among the poor, most urban households are non-beneficiaries. The targeting methodology is currently being revised, with an emphasis on transparent measurable indicators of poverty, and the implications for FHH needs to be carefully considered in the selection of these indicators (see above on non consumption indicators). The gender impact of Conditional Cash Transfers/CCT program (*Program Keluarga Harapan/PKH*) is different for MHH and FHH indicating a difference in intra-household decision making and spending choices. FHH seems to prioritise delivery ante- and post- natal care for mothers, while MHH place more emphasis on children's health care, and overall boys' health care was favoured over that of girls.

## Policy Issues

The social assistance programs have been delivered under different channels such as PNPM Mandiri. The main issues related to social assistance programs include:

- **Raskin**, a subsidized rice program, for the poor has existed in Indonesia in some form since the Asian Crisis in 1997-1998. Under the current Raskin program, the National Logistics Agency (BULOG) purchases the rice from wholesalers using a subsidy from the government. The rice is then distributed to villages, where eligible households are able to buy up to a set quantity of rice at considerably less than market prices. While the Raskin program does not include gender specific considerations in its operations, FHH across all deciles are more likely to receive Raskin benefits than MHH: 60% of all FHH and 86% of poor FHH receive Raskin, compared to 50% of all MHH and 79% of poor MHH. Poor urban FHH are even more over-represented among Raskin beneficiaries: 85% of poor urban FHH receive Raskin compared to 76% poor urban MHH. FHH are over-represented as Raskin benefi-

ciaries in all deciles, for example 40% of the FHH in the 9th decile receive Raskin, compared to the national average of 25%. (See Table 3 and Table 5). The benefits of Raskin appear to be shared by all members of receiving households, with children being favored, and without any gender discrimination in allocation among household members. Indirect effects such as increased investment in education (with savings from subsidized rice) also appear to be gender neutral.

**Table 3: Social Protection Program**

Indicator	National		Urban		Rural	
	2004	2009	2004	2009	2004	2009
MHH receiving Raskin	35	51	22	36	45	64
FHH receiving Raskin	45	60	31	45	57	75
Poor MHH receiving Raskin	57	80	51	77	58	81
Poor FHH receiving Raskin	65	86	60	84	67	87
MHH receiving Jamkesmas	N/A	27		19		33
FHH receiving Jamkesmas	N/A	36		27		45
Poor MHH receiving Jamkesmas	N/A	48		47		49
Poor FHH receiving Jamkesmas	N/A	57		59		56
MHH receiving BLT	N/A	24		15		33
FHH receiving BLT	N/A	41		28		54
Poor MHH receiving BLT	N/A	52		46		55
Poor FHH receiving BLT	N/A	69		65		70

Source: Susenas 2004, 2009, World Bank calculations.

**Table 4. Age of Decile Receiving Raskin, 2009 (Coverage)**

Decile	1	2	3	4	5	6	7	8	9	10
<b>National</b>	81	75	70	65	60	52	44	36	25	11
<b>Urban</b>	78	68	62	56	50	42	33	25	17	6
<b>Rural</b>	82	78	74	71	68	62	57	51	42	29
<b>FHH</b>	86	83	78	77	72	69	61	52	40	16
<b>Male</b>	80	73	67	62	56	48	40	32	21	10
<b>Female</b>	80	73	68	63	56	49	40	32	22	10
<b>Perfect Targeting</b>	100	100	100	0	0	0	0	0	0	0

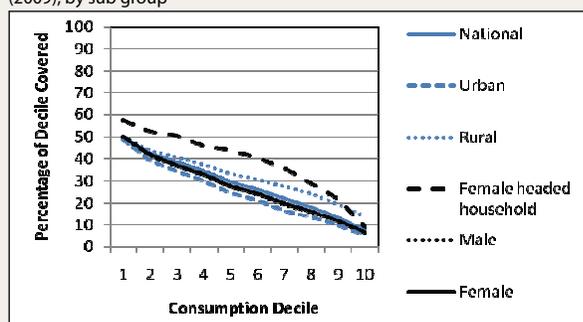
- **Bantuan Langsung Tunai (BLT)**. In 2005, subsidy cuts raised household fuel prices by an average of over 125%. BLT, an unconditional direct cash transfer in four installments over one year, funded from the implied budgetary savings from subsidy reductions, was one of the Government of Indonesia's responses to these programmed increases in fuel prices. It targeted poor households who were benefiting least from the old subsidy regime and were most affected by price increases. BLT was used again in 2008 when international crises

# POLICY BRIEF 5

in both financial markets and in food prices combined with another domestic reduction to fuel subsidies. 40% of all FHHs, and 69% of poor FHH, compared to 24% of all MHH and 52% of poor MHH receive BLT (See Table 3 and Figure 2). Urban FHH (28%) and MHH (15%) seem to be at the most disadvantaged relative to their rural counterparts (FHH: 53%, MHH: 32%) while there is a more even spread between poor urban (PU) and poor rural (PR) households (PUFHH: 65%, PRFHH: 70%, PUMHH: 46%, PRMHH: 55%).

- Jamkesmas** is a free health care program aimed at making basic health services available to the poorest 30% of the population by providing beneficiary households with health cards entitling them to free healthcare at local public health clinics and in-patient treatment in third-class public hospital beds, as well as obstetric services, mobile health services, immunizations and medicines. A higher proportion of FHH receives Jamkesmas relative to the national average, across all deciles. Among poor FHH, 57% receive Jamkesmas, compared to 48% of poor MHH. The spread is relatively even across urban and rural areas (See Table 3, Table 4 and Figure 3). The Jamkesmas was initially aimed at formal workers but has been expanded to also cover the informal workers through the regulation no PER.24/MEN/VI/2006 from the Minister of Labor and Transmigration.

**Figure 3:** Percentage of Consumption Decile Receiving Jamkesmas Benefits (2009), by sub group



Source: Susenas 2009, World Bank calculations

**Table 5:** Age of Decile Receiving Jamkesmas, 2009 (Coverage)

Decile	1	2	3	4	5	6	7	8	9	10
National	50	42	38	34	29	26	22	18	13	7
Urban	49	39	34	30	25	21	17	13	10	5
Rural	50	43	41	37	33	31	28	24	19	14
FHH	57	52	50	46	44	40	36	28	22	9
Male	50	41	37	32	28	24	19	16	11	7

- Program Keluarga Harapan (PKH):** A pilot of a traditional household Conditional Cash Transfer (CCT) program, PKH, was introduced in 2007, aimed at reducing poverty and improving poor households' human capital. The program is targeted at the very poorest households and focuses on improvements in socio-economic conditions, children's education, the health and nutritional status of pregnant women, postpartum mothers and children under 6 years, and access and quality of basic education and health care services. PKH applies the traditional CCT design with quarterly cash transfers to poor households identified through statistical means testing, with young children and pregnant women, who receive regular transfer ranging from USD 70 to USD 245 per year. The transfers are conditional on the utilization of basic health services and children's school attendance, and are transferred directly to women in the recipient households.

A recent PKH impact evaluation shows different outcomes for MHH and FHH, as well as male and female children in all households. In FHH receiving PKH, pregnant and new mothers demonstrate larger magnitudes of increase in pre-natal visits, assisted delivery, and delivery at facility, than in MHH. However, it is in MHH where post-natal visits, newborn weighing, rates of immunization and treated diarrhea are increasing faster. MHH with PKH also do a better job keeping school-age children in school for more hours, while FHH receiving PKH do a better job of discouraging waged child

labor. Given that over half of the FHH in sample were headed by single women and thus lacking a second wage-earner that many MHH have access to, this result indicates that CCTs such as PHK can have a higher impact on single FHH where the opportunity costs of schooling, child labor, and expenditures are higher than for dual income MHH. There are also significant differences in the effects of PKH on outcomes for boys and girls. In health, breastfeeding behavior and rates of complete immunization increase by significantly greater amounts when the child is a boy, suggesting that male and female children do not always share equally in the gains in positive household behaviors encouraged by PKH.

- In 2001, **PEKKA**, a pilot program aimed at social and political empowerment of poor women, and in particular FHH, was introduced. FHH are often poorer than their male-headed counterparts of similar characteristics, and are further disadvantaged because women who head households do not receive equal recognition as household heads in their communities. The program aims to empower poor FHH along five dimensions: (i) economic welfare; (ii) access to (financial) resources; (iii) social and political participation; (iv) critical consciousness; and (v) control over their own lives. It has been operational in 8 provinces between 2001 and 2008, with around 9,000 members, and received funding to expand to 9 new provinces in 2010.



**Gender sensitivity of current targeting methods needs to be reviewed to ensure that poor female headed households are adequately serviced in mainstream programs.**

Indonesia has primarily used a mixture of Proxy Means Testing (PMT), community-based and geographical targeting. PMT constructs a non-consumption and non-income measure of household economic status from a relatively small number of household characteristics such as quality of materials used in housing construction, availability of electricity, source of drinking water and type of sanitation disposal, along with ownership of assets such as appliances and vehicles. This lends itself well to capturing poor FHH who might manage to keep up basic needs consumption levels but may not have access to other services or assets.

Community based targeting relies on local knowledge to identify the poor and vulnerable to determine potential program beneficiaries. While this may be straightforward in small rural communities, there is a danger that they become invisible in urban areas where decision makers may have less knowledge about all community members. Meanwhile geographical targeting involves using representative data to categorize regions with respect to priority for program quotas or implementation. This approach determines the number of poor within a population from a prior nationally representative household survey or census. A second targeting method, such as PMT or communi-



ty, is then often used to determine which households will become beneficiaries within priority regions or quotas. Given that this method targets entire regions rather than individual households it is not amenable for gender mainstreaming. Categorical targeting has also been used for smaller assistance programs targeting particular sub-populations, such as the FHH (see PEKKA above), or disabled.

Targeting of broad-based social protection programs needs to be improved. While scaling up programs such as PEKKA which specifically target poor FHH, or PKH which is conditional on addressing women's health needs, is one way to address gender inequality, there is also scope for ensuring that poor FHH continue to be included in "mainstream" social protection programs, which mainly depends on whether or not they fall within the targeting criteria. Targeting is pro-poor but many poor households are excluded from program benefits while many non-poor households are included. Poor females are currently just as likely as poor males to benefit. Consequently improvements in targeting performance will benefit excluded poor females commensurably. The targeting methodology is currently being reviewed and revised by the Government (Poverty Reduction Team/TNP2K Working Group on Targeting), presenting an opportunity for including a gender perspective in the new methodology.

## Recommendations

- The TNP2K Working Group on Social Protection should consider an in-depth gender analysis of all major social protection programs, going beyond a benefit incidence analysis of MHH and FHH, looking at the intra-household gender implications such as who makes the decisions on how the benefits are being used and who within the household is benefiting. (Note: Benefit incidence analysis refers to the quantitative analysis of who are the beneficiaries of each program, this can be broken down by

location, gender, age, head of household, and any other relevant demographic characteristic).

- Policies to increase income generation and protection from economic shocks (ie health shocks, economic crisis, disasters, etc) of poor FHH particularly single FHH (where there are no other working age adults) in urban areas, need to be re-examined and strengthened. Social assistance programs aimed at keeping children in school, and accessing health care should target poor FHH and include conditions related to equal treatment of boys and girls within households.
- TNP2K Working Group on Targeting to consider how the new targeting methodology should capture specific characteristics of poor FHH, with attention to urban areas.
- The design and evaluation of broad-based programs should ensure that female household members benefit equally irrespective of intra-household decision making patterns. PNPM should also address the issue of gender equality in its program approach.
- Smaller social protection programs intended for marginalized and vulnerable groups, such as the PEKKA program for poor widows, have yet to be properly evaluated including their effectiveness and targeting outcomes.
- Missing programs in the social protection portfolio need to be designed with gender differences in mind. Key social protection programs, such as a public works scheme, are not currently available. The design of such programs requires attention to gender differences. For example, public works schemes often focus on infrastructure development and as such may exclude or marginalize women.



# POLICY BRIEF 5

## References:

GTZ (March 2011), *"Gender Lens on Social Protection in Indonesia"*, Draft Report, Jakarta, Indonesia

ODI, SMERU (October 2010), *"Gendered Risks, Poverty and Vulnerability: Case Study of the Raskin Food Subsidy Programme in Indonesia"*, ODI. London, UK.

World Bank (March 2011), *"Targeting effectiveness of current social assistance programs in Indonesia"*, Draft Report, Jakarta, Indonesia.

World Bank (March 2011), *"PKH Impact Evaluation"*, Draft Report. Jakarta, Indonesia.

World Bank (March 2011), *"PNPM-Generasi Impact Evaluation"*, Draft Report. Jakarta, Indonesia.

