



**UNITED NATIONS**  
**INDONESIA**



# **LEAVE NO ONE BEHIND IN INDONESIA**

**A DATA-DRIVEN STUDY IDENTIFYING  
INEQUALITIES AND DISCRIMINATION  
THAT CAN BE FACED BY THOSE FURTHEST LEFT BEHIND**

**26 SEPTEMBER 2022**





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# Foreword

Without human rights for all, there can be no real development. The push for a more equitable and sustainable world – leaving no one behind - is the central tenet of the United Nations’ Agenda 2030. The global commitment to leaving no one behind is not only a moral imperative but also a pragmatic approach to achieve the Sustainable Development Goals, particularly in eradicating poverty.



We can only fix what we can measure – and this applies to ‘leaving no one behind’ policy making as well: to tackle problems of vulnerability we need to have a thorough understanding of who are the groups left behind and the reasons behind their condition.

This study by the UN in Indonesia sets out to fill gaps in the understanding of persistent poverty and vulnerability in Indonesia; to understand the root causes of why so many have been left behind despite the country’s impressive economic growth over the last decades.

Our study finds that persons with disabilities and elderly living in disadvantaged and remote areas are the furthest left behind. Other groups identified as left behind in Indonesia are coastal communities, women and girls, children, youth, adat people, migrants, refugees & internally displaced people, sexual and gender diverse groups, religious minorities, widows, health-affected persons (including people living with HIV and AIDS).

By adopting a data-driven approach, this study reveals the multifaceted nature of inequalities and discrimination. It finds that the risk of being left behind is increased when some factors such as gender, marital status, disability, sex, race, ethnicity, sexual orientation, geographical location, religion and age, intersect. The recommendations outlined in this report are not only pertinent to the UN Indonesia but also to the government and other stakeholders, fostering a collaborative and concerted effort to address systemic issues of vulnerability.

The study’s emphasis on identifying concrete actions and policy recommendations aligns seamlessly with our commitment to transformative change. It is our hope that the insights presented here will catalyse informed and targeted interventions, laying the foundation for policies that leave no one behind. As we navigate the complexities of development, this study stands as a testament to the UN’s dedication to evidence-based decision-making and its commitment to the well-being of all, irrespective of their social standing or circumstance.

Valerie Julliaud  
United Nations Resident Coordinator for Indonesia

# Acknowledgements

The Leaving No One Behind in Indonesia – a data driven study identifying inequalities and discrimination faced by those furthest left behind is the publication of the United Nations Indonesia.

The study is produced under the overall direction of the UN Resident Coordinator Indonesia, Valerie Julliard. Afke Bootsman, Head of UN Resident Coordinator's Office provided guidance and management. The LNOB study was prepared and conducted by a professional core team from SDGs Center of University of Padjadjaran consisting of the lead consultant, Professor Arief Anshory Yusuf and the national consultant Putri Riswani Halim.

Diandra Pratami, Economist of the UN Resident Coordinator's Office, supervised and quality assured the quality of the research and coordinated inputs across the United Nations system in Indonesia and from civil society organizations. Erlangga Landiyanto, Data & Results Monitoring Evaluation Officer of the UN Resident Coordinator's Office has contributed to the editing of the study. Arben Sejdaj, Leaving No One Behind Officer of the UN Resident Coordinator's Office, took the recommendations from the study forward and led the dissemination of the report.

Detailed feedback and inputs were received from UN Indonesia SDG Group including, FAO, IFAD, ILO, IOM, ITU, OCHA, UNEP, UN Women, UNAID, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNIDO, UNODC, UNOPS, WFP, WHO, OHCHR, ESCAP.

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The report was copy-edited by John Beck. The graphic design and layout were created by Karina Kusdinar.

The content of the report does not necessarily reflect the policies or views of the Government of Indonesia or the United Nations.

The designations used in this publication do not imply any opinion regarding the legal status of any country or territory, its authorities, or the delimitation of its borders.

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Picture: Puskesmas Margorejo officer in discussion with Yulianingsih and Paniyo. Photo Credit: WHO/Pixelite



Picture: Wawan, a person with a disability, washes his hands before entering Puskesmas Pasar Ambon. Photo Credit: WHO



## Acronyms and Abbreviations

ADB	Asian Development Bank
ARV	Antiretroviral
ASEAN	Association of Southeast Asian Nations
BANTU LU	Bantuan untuk Lanjut Usia (Government Sponsored Elderly Support)
BAPPENAS	Badan Perencanaan Pembangunan Nasional (National Development Planning Agency)
BPS	Badan Pusat Statistics (Central Statistical Office)
CART	Classification and Regression Tree
COVID 19	Coronavirus disease 2019
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
FPIC	Free Prior Informed Consent
HIV	Human Immunodeficiency Virus
ILO	International Labor Organization
IWGIA	International Work Group for Indigenous Affairs
JWP	Joint Work Plan
KOMNAS HAM	Komisi Nasional Hak Asasi Manusia (National Human Rights Commission)
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
MHA	Masyarakat Hukum Adat
OCHA	Office for the Coordination of Humanitarian Affairs
OPSI	Organisasi Perubahan Sosial Indonesia (Social Change Organisations in Indonesia)
PKH	Program Keluarga Harapan (Family Home Programme)
PLHIV	People living with HIV
RCO	Resident Coordinator's Office
SDGs	Sustainable Development Goals
SDGV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SUSENAS	Survei Sosial Ekonomi Nasional (National Socio-Economic Survey)
TASPEN	Tabungan dan Asuransi Pegawai Negeri (Saving and Insurance for Government Officials)
TNP2K	Tim Nasional Percepatan Penanggulangan Kemiskinan (National Team for the Acceleration of Poverty Reduction)
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNOPS	United Nations Office for Project Services
UNSDG	United Nations Sustainable Development Goals
WFP	World Food Programme
WHRIN	Women and Harm Reduction International Network
WUD	Women who use drugs



# Executive Summary

Leave no one behind (LNOB), the central tenet of the 2030 Agenda for Sustainable Development, can be a means to improve the likelihood of successfully implementing the Sustainable Development Goals (SDGs). LNOB, which focuses on the most left-behind population segments, may also hold the key to solving "last mile problems" in various development agendas, such as lifting populations out of poverty.

However, despite LNOB's strategic significance, especially in the context of SDGs, it can still fall short in practical policy implementation due to a lack of clarity in terms of framework and definitions, as well as a lack of analysis in relevant literature and policy discussion.

This report is one of a number of attempts to fill this research gap in an Indonesian context by identifying left behind populations as well as the reasons and mechanisms for their status. In doing so, it may help to identify possible actions and policy recommendations.

There is little existing literature specifically addressing this topic. A series of reports by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), however, use quantitative statistical analysis to distinguish the furthest left behind in various aspects of development. Several United Nations (UN) organizations published other reports that are more qualitative in terms of methodology and follow United Nations Sustainable Development Goals (UNSDG) guidelines on LNOB assessment. This report, to our knowledge, is the first attempt to pursue a similar approach in an Indonesian context.

Despite having a comprehensive framework, UNSDG guidelines (which will be closely followed in this report) are not especially specific in terms of empirical strategies. We interpreted the empirical strategies of the guidelines via a combination of quantitative and qualitative approaches. For such an empirical strategy to be robust and thus credible, a framework is required that provides a clear definition of what it means to leave no one behind. This is required to operationalize it into measurements or indicators. An evidence-based approach to LNOB will require good quality data. Tackling LNOB in a national context will, in turn, require nationally representative data. This is necessary to avoid anecdotal evidence in assessing who the left-behind are as much as possible. Case studies can complement the analysis, but nationally representative data provides transparency in developing credible conclusions about which population groups are most likely to be left behind and why. Transparency in terms of approach should also be a guiding principle in choosing empirical strategies. Caveats in the methodology should be noted, however. For example, to come up with credible conclusions on the causes for being vulnerable, a quantitative analysis should rely on causal inferences, which is challenging in technical terms. Another major caveat relates to the limits of the data itself. Nationally representative data collected in a country as big as Indonesia is resource-intensive and may not adequately cover certain groups as a result (such as *adat* populations, or people living with Human Immunodeficiency Virus (PLHIV)). This is the main reason why we complemented our methods with qualitative analysis in the form of Focus Group Discussions (FGD) and stakeholder interviews, as well as a thorough literature review.

Using UNSDG guidelines as a framework, complemented by other relevant literature, our methodology followed the step-by-step approach illustrated below. First, we distinguished the concepts of (a) being in a disadvantaged group and (b) development dimensions. Disadvantaged groups are commonly defined as sub-populations in which individuals have little or no control over their lives. Being in a disadvantaged group does not always lead to being left behind, however, so we needed to measure the development dimensions of each individual, such as their economic wellbeing, access to basic services and so on. We related these development dimensions to SDGs as much as possible (See Figure 1).

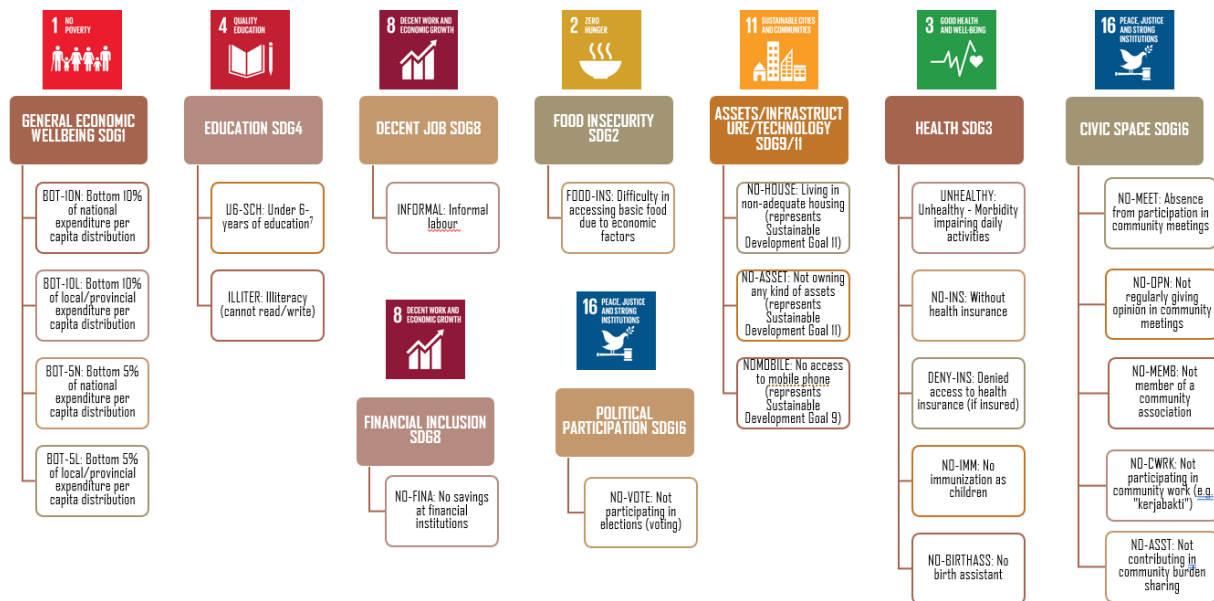


Figure 1. Development indicators for the quantitative LNOB assessment

The first step of our approach was to pre-identify left behind groups in Indonesia via a systematic literature review and expert opinion survey. 41 unique groups were identified (23 by literature review and an overlapping 31 by opinion survey). We understand that this is not an exhaustive list and far from ideal. We followed this up by looking at the nationally representative National Socio-economic Survey (SUSENAS), which contains data on more than 1 million individuals. From this, we managed to cover 27 (63%) of the 41 groups identified in the first step. We also included 567 other combinations of disadvantaged groups and development dimensions. Unfortunately, SUSENAS does not include data on some of the groups identified by literature review or opinion survey (such as coastal/island communities, *adat* communities, those displaced by conflict or disaster — including refugees —, pandemic-affected populations, HIV-affected populations, sexual and gender diverse populations, women living under shariah law and sex workers). Here, we used qualitative analysis from FGD, interviews and the relevant literature.

In the quantitative analysis, for each disadvantaged group, we calculated the risk of being left behind, and the relative risk of being left behind compared with the general population. This allowed us to measure the degree to which individuals are left behind and identify the furthest left behind, which is here defined as those lagging in the largest number of development dimensions. Several important findings from this quantitative analysis are highlighted in Table 1.

Table 1 Summary of findings from quantitative analysis of LNOB based on nationally representative data

Development dimension	Furthest behind
<b>General economic wellbeing (Identified as being in the bottom 5% or 10% of income distribution)</b>	Older people with disabilities in urban areas, people with disabilities in rural areas, older people in rural areas or disadvantaged regions.
<b>Education (identified as having less than six years of education)</b>	Older people with disabilities in urban areas, older women in urban areas, older people in rural areas or disadvantaged regions.
<b>Decent jobs (identified as working within informal sectors)</b>	People with disabilities in rural areas, older people in rural areas.
<b>Food insecurity (identified as having difficulty accessing basic food due to economic factors)</b>	Women in rural areas, older people in rural areas, people with disabilities in rural areas.

Development dimension	Furthest behind
<b>Assets ownership (identified as lacking adequate housing and not owning assets)</b>	People with disabilities in rural areas, older people in rural areas.
<b>Access to technology (identified as those without a mobile phone)</b>	Women in urban areas, older people in rural areas.
<b>Health (Identified as being in poor health)</b>	People with disabilities, older people.
<b>Health insurance (identified as not having access to health insurance)</b>	People with disabilities in rural areas.
<b>Denied access to health insurance (Identified as having been denied access to health insurance)</b>	People with disabilities.
<b>Financial inclusion (Identified as not having a savings account with a financial institution)</b>	Women in rural areas.
<b>Civic spaces (Identified as having minimal participation in community engagement)</b>	Older women.
<b>Political participation (Identified as not participating in elections)</b>	Women, widows or widowers, and older people in rural areas.

Overall, we conclude that older people and, to a lesser extent, people with disabilities living in rural areas may be among the furthest left behind. They, for example, are more likely to be illiterate, have a very low level of education, be unable to access technology and be financially excluded.

Within those subgroups, older women are most likely to be furthest left behind in rural and urban areas, where they are still more likely to be illiterate, have a very low level of education, be unable to access technology and be financially excluded.

Living in a remote area, including disadvantaged or rural regions, may be the most common contributing factor to the risk of being left behind. This is especially true when combined with being part of other commonly disadvantaged groups. Populations in these regions are four times more likely to not own any assets, two times as likely to not live in adequate housing, two times more vulnerable to food insecurity and 2.6 times more likely to be illiterate.

Although typically not considered to be a generally disadvantaged group, children deserve special attention in an LNOB context. As such, we have selected several relevant development indicators for children and calculated their risk of being left behind. We found that in various aspects of development, particularly general economic wellbeing and likelihood of working in the informal economy, children are more likely to be left behind compared to adults. This is likely the result of demographic trends, particularly higher fertility rates among poorer populations. Access to health insurance is also much more difficult for children with disabilities than for adults with disabilities.

Our qualitative assessment of disadvantaged groups not covered by nationally representative data produced several notable conclusions. *Adat* communities are left behind in almost all aspects of development, including access to basic services and to the judicial system. Meanwhile, people living with HIV experience various forms of discrimination while navigating legal processes, dealing with local administrations or accessing social welfare, housing and reproductive services. The recent revival of various discriminatory laws and regulations by Indonesian authorities have also prevented sexual and gender diverse communities from gaining access to various health services, and they have not received equal protection during disasters. People in coastal communities are left behind in accessing economic resources, decent jobs and technology, while people living in post-conflict zones are similarly susceptible to various kind of marginalization.

There are numerous potential causes for vulnerability that leave disadvantaged groups behind. Older people, for example, suffer from weak and inaccurate implementation of government protection

programs. Meanwhile, people with disabilities can be vulnerable due to systemic barriers, insufficient budgets, weak enforcement of laws, lack of awareness in the public sector and conflicting data.

In remote regions, problems are more structural. Development is often regionally imbalanced and Java-centric, while sub-optimal inter-regional redistribution measures (such as fiscal decentralization) have created a wide development gap between regions.

Slow development progress in *adat* communities can result from reasons including lack of legal recognition, bias in favor of big businesses, as well as oversimplification of problems facing *adat* people by authorities. Factors attributable to almost all kinds of vulnerability include lack of awareness, low educational achievement, bureaucratic rigidity, ignorance of local customs, minimal infrastructure development in remote regions, imbalanced adoption of technology and only partial understanding of the law. In more macro aspects, structural transformation — particularly stalled industrialization — could have been the root cause of slow job formalization, particularly in cities.

Drawing from the above analysis, this report recommends that the UN integrate LNOB into its planning, partnership and advocacy. At the Cooperation Framework level, UN Indonesia should ensure that LNOB Groups are visible in the Monitoring and Evaluation (M&E) Framework, including the Cooperation Framework outcome, and output statements along with their indicators. In integrating LNOB into the Joint Work Plan (JWP), the UN is strongly advised to identify the tagging of LNOB Groups identified in this study for each sub-output registered by UN Agencies in UN Info. It will enable the UN to track which LNOB groups benefited from UN programs and which have not yet been targeted. That will in turn strengthen LNOB in the UN Annual Result Report.

LNOB should also be integrated into agency-specific country program documents and project documents. LNOB should be considered at the earliest possible stage in the design of the UN Cooperation Framework. UN Indonesia could consider having capacity building or training for its planning and M&E officers on integrating thematic LNOB groups in its result-based management. The study emphasized intersectionality in identifying the furthest behind groups in certain development dimensions. As such, UN Agencies are recommended to consider intersectionality in their programming.

Vulnerable groups, particularly those identified via qualitative analysis in this report, need to be better represented in national statistics. The UN may wish to engage with the Indonesian Statistics Office (BPS) to commission surveys specifically targeting such vulnerable groups.

Committing to LNOB should reinforce meaningful participation with civil society in Cooperation Framework implementation. The UN in Indonesia should establish dedicated and regular consultations with diverse civil society actors and representatives of the most disadvantaged groups.







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# CHAPTER 1 INTRODUCTION



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# 1 Introduction

2030 is less than eight years away, but it does not look likely that SDGs will be achieved. This is in no small part due to the COVID-19 pandemic. One study, for example, found that the pandemic impacted almost all SDG indicators in Association of Southeast Asian Nations (ASEAN) countries. On average (across countries and indicators), the pandemic will leave SDG indicators in 2030 2-3% lower than they would otherwise have been — equivalent to a delay of around 1.6 years (Komarulzaman et al, 2022).

LNOB can be a means to advance the SDGs. However, LNOB still lacks real policy implementation due, among other things, to a lack of framework and terminological clarity. Therefore, it is necessary to translate these principles into feasible policy prescriptions.

This study aimed to achieve the following objectives.

- A comprehensive desk review of existing national LNOB regulations, studies, surveys and other reports, as well as national statistics and disaggregated data where available.
- Identify the groups (including their characteristics, locations and size) and the immediate, underlying and root causes of their marginalization.
- Interview United Nations Country Team (UNCT) and/or Youth Working Group, Gender Working Group, Disabilities Working Group, HIV Working Group, SDG Group and Data and M&E and Learning Group.
- Interview representatives of vulnerable groups, relevant national-level authorities and groups for which insufficient information is available based on a questionnaire that received an ethics review from the UN Resident Coordinator Office.
- Validate findings with representatives of vulnerable groups, national authorities and the UNCT.
- Produce an LNOB assessment report with inputs from the Youth Working Group, Gender Working Group, Disabilities Working Group, HIV Working Group, SDG Group and UNCT.
- Develop an LNOB Strategy for UNCT, with inputs from UNCT, Youth Working Group, Gender Working Group, Disabilities Working Group, HIV Working Group, SDG Group and Data, M&E and Learning Group with actionable recommendations for UNCT Indonesia to implement (including recommendations on advocacy, programming, monitoring and reporting). This would also include proposed concept notes of who the LNOB groups in Indonesia are to be suggested for LNOB tagging in UN Info.





*Picture: With the support of the National Narcotics Board of Indonesia (BNN), pilot training and feasibility studies were carried out in Indonesia. Photo: UNODC*



*Picture: A trade transaction at a traditional market. Photo: Pulse Lab Jakarta*



*Picture: A baby receives routine immunization at a posyandu (health post) in Sumenep District on Madura Island, East Java Province, Indonesia, on 14 September 2022. Photo credit: UNICEF/Ijazah*



*Picture: A coastal village in Lombok, West Nusa Tenggara Province. Photo credit: UNDP*

# CHAPTER 2

# PREVIOUS STUDY



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## 2 Previous Study

We were unable to find many studies or reports on LNOB that specifically addressed the research objectives previously outlined. However, we found a collection of reports from UNESCAP (2020, 2021a, 2021b, 2021c) and some relevant documents from UN reports (UN-Mongolia, 2021; UN-Moldova, 2020).

UNESCAP LNOB studies rely heavily on quantitative methods to identify the furthest behind, specifically a classification and regression tree (CART) whereby a machine learning (ML) algorithm produces tree diagrams. The dimensions are determined first and then the algorithm selects which group is furthest behind. This approach has been adopted in several countries including Nepal, Thailand, Tonga, Maldives and Kiribati.

We also found reports by countries including Moldova and Mongolia with methodology that followed UNSDG guidelines for LNOB analysis. Even though there are no clear explanations on how to identify the furthest behind, each country devised its own method. Mongolia based classifications on UNESCAP analysis and a review of the available UN analytical documents, while Moldova used groups pre-identified by UNCT/ Resident Coordinator's Office (RCO). Upper Egypt implemented a rapid mapping exercise, a comprehensive baseline investigation, a geographic analysis and the most recent labor market survey. Unfortunately, these steps did not have detailed explanations. As a result, our assumption is that UNSDG LNOB guidelines have not been fully applied in any study, which allows us a degree of freedom in our interpretations.





*Picture: Krensensiana Nasa and her son working on their terraced land, which is generating 3.5-times more income as a result of the introduction of FAO-promoted conservation agriculture techniques. Photo: UNIC Jakarta*





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# CHAPTER 3

## METHODOLOGY AND DATA



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## 3 Methodology and Data

In principle, the approach adopted in this study should have the following characteristics:

- Clear definitions and operationalization.
- Empirical analysis based on evidence and data (nationally representative if possible) that avoids case studies or anecdotal findings.
- Transparency wherever possible.
- Caution in a scientific sense, so that no claims, (e.g. causality) are made without solid and rigorous analysis.

Klasen & Fleurbaey (2018) in their paper on LNOB assessment provide a solid framework with which to begin. Their paper outlines the conceptual and empirical issues involved in the overarching goal of LNOB. After reviewing existing documents on the topic, it proposes ways to operationalize LNOB, discusses whether a country-focused or person-focused approach is preferable and examines ways to assess those left behind. It argues too for an intrinsic and instrumental grounding for LNOB, suggests ways to identify those at risk of being left behind, and discusses difficult trade-offs with other SDGs for an agenda focused on LNOB. Together with documents from UNSDG and UNESCAP, it can be used as the basis for further analysis.

Referring to the 2016 UN Statistical Commission, Klasen & Fleurbaey also advise that SDG indicators “should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disabilities and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics”. Klasen also notes that a substantial number of goals are directly concerned with those

currently left behind (e.g. eliminating poverty, hunger, and preventable child mortality).

We began with Klasen & Fleurbaey’s framework as a methodological foundation. An approach to identifying the left behind suggested in their paper is to focus on those at the bottom of the distribution of a key well-being indicator (e.g. income, education or health). In other words, vertical inequality. LNOB should concentrate particularly on people suffering from overlapping disadvantages arising from multi-dimensionality, such as ethnicity, gender and location. Thus, common dimensions to look at are health and education along with social exclusion or outright rejection. Group-based disadvantages, meanwhile, may arise due to ethnicity, race, gender, religion, age, disability status, or belonging to a sexually or gender diverse group. It is then useful to study vertical inequality within groups or use inequality decomposition techniques. That enables us to separate between-group inequality from within-group inequality. The findings will demonstrate which contributes to greater disparity and different policy decisions can be made as a result.

The mechanism that supports our methodological framework is potential causal identification. The following taxonomy may be useful in considering policy instruments that can be adapted to the various categories.

- Those who inherited their situation from their social background.
- Those who have met with poor health or economic misfortune (e.g. illness, accident or downturn in their trade).
- Those who have experienced conflict or other violent circumstances (e.g. victims of war, refugees or survivors of sexual violence).
- The victims of policy reforms (e.g. people whose social support has been cancelled, people who have been forcibly displaced due to infrastructure projects, those struggling to cope with the rising cost of public services).

Our study also follows five LNOB factors identified in UNSDG guidelines. Through them, we can identify people left behind based on the dimension of each factor (sex, age, disability status, etc.). At the convergence of these five factors are those left furthest behind (See Figure 2).



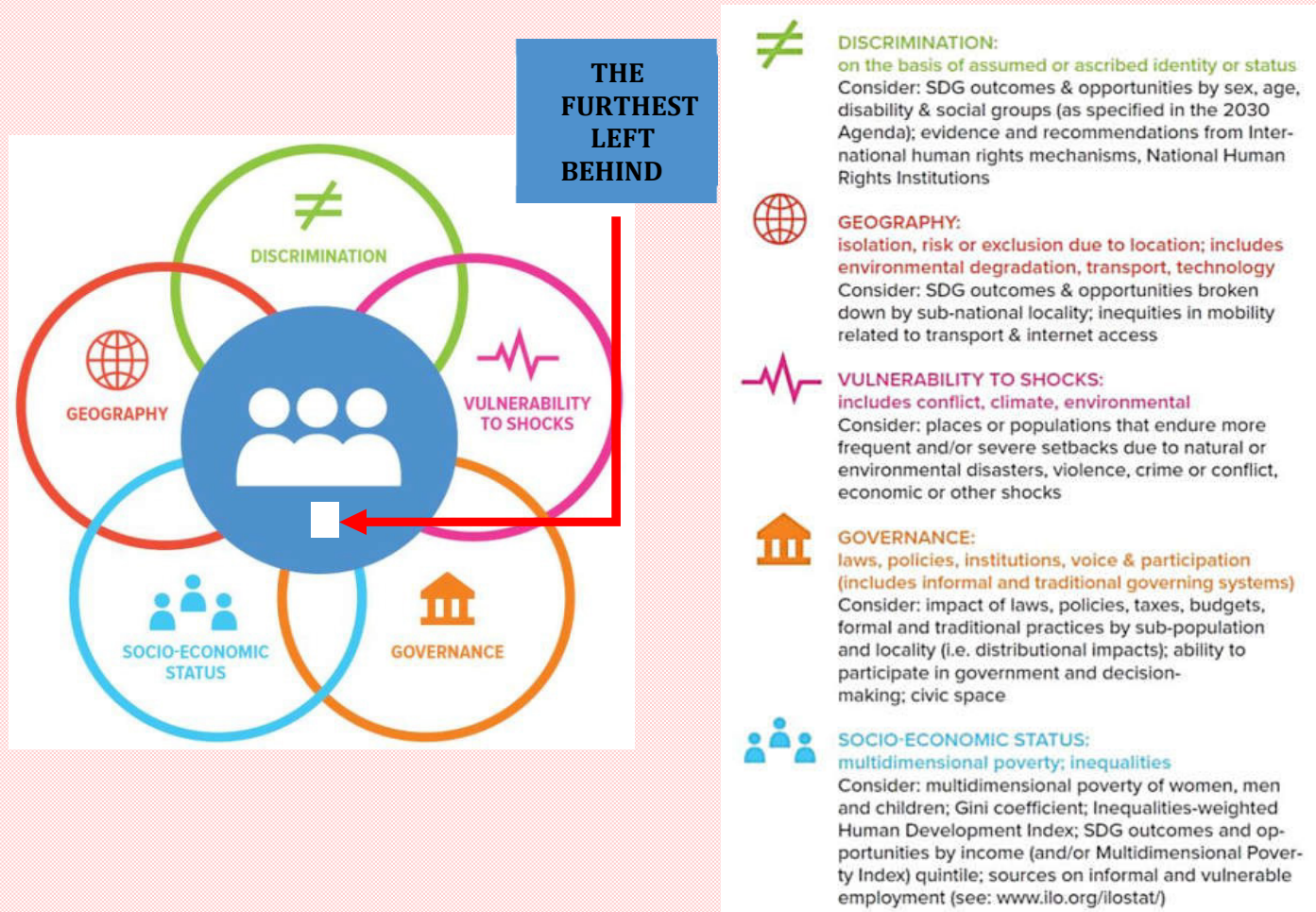


Figure 2. Five LNOB factors

### 3.1 Method of identifying the extent to which people are left behind and those furthest left behind

To identify the left behind, the extent to which they are left behind and which groups are furthest left behind, we operationalized the methodology by adopting the following steps.

- Step 1. Pre-identification of disadvantaged groups (those left behind in development outcomes) from a structured/systematic literature review as well as inputs from experts representing UN institutions in Indonesia.
- Step 2. Based on step 1, we examined whether the information/data on pre-identified disadvantaged groups was available from existing data/statistics. As many as possible of the pre-identified disadvantaged groups were matched with available data.
- Step 3. Identification of development indicators that could be used to assess whether disadvantaged groups are left behind and in what ways they are left behind. We mainly relied on available data and used SDG indicators as our references. UNSDG guidelines also advise using SDG indicator as references.

- Step 4. We conducted a data analysis to estimate the extent that identified disadvantaged groups were left behind in various development dimensions (indicators). That allowed us to identify the dimensions in which a particular disadvantaged group tended to be left behind and who the furthest behind were.

In step 4, we used a ratio measuring the relative risk of being left behind. i.e., the likelihood that a particular disadvantaged group would be left behind relative to the baseline group or population. Relative risk ratio is commonly used in epidemiological literature, where it is defined as the ratio of the probability of an outcome in an exposed group compared to the probability of an outcome in an unexposed group. We adopted the concept<sup>1</sup> to measure how a particular disadvantaged group would be left behind in particular indicators. We defined relative risk of being left behind (RRL) as:

$$RRL = \frac{PLB_D}{PLB_B}$$

Where  $PLB_D$  is the probability that a particular disadvantaged group is left behind, such as being in the bottom 10% income distribution or being illiterate, and  $PLB_B$  is the probability that the baseline group is left behind or in the same situation. The risk of being left behind (exposure-disadvantaged group specific) can be interpreted also as the probability of falling into the bottom distribution of some development outcomes ( $PLB_D$  and  $PLB_B$ ). The values used are [0-1], 0 being lowest risk and 1 being the highest risk. Relative risk ratio (*RRL*) can have a value [1- +INF], with 1 being considered similarly risky and >1 indicating a higher likelihood of being left behind.

### 3.2 Data

The empirical analysis in this report uses National Socioeconomic Survey (SUSENAS) data. SUSENAS is a series of large-scale, nationally representative, multi-purpose socioeconomic surveys initiated in 1963-1964 and fielded every year or two since then. SUSENAS data is used officially by the Indonesian government in various indicators including headline poverty incidence and inequality. Each survey contains a core questionnaire consisting of a household roster listing the sex, age, marital status and educational attainment of all household members. This is supplemented by modules that are rotated over time to collect additional information on topics such as healthcare and nutrition, household income and expenditure and labor force experience. The SUSENAS survey is conducted by BPS.

In this study, we used SUSENAS data collected in March 2020 and in March 2014. The March 2020 SUSENAS data was used instead of the more recent September 2020 SUSENAS data as the latter was conducted after the outbreak of the COVID-19 pandemic and was consequently limited in breadth and quality. The March 2020 SUSENAS survey collected data from 320,000 households comprising more than one million individuals spread across 514 districts in Indonesia. The size of the sample allowed results to be representative of each district's population. The survey also contains information about disabilities, there defined as referring to any person experiencing physical, intellectual, mental, and/or sensory limitations in the long term and who, while interacting with the environment, may experience obstacles and difficulties to equal participation in society.

The March 2014 SUSENAS data was used to complement the March 2020 data as it contains information on political participation and civic spaces that is not otherwise available.

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<sup>1</sup> With slight modification. Originally the baseline in relative ratio is the non-exposed groups, but since we are trying to compare various measure of risk, we use combined group instead as the baseline groups.



### 3.3 Method of understanding the immediate and root causes of being left behind

Understanding the immediate and root causes of people being left behind goes beyond statistics and any statistical analysis is challenging due to the immense scope and rigor required. In particular, statistical analyses aiming to identify causation in a social phenomenon should ideally be based on experiments, or at least natural experiments. This must be done with a very narrow analytical scope.

As a result, the approach used here to analyze the causes of being left behind relied on expert opinion in the form of FGDs and In-depth interviews. A series of FGDs and follow ups were organized with the aim of collecting information from various experts and development workers.





*Picture: Many women in villages of North Sulawesi have independent income for the first time. Photo credit: UNIC Jakarta/M. Gaspar*



UNITED  
NATIONS  
INDONESIA  
.....

LEAVE  
NO ONE  
BEHIND IN  
INDONESIA

A DATA-DRIVEN STUDY IDENTIFYING  
INEQUALITIES AND DISCRIMINATION  
THAT CAN BE FACED BY THOSE FURTHEST LEFT BEHIND  
26 SEPTEMBER 2022



# RESULTS AND DISCUSSIONS

## CHAPTER 4





# 4 Results and Discussion

## 4.1 Pre-identification of left behind population groups

As discussed in the previous section, pre-identification of potential left behind groups used two approaches: a structured literature review based on peer-reviewed academic journals and a brief questionnaire given to representatives of UN organizations in Indonesia.

### 4.1.1 Systematic Literature review of academic publications

The Scopus<sup>2</sup> publication database was used to search for relevant literature. The search protocol on LNOB began with two different search queries<sup>3</sup>. Query 1 searched for papers with titles, abstracts and keywords that contained one or more of the following words/word combinations: “LNOB”, “Leaving no one behind”, “left behind”, “left-behind” together with “Indonesia”. We used other criteria to ensure that the source was a journal and to exclude questionable journals<sup>4</sup>. Query 2 was an additional search to broaden the literature by searching journal articles with titles, abstracts or keywords that contained “marginalized” or “marginalised” together with “Indonesia”. Query 1 produced 66 records of journal articles, while query 2 produced 165 for a total of 231.

Each of the articles was then screened to exclude irrelevant papers. Most irrelevant papers contained the terms “left-behind” or “left behind” used in reference to family members (spouses, children etc.) who were physically left behind while a relative worked overseas. Other irrelevant papers with the terms included non-social uses, such as in biology or agriculture. Examples included references to traces of substance that were left behind from experiments and so on. Screening reduced the number of relevant papers to 42. These contained references to groups of people considered left behind or vulnerable in the context of economic development. Table 1. below lists the groups mentioned specifically in those 42 papers grouped thematically.

<sup>2</sup> Scopus is the world’s largest bibliographic database of academic publications (excluding grey literature). See <http://www.scopus.com>

<sup>3</sup> Query 1: TITLE-ABS-KEY("LNOB" OR "Leaving no one behind" OR "Leaving no one behind" OR "left behind") AND SRCTYPE (j); Query 2: TITLE-ABS-KEY ( "Marginalized" OR "marginalised" ) AND TITLE-ABS-KEY ( indonesia ) AND SRCTYPE (j). Plus additional conditions of non-discontinued journal for control of quality.

<sup>4</sup> Defined as journals that is discontinued by Scopus due to publication concerns.



Table 2 lists groups within the Indonesian population identified as potentially left-behind in academic literature.

Groups	Sources
<b>GEOGRAPHY</b>	
Left-behind regions (geographical locations such as Papua or Eastern Indonesia)	(Ana Rusim et al., 2018; Anekawati et al., 2020; Hondai, 2014; Laksono et al., 2021; Soebagyo et al., 2019)
Rural areas	(Pandyaswargo et al., 2020)
Urban poor/ People living in slums	(Grundy et al., 2019; Lavigne et al., 2014; Mulyasari & Sihombing, 2017; Padawangi, 2019; Shibata et al., 2015)
Urban coastal communities	(Goh, 2019)
Coastal communities (in general, particularly rural)	(Halim et al., 2019; Rosyida & Sasaoka, 2018; Stacey et al., 2019)
People in small island regions	(Rampengan et al., 2014)
Environmentally-displaced populations	(K. Burrows et al., 2021)
Areas of conflicts (such as East Timorese in Indonesia/West Timor)	(Damaledo, 2014)
<b>AGE-GROUP</b>	
Youth/Young men & women/children	(Elmhirst, 2007; Gjelstad, 2015)
Children with disabilities	(Bonati & Andriana, 2021)
Children during the COVID-19 pandemic	(Kusumaningrum et al., 2021)
Older people	(Burke & Siyaranamual, 2019)
Child workers/children living on the streets	(Djone & Suryani, 2019)
<b>HEALTH STATUS</b>	
People with disabilities	(Burke & Siyaranamual, 2019; Mörchen et al., 2018; Wardana & Dewi, 2017)
People living with HIV	(D. Burrows et al., 2021; Moeliono et al., 1998)
<b>GENDER/SEXUAL ORIENTATION</b>	




<b>Groups</b>	<b>Sources</b>
Women without health insurance	(Laksono et al., 2021)
Women left behind in political participation	(Sobari, 2016)
Women living under Shariah Law (Aceh)	(Febriandi et al., 2021)
Sexual and gender diverse people	(Balgos et al., 2012; Septarini et al., 2021)
Women excluded from household decision making	(Colfer et al., 2015)
<b>OTHERS</b>	
<i>Adat</i> populations	(Anggoro & Negara, 2021; Ifrani et al., 2019; Maarif, 2021; Sitorus, 2017; van der Muur, 2018; Zainuri, 2018)
Attendees of traditional education institutions (such as <i>Pesantren</i> )	(Nurtawab, 2019)
Unemployed	(Burke & Siyaranamual, 2019)
Small business owners and workers	(Setiahadi et al., 2020)
Transmigrants (particularly in environmental impact assessment)	(Lai et al., 2021)

As we can see from Table 2, many papers address LNOB from geographical or spatial perspectives. The eastern part of Indonesia is commonly identified as being a left-behind region. The Papua region, for example, is also identified as left-behind due to the poor quality of infrastructure and other development, particularly roads. The Central Highlands and North Coast regions lag especially. Ana Rusim et al., 2018, for example, identify 14 isolated points / areas as yet untouched by development in Papua.

On the other hand, Soebagyo et al., 2019 refer specifically to energy infrastructure in rural areas. Damaledo, 2014, meanwhile, mentions conflict-stricken areas in the context of East Timorese people who chose to live in West Timor, Indonesia. Damaledo observes that upon arrival in West Timor in late 1999, displaced East Timorese were identified as ‘refugees’ by the United Nations High Commissioner for Refugees (UNHCR) but were considered ‘ex-refugees’ by the Indonesian government when they decided to stay. As they integrated themselves into local communities, they were then called ‘new citizens’. The paper argues that these externally constructed categories have denied displaced East Timorese agency and engendered unintended consequences that shaped their lives in West Timor.

As well as social or political conflicts, disasters, such as extreme weather or landslides, can also lead to marginalization in a spatial context. After the Banjarnegara landslide, for example, those who were displaced were more likely than those who were not to report perceived decreases in economic stability, optimism, and closeness within their communities.



Along with rural areas, several papers identify urban areas as locations of people who are left behind. This is expected given that Indonesia is already urbanized, including almost 70% of Java. Shibata et al., 2015, for example found that in urban areas, households living in landfill slums were 5.73 times more likely to be below the international poverty line, 15.6 times more likely to have no one in the household with a primary education and 107 times more likely not to have improved sanitation facilities when compared to the general population. Meanwhile, Goh, 2019, found that populations living in coastal areas of Jakarta struggled to cope with flooding risks and are vulnerable in various aspects of life.

Those who live in the urban periphery (peri-urban for example) are more often left behind in terms of administration and public services etc., so become concentrated in slums or unregistered settlements. Similar conditions are experienced by citizens living in the periphery of the country. Low income people, including elderly people, living in these areas are frequently unregistered by both city administrations and local village/rural administrations.

Children, particularly those experiencing other disadvantages like disabilities or having to work, are typically considered left-behind. Within most schools and communities, people with learning disabilities have been, and still are, vulnerable, with limited opportunities for social inclusion (Bonati & Andriana, 2021). Children were also often vulnerable during the COVID-19 pandemic. The government's decision to transition to a "new normal" may have been premature. Asking children to return to schools offline, for example, endangered vulnerable children who lack access to the resources necessary to protect themselves and are less able to speak out (Kusumaningrum et al., 2021).

Women are also often vulnerable in various contexts. Febriandi et al., 2021, for example, show that Aceh's Qanun Jinayat, which was originally implemented to eradicate sexual violence, has been limited in realizing its intended goals. They also confirm that the concept of legal pluralism adopted in Aceh has been of ambiguous effectiveness in facilitating justice for women and other vulnerable communities. Regarding political participation, Sobari, 2016, reveals that local democracy does not provide incentives that encourage incumbents who run for re-election to promote gender-equal policies during their terms.

During calamities like disasters or pandemics, sexual and gender diverse groups often experience discrimination. Septarini et al., 2021, carried out a study of these groups in Bali during the COVID-19 pandemic with a focus on psychological distress and happiness.

Many academic publications also identify *adat* populations as being left behind (Anggoro & Negara, Muur, for example, outlines the intricacy of land rights among *adat* populations in Sulawesi. Despite 2021, Ifrani et al., 2019, Maarif, 2021, Sitorus, 2017, van der Muur, 2018, Zainuri, 2018). Van der a widening legal scope for *adat* rights, *adat* communities are rarely empowered to claim land rights. Employing almost two years of fieldwork on how rural communities make land rights claims based on *adat* status in South Sulawesi, it argues that such claims are settled not on the basis of law alone, but also on relative bargaining positions and informal linkages between communities, their mediators and local authorities. *Adat* status, therefore, must be understood as a privilege most likely to be obtained by those with relatively strong connections to influential state actors. In contrast, communities that conflict with local state actors tend to be excluded from obtaining *adat* status, and the state is more likely to deny them land rights claims. Anggoro & Negara, 2021, argue that the Indonesian constitution did not produce inclusive constitutional provisions recognizing the

jurisdiction of *adat* law and enabled the practice of legal centralism during Soekarno (1959-1966) and Soeharto (1967-1998). Indonesia has made little progress as the conditional recognition approach adopted through constitutional amendments poses significant obstacles for legitimizing *adat* law norms as part of the pluri-legal order.

#### 4.1.2 Pre-identification based on survey of UN representatives in Indonesia

A questionnaire was distributed to UNCT Indonesia to identify (or pre-identify) potentially left behind population groups in the country. The UN RCO received responses from UN organizations including UNDP, OCHA, ILO, UN-HABITAT, UNFPA, UNOPS, WFP, and UNAIDS. UN Agencies added to the list of gathered inputs during the LNOB Study. Table 3 below lists categories where 32 population groups were identified.


*Table 3 Groups of Indonesians pre-identified based on a category by UN System for Indonesia. (includes agencies who participated in the survey, identifications not limited only to the UN agencies listed below)*

Categories	Identified by
Geography	UNDP, OCHA, WFP, UNOPS, UN Habitat
Age Groups	UNDP, UN Habitat, WFP
Health Status	UNDP, ILO, UN-HABITAT, UNFPA, UNAIDS, UN Women
Gender/ Sexual Orientation	UNDP, UNFPA, WFP, ILO, UN Habitat, UNAIDS
Others	OCHA, UN-Habitat, UNOPS, WFP, ILO, UNAIDS, UNODC, UNHCR

Comparing Table 2 (left-behind groups pre-identified by a structured review of academic literature) and Table 3 (groups identified based on a category by UN representatives), widespread commonalities are visible.

#### 4.2 Identification of disadvantaged groups and development dimensions/indicators based on nationally representative survey data

Here, we identified two types of information. First, the development dimension (in what way people are left behind) and second, the disadvantaged groups themselves. Looking at the previous analysis, where left behind groups were identified from literature and expert consultation, we can see that left behind groups can experience a combination of both. The literature review, for example, identified



women without health insurance as being left behind. In our analysis, this is a combination of a pre-identified disadvantaged group (women) with an indicator (lacking health insurance). UN experts also identified people in the bottom 40% of income distribution in rural areas as being left behind. In our analysis, people in rural areas were defined as being part of a disadvantaged group, whereas being in the bottom 40% of income distribution was a mechanism of being left behind.

The ways in which information on our identification of development dimensions (how people can be left behind) can be collected from our data are listed below.


1. General economic wellbeing (representing Sustainable Development Goal 1)<sup>5</sup>
  - BOT-10N: Bottom 10% of national expenditure per capita distribution
  - BOT-10L: Bottom 10% of local/provincial expenditure per capita distribution
  - BOT-5N: Bottom 5% of national expenditure per capita distribution
  - BOT-5L: Bottom 5% of local/provincial expenditure per capita distribution
2. Education (representing Sustainable Development Goal 4)
  - U6-SCH: Under 6-years of education<sup>6</sup>
  - ILLITER: Illiteracy (cannot read/write)
3. Decent job (representing Sustainable Development Goal 8)  
INFORMAL: Informal labour
4. Food insecurity (representing Sustainable Development Goal 2)  
FOOD-INS: Difficulty in accessing food basics due to economic factors
5. Assets/Infrastructure/Technology
  - NO-HOUSE: Living in non-adequate housing (representing Sustainable Development Goal 11)
  - NO-ASSET: Not owning any kind of assets (representing Sustainable Development Goal 11)
  - NO-LAND: Not owning land (representing Sustainable Development Goal 11)
  - NOMOBILE: No access to mobile phone (representing Sustainable Development Goal 9)
6. Health (represent Sustainable Development Goal 3)
  - UNHEALTHY: Unhealthy - Morbidity impairing daily activities
  - NO-INS: Without health insurance
  - DENY-INS: Denied access to health insurance (if insured)<sup>7</sup>
  - NO-IMM: No immunization as children
  - NO-BIRTHASS: No birth assistant
7. Financial inclusion (representing Sustainable Development Goal 8)

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<sup>5</sup> We used the 10% threshold because it roughly corresponds with Indonesia's national poverty incidence, and we used the 5% threshold because it is roughly

<sup>6</sup> Six years of education was chosen instead of e.g. nine (Indonesia's compulsory education duration) or 12 because the data suggests that the proportion of people who do not have even that is significant and stands at around 10% nationally.

<sup>7</sup> In the last year, has (name) ever been refused a health check using *JKN/Jamkesda* (National and regional health insurance)



NO-FINA: No savings at financial institutions

8. Political participation (represent Sustainable Development Goal 16)  
NO-VOTE: Not participating in elections (voting)

9. Civic space (representing Sustainable Development Goal 16)
- NO-MEET: Absence from participation in community meetings
  - NO-OPN: Not regularly giving opinions in community meetings
  - NO-MEMB: Not a member of a community association
  - NO-CWRK: Not participating in community work (e.g. "*kerja bakti*")
  - NO-ASST: Not contributing to community burden sharing

The identification of the disadvantaged groups for which information can be extracted from the data produces the following disadvantaged groups and combined disadvantaged groups. For region-based disadvantaged groups, we rely on government definitions of a disadvantaged region as that effectively refers to regions that are left behind. If we use too broad a definition, such as islands or eastern regions, it will lead to inaccuracies as there are many highly developed regions in the eastern part of Indonesia (See Box 1. On the definition of disadvantaged region and Figure 3).

- People with disabilities
- Older people
- Older people with disabilities
- Older women
- Older people in rural areas
- Older people in disadvantaged regions
- Older widows or widowers
- Women
- Women with disabilities
- Women in rural areas
- Women who live in disadvantaged regions
- Widows
- People in rural areas
- People with disabilities in rural areas
- People in rural areas of disadvantaged regions
- Widows or widowers in rural areas
- People who live in disadvantaged regions
- People with disabilities who live in disadvantaged regions
- Widows or widowers
- Widows or widowers with disabilities
- Widows or widowers who live in disadvantaged regions
- People who live disaster zones
- Older people who live disaster zones
- Women who live in disaster zones
- People who live in rural disaster zones
- People who live in disaster zones of disadvantaged regions

- Widows or widowers who live in disaster zones

As noted above, various experts have noted that being left behind can be described as belonging to these disadvantaged groups but can also be perceived as belonging to these groups in combination with given development dimensions.

*Table 4 Comparison of group identification by academic literature, UN System, and national representative data*

Academic literature	UN	Nationally-representative data
<b>GEOGRAPHY</b>		
Left-behind regions (geographical locations such as Papua or Eastern Indonesia)	Populations in remote areas especially eastern Indonesia, bottom 40% of income distribution in Papua, West Papua, NTT, Maluku	Disadvantaged regions, including those who are bottom 5% and 10% of income distribution.
Rural areas	People in rural areas, bottom 40% of income distribution in rural areas	Rural areas, including the bottom 5% and 10% of income distribution
Urban poor/ People living in slums	Bottom 40% of income distribution in urban areas	Bottom 5% and 10% of income distribution for all populations (urban and rural)
Urban coastal communities	People in coastal communities	
Coastal communities (in general, particularly rural)	People in coastal communities	
People in small island regions	People in coastal communities	
Environmentally displaced populations		Disaster zones
People in area of conflict (such as East Timorese in Indonesia (West Timor))		
	Urban minorities	



Academic literature	UN	Nationally-representative data
		Rural populations and those living in disadvantaged regions (in the bottom 5/10% of income distribution, with under six years of education, not literate, financially excluded, without health insurance, denied insurance access, food insecure, absent from civic spaces, without adequate housing, without land holding, without asset ownership, without access to technology, in disadvantaged regions, in disaster zones)
<b>AGE-GROUP</b>		
Youth/Young men/women	Youth without access to technology	Youth without access to mobile phones
Children with disabilities	Children	Children with disabilities
Children during pandemic		
Older people	Older people	Older people
Child workers		
	Children below age of five in bottom 40% of income distribution	Children living in the bottom 5% and 10% of income distribution
	Children below adolescence in bottom 40% of income distribution	Youth in bottom 5% and 10% of income distribution.
		Older people (in bottom 5% and 10% of income distribution, with under six years education, not literate, financially excluded, without health insurance, denied insurance access, food-insecure, absent from civic spaces, without adequate housing, without land holding, without asset ownership, without access to technology, in disadvantaged regions, in disaster zones)
<b>HEALTH STATUS</b>		
People with disabilities.	People with disabilities	General populations with disabilities
People living with HIV	People living with HIV	





Academic literature	UN	Nationally-representative data
		Bottom 5/10% of income distribution with disabilities
		Under six years of education with disabilities
		Disabilities and not literate
		Disabilities (in the bottom 5% and 10% of income distribution, with under six years of education, not literacy, financially excluded, without health insurance, denied insurance access, food-insecure, absent from civic spaces, without adequate housing, without land holding, without asset ownership, without access to technology, in disadvantaged regions, in disaster zones)
<b>GENDER/SEXUAL ORIENTATION</b>		
	Women without access to modern skills	Women without access to mobile phones
	Women/girls without access to reproductive health services	
	Women/girls with disabilities	Women with disabilities
	Pregnant women in bottom 40% of income distribution	
	Women workers	Women informal workers
Women	Women	Women
Women without health insurance		Women without health insurance
Women left behind in political participation		Women that do not vote
Women under Shariah Law (Aceh)		
Women left behind in household decision making		



Academic literature	UN	Nationally-representative data
		Women (in the bottom 5% and 10% of income distribution, with under six years of education, not literacy, financially excluded, without health insurance, denied insurance access, food-insecure, absent from civic spaces, without adequate housing, without land holding, without asset ownership, without access to technology, in disadvantaged regions, in disaster zones)
Sexual and gender diverse	Sexual and gender diverse people	
OTHERS		
<i>Adat</i> populations	<i>Adat</i> people	
Attendees of traditional education institutions (such as <i>Pesantren</i> )		
Unemployed		Informal jobs
	People without land titles	People without land ownership
	People without proper housing	People without adequate housing
	Displaced people	
	Bottom 40% of income distribution	Bottom 5% and 10% of income distribution
	Migrant workers	
	Sex workers	
	Involuntary resettled people	
	Workers in informal sectors	Worker in informal sectors
	Single parents	Widows and widowers
		Widows and Widowers (in the bottom 5% and 10% of income distribution, with under six years of education, not literacy, financially excluded, without health insurance, denied insurance access, food-insecure, absent from civic spaces, without adequate housing, without land holding, without asset ownership, without access to technology, in disadvantaged regions, in disaster zones)




Table 4 compares left-behind groups as identified in academic literature and by UN representatives with those based on nationally representative data analyzed in this report. Table 4 provides more details, information and discussion.

As can be seen, there are still gaps in what nationally representative data can provide, such as on *adat* populations, those in coastal areas or sexual and gender diverse groups, but it can better refine groups. We complemented the analysis of the left-behind identified in literature review and expert polling (information not available in nationally representative data) with summaries from relevant reports and other publications.

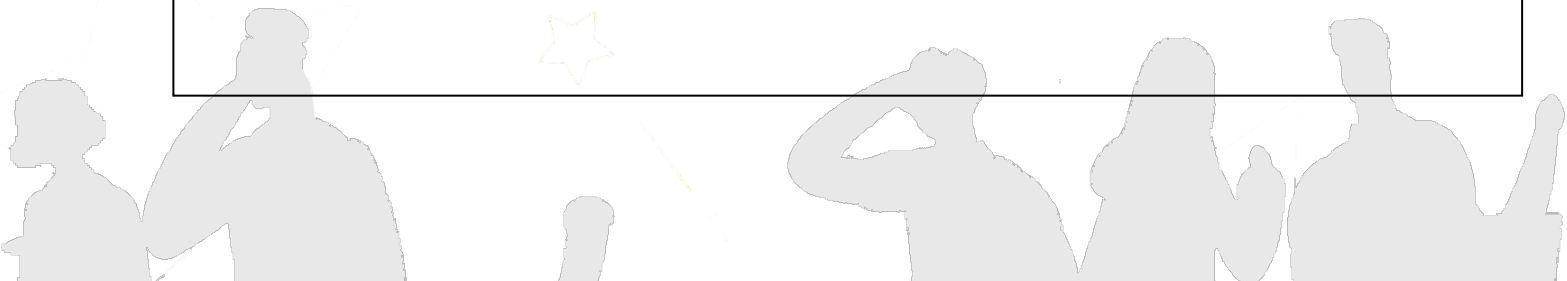
41 unique groups were identified by literature study and UN agencies. 26 groups, or 63%, are covered by nationally representative data.

The groups that are not covered by nationally representative data are coastal/islands communities, those displaced by conflict/disasters, pandemic-impacted groups, those living with HIV, sexual and gender diverse groups, women living under Shariah law, *adat* communities and sex workers. For these, we use qualitative analysis (FGD/desk-review of literature).

**Box 1. Official Definition of Disadvantaged region (Left-behind Districts)**

Based on definitions from the Indonesian Ministry of Villages, Development of Disadvantaged Regions and Transmigration, disadvantaged regions are those which are less developed than others on a national scale. The ministry judged lagging districts via a composite index of six criteria: community economy, human resources, facilities and infrastructure, regional financial capacity, accessibility and other regional characteristics. Each criteria was weighted: community economy by 13.64%, human resources by 18.18%, facilities and infrastructure by 40.90%, regional financial capacity by 4.55%, accessibility by 13.64% and regional characteristics by 9.09%.

Each of the six criteria has indicators given equal weight. Community economy refers to indicators such as gross domestic regional product per capita, percentage of non-food household expenditures and percentage of the population working outside of the agricultural sector. Human resources indicators include the percentage of women that gave birth with the assistance of medical personnel, toddler immunization rates, junior secondary school enrollment rates and high school enrollment rates. Indicators of facilities and infrastructure are the percentage of villages with shops, the percentage of villages with health facilities, the percentage of villages with a doctor, the percentage of villages with primary schools, the percentage of villages with secondary schools, the percentage of households using electricity, the percentage of households using telephones or mobile-phones, the percentage of internet users and the percentage of households using clean water. Regional financial capacity is represented by the regional original income per capita indicator. Accessibility consists of the percentage of villages with different types of road surfaces, the widest main asphalt/concrete road, the percentage of villages with accessible health facilities and the percentage of villages with accessible junior secondary schools. The percentage of villages that did not experience a disaster and the percentage of villages that did not experience social conflict are the last regional indicators. Based on these criteria and indicators, disadvantaged regions are classified as ahead, left behind or very left behind.



### 4.3 Identifying lagging districts

To identify whether a district is lagging or not, the ministry uses data from non-departmental government agencies that collect data and the ministry responsible for state finance. This data is used to compute an index of 22 indicators. The formula for calculating the index is as follows:

$$X_{ij} = \frac{D_{ij} - SB_i}{S_i - SB_i} \times 100$$

$X_{ij}$  is the index for indicator  $i$  in district  $j$ .  $D_{ij}$  is original value of indicator  $i$  in district  $j$ .  $SB_i$  is the minimum number of indicator  $i$  and  $S_i$  is the maximum number of indicator  $i$ .

The indicator index is used for computing the composite index. Here is the formula of the composite index.

$$/K_j = \sum_{i=1}^{22} b_i \times X_{ij}$$

$/K_j$  is the composite index for district  $j$ .  $b_i$  is the weight of indicator  $i$  which is 4.545% (1/22). Thus, if the composite index is  $/K_j \geq 60$ , the district is classified as ahead.  $40 \leq /K_j < 60$  is a left behind district, and  $< 40$  is very left behind district. Districts that are left behind or very left behind are classed as lagging.



Source: author elaboration

Figure 3. Map of left-behind districts (Disadvantaged regions)

#### **4.4 Findings from empirical analysis**

The result of calculations on the risk of being left behind can be seen in Table 5. Table 6 shows the relative risk of being left behind. Table 7 shows the rank of relative risks for different disadvantaged groups in various different development dimensions (indicators).

The discussion below is based mainly on Table 6 and Table 7. It focuses on the five highest relative risk ratios for particular development indicators as a consideration in identifying groups most likely to be furthest left behind. The discussion is divided into several main themes that group indicators into common issues such as general economic wellbeing, education, decent jobs, food insecurity, assets/infrastructure/technology, health, financial inclusion, political participation and civic spaces.

##### **4.4.1 General economic wellbeing**

We consider an individual to be left behind in terms of economic wellbeing if they fall in the bottom of per capita expenditure distribution nationwide or at a provincial/local level. Individuals are considered left behind if they belong to the bottom 10% or bottom 5% of the distribution (BOT-10N, BOT-10L, BOT-5N, BOT-5L in the tables and figures).

Except for populations living in disaster-zones (i.e. disaster-zone and women-disaster-zone) all disadvantaged groups have a higher risk relative to national averages of being left behind in general economic wellbeing (a relative risk ratio value higher than one). Looking at nation-wide distribution, dimensions or combined-dimensions with the highest relative risk of being left behind are (1) those living in disaster-zones and left-behind regions; (2) those living in rural areas and rural areas among left-behind regions; (3) people with disabilities who live in left-behind regions; (4) women who live in left-behind regions; and (5) general populations who live in left-behind regions.

When we look into provincial/local distributions, things look rather different. (1) Older people and people with disabilities; (2) older people who live in rural areas and (3) people with disabilities who live in rural areas come up as one among the top five. For example, people who are older and have disabilities are 35% more likely to be in the bottom 10% distribution relative to the rest of the population. Naturally, in a geography as large and as diverse as Indonesia, provincial and local income distribution matters more than nation-wide distribution. In terms of policy implications, since many parts of this agenda rest in the responsibility of provincial/local government, provincial/local relative disparity among populations within one locality is even more relevant. In short, when looking at general economic wellbeing, attention should be paid to individuals or groups of people spanning two or more of the following groups: people with disabilities, older people, and people in rural areas.

## GENERAL ECONOMIC WELLBEING

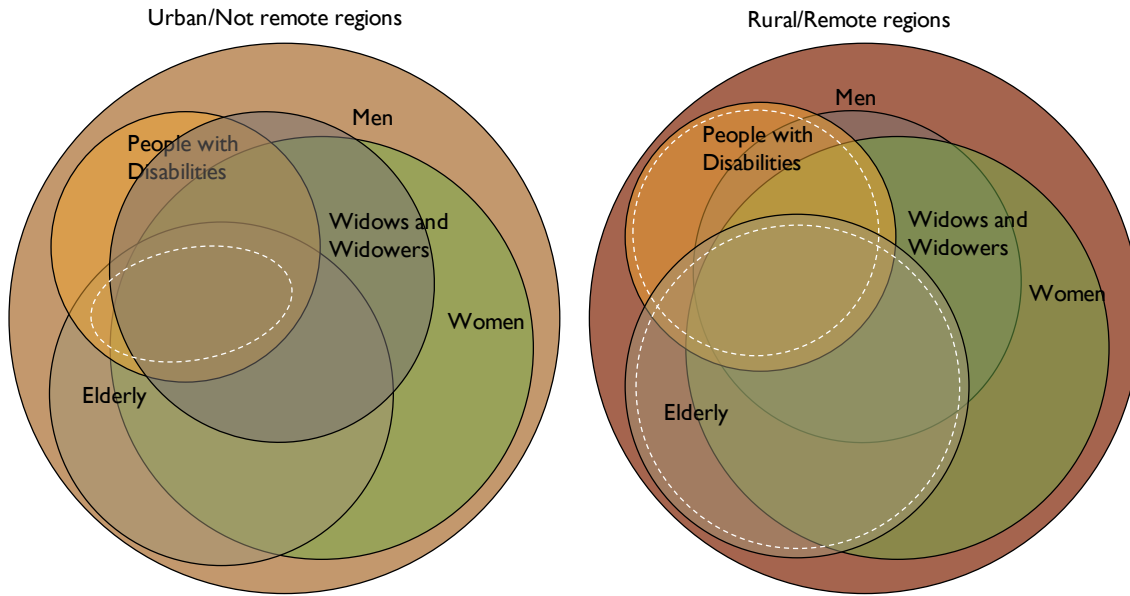


Figure 4. Left behind in general economic wellbeing

### 4.4.2 Education

Two indicators are used in education (having six years or less of education, and illiteracy). For years of education, the top five disadvantaged-groups are (1) older people who live in rural areas; (2) older widows or widowers; (3) older women; (4) widows or widowers with disabilities (5) older people with disabilities. For illiteracy, the groups are (1) older women; (2) older people who live in rural areas; (3) older widows or widowers; (4) older people with disabilities (5) widows or widowers with disabilities. In conclusion, any people in two or more of the following disadvantaged group: older people, people with disabilities, women, widows or widowers and people living in rural area have the highest relative risk of being left behind in education. For example, older people who live in rural areas are three times more likely to have less than six years of education than the rest of the population.

## EDUCATION

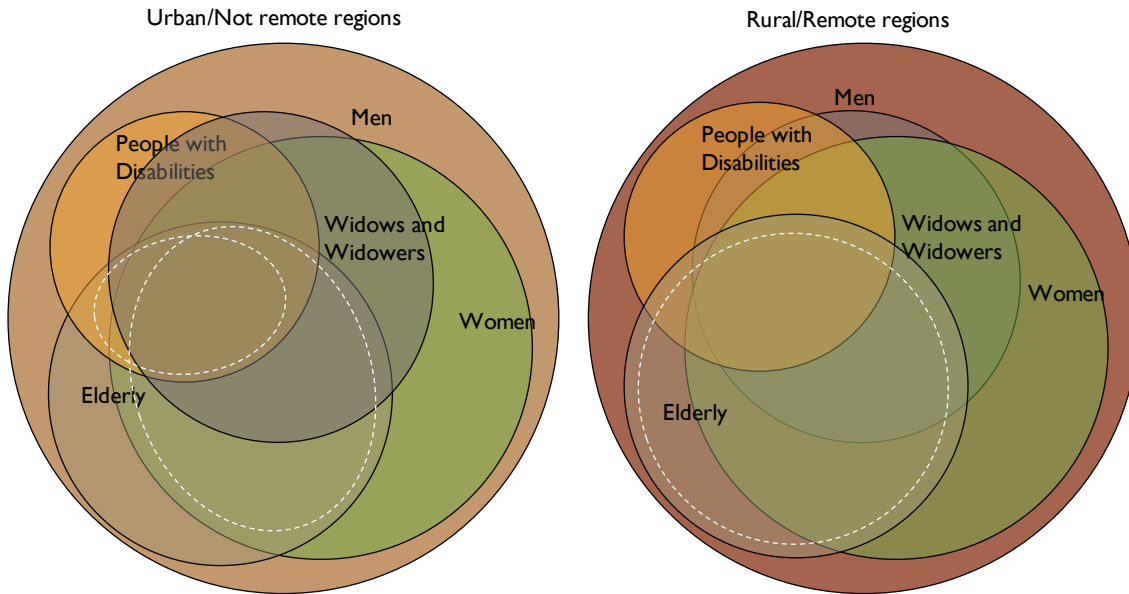


Figure 5. Left behind in education

### 4.4.3 Decent jobs

Access to decent jobs (as opposed to non-salaried jobs in the informal sector), is used as the basis for left-behind classification in employment terms. The following disadvantaged groups make up the top five furthest left behind (those with a higher relative risk of exposure): (1) older people who live in disadvantaged regions; (2) people with disabilities who live in disadvantaged regions; (3) older people who live in rural areas; (4) widows or widowers who live in disadvantaged regions; (5) older people with disabilities. Regional disadvantages are dominant in determining the risk of being left behind and people who live in remote areas (rural or disadvantaged), especially older people and people with disabilities, are at the highest risk of being trapped in informal sector jobs. Older people who live in disadvantaged regions, for example, are 1.9x more likely to work informal jobs compared to the rest of the population.

## DECENT JOBS

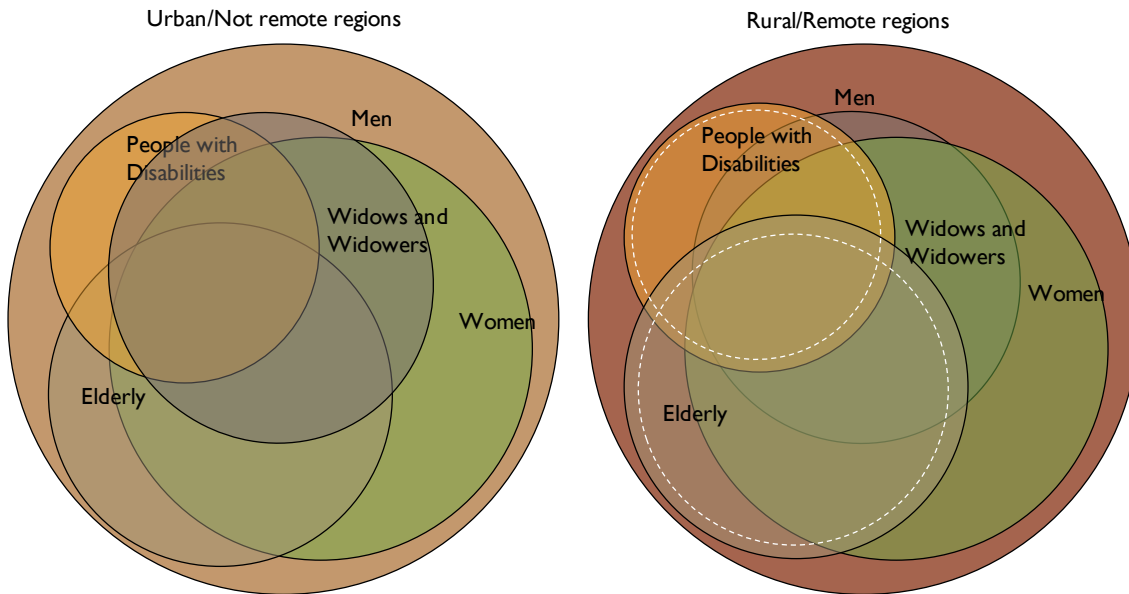


Figure 6. Left behind in decent jobs

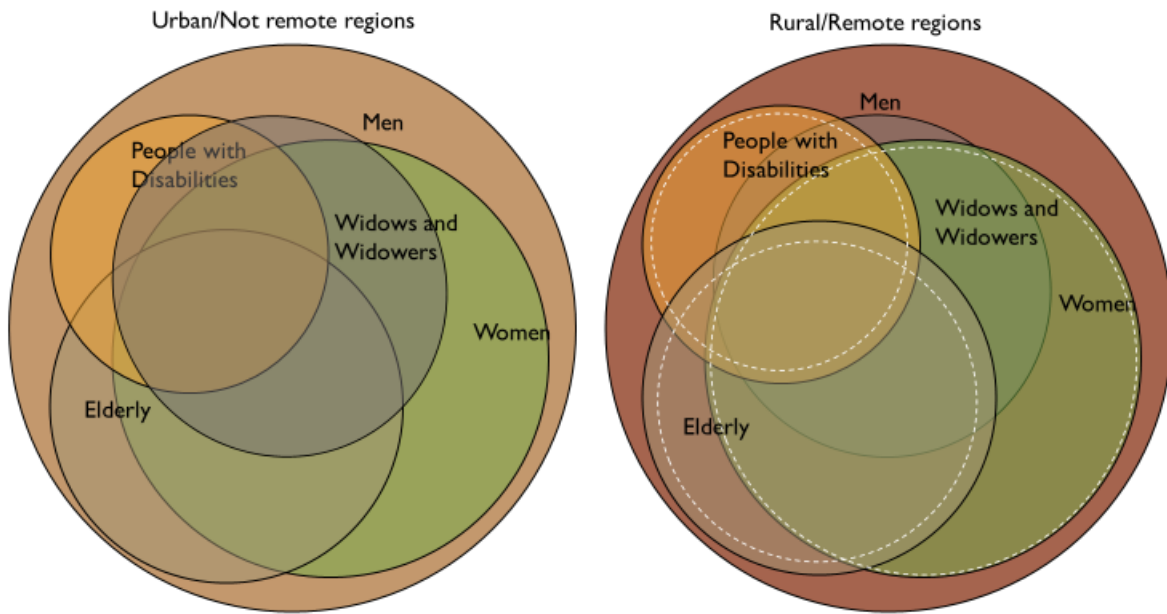
### 4.4.4 Food insecurity

We defined an individual as food-insecure if they had difficulty in accessing food basics due to economic factors. More specifically, if they reported any of the following: (a) insufficient food due of lack of money; (b) poor nutrition due to lack of money; (c) unvaried diet due to lack of money; (d) skipping meals due to lack of money; (e) eating smaller than normal quantities due to lack of money; (f) running low on food supplies due to lack of money (BPS, 2020).

The largest indicator of being at risk of food-insecurity is remoteness of living situation and the top five combined dimensions included being in the most remote (disadvantaged) regions alongside other groups such as people with disabilities, older people, widows or widowers, rural residents and women. An older person living in a disadvantaged region, for example, is 2.4 times more likely to be food-insecure relative to the rest of the population.



## FOOD INSECURITY



*Figure 7. Left behind in food insecurity*

### 4.4.5 Assets/infrastructure/technology

Three indicators were used for the assets/infrastructure/technology dimension: living in non-adequate housing, not possessing assets and not having access to a mobile phone. Adequate housing is defined as a durable building (good roof, walls and floor), sufficient living space as well as access to clean water and adequate sanitation. Those living in a house that lacks one or more of those were categorized as left behind. Assets owned by the household may include land, television sets, cars, boats, motorcycles, jewelry, computers, telephones, water heaters, air conditioners, refrigerators and gas tanks. Households that do not have any one of these were considered left behind in asset terms.

Living in a disadvantaged region is the dimension that correlates most with the five combined disadvantaged groups here. In other words, people who live in a disadvantaged region and also a rural location, are women, have disabilities or are widows/widowers fall furthest behind in access to adequate housing. Living in a disadvantaged region alone is enough to dramatically increase the relative risk ratio of having no access to adequate housing. Those living in a disadvantaged region are 2.1 times more at risk of being left behind in that respect.

For asset ownership, findings are generally similar. Living in a disadvantaged region is again a common dimension among those most at risk of being left behind and is alone a key indicator. Living in a disadvantaged region combined with living in a disaster-zone, living in a rural area, being a woman or being a widow or widower put an individual in the five highest relative risk categories for being left behind here. Particular attention should be given to disaster zones. A combination of living in a disaster zone and living in a remote area has the highest relative risk compared to all other dimensions or combined dimensions. For example, people living in disadvantaged regions (mostly remote areas of Indonesia) are 3.9 times more likely to have no assets of any kind. If they are widows or widowers the number climbs to 4.1.

## ASSETS

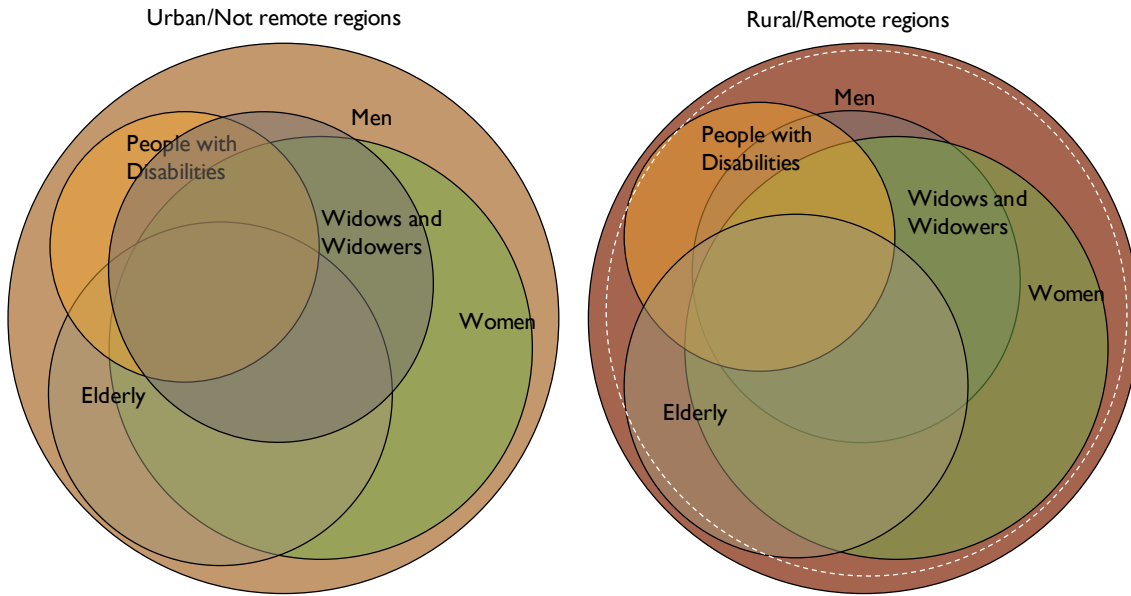


Figure 8. Left behind in assets

Not having access to a mobile phone is related directly or indirectly to an individual's access to communication, technology and information. The findings suggest one dimension — being older — is common across the five highest relative risk categories. This is especially true if combined with any of the following: having disabilities, living in rural areas, being a widow or widower, being a women or living in a disadvantaged region. All of the five most disadvantaged combined groups are more than five times more likely not to have a mobile phone compared to the rest of the population.

## TECHNOLOGY

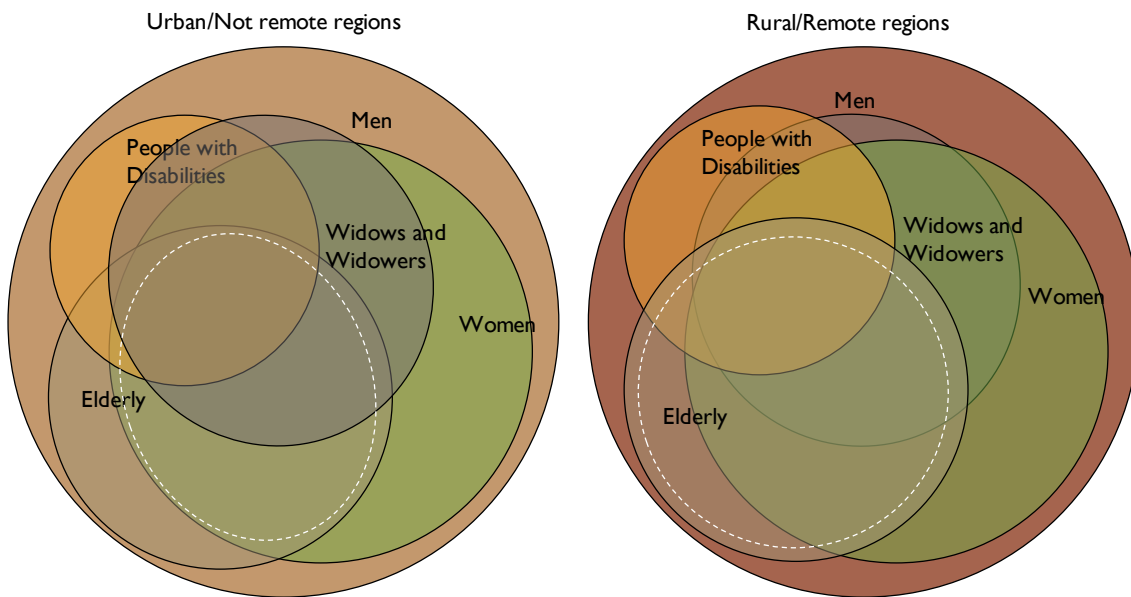


Figure 9. Left behind in technology

In summary, for those left behind in possession of fixed assets, remoteness is the most common factor.

When it comes to technology access, represented by access to a mobile phone, being older is the most common factor for being left behind.

#### **4.4.6 Health/health insurance**

Four indicators are used in considering the health dimension: being unhealthy, having no health insurance, being denied access to insurance for those that do have it and child immunization. An individual is categorized as unhealthy if they have a health complaint that prevents them from carrying out regular daily activities such as working or going to school. An individual is considered not to have access to health insurance if they do not have access to either government health insurance (*BPJS*, either paid or with government assistance/*PBI*), local government health insurance (*Jamkesda*), private insurance or insurance paid by their employer.

Here, the five highest relative risks are a combination of two dimensions. The most common factors are disabilities and being older. For example, older people with disabilities are 2.3 times more likely to have health issues that interrupt their daily activities relative to the rest of the population. More specifically, the five most disadvantaged profiles are (1) older people with disabilities; (2) older people in a disaster zones; (3) widows or widowers with disabilities; (4) older people living in disadvantaged regions; (5) people living in disaster zones.

For access to health insurance, unlike most of the indicators discussed so far where the five highest risk groups are almost always combinations of two dimensions, there are two single dimensions that belong to the five highest relative risk groups: living in rural areas and having disabilities. People with disabilities living in rural areas have the highest relative risk overall and are 33% more likely to be left behind in terms of accessing health insurance. The other two profiles in the five highest relative risk groups are those with disabilities living in disadvantaged regions and women who live in rural areas.

Those who do have insurance are sometimes denied access for reasons such as not following proper procedures, not following proper schedules, different type of coverage, lack of medical staff, lack of medicines/drugs or lack of right kind of facilities (BPS, 2020). The most common disadvantaged dimension in the five highest relative risk groups is disability. Disabled individuals are 78% more likely to be denied insurance relative to the rest of the population. Widows or widowers, rural residents, women and older people who are also disabled make up the five groups with the highest relative risk of being denied access to health care despite being insured.

Children with the highest relative risk of not being immunized are (1) those who live in disaster zones in disadvantaged regions; (2) those who live in disaster zones in rural areas; (3) girls who live in disaster zones; (4) those with disabilities; (5) girls with disabilities. The most common factor putting children at risk of being not immunized is living in a disaster zone — three out of the five highest risk groups include the disaster zone dimension. If a child lives in a disadvantaged region that is also a disaster-zone, they are three times more likely not to be immunized.

## HEALTH/MORBIDITY

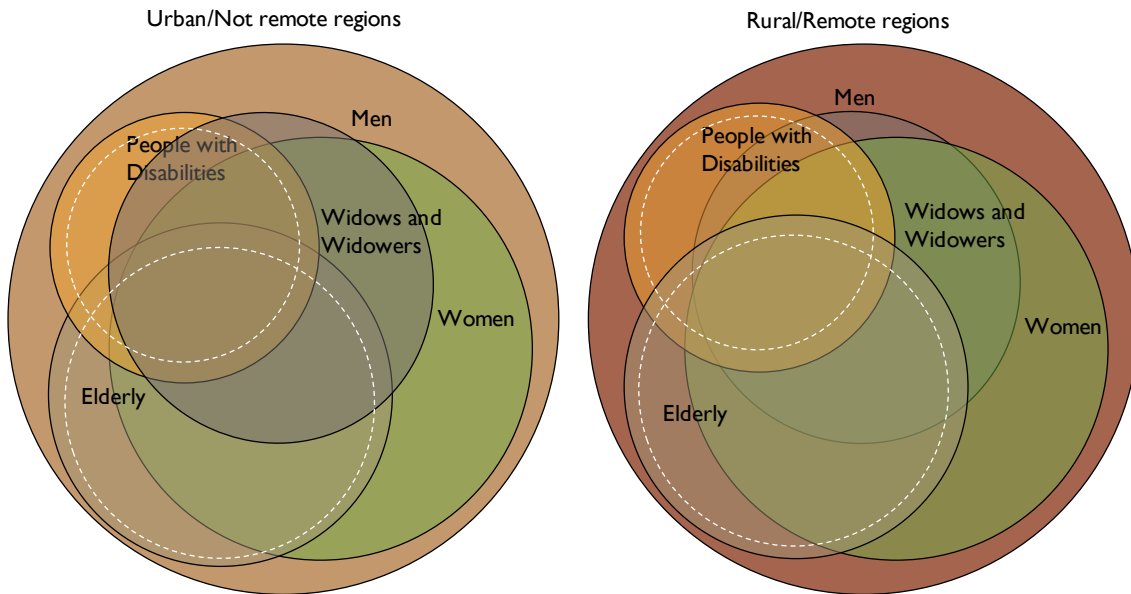


Figure 10. Left behind in health/morbidity

## NO HEALTH INSURANCE

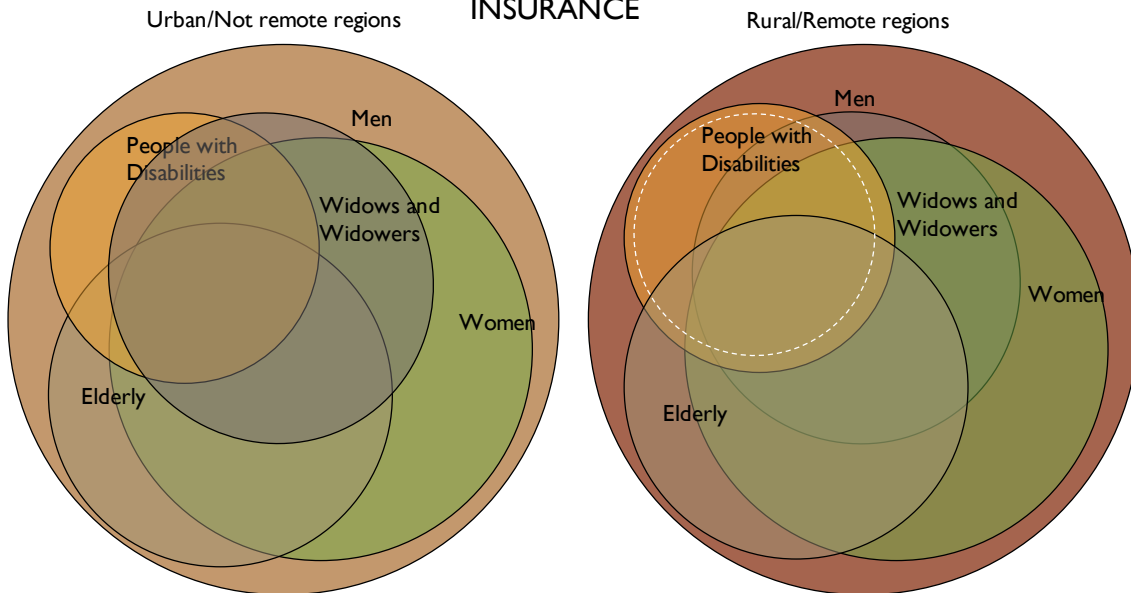


Figure 11. Left behind in health insurance

To summarize, there are four indicators for health-related dimensions: morbidity (health problems that disrupt daily activity), enrollment in health insurance, denial of access to insurance benefits, and immunization. For morbidity, the most commonly disadvantaged group is older people. In the case of health insurance access, the most commonly disadvantaged groups are those who live in rural areas and those with disabilities, particularly when combined with being in a disadvantaged region or being a woman. The risk of being denied access to insurance is relatively higher among people with disabilities,

even more so if they are older, women or widows/widowers. Meanwhile, children who live in disaster zones have a higher relative risk of not being immunized, particularly if they live in remote regions.

**4.4.7 Financial inclusion**

One indicator is used for the risk of being left behind in financial inclusion: not having a savings account in any form of financial institution (banks, cooperatives etc.). This is common among older people, but more common still if combined with living in rural areas, having disabilities, being a women or a widow or widower. Older people in rural areas are 1.4 times more likely not to have a savings account compared to the general population.

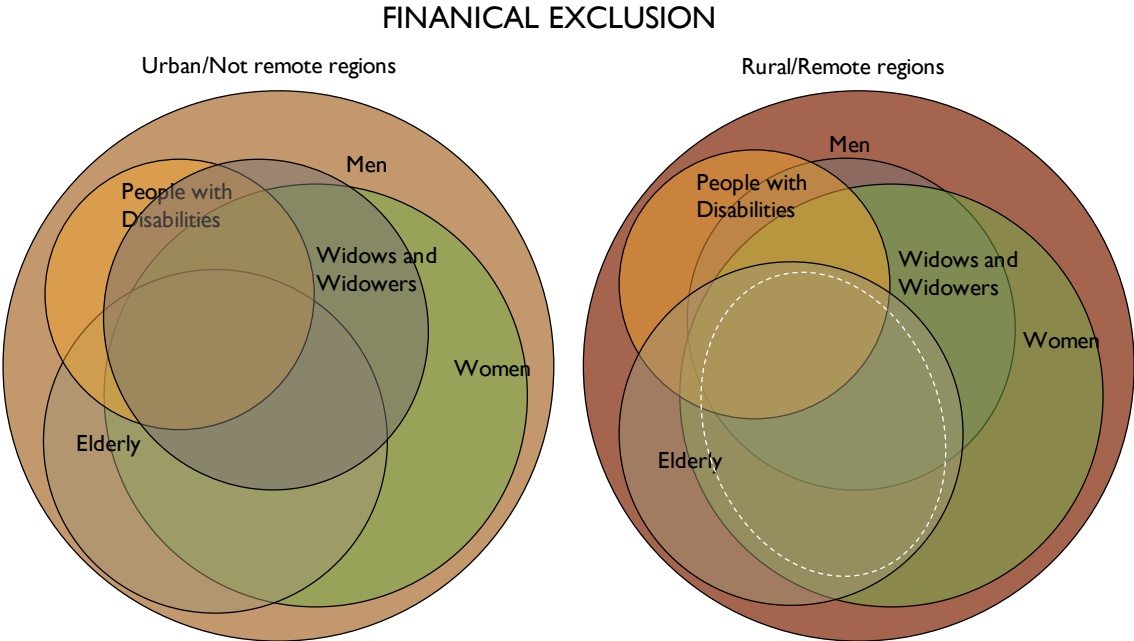


Figure 12. Left behind in financial exclusion

**4.4.8 Political participation**

Political participation is measured by whether an individual participates (votes) in general elections. Living in remote areas is highly associated with not participating in elections, especially if those individuals live in disadvantaged regions, are widows/widowers, women or older people. Disregarding region, older people and women are 20% more likely not to participate in elections.

## POLITICAL PARTICIPATION/VOTING

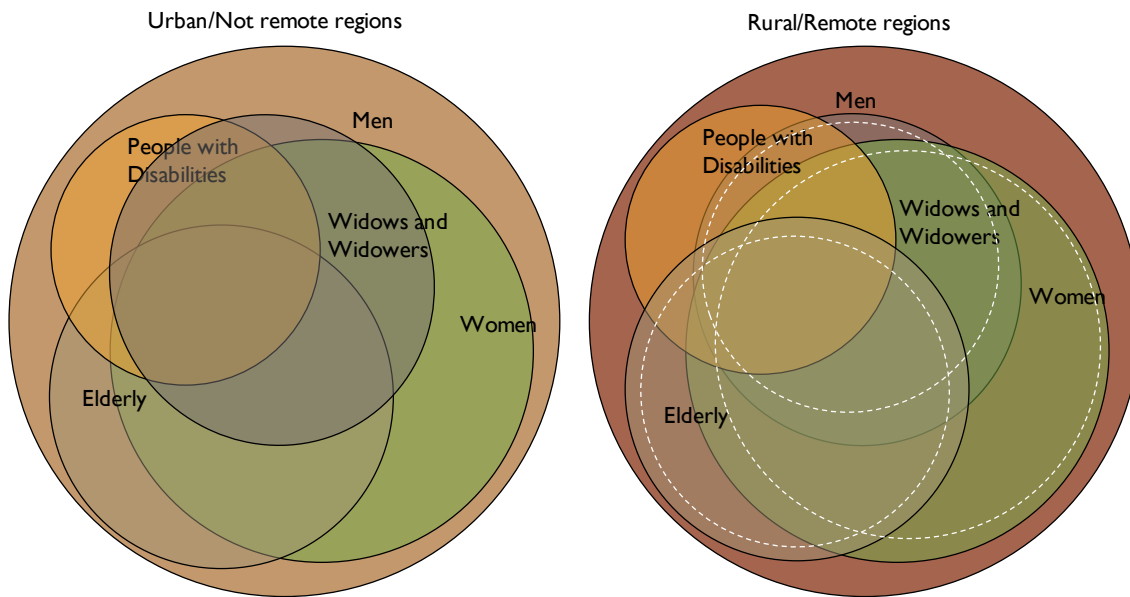


Figure 13. Left behind in political participation/voting

### 4.4.9 Civic space

The risk of being left behind in civic spaces is represented by five indicators: (1) absence from participation in community meetings; (2) not regularly giving opinions in community meetings; (3) not being a member of a community association; (4) not participating in community work projects (*kerja bakti*); (5) not contributing to community burden sharing (BPS, 2020).

Absence from participating in community meetings is relatively more likely if an individual belongs to one or more of the following disadvantaged groups: living in a disaster zone, being older, being a widow or widower, being older and a widow or widower, living in a rural area. Widows or widowers in rural areas, for example, are 20% more likely to be absent from such meetings. Meanwhile, there is a higher likelihood of not giving opinions in community meetings if an individual lives in a disaster-zone, particularly if they are older, a widow or widower or live in a rural area.

Living in a remote area, such as a disadvantaged region, is also associated with a higher risk of not being an active member of community associations (e.g. community youth/*Karang Taruna*), particularly if the individuals are also either widows or widowers, women or older people. Older people who live in disadvantaged regions, for instance, are 20% more likely not to be a member of a community organization.

Meanwhile, a combination of being a women, widow or widower as well as older is highly associated with absence from community work projects. A widow, for example, is 40% less likely to participate in such an event compared to the rest of the population.

Communities often collectively assist bereaved members of the community. Participating in this assistance, such as visiting a mourning neighbor, is quite common in Indonesian society. However, it can be difficult for certain disadvantaged groups, such as women, older people and widows or widowers to participate. Being older alone makes it 37% less likely that a person participates in such events, whereas being a widow or widower makes it 30% less likely. An older woman is 50% less likely to do so compared to the rest of the population.

In summary, older women along with widows or widowers, are among the disadvantaged groups with a higher risk of experiencing restrictions in participating in civic spaces compared to the rest of the

population.

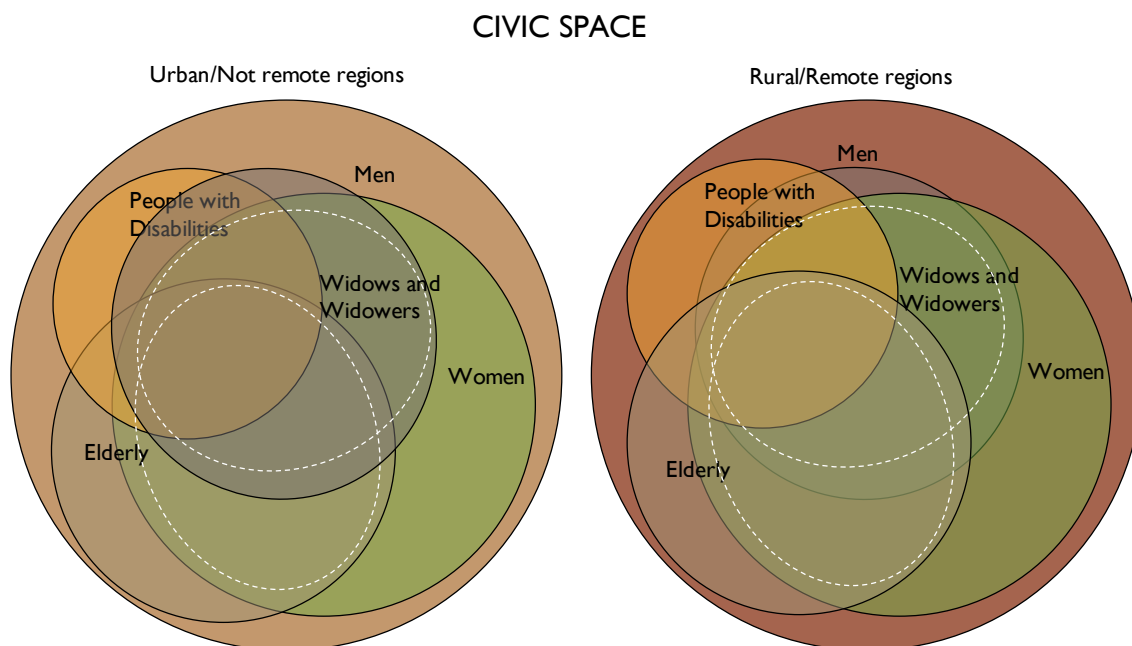


Figure 14. Left behind in civic space

#### 4.4.10 Children's Risk of being left behind

Although typically not considered a disadvantaged group in themselves, children deserve special attention in the LNOB context. To this end, we have selected several relevant development indicators for children and calculated their risk of being left behind (See Table 9 in the annex). We also included the risks for adults (in italics) as comparison. We have highlighted several notable observations.

First, in terms of general economic wellbeing, measured by the probability of living in a household included in the bottom 10% (or 5%) of income distribution, children generally have higher risk compared to adults (See Table 9 in the annex). For example, while the probability of adults being in the bottom 10% of national income distribution is around 9%, that rises to 12% for children. However, there is no reason to suggest that this is a sign of children being vulnerable because national distribution is estimated using household expenditure where adults and children in the same family belong to the same income class. The higher risk of children being left behind in terms of general economic wellbeing reflects the fact that, on average, poorer households have larger family sizes. Location also intensifies the risk of children being left behind economically. Children in disadvantaged regions, for example, are 58-75% more likely than adults to live in poverty (the bottom 10% or 5% of income distribution). Household asset ownership follows a similar pattern.

Children who work are also 42% more likely to work in the informal sector compared to adult workers. The reasons for this are that employers cannot legally employ children as formal workers, even though some children may have no other option because of their family's economic situation.

We also find that children with disabilities are twice as likely not to have health insurance compared to adults with disabilities. The gap is more pronounced for children with disabilities who live in

disadvantaged regions.

In summary, children are more likely to be left behind than adults in various aspects of development, particularly general economic wellbeing and employment. This is likely due to demographic trends, particularly higher fertility rates among poorer populations. Access to health insurance is also much more difficult for children with disabilities than for adults with disabilities.

#### **4.4.11 More general observations**

All disadvantaged groups suffer from being left behind in one form or another and to various degrees. However, we can define the severity (the furthest left behind) as the disadvantaged group with the largest number of severe exposures. This is illustrated in the annex, which shows how many indicators certain disadvantaged groups have that fall into the highest risk category (with four different ranking thresholds: top five, top seven, top 10 and top 15 relative risk ratios). For example, the column on older people with disabilities shows that they have six indicators among the top five relative risk categories while "women with disabilities" have only one. Thus, older people with disabilities are at much greater risk of being left behind.

One disadvantaged group stands out: older people who live in rural areas. From the relative risk table, we can see that older people in rural areas have the highest risk of being illiterate, having a very low level of education, not being able to access technology or being financially excluded.

The second disadvantaged group that stands out is older women. They have a risk ratio comparable with older people in rural areas (of being illiterate, having a very low level of education, not being able to access technology or being financially excluded).

Living in a disadvantaged region, especially combined with another disadvantaged dimension is frequently a contributing factor to being left behind. Populations in these regions are 4 times more likely to not own any assets, 2 times more likely to not live in adequate housing and also 2 times more vulnerable to food insecurity. In addition, they are more than 3 times more likely to be illiterate. If the disadvantaged region is rural (which is likely) then that risk of being left behind is still greater.

#### **4.4.12 Population considerations**

Identifying those furthest left behind previously relied on proportionality or relative comparisons. In devising policies and prioritization strategies, we should at times take into account the size of populations affected. This will have clear implications on the cost of taking action, particularly in lifting disadvantaged groups from left behind status. To facilitate such a population weighted analysis, Table 8 in the annex provides the population of the disadvantaged groups along with dimensions/indicators. When combined with the analysis of risk and relative risk ratio, these figures can be used to formulate actions and prioritize policy.

Older people living in rural areas, for example, are one of the groups left furthest behind. We can now see that there are as many as 6.6 million elderly people in rural areas who do not have any form of savings account. In contrast, there are only 2.6 million who do not have health insurance. Policy makers can then weigh which dimension should be improved first, taking cost and urgency into account.

The number of people who have health insurance but are denied access to health care, however, is not large, so perhaps it is a proverbial low-hanging fruit that can be fixed earlier.

Another insight from such a table is that any combined disadvantage that affects women can result in a large population size. There are 4.6 million women with health problems that interrupt their daily activities, for example.



## 4.5 Other vulnerable groups not included in the nationally representative data

### 4.5.1 *Adat communities*

According to IWGIA (International Work Group for Indigenous Affairs), Indonesia is home to an *adat* (living in traditional way of life) population estimated at between 50 and 70 million. Despite the acknowledgement of their rights in the constitution (third amendment), *adat* people in Indonesia still suffer from criminalization and violence (IWGIA, 2022). Many *adat* communities remain unregistered by both urban and rural administrations.

The most common form of vulnerability affecting *adat* populations in Indonesia can be traced back to stigmatization. This has led to under-representation in economic development and sociopolitical life (Satriastanti, 2020). Komnas HAM (2015) identified numerous forms that impact *adat* communities including a lack of government recognition, arbitrary takeover of *adat* forest areas, discriminatory behavior by security forces along with other forms of intimidation and persecution including unlawful detentions, as well as acts of violence and forced displacement.

Komnas HAM (2015) described the root causes as including a lack of legal recognition/status for and people, development policies backed by security forces that prioritize large-scale economic enterprises over *adat* rights, the unequal status of women within *adat* communities, a simplistic view of land issues by authorities and understaffed state bodies tasked with conflict-resolution.

Meanwhile, ADB (2002) identified at least three basic causes of poverty in *adat* communities: (1) inadequate access to basic facilities and services, including education, healthcare, roads, markets and clean water; (2) Sociocultural problems within community life; (3) Structural problems that have resulted in policies and regulations that do not favor *adat* communities and have contributed to widespread poverty.

### 4.5.2 *People living with HIV*

Fauk et al (2021) noted stigma and discrimination as major challenges facing people living with HIV and AIDS (PLHIV). This included a lack of knowledge about HIV, fear of contracting HIV as well as social and moral perceptions about HIV and PLHIV. Separation of personal belongings from those of other family members, separation from children, other forms of ostracism, avoidance, being labelled as sex workers, and being asked to stay away from home or live in other places were identified as instances of discriminatory and stigmatizing attitudes and behaviors that PLHIV experienced.

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<sup>8</sup> The third amendment to the Indonesian Constitution recognizes Indigenous Peoples' rights in articles 18 B-2 and 28 I-3. In more recent legislation, there is implicit recognition of some rights of Adat Peoples, where they are referred to as: Masyarakat Adat or Masyarakat Hukum Adat, including Act No. 5/1960 on Basic Agrarian Regulation, Act No. 39/1999 on Human Rights, and MPR Decree No. X/2001 on Agrarian Reform. Act No. 27/2007 on the Management of Coastal and Small Islands and Act No. 32/2010 on the Environment clearly use the term: Masyarakat Adat and use the working definition of AMAN. The Constitutional Court affirmed the constitutional rights of Adat Peoples to their land and territories in May 2013, including their collective rights to customary forests (source: <https://www.iwgia.org/en/indonesia/4224-iw-2021-indonesia.html>)

Sadarang (2022) identified behaviors associated with discrimination towards PLHIV in Indonesia and to determine the factors affecting that discrimination, analyzed secondary data from the 2017 Indonesia Demographic and Health Survey using a cross-sectional method. Among a sample of 21,838 people in Indonesia aged 15-54 who had heard about HIV and AIDS, 68.9% demonstrated potential discrimination towards PLHIV. Prevalence of discrimination was also relatively high among health workers (Harapan, 2015).

As summarized by Reidpath et al (2007), PLHIV can experience discrimination in employment, at the hands of the judicial system, in accessing social welfare, in the housing sector, in education, in accessing insurance or other financial services, in reproductive life as well in basic freedom of movement among other things.

Paxton et al (2005), found that the major area of discrimination against PLHIV in several Asian countries, including Indonesia, is within the health sector. Lack of knowledge about HIV, fear of contracting it along with perceptions about HIV and PLHIV were perceived facilitators or drivers of stigma and discrimination.

In the context of women living with HIV (WLHIV), the situation is complex and often includes violence, especially by partners. A report from the National Network of WLHIV (IPPI/Ikatan Perempuan Positif Indonesia) found that violence had a major impact on the physical and mental health of WLHIV, especially if it was perpetrated by their intimate partners (IPPI, 2012). This is reinforced by a study on violence experienced by women living with HIV in Nepal (Nirmal Aryal, 2012). The 2020 implementation of a pilot IPPI program responding to violence against WLHIV in five cities (Jakarta, Bandung, Semarang, Yogyakarta and Denpasar) found that failing to follow Antiretroviral (ARV) treatment could be an indication that WLHIV were experiencing violence (Suparno, 2021). Additionally, women living with HIV face higher levels of societal discrimination purely because they are women (Baral, 2015).

Children Living with HIV (CLHIV) are often left behind in Indonesia's HIV response. They also face stigma and discrimination because of their health status. There are also still many CLHIV who take ARVs for adults, which have side effects that can interfere with their activities and school studies. Stigma and discrimination are common and cases of expelling children from school because of their HIV status are rampant. This is driven by parental concerns about HIV transmission (Coalition, 2019).

PLHIV include vulnerable groups such as sex workers and drug users. Negative stigma about sex workers is prevalent in Indonesian society and manifested via various forms of discrimination and harassment that place sex workers in physically, psychologically, economically and socially vulnerable positions. They may be subjected to sexual violence at home or in public places by clients, intimate partners, police, members of fundamentalist groups, thugs, pimps or others. Sex workers are also more prone to various injuries, including to the area around the genitals, which increases the risk of HIV transmission and other sexually transmitted infections (OPSI, 2021).

Gender inequality and punitive drug policies, meanwhile, have created intersecting injustices for women who use drugs (WUD). WUD face high imprisonment rates, stigma, discrimination, sexual and gender-based violence (SGBV) and inadequate access to clinical and social services. The numbers of WUD are substantial, making inaction around gender-sensitive harm reduction provisions inexcusable. The prevalence of HIV among WUD is higher than among men who use drugs and WUD are greatly disadvantaged and have limited access to HIV and sexual and reproductive health (SRH) services. Prisons, particularly women's prisons, lack harm reduction services. Meanwhile, service providers and governments remain largely "gender blind" to factors that increase health risks for WUD and service adjustments that would address those risks (WHRIN, 2022).

### 4.5.3 *Sexual and gender diverse groups*

There has been a recent alarming rise in homophobia in Indonesia and the government has adopted a number of laws that directly affect sexual and gender diverse groups (Polymenopoulou, 2018). Polymenopoulou also notes a number of reasons for rising discrimination: (a) an increasing number of anti-prostitution laws and *perdas* (local laws); (b) the revival of anti-gay fatwas and religious laws.

One survey found that among Indonesians who knew what sexual and gender diverse meant, almost 80% would object to having a sexual and gender diverse person as a neighbor. Stigma regarding sexual and gender diverse people in Indonesia means that they have had to access health assistance, advisory services, condom distribution and HIV testing through non-governmental outreach efforts. However, coverage of these efforts remains uneven (The Lancet, editorial, 2018).

Balagos et al (2012) documented the situation for transgender women in Indonesia — known locally as *waria*— during and after the 2010 Mt Merapi eruptions. The study found sexual and gender diverse groups faced political neglect and social discrimination in times of disaster and were particularly impacted by a lack of institutional recognition as a distinct social group with specific needs.

Ridwan and Wu (2018) followed an increase of violence by Islamist conservative groups against sexual and gender diverse individuals and communities. Meanwhile, Thajib (2021) documented the ongoing spike in sentiment opposed to sexual and gender diverse groups in Indonesia since 2016. Social media and other forms of technology can be used to foster and amplify homophobic rhetoric and have enabled citizens to persecute and shame sexual and gender diverse groups directly, as well as demand that the state enact punitive and discriminatory laws (Wijaya, 2022).

### 4.5.4 *Coastal communities*

Indonesia is well known as an archipelago state. Coastal populations can be vulnerable. Rampenga (2014), found that people who live in coastal areas, especially small islands, rely on marine resources while dealing with the challenges of volcanic eruptions, earthquakes and resource competition. Stacey (2019), also identified which coastal communities have been vulnerable due to reliance on deteriorating coastal resources.

Rosyida (2017), noted that ~~coastal communities~~ lacked knowledge, communication, and participation at a local governance level, so did not have equal opportunities in decision making on their territory. (Rosyida, 2018).

Coastal communities relying on small-scale fisheries can also face problems (Halim, 2019). Such communities are vulnerable to social and economic shocks with catches fulfilling only daily needs meaning workers lack decent employment.

Many smaller islands also experience further decreases of productivity due to migration of working aged

adults to bigger islands or to cities and see a decline in agricultural production at the same time. That can leave these areas with ageing populations experiencing difficulties accessing services.

#### **4.5.5 Post conflict areas**

Damaledo (2014) found that East Timorese people who were moved to Indonesian West Timor were classified as refugees, ex-refugees then new citizens. The latter was used by West Timorese people to refer to East Timorese people that had chosen to stay in West Timor. It resulted in East Timorese people becoming vulnerable and experiencing difficulties accessing potential resources (Damaledo, 2014).

People who live in post conflict areas are vulnerable more generally, especially women (Kent, 2014). Post-conflict East Timor also saw a reinforcement of patriarchal norms where women returned to traditional roles as wives, mothers or widows.

#### **4.5.6 Prisoners and former prisoners**

Former prisoners face multiple challenges that mean they are more likely to be victim to some of the indicators mentioned above, including facing discrimination or having lower social-economic status. Women prisoners face more issues still because prisons are designed for male populations and there are only 33 women's prisons across Indonesia.

Former prisoners find difficulties in reintegrating to society – they have often lost their place of habitual residence along with their official documents, jobs, relations and social environment. If not given proper attention, the risks of recidivism rise as do risks to society as a whole.

#### **4.5.7 Displaced populations**

Populations displaced for environmental reasons are at risk of recurrent displacement and increasing impoverishment because of climate-related disasters and natural resource degradation, including the increasing frequency and intensity of extreme weather events like floods, sea level rises and ecosystem damage (in addition to poverty; food, water and livelihood insecurity). These concerns are heightened in the context of ongoing business operations and major planned development projects, like infrastructure or agri businesses, characterized by the absence of free, prior and informed consent (FPIC).

### **4.6 Understanding the causes of vulnerability<sup>10</sup>**

Social norms, such as those reinforced by the patriarchy, can lead to stigmatization of vulnerable/left-behind groups. For example, divorced women are often vulnerable in Indonesian society. These women are then excluded from the policy-making process because public participation in rural areas usually involves men. Sexual and gender diverse groups, sex workers and rehabilitated drug users often

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<sup>10</sup> Some of these discussions are highlights of the FGD series involving development practitioners in Indonesia that were organized to gather information, particularly on identifying factors behind exclusion.

experience similar discrimination.

A general lack of awareness and low levels of educational achievement can also lead to stigmatization of left-behind groups. This is evidenced, for example, by the lack of special facilities in public places to accommodate people with disabilities. Hastuti et al (2020) identified a lack of awareness from various stakeholders (government, families, communities) as the root cause of exclusion for people with disabilities, as illustrated in Figure 15 below.

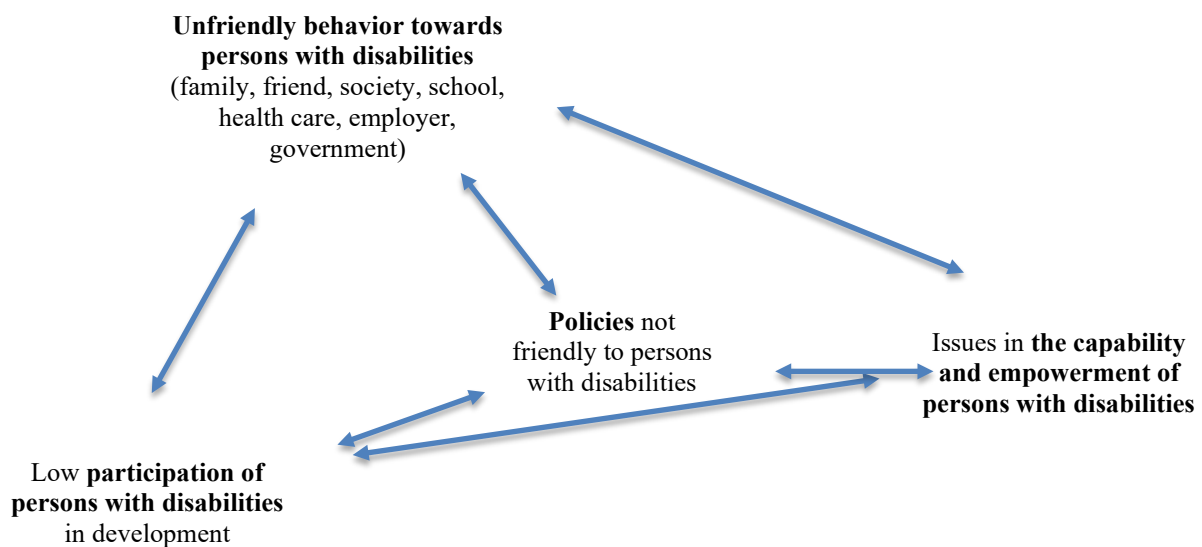


Figure 15. The root causes of exclusion for people with disabilities

Source: Hastuti et al (2020)

Cameron and Suarez (2017) concluded that people with disabilities in Indonesia have lower educational attainment, worse health, fewer economic opportunities and less access to public services than those without. Meanwhile, Aditomo et al (2014) argued that while Indonesia does have a legal framework for protecting/supporting people with disabilities, programs and activities to achieve this are minimal. As a result, people with disabilities have lower education levels, higher unemployment and are less active in their communities.

Per Burke and Siyaranamual (2019), institutional, attitudinal and environmental barriers exacerbate the difficulties faced by people with disabilities in Indonesia.

Meanwhile, bureaucratic rigidity can lead to difficulties for *adat* communities in seeking legal protections. Partial understanding of law and a lack of specifics have led to little concrete action on protecting vulnerable populations. Indonesia has enacted a number of legislative reforms aimed at increasing the participation of various different groups in the policy making process. For example, Village Law, includes an article stating that policy making should involve all elements of the village, including children. However, this is rarely implemented.

Difficulty in interpreting the law and a lack of implementation specifics can also lead to ambiguity on the ground. Most severely disabled people in Indonesia do not benefit from disability-focused social assistance schemes, and Indonesia lags behind countries such as Viet Nam and Nepal in this respect (Larasati et al., 2019). The 2019 expansion of the conditional cash transfers program (PKH) is an important step towards broader coverage. However, people with severe disabilities apparently do not receive PKH support if their family income exceeds the scheme's threshold level, no matter how dire their situation. There is also debate over whether additional PKH funds for the severely disabled do enough to help

increase the recipients' autonomy given that the funds are transferred to family members rather than directly.

Structural transformation can play a major role in vulnerability. Indonesia has recently undergone a stalled industrialization, if not a premature deindustrialization, according to Yusuf et al (2020). Since the Asian Financial Crisis, industrialization has stalled and a notable tertiarization of employment has occurred. Economic development no longer absorbs new workers coming from agriculture/rural areas into more productive jobs. Instead, many end up in informal employment. Service sectors in urban areas are dominated by the gig economy, for example, which many Indonesian youths depend on. Government regulations regarding the gig economy are not yet strongly established, however.

In the context of geography, regionally-imbalanced development as well as sub-optimal inter-regional redistribution measures (such as fiscal decentralization) have led to wide development gaps.

In this context, Harmadi and Adji (2020) compared the conditions of inter-regional disparity before (1995-2001) and after (2002-2017) the implementation of regional autonomy. After calculating inter-regional disparity between regions based on per capita government expenditures, similar conditions to that of per capita income disparity were found. Nevertheless, a positive outcome of implementing regional autonomy was a decline in educational disparity between regions.



*Picture: The government supplied wooden buildings on top of or next to villagers' houses in Marinsow. An ILO-supported programme trained participants in tourism and business skills. Photo credit: UNIC Jakarta*





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CHAPTER

5

CONCLUSION  
AND  
RECOMMENDATION

LEAVE  
NO ONE  
BEHIND IN  
INDONESIA

A DATA-DRIVEN STUDY IDENTIFYING  
INEQUALITIES AND DISCRIMINATION  
THAT CAN BE FACED BY THOSE FURTHEST LEFT BEHIND

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# 5 Conclusion and Recommendations

## 5.1 Conclusion

LNOB can, as discussed above, be a means to improve the likelihood of successfully implementing SDGs and may also hold the key to solving "last mile problems" in various development agendas. However, in the context of SDGs, LNOB still falls short in practical policy implementation due to a lack of clarity in terms of framework and definitions as well as a lack of analysis in relevant literature and policy discussions. This report was one of a number of attempts to fill this research gap in an Indonesian context by identifying left behind populations as well as the reasons and mechanisms for their status.

We used a combination of quantitative and qualitative approaches. First, we clarified the concepts of (a) disadvantaged groups and (b) development dimensions. For our purposes, disadvantaged groups are sub-populations in which individuals have little or no control over their lives. However, being part of a disadvantaged group does not always lead to an individual being left behind, so it was necessary to measure individual development dimensions, such as economic wellbeing or access to basic services and so on. We then pre-identified potentially left behind populations in Indonesia via a systematic literature review and expert opinion survey. This identified a total of 41 groups: 23 identified by literature review and an overlapping 31 by expert opinion surveys. Nationally representative surveys, unfortunately, did not have data on some of those groups so we also used qualitative analysis from FGD and study of relevant literature.

Our quantitative approach calculated the risk of being left behind and the relative risk of being left behind (compared with the general population) for each disadvantaged group in order to measure the extent that each was left behind and identify the furthest left behind. This generated several notable findings.

In terms of general economic wellbeing, the most vulnerable individuals or groups span two of the following: people with disabilities, older people, people living in rural areas.

As for education, the most vulnerable span two of the following: older people, people with disabilities, women, widows or widowers, people living in rural areas.

At most risk of being trapped in informal employment are people who live in remote areas (either rural or disadvantaged regions), especially older people and widows or widowers.

The individuals most at risk of food insecurity live in disadvantaged regions while also having disabilities, being older, being widows or widowers, being women or living in a rural area.

Those left behind in asset possession tend to live remotely. When it comes to accessing technology, represented by access to a mobile phone, the left behind tend to be older people.

In morbidity terms, the most commonly disadvantaged groups are people with disabilities and older people, particularly those who live in remote areas. When it comes to health insurance access, the most commonly disadvantaged groups are those who live in rural areas and those with disabilities, particularly if their homes are also in disadvantaged regions or they are women. Having insurance but being denied

access is most likely to affect people with disabilities, especially if they are older, women, widows or widowers. Children with disabilities have a relatively higher risk of not being immunized, particularly if they live in remote regions.

Not having a savings account is most common among older people, but still more so if they live in rural areas, have disabilities are women or widows/widowers.

Living in remote areas correlates highly with not participating in elections, especially if those areas are disadvantaged regions and the individuals involved are widows or widowers, women or older people.

Those most likely to be disadvantaged in civic spaces compared to the rest of the population are generally women who are older or widows.

Taking the above into consideration, we may conclude that older people living in rural areas stand out as potentially among the furthest left behind. Older people in rural areas, for example, have a high risk of being illiterate, having a very low level of educational attainment, having no access to technology and of being financially excluded.

Another group likely to be among the furthest left behind are older women. They also have a high risk of being illiterate, having a very low level of educational attainment, having no access to technology and of being financially excluded.

Living in a remote area, including disadvantaged or rural regions, may be the most common contributing factor to the risk of being left behind. This is especially true when combined with other commonly disadvantaged groups. Populations in these regions are four times more likely to not own any assets, two times as likely not to live in adequate housing, two times more vulnerable to food insecurity and 2.6 times more likely to be illiterate.

Although typically not considered a disadvantaged group in themselves, children deserve special attention in the LNOB context. To this end, we selected several relevant development indicators for children and calculated their risk of being left behind. We found that in various aspects of development, particularly general economic wellbeing, children are more likely to be left behind compared to adults. This is likely due to demographic trends, particularly higher fertility rates among poorer populations. Access to health insurance is also much more difficult for children with disabilities than for adults with disabilities.

Our qualitative assessment of disadvantaged groups not covered by nationally representative data generated several notable findings. *Adat* communities are left behind in almost all aspects of development, particularly in access to basic needs, services and legal rights. People with HIV still experience various forms of discrimination, including in legal and administrative processes, access to social welfare, housing and reproductive services. Recent revivals of various discriminatory laws and regulations have also prevented sexual and gender diverse groups from gaining optimal and equal access to various kinds of health services, including during disasters. People in coastal communities are left behind in access to economic resources, decent jobs and technology. Meanwhile, people living in post-zones are similarly susceptible to various kinds of marginalization.

There are numerous causes of marginalization amongst these disadvantaged groups. Among older people, weak implementation of government protection programs, particularly beneficiary targeting, is one of the main causes. Marginalization of people with disabilities can be due to systemic barriers, insufficient financial resources, weak law enforcement, lack of awareness in the public sector, and conflicting data.

People living remotely, including in rural areas or disadvantaged regions, typically face problems of a more structural nature. Development is often imbalanced and Java-centric, while sub-optimal inter-regional redistribution measures (such as fiscal decentralization) have led to wide development gaps across regions.

Slow development progress in *adat* communities can result from reasons including a lack of legal recognition, bias in favor of big businesses as well as oversimplification of their problems by authorities. Factors attributable to almost all kinds of vulnerability include lack of awareness, low educational achievement, bureaucratic rigidity, ignorance of local customs, minimal infrastructure development in remote regions, imbalanced adoption of technology and only partial understanding of the law. In more macro aspects, structural transformation — particularly stalled industrialization — could have been the root cause of slow job formalization, particularly in cities.

## 5.2 Recommendations for the UN in Indonesia

### 5.2.1 Data and Evidence

- Vulnerable groups, particularly those identified in the qualitative analysis of this report, need to be more represented in national statistics. The UN may wish to engage the BPS to commission surveys specifically targeting such groups. One example would be a census of people with disabilities, or of *adat* communities. Such data, when available regularly, is useful for monitoring wellbeing and ensuring vulnerable populations are not left behind in economic development.
- The UN may wish to enrich nationally representative data by, for instance, carrying out an ethnographic study for those groups it does not cover.
- LNOB is vast in scope and multidisciplinary in nature. Therefore, more in-depth studies, including applying systems thinking, on the drivers of marginalization of each left-behind group could be considered to obtain a holistic view of the root causes involved.

### 5.2.2 Planning, Monitoring and Evaluation

- It is important that LNOB is integrated and considered by UN Indonesia in its planning, monitoring and evaluation from the Cooperation Framework level up to UN agency-specific country strategic documents and project implementation.
- At the Cooperation Framework level, UN Indonesia should ensure that LNOB Groups are visible in the M&E Framework, including the Cooperation Framework outcome and output statements and their indicators.
- In integrating LNOB into the Joint Work Plan (JWP), the UN is strongly advised to utilize the tagging of LNOB Groups identified in this study for each sub-output registered by UN Agencies in UN Info. This will enable the UN to track which LNOB groups benefited from UN programs and which ones are not yet targeted by the UN. It will then strengthen LNOB in the UN Annual Results Report.
- LNOB should be integrated into the agency-specific country strategic document and project documents. LNOB should be considered at the earliest possible stage in the design of country strategic planning or project planning. UN Indonesia could consider holding capacity building or training exercises for its planning and M&E officers on integrating LNOB-specific groups in its results-based management.
- The study emphasized intersectionality in identifying the furthest behind groups in certain development dimensions. The UN should consider intersectionality in its programming. For example, while targeting beneficiaries based on gender, the UN should also consider which age group they belong to, whether they live in remote areas and their disability status.

- LNOB groups should also be considered when designing Joint Programs that involve two or more UN Agencies, allowing them to monitor and report on LNOB during implementation.

### 5.2.3 *Partnership, Communication, and Advocacy*

- Committing to LNOB should reinforce meaningful participation with civil society in Cooperation Framework implementation. UN Indonesia should establish dedicated and regular consultations with diverse civil society actors and those representing the most disadvantaged groups. One example is consulting with CSOs in producing a JWP. Another is ensuring each UN agency consult with CSOs before and during implementation of their programs.
- Continuous advocacy efforts should be made to ensure the Indonesian government commit to ensuring all LNOB groups are represented in national statistics.
- The UN should communicate the findings of this study to the wider public.

## 5.3 Recommendations for the Indonesian Government

- Better represent vulnerable groups, particularly those identified in the qualitative analysis of this report, in national statistics. This can be achieved by engaging BPS as mandated by BAPPENAS to commission surveys that specifically target the kinds of vulnerable groups outlined above.
- Continue to improve social protections by paying more attention to groups identified as most left behind, particularly older people and people with disabilities. This should go beyond social protections based on proxy-means targeting, which rely mostly on economic dimensions. When prioritization is necessary, older women in remote regions should be given high priority.
- Together with all relevant stakeholders, including civil society organizations, the Indonesian government needs to invest more in fine tuning various pieces of legislation aimed at protecting the most vulnerable groups. When legislation lacks clarity or contains ambiguities in its implementation, further directives should be prepared and implemented to remedy this.
- Local governments, such as village-level bodies, together with communities, voluntary organizations and other relevant stakeholders, should make renewed efforts to reach out to people with disabilities to ensure that they have health insurance and are not denied access to medical care when they need it.
- Extra and improved programs should be planned to prevent children from working in the informal sector. The Conditional Cash Transfers program (*Program Keluarga Harapan/PKH*) is a good example of a government initiative that works on this issue. Extending the program would be useful in keeping children out of informal employment by keeping them in school or training.
- Negative attitudes toward vulnerable groups, such as people with disabilities or PLHIV, can be changed through educational initiatives. An evaluation of the elementary and secondary education curriculums with this in mind would be a good start in doing so. This should also extend to training of civil servants.
- Because geography is still one of the main factors increasing the risk of being left behind, particularly for people living in remote regions, economic development should be more regionally balanced. Development in rural areas could take advantage of new developments in IT or renewable energy, for example. Increasing the connectivity of such regions, both physically and digitally, is one way of balancing economic development and reducing the risk of their populations being left behind in various development dimensions.

## 5.4 Caveats and future research direction

As the inclusion of LNOB within the SDG agenda is fairly recent, previous studies have been limited. This report is one of a few initial attempts in this field and surely contains many weaknesses as a result. Some of these are noted below along with potential solutions to be utilized in future research.

Given the scope of LNOB, questions related to the drivers of vulnerability should be studied more as they relate to specific left-behind groups. The aims of this report are too broad to draw such detailed conclusions.

A carefully planned research agenda should also be developed to improve our understanding of the left behind, including who they are, the drivers behind their vulnerability and the solutions to it. A scientific research agenda involves a list of much bigger tasks that need involvement of, not only relevant national and international organizations, but also scientific communities in general.

Additionally, despite being complemented with qualitative analysis through FGD and literature review, this report is heavy on quantitative analysis. Quantitative analysis is often constrained by data availability, particularly when relying on secondary data sources. Future research could improve on this via primary data collections on a quantitative (sampling survey) and qualitative (ethnographic study) basis.

Due to weakness in data availability, our study used two methods in parallel. In the quantitative approach, we managed to identify which disadvantaged groups were furthest behind by measuring the relative risk of being left behind in various development indicators. The approach is transparent, straightforward and replicable. However, it relies on available nationally representative survey data, in which many pre-identified disadvantaged groups cannot be identified. We used a qualitative approach for analyzing these groups via literature review and FGD. A qualitative approach, however, can only summarize stories or case studies that are often fragmented and difficult to generalize. Also, without at least some quantitative measures, we cannot identify multi-layered aspects of marginalization to determine the extent that certain groups are left behind or the likelihood of them being furthest left behind. When more data is available, this can be resolved.

Future studies may also focus on specific population groups to understand further details of the problems they face.

- Follow up studies may be required for groups living in particular geographic areas or in specific situations, such as urban-peri regions or nomadic populations.
- While the quantitative analysis of the study disaggregates men and women, further attention should be given to sexual and gender diverse populations.
- The report is able to address the extent to which people with disabilities are left behind, but the UN may wish to investigate how this varies with different types of disability.
- Despite not being identified in the systematic review and in national statistics, the study suggests that the UN should conduct further research that includes refugees and asylum seekers.





*Picture: Residents of a coastal village in Lombok, West Nusa Tenggara Province. Photo credit: UNDP*



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# CHAPTER 6 REFERENCES

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*Pictuer: Villagers in Inegen a gather monthly to discuss implementation of their village's economic transformation plan. Community engagement is a key ingredient for success, according to the methodology promoted by IFAD, the UN's rural development agency. Photo credit: UNIC Jakarta*



UNITED  
NATIONS  
INDONESIA

CHAPTER

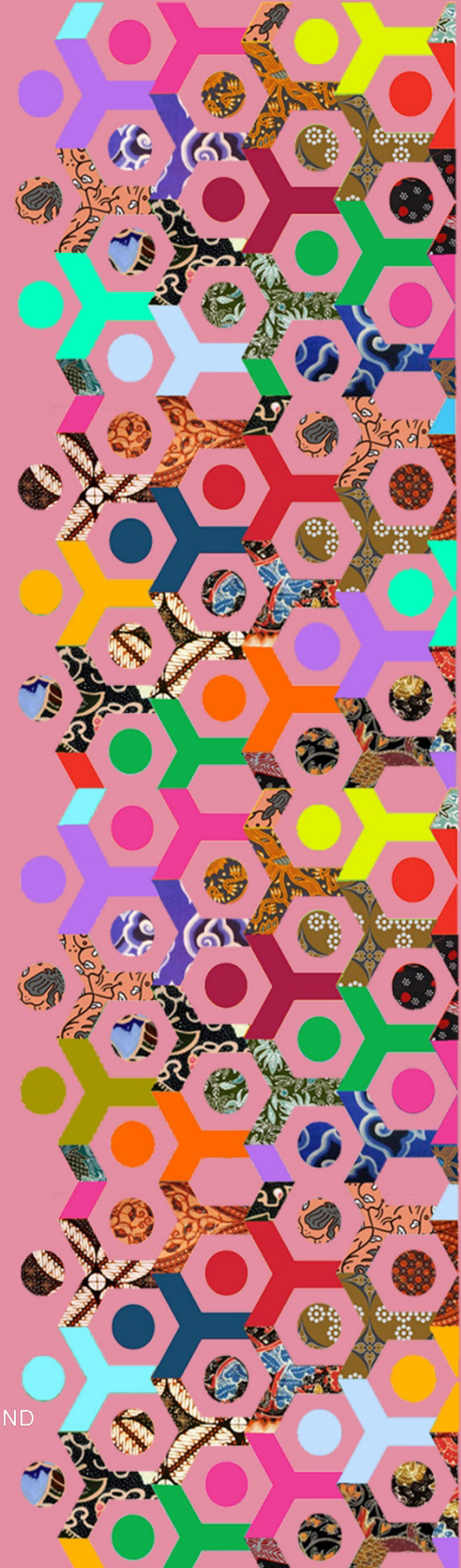
7

ANNEX

LEAVE  
NO ONE  
BEHIND IN  
INDONESIA

A DATA-DRIVEN STUDY IDENTIFYING  
INEQUALITIES AND DISCRIMINATION  
THAT CAN BE FACED BY THOSE FURTHEST LEFT BEHIND

26 SEPTEMBER 2022



## 7.1 Tables and Figures

### EXPOSURE INDICATORS OF THE TABLES

BOT-10N:	Bottom 10% of national expenditure per capita distribution
BOT-10L:	Bottom 10% of local expenditure per capita distribution
BOT-5N:	Bottom 5% of national expenditure per capita distribution
BOT-5L:	Bottom 5% of local expenditure per capita distribution
U6-SCH:	Under 6-years of education ILLITER: Illiteracy (cannot read/write)
NOMOBILE:	No access to mobile phone
NOBIRTHASS:	No birth assistant
NO-FINA:	No savings at financial institution INFORMAL: Informal labor
NO-INS:	Without health insurance
UNHEALTHY:	Unhealthy - morbidity impairing daily activities
DENY-INS:	Denied access to health insurance (if insured)
NO-IMM:	No immunization as children
FOOD-INS:	Difficulty in accessing basic food due to economic factors
NO-HOUSE:	Living in non-adequate housing
NO-ASSET:	Not owning any kind of assets
NO-LAND:	Not owning land
NO-MEET:	Absence from participation in community meetings
NO-OPN:	Not regularly giving opinion in community meetings
NO-MEMB:	Not member of community association
NO-CWRK:	Not participating in community work (e.g. " <i>kerja bakti</i> ")
NO-ASST:	Not contributing in community burden sharing
NO-VOTE:	Not voting



Table 5 Risk of being left behind<sup>11</sup>

	Bottom 10% of nationwide	Bottom 10% of region-wide	Bottom 5% of nationwide	Bottom 5% of region-wide	Under 6-years of education	Literacy	No mobile phone	No birth assistant	Financially excluded	Informal workers	No health insurance	Unhealthy
DIMENSION	BOT-10N	BOT-10L	BOT-5N	BOT-5L	U6-SCH	ILLITER	NOMOBILE	NOBIRTHASS	NO-FINA	INFORMAL	NO-INS	UNHEALTHY
<b>Year 2020</b>												
people with disabilities	0.125	0.122	0.065	0.064	0.412	0.165	0.630	0.070	0.733	0.696	0.352	0.273
older people	0.142	0.123	0.076	0.066	0.507	0.236	0.743	0.000	0.769	0.825	0.269	0.264
older people-people with disabilities	0.154	0.137	0.082	0.073	0.569	0.283	0.817	0.000	0.810	0.855	0.276	0.338
older people-women	0.148	0.130	0.080	0.071	0.592	0.315	0.813	0.000	0.802	0.853	0.280	0.266
older people-rural	0.187	0.136	0.105	0.075	0.622	0.312	0.817	0.000	0.834	0.879	0.328	0.283
older people-disadvantagedregion	0.200	0.069	0.115	0.031	0.560	0.276	0.804	0.000	0.767	0.959	0.250	0.311
older people-widow or widower	0.130	0.115	0.068	0.063	0.595	0.311	0.814	0.000	0.797	0.831	0.295	0.274
women	0.103	0.103	0.052	0.053	0.211	0.074	0.412	0.049	0.613	0.511	0.303	0.152
women-people with disabilities	0.125	0.122	0.066	0.065	0.471	0.212	0.698	0.070	0.757	0.722	0.346	0.272
women-rural	0.146	0.112	0.078	0.058	0.287	0.111	0.530	0.080	0.699	0.676	0.359	0.161
women-disadvantagedregion	0.225	0.103	0.131	0.053	0.381	0.196	0.615	0.284	0.691	0.818	0.279	0.141
women-widow or widower	0.115	0.110	0.061	0.060	0.449	0.208	0.621	0.103	0.700	0.652	0.288	0.227
rural	0.142	0.108	0.076	0.056	0.250	0.085	0.425	0.080	0.674	0.646	0.362	0.155

<sup>11</sup> See note at the bottom of the table for the full description of the column

	Bottom 10% of nationwide	Bottom 10% of region-wide	Bottom 5% of nationwide	Bottom 5% of region-wide	Under 6-years of education	Literacy	No mobile phone	No birth assistant	Financially excluded	Informal workers	No health insurance	Unhealthy
rural-people with disabilities	0.167	0.131	0.094	0.072	0.500	0.215	0.697	0.124	0.786	0.797	0.407	0.283
rural-disadvantagedregion	0.244	0.114	0.144	0.059	0.375	0.186	0.558	0.312	0.719	0.826	0.281	0.136
rural-widow or widower	0.146	0.111	0.081	0.061	0.525	0.251	0.672	0.174	0.770	0.752	0.342	0.238
disadvantagedregion	0.220	0.102	0.128	0.052	0.342	0.167	0.517	0.284	0.682	0.786	0.281	0.137
disadvantagedregion-people with disabilities	0.231	0.101	0.142	0.052	0.475	0.211	0.693	0.329	0.750	0.882	0.391	0.273
widower	0.106	0.102	0.056	0.054	0.411	0.179	0.581	0.103	0.698	0.638	0.300	0.217
widow or widower-people with disabilities	0.125	0.114	0.065	0.062	0.573	0.283	0.784	0.096	0.794	0.777	0.297	0.326
widow or widower-disadvantagedregion	0.166	0.071	0.098	0.035	0.527	0.266	0.695	0.243	0.719	0.871	0.256	0.236
<b>Year 2014</b>												
disasterzone	0.136	0.123	0.067	0.064	0.617	0.449	na	1.000	na	0.857	0.425	0.268
older people-disasterzone	0.151	0.126	0.077	0.064	0.626	0.442	na	1.000	na	0.859	0.373	0.298
women-disasterzone	0.095	0.098	0.046	0.044	0.279	0.126	na	0.921	na	0.560	0.384	0.155
rural-disasterzone	0.137	0.121	0.066	0.057	0.326	0.135	na	0.921	na	0.706	0.390	0.170
disadvantagedregion-disasterzone	0.276	0.191	0.166	0.110	0.361	0.198	na	0.349	na	0.811	0.261	0.126
widow or widower-disasterzone	0.133	0.133	0.075	0.079	0.525	0.308	na	0.924	na	0.718	0.384	0.233
<b>National (2020)</b>	<b>0.100</b>	<b>0.101</b>	<b>0.050</b>	<b>0.051</b>	<b>0.181</b>	<b>0.054</b>	<b>0.326</b>	<b>0.049</b>	<b>0.579</b>	<b>0.496</b>	<b>0.307</b>	<b>0.146</b>

	Bottom 10% of nationwide	Bottom 10% of region-wide	Bottom 5% of nationwide	Bottom 5% of region-wide	Under 6-years of education	Literacy	No mobile phone	No birth assistant	Financially excluded	Informal workers	No health insurance	Unhealthy
National (2014)	0.100	0.100	0.050	0.050	0.231	0.096	na	0.920	na	0.546	0.443	0.133

Table 5. Risk of being left behind (continued)

	Denied insurance access	No immunization	Food insecure	Inadequate housing condition	No assets	Not owning land	Not active in community meeting	Not giving opinion in community	Not member of community association	No participation in community work	Not assisting others with calamity	No voting
DIMENSION	DENY-INS	NO-IMM	FOOD-INS	NO-HOUSE	NO-ASSET	NO-LAND	NO-MEET	NO-OPN	NO-MEMB	NO-CWRK	NO-ASST	NO-VOTE
<b>Year 2020</b>												
people with disabilities	0.007	0.679	0.258	0.297	0.048	0.248	na	na	na	na	na	na
older people	0.005	0.000	0.207	0.234	0.055	0.161	0.097	0.181	0.686	0.292	0.050	0.048
older people-people with disabilities	0.006	0.000	0.255	0.256	0.069	0.172	na	na	na	na	na	na
older people-women	0.005	0.000	0.214	0.240	0.063	0.177	0.105	0.177	0.681	0.323	0.054	0.052
older people-rural	0.004	0.000	0.240	0.285	0.057	0.125	0.095	0.196	0.699	0.262	0.042	0.041
older people-disadvantagedregion	0.004	0.000	0.478	0.489	0.081	0.129	0.082	0.108	0.837	0.208	0.038	0.040
older people-widow or widower	0.005	0.000	0.219	0.249	0.069	0.190	0.106	0.174	0.671	0.319	0.050	0.049
women	0.004	0.623	0.199	0.285	0.033	0.264	0.091	0.169	0.695	0.253	0.037	0.043
women-people with disabilities	0.006	0.684	0.258	0.295	0.052	0.249	na	na	na	na	na	na
women-rural	0.004	0.630	0.240	0.313	0.035	0.180	0.090	0.178	0.705	0.221	0.024	0.030
women-disadvantagedregion	0.003	0.485	0.408	0.595	0.126	0.231	0.068	0.123	0.844	0.166	0.041	0.059
women-widow or widower	0.005	0.000	0.229	0.266	0.064	0.226	0.110	0.175	0.699	0.353	0.050	0.045
rural	0.003	0.631	0.241	0.317	0.033	0.180	0.090	0.178	0.707	0.213	0.023	0.030
rural-people with disabilities	0.006	0.676	0.298	0.328	0.047	0.172	na	na	na	na	na	na
rural-disadvantagedregion	0.002	0.490	0.422	0.635	0.135	0.227	0.061	0.128	0.851	0.140	0.035	0.062
rural-widow or widower	0.004	0.000	0.268	0.310	0.066	0.166	0.108	0.175	0.716	0.311	0.039	0.039

	Denied insurance access	No immunization	Food insecurity	Inadequate housing condition	No assets	Not owning land	Not active in community meeting	Not giving opinion in community	Not member of community association	No participation in community work	Not assisting others with calamity	No voting
<b>disadvantagedregion</b>	0.003	0.492	0.405	0.595	0.126	0.231	0.065	0.121	0.847	0.164	0.041	0.062
<b>disadvantagedregion-people with disabilities</b>	0.004	0.471	0.507	0.580	0.093	0.183	na	na	na	na	na	na
<b>widower</b>	0.006	0.000	0.228	0.268	0.065	0.229	0.106	0.177	0.702	0.329	0.047	0.046
<b>widow or widower-people with disabilities</b>	0.006	0.000	0.278	0.277	0.081	0.213	na	na	na	na	na	na
<b>widow or widower-disadvantagedregion</b>	0.004	0.000	0.455	0.572	0.130	0.209	0.087	0.126	0.853	0.224	0.040	0.070
<b>Year 2014</b>												
<b>disasterzone</b>	na	0.000	na	0.326	0.196	na	0.096	0.181	0.691	0.243	0.031	0.042
<b>older people-disasterzone</b>	na	0.000	na	0.375	0.231	na	0.109	0.207	0.656	0.278	0.041	0.046
<b>women-disasterzone</b>	na	0.044	na	0.462	0.161	na	0.098	0.179	0.689	0.252	0.031	0.042
<b>rural-disasterzone</b>	na	0.063	na	0.555	0.223	na	0.105	0.189	0.709	0.204	0.022	0.031
<b>disadvantagedregion-disasterzone</b>	na	0.130	na	0.764	0.523	na	0.049	0.132	0.794	0.122	0.036	0.037
<b>widow or widower-disasterzone</b>	na	0.000	na	0.431	0.229	na	0.108	0.202	0.687	0.335	0.042	0.044
<b>National (2020)</b>	<b>0.004</b>	<b>0.622</b>	<b>0.200</b>	<b>0.288</b>	<b>0.032</b>	<b>0.266</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>
<b>National (2014)</b>	<b>na</b>	<b>0.038</b>	<b>na</b>	<b>0.386</b>	<b>0.124</b>	<b>na</b>	<b>0.090</b>	<b>0.170</b>	<b>0.697</b>	<b>0.246</b>	<b>0.036</b>	<b>0.043</b>

Table 6 Relative Risk Ratio of being left behind

	Bottom 10% of nationwide	Bottom 10% of region-wide	Bottom 5% of nationwide	Bottom 5% of region-wide	Under 6-years of education	Literacy	No mobile phone	No birth assistant	Financially excluded	Informal workers	No health insurance	Unhealthy
DIMENSION	BOT-10N	BOT-10L	BOT-5N	BOT-5L	U6-SCH	ILLITER	NOMOBILE	NOBIRTHASS	NO-FINA	INFORMAL	NO-INS	UNHEALTHY
Year 2020												
people with disabilities	1.248	1.209	1.309	1.258	2.280	3.037	1.933	1.435	1.266	1.403	1.146	1.865
older people	1.418	1.218	1.512	1.286	2.807	4.339	2.280	0.000	1.327	1.663	0.877	1.802
older people-people with disabilities	1.541	1.354	1.639	1.432	3.151	5.196	2.507	0.000	1.397	1.723	0.899	2.309
older people-women	1.483	1.285	1.592	1.381	3.279	5.783	2.495	0.000	1.384	1.720	0.911	1.818
older people-rural	1.870	1.348	2.096	1.462	3.442	5.728	2.505	0.000	1.440	1.770	1.067	1.934
older people-disadvantagedregion	1.997	0.684	2.305	0.599	3.102	5.072	2.467	0.000	1.324	1.932	0.814	2.126
older people-widow or widower	1.304	1.137	1.355	1.226	3.296	5.703	2.498	0.000	1.376	1.674	0.962	1.874
women	1.025	1.021	1.033	1.026	1.169	1.358	1.263	1.000	1.059	1.030	0.987	1.039
women-people with disabilities	1.254	1.208	1.321	1.269	2.607	3.890	2.142	1.435	1.307	1.454	1.127	1.861
women-rural	1.458	1.104	1.560	1.129	1.590	2.046	1.626	1.645	1.207	1.362	1.169	1.100
women-disadvantagedregion	2.248	1.020	2.614	1.031	2.107	3.590	1.886	5.837	1.193	1.648	0.907	0.962
women-widow or widower	1.155	1.092	1.225	1.162	2.486	3.812	1.905	2.107	1.208	1.314	0.938	1.548
rural	1.418	1.071	1.510	1.090	1.385	1.563	1.305	1.645	1.164	1.301	1.179	1.058
rural-people with disabilities	1.672	1.298	1.880	1.410	2.767	3.946	2.137	2.539	1.357	1.605	1.327	1.936

	Bottom 10% of nationwide	Bottom 10% of region-wide	Bottom 5% of nationwide	Bottom 5% of region-wide	Under 6-years of education	Literacy	No mobile phone	No birth assistant	Financially excluded	Informal workers	No health insurance	Unhealthy
rural-disadvantagedregion	2.439	1.129	2.871	1.147	2.075	3.412	1.713	6.404	1.241	1.665	0.915	0.932
rural-widow or widower	1.457	1.094	1.624	1.183	2.906	4.610	2.062	3.574	1.329	1.516	1.115	1.625
disadvantagedregion	2.203	1.006	2.563	1.021	1.896	3.066	1.586	5.837	1.178	1.585	0.913	0.936
disadvantagedregion-people with disabilities	2.312	1.002	2.840	1.008	2.630	3.875	2.125	6.744	1.294	1.777	1.273	1.865
widower	1.065	1.009	1.115	1.061	2.273	3.280	1.783	2.107	1.205	1.286	0.978	1.481
widow or widower-people with disabilities	1.247	1.126	1.303	1.210	3.170	5.194	2.405	1.970	1.370	1.565	0.968	2.228
widow or widower-disadvantagedregion	1.657	0.701	1.967	0.687	2.916	4.880	2.131	4.982	1.241	1.755	0.834	1.610
Year 2014												
disasterzone	1.356	1.231	1.332	1.281	2.666	4.673	na	1.087	na	1.570	0.961	2.016
older people-disasterzone	1.509	1.254	1.536	1.281	2.704	4.599	na	1.087	na	1.573	0.843	2.243
women-disasterzone	0.951	0.976	0.910	0.879	1.206	1.307	na	1.002	na	1.025	0.868	1.163
rural-disasterzone	1.369	1.211	1.318	1.139	1.410	1.407	na	1.001	na	1.294	0.880	1.280
disadvantagedregion-disasterzone	2.759	1.909	3.317	2.185	1.559	2.059	na	0.379	na	1.487	0.590	0.949
widow or widower-disasterzone	1.333	1.323	1.502	1.568	2.268	3.208	na	1.004	na	1.315	0.867	1.749





Table 6. Relative Risk Ratio of being left behind (continued)

	Denied insurance access	No immunization	Food insecure	Inadequate housing condition	No assets	Not owning land	Not active in community meeting	Not giving opinion in community	Not member of community association	No participation in community work	Not assisting others with calamity	No voting
DIMENSION	DENY-INS	NO-IMM	FOOD-INS	NO-HOUSE	NO-ASSET	NO-LAND	NO-MEET	NO-OPN	NO-MEMB	NO-CWRK	NO-ASST	NO-VOTE
<b>Year 2020</b>												
people with disabilities	1.776	1.090	1.290	1.031	1.491	0.930	na	na	na	na	na	na
older people	1.312	0.000	1.037	0.812	1.713	0.604	1.075	1.066	0.983	1.186	1.366	1.122
older people-people with disabilities	1.537	0.000	1.278	0.889	2.159	0.645	na	na	na	na	na	na
older people-women	1.246	0.000	1.073	0.832	1.977	0.664	1.165	1.041	0.977	1.309	1.491	1.196
older people-rural	1.176	0.000	1.204	0.987	1.782	0.470	1.051	1.153	1.002	1.065	1.156	0.957
older people-disadvantagedregion	1.031	0.000	2.392	1.695	2.531	0.483	0.911	0.634	1.200	0.842	1.059	0.919
older people-widow or widower	1.425	0.000	1.098	0.864	2.164	0.712	1.176	1.027	0.962	1.294	1.373	1.130
women	1.072	1.001	0.996	0.989	1.036	0.991	1.008	0.994	0.997	1.026	1.017	1.005
women-people with disabilities	1.633	1.099	1.292	1.024	1.609	0.935	na	na	na	na	na	na
women-rural	0.956	1.012	1.204	1.086	1.107	0.676	0.997	1.046	1.011	0.896	0.658	0.701
women-disadvantagedregion	0.681	0.779	2.042	2.063	3.923	0.867	0.756	0.723	1.210	0.673	1.140	1.379
women-widow or widower	1.492	0.000	1.148	0.921	1.993	0.850	1.223	1.032	1.003	1.434	1.378	1.048
rural	0.854	1.013	1.205	1.100	1.041	0.674	0.997	1.050	1.014	0.865	0.642	0.694
rural-people with disabilities	1.664	1.086	1.490	1.138	1.469	0.646	na	na	na	na	na	na
rural-disadvantagedregion	0.657	0.787	2.113	2.200	4.202	0.851	0.683	0.753	1.220	0.569	0.951	1.443
rural-widow or widower	1.193	0.000	1.343	1.074	2.064	0.622	1.200	1.028	1.027	1.261	1.079	0.915
Disadvantagedregion	0.727	0.791	2.031	2.064	3.914	0.868	0.718	0.714	1.214	0.667	1.133	1.435

<b>disadvantagedregion-people with disabilities</b>	0.978	0.757	2.541	2.010	2.896	0.687	na	na	na	na	na	na
<b>widow or widower</b>	1.532	0.000	1.142	0.930	2.024	0.858	1.175	1.040	1.007	1.334	1.303	1.061
<b>widow or widower-people with disabilities</b>	1.751	0.000	1.394	0.962	2.532	0.801	na	na	na	na	na	na
<b>widow or widower-disadvantagedregion</b>	0.996	0.000	2.279	1.983	4.058	0.784	0.972	0.745	1.223	0.908	1.111	1.626
<b>Year 2014</b>												
<b>disasterzone</b>	na	0.000	na	0.843	1.585	na	1.072	1.066	0.992	0.987	0.849	0.965
<b>older people-disasterzone</b>	na	0.000	na	0.971	1.868	na	1.209	1.220	0.941	1.126	1.139	1.067
<b>women-disasterzone</b>	na	1.163	na	1.196	1.303	na	1.085	1.054	0.988	1.023	0.867	0.972
<b>rural-disasterzone</b>	na	1.657	na	1.437	1.802	na	1.162	1.111	1.016	0.828	0.610	0.714
<b>disadvantagedregion-disasterzone</b>	na	3.434	na	1.977	4.232	na	0.541	0.778	1.139	0.496	0.988	0.859
<b>widow or widower-disasterzone</b>	na	0.000	na	1.116	1.853	na	1.197	1.188	0.985	1.359	1.146	1.026

Table 7 Rank of Relative Risk Ratio of being left behind

	Bottom 10% of nation-wide	Bottom 10% of region-wide	Bottom 5% of nation-wide	Bottom 5% of region-wide	Under 6-years of education	Literacy	No mobile phone	No birth assistant	Financially excluded	Informal workers	No health insurance	Unhealthy
DIMENSION	BOT-10N	BOT-10L	BOT-5N	BOT-5L	U6-SCH	ILLITER	NOMOBILE	NOBIRTHAS S	NO-FINA	INFORMA L	NO-INS	UNHEALTH Y
Year 2020												
people with disabilities	22	11	22	11	16	21	13	13	12	19	5	10
older people	15	9	15	7	9	11	7	22	8	9	21	13
older people-people with disabilities	10	2	10	4	5	4	1	22	2	5	19	1
older people-women	12	6	12	6	3	1	4	22	3	6	17	12
older people-rural	7	3	7	3	1	2	2	22	1	3	8	7
older people-disadvantagedregion	6	27	6	27	6	6	5	22	9	1	26	4
older people-widow or widower	20	13	18	12	2	3	3	22	4	7	12	8
women	26	20	26	22	27	26	21	20	21	26	9	23
women-people with disabilities	21	12	20	10	14	13	8	13	10	18	6	11
women-rural	13	16	13	18	22	23	18	11	16	20	4	21
women-disadvantagedregion	4	21	4	21	19	16	15	3	18	10	18	24
women-widow or widower	24	18	24	15	15	15	14	8	15	22	14	17
rural	16	19	16	19	25	24	20	11	20	23	3	22
rural-people with disabilities	8	5	9	5	10	12	9	7	6	11	1	6

	Bottom 10% of nationwide	Bottom 10% of region-wide	Bottom 5% of nationwide	Bottom 5% of region-wide	Under 6-years of education	Literacy	No mobile phone	No birth assistant	Financially excluded	Informal workers	No health insurance	Unhealthy
rural-disadvantagedregion	2	14	2	16	20	17	17	2	14	8	15	27
rural-widow or widower	14	17	11	14	8	9	12	6	7	16	7	15
disadvantagedregion	5	23	5	23	21	20	19	3	19	12	16	26
disadvantagedregion-people with disabilities	3	24	3	24	13	14	11	1	11	2	2	9
widow or widower	25	22	25	20	17	18	16	8	17	25	10	18
widow or widower-people with disabilities	23	15	23	13	4	5	6	10	5	15	11	3
widow or widower-disadvantagedregion	9	26	8	26	7	7	10	5	13	4	25	16
Year 2014												
disasterzone	18	8	19	8	12	8	na	15	na	14	13	5
older people-disasterzone	11	7	14	9	11	10	na	15	na	13	24	2
women-disasterzone	27	25	27	25	26	27	na	18	na	27	22	20
rural-disasterzone	17	10	21	17	24	25	na	19	na	24	20	19
disadvantagedregion-disasterzone	1	1	1	1	23	22	na	21	na	17	27	25
widow or widower-disasterzone	19	4	17	2	18	19	na	17	na	21	23	14

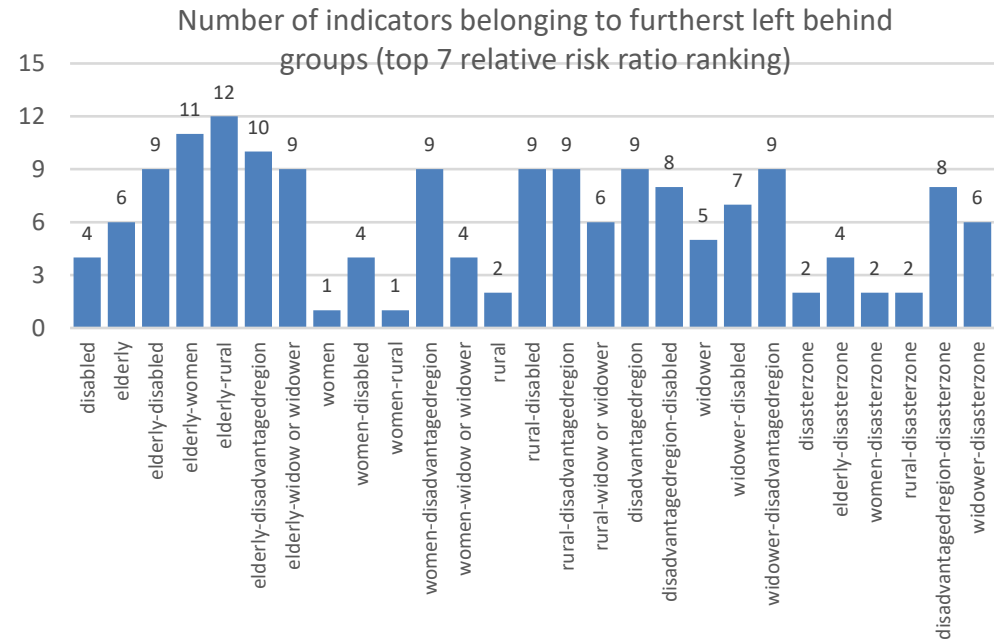
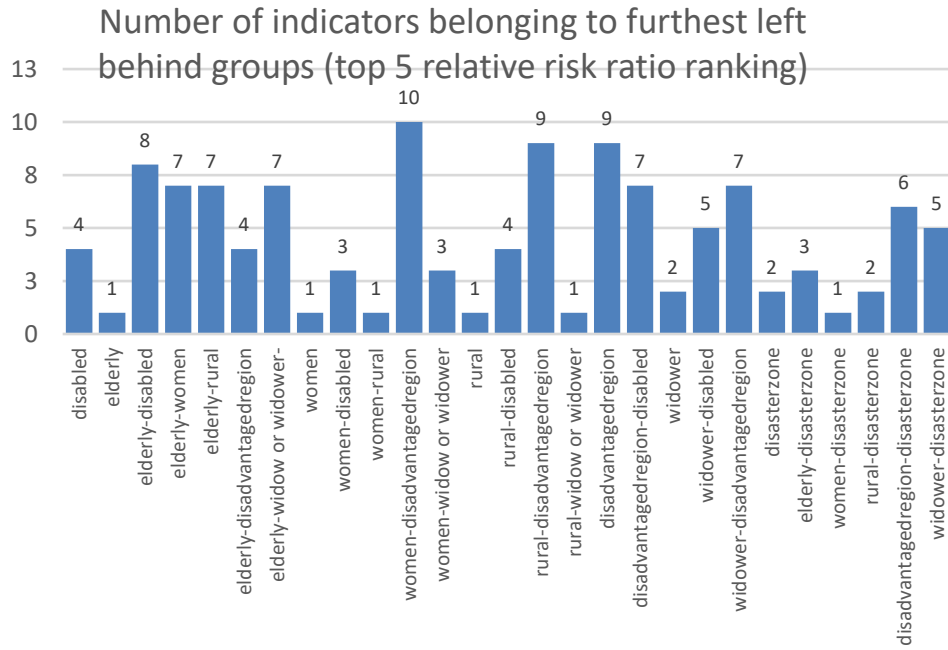


Table 7. Rank of Relative Risk Ratio of being left behind (continued)

	Denied insurance access	No immunization	Food insecure	Inadequate housing condition	No assets	Not owning land	Not active in community meeting	Not giving opinion in community	Not member of community association	No participation in community work	Not assisting others with calamity	No voting
DIMENSION	DENY-INS	NO-IMM	FOOD-INS	NO-HOUSE	NO-ASSET	NO-LAND	NO-MEET	NO-OPN	NO-MEMB	NO-CWRK	NO-ASST	NO-VOTE
Year 2020												
people with disabilities	1	5	11	15	22	3	na	na	na	na	na	na
older people	9	14	20	27	19	19	10	6	18	7	4	7
older people-people with disabilities	5	14	12	23	10	17	na	na	na	na	na	na
older people-women	10	14	19	26	14	15	7	10	19	4	1	5
older people-rural	12	14	15	18	18	21	12	3	13	9	6	15
older people-disadvantagedregion	14	14	2	7	8	20	17	21	5	16	13	16
older people-widow or widower	8	14	18	24	9	11	5	14	20	5	3	6
women	13	9	21	17	27	1	13	15	14	10	14	12
women-people with disabilities	4	4	10	16	20	2	na	na	na	na	na	na
women-rural	17	8	14	13	25	13	14	9	10	14	19	20
women-disadvantagedregion	20	12	5	3	4	5	18	19	4	18	8	4
women-widow or widower	7	14	16	22	13	8	1	12	12	1	2	10
rural	18	7	13	12	26	14	15	8	9	15	20	21
rural-people with disabilities	3	6	7	10	23	16	na	na	na	na	na	na
rural-disadvantagedregion	21	11	4	1	2	7	20	17	2	20	16	2
rural-widow or widower	11	14	9	14	11	18	3	13	7	6	12	17
disadvantagedregion	19	10	6	2	5	4	19	20	3	19	10	3

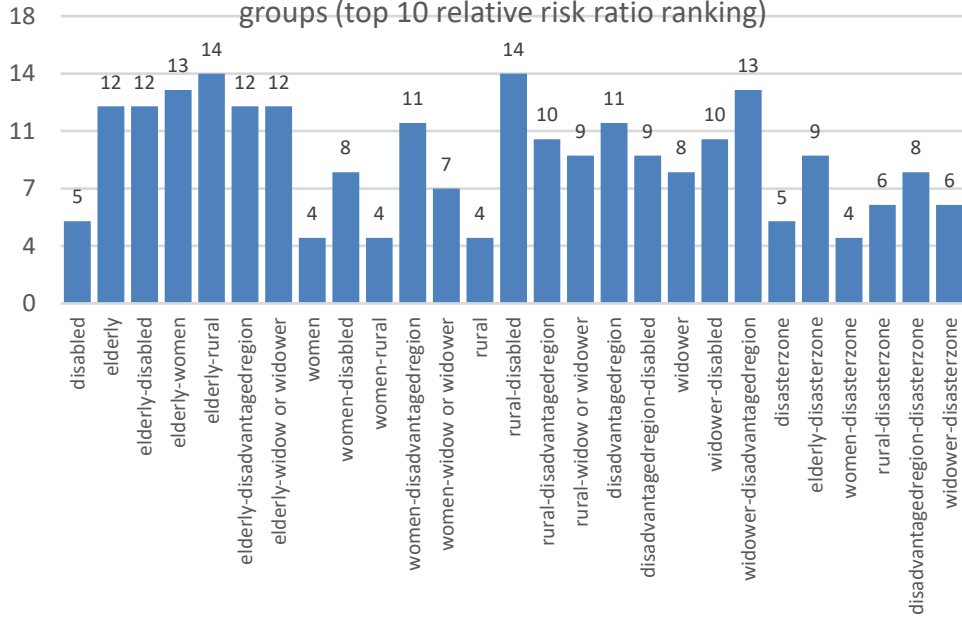
	Denied insurance access	No immunization	Food insecure	Inadequate housing condition	No assets	Not owning land	Not active in community meeting	Not giving opinion in community	Not member of community association	No participation in community work	Not assisting others with calamity	No voting
disadvantagedregion-people with disabilities	16	13	1	4	6	12	na	na	na	na	na	na
widower	6	14	17	21	12	6	6	11	11	3	5	9
widower-people with disabilities	2	14	8	20	7	9	na	na	na	na	na	na
widower-disadvantagedregion	15	14	3	5	3	10	16	18	1	13	11	1
Year 2014												
disasterzone	na	14	na	25	21	na	11	5	15	12	18	14
older people-disasterzone	na	14	na	19	15	na	2	1	21	8	9	8
women-disasterzone	na	3	na	9	24	na	9	7	16	11	17	13
rural-disasterzone	na	2	na	8	17	na	8	4	8	17	21	19
disadvantagedregion-disasterzone	na	1	na	6	1	na	21	16	6	21	15	18
widower-disasterzone	na	14	na	11	16	na	4	2	17	2	7	11

Figure 16. Number of indicators that belong to the furthest left behind (all indicators, with civic space)





Number of indicators belonging to furthest left behind groups (top 10 relative risk ratio ranking)



Number of indicators belonging to furthest left behind groups (top 15 relative risk ratio ranking)

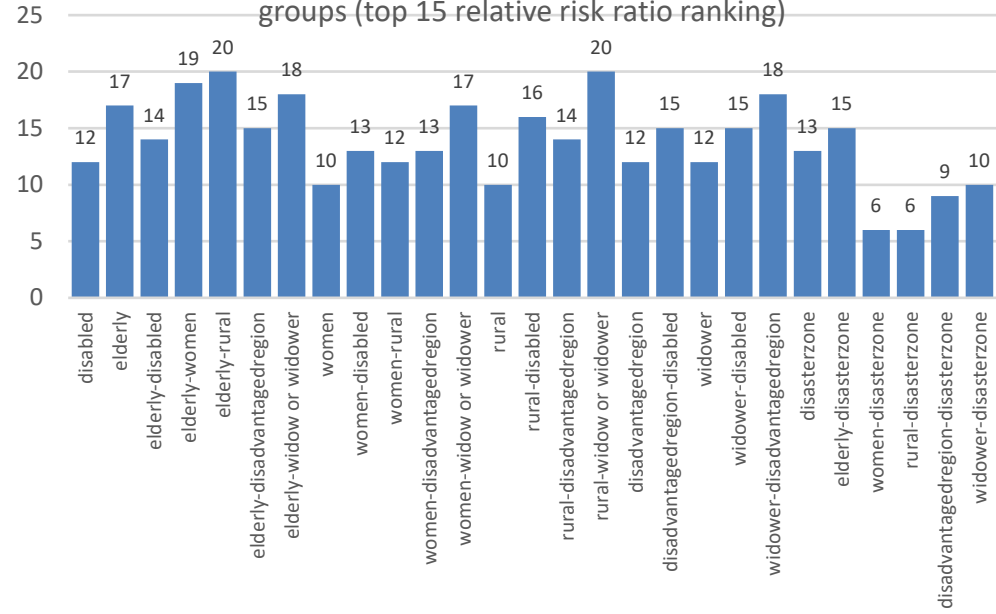


Table 8 Population of disadvantaged groups and dimensions (000 people)

	Bottom 10% of nationwide	Bottom 10% of region-wide	Bottom 5% of nationwide	Bottom 5% of region-wide	Under 6-years of education	Literacy	No mobile phone	No birth assistant	Financially excluded	Informal workers	No health insurance	Unhealthy
DIMENSION	BOT-10N	BOT-10L	BOT-5N	BOT-5L	U6-SCH	ILLITER	NOMOBILE	NOBIRTHAS S	NO-FINA	INFORMA L	NO-INS	UNHEALTH Y
<b>Year 2020</b>												
people with disabilities	4,037	3,954	2,117	2,086	8,674	3,483	13,271	17	15,443	6,433	11,384	8,827
older people	2,355	2,045	1,256	1,095	8,422	3,924	12,344	-	12,771	5,005	4,474	4,379
older people-people with disabilities	1,263	1,122	672	602	4,667	2,320	6,699	-	6,636	1,812	2,264	2,771
older people-women	1,317	1,154	707	629	5,261	2,797	7,224	-	7,121	1,599	2,486	2,363
older people-rural	1,478	1,078	828	592	4,915	2,466	6,455	-	6,593	3,037	2,591	2,237
older people-disadvantagedregion	63	22	36	10	176	87	253	-	241	141	79	98
older people-widow or widower	995	878	517	480	4,545	2,371	6,215	-	6,087	1,458	2,255	2,093
women	13,786	13,889	6,948	7,075	16,565	5,799	32,293	-	48,100	19,006	40,747	20,447
women-people with disabilities	2,159	2,103	1,138	1,121	5,508	2,478	8,166	-	8,854	2,365	5,959	4,691
women-rural	8,793	6,733	4,704	3,490	10,050	3,899	18,552	-	24,472	10,925	21,658	9,709
women-disadvantagedregion	934	429	543	220	793	407	1,280	-	1,439	981	1,158	586
women-widow or widower	1,685	1,612	893	869	6,455	2,984	8,927	-	10,059	3,991	4,202	3,306
rural	16,890	12,906	8,992	6,653	17,022	5,788	28,928	479	45,859	32,675	43,139	18,448
rural-people with disabilities	2,587	2,032	1,455	1,118	5,227	2,247	7,286	17	8,218	3,991	6,304	4,385
rural-disadvantagedregion	1,802	844	1,061	435	1,366	677	2,035	462	2,621	2,552	2,076	1,008

	Bottom 10% of nationwide	Bottom 10% of region-wide	Bottom 5% of nationwide	Bottom 5% of region-wide	Under 6-years of education	Literacy	No mobile phone	No birth assistant	Financially excluded	Informal workers	No health insurance	Unhealthy
<b>rural-widow or widower</b>	1,281	972	714	533	4,536	2,169	5,809	125	6,653	3,269	3,008	2,090
<b>disadvantagedregion</b>	1,865	861	1,085	443	1,434	699	2,165	379	2,857	2,738	2,375	1,160
<b>disadvantagedregion-people with disabilities</b>	226	99	139	50	271	120	395	461	427	302	382	267
<b>widow or widower</b>	2,067	1,982	1,083	1,056	7,859	3,418	11,121	354	13,363	5,899	5,832	4,209
<b>widow or widower-people with disabilities</b>	825	754	431	411	3,786	1,870	5,182	100	5,246	1,373	1,968	2,159
<b>widow or widower-disadvantagedregion</b>	72	31	43	15	223	112	294	18	304	234	111	102
<b>Year 2014</b>												
<b>disasterzone</b>	11,165	11,385	5,232	5,127	15,113	5,996	na	109,403	na	25,212	46,230	18,333
<b>older people-disasterzone</b>	821	684	419	351	3,404	2,406	na	5,442	na	1,530	2,032	1,623
<b>women-disasterzone</b>	5,656	5,817	2,717	2,632	8,797	3,963	na	54,820	na	7,974	22,865	9,198
<b>rural-disasterzone</b>	8,826	7,818	4,261	3,694	10,911	4,524	na	432,533	na	16,988	25,130	10,966
<b>disadvantagedregion-disasterzone</b>	1,849	1,281	1,115	737	1,066	585	na	4,914	na	1,859	1,751	846
<b>widow or widower-disasterzone</b>	796	791	450	471	3,082	1,812	na	59,549	na	1,812	2,292	1,389

Table 8. Population of disadvantaged groups and dimensions (000 people, continued)

	Denied insurance access	No immunization	Food insecure	Inadequate housing condition	No assets	Not owning land	Not active in community meeting	Not giving opinion in community	Not member of community association	No participation in community work	Not assisting others with calamity	No voting
DIMENSION	DENY-INS	NO-IMM	FOOD-INS	NO-HOUSE	NO-ASSET	NO-LAND	NO-MEET	NO-OPN	NO-MEMB	NO-CWRK	NO-ASST	NO-VOTE
<b>Year 2020</b>												
<b>people with disabilities</b>	137	6,664	8,329	9,620	1,546	8016	na	na	na	na	na	na
<b>older people</b>	58	-	3,438	3,889	912	2673	4,997	9,356	35,432	15,108	2,564	2,502
<b>older people-people with disabilities</b>	33	-	2,091	2,102	568	1409	na	na	na	na	na	na
<b>older people-women</b>	29	-	1,903	2,131	563	1572	2,899	4,890	18,848	8,923	1,498	1,427
<b>older people-rural</b>	23	-	1,899	2,251	452	989	2,648	5,483	19,561	7,346	1,175	1,156
<b>older people-disadvantagedregion</b>	1	-	150	154	26	40	96	126	980	243	45	46
<b>older people-widow or widower</b>	28	-	1,672	1,901	530	1449	2,450	4,041	15,533	7,385	1,155	1,129
<b>women</b>	369	8,583	26,729	38,367	4,469	35493	48,022	89,401	367,984	133,887	19,545	22,951
<b>women-people with disabilities</b>	67	3,277	4,440	5,085	889	4288	na	na	na	na	na	na
<b>women-rural</b>	136	3,980	14,495	18,886	2,140	10868	23,310	46,161	183,051	57,368	6,203	7,850
<b>women-disadvantagedregion</b>	7	260	1,694	2,473	523	960	1,233	2,225	15,300	3,008	750	1,078
<b>women-widow or widower</b>	57	-	3,344	3,878	932	3304	5,108	8,138	32,456	16,410	2,323	2,098
<b>rural</b>	238	8,002	28,655	37,789	3,977	21402	46,889	93,281	369,548	111,451	12,180	15,654
<b>rural-people with disabilities</b>	56	2,979	4,604	5,079	729	2664	na	na	na	na	na	na
<b>rural-disadvantagedregion</b>	13	467	3,117	4,689	996	1675	2,012	4,190	27,844	4,588	1,130	2,038

<b>rural-widow or widower</b>	25	-	2,355	2,722	582	1455	3,019	4,882	20,024	8,685	1,095	1,104
<b>disadvantagedregion</b>	16	538	3,433	5,040	1,063	1959	2,361	4,437	30,976	6,017	1,505	2,264
<b>disadvantagedregion-people with disabilities</b>	2	170	495	566	91	179	na	na	na	na	na	na
<b>widower</b>	76	-	4,425	5,210	1,260	4440	6,140	10,269	40,789	19,103	2,749	2,658
<b>widower-people with disabilities</b>	30	-	1,842	1,836	537	1412	na	na	na	na	na	na
<b>widower-disadvantagedregion</b>	1	-	197	248	56	90	119	173	1,164	306	55	96
<b>Year 2014</b>												
<b>disasterzone</b>	na	595	na	55,451	18,604		11,437	21,479	82,011	28,844	3,654	4,934
<b>older people-disasterzone</b>	na	-	na	2,041	1,258		592	1,128	3,570	1,511	225	250
<b>women-disasterzone</b>	na	288	na	27,487	9,589		5,805	10,656	40,986	14,996	1,873	2,493
<b>rural-disasterzone</b>	na	474	na	35,784	57,400		42,217	78,745	326,998	118,890	17,672	20,458
<b>disadvantagedregion-disasterzone</b>	na	114	na	5,118	2,260		1,550	2,502	9,747	4,052	608	924
<b>widower-disasterzone</b>	na	-	na	2,574	14,361		6,735	12,159	45,664	13,152	1,428	1,985

Table 9 Children Risk of being left behind in various development indicators

	Bottom 10% of nation- wide	Bottom 10% of region- wide	Bottom 5% of nation- wide	Bottom 5% of region- wide	Informal workers	No health insurance	Unhealthy	Denied insurance access	Food insecure	Inadequat e housing condition
DIMENSION	BOT-10N	BOT-10L	BOT-5N	BOT-5L	INFORMAL	NO-INS	UNHEALTHY	DENY-INS	FOOD- INS	NO-HOUSE
people with disabilities	0,133	0,138	0,069	0,073	0,877	0,538	0,239	0,005	0,216	0,335
	<i>0,122</i>	<i>0,115</i>	<i>0,064</i>	<i>0,060</i>	<i>0,704</i>	<i>0,264</i>	<i>0,295</i>	<i>0,007</i>	<i>0,277</i>	<i>0,278</i>
rural	0,173	0,138	0,094	0,073	0,821	0,458	0,185	0,002	0,261	0,353
	<i>0,130</i>	<i>0,097</i>	<i>0,069</i>	<i>0,049</i>	<i>0,670</i>	<i>0,327</i>	<i>0,158</i>	<i>0,003</i>	<i>0,228</i>	<i>0,297</i>
rural-people with disabilities	0,188	0,151	0,106	0,083	0,882	0,632	0,230	0,006	0,263	0,348
	<i>0,158</i>	<i>0,123</i>	<i>0,088</i>	<i>0,067</i>	<i>0,800</i>	<i>0,311</i>	<i>0,311</i>	<i>0,006</i>	<i>0,310</i>	<i>0,318</i>
rural-disadvantagedregion	0,309	0,148	0,187	0,078	0,987	0,384	0,152	0,002	0,443	0,670
	<i>0,199</i>	<i>0,091</i>	<i>0,114</i>	<i>0,045</i>	<i>0,822</i>	<i>0,223</i>	<i>0,145</i>	<i>0,003</i>	<i>0,404</i>	<i>0,606</i>
disadvantagedregion	0,282	0,133	0,168	0,069	0,974	0,382	0,157	0,002	0,428	0,636
	<i>0,179</i>	<i>0,081</i>	<i>0,101</i>	<i>0,040</i>	<i>0,782</i>	<i>0,223</i>	<i>0,143</i>	<i>0,003</i>	<i>0,386</i>	<i>0,565</i>
disadvantagedregion-people with disabilities	0,296	0,142	0,187	0,072	1,000	0,622	0,227	0,002	0,484	0,627
	<i>0,187</i>	<i>0,073</i>	<i>0,110</i>	<i>0,037</i>	<i>0,882</i>	<i>0,242</i>	<i>0,309</i>	<i>0,004</i>	<i>0,518</i>	<i>0,546</i>
disasterzone	0,114	0,119	0,057	0,055	0,710	0,382	0,172	na	na	0,510
	<i>0,085</i>	<i>0,083</i>	<i>0,038</i>	<i>0,038</i>	<i>0,588</i>	<i>0,399</i>	<i>0,163</i>	<i>na</i>	<i>na</i>	<i>0,438</i>
rural-disasterzone	0,180	0,164	0,100	0,087	0,906	0,465	0,224	na	na	0,495
	<i>0,126</i>	<i>0,108</i>	<i>0,059</i>	<i>0,051</i>	<i>0,727</i>	<i>0,408</i>	<i>0,182</i>	<i>na</i>	<i>na</i>	<i>0,522</i>
tertinggal-disasterzone	0,378	0,235	0,245	0,148	1,000	0,329	0,196	na	na	0,771
	<i>0,232</i>	<i>0,158</i>	<i>0,131</i>	<i>0,089</i>	<i>0,821</i>	<i>0,272</i>	<i>0,157</i>	<i>na</i>	<i>na</i>	<i>0,731</i>
All children (2020)	<b>0,126</b>	<b>0,132</b>	<b>0,064</b>	<b>0,069</b>	<b>0,745</b>	<b>0,394</b>	<b>0,191</b>	<b>0,003</b>	<b>0,219</b>	<b>0,326</b>
	<i>0,091</i>	<i>0,090</i>	<i>0,045</i>	<i>0,045</i>	<i>0,525</i>	<i>0,274</i>	<i>0,143</i>	<i>0,004</i>	<i>0,189</i>	<i>0,271</i>
All children (2014)	<b>0,000</b>	<b>0,105</b>	<b>0,053</b>	<b>0,053</b>	<b>0,649</b>	<b>0,453</b>	<b>0,157</b>	na	na	<b>0,412</b>
	<i>0,076</i>	<i>0,073</i>	<i>0,036</i>	<i>0,035</i>	<i>0,587</i>	<i>0,464</i>	<i>0,143</i>	<i>na</i>	<i>na</i>	<i>0,354</i>
Note: Number in italics are for adult										



*Picture: A female firefighter protects her land on which she grows environmentally friendly watermelons. The community are supported by the UNOPS BRG-REF Project to prevent fires and generate livelihoods from living on peatlands*

*Credit: ©UNDP*

## 7.2 FGD Summary

### 7.2.1 Introduction

As the quantitative analysis of LNOB in Indonesia did not capture groups unavailable in SUSENAS data, qualitative analysis was also required. As noted, this was gathered through FGDs with representatives of excluded groups/CSOs. These discussions were intended to validate our results and answer the following questions:

- Who are the left-behind?
- In what ways are they left behind?
- To what extent are they left behind?
- Who are the furthest left behind?
- Why are they left behind?

FGDs were held on April 25-26th, 2022. The FGDs were divided into four sessions. First was the general LNOB group, second was a group focused on human rights, third a group focused on key populations excluded in SUSENAS data and fourth, a group focused on people with disabilities. We started every session with a presentation of findings from Prof. Arief Anshory Yusuf and the subsequent discussion was moderated by Prof. Zuzy Anna.

### 7.2.2 Discussion

#### Group 1: General LNOB group

The general LNOB group was intended to represent issues relating to women, youth, children, labor and employment, corruption and migrants. The participants consisted of three people from Emancipate Indonesia, two people from Wahana Visi Indonesia and one person each from PEKKA Foundation-Yayasan, Pemberdayaan Perempuan, Kepala Keluarga, YAKKUM Emergency Unit, Kitong Indonesia and OPSI-Organisasi Perubahan Sosial Indonesia.

The attendees responded to the findings and expressed opinions based on their experiences. The first comment was from Willu of PEKKA Foundation. She said that divorced women were more vulnerable or excluded due to cultural norms. Widows or divorced women were excluded in policy-making processes because public participation in rural areas usually involved men. On the rare occasions that divorced or widowed women were invited to decision-making forums, their voices were not heard by decision makers. In some cases, women had less ability to speak up in these forums. Moreover, women's proposals were often missing from drafts summarizing the meetings because decision makers thought the issues unimportant. Willu also added that children were often not involved in policy-making forums. Meanwhile, adat people had problems in obtaining identity documents like birth certificates and ID cards, so found accessing public services difficult.

The next comment came from Farida of Wahana Visi Indonesia. She said that children were left behind in development agendas, especially those in remote areas who often face problems with access to education and health. Children with disabilities in remote areas also did not have access to inclusive education, she added. Drias of Wahana Visi Indonesia said people were being left behind in two ways: receipt of benefits and involvement in policymaking. In remote areas, certain categories of people often missed out on both. For example, the children of migrant workers who live in Kalimantan, do not receive benefits and are excluded in policymaking. A Papuan women's group, however, was involved in public participation but were not able to speak up. To accelerate LNOB it is necessary to check whether there are LNOB programs in local government work plans and in turn know how active government implementation of LNOB is.



Amie of YAKKUM said that elderly people and those with disabilities had become high risk populations in disaster zones, as noted in survey results following the Palu earthquake. The survey found that elderly people had trouble accessing information in rural areas because of comparatively less community assistance. It also found that elderly people had problems obtaining ID cards to the extent that one in five elderly women and one in 10 elderly men did not have one. This presented difficulties access public services such as healthcare. Transgender women also had difficulties accessing healthcare due to lack of ID card matching their identity.

Khairunnisa of KITONG Indonesia explained that people were left behind due to lack of access to infrastructure, which is more common in remote areas. Elderly people and those with disabilities were particularly affected and more likely to become left behind in education, alongside access to information and technology.

Emancipate Indonesia's Nadya Noor Aziza said that according to their findings, child labor took place in Indonesia, especially in Jember, a tobacco production hub. There, children were also exposed to tobacco products that could negatively affect their education, health, and socioeconomic status. Children had no other employment options because their parents also worked there. The government should be present to ensure the wellbeing of their families, because if the parents of these children were able to access decent jobs, it would likely eliminate the issues mentioned above. Another study from Emancipate Indonesia found that young workers faced discrimination, such as salaries below the minimum wage, no social security or having to work unpaid overtime. Additionally, it found that it was difficult for young workers to argue or speak out because they felt unable to ask for their legally enshrined rights. Magianta from Emancipate Indonesia added that the government had been negligent in regulating the rapidly growing gig economy in Indonesia to the detriment of gig workers, who did not have social security protections. This was different from countries like the Netherlands and the United Kingdom, where gig workers already had employee status.

Wawan from OPSI, a sex workers advocacy group, said sex workers were left behind by almost every policy because the state still did not recognize sex work as a valid form of employment. People became sex workers due to education levels or being unable to access other employment due to age. Sex workers found it difficult to access any form of education and as such, could not find formal work and often came back to sex work after attempting to leave it. In addition, sex workers often had health problems including HIV and sexually transmitted diseases. Moreover, many had been arrested and criminalized. No legal protections exist to protect sex workers.

## **Group 2: Human rights**

The Human rights group involved CSOs concerned with human rights, indigenous issues and remote areas. There were four attendees in total from Asia Justice and Rights (AJAR), Aksi Keadilan Indonesia (AKSI) and Perempuan AMAN.

Kania as representative of AJAR explained that AJAR focused on people in post conflict areas as well as Aceh, Papua, Timor Leste, Poso, and Ambon. Based on the results of AJAR research, women and elderly people tended to be left behind, especially in conflict zones. This also applied to kidnapped children from conflict areas (Timor Leste) who became left behind after being spread around Indonesia and as adults had difficult finding decent jobs and experienced human rights violation. As to how women, the elderly, and children became left behind, Kania believed that women and children in post conflict areas were left behind in every indicator due to exclusion, which affects their access to healthcare, education, civil society and the economy.

Suhendro of AKSI, an advocacy group for the protection of drug users, said users had problems accessing

decent work due to urine test requirements. This also affected people with HIV. Food security was also a big issue for drug users, especially prisoners who had to pay for good quality food. Drug users also had limited access to healthcare due to costs, while government assistance varied depending on location. The root cause of these conditions was summarized as stigma and discrimination.

Devi, as representative of Perempuan AMAN, the association of adat women of the archipelago, said adat women were most excluded. Still-prevalent patriarchy and feudalism meant that adat women could not generally participate in community decision making and that any available space was limited. Based on Perempuan AMAN's findings from surveying 1,116 adat people in 31 communities and 44 villages, there were many LNOB-relevant issues among adat women. They lost assets or territories because of land used for development projects, mining and others. When customary territory was taken, the women's management area often became part of the concession. Adat women could also not access typical ingredients so had problems with food security. Moreover, adat women also faced difficulties accessing education and healthcare. There were often no available teaching staff in remote areas home to adat populations, while women sometimes gave birth with only the assistance of a "paraji" traditional attendant because of a lack of nearby health centers. Poverty was also a big problem for adat women. All of the above were in part the result of a lack of respect from authorities.

### **Group 3: Key populations**

The Key populations group was made up of four attendees from Kebaya Indonesia, PKNI, ELSAM, and Yayasan Papua. It discussed issues relating to sexual and gender diverse populations, women, transgender people, drug users, and PLHIV.

Rully Malay from Kebaya Indonesia said that transgender women in Indonesia were excluded in many ways, such as accessing ID cards, decent jobs, healthcare, education, and social welfare. Their difficulties with ID cards occurred because their birth names and sex differed from their current identities. This impacted others services, like access to healthcare, and they could not obtain health insurance, vaccines and the like. This also restricted their access to formal education, and as a result they were limited to jobs like busking or sex work and in turn experienced economic difficulties. Stigmatization meant trans people were unlikely to take part in civic spaces too.

Endy, the representative of PKNI, the association of Indonesian drug victims (used here to denote people who had been forced into drug use), said that drug victims usually did not have decent work because of the entry requirements mentioned above. As a result, they faced economic issues. Drugs victims also had issues accessing healthcare and in particular, rehabilitation, which is only freely available in locations where they are registered. Drug victims faced food insecurity due to lack of money and if they worked, they were likely to be paid less.

### **Group 4: People with disabilities**

The discussion of issues facing people with disabilities consisted of attendees from the Indonesian Women with Disabilities Association (HWDI), Disaster Preparedness for the Disabled (DIFAGANA), and DPC Gerkatin Sleman.

HWDI's Maulani described how people with disabilities dealt with their conditions. She agreed with our findings that disabled people were often left behind in development indicators including economic wellbeing, education, decent employment and food security. This was especially true for disabled woman in remote areas. While a requirement for inclusive education has been law for 15 years, she thought there had been no improvement so far. Meanwhile, disabled people struggled to catch up with technological developments and to access healthcare due to the costs involved. Despite the constitution guaranteeing

health insurance subsidies for disabled people, in practice they were often denied insurance. The root cause of many of these issues is a lack of care and attention from the government.

Dodi of DIFAGANA said that natural disasters were twice as risky for people with disabilities and that people with disabilities were left behind in information access as well as in pre and post-disaster assistance and logistics. People with disabilities had limited access to education because not all schools accepted them, so people with disabilities had, on average, lower educational attainment and fewer employment options. As a result, many became self-employed but could not access assistance from the Ministry of Cooperatives and SMEs. A lack of accessible infrastructure for disabled people also caused disabled people to be left behind in many development indicators. Social interactions were often hindered by disabled people's own families, while environmental and social aspects were also involved, as was widespread discrimination.

Andi of DPC Gerkatina Sleman added that there was a lack of information for deaf people about disasters in appropriate formats. This was also true when it came to education, where teachers often only wrote on a whiteboard for deaf students without additional one-on-one explanations. Teachers with sign language skills were required as a result.







*Photo: A mother and her two sons. Photo credit: UNDP*



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