

International Budget Partnership INDONESIA

Our strategy to shift the public resource system in Indonesia

In Indonesia public resources are raised and spent unfairly and ineffectively, leaving millions of people—especially women— without access to the quality public goods and services they need to thrive.

Indonesia's public resource governance system faces several challenges. Key social sectors often suffer from underfunding and poor planning, along with a lack of coordination. Additionally, historically excluded communities, particularly women, have limited opportunities to participate in decisions about how public money is raised and spent. Indonesia has stark inequalities in women and girls' access to key services as a result of these public resource management challenges. These inequities are compounded by the effects of climate change, which disproportionately affect the most excluded communities.

Challenges in how Indonesia spends public resources

Our work focuses on addressing the public resource challenges that lead to inequitable sanitation and reproductive healthcare investments for coastal women and women with disabilities respectively (described below), in addition to efforts addressing budget credibility challenges and encouraging greater public participation in climate financing.



Sanitation system and coastal communities

The Problem:

In Indonesia's coastal areas, 7 million women face serious health risks due to inadequate water and sanitation infrastructure.

In Indonesia's coastal areas, more than 7 million women face serious health risks due to inadequate water and sanitation infrastructure. Only 11.9% of Indonesian households can access safe drinking water, and just 10.2% have safe sanitation facilities. Approximately 17 million people still practice open defecation.

More than 1,000 coastal villages suffer from seawater pollution due to household wastewater, and over 80% of these villages dispose of waste in open areas, rivers, or beaches due to poor enforcement of legislation preventing it. A recent survey found that 50-60% of people in coastal areas, especially women and children, have experienced skin infections and dengue fever due to these conditions. The problem is worsened by climate change, with rising sea levels causing frequent tidal flooding.

Women are disproportionately impacted as they are the primary caregivers providing clean water, cleaning toilets, and disposing or managing waste in their households. Those with intersectional identities— including women from fishing families, the elderly, laborers, those with disabilities, and victims of sexual violence— face the greatest challenges due to systemic poverty, discrimination, and limited access to influence decision-making processes.

These inequities result from challenges in the way Indonesia manages and spends public resources for sanitation. Indonesia's water and sanitation system operates through a complex network of national and sub-national agencies. The Ministry of Public Works oversees policies for safe drinking water supply and wastewater treatment. The Ministry of Home Affairs supports regional development and planning, including sanitation projects. The Ministry of Environment oversees waste management policies and issues waste processing permits. The provincial Public Works Offices work with municipal counterparts to manage drinking water and sanitation systems. In urban areas, the Regional Water Utility manages drinking water pipelines and

services to customers. The provincial and municipal Environmental Offices manage landfills and waste management by private companies. Unfortunately, there is poor coordination across these agencies and working groups that bring agencies together to jointly plan are underutilized.

The legal framework governing these services is extensive but regional governments fail to implement and enforce these laws and policies. Several laws seek to align how regional and central governments regulate and finance water and sanitation services. Presidential Regulation 185/2014 requires regions to develop comprehensive plans, including a Drinking Water Supply System Master Plan (RISPAM) and Regional Sanitation Strategy (SSK). However, only 62% of districts have a RISPAM and while 93% of districts have an SSK only 5% regularly update it.

Budget allocation and execution also present challenges. Regional governments often violate legal requirements for how much they can spend on certain areas, with employee spending exceeding the 30% limit while infrastructure spending falls below the required 40% minimum. Regional governments often deviate significantly in what they spend on water and sanitation compared to what they budget due to procurement delays, poor oversight over budgets and other challenges. Coastal communities are also often deprioritized by local governments in budget planning documents. This is in part because Indonesia's Regional Autonomy Law transferred jurisdiction over coastal waters from the regency/city level to provincial government, meaning coastal communities are not directly governed by their local authorities.

Decision-making processes and participation mechanisms systematically exclude poor coastal women, who face multiple barriers to engagement. These include lack of information about development consultations, scheduling conflicts with work, and limited access to formal participation spaces—such as development planning forums and budget consultations in parliament. Development planning tends to prioritize urban areas near city centers and large-scale infrastructure projects, often relying on expert-led planning without



meaningful community input. This is compounded by weak oversight mechanisms, including limited community involvement in audits and an ineffective online national complaint system.

The system is further challenged by data inadequacies, with a lack of detailed, accurate, gender-disaggregated information. While national data platforms have been set up by the Ministry of National Development Planning and the Ministry of Environment, they are not regularly updated, and limited budgets restrict data collection and updates. As a result, regional governments cannot rely on these data platforms for program planning. Mindset barriers are another significant challenge, with patriarchal and feudal culture dominating decision-making. Coastal residents, particularly women, face stigmatization and exclusion from government assistance programs and from decision-making (for example they are seen as occupying land illegally and women are not recognized as fisherfolk that are eligible for assistance).

Climate change compounds these challenges, with rising sea levels significantly affecting coastal settlements. Government commitment to climate response remains low, with less than 1% of budgets allocated to climate-related programs between 2019-2021, and limited community involvement in climate planning. This comprehensive system, while theoretically well-structured, faces significant challenges in coordination, implementation, and equity, particularly affecting poor coastal women's access to adequate water and sanitation services.

The future we envision

Our goal is for the government of Indonesia to spend public money more fairly so that 5 million women in coastal areas have increased access to improved drinking water and sanitation infrastructure.





Indonesia water and sanitation system and coastal communities

Problem

7 million women in coastal areas face serious health risks due to inadequate water and sanitation infrastructure.

Policies

Secure implementation of national policy guidelines to accelerate the provision of drinking water and sanitation in coastal areas and ensure they guarantee gender equality and social inclusion standards.

Sanitation Infrastructure

Facilitate regular community monitoring of current conditions and needs to guide development of new infrastructure.

Allocations

Facilitate participatory development planning, budgeting, and monitoring practices at sub-national levels to ensure budget resources go towards expanding service coverage and maintenance.

Bargaining Power

Involve women's groups in planning and budgeting spaces and help them generate community data and recommendations to influence decision-making.

Accountability

Ensure that government complaint channels are used effectively to resolve women's service issues and facilitate joint monitoring by communities and ombudspersons, legislatures, and the media.

Mindsets

Support awareness-raising campaigns so that policymakers recognize the value of ensuring budgets and services reflect coastal women's needs.

Goal

5 million women in coastal areas have increased access to improved drinking water and sanitation infrastructure.



We will secure increases in the percentage of coastal women reporting better access to drinking water, sanitation facilities, decision-making processes, complaint channels and joint monitoring and oversight. To do so, we will pursue these system-level outcomes, which we believe are essential for Indonesia's sanitation sector to work better for underserved coastal women.

Outcome 1. Improved policies on water and sanitation services for poor coastal women. The Ministry of Public Works and the Ministry of Villages and Disadvantaged Areas will implement new national policy guidelines for fiscal transfers. These guidelines will cover the Integrated Special Allocation Fund and Village Funds. The goal is to expand coverage and finance the development of drinking water and sanitation facilities in coastal areas. We will also ensure the Public Works Office implements the affirmative policy to accelerate the provision of drinking water and sanitation nationally, including piped drinking water connections in residential areas, especially coastal areas.

Outcome 2. Ensured equitable allocation and effective implementation of water and sanitation budget. Regional Development Planning Agencies in target regions will implement integrated plans and budgets on water and sanitation that consider cross-sectoral budget resources. Regional governments' budget allocation on water and sanitation will increase from less than 1% to 30% in target coastal regions. The execution rate of regional governments' water and sanitation budgets will increase from less than 35% to 95% in target regions.

Outcome 3. Increased voice and bargaining power of poor coastal women in decision-making spaces around budgets and services. We will seek to ensure that thanks to meaningful participation processes, at least 50% of recommendations from women living in coastal communities are implemented by the Ministry of Public Works and Environmental Offices in local governments, local government-owned water utilities, or village governments. We will also ensure that at least 50% of water and sanitation plans and budgets in target coastal regions are informed by the community data collected by coastal women.

Outcome 4. Improved accountability ecosystem of water and sanitation services. At least 30% of complaints received through formal government complaint channels are resolved within 20 days by the Public Works offices, environmental offices, and/or the local utility.

Outcome 5. Improved water and sanitation infrastructures, facilities, and services in coastal areas. We will also assess water and sanitation services and infrastructure through quarterly community monitoring and increase construction by at least 80% in target coastal villages. We will seek improved operation and maintenance of water and sanitation services in at least 60% of target villages, as reported in community monitoring.

Outcome 6. Shifted mindsets around water and sanitation services. At least 30% of the Public Works and Environmental Offices in local governments and utilities in the target regions provide inclusive services for coastal women, assessed through quarterly community monitoring. At least 30% of the Public Works and Environmental Offices in local governments and utilities in the target regions adopt gender budget statements in their budget documents.

Our strategy for change

Our strategy for change includes six actions to helps us realize the system of tomorrow:

1. Improve policies on water and sanitation services for poor women living in coastal areas. We will secure implementation of national policy guidelines for fiscal transfers by the Ministry of Public Works and the Ministry of Villages and Disadvantaged Areas, and an affirmative policy to accelerate the provision of drinking water and sanitation in coastal areas by the Public Works Office. We will review existing policies to guarantee the adoption of gender equality and social inclusion standards as well as prioritization of coastal areas in water and sanitation policies and budgets. Implementing these policies will require regular monitoring, research, and engagement between women's groups and policymakers to ensure the needs of coastal women are prioritized in service delivery.

2. Advocate for more equitable allocation and effective implementation of water and sanitation budgets. We will advocate for sufficient and effective implementation of budget resources to improve water and sanitation infrastructure, facilities, and services. We will facilitate participatory development planning, budgeting, and monitoring practices at the sub-national and village levels, including formulating settlement development plans by village governments and Public Works Offices in target regions. We will also facilitate regular community monitoring and engagement with relevant government agencies to improve service coverage and maintenance.

3. Increase the voice and bargaining power of women living in coastal areas in decision-making spaces around budgets and services at national and sub-national levels. We will secure the adoption of community-generated data into water and sanitation plans and budgets and implementation of community recommendations by the Ministry of Public Works and Environmental



Offices in local and village governments and local utilities. We will actively involve women's groups in planning and budgeting spaces at national, sub-national, and village levels and help them build skills to generate community data and recommendations to influence decision-making.

4. Strengthen the accountability ecosystem by improving more responsive feedback mechanisms for public complaints. We will focus on ensuring that government complaint channels are used effectively to resolve women's water and sanitation service issues. We will facilitate collaborative monitoring between women's groups and ombudspersons, legislatures, and media actors to monitor the effectiveness of the complaint channels to resolve service delivery problems.

5. Improve availability and quality of infrastructure, facilities and services in coastal areas that are aligned with the specific needs of women as well as long-term resilience to climate change. We will facilitate regular community monitoring of current conditions and needs to guide development of new infrastructure. We will secure regular engagement between women's groups with relevant agencies to expand service coverage and improve operations and maintenance based on community findings.

6. Transform mindset around water and sanitation services. We will support awareness-raising campaigns and peer-learning initiatives to shift the mindsets of policymakers and public service officers in relevant agencies so that they recognize the value of providing inclusive services and improving the quality of budget documents to include the perspectives and needs of coastal women.





The reproductive health system and women with disabilities

The Problem:

19 million women with disabilities are at risk of health problems due to limited access to inclusive reproductive services.

Women with disabilities in Indonesia face significant challenges accessing reproductive healthcare, with stark disparities in access compared to women without disabilities. According to the 2018 National Social Economic Survey, only 9% of women with disabilities accessed reproductive health services versus 87% of other women. Access to contraception also shows a notable gap: 47% for women with disabilities compared to 55% for other women.

The scale of this issue is substantial as there are almost 37 million people with disabilities (14% of the population) across Indonesia. Almost 19 million women with disabilities are at risk of health problems, unsafe pregnancies, and sexual violence due to limited access to inclusive reproductive services. They face many layers of discrimination due to their gender and disability, with even greater challenges for those in rural areas, social care homes, Indigenous communities and those from poor families. Women with mental and intellectual disabilities are disproportionately at risk of sexual violence. Despite these needs, women with disabilities are excluded from reproductive healthcare decision-making, especially budgets and planning.

These inequities are a consequence of the way Indonesia manages and spends public resources for reproductive health. Indonesia's reproductive health system for women with disabilities operates within a complex governance structure, with responsibilities distributed across several national agencies. The Ministry of Health leads policy formulation and healthcare infrastructure development, while the National Family Planning Agency manages contraception and family planning, and the Ministry of Women's Empowerment and Child Protection focuses on women's empowerment and protection from sexual harassment. At the sub-national level, provincial and municipal health offices coordinate program implementation, while primary health care centers (Puskesmas) provide direct services to communities. Responsibilities across agencies

is unclear and there is little oversight of those providing care at Puskesmas.

Reproductive health policies and laws are also poorly implemented. Despite Indonesia's ratification of the UN Convention on the Rights of Persons with Disabilities and the enactment of national legislation, implementation of these legal frameworks remains limited. Only 112 of 548 regions have established disability regulations, with merely 20 at the provincial level. Without local regulations, it is difficult to mandate local governments to provide accessible health services to people with disabilities. There is a federal regulation mandating that disability forums be held in line with budget planning forums at the national and local levels so that people with disabilities can provide input to government agencies to help shape development programs. However, only 25 local governments conduct these forums, largely due to lack of monitoring by the Ministry of National Development Planning. Federal regulations also require ministries and regional governments to conduct "data-based disability-inclusive analysis" to assess the needs of people with disabilities and develop "disability budget statements" outlining programs that responds to these needs. They are also required to use budget tagging to track how public resources are being directed to meet these needs. However, the National Development Planning Agency, which is mandated to implement this system, does not have the power over other agencies to make sure they adhere to it.

The financial allocation for reproductive health services for women with disabilities is alarmingly low. Of the IDR 700.3 billion total reproductive health budget across three national ministries (health, family planning and womens empowerment and child protection), a mere IDR 1.1 billion (0.03%) is allocated for persons with disabilities. Local level funding shows similar inadequacies, with no specific budget lines for reproductive health services for women with disabilities. The Health Operational Assistance program—which earmarks national funds to Puskesmas—has not explicitly budgeted the needs of reproductive health services for women with disabilities and also faces significant



execution challenges, with only 79.5% of its IDR 8.1 trillion budget being disbursed to local clinics.

Infrastructure and service delivery show substantial gaps in disability inclusion. A social audit of 35 PHCs in six regions revealed that only 5.5% have sign language interpreters, while 50% have dedicated but untrained personnel for persons with disabilities. Most facilities lack basic accessibility features such as priority seating, guiding blocks, accessibility ramps, braille or other communication aids.

These deficiencies are compounded by data management issues, with different government agencies using varying methodologies and definitions, leading to inconsistent and potentially underreported statistics about people with disabilities.

The accountability system is also very weak. Monitoring of public services carried out by an ombudsperson found that more than 50% of service providers are not accommodating to people with disabilities. There is a national complaint service but only 15.7% of Puskesmas are connected to it as the Ministry of Health does not require clinics to connect. There is limited coordination between formal oversight actors like auditors and legislators and informal ones such as the media and civil society organizations.

Gender disparities in leadership persist despite women comprising 77% of medical personnel. Only four women have served as health ministers out of 20, and women leaders often plateau at section head level despite equal qualifications. Women with disabilities face barriers participating in planning and budgeting spaces, including community workshops and surveys used to plan Puskesmas maintenance and construction. If they do get invited, it is merely for legitimacy rather than meaningful involvement and accommodating their accessibility needs is seen as an added financial burden. Community health workers (Posyandu) are also left out.

Health officials also hold preconceived notions that limit accessibility considerations. Health authorities interpret "inclusive" to simply mean services are available to everyone, failing to consider the specific barriers faced by women with disabilities. They assume the National Health Insurance scheme provides sufficient coverage for all, overlooking practical considerations such as transportation accessibility, distance to facilities and building accessibility. Healthcare providers often bypass women with disabilities to communicate with their companions and view them as incapable of making their own healthcare decisions.



The future we envision

Our goal is for the government of Indonesia to spend public money more fairly so that 12 million women with disabilities have increased access to reproductive healthcare.



Indonesia's reproductive healthcare system and women with disabilities



Problem

19 million women with disabilities are at risk of health problems due to limited access to inclusive reproductive services.

Ensure effective implementation of policies that improve accessibility, including a national legal framework, local regulations, and revisions to primary healthcare clinic accreditation.

Policies

Improve disability-friendly primary healthcare infrastructure, facilities, medical equipment and health workers informed by community data.

Accessible clinics & staff

Ensure equitable allocation for reproductive health for women with disabilities, including adoption of the Disability Budget Statement for Ministry of Health programs.

Allocations

Mandate the participation of women with disabilities in disability forums and other spaces to inform budget planning and strengthen their capacity to advocate effectively.

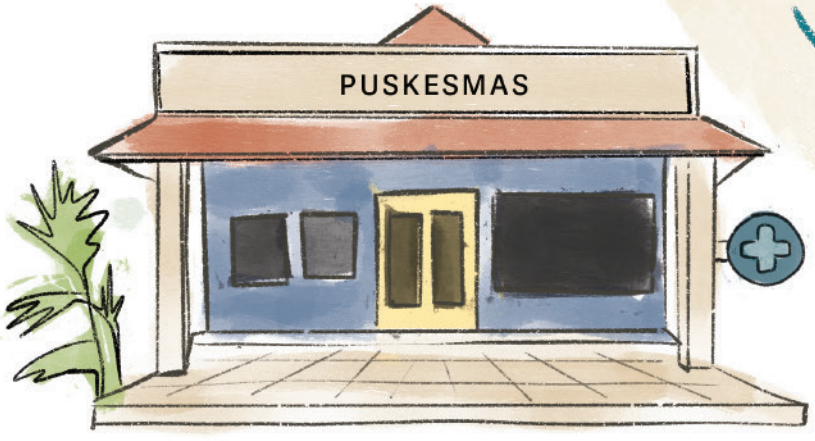
Bargaining Power

Strengthen the accountability ecosystem around reproductive health care by ensuring disability rights organizations and ombudspersons, legislatures, auditors and journalists work together to hold officials to account for ensuring disability-friendly public health services.

Accountability

Shift mindsets by ensuring that PHC management and local governments understand the value of the contributions that women with disabilities make.

Mindsets



Goal

12 million women with disabilities have increased access to reproductive healthcare.

We will secure increases in the percentage of women with disabilities reporting that they have improved reproductive healthcare services, that their proposals are included in key spaces and Puskesmas planning, that their complaints are addressed through the feedback mechanisms provided by Ombudspersons and that media, legislators and Ombudspersons are aware of their needs. We will pursue these system-level outcomes, which we believe are essential for Indonesia's reproductive healthcare sector to work better for women with disabilities.



Outcome 1. Improved policies on health services for persons with disabilities. The Ministry of Health is drafting a national legal framework to facilitate more accessible health services, improve the capacity of health workers to serve people with disabilities, and improve access to accessible medical equipment, facilities and buildings. We will support its adoption, participate in public consultations and inform regulations. We will work to enact local regulations that accommodate the reproductive health rights of women with disabilities, which will guide municipalities to develop action plans to meet these needs. We will ensure the Ministry of Health revises Puskesmas accreditation standards to include accessibility criteria.

Outcome 2. Improved accessibility in Puskesmas infrastructure, facilities and medical equipment and better trained health workers. We will ensure that Puskesmas use grants they have available to renovate facilities (i.e. adding priority seats, guiding blocks, audio visual information, lighting, and accessible toilets). We will urge the Directorate of Pharmacies and Medical Equipment to expand the availability of accessible medical equipment (i.e. mammography, stadiometer, weight scale, etc. that are suitable for people with disabilities). We will work with the Local Development Planning Agency at the municipal level to prioritize budget allocations for infrastructure improvements, and with the Department of Public Works to include accessibility considerations in procurements. We will also urge local health departments to train health workers so that they are equipped to support people with disabilities.

Outcome 3. Ensured equitable allocation of reproductive health services for women with disabilities. We will urge the Ministry of Health to integrate Disability Budget Statements into at least 90% of programs and activities. This requires agencies to conduct inclusive, data-based disability analyses during budget preparation, considering factors like age, gender and disability conditions and ensuring funding for accessibility needs. We will work with the Ministry of Health and Ministry

of Finance to incorporate disability-friendly performance criteria when allocating funds to Puskesmas. We will secure a new national action plan from the National Development Agency that incorporates the reproductive health needs of women with disabilities, building on the current plan's focus on increasing healthcare access for persons with disabilities.

Outcome 4. Increased voices and bargaining power of women with disabilities in budgeting and decision-making process. We will ensure that 50% of local Development Planning Agencies mandate the participation of women with disabilities in Disability Forums to inform budget planning (and that federal agencies monitor/ensure implementation). We will also secure meaningful participation by women with disabilities annual planning workshops organized by Puskesmas management. We will secure improvements in Puskesmas based on community data collected by women with disability movements.

Outcome 5. Improved accountability ecosystem of reproductive health care. We will ensure that sub-national legislatures provide platforms for women with disabilities movements to present their social audit findings assessing facilities and services. Legislators will use their oversight power to discuss these findings with health departments and Puskesmas. We will also bring partners together with Ombudspersons so that at least 50% create joint channels where women with disabilities can report issues with healthcare services. We will also secure media coverage to raise public awareness and support for the needs of women with disabilities.

Outcome 6. Shifted mindsets around reproductive health services for women with disabilities. We will seek improvements in the ability of health workers to interact with people with disabilities and in the adoption of our social audit findings in planning and budgeting efforts.

Our strategy for change

Our strategy for change includes six actions to helps us realize the system of tomorrow:

1. Ensure effective implementation of policies on health services for persons with disabilities. We will ensure that the Ministry of Health regulation on community health services for people with disabilities and related local regulations are adopted to create disability-friendly facilities and services. We will support the formulation of policies that guarantee gender, equity and social inclusion standards and facilitate the ongoing involvement of disability advocacy organizations, civil society organizations and other development partners in ensuring the needs of people with disabilities are prioritized.

2. Improve disability-friendly primary healthcare Infrastructure, facilities, medical equipment and health workers. We will regularly collect community data and use it to advocate for disability-friendly facilities, medical equipment and the recruitment and training of staff that are attuned to the needs of women with disabilities.

3. Ensure equitable allocation of reproductive health services for women with disabilities. This area will focus on securing the adoption of a Disability Budget Statement by the Ministry of Health, disability-friendly performance-based criteria in the Special Allocation Fund for Puskesmas and the inclusion of reproductive health services for women with disabilities in the People with Disabilities National Action Plan. We will ensure our community-generated evidence is reflected in these plans.

4. Strengthen the voice and bargaining power of women with disabilities in budgeting and decision-making processes. We will secure the involvement of women with disabilities in disability forums for planning and budgeting and in the annual planning workshop at the Puskesmas level. We will strengthen the capacity of women disability rights groups to bring evidence and advocate effectively in these spaces.

5. Strengthen the accountability ecosystem around reproductive health care. We will forge stronger collaboration between disability rights organizations and ombudspersons, legislatures, auditors and journalists to work together to hold officials to account for ensuring disability-friendly public health services. We will help these organizations to work with the Ombudspersons, legislators and auditors to provide valuable monitoring data to guide improvements in Puskesmas. We will also seek to have disability rights organizations involved in the accreditation process for Puskesmas.

6. Transform mindsets around reproductive health services for women with disabilities. We will work to ensure that Puskesmas management and local governments value the contributions that women with disabilities make. We will carry out awareness-raising and peer-learning initiatives to enable positive shifts in the participation of women with disabilities in Puskesmas planning and implementation.