

Women and Public Policy

Editorial

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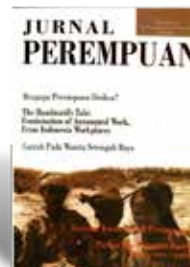
Gender Perspective as a Mere Gesture: Feminist Policy Analysis of RPJMN 2015-2019 and KPPPA's Strategic Plan 2015-2019
Anita Dhewy

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Anita Dhewy

Women and Public Policy

The fall of the New Order Regime and the reform period that followed opened the door for women's involvement within a wider reach, particularly in politics and in policy-making, after a period when women were stigmatized, domesticized, and co-opted in the New Order era. The process of transitioning to democracy that occurred and is still taking place has enabled women to claim some space for gender equality and justice in newly emerging or reformed institutions. Efforts to improve women's representation and involvement in public policy-making institutions are seen as important and as a priority for women's movements—especially considering public policy impacts men, women, and the third gender differently. Moreover, public policy has the capacity to both to perpetuate and to eliminate gender-based discrimination and gender inequality. This is way, by including the feminist perspective as a primary consideration in the drafting and implementation of public policies, we can hope for the fulfillment of parity and gender equality. So far, steps taken to include and involve women have shown some results: in the House of Representatives (DPR) the number of women elected saw an increase; women made up 12% of the DPR in 2004, 18% in 2009 (two election periods), and the number decreased by 17.63% in 2014. At the regional level (DPRD), women's representation is not as significant; several regions do not yet have women in their Regional Representative Council. In executive institutions, the number of women occupying echelon I positions and women with strategic positions and roles as policy-makers have also risen: 9.17% of these positions were occupied by women in 2011, 16.41% in 2012, 20.09% in 2013, and 20.65% in 2014 (Indonesia's Statistics Publication 2015). But available data show a steep imbalance between the men-women ratio of civil servants occupying structural positions and those occupying functional positions.

Apart from the quota for recruiting women in political parties, legislative bodies, government or private agencies to ensure the presence and involvement of women, other efforts are supported by feminists to make public sectors more gender-sensitive. For example, by introducing gender-equality issues in work-dynamic evaluations, applying gender-sensitive budgeting, and a reform of legal frameworks and justice systems to improve women's access to justice. Regional autonomy, along with reform, is hoped to also open access as well as improve women's participation and access to various

public policies at the local level, so that women can also reap benefits and become subjects of policies. The important question to ask, which has to do with the presence and involvement of women in the political arena and public policy-making, is: are women who occupy public positions truly promoting women's interests in the making of public policies? Are the policies they produce automatically gender-fair? In what situations can women and their male colleagues produce gender-sensitive public policies? According to Joyce Gelb, we can measure feminist influence on national politics by analyzing issues concerning public policy (1989). Doing so involves exploring: 1) agenda-planning, the roles of women groups in initiating and designing public policies; 2) the influence of feminist groups in decision making both in legislative and executive bodies; 3) the implementation of policies in effect. The important objective of this analysis to evaluate the roles assumed by feminist groups in one or all of these important steps, including in the process of policy-making.

We can already note a number of women-friendly policies produced by the DPR post-reform, such as Law No. 23/2004 on the Eradication of Domestic Violence, Law No. 12/2006 on Citizenship, Law No. 21/2007 on the Eradication of Human Trafficking Crimes, Law No. 21/2007 on Health, Law No. 52/2009 on Demographic Developments and Family Building, Law No. 15/2011 on Election Organizer, Law No. 10/2007 on Elections, and Law No. 7/2012 on Social Conflict Mitigation. At the regional level, there are a number of regional regulations (Perda) that serve women's interests, such as the Perda on the Protection of Woman and Child Victims of Violence, Perda on Free Birth Certificates, Perda on Women's Empowerment, and Perda on Child Marriage Prevention. Additionally, the government also issued Presidential Instruction No. 9/2000 on Gender Mainstreaming in Development. On the other hand, there are draft policies that are still in the deliberation process and are yet to be made into laws, for example the draft bill on the protection of domestic workers, the draft bill on gender justice and equality, and the draft bill on the eradication of sex crimes.

Writings in JP92 discuss several key questions that concern women and public policy, seen from various angles. How does the implementation of policies—both policies specifically aimed at women and those that aren't—affect women's lives? What lessons can be learned

from women's efforts to promote pro-feminist public policies? How do we develop the foundation for women's political philosophy? These questions are narrated in the Topik Empu column, which discusses the implementation of social security policies manifested in the Healthy Indonesia Card; policies on the protection of women's rights in detention centers, specifically concerning the fulfillment of female inmates' unique needs; and policy on land rights by highlighting Indonesian women's

access to land rights in a mixed marriage. Topik Empu also narrates Hannah Arendt's idea of the politics of women and the experiences of grass-roots women in promoting pro-feminist public policy at the regional level. Additionally, a discussion on the extent in which policies drafted and implemented by Joko Widodo's administration have accommodated women's interests is published under the Research column. Enjoy!

(Anita Dhewy)

Jurnal Perempuan, Vol. 22 No. 1, February 2017

Abstracts Sheet

Yulianti Muthmainnah. Universitas Muhammadiyah Prof. DR. Hamka (UHAMKA), Jakarta, Indonesia.

Discrepancies in the Implementation of the Indonesian Health Card (KIS)-Contribution Assistance Recipients (PBI): Studies in Jakarta, Bogor, and Depok

DDC: 305

Jurnal Perempuan, Vol. 22 No. 1, February 2017, pp. 1-8, 21 ref.

This paper does not only provide an illustration of the National Social Security Healthcare System, but also narrates findings based on a direct field study of the registration process for the Indonesian Health Card (KIS)-Contribution Assistance Recipients (PBI) for underprivileged women, minorities, and other vulnerable groups in Jakarta, Bogor, and Depok's poor areas. This study was performed by semester-5 students at UHAMKA's Department of Primary School Teacher Education, in October-December 2016, to fulfill a 'social service' assignment in a course on *Kemuhammadiyah* (Aspects of Muhammadiyah).

Keywords: National Social Security System (SJSN), the Healthcare and Social Security Agency (BPJS Kesehatan), National Health Insurance (JKN), Indonesian Health Card (KIS), Contribution Assistance Recipients (PBI), minority groups, vulnerable groups.

Lilis Lisnawati, Nadia Utami L & Gatot Goei. Center for Detention Studies, Jakarta, Indonesia.

Meeting the Special Needs of Women Prisoners and Detainees: A Study in 12 Women's Correctional Facilities

DDC: 305

Jurnal Perempuan, Vol. 22 No. 1, February 2017, pp. 9-17, 1 table, 20 ref.

Just like free women, women inmates and detainees also have special needs, which having to do with women's biological and psychological conditions, as well as women's vulnerabilities. In Indonesia, the government's commitment to fulfill these special needs began with the signing of a number of national and international regulations. The commitment's realization is mandated to the Ministry of Law and Human Rights, in this case the Directorate General of Corrections who responsible for crime affairs practices in Indonesia. To gauge government's resolve in executing this commitment, Center for Detention Studies performed survey of correctional quality service at 12 women correctional centers, involving 385 women inmates and 35 women detainees throughout 4 (four) different periods in 2013-2015. Study results show that the commitment to fulfill the special needs of women inmates and detainees has not been executed well. Strong patriarchal paradigm that women aren't meant to commit crime has caused many elements in women correctional center lack of gender sensitivity. From the correctional building's construction to the treatment guidance, it shows that women are not expected to be in correctional center. As a result, women who live in correctional center experience various form of neglect, particularly the neglect of women's special rights.

Rinawati Prihatiningsih. Gender Studies Program, Universitas Indonesia, Jakarta, Indonesia.

Access to Equal Right to Property: A Study of the Struggles of Indonesian Women in a Transnational Marriage

DDC: 305

Jurnal Perempuan, Vol. 22 No. 1, February 2017, pp. 19-28, 1 table, 16 ref.

This paper examines the personal experiences of Indonesian women citizens (women WNI) married to foreign nationals in gaining access to their right to property and in challenging certain restrictions imposed by the state. This paper also explores strategies for the restoration of these women's rights, to be executed by the state, which has so far treated its citizens unfairly. These women's marital status has caused them to be discriminated against in the absence of a prenuptial agreement. This study uses a feminist-perspective qualitative methodology, reinforced by three theories, namely multicultural feminism, feminist legal theory, and access to justice theory. The study arrived at three findings. First, a prenuptial agreement places women WNI in the dilemmatic position of having to choose between accesses to right to property or merging assets. Second, certain efforts by these women to access their right to property are viewed by some as legal maneuvering and by others as legal breakthroughs. Third, a strong sense of kinship is needed so that we can be united in fighting for changes in discriminative policies, by getting involved and being open to invitations for voicing the ideas and experiences of women so that equal rights before the law may be restored—to unite in the struggle for change against discriminative policies, by involving and being involved in voicing women's experiences in order to restore equal rights before the law.

Keywords: Agrarian Law, access to justice, land rights, transnational marriage

Iva Hasanah. Women's Groups and Source of Livelihoods (KPS2K), Sidoarjo, Jawa Timur, Indonesia.

Encouraging Pro-Feminist Public Policy through the Gender Watch Movement: Studies in Gresik Regency

DDC: 305

Jurnal Perempuan, Vol. 22 No. 1, February 2017, pp. 29-35, 1 picture, 1 table, 9 ref.

Gender Watch is a strategy for advocating for policies that are based on pro-women data. Gender Watch was developed to improve poor and marginal women's access to government social protection programs as well as women's participation in such programs. With the establishment of the Schools for Women in Gresik, efforts made in the regency to improve women's access to social protection began with capacity building for poor women and organizing people at the grassroots level. In these schools, women collect data, work with many stakeholders, submit collected data to policy-makers, and oversee the Regional Development Planning Forum (*musrenbang*) in the village and

regency level. The work and contribution of the Schools for Women in development have compelled Gresik's regional government to commit to allocating budget for the schools and to replicate the Schools for Women model in several villages. The regional government's commitment is included in the Medium-Term Regional Development Plan (RPJMD), the City Work Plan (RKPD), and regent's regulation. This paper outlines organizational structuring and experiences at the grassroots level, as well as data-based advocacy efforts, which allowed the strategy for advocating for policies that emphasize the organizational structuring of grassroots women through Schools for Women to compel the regency government's to allocate budget at the village to regency level.

Keywords: Gender Watch, School for Women, grass-roots women, data-based advocacy.

Hastanti Widy Nugroho, Mukhtasar Syamsuddin & Ali Mudhofir.
Department of Western Philosophy, Philosophy Faculty, Gadjah
Mada University, Yogyakarta, Indonesia.

Hannah Arendt's Politics of Women in the Perspective of Philosophy

DDC: 305

Jurnal Perempuan, Vol. 22 No. 1, February 2017, pp. 37-46, 20 ref.

This article, titled "Hannah Arendt's Politics of Women in the Perspective of Philosophy," is the result of our philosophy research. Our goal is particularly to explore the philosophical concept of Hannah Arendt's politics of women and reveal the forms in which it's implemented, in the context of open access, participation, and political control involving women. Hannah Arendt's idea of politics is adopted for application as a political strategy to fight for women's political equality in Indonesia. Concepts, forms of implementation, and women's political strategy are analyzed through library research using the typical elements of philosophical research: interpretation, deduction and induction,

historical continuity, idealization, heuristics, and inclusive language. Using these methodological elements, it is found that women's political thought originates from Hannah Arendt's idea of labor. The idea lies in a private area which is regarded as the political basis of reproductive and the strength of birthrate. In addition, Hannah Arendt introduced the politics of women as a feminine ethics which is conceptually defined as the ability to forgive and to love. The politics of women at the praxis level, according to Hannah Arendt should emphasize the principle of equality in the public sphere and apply the typical feminine power.

Keywords: politics of women, political philosophy

Anita Dhewy. Jurnal Perempuan, Jakarta, Indonesia.

Gender Perspective as a Mere Gesture: Feminist Policy Analysis of RPJMN 2015-2019 and KPPPA's Strategic Plan 2015-2019

DDC: 305

Jurnal Perempuan, Vol. 22 No. 1, February 2017, pp. 47-55, 22 ref.

Although RPJMN 2015-2019 states that policies will also go in the direction of gender mainstreaming, gender perspective has not actually become an integral part of the RPJM. In fact, some RPJMN 2015-2019 policies are still gender-neutral. The author uses the feminist policy analysis framework to uncover the limitations of RPJMN 2015-2019 and KPPPA's Strategic Plan 2015-2019 in using, translating, and implementing the gender perspective. Feminist analysis also found that sexual and reproductive health and rights (SRHR) have not been recognized in RPJMN 2015-2019 and KPPPA's Strategic Plan 2015-2019. Moreover, women's issues and the concerns of other marginalized groups are potentially eliminated from development agendas due to policies that lean toward a new developmentalism model.

Keywords: feminist policy analysis, RPJMN 2015-2019, renstra KPPPA 2015-2019, gender perspective

Discrepancies in the Implementation of the Indonesian Health Card (KIS)-Contribution Assistance Recipients (PBI): Studies in Jakarta, Bogor, and Depok

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Abstract

This paper does not only provide an illustration of the National Social Security Healthcare System, but also narrates findings based on a direct field study of the registration process for the Indonesian Health Card (KIS)-Contribution Assistance Recipients (PBI) for underprivileged women, minorities, and other vulnerable groups in Jakarta, Bogor, and Depok's poor areas. This study was performed by semester-5 students at UHAMKA's Department of Primary School Teacher Education, in October-December 2016, to fulfill a 'social service' assignment in a course on *Kemuhammadiyah* (Aspects of Muhammadiyah).

Keywords: National Social Security System (SJSN), the Healthcare and Social Security Agency (BPJS Kesehatan), National Health Insurance (JKN), Indonesian Health Card (KIS), Contribution Assistance Recipients (PBI), minority groups, vulnerable groups.

Introduction: Understanding Social Security

The rise of globalization allows the cycling of money, capital, and services throughout all corners of the world, including through trade between countries, which allows the economies of countries to grow. But the phenomenon also poses risks, such as diseases, unemployment, and economic crises. Security as a protection scheme for all citizens has been implemented in many countries (Vishnu 2012, Andrews et al. 2012, Holleder 2008, O'Clairigh & Aid 2009). This is not only because the state has an obligation to fulfill the basic rights and needs of its citizens, but also because a social security system can function as a safety net to protect all citizens from the threats of hunger, poverty, and untreated illnesses, particularly the poor as the most vulnerable group. Under normal circumstances—countries that are not in crisis—the poor are already in a worrisome economic situation, the poorest people with the greatest impact. In a crisis situation, the poor are doubly at risk, with women and children becoming particularly vulnerable. Children may be forced to drop out of school, their health at risk, while women run the risk of falling victim to sexual exploitation or human trafficking. All of this necessitates comprehensive protection from the state.

Linda Weiss asserted that social security must remain available as the state's guarantee of social security coverage for the individual (2003). Weiss also strongly believes in state's capacity, that the state has the power,

capacity, modalities, mechanism, and tools of authority that make the country strong and capable of action amid globalization and an atmosphere of distrust in the state among its citizens. Weiss emphasized that the state must prioritize policies, the management of bureaucracy including placing competent officials within the scope of their competence, as well as a harmonious and reciprocal relationship between state institutions so that policies can be implemented to achieve protection for citizens (1998, pp. 14; 2000, pp. 1-15). Because if the work is not done properly, the state has the potential to function as a "state predator" against its citizens.

In order for the state not to become predatory, long before Weiss put it down in writing, the United Nations had already created guidelines for the obligations of governments to fulfill the basic rights of their citizens. According to the Universal Declaration of Human Rights, especially articles 22, 25 and 26, social protection must refer to two major components: first, the availability of essential services that can ensure availability of and access to public services such as water and sanitation, health, education, employment, and family-based social welfare support. Second, social transfers, or an assistance package in the form of cash or others, to be given to the poor and vulnerable groups to improve food security and nutrition, provide a guarantee of minimum income, as well as access to basic social services such as health and education (ILO & WHO 2009).

The 2000 UN ECOSOC Assembly was already aware of the various definitions of social protection influenced by different perspectives from different countries, organizations, and political interests. Social security in general terms can be understood as a series of policies or programs, both public and private that are in effect in communities, in response to various possibilities—including shortages and insufficient incomes from work—to provide assistance to families with children, health and housing. This definition may change according to the results of the analysis and needs of a community (Zhang, Thelen & Rao 2009; Pantigoso, Nantermoz & Brito 2016).

Dinna Vishnu (2012) defines social security protection as a mechanism that supports activities ranging from reducing mutual vulnerability to the direct distribution of benefits to groups that are politically involved in its management. Vishnu gave the example of United States in 1998, when the country still had a reserve of funds from accumulated social security funds, which prevented the economy from going into a slump. Social security also prevents citizens from sudden impoverishment due to the carefully planned guarantee scheme. The large collection of public funds will also cover administrative and technical costs as they are paid for by many people. The scope of social security's services is still very limited. This is what Vishnu meant, that social security must be administered as a professionally administered joint reserve funds, not attached to a presidential decree or any state leader, as the reserve can sustain the country during times of high risk (Vishnu 2012, p. 25).

Djuni Thamrin (2014) believes social protection is a state policy package that must cover all citizens, since the citizen is still in the womb until time of death. In order to collect the right to social protection, people can see the affair from three sides, namely access, quantity, and quality. In the case of health services, questions to ask can be spelled out as follows: Can citizens access hospital services? Are the services sufficient in meeting the needs of citizens? And are quality services available?

Edi Suharto (2009) defines social protection as any form of public policy and intervention performed to respond to various risks, vulnerabilities, as well as physical, economic, and social suffering, especially those experienced by the poor. "Public" here refers to the collective action of collecting and managing resources based on the principles of mutual cooperation and mutual cooperation, conducted by governmental and non-governmental agencies, as well as a combination of the two types of agencies. The three main objectives

of social protection are to prevent and reduce the risks experienced by humans, to avoid severe and prolonged misery; enhance the capacity of vulnerable groups in facing and escaping poverty, suffering and socio-economic insecurity; and allow impoverished groups to have a dignified standard of living so that poverty is not passed on from one generation to another (Suharto 2009, pp. 42-43).

From the above definition, subsequent developments in health insurance talks surfaced primarily in the 2005 58th Geneva session of the World Health Assembly (WHA), underscoring the need for the development of a health financing system that ensures community access to health care and provides them with protection against financial risk. The hearing concluded that sustainable health financing through a Universal Health Coverage should be performed through a social health insurance mechanism. WHA also advises the WHO to encourage member states to evaluate the impact of changes in health financing systems on health care as they move toward Universal Health Coverage (WHO 2005).

Furthermore, the management of the state's capacity, the basic rights of citizens, and the economic cycle, on the national scale, can be described as follows: a guarantee of basic rights is a guarantee for every citizen in the form of social security such as health insurance. The implementation of health insurance is carried out simultaneously with the strengthening of the economy by the state as the regulator and authority in society—more on pro-market and the relationship between countries can be read in Fukuyama's writing (2005, pp. 8-11). When the (pro-market) economy benefits the state, then social security for its citizens must be provided by the state. National interest must then also be included when the state plans a public health insurance program and believes that such a program should be bestowed by the state, to fulfill the basic rights of its citizens. Hopefully it is this role that the government wishes to accept, as state capacity, and not state predator.

The History of Indonesia's Social Security

During President Sukarno's rule, health insurance existed through a policy concerning Minister of Labor's Regulation No.48/1952, Amendment No. 57/1957 on polyclinic services, compensation, pregnancy, childbirth, and death. The policy was revised to No.3/1964, to include workers and their families, managed by the Foundation Fund (Ministry of Labor's Decree No. 5/1964P). President Suharto had the Ministry of Manpower as the revision

to the Minister of Manpower's Regulation no. 3/1967 and Labor Law No. 14/1969. Then in 1967 Perum ASTEK, TASPEN, ASABRI emerged; in 1992 ASKES was established; and in 1994 Perum Husada Bhakti was born as an institution that is known to run a health and employment security as well as retirement programs. During President Habibie's tenure, there was a large reserve of public funds that could benefit the country economically (savings for times of crises) and the welfare of the people without burdening the state money—if managed well. So in 1998 the government began thinking about the need for national reserves to overcome the monetary crisis, the economy and the poor were collapsing. At the time, ideas were formed (DPA and team discussions). But during Abdurrahman Wahid's presidency, the objective had not been realized. When President Megawati came to power, she preformed team building, basic planning, a planning of goals and methods, and looked for funding. Law No. 13/2006 on Manpower and Law No. 40/2004 on the National Social Security System was passed (Vishnu 2012). When Susilo Bambang Yudhoyono was president, the law's implementation and the establishment an executing institution began on January 1, 2014.

This history shows that at first social protection in Indonesia was still fragmented, with various programs not yet integrated, until the SJSN Law came into being. Article 1 of this law outlines social security as one form of social protection to ensure all citizens are able to fulfill their basic basic needs. While article 2 states that the national social security system is a procedure for the implementation of social security programs by several social security providers. Law No. 40/2004 mandates that all Indonesian citizens are entitled to social protection from the state, for the fulfillment of all their basic needs. Safeguards include health insurance, accident insurance, pension, and retirement and life insurance (art. 3). The institution authorized to carry out this mandate is the Social Security Administering Agency (BPJS), one of the several social institutions established to run programs such as social security in Indonesia. Based on Law no. 40/2004 and Act No. 24/2011, BPJS Health would replace PT Askes Indonesia's health insurance in early 2014, and by 2015 PT Jamsostek was replaced by BPJS Employment. They have offices at the central, provincial and district levels.

Social Security's Main Target

As a national reserve fund scheme, National Health Insurance (JKN) as mandated by Law no. 40/2004, is a universal program for every citizen, whether independent

(by paying dues) or working citizens (Article 16, Presidential Regulation No. 12/2013 on Health Insurance). JKN registration can be done at any BPJS office (center/district/city). With one Family Card (KK), all the members listed can be registered as JKN beneficiaries, as long as there is a bank account for paying a monthly fee based on the selected package. However, since mid-2016, each KK was put under a single account, meaning the fee would be for one whole family, instead of individuals. Before this change, if certain family members had not paid their fee, other family members would not be affected as long as the person in need of care had already paid. But since the new regulation, if one member of a family has not paid, other members of the family will not have access to health care.

Public Health Insurance (JKM/Jamkesmas), according to the Minister of Health's Regulation No. 903/MENKES/PER/V/2011 on Guidelines for the Implementation of Public Health Insurance Program (Chapters on Introduction and Execution), JKM is meant only for the poor, free of charge. Their fees are paid for by the state through APBN/APBD funds. The regulation refers to Government Regulation No. 101/2012, on the state's contribution for poor and Presidential Decree No. 111/2013, which states that the state's contribution should be raised for health subsidies, so that the health of poor is guaranteed by the state. Now, Jamkesmas has changed its name to Kartu Indonesia Sehat (KIS). KIS meant specifically for the poor and underprivileged is named PBI or KIS-PBI. By the end of 2014, KIS has been distributed to 4,426,010 participants in 18 districts and municipalities throughout Indonesia. In 2015 81,973,990 PBI cards were issued. Impoverished and disadvantaged groups are registered and paid for by the government.

To obtain their data, which is included in the PBI category, the Central Bureau of Statistics (BPS) compiled 14 indicators for 'poor'. Then KIs owned by communities were surveyed and recorded to determine which individuals fulfilled the 14 indicators. After, the data is processed and verified by the Ministry of Social Affairs. From the data, the KIS-PBI card was born. The cards are used in stages, starting from first-level health facilities, puskesmas, or designated clinics. If the patient's condition has not improved, the patient will be referred higher-level health facilities such as regional general hospitals (RSUD) or level D private hospitals. If said patient is not cared for, the patient will move on to level C, B, or A hospitals. Dharmais Hospital and Cipto Hospital are examples of A-level hospitals located in the capital.

The Primary Group Studied

The 14 indicators, however, do not touch on gender issues and women's needs at all. For example, poverty as a result of violence against women or domestic violence, the number of children in a household, households headed by women, as well as more demanding work hours for women than men in a household. The 14 indicators only refer to the physical appearance of a family relating to poverty. In addition to not specifically mentioning women, the 14 indicators also do not touch on minorities and other vulnerable groups living below the poverty line. Vulnerable groups refer to groups in communities or geographic areas with nonexistent or limited access due to human factors such as policies or natural factors. For example, when a natural disaster occurs, affected communities become very vulnerable to various diseases or safety risks. Women, children, and groups of people with disability are usually vulnerable groups in country (WHO 2002). Minority groups refer to groups of people who are smaller in number, or in terms of political strength and negotiating power, than any other groups in a country. These groups should be able to preserve their ethnic, religious, cultural, linguistic, and ideological identities (Francesco Capotorti former UN Special Rapporteur on the Protection of Minorities 1977).

Patriarchal culture has caused women to lack access and control over natural resources and access to development. For example, cash assistance programs are only aimed at men with the assumption that men, as heads of families, have control over income and money. Children are also at risk of becoming vulnerable groups, for example when they do not receive proper nutrition, mainly children in poor families. Women are particularly vulnerable if they belong to the low-income group or to a minority religious group. Such conditions will contribute to these groups' access to aid and government programs. For this reason, this research is focused on women, minority groups, and other vulnerable groups as the main group to receive assistance in issuing KIS-PBI cards.

Important Findings in the Implementation of KIS-PBI

Based on the field study of on the issuance of KIS-PBI cards, at least four important findings were gleaned in the study and from the practice.

Reason and Selected Sites

Areas where this study was conducted included areas in Jakarta, Depok, and Bogor. The three regions were chosen because they belong to the capital area (Jakarta)

and the capital's supporting regions (Depok and Bogor). The greater Jakarta region is expected to represent other areas in term of KIS-PBI's implementation, specifically the extent in which the KIS-KBI has been running according to the program. In addition, the region was chosen because it's populated by students, because our aim is to serve the community, to foster social sensitivity in students to their surrounding environments. We chose or sites because they are poor areas, based on direct observation. Furthermore, most residents in our sites of study work as intermittent laborers, garbage collectors, and small traders. They generate little income and are unable to support their families. There are also elderly widows, victims of domestic violence, and women who have been abandoned by their husbands. The site chosen Kampung Pitara RW 013 Pancoran Mas Village, Pancoran Mas Subdistrict, Depok City, West Java. Second, Kampung Cikabon RT 03 / RW 002, Cibunar Village, Parungpanjang District, Bogor Regency, West Java. Third, Central Kampong located on Jalan Kramat Tengah RT 10 / RW 04 Central Village, Kramat Jati Sub-district, East Jakarta. Fourth, RT 001 RW 02 and RT 004 RW 028, Bojong Sari, Cilodong Village Sukamaju Village, Depok City, West Java. Fifth, RT 005 RW 028, Bojong Lio Village, Sukamaju Village, Depok City, West Java. And sixth, Gang Anda RT 003/013 Kelurahan Cililitan, District Kramat Jati, East Jakarta.

Community-Based Data Collection

We can't tell whether or not someone's poor from her house, but from what's inside the house, what the person does, and how many families live in the house (Ibu Heni PKK member 2016, interview 26 November)

Five of the 14 indicators of poverty are based on BPS, or non-permanent home ownership (non-plastered walls, walls made from woven material, roof not made of roof tiles, earth floor, the absence of toilets, and no electricity). If a family has a proper home, then the family can not be categorized as a poor. For this reason, after choosing a site, the second thing we did was to collect data and conduct direct field survey to obtain accurate and valid data, using the Participatory Rural Appraisal (PRA) method. The purpose of using PRA is to understand a village's conditions by inviting direct community participation. PRA has several techniques such as taking into account or making use of village history, seasonal calendar, village maps, venn diagrams, economic and social rankings, daily schedules, and flow charts (KAPAL Perempuan Institute 2004). One PRA

technique performed in the study was creating a village map involving communities that fulfill the indicators for poverty agreed upon by residents selected to represent communities (PRA participants); gender elements, such as domestic violence, poor widows, poor women-headed households, people with disability, and minority groups, were also incorporated. A village map was created to test whether the five BPS indicators can function as an assessment tool to determine which families should be categorized as poor and should receive a KIS-PBI.

A survey was conducted after the village map was completed. In Kampung Cikabon RT 03 / RW 002, Cibunar Village, our survey did not find 'unfit' homes, such as cardboard houses, plywood houses, and houses suffering from perforations or leaking. This is because the head of the Cibunar Village has a home surgery program in place, which meant unfit houses would be repaired by the community. The home surgery program is performed by replacing plywood walls with painted brick walls. Ceramic tiles are also installed, though the size of the house would remain unchanged. Using the BPS indicators clearly produces false results and prevents citizens from accessing their basic right to health care. Through PRA, village maps and indicators formulated by the community include school drop-outs, laborers, poor widows, domestic violence victims, and children left behind by their fathers, women suffering from miscarriages because they are unable to seek treatment. We found 21 households entitled to KIS-PBI. Twenty-one of these families had never been recorded for a JKN-PBI card. The village map also explains why their homes are seen as 'fit,' if it's because of the village head's program or if the house was inherited from parents. Some inherited permanent homes are occupied by between two to five households.

When the 21 families were brought to head of the Social Protection Section division (BANLISOS) in the Bogor Regency, it turned out that only 11 families are considered worthy of a KIS-PBI card. The argument is that the remaining 10 families had children in college, no matter that the father is an intermittent laborer, that the mother is a laundry worker, or that both parents are employed. Clearly having a child in school becomes a barrier for receiving a KIS-PBI. But what if the child is on scholarship or is receiving some kind of funding for education? Furthermore, the government has a Smart Card Indonesia program (KIP) and KKS (Prosperous Family Card), a program launched by President Joko Widodo. The head of Banlisos did not provide an answer. He remained steadfast in his position that having a child or children

in school proves that a family cannot be categorized as poor and that 10 families would be processed. There were also neighborhood units that could not provide a village map when the students requested one to serve as a basis for making PRA village maps. One example is the Kampung Tengah Village in East Jakarta, located behind a market. Village officials claimed to not possess a village map. When the students asked for one, officials only provided several sheets of paper containing the names of people in need.

Updating Data

Law No. 13/2011 on the Management of the Poor and the Minister of Home Affairs' circular letter explain that the verification process for people in need in Target Households (RTS) is routinely conducted every six months by the village head. Village heads have the right to register unrecorded RTS and eligible RTS and cross out unfit RTS. In addition, Government Regulation No. 76/2015 on the Amendment of Government Regulation No. 101/2012 on Beneficiaries of Health Insurance Benefits has been revised. Article 11 concerning the Changes in Beneficiary Data of Health Assurance Beneficiaries, which previously regulated changes, can be performed by: (a) deletion of data of a poor and in-need individual because the person fails to meet the criteria of poverty; (B) the inclusion of data of a poor and in-need individual in PBI's database for health insurance because the person meets the criteria of poverty. In PP 76/2015, data changes are done by (a) removal, if the poverty and in-need criteria are not met or if a person has died or has registered more than once; (B) replacement; Or (c) additions. The two policies, UU 13/2011 and PP 76/2015, underscore the importance of updating KIS-PBI data.

However, four of the six groups that performed data collection and registered for KIS-PBI cards found that almost no data update had been performed. This is proven by the fact that deceased persons and residents who have moved are still recorded. On the other hand, residents who have fallen into poverty because of domestic violence, or because they were abandoned by their husbands, or because they did not receive a severance, were still included in the database. In other words, some citizens who are entitled to KIS-PBI are not recorded. Nurmaini, for example, had a JKN-Mandiri class III card. After her husband left more than two years ago, her economic life had become more difficult. She remarried to a man who works as a trash collector. She is currently pregnant and preparing for delivery,

but when the data were submitted to the BPJS office in Rawamangun, East Jakarta, to register for KIS-PBI, the data were rejected because Nurmaini had not paid since 2014. BPJS Rawamangun also refused to update her data, even though the students submitted a letter confirming poverty from the village and already explained Nurmaini's condition. BPJS Rawamangun asked Ibu Nurmaini to pay the amount due, explaining that her data can be updated once she had paid. But for Nurmaini, who was in a late-term pregnancy, to find the money to eat every day was already a huge burden.

In fact, when one refers to BPJS regulations, since 2011 JKN's services have been extended to pregnant women and her fetus, as well as patients with thalassemia major who have been registered with Yayasan Thalassemia Indonesia (YTI) or who have not been registered but have received a letter from the director of the hospital, as stipulated in the Technical Guidelines for Thalassemia Treatment, which refers to the Minister of Health's Regulation No. 903 /MENKES/ PER/V/2011 on the Guidelines for the Implementation of the Public Health Insurance Program. This information is similar to the information provided by BPJS Pancoran, South Jakarta, that Class Three participants who wish to be transferred to KIS-PBI but are delinquent in payment will not receive healthcare until the participant has paid the arrears plus a 2.5%-administration fee for the late payment. After, the participant can change their membership to KIS-PBI from JKN-Mandiri. There is dissonance between the reality of implementation, for example in Nurmaini's case, and policy, in this case The Ministry of Health's Regulation No. 903/MENKES/PER/V/2011. The procedure for executing the program is not in line with real conditions experienced by communities. BPJS Rawamangun refused to give Nurmaini a KIS-PBI.

Disharmony Between Institutions

Making KIS-PBI cards for 13 poor families in Kampung Pitara, RW 013, Pancoran Mas Village, Pancoran Mas Sub-District, Depok City, West Java Province, Postal Code 16436 was met with significant hurdles. First, local officials, at the neighborhood unit office, at the village level, and at Puskesmas Pancoran Mas can't seem to agree on the technical aspects of issuing KIS-PBI cards. Second, Depok City's Social Services explained that the data of citizens entitled to KIS-PBI are final and can not updated by adding new participants. Third, Depok City's Health Office asked students to bring a Memorandum of Understanding (MOU) from the university. In addition to the letter's function as a cooperation agreement, the

letter was intended to guarantee funding from campus to pay for KIS-PBI, whose data were to be documented by students. The reason given for requesting the letter was that KIS-PBI recipients' data were already finalized and to add KIS-PBI participants, the requesting party, or in this case the university, must provide a guarantee for payment. Because the university did not have an MoU with Depok's mayor, the data of citizens wishing to obtain the KIS-PBI already prepared by students were canceled. The outcome certainly runs counter to the spirit KIS-PBI, which was established for the poor and is funded by the APBN/APBD (state budget).

A similar thing happened at the Kramat Jati Public Health Center. When students were about to file the data of residents of Gang Anda RT 003/013 Kelurahan Cililitan, District Kramat Jati, East Jakarta. The Puskesmas (health clinic) rejected the data, using the argument that only party entitled to making a KIS-PBI card are the citizens concerned, who should not be represented by others, unless the person in question wishes to make a JKN-Mandiri card. The Kampung Tengah Public Health Center, East Jakarta, also said a person cannot be represented by another individual/party in making a KIS-PBI card. Additionally, the process takes 1-3 months. However, Ibu Rahayu from East Jakarta Social Services (in Duren Sawit, East Jakarta) said a KIS-PBI card can be made quickly if the situation is urgent. For example, when a person in need who does not yet own a KIS-PBI card is already hospitalized and has a referral from the hospital, Social Services can process the request within 1 to 3 days. The students' cultural approach, the support of the Kramat Jati Public Health Center (Aditya) staff, and the students' work collecting the data of in-need citizens valid for the Jamkesda, enable the KIS-PBI card can be processed. So rule that the person applying for a KIS-KBI must do so in person does not apply.

In RT 005 RW 028, Kampung Bojong Lio, Sukamaju Subdistrict, Depok City, West Java, it was easy for the students to register people who had not received KIS-PBI cards. Neighborhood unit and municipal village officials were very cooperative. Plus, they were also happy to get help from students in registering/checking on/updating residents' data, given that there were some inaccuracies in the data they had at the time, including eligible citizens who were not yet registered. Luckily again, PKK (Family Welfare Coaching) members Ibu Nur and Ibu Wiwik had a quota of 20 families to be registered for KIS-PBI. The 17 families recommended by the students were quickly processed. In the end, they received KIS-PBI card.

Conclusion: Welcoming Change, an End Note

The state, as Weiss explained, has the power, capacity, modalities, mechanisms and tools of authority; it should be able to run the JKN program well, particularly the KIS-PBI, to ensure that public continues to have faith in the state. KIS-PBI is needed by the people. This is not a pity program by the government, not simply a program to satisfy political promises. The program is the mandate of Indonesia's 1945 Constitution. In the Preamble of the 1945 Constitution, the state pledged to educate and to protect the entire nation. Furthermore, in article 32, the state guarantees employment and dignified livelihood. Article 33 states that Indonesia's natural wealth is used for the prosperity and welfare of its citizens and is managed well by the state. Finally, article 34 paragraph 2 mandates that the state develops a social security system for all its people and empowers those who are weak and do not have access to dignified humanity. This agreement must be met by the state in the context of state obligations. However, the right to education and health has not been fully understood by state officials. State officials requested an MoU to secure funding, refused the students' request to register citizens entitled to KIS-PBI, and refused to provide data of citizens who had already received KIS-PBI and those who had not. There were also state officials who seemed to be obstructing the issuance of KIS-PBI cards by creating a gap between the right to health and the right to education for children from poor families.

In addition, this study found distortions in the program's implementation. First, the gender bias in the implementation of KIS-PBI; for example, BPJS Rawamangun's rejection to issue KIS-PBI for poor women in vulnerable condition (late pregnancy). Second, discrepancies in government institutions' understanding of KIS-PBI, which is funded from APBN/APBD, for example Depok City's Social Services and Health Office. There were even sites that did not have a village map. Third, different understandings of who are entitled to issue KIS-PBI and update data; for example, when the Pancoran Mas Community Health Center, the Kramat Jati Public Health Center, and Central Kampung Tengah Public Health Center declined issuing KIS-PBI, arguing that the applicant must register in person. In other sites, however, KIS-PBI registration could be done through representation. Fourth, discrepancies regarding poor indicators. Some government officials believe that a family that has a child or children in school and/or has a permanent home cannot be categorized as poor. Fifth, the lack of socialization for the community. For example, the 'one family under one account' rule and payment

arrears resulting in the termination of access to health care. Although the regulation only came out in mid-2016, participants who have been delinquent since 2014 would not be able to access health care unless they first complete their payment, as experienced by Nurmaini. Of course this ex post-facto rule severely disadvantages society.

Religious or ethnic minority groups are not properly taken into account in the making of KIS-PBI because since data collection began, no religious or ethnic minority groups have been categorized as poor. Poor women and other vulnerable groups make up a majority of people recorded in the data. On the other hand, the study also proves that a person can be represented when registering for KIS-PBI. Others can help. In fact, several PKK members assist and facilitate the process of making KIS-PBI because they have a quota for finding people to register for the KIS-PBI. Three (3) of the six (6) groups that performed this study have successfully established KIS-PBI cards for poor women and other vulnerable groups, although a cultural approach was used; for example, involving PKK members, local health centers, and RT/RW (neighborhood unit) officials to join the process. The approach was taken because structural and procedural means tend to be met with many obstacles.

Based on the findings of this study, we recommend reviewing whether or not local/municipal policy is already in line with the basic needs of residents/citizens. Personally, I am concerned that the current work program does not address the basic needs and rights of citizens to health and education. In fact, it undermines the poor's right to benefit from the urgently needed program. The findings may well describe areas not included in the study. Finally, it's also important that state officials, from the local government level to the RT/RW level, understand the KIS-PBI's issuing process and the importance of updating data. Without their awareness, the KIS-PBI program would only miss its target.

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AUTHOR GUIDELINES

Jurnal Perempuan (JP) is a quarterly interdisciplinary publication in the English language that aims to circulate **original ideas in gender studies**. JP invites critical reflection on the theory and practice of feminism in the social, political, and economic context of Indonesian society. We are committed to exploring gender in its multiple forms and interrelationships.

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