	SPF objectives	Existing provision	Coverage	What is foreseen in the Strategy	Design gaps	Implementation issues	Recommendations	Scenarios for Costing Exercise
Health for all ages	All residents have access to a nationally defined set of essential health care services	- **Jamkesmas, a tax-funded health insurance for the poor and near poor**, covers 76.4 million beneficiaries (32% of population). Central govenment expenditure in 2010 emounts to IDR 5.1 trillion (20% of central government health expenditure). - **Jamkesda, health insurance for the poor and near poor funded by provincial & district government budget**. Coverage include people identified by the local authorities as poor (or poor due to illnesses) but are not covered by Jamkesmas. Jamkesda programs vary between provinces, but benefits are typically similar to those of Jamkesmas. While Jamkesmas provides treatmets allover the country, benefits of Jamkesda are only provided through health care providers in in their respective provinces. Budget for Jamkesda are shared between provincial and district governments. **Various provincial programs** (examples): '- Bali province's Mandara Health Care program, started in January 2010, provides free health care to all residence of the province. HIV/AIDS is so far excluded in this program. Aceh and South Sumatra are also expanding coverage to the whole population. '- Yogyakarta's Social Health Insurance (Jamkesos) program currently provides	Jamkesmas: 32.4% Jamkesda:13.5% Civil servant, police, military: 7.3%	Extension of population coverage to 100% by 2014 (SJSN Law 2004), but implementation methods are not yet developed	**Informal workers largely uncovered.** Regulations for the implementation of SJSN law remain unavailable. Jamsostek pilot project (Under MOMT regulation 2006) is a start, but has not shown satisfactory results so far. HIV-AIDS and some other catastrophic deseases are currently not covered by Jamsostek schemes and private insurance schemes. The MoMT is said to issue a new regulation on Jamsostek (to be issued this year?), which increases the ceiling wage for contribution and include such deceses in the Jamsostek scheme. Askes has limited benefits (compared to Jamkesmas). Under Askes there is limitations to the types of treatments and the number of family members covered. only the spouse and a maximum of two children are covered in addition to the civil servant.	- Targeting issues of Jamkesmas: 52.6% of the poorest 3 deciles remains uncovered, while 11.8 percent of the 3 richest deciles and 28% middle four deciles are included in the program (WB study, 2011).	1- Improve quality and availability of HC infrastructure; ensure that reception under Jamkesmas is improved (appeals mechanism, M&E, improve flow of information on memberships, improve payments of hospitals through Jamkesmas, do a costing study to assess level of capitation amount and whether the capitation is the only possible option ...) 2- Increase enforcement of Jamsostek in FS (pb of lack of supersory staff within Min of ManPower) and design of adapted enrolment & contribution mechanisms for IE sector 3- Provide regulation for the implementation of the Law 40, 2004 on the coverage of IE workers - or if not a national at least a provincial regulation 4- Develop a Database of informal economy workers 5- Support creation of professional or area based associations with IE sector to facilitate enrolment and collection of premiums 6- Calculate of cost of covering HIV-AIDS related care by all schemes 7- Benefits of Askes should be improved and equal to Jamkesmas	1- Extension of Jamkesmas to the whole populatioon (using both the assumption of current Jamkesmas cost and the assumption of the World Bank's actuarial calculation) 2- Extension of Jamkesmas to the poor that are currently uncovered 3- Extension of Jamkesmas to all Informal Economy Workers 4-Coverage of HIV-AIDS under the different schemes
		- **Jampersal** is a new program (started in 2011) that guarantees free delivery care, including pre-natal and post-natal consultations, universally to all women. Consultation and delivery care are provided in health centres or 3rd class wards in hospitals. Budget in 2011 is allocated for IDR 1.2 trillion, targeting 2.6 million deliveries or 60% of the total estimated deliveries (4.8 million). The scheme uses reimbursement method, with a total delivery package cost of IDR420.000, including IDR 350.000 for delivery, IDR 40.000 for 4 antinatal care services and IDR 30.000 for 3 post-natal care services. Costs for special delivery cases will be determined by the Indonesia Case Base Group (INA-CBGs) costing guideline (source: MoH's Jampersal implementation gudelines)	In 2011, budget allocated for 2.6 million deliveries or 60% of total estimated delivery.					
		- **Civil servants**, retired military & police, veterans and their dependants are covered by PT Askes insurance. Beneficiaries comprise of 16.3 million people (6.9 % of the population). Active military and police personnel are provided with their own hospital. Military and police personnnel constitute 0.7% of the total workforce.	Askes: 7.6%					
		- Health insurance for **formal sector workers** and their family members (by various providers including Jamsostek) covers 6.4 percent of the population (ADB, 2007). Jamsostek covers only 4,402,525 beneficiaries or 1.9% of the population (Jamsostek 2009 annual repport), the rest is provided by private insurance companies or employers' provisions. Some treatments, including for HIV/AIDS, heart surgery and cancer are currently excluded. However, Jamsostek is in the process of changing their policy to increase the ceiling wage and at the same time include all illnesses, including HIV/AIDS. The draft government regulation to support the change is expected to be signed by the Minister of Manpower later this year. The abovementioned treatments remain excluded under private insurance schemes.	Total Private Sector (various providers): 6% of population (2010) Jamsostek health only: 2% of population (2010)			- High evasion among private sector employers, indicating both awareness and enforcement issues.		
		- **Jamsostek for informal workers** (pilot project). In 2009 the program covers 157.775 members of around 70 million informal sector workers. The number of membership fluctuates as workers can sign up and leave the program any time. Total accumulated number of members (2006-2009) is 223,000. In Maluku the pilot project focuses on construction workers and moto-cycle taxi drivers (total 7,000 informal workers)	<0.2%			'- Supply issues in remote areas (e.g. when one district has several Islands such as in Maluku province)		

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Children	All children have income security, at the national poverty line	- The **BOS** program provides block grants to schools with the objective of providing free basic (9 years) education at national level. In 2010 it allocates IDR 19.8 trillion covering 44,1 million students. Some provinces complement the BOS program. Maluku, for example, covers the operational costs of public schools to 12 years of education . - **Scholarship for the poor** program covers 4.1 million students at primary to university level. Scholarship is intended to cover other costs than school fees such as uniform, books, etc.). Central government budget allocated for the programme in 2010 is IDR 2.7 trillion. - **Conditional Cash Transfer program (PKH)** provides cash benefits to very poor households with children below 15 yeaRs old (or 15-18 years but have not completed primary education) and/or pregnant or lactating women, conditional on school attendance for school-age children and regular visit to health facilities for infants and pregnant or lactating mothers. It so far covers 1.116,000 households in 25 provinces. Budget allocation: IDR 1.6 trillion (2011) - Special courses available for people who droped out from school to get the equivalent diplomas (at various levels: A, B, C): **Kejar paket A, B, C** - **Raskin** program provides subsidized rice for the poor. In 2010 a budget of RP 13.9 trillion (0.2 percent of GDP) is allocated to subsidize 2.93 tons of rice, to be distributed to 17.5 million households. Though the program has helped beneficiaries cope with consumption shocks, targeting and efficiency of the program is a major issue. **Children Social Welfare Program (PKSA)** is a conditional cash transfer targeting children with social problems (abandoned, disabled, and those with criminal/legal issues). The program provides a saving account (IDR 1.8 million /year in 2011) which can be withdrawn for any necessity, with the approval of a dedicated social worker. Conditionalities differ for different groups (staying at school, stop working on the street, not getting into criminal behaviour etc) - **Basic vaccination** (BCG, DPT-3, Polio, Measle, Hepatitis) provided free to all infants via health centres or health posts. - **School Feeding Program** provides additional food for kindergarten and elementary school students in 27 less developed districts in Indonesia. The program was launched in 2010 though, similar programs have existed before. In 2010 the program targets around 1.4 million kindergarten and elementary students in public schools (managed by the Ministry of Education) as well as Islamic schools (Managed by the Ministry of Religious Affairs). - **Family allowances** for civil servants up to 2 children. Amount of the allowance is reportedly low.	44,1 million students 4.1 million students (primary school to university) 1,116,000 households in 25 provinces (2011) 17.5 million households (2010) 6.925 abandoned under-fives, 142,530 abandoned children, 4,200 street children, 930 children with criminal issues and 1,750 disabled children. (2011) BCG: 93%, DPT1: 89%, DPT3: 82%, HepB3: 82%, Polio3: 89%, Measle: 82% (2009, WHO-Unicef Estimates) 1.4 million students in 27 less developed districts	- Free primary education in public schools, '- Extension of beneficiary and target areas of CCT program in all provinces 0.2%	'- Students under PKH programme are entitled to the scholarship (agreement made in the PKH national coordination meeting). This raises a question whether the scholarship transfer to PKH students should be combined with the PKH transfer to avoid double administration and monitoring costs, and improve efficiency. '- PKH transfer amount for 12-15 years children is considered not high enough to stop child labour. '- Limited programs for children under 15 years old who droped out of school, with the exception of PKSA whose coverage is limited to certain groups/characteristics of children.	BOS funds (used for 13 types of spending mentioned in the guidelines) should be able to provide free education. In practice some schools conduct other (extra) activities that require students to pay. Better monitoring and management in the field is needed. - CCT is still limited in the number of provinces and districts covered, and currentlu covers only very poor households. - Lack of health care and education facilities in remote areas may curb CCT impact '- Raskin needs targeting and efficiency improvement - Scholarhip program lacks clear targeting mechanism. Consultation in the national level also indicate gender bias in the scholarship program, where boys benefit more than girls - The main issue with the PKSA program is targeting and database. The ministry has difficulties and hence lacks reliable data on children with such characteristics. Recipients of this programme are only those identified with NGOs/social organisations and proposed to the ministry.	- Further develop the CCT program to all provinces & to increase coverage to not only very poor households, but also poor (already in the government plan?) '- The scholarship program provides scholarship to only a limited number of children; Explore willingness of provincial government to complete this program with one at provincial level that would contribute to increase the number of beneficiaries '- Improve targeting and data collection, particularly for targeted programs such as PKSA and scholarship. Also important to have the database aggregated by sex, to monitor gender sensitivity of the program	-Extension of PKH program to all poor households in all provinces '- Increase the amount of PKH transfer to 12-15 age group to around 50% of poverty line

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Working age	All those in active age groups who are unable to earn sufficient income on thE labour market should enjoy a minimum income security through social assistance/ employment guarantee scheme	**UNEMPLOYMENT- UNDEREMPLOYMENT** '- Severance pay is in principle received by all formal private sector workers (one third of total workforce) upon termination of employment.Law no 13 of 2003 states that the amount should be one month wage times the number of years of employment for up to 8 years of employment, and 9 months of wages for more than 8 years of employment.	Theoretically all formal sector employee (around 30 million)	The SJSN Law 40, 2004 foresees the extension of coverage to all workers of work injury insurance (but no clear indication on its implementation)	- With the exception of Jamsostek pilot project and Askesos (both have low coverage), almost no protection for workers in the informal sector. '- No unemployment insurance available (only lump sum severance payment, which provides lower protection than unemployment benefits)	- Still low coverage in the formal sector (in 2010, only 9,337,423 active members), '-Adverse effects on hiring practices and lengths of contracts (?)	1- Conduct a feasibility study for Unemployment insurance scheme 2- Improve targeting method for the informal economy (e.g. a suggestion that came up during consultations is to establish workers' asociation to facilitate administration , record keeping and contribution collection of Jamsostek for Informal workers).	Calculate the cost of a public works program to guarantee a minimum income for informal economy workers , llinked with training programs (BLK).
		- The **Community Empowerment program (PNPM)** provides development funds, as well as the decision making power in utilising the fund, to communities. Type of programs and fund allocation vary for different areas. The grants come form central and provincial budgets; communities decide the design of the project according to their needs; these block grants are often used for employment related projects (construction of infrastructures such as harbors, roads, beach walls and other facilities…). The community members involved in the PWP receive wage which depends on the program and budget available.			No intergrated data on unemployement, skills, supply and demand of labor force; Social protection programs are rarely linked to employment oportunity programs	- PNPM provides employment oportunity, but not yet employment guarantee as the number of working days and level of wage is not certain. Although PNPM is available for all sub-districts, only those projects who meet the priorities of the PMPM (decided at provincial level) receive the grants.	3. Public works + training programes through BLK (including increasing capacity of BLK), excluding heavily disabled 4. Synchronize unemployment compensation with poverty line	- Cost maternity benefits (using PKH parameters) to all poor households
		BLK provides **vocational training and job placement services**, to formal and informal workers. Exists in all provinces, sometimes at district level. Currently understaffed and underutilised. (ILO EAST project is working with BLK in some provinces).	171 BLKs managed by district government, 11 managed by national government (2009). No of students per year: 107,051 (in 2009)				5- Data integration :BLK, vocational school and demand from firms.	
		-Microcredit programs: 1) Under PNPM, micro-credit for women 2) Micro credit programs such as KUR (Kredit Usaha Rakyat) which provides loans to micro enterprises and cooperatives with 70 percent subsidized guarantee scheme . Until 2009, a total of RP 15.3 trillion has been lent to around 2 million businesses.	KUR: loans to 2 million businesses disbursed (2010)			Lack of awareness and information of the KUR program; no linkages with other types of programs (skills, business development, etc.)	6- Create a one Window Service under Menakertrans (linking social protection programs with employment oportunities and training programs)	
		- **Provincial programs for income security and empowerment program for the poor.** Different programs are run by different provincial or district government, generally targeted to households or communities uncovered by the national programs. Examples include, among others, cash and rice transfer for unproductive household and business start-up grant or micro-credit programs for productive groups in East Java.						
		- Maternity benefits for civil servants and private sector employees (employer pays the salary during 3 months of leave)	Theoretically all formal sector female employee					
		- Sickness benefit should be given by employer up to 12 months of absence (civil servants and private sector employees)						
		Askesos (Social Welfare Insurance) is an income replacement scheme provided by the Ministry of Social Affairs to informal sector workers. Funds are managed by local organisations (with 150-200 members) selected by the ministry. The ministry provides IDR 30 million to the organisation for 3 years and workers contribute IDR 5 ,000 per month of membership. Sickness and injury benefits provide IDR 300,000 each, while death benefits provide IDR 400,000 if the member dies in the first year of membership, IDR 600,000 if in the second year of membership or IDR 800,000 if in the third year of membership. There can be maximum one claim of each benefit per year. Central Government budget allocation for this program in 2010 is IDR 40 billion	280,800 informal workers (2010)					
		ACCIDENTS '- **Employment Injury** insurance managed by PT Jamsostek covers accident at work, occupational disease arising out of employment, and travel accidents while traveling to work following the usual route. Contribution is the responsibility of the employer, at 0.24 to 1.74 percent of wages.	In 2011 Jamsostek (employment injury, old age and death benefits) program has 9,4 million active members (less than one third of the formal sector workers)					
		- **Universal traffic accidents insurance provided for each ticket purchased (bus, train, airplane…): Jasa Raharja**				- Complexity of claims settlement and lack of information on the procedures to claim for jasaraharja benefits expressed during consultations.		
		DEATH BENEFITS - SURVIVORS BENEFITS - **Death Grant, also managed by Jamsostek, p**ays a flat rate equal to IDR 10 million and a funeral grant of IDR 2 million to the relatives of the deceased employee, as well as a monthly benefit of IDR 200,000 per month for 24 months. Contribution is made by employers at 0.30% of wages.		The SJSN Law 40, 2004 foresees the extension of coverage to all population of survivors benefits (but no clear indication yet on the implementation procedure)				

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Elderly and disabled	All residents in old age and with disabilities have income security at the level of the national poverty line	- **Civil servants (4% of workforce) and military and police personnel (1% of workforce)** receive monthly defined-benefit pension as well as compulsory defined-benefit old-age savings (lump sum).	5% of workforce	SJSN law mandates universal pension benefit (but no clear indication on implementation procedure)	Sustainability of government's unfunded defined-benefit scheme for civil servants (challenging issue particularly with aging population) still needs to be addressed	- Still low coverage in the formal economy, no coverage in the informal economy	- Extend the coverage of minimum pension for elderly and people with permanent disabilities	
		- **Formal sector workers are entitled to a lump sum old age saving benefits**, either managed by Jamsostek (defined contribution scheme), financial institutions (defined-contribution) or employer (mostly defined-benefit).	8% of workforce		The lump sum old age benefit does not provide sufficient protection, especially when the benefit (such as that of Jamsostek is low). No old age benefits for informal economy workers	- The universal disability and abandoned elderly benefits cover only a small number of people who are in the most severe circumstances. The number of beneficiaries is determined by the amount of money proided by the central government. Currently, it is estimated that there are around 163,000 people with severe disability (DepSos), and only a small proportion is covered by this program.	- Costing of universal minimum pension - Further feasibility study of a D-B pension scheme for formal sector workers	- Minimum pension for elderly (starting at age: 60 and 65) at poverty line level. - Extension of coverage to all (estimated number) deverely disabled and elderly with no family support
		-**Social assistance for abandoned elderly and severely disabled**, under the ministry of social affair, provides cash transfer to a limited number of people with total disabilty and elderly who are unproductive and have no caregiver. Cash transfer is made to the beneficiary in the amount of IDR 300,000 per month. In 2011 the total disability benefit scheme targets 19,000 disabled persons and the abandoned elderly scheme targets 13,250 persons. Subsidies for nursing homes, orphanages, and other charitable homes. The programme transfers cash to the homes in the amount of IDR 3,000 per person per day. Disability caused by **traffic accidents** is covered by a general traffic accident insurance (Jasa raharja) providing a small one-off benefit.	19,000 severely disabled people and 13,250 Elderly (2011)			-lack of comprehensive and comparable database of disabled people. Different ministries have different definitions. BPS' data of disabled people do not contain classification (types, severity, multiple disability etc) which is necessary for targeting.	- creation of comprehensive database of disabled people - Improve level of benefit	