

Decentralisation and Human Development in Indonesia: A Case Study of Special Autonomy of Papua Province

by

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DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature:

(Yadi Hadian)

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ABBREVIATION

ACDP	: Analytical and Capacity Development Partnership
ADB	: Asian Development Bank
ADEM	: Afirmasi Pendidikan Menengah/Secondary Education Affirmative Program
ADIK	: Afirmasi Pendidikan Tinggi/Higher Education Affirmative Program
AIDS	: Acquired Immune Deficiency Syndrome
AUSAID	: The Australian Government's Agency for the Delivery of Foreign Aid
Bappeda	: <i>Badan Perencanaan Pembangunan Daerah/</i> Local Planning Agency
Bappenas	: <i>Badan Perencanaan Pembangunan Nasional/</i> National Planning Agency
BOS	: <i>Biaya Operasional Sekolah/</i> school operational expenses
BOK	: <i>Biaya Operasional Kesehatan/</i> health operational fund
BPJS	: <i>Badan Penyelenggara Jaminan Sosial/</i> The Indonesia National Health Insurance System
BPK	: <i>Badan Pemeriksa Keuangan/</i> Supreme Audit Board
BPS	: <i>Badan Pusat Statistik/</i> National Statistics Agency
Bupati	: Head of District
DAK	: <i>Dana Alokasi Khusus/</i> Specific Allocation Fund
DAU	: <i>Dana Alokasi Umum/</i> General Allocation Fund
DBH	: <i>Dana Bagi Hasil/</i> Revenue Sharing
DKI	: <i>Daerah Khusus Ibukota/</i> Special Capital Region
DPD	: Regional Representative Council
DPR	: <i>Dewan Perwakilan Rakyat/</i> National Legislature
DPRD	: <i>Dewan Perwakilan Rakyat Daerah/</i> Local Legislature
DPRP	: <i>Dewan Perwakilan Rakyat Papua/</i> Papua Province Legislature
HDI	: Human Development Index
HDR	: Human Development Reports
EMY	: Expected Years of Schooling
EPC	: Expenditure Per Capita
EPI	: Expanded Programme on Immunization
GDP	: Gross Domestic Product
GNI	: Gross National Income
GNP	: Gross National Product
Golkar	: <i>Golongan Karya</i> (A National Party in Indonesia)
Jamkesda	: <i>Jaminan Kesehatan Masyarakat Daerah/</i> Local Health Insurance

Jamkesmas	: <i>Jaminan Kesehatan Masyarakat</i> /National Health Insurance
Jampersal	: <i>Jaminan Asuransi Persalinan</i> / Giving Birth Insurance
JDP	: <i>Jaringan Damai Papua</i> / Papua Peace Network
KPPOD	: <i>Komisi Pengawas Pelaksanaan Otonomi Daerah</i> / Regional Autonomy Supervision Commission
KPS	: <i>Kartu Papua Sehat</i> / Papua Health Card
LE	: Life Expectancy at birth
LIPI	: <i>Lembaga Ilmu Pengetahuan Indonesia</i> /National Research Institute
LDC	: Less Developed Countries
MDGs	: The Millennium Development Goals
MoEC	: Ministry of Education and Culture
MoF	: Ministry of Finance
MoHA	: Ministry of Home Affairs
MMR	: Maternal Mortality Rate
MRP	: <i>Majelis Rakyat Papua</i> / Papua People's Assembly
MYS	: Mean Years of Schooling
NGO	: Non-Governmental Organisation
NER	: Net Enrolment Rate
OECD	: Organisation for Economic Co-operation and Development
Perdatus	: <i>Peraturan Daerah Khusus</i> /Special Regional Regulation
Perdasi	: <i>Peraturan Daerah Istimewa</i> /Provincial Regional Regulation
PPP	: Purchasing Power Parity
Puskesmas	: <i>Pusat Kesehatan Masyarakat</i> / public health centre
RESPEK	: <i>Rencana Strategis Ppembangunan Kampung</i> / Village empowerment program
SDO	: <i>Subsidi Daerah Otonomi</i> /Regional Government Subsidies
UGM	: <i>Universitas Gadjah Mada</i> /Gadjah Mada University
UNDP	: United Nation Development Program
UNESCO	: The United Nations Educational, Scientific and Cultural Organization
UNTEA	: United Nations Temporary Executive Authority
USAID	: United States Agency for International Development
YPK	: <i>Yayasan Pendidikan Kristen</i> /Protestant Educational Foundation
YPPK	: <i>Yayasan Pendidikan dan Persekolahan Katolik</i> /the Catholic Educational Foundation

ABSTRACT

The aim of this research is to investigate the impact of special autonomy on human development in Papua Province, Indonesia, particularly on education and health outcomes. As a special autonomy region, Papua Province has been granted more authority and financial capacity than other regions in Indonesia. This research explores the role of provincial and local governments in Papua Province in managing their education and health responsibilities to improve human development.

This research applies qualitative methods and adopts a case study approach using a combination of primary and secondary data. The primary data was collected by conducting in-depth interviews with participants from government, parliament and civil society organisations, as well as education and health workers. The secondary data were collected from publications, reports and other related sources. This research also examines the statistical data and perceptions of participants toward education and health outcomes after special autonomy.

This research found a positive impact on human development in Papua Province since special autonomy, but at a slower pace compared to other Indonesian provinces. Furthermore, there are huge differences in human development between the coastal and highland areas in Papua Province. The highland areas, where around 98% of the population are indigenous Papuans, have a much lower HDI. This research also found that the provincial government and local governments in Papua Province have been unable to use their authority and financial capacity effectively to improve human development, particularly in the education and health sectors. Although special autonomy was granted in 2002, Papua Province only enacted regulations for the education and health sector in 2013. As a result, after more than 15 years of special autonomy, Papuan provincial and local governments have only a few specific programs to tackle the education and health issues of indigenous Papuans. The provincial and local governments struggle to reach the spending targets from their special autonomy fund for education and health sectors stipulated in the Law 21/2001.

This research also found that provincial and local government officials in Papua Province lack administrative capabilities to deliver services, manage financial resources, and have insufficient human resources to provide leadership and skilled personnel. Several other factors have contributed to education and health outcomes in Papua Province, particularly in the highland area. The first is the unequal distribution of education and health workers. The second is high levels of absenteeism among education and health personnel. This is connected to a third factor, namely, inadequate education and health facilities as well as housing for education and health workers, and, fourthly, inadequate supervision and monitoring of staff by the responsible government officials. The fifth factor is a difficult geographical area which means that transportation is costly, and the sixth is that financial resources for education and health expenditure for schools and public health centres depend on funding from the central government.

CHAPTER 1 INTRODUCTION

1.1. Introduction

Decentralisation has long been connected with efforts to bring governments closer to their people (Manor 1999, p.9) and improve their performance (Kim & Yoon 2017, p.1061). A great deal of literature has argued for decentralisation, taking into account administrative, political and economic considerations. Agrawal and Ribot (1999, p.4) stated that greater public participation in decision making through decentralisation can lead to more efficiency, equity, development and resource management. Particularly in developing countries, decentralisation is often driven by political considerations. The political arguments for decentralisation comes to the fore when a country's population is culturally heterogeneous with many different ethnic, racial, linguistic and religious groups (Tanzi 1996, p.297), is mostly implemented if a country's population is. Thus, decentralisation is viewed as part of a strategy to reduce ethnic conflict and prevent regional separatism. Indonesia is an example of this as it pursued asymmetric decentralisation to give some regions more powers because they have a distinctive history, culture, resources and a difficult relationship with the central government.

Papua Province has experienced regional conflict since 1969 when the province was incorporated into Indonesia. Granting special autonomy to Papua Province in 2001, was initially driven by political considerations. It was a political choice made by the central government to appease separatist demands strengthened in Papua in the wake of East Timor's vote for independence, and to keep Papua as a province in Indonesia (Resosudarmo et al. 2014; Viartasiwi 2014). However, the political argument was not the only reason for special autonomy in Papua Province. Special autonomy was also driven by Papuan's demand to catch up with development of the rest of Indonesia. Thus, in Papua, political and development factors were intertwined in the granting of special autonomy. While political factors were the initial trigger, the Indonesian government presented decentralisation as a way to tackle the economic and social problems in Papua Province and improve the well-being of Papuans. The next step is how to improve people's welfare, particularly indigenous Papuans. The central government believes that development is the most important to address economic and social problems in Papua Province. This is underscored by the central government launching a massive development project under the title of 'prosperity approach' to strengthen development and its legitimacy in Papua Province (Ruhyanto 2016, p.490).

Situated in the easternmost part of Indonesia and sharing a border with Papua New Guinea in the East, Papua Province is the least developed region in Indonesia with a very high poverty rate, high illiteracy and mortality rates, and highly depends on transfer from the central government. According to the most recent data, Papua's Human Development Index (HDI) is the lowest in Indonesia, the only province categorized as having a low HDI while other provinces have high and

medium HDI (BPS 2018). The low HDI reflects Papua's poor condition in terms of its population's education and health standards, and by extension, the poor functioning of education and health facilities and services (Tebay 2005). Thus, Papua Province is still facing great development challenges.

Indonesia's decentralisation policy gives the provincial governments more authority to manage their regions based on people's needs and interests. Special autonomy gives Papua Province additional authorities and resources to manage its education and health sectors in ways that acknowledge and incorporate Papuan culture and local context. Papua receives intergovernmental fiscal transfers from the central government that are considerably higher than other Indonesian provinces. This thesis explores whether these advantages have enabled Papua Province to promote human development, particularly in terms of education and health outcomes of Papuans. The focus is on development rather than political impacts of decentralisation because according to Law 21 of 2001, improving the education and health sectors are the main priority and motive for bestowing special autonomy on Papua Province.

This study investigates the impact of decentralisation on human development in Papua Province with a specific emphasis on education and health outcomes. Unlike earlier research on decentralisation in Indonesia, it exclusively focuses on asymmetric decentralisation with the case study of special autonomy for Papua Province. Papua Province is the first province that received special autonomy status in 2001. Whereas before 2001, Papua Province had similar authority to other provinces, Law 21 of 2001 provides it with greater authority compared to other regions, recognise Adat (traditional customary) court, issue policies to protect the rights and interests of indigenous Papuans, and establish a provincial parliament, the Papua People Assembly. In doing so the central government recognized that Papuans have distinct cultural practices, histories, customs, and languages rooted in Melanesian culture that sets them apart from other provinces.

This introductory chapter explains the background of asymmetric decentralisation in Indonesia under special autonomy in Papua Province and the controversy associated with it. Then, it will discuss objectives of the study and research questions. The significance of the research will be discussed in the following section. The outline of this research will be explained briefly in the last section of this chapter.

1.2. Background

Decentralisation has been implemented in Indonesia since 2001. The main objectives are to enhance democracy and people's welfare. It is also considered as a tool to strengthen national unity through power-sharing with lower levels of government since Indonesia faced unrest after the fall of President Soeharto in 1998 (Rasyid 2002). Social and economic turmoil caused by the Asian Financial Crises forced Soeharto to step down. Pratikno (2005) argued that the central government finally implemented regional autonomy by devolving responsibility to subnational governments in

response to the demand of the people for greater participation and autonomy during the political chaos in 1997-1999. In Soeharto era that lasted for more than three decades, Indonesia was a highly centralised country with almost all government authority held by the central government. In contrast, provincial and local governments only had limited authority. Mahi (2016) stated that decentralisation in Indonesia was motivated by political reform and democracy. Some researchers believe that it was a result of aspiration for more autonomy coming from the resource-rich regions (Buehler 2010; Seymour & Turner 2002) and response to the growing strength of separatist movements (Ahmad, E & Brosio 2009; Booth 2011). Maintaining national unity was priority in the late 1990s and early 2000s after East Timor chose to be independent through a referendum in 1999. Papua was the first province to receive special autonomy; two other cases are Aceh (2006) where a separatist movement had been locked in long-standing a civil war, and the Special Region of Yogyakarta (2013) where the King of Yogyakarta Kingdom is recognized as the governor.

Papua Province is one of the richest regions in Indonesia with one of the biggest gold mines in the world located in Papua. Separatist movements in Papua arose due to dissatisfaction about revenue sharing with the central government and the unfinished business of the integration process of Papua Province into Indonesia. Matsui (2003, p.22, p.22) stated that the exploitation of Papua's natural resources by the central government and foreign companies triggered separatist movements in Papua. Papuans were disappointed with the central government as their region received little or no benefit from the exploitation. Papuans also have a different view from the central government regarding the integration process into Indonesia. Papua was integrated into Indonesia in 1969 after a long and bitter process (Resosudarmo et al. 2014, p.433). Many Papuans believe that the process of integration by referendum in 1969 was unfair and manipulated (Tebay 2014). However, the central government asserts that the integration process was legitimate because the decision was based on an act of free choice (referendum) and the referendum was under United Nation surveillance. These matters are discussed in more detail in Chapter 5.

The central government finally enacted Law 21/2001 on Special Autonomy for Papua after reconciliation and mutual understanding between the central government and the Papuan leadership (Sumule 2003). The acceptance of special autonomy, according to Timmer (2005), indicates a willingness of Papuans to cooperate with the central government. Timmer (2005) argues that the Provincial Government of Papua along with indigenous Papuan communities drafted the special autonomy law. However, Bertrand (2014) claims that the central government imposed special autonomy in Papua without adequate negotiations with the Papuan people. Sumule (2003), who was involved in the drafting the Law, argues that the central government accommodated almost all Papuan proposals, except for the referendum. Therefore, it has been claimed as a win-win solution between the central government and Papuans (McGibbon 2004b). Not long after granting special autonomy, the central government divided Papua into two

provinces: Papua Province and West Papua Province. It is argued that this division was deliberately undertaken to weaken the separatist movements (Booth 2011). The partition of Papua into two provinces has had demographic impacts. Indigenous Papuans remain the majority in Papua Province at 75% of the total population, while in West Papua Province they constitute only 52% of total population, and migrants from other parts of Indonesia make up the other half (BPSDM 2013). This research will focus on Papua Province that has larger area and population, a higher proportion of indigenous Papuans. Papua Province also has richer natural resources and the site of the gold mine of Freeport, which plays a significant role in the regional economy of Papua Province.

Special autonomy gives Papua province more power and allows them to manage local affairs based on local interests and fundamental rights of the Papuans (Article 4 Law 21/2001). The Law also states that extensive powers are given to the authorities of Papua Province particularly in regard to overall administrative matters, and many policy areas, such as education, health, economic empowerment, local infrastructure, and Papua people's rights to utilize the land, water, forest, and their contents. The central government retains power over foreign policies, safety and defense, monetary and fiscal matters, religion, judiciary and other authorities stipulated in statutory laws or regulations. According to Law 21/2001, the objectives of special autonomy for Papua are:

1. To minimize the development gap between Papua and other regions;
2. To improve the living standards of indigenous Papuans;
3. To widen opportunities for indigenous Papuans in development participation; and
4. To overcome social and economic problems of indigenous Papuans.

Among these four objectives of special autonomy, this study focuses on the first two objectives, namely to minimize development gap and to improve the living standards of indigenous Papuans. Human development, particularly education and health indicators, is taken as the main topic of this research on the impacts of special autonomy. It explores whether having greater autonomy and financial capability, the provincial and local governments in Papua Province have been able to produce better human development outcomes.

Human development reflects the standard of living of human being that related to the objective to improve the living standard of indigenous Papuans. As mentioned above, Papua Province has been lagging behind other provinces for many years. As the Law 21/2001 has clearly stated that the education and health sectors are the main priority for development in Papua Province, this is a timely study to evaluate the education and health performances in Papua Province after special autonomy.

In financial terms, as a special autonomous region, Papua receives an increased intergovernmental transfer from the central government compared to previously, particularly special autonomy fund and a higher proportion of revenue sharing. Revenue sharing for Papua

from oil and gas is 70% (article 34 Law 21/2001) while in other regions only 15% from oil and gas revenue originated from those regions (Law 33/2004). The province also receives 80% of revenue sharing from mining production in Papua Province. It receives a special autonomy fund for 25 years and since 2008, the central government has allocated an additional grant for accelerating infrastructure development in Papua Province. More than 90% of government revenue is transfer from the central government (Ministry of Finance, 2017). As a result, Papua Province has relatively higher financial capacity to spend their budget compared to other provinces.

However, the people's well-being in Papua Province is still lagging compared to other provinces. The World Bank (2009) described Papua as a paradoxical situation because despite high levels of fiscal resources, its poverty rate is the highest in Indonesia. Ilmma and Wai-Poi (2014) also claimed that Papua, along with Maluku and Nusa Tenggara, remained the poorest regions in 2012, while Mutiarin (2012) claims that the high level of poverty indicates that special autonomy in Papua has been ineffective. However, Resosudarmo et al. (2014) maintained that the poverty rate has been declining in urban and rural areas between 2006-2012 in Papua. They stated that the poverty rate in Papua is a rural phenomenon. The poverty rate in the rural area reached 41% in Papua Province and 38% in West Papua Province, but the poverty rate is relatively low in the urban areas (at around 12% or less than the national average). In the rural areas, inhabitants are mostly indigenous Papuans, while migrants from other regions dominate the urban areas. Even though the poverty rate in rural areas is declining faster than the urban area between 2006 to 2012, the poverty gap between the urban and rural areas is still very high. Therefore, poverty continues to remain a serious problem for indigenous Papuans. According to Monet (2013), there are four problems to be addressed for poverty reduction in Papua: low levels of education, high unemployment, poor governance, and vertical conflicts (war between tribes of indigenous Papuans). Tebay (2009) argued that many indigenous Papuans remain poor due to inappropriate development policies. Appropriate development programs that focus on indigenous Papuans in rural areas are few and far between.

A similar pattern can be found in Human development Index developed by UNDP, which reflects the quality of life. It is composite of literacy rate, life expectancy, mean years of schooling, and expenditure per capita. The HDI of Papua Province remains the lowest in Indonesia, even after special autonomy. Some analysts like Purwandanu (2013) argue that this is evidence that the provincial government did not effectively utilize the special autonomy fund. However, not all local governments in Papua have a low HDI. For instance, Jayapura Municipality, in the coastal region of Papua, has the highest HDI among other local governments in Papua Province. The HDI of Jayapura Municipality has consistently been higher than the Papua Province and national average between 2002 and 2013. In 2013, the HDI of Jayapura Municipality was 77.81. At the same time, the HDI of Papua Province was only 66.25, while the HDI of Indonesia was 73.81 (BPS 2016a). Thus, Jayapura Municipality has a better quality of life compared to other local governments in

Papua. On the other hand, other local governments, particularly in highland area generally have very low HDI. For example, Jayawijaya District situated in the central highlands of Papua has HDI at 57.55. In the highland area, where mostly indigenous Papuans live, the quality of life of indigenous Papuans is low they have limited access to health and education facilities. Suwandi and Warokka (2013) point out that many indigenous Papuans maintain a traditional lifestyle with subsistence farming, which lowers their expenditure per capita, and live far away from government services while most people in other regions have a modern lifestyle and better access to education and health facilities. Therefore, indigenous Papuans' quality of life, particularly education and health, is hard to improve if they are still isolated.

In view of above mentioned about discrepancies and inequalities in standards of living, the impact of special autonomy to improve human development needs to be studied in more detail.

Statistically, human development in Papua Province has seen an improvement over the last decade. However, human development must be analysed more closely with particular attention to education and health, where improvement was the main stated objective of special autonomy. The impact of special autonomy on education and health outcomes among indigenous Papuans, in particular, requires close analysis because the focus of special autonomy is to improve indigenous Papuan well-being.

1.3. Purpose of the study and research questions

The purpose of this research is to investigate the impact of special autonomy on human development in Papua Province, particularly improvement in education and health outcomes. The research questions are related to the objectives of special autonomy that were mentioned in the previous section. The focus of this research are two objectives of special autonomy: to minimise the development gap between Papua Province and other regions and to improve the living standards of indigenous Papuans. The main research question is to what extent the asymmetric decentralisation, in this case of special autonomy for Papua Province, has contributed to human development. Human development in this research is defined in a limited sense to focus on health and education sectors. Four more detailed questions guide this research:

1. How effective is the special autonomy in promoting human development, particularly for indigenous Papuans?
2. How have the provincial governments of Papua, Jayawijaya District and Jayapura Municipality managed greater autonomy in the education and health sectors to improve human development?
3. To what extent are budgetary allocations for Papua Province, Jayawijaya District and Jayapura Municipality geared towards education and health sectors to improve human development?

4. What are the factors, other than funding, that contribute to education and health performance in Papua Province?

In order to answer these four questions, it was necessary to gather primary data by conducting interviews and focus group discussions with respondents, and to collect secondary data from documents, archives, reports and other relevant data. This process is described in detail in Chapter 4.

1.4. Significance of Study

Decentralisation and development are prominent issues that have been studied by researchers. Key contributors include Conyers (1986), Ingham and Kalam (1992), Oates (1993), Bardhan (2002), Okidi and Guloba (2006), Kalirajan and Otsuka (2012), Uchimura (2012), Nur (2013), Hill and Vidyattama (2016), Cooray and Abeyratne (2017) and Romeo (2018) who have provided theoretical and empirical studies on this issue in different countries. In recent years, several studies on decentralisation and human development have been produced in Indonesia by scholars including Soejoto, Subroto and Suyanto (2015), Simanjuntak and Mukhlis (2015), and Pramatha and Dwirandra (2018). However, empirical work on asymmetric decentralisation and human development is rare. Only few literatures about asymmetric decentralisation and human development have been published. One exception is the study by Hijrah and Rizk (2014) on the impact of special autonomy fund on human development in Aceh Province.

However, no research has been found that investigates the impact of special autonomy on human development in Papua Province. Therefore, this thesis fills a gap in the literature by discussing how a region in Indonesia that has received greater authority manages its power to support human development, particularly education and health. Thus, this research will increase our understanding of decentralisation and human development issues in the context of asymmetric decentralisation. Moreover, previous research on decentralisation and human development in Indonesia and Aceh Province was based on quantitative analysis of government data. This research builds and expands on earlier studies by conducting more detailed analysis of education and health data and connecting it with qualitative analysis of key stakeholders' perspectives in Papua.

1.5. Thesis Structure

This research comprises nine chapters. This chapter has provided a background of the asymmetric decentralisation in Indonesia the reasons why special autonomy was given to Papua Province. It also discussed the state of development in Papua Province after special autonomy. Based on this context the chapter has explained the purpose of the study and research questions, and why this study is significant.

Chapter 2 discusses the theoretical framework of decentralisation and previous studies related to decentralisation. It begins with the concept, definition and types of decentralisation. This chapter

also discusses the debates about benefits and pitfalls of decentralisation in the academic literature. It focuses on key issues that feature prominently in the Indonesia case, namely accountability, government quality, service delivery, and national unity. In the fourth section, this chapter discusses the concept of development and human development. Development is a broad concept that is often equated with economic development of a country or region, while human development is more specifically concerned with the standard of living of the people. The chapter then links decentralisation and human development to begin the discussion decentralisation's impacts on human development.

Chapter 3 describes the lengthy process of decentralisation in Indonesia, as well as its history. It explores in more detail three aspects, namely political, administrative, and fiscal decentralisation, which have been implemented in Indonesia since 2001. A key point of this chapter is that decentralisation has been a dynamic progress in Indonesia that involved several revisions of regulation. This is important to take into account when assessing the impact of decentralisation and human development.

Chapter 4 explains the research methods and the methodological and ethical considerations that guided the empirical research. It provides a justification for the combination of statistical data analysis and qualitative methods including case study approach and semi-structured interviews. The chapter also provides an overview of the steps followed in the analysis of secondary and primary data.

Chapter 5 presents a detailed context for special Autonomy for Papua Province, including history, special autonomy arrangement, and division of authority on education and health sector between provincial and local governments in Papua Province. This chapter also provides a snapshot of the progress in human development in Papua Province after special autonomy, which forms the basis for more detailed sectoral analysis in subsequent chapters. Lastly, the focus turns on demographic change in Papua Province since integration in 1969. The sizeable flow of migrants to Papua Province has impacted on human development in Papua Province, and this is important to bear in mind in analysing the impact special autonomy has had.

Chapter 6 investigates the impact of special autonomy on education performance in Papua Province. It provides an analysis of the state of education in Papua Province using statistical data including education provision, education outcome measures, and public expenditure on education. This chapter seeks to establish the progress in education performance since special autonomy and how this performance varies between the coastal area and the highland region. Statistics for Papua Province, Jayapura Municipality and Jayawijaya District will form the basis for this analysis.

Chapter 7 investigates the impact of special autonomy on health performance in Papua Province since special autonomy. It begins by analysing health indicators in Papua Province, including life expectancy at birth, children malnutrition, mother mortality rate, and children mortality rate. This is

followed by a discussion of the progress of healthcare provision in Papua Province, and lastly differences in health expenditure in Papua Province, Jayapura Municipality and Jayawijaya District.

Chapter 8 discusses the perceptions of key stakeholders in Papua Province on the education and health performance in Papua Province and the selected districts. The purpose of this chapter is to shed light on the factors which have affected the education and health performance and how local people make sense of the uneven progress. The analysis of the interview data will draw comparisons with the statistical analysis in previous chapters and identify similarities and differences between education and health findings.

Chapter 9 sums up the findings and conclusions of this research. This chapter first answers the research questions and summarises the major findings and contributions to knowledge. Then, it discusses the limitations of this study and what should be the focus of future research. This chapter concludes with policy recommendations.

CHAPTER 2 UNDERSTANDING DECENTRALISATION AND HUMAN DEVELOPMENT: A LITERATURE REVIEW

2.1 Introduction

Decentralisation has emerged as a development issue since the 1980s. By the early 1990s, according to Dillinger (1994), more than four out of five countries with a population of more than five million had applied decentralisation. Faguet (2014, p.1) stated that decentralisation is one of the prominent reforms in the last four decades. It has become a global trend to improve public service, governance and development. International institutions, such as the World Bank and the Asian Development Bank (ADB), also act to promote decentralisation to developing countries. Decentralisation has emerged as a global phenomenon. However, decentralisation reform in many countries indicates that there is no one model of decentralisation, even within similar political structures, for example, unitary countries (Utomo 2009, p.19, p.19). Each country has a unique experience of decentralisation. For instance, Indonesia embarked in 2001 with 'big bang' decentralisation that drastically altered the government system from highly centralised government to decentralised government. Indonesia also adopted asymmetric decentralisation by granting special autonomy to Papua Province in 2002 and two other provinces in 2006 and 2013.

Decentralisation theoretically offers potential improvement of public service and human development but, practically, the implementation of decentralisation is vulnerable to various problems. The unique characteristics of each country and their local governments have an influence on successful decentralisation. Special autonomy for Papua Province is an example of decentralisation in a region that has distinct characteristics. The special autonomy is expected to improve human development, particularly education and health outcomes.

The aim of this chapter is to review the literature on decentralisation. The concepts, definitions, types, rationale and characteristics of decentralisation are explained in Section 2.2. Section 2.3 discusses debates on advantages and disadvantages of decentralisation, Section 2.4 discusses development, human development and linking decentralisation and human development. Through review of theories and literature, this chapter will support the analysis of research findings in chapters 6, 7 and 8.

2.2 Understanding Decentralisation

This section aims to discuss the concept and definition of decentralisation. Many scholars have contributed to development of concepts and theories of decentralisation since Charles Tiebout introduced the theory of public choice in 1956. Another concept of decentralisation was promoted by Oates in 1972 by introducing the economic efficiency argument. Then, Rondinelli, Nellis and Cheema (1983) introduced the public administration approach for evaluating the decentralisation

process in developing countries. Each of these contributions to theorising decentralisation highlighted different reasons why decentralisation is, or should be, adopted.

2.2.1 Concept and Definition of Decentralisation

The definition of decentralisation can differ between scholars depending upon the degree of authority and the scope of function. According to Martinez-Vazquez and McNab (2003), decentralisation is generally defined as the process of power transfer in making decisions by subnational governments. Denis A. Rondinelli defines decentralisation as:

The transfer or delegation of legal and political authority to plan, make decisions and manage public functions from the central government and its agencies to field organizations of those agencies, subordinate units of government, semi-autonomous public corporations, areawide or regional development authorities; functional authorities, autonomous local governments, or nongovernment organizations (Rondinelli 1981, p.137).

Furthermore, Rondinelli, Nellis and Cheema (1983) described decentralisation based on forms and types of decentralisation. According to them, it would be better to define decentralisation based on its types: political decentralisation, administrative decentralisation, fiscal decentralisation and economic decentralisation. All these types will be discussed later. Cheema and Rondinelli (2007, pp.1-2, pp.1-2) argue that the concept of decentralisation has changed rapidly in the last three decades along with changing of governance issues. They asserted that decentralisation is not only the transfer of power, authority, and responsibility from the upper to the lower level of government, but also the sharing of authority and responsibility between government and private sector and civil society in economic activities, for instance, promoting economic growth and social development.

Meanwhile, Crook and Manor (1998, pp. 6-7, pp. 6-7) defined decentralisation as the transfer of power away from the central authority to lower levels in a territorial hierarchy in two forms: devolution and deconcentration. Devolution is related to sharing of authority between the central government and subnational governments, while deconcentration does not imply transfer of authority away from the central government but relocating its officers to lower level governments. The authority of devolution is granted by law and legally defined with local governments having autonomy in expenditure and local taxation. Similarly, decentralisation, according to Faguet (2012, p.3, p.3), is devolution of specific responsibilities by the central government to democratic local governments in administrative, political and economic aspects within a legally delimited geographic and responsibility domain. He stated that decentralisation implies two dimensions. Firstly, it encompasses three forms: deconcentration, devolution and delegation which each have very different meaning. The second, is devolution of decision-making, resources and revenue generation to a local level authority that has autonomy.

Decentralisation, therefore, in the broad definition, covers all types of decentralisation (devolution, deconcentration, and delegation) in that it deals with any transfer of authority from the central government either to subnational government or non-government actors. In the narrow definition,

decentralisation refers to devolution which is transfer of authority from the central government local government, and from government to non-government.

The concept of decentralisation is described and analysed by public choice scholars. This approach applies the rational choice model to non-market decision making. The theory of public choice advocates that government at a lower level is the most appropriate authority to deliver public services. People will have a higher willingness to pay for those public services. Two prominent public choice scholars are Tiebout (1956) and Musgrave (1959). Tiebout (1956) correlated public choice theories to theories of federalism. He argued that decentralisation can motivate local governments to compete with other local governments to attract their constituents by giving them benefit. Assuming that individuals are mobile, individuals can easily move from one territory to another territory. They have a choice to decide where they can live. They can leave a local government area if they are not satisfied with service delivery or tax rate, or to 'vote by feet'. Since individuals are important for local governments as taxpayers, local governments will compete with other local governments to attract individuals to live in their region by offering them better public services and lower local taxes. Thus, voting by feet leads local government to invest more effort in public service provision, which will enable local citizens to obtain optimal public service provision. However, Treisman (2007, p.12) opposed Tiebout's argument about decentralisation promoting competition among local governments. He argued that competition among local governments is restrictive and rarely happens. If the conditions are met, the effect of the competition may have an opposite result in that local governments may increase local taxes and provide less support for business activities.

In his theory of public finance, Musgrave (1959) discussed decentralisation in relation to three state functions to control the economy through budgetary processes: resource allocation, wealth and income distribution, and economic stabilisation. Decentralisation can be viewed as the sharing of those three governmental functions between the central government and lower level governments. Income distribution and economic stabilisation are better under central government authority. Musgrave (1959, p.181) claimed that central government is better placed to play a role in economic stabilisation since it has greater ability to control macroeconomic matters compared to local governments. On the other hand, resource allocation is more efficient if the central government transfers government functions to local governments through devolution because local governments have better information of people's needs. According to Musgrave (1959), there are four assumptions why resource allocation is more beneficial when it is decentralised to the lower level government. First, the central government has the obligation to provide goods and services to all government levels equally. Second, there is an opposing relationship between the degree of homogeneity of preferences within authority and the size of subnational governments. Third, there are no interjurisdictional spill overs, and fourth, the goods and services that are provided by the

central government and the lower level governments are produced at consistent cost and provided to residents at the same tax price.

Furthermore, Oates (1972) introduced the economic efficiency argument of decentralisation. He pointed out that public provision is generally more efficient in decentralised government than in centralised government because policy makers at lower government levels have more information about local people. They understand more about people's needs and interests compared to policy makers in a central government. Oates (1972, p.55) argued that public service provision should be delivered by a local government that has control over smaller territories. He believed that the subnational government will be more responsive and accountable because they better understand the concerns of citizens which will lead to more efficient public service provision. People also find it easier to influence their elected representatives and officials in local governments than in central government. Therefore, the local governments tend to be more responsive in providing public services based on people's aspirations and needs. Constituents of local governments are also more likely to be willing to pay tax as they get more direct benefit from the services of the local government.

Rondinelli (1983) introduced the public administration approach for evaluating the decentralisation process in developing countries. This approach focused on the distribution of authority and responsibility for goods and services in the political and administrative structures. The central issue of the public administration approach is how to define the appropriate levels for decentralising functions, responsibilities and authorities. Rondinelli, Nellis and Cheema (1983) believed that administration and communication bottlenecks among levels of government will be reduced by decentralisation because, if government programs are decentralised, service delays can possibly be reduced and administrators' indifference to people's satisfaction will be overcome. Empirically, successful decentralisation to sustain government reform depends on support and commitment of key stakeholders, such as political parties, central and local governments, and civil society (Cheema & Rondinelli 2007, p.18). Rondinelli, Nellis and Cheema (1983, pp.51-75) also suggested that a number of factors have an influence on decentralisation, including the level of commitment from politicians and administrative support; conducive behaviour, attitude and culture for decentralisation; effective design and organisation; and sufficient human and financial resources.

This thesis uses Rondinelli's (1983) definition because it explains what and why responsibilities should be transferred to lower level governments. Rondinelli, Nellis and Cheema (1983, p.10) argued that decentralisation can be viewed as a way of mobilising support for central government policies by making them better known at the local level. He asserted that local governments can be effective channels of communication between the central government and local people. Increased community participation in development planning and management theoretically encourages national unity when people from different regions have more opportunities to participate in planning

and decision making, thus raising their stake in maintaining political stability. He added that, in countries where the local government has poor administrative capacity, decentralisation is sometimes seen as a means of creating more substantial numbers of skilled officials at the local level. He argued that skills are only strengthened when officials have meaningful managerial responsibilities (Rondinelli, Nellis & Cheema 1983, p.11). This is related to this thesis that aims to investigate the effect of the transfer of authority from the central government to Papua Province, by giving special autonomy, to improve human development. Papua Province now has more authority to plan and manage their government and allocate their budget based on local interests. Papua Province has greater autonomy and higher financial resources compared to other provinces. How Papua Province manages their responsibility and financial capacity will be examined in this thesis.

2.2.2 Types of Decentralisation

Decentralisation has many facets. According to World Bank (2001), decentralisation is categorised based on what functions are devolved from the central government to subnational governments. According to Bird (2003), and Cheema and Rondinelli (2007), decentralisation has four distinct types: political, administrative, fiscal, and economic/market decentralisation. However, Ribot (2002) argued that decentralisation has only of two main forms: democratic decentralisation (also known as political decentralisation or devolution) and deconcentration (also called administrative decentralisation). No one type of decentralisation is more significant than another because it is difficult to make comparisons of decentralisation in its pure form. Rondinelli, Nellis and Cheema (1983) claimed that many countries have applied various types of decentralisation, simultaneously or at different times.

Political decentralisation is the transfer of decision-making processes from the central government to subnational governments. It can be associated with democratisation. According to Crook and Manor (1998, p.2), political decentralisation means power sharing among different levels of governments. Cheema and Rondinelli (2007, p.7) argued that political decentralisation comprises mechanisms for people's participation such as political representation and policy making, government structure changing through devolution, power-sharing institutions, and decision-making procedures that allow civil society participation. Thus, political decentralisation is devolving power to locally-elected officials (Bird, RM 2003, p.2). The aim of political decentralisation is to give residents or their elected legislatures more power in public decision-making (World Bank 2001, p.2).

Administrative decentralisation, according to Bird (2003, p.3) is the redistribution of responsibilities from the central government to lower level government. It deals with the powers of local administrators who are responsible for service delivery including public service facilities, bureaucracy, personnel and other daily administrative activities. Administrative decentralisation is

also related to how political institutions, once determined, turn policy decisions into allocative and distributive outcomes through fiscal and regulatory actions (Litvack, Ahmad & Bird 1998, p.6).

Rondinelli (1981) classifies decentralisation into three forms: devolution, deconcentration and delegation of authority. Devolution is the most common understanding of decentralisation.

Rondinelli (1983, p.189) defines it as

“the transfer of functions or decision-making authority to legally incorporated local governments, such as states, provinces, districts, or municipalities”.

He added that devolution makes the provincial and local government almost fully autonomous and independent. The provincial and local government also have legal status that makes them distinct from the central government, therefore, provincial and local governments have strong decision-making power. The World Bank (2001) pointed out, that in a devolved system, subnational government has clear and officially recognised geographical borders over which it exercise authority and within which it perform public functions. In addition, policy makers in subnational government can be more independent in forming policy, but they are still bound by the provisions of national laws, national policy priorities and national standards (USAID 2009, p.10).

Deconcentration involves limited transfer of authorities compared to other types of decentralisation. Work (2003) argued that deconcentration is the initial step in a newly decentralising government to improve service delivery. It can be defined as the transfer of responsibilities to lower levels of central government authorities, such as ministries or local government units that are accountable to the central government (Ribot 2002). A more comprehensive definition is provided by Rondinelli (1983) who describes deconcentration as:

“the transfer of functions within the central government hierarchy through the shifting the workload from the central ministries to field officers, the creation of field agencies, or the shifting of responsibility to local administrative units that are part of central government structure” Rondinelli (1983, p.189).

Transfer of responsibilities often occurs within ministries from head office to representatives or local offices in regions. The decision-making process usually occurs in the head office rather than in the representative office. Officials in local offices have limited authority to propose input on policy. Even though deconcentration only entails limited transfer of authority, Turner (2002, p.354) argued that if it is well-planned and implemented appropriately, deconcentration could bring more efficient resource allocation. Cheema and Rondinelli (2007) argued that the relationship between deconcentration and devolution should not be seen as contradictory, but rather it can be understood as a matrix of relationships.

Delegation is another form of administrative decentralisation. Rondinelli (1983) defines delegation as:

...the transfer of functions to regional or functional development authorities, parastatal organizations, or special project implementation units that often operate free of central government regulations concerning personnel recruitment, contracting, budgeting, procurement and other matters, and that act as an agent for the state in performing prescribed functions with the ultimate responsibility for them remaining with the central government" Rondinelli (1983, p.189).

The World Bank (2001, p.1) stated that central governments can delegate responsibilities to public corporations, transportation authorities, housing authorities, special service districts, or regional development enterprises. These organisations usually have a wide discretion in decision-making. USAID (2009, p.9) stated that delegation also can be referred to as capacity building of local governments and administrative units in preparation for subsequent moves toward devolution.

Fiscal decentralisation is related to delivering public services and generating revenue. Oates (2007) stated that fiscal decentralisation is related to the transfer of responsibility for revenue and expenditure from the central government to lower level governments. Revenue includes mechanisms for fiscal arrangement of revenue sharing among all levels of government; fiscal delegation to raise public revenue and expenditure allocation; and fiscal autonomy for provincial or local governments (Cheema & Rondinelli 2007). Thus, provincial and local governments have discretion to expand their revenue and expenditure.

Fiscal decentralisation has two primary elements: expenditure decentralisation and revenue decentralisation. The expenditure decentralisation is the transfer of responsibilities from the central government to provincial and local governments with the delivery essential public services, such as healthcare, education, and infrastructure (Bahl 1999). Revenue decentralisation is related to endowing provincial and local governments with the authority to collect their own local source revenue from taxes, authority to set the rates of local taxes and greater authority to borrow (Bahl 1999). Developing countries tend to have a lower degree of revenue decentralisation because of limited taxing power. Kelly (2012, p.174) stated that there are four important aspects of successful fiscal decentralisation that have to be integrated: the allocation of functions across various government levels or allocation of expenditure responsibilities; the allocation of revenue responsibilities; the design of the intergovernmental transfer system; and an appropriate subnational borrowing policy.

Market decentralisation is a form of transfer of government responsibilities and authorities that is done in favour of non-public entities where planning and administrative responsibility and other public functions are transferred from government to voluntary, private or nongovernmental institutions with clear benefit to, and involvement of, the public (Work 2003). However, market decentralisation is not discussed in this research.

To sum up, three types of decentralisation are relevant to this research: administrative decentralisation, political decentralisation and fiscal decentralisation. Market decentralisation is not

relevant with this research. Administrative and fiscal decentralisation are important structures of decentralisation in Indonesia, including the granting of special autonomy to Papua Province. Special autonomy has been given to Papua Province by delivering broad authority as well as granting higher financial capacity. The three types of decentralisation in Indonesia will be discussed in more detail in Chapter 3.

2.2.3 Asymmetric Decentralisation

Asymmetric decentralisation is a distinct type of decentralisation. Worldwide, asymmetric decentralisation, or federalism, has been implemented in many countries, and not only developing countries, such as India, Papua New Guinea and Indonesia, but also in developed countries, such as Spain (Catalonia), France (Corsica), Denmark (Greenland), Canada and United Kingdom (Northern Island, Wales, Scotland). Bird, RM (2003) argued that many countries, either federal or unitary, regardless of their size, have some practical evidence of asymmetric decentralisation. There are three types of asymmetric decentralisation applied by unitary countries: special autonomy, extended autonomy and limited autonomy (Watts 2005). Asymmetric decentralisation in Indonesia was implemented in 2002 by giving special autonomy to Papua Province (later the province was divided into Papua and West Papua Province in 2007). Aceh Province and the Special Region of Yogyakarta also received special autonomy status.

Decentralisation can be asymmetric when the devolution of authority from the central government to lower level governments is unequal with one or more regions receiving more authority than others (Libman 2009). In the asymmetric decentralization, one or several regions get a special autonomy and the regions also receive different intergovernmental transfer compared to other regions. In contrast, according to Libman (2009, P.10), devolution of authority in the symmetric decentralization is identical for all regions or provinces. The common scheme of financial issue is also similar for all regions in the symmetric decentralization, for instance the same formula of intergovernmental transfer and common split of revenue sharing of tax.

The concept of asymmetric decentralisation was initially introduced by Tarlton (1965). According to von Beyme (2005), there are two types of asymmetric federalism: *de iure* asymmetries in constitutions and laws and *de facto* asymmetries in the scope of social, economic, and political dynamics. The *de iure* asymmetries, as cited in von Beyme (2005), mostly arise in old federal countries where the constitution does little to define the state's internal structure, for example, the USA and Switzerland. The *de iure* asymmetries have also occurred in federal systems where territories are reorganised constitutionally, such as India and Nigeria. These asymmetries also exist through the different rights of federal states in federation countries, for instance Canada and Russia. For *de facto* asymmetries, intergovernmental decision-making institutions are not regulated formally.

The *de iure* asymmetry is the most common asymmetric federalism because it is created based on the different sizes and economic strengths of member states, for instance, Tasmania in Australia and Bremen in Germany (von Beyme 2005). However, *de iure* asymmetries and *de facto* asymmetries normally share in the federal finance system. Hataley and Leuprech (2014, p.508) argued that asymmetric federalism is associated with different degrees of legislative autonomy or independence among constituent units. However, in the case of public safety in Canada, *de jure* powers are almost similar across provinces. Their exercise, implementation and administration, however, differ among provinces. Decentralisation means not just a legal division of powers but, explicitly, a set of inviolable authorities that the constitution assigns to the provinces and is honoured as such constitutionally (Hataley & Leuprech 2014).

Asymmetric decentralisation in Indonesia can be classified as 'mixed' asymmetric decentralisation as it was not initially regulated in the Indonesian Constitution of 1945, but political, economic and social dynamics forced the central government to implement special autonomy. Papua Province incorporated into Indonesia in 1969, 24 years after the ratification of the 1945 Constitution. The special autonomy status was given to Papua Province 32 years later in 2002 by enacting Law 21/2001 on Special Autonomy for Papua. Along with Papua Province, special autonomy also given to Aceh Province in 2006 through Law 18/2006 and Special Region of Yogyakarta in 2012 through Law 13/2012. Different to Papua Province, Aceh Province and Yogyakarta have been part of Indonesia since Indonesian independence in 1945.

The relationship between the central government and special autonomy regions in Indonesia has a unique pattern. For instance, in Aceh Province, the Acehnese are allowed to establish political parties in their local area as well as to practice Islamic Syariah law. In the Special Region of Yogyakarta, the Governor of Yogyakarta is not directly elected by the people every five years like other provinces. Rather, the role is fulfilled by the hereditarily appointed Sultan of Yogyakarta Kingdom. Meanwhile, Papua Province also has unique features in that Papuans cannot establish political parties or be led by a monarchy because Papua Province consists of hundreds of tribes. However, the Governor of Papua Province must be an indigenous Papuan. In practice, not only the Governor is an indigenous Papuan, but all districts and municipalities in Papua Province are headed by indigenous Papuans along with most high-ranking positions in provincial and local governments being predominantly held by indigenous Papuans. Papua Province was also allowed to establish the Papuan People's Assembly (MRP) where all members are indigenous Papuans comprising representatives for different tribes, women and religion institutions. The MRP has a duty to protect indigenous Papuans' rights, including preserving local customs and culture, women's empowerment and strengthening peaceful religious life (Aituru et al. 2016). Moreover, the special autonomy law in Papua Province also allows Papuans to establish a truth and reconciliation commission to address local demands for reviewing the historical incorporation of Papua Province into Indonesia. According to McGibbon (2004b, p.21), Papua Province has a

stronger form of autonomy compared to Aceh Province because Papuans had a better organized advocacy campaign and carefully guided the bill through the parliament. In this case, many Papuan elites had a strong commitment to pursuing special autonomy status.

Asymmetric decentralisation has been adopted in Papua Province also to tackle the distinctive development issues since Papua Province has been lagging behind other provinces for decades. According to the special autonomy law, Papua Province receives special autonomy fund for 25 years. By having broader authority and higher financial capacity compared to other provinces, Papua Province is able to accelerate development. Moreover, human development in Papua Province is expected to reach the same level as the national standard in 25 years. Asymmetric decentralisation can contribute to better human development in Papua Province. It can be achieved by spending more money on education and health sectors to ensure people in Papua Province have access to education and health services.

2.3 Benefits and Pitfalls of Decentralisation

Many developing and advanced countries have embraced decentralisation over the last three decades for several reasons. Each country has its own reasons and considerations in implementing decentralisation. Some countries decentralise authorities gradually, such as the Philippines, while others are implementing it rapidly with little preparation, for example, Indonesia. The rationale for decentralisation is to achieve efficiency of allocation based on local preferences and for the public good, as mentioned above by Tiebout (1956) and Oates (1972). Much of the literature sets out arguments for decentralisation.

Advocates of decentralisation argue that it has many beneficial impacts in economic, political and administrative sphere. It is believed to be superior policy that can improve responsiveness and accountability of government since it makes the government closer to the people. Responsiveness means congruence between community preferences and public policies. It also helps local governments in resource mobilisation for regional development purposes since they have a better knowledge of resource availability compared to the central government (Siddiquee, Nastiti & Sejati 2012, p.45). Theoretically, decentralisation is projected to have positive impact on accountability, democratisation, government quality, public service delivery, national unity, economic growth and regional development. Smith (1985, p.4), mentioned the positive impact of decentralisation on economic and political objectives in developed and developing countries. In relation to the economic aspect, he stated that decentralisation will improve efficiency of public goods provision, while for the political aspect, it strengthens accountability and national integration. However, in practice, implementation of decentralisation is sometimes far from satisfactory. The expected positive impacts of decentralisation are hard to achieve. There are many risks of decentralisation, such as widespread corruption, local elite capture, macroeconomic instability and increased regional disparities.

2.3.1 Accountability, Corruption, and Elite Capture

In a business context, according to Kaler (2002, p.328), accountability is related to financial auditing, reporting and accountancy. When it is applied in the public sector, accountability is how to answer, report and provide an account of governance. In local government, accountability involves reporting of local government achievements to their people and legislature. To enhance accountability, local government has to have systems to explain decision-making processes to their people. Devolution of power and authority from the central government to elected local governments will make local governments more accountable to their constituents, while in the centralisation, local government officials are not elected by their citizen but selected by higher level authorities (Faguet 2012, p.161). Therefore, decentralisation enables people to have more control of their elected local governments. If they are not satisfied with public services, they can punish them in local elections. Local election is not only a way to reflect local citizens' preferences by voting for politicians who understand their interests, but citizens will have better information and can more readily hold local politicians accountable. Ahmad, J et al. (2005, p.2) argued that those conditions are the reasoning behind the decentralisation reform that is occurring in Asia, from Pakistan to Indonesia.

Decentralisation can improve governance through local accountability. According to Manor (1999, p.9), decentralisation brings decision-making closer to the people and is believed to increase public sector accountability to their constituents. Problems of accountability in centralised government, according to Bardhan and Mookherjee (2006, p.101), are associated with common problems of delivery, such as service diversion, unresponsiveness to local people needs, limited access and expensive charged, particularly to the poor. By decentralising government, initiatives to increase accountability of service providers can be better by giving more control rights to civil society. Local government accountability to local citizens who consume public services is an important benefit of decentralisation. However, the benefit of decentralisation on accountability may not be realised if local government officials are distanced from their citizens. This situation will create gap between their policy and public interest. The gap can be reduced if local government officials have adequate capacity. If local government officials have poor capacity, they will struggle to undertake responsibilities. Therefore, the potential benefit of decentralisation to improve accountability can be achieved if the local government has adequate administrative capability.

The impact of decentralisation to strengthen accountability of local government is contended by Bardhan and Mookherjee (2005). Presumption of accountability improvement under decentralisation is doubtful because it is based on the assumption that democracy at local level functions effectively (Bardhan & Mookherjee 2005). According to them, this assumption is unrealistic because people in less developed countries have low levels of literacy and political awareness. This condition tends to cause local elites to use public service programs for their own benefit. When local government is captured by powerful local elites, they can distort and divert

government programs for their own interest. Therefore, accountability under decentralisation can be enhanced by eliminating problems in governance, particularly abuse of power by local elites.

Decentralisation without robust accountability has potential danger in the vulnerability of provincial or local governments to be captured by local elites. According to Wong (2013, p.381), elite capture is a phenomenon whereby a few people control political, economic and social power. Elite capture in the decentralisation context refers to the possibility of capture of public resources by local elites and local power groups (Chowdhury & Yamauchi 2010, p.2). They can be individuals or groups who are able to manipulate and control decision-making processes for their own benefit so that they have more access to resources. Bardhan (2002) argued decentralisation would strengthen the positions of self-seeking local politicians and bureaucrats who would use it to advance their interests. He stated that devolution of political decision-making power to local levels in developing countries may cause local government stagnation stemming from community failures and oppression by local powers. This condition can be more dangerous than failure of central government.

Elite capture can diminish the benefits of decentralisation, such as service delivery improvement and regional development by increasing barriers to entry due to collusion which, in turn, may hamper optimal regional development and worsen inter- and intraregional disparities ((Azis 2003; Prud'home 1995)). Local elites who capture local government commonly exhibit opportunistic or self-interested behaviours based on treachery (Wong 2010). Platteau, Somville and Wahhaj (2010, p.2) stated that local elites are also often able to get donor attention because they are more educated and better networking with the broader world. They can take a position to speak on behalf of the poor in order to get aid from donor.

Ethnic and social identity also have influence in elite capture. Ahmad, J et al. (2005) argued that in socially polarised and/or ethnically fragmented societies, people tend to vote for those candidates who have an identity close to them. Competition in elections between candidates also focusses on identity issues, and candidates are selected from constituencies based on demographic calculations of religion and ethnicity. As local elites capture the local government, public service provision will become inefficient and inequitable.

Bardhan and Mookherjee (2005) examined the possibility of capture and misallocation of public resources by local elites to their preferred uses, and also argued that capture by locally strong interest groups is easier under decentralisation. Local government is more vulnerable to be captured by powerful local elites because local election processes can be manipulated by local elites through their money and political power, and poor communities tend to have lower levels of political awareness and literacy. Local elite capture is also more severe in regions that have a high poverty rate.

In addition, decentralisation not accompanied by accountability has a risk of corruption. Theoretically, decentralisation may help lessen corruption because decentralisation can enhance accountability and competition between local governments. In contrast, as decentralisation devolves more authority to local government, it will weaken monitoring, control and audit from central government and it can increase corruption at the local level (Prud'home 1995; Tanzi 2001). Corruption is the main obstacle of development in most developing countries. Olken (2005) argued that corruption adds to the cost of providing public services and conducting business. The reason of the hypothesis that decentralisation may result in increased corruption is that, in many developing countries, as one would expect, local organizations are less developed than national ones. Capacity of local government officials is more limited than at the national level. Consequently, local institutions have a more limited ability to control abuses of power by public officials. In developing countries, the quality of the local government institutions and their officials, tends to be lower.

Prud'home (1995) stated concerns that allocation and production efficiency under decentralisation cannot be achieved and decentralisation might be accompanied by more corruption. In this case, decentralisation simply redistributes corruption from the central government by spreading it to local government. When that happens, corruption can be more extensive at the local level compared with the central level. As a result, corruption increases nationally. If corruption is widespread, allocative efficiency will be hard to attain because it leads to the supply of services for which the levels of kickbacks are higher. In addition, decentralisation might be viewed as an opportunity for local politicians and bureaucrats to engage in corruption as they have more discretion from the central government. If politicians and bureaucrats collude with each other, corruption becomes more widespread. However, corruption can be reduced if both politicians and bureaucrats are more accountable and transparent to their constituents. Tanzi (1996) also argued that decentralisation has the potential to increase corruption at local levels. The reason is that the probability of corruption increases when central authority is devolved and monitoring of local government decreases. Decentralisation may encourage politicians and local government actors that have more access to public resources and authority to abuse power and engage in corrupt practices.

However, Albornoz and Cabrales (2013) argued that the effect of decentralisation on corruption is conditional because there is a sufficiently high level of political competition. Crook and Manor (1998) also argued that decentralisation has constructive influence in controlling corruption. Fisman and Gatti (2002) found in their empirical study that decentralisation may ease corruption., They analyse the relationship of decentralisation and corruption by using systematic examination of the cross-country and found that fiscal decentralisation is constantly associated with lower levels of corruption. In addition, Gurgur and Shah (2005) examined 30 developed and developing countries where they found that decentralisation has negative impact on corruption, particularly in unitary countries. According to them, there are many drivers of corruption which include lack of

service-orientation in the public sector, weak democratic institutions, economic isolation, colonial past, internal bureaucratic controls and centralised decision making.

To sum up, decentralisation ensures higher accountability of the public sector by moving government closer to the people. Better quality government and higher accountability will contribute to better public service in the education and health sectors. The improvement in education and health services will eventually result in higher human development index. On the other hand, when government is closer to the people, clientelism and corruption may ensue as there are closer connections between people in government and the community they serve. It can hamper education and health services because allocative efficiency is difficult to achieve when clientelism and corruption are widespread.

2.3.2 Government Quality and Service Delivery

Advocates of decentralisation believe that decentralisation promotes government quality through efficiency and innovation. Treisman (2000, p.1) defined the government quality as the provision of public goods and services that the public demands at lowest cost in regulatory burden and taxation. He asserted that by bringing government closer to the people, decentralisation should improve government quality. Meanwhile, Kyriacou and Roca-Sagalés (2011, p.206) defined four aspects of government quality that can be achieved by decentralisation, namely, government effectiveness, rule of law, control of corruption, and regulatory quality. According to Oates (1972), decentralisation seems to improve government quality since local governments can more easily satisfy local people's preferences. Moreover, Oates (2007) argues that decentralisation may encourage local governments to experiment and innovate as they can adopt new approaches to public policy. It creates efficiency of allocation for the public good, improves government competitiveness, good governance and enhances national sustainability (Litvack, Ahmad & Bird 1998). Empirically, Martinez-Vazquez and McNab (2006) by using panel data, found that governance and decentralisation have causal relationship.

However, decentralisation also has potential to reduce government quality, particularly in policy making. High quality politicians and government officers tend to work for the central government rather than the local government because the power, prestige, salary and facilities are relatively better in central governments (Manor 1999). If the capacities of local government officers are low, the quality of policy decision-making is unlikely to meet citizens' expectations. Thus, policy implementation also can be poor. Treisman (2000, p.19) found that some types of decentralisation tend to decrease government quality as indicated by increasing corruption and decrease in basic healthcare and education services. This can happen because of failure of decentralised states to coordinate leads to very high rates of bribes from companies to secure government projects.

Better government quality will lead to better service delivery. Service delivery can also be used to assess government quality. Service delivery improvement is a common goal of decentralisation in

developing countries. Many countries and development agencies have tended to focus on the benefits of decentralisation for service delivery based on the principle of subsidiarity (Shah, Thompson & Zou 2004). The reason why public service delivery can be improved through decentralisation is that subnational governments are better in position compared to the central government to deliver public services as they have more information about what people want (Musgrave 1959), thus, they are more responsive to public demand. Treisman (2002) stated that there are three ways how decentralisation could improve government quality and accountability: by improving public officials' knowledge of local conditions; by facilitating a better matching of policies to local wants and needs; and by making local officials more accountable.

Decentralisation is more efficient, according to Tiebout (1956), if local governments are able to determine levels of service delivery to their citizens appropriately through competition among local governments. However, Treisman (2007, p.12) opposed Tiebout's argument that decentralisation promotes competition among local governments. He argued that competition among local governments is restrictive and rarely happens in reality. If certain conditions are met, the effect of competition may have the opposite result in that local governments may increase local taxes and provide less support for business activities. Other theoretical work by Oates (1972) and Smith (1985) also stated a number of reasons why decentralisation can worsen public services provision. Oates (1972) asserted that decentralisation can diminish some economies of scale in public service provision that have a nationwide impact, while Smith (1985) argued that decentralisation may deteriorate outcomes when local governments does not have adequate local capacity to administer public service delivery.

Better public service delivery can be achieved by implementing appropriate strategies. Dillinger (1994, p.1) suggested that there are three important elements for improving public service delivery: clear functional responsibilities among government levels; adequate revenue sources to functional responsibilities; and established accountability systems in central and subnational governments. Bardhan and Mookherjee (2006) also argued that citizens find it easier to ask local government officers for better services, to monitor their performance and to punish them in elections if they do not perform well. Ahmad, J et al. (2005) added that adequate financial resources, accountability of expenditure, and government commitment are needed to improve service delivery.

There are many empirical studies that discuss the impact of decentralisation on service delivery and the results are mixed. Faguet (2012) found that decentralisation in Bolivia has improved public services and access to social services. Similarly, Enikolopov and Zhuravskaya (2007), using cross-sectional and time series data for many countries, found that decentralisation contributed to better delivery of public goods. On the other hand, Litvack, Ahmad and Bird (1998) stated that, based on their study in Eastern and Central Europe, it was clear that public services can deteriorate because of decentralisation, at least in the short run. Crook and Sverrisson (2001) also provided evidence that decentralisation in West Bengal (India), Colombia, and Brazil has had little effect to improve

public service delivery. Azfar and Livingston (2007), who studied efficiency and equity of public service provision (health and education) at the local level in Uganda, found little evidence of positive impact of decentralisation on service delivery. They argued that corruption by local elites is the cause of inefficient public service delivery.

In summary, decentralisation has advantages in improving governance quality by matching public services to people's preferences. Governance quality can also improve through efficiency and innovation that is encouraged by decentralisation. Decentralisation also enables local governments to have a better position compared to the central government to provide public services because local governments have more information about what people want which will lead to better service delivery in education and health sectors. Furthermore, it will impact on better human development. However, decentralisation also may worsen public services delivery and cannot improve human development significantly if local governments have inadequate financial resources and poor local government capacity to administer public services.

2.3.3 National Unity

It is believed that national unity is the primary objective of political decentralisation in many developing countries, particularly in countries with heterogeneous characteristics. The World Bank (2003) claimed that decentralisation is a tool for developing countries to reduce conflicts and instability, and support economic development. Some researchers argued that it was political stability rather than economics that was the main reason for decentralisation in many developing countries, for example, Indonesia, India, Sri Lanka, Macedonia and Sudan. However, Bird, R, Vaillancourt and Roy-César (2010, p.27) contended that there is no clear evidence that decentralisation has positive impact on national unity.

According to the literature, decentralisation can be an effective way to ease tensions in post-conflict countries to enhance national unity. Decentralised authority and responsibility to regions creates good perceptions of the central government which may seem less threatening, and communities can run their own affairs and settle their grievances ((Turner 2006) (Duncan 2007)). The high degree of autonomy offered to minorities in autonomous political units may actually mark a turning point in the conflict for strengthening national unity (Gjoni, Wetterberg & Dunbar 2010, p.291). Moreover, Martinez-Vazquez and Timofeev (2010) also used ethno-linguistic fractionalisation as a determinant of decentralisation. Along with ethno-linguistic fractionalisation, other determinants were population, area and international integration. Decentralisation as a main variable is calculated in terms of revenue and expenditure decentralisation. Based on their calculations, ethno-linguistic fractionalisation has a positive relationship with expenditure decentralisation.

The impact of decentralisation to maintain national unity was also studied by Kymlicka (1998) who examined the cases of Catalonia and Québec. He found that federalism or decentralisation may not be effective for maintaining national unity. According to him, federalism may not provide a workable solution to separation in multinational states as it encourages more to believe that secession is a more realistic alternative to federalism. His study is interesting since it is not parallel to the expectation. Meanwhile, Gjoni, Wetterberg and Dunbar (2010, p.310), who observed Kosovo's experience, found that mitigating conflict by using decentralisation may not be effective in Kosovo because even though it can minimise tension on one hand, it also increases tension on another. Decentralisation was found to increase tension between Kosovo-Albanians and Kosovo-Serbs. Development reform to majority Serb regions in Kosovo have been seen by Kosovo-Serbs as a bribe to buy acceptance of independence, while Kosovo-Albanians question their leaders' policy of asymmetric decentralisation. Thus, neither Kosovo-Albanians nor Kosovo-Serbs are satisfied with asymmetric decentralisation. Gjoni, Wetterberg and Dunbar (2010) asserted that decentralisation have to be combined with policy to encourage dialogue amongst ethnic groups and also needs to consider the source of conflict and grievances.

To conclude, decentralisation can ease tensions in post-conflict regions and enhance national unity. It can create good perceptions of the central government to local communities and all communities can run their own affairs. Therefore, it will contribute to stable government and support human development in the region.

2.3.4 Regional Development and Disparities

Regional development means development at the regional level. There are many disciplinary approaches to regional development, including economics, public policy, political science and sociology. Theories of regional development are mostly from economic perspectives. Neoclassical trade theorists predicted that, in the long run, the difference in labour wage and other costs of production across regions will decrease and tend to converge (Dawkins 2003). In the neoclassical growth theory, Solow (1956) and Swan (1956) (as cited in Dawkins, 2003) explained that regions will develop convergence when the growth rate reaches a steady state with income per capita, consumption levels and capital/labour ratios are constant. Moreover, central place theory discusses the spatial location of firms or distribution of cities with different sizes in a certain area.

The arrangement of decentralisation is important to support economic development according to Weingast (2014). He suggested that proper intergovernmental fiscal arrangements may promote incentives for local governments to foster markets because decentralisation may improve resource allocation, accelerate market development and promote economic development. However, this argument is contended by Prud'home (1995). He argued that local governments in developing and transitional countries lack adequate capacity compared to the central government.

Decentralisation that encompasses fiscal, political, administrative and economic changes is believed to have positive impact on development, including regional development. According to Alborno and Cabrales (2013), decentralisation can be a consequence of economic development via improvements in the quality of the political class. Helmsing (2001), as cited by Brata and Lagendijk (2013), argued that decentralisation could improve regional development because it could reduce overburden of administration and bring government closer to their people. Decentralisation allows local governments to take more initiative and authority to manage local resources for regional development.

Conyers (1981) argued that the positive effect of decentralisation on regional development is not as simple as the theoretical view of decentralisation because it is considerably more complicated in practice. First, decentralisation may also have fewer desirable effects on regional development, particularly if local government decision makers have less experience and capacity or are corrupt. It may cause administration and public service to not improve or even become worse than before. Second, decentralisation may create problems if the process of introducing the decentralisation programme is not carefully planned by the central government. In this case, local government officers will be confused and fear making mistakes. Hence, decentralisation has to be properly planned and local governments officers must be trained so that they understand what they have to do.

Many studies have revealed that the decentralisation of government functions has beneficial impact on regional economic development. The argument of decentralisation promoting regional development is due to economic efficiency. Efficiency gains can be achieved by the better position of local government in being closer to their people compared to the central government which means that transactions and information costs are lower. It means that government investment can be less costly and have higher returns. Local governments may also be more effective investors of resources than central governments (Oates 1993). In addition, competition among local governments and population mobility for public service delivery will ensure congruent preferences of people and the government (Tiebout 1956). This situation makes local government more sensitive to people's needs which leads to better policy. Therefore, if local governments play a more important role in provision of public service, it will encourage rapid economic growth.

However, decentralisation also has pitfalls. Decentralisation can pose a danger to macroeconomic stability. It has been warned by some authors, such as Tanzi (1996) and Prud'home (1995). The main instruments of macroeconomic policy consist of fiscal policy and monetary policy. According to Prud'home (1995), fiscal policy is a very powerful instrument for stabilising the economy that only the central government able to change, because local governments have limited incentives to undertake economic stabilisation policies. Local government, due to its economic scale, has limited

impact on national demand. Thus, local governments will find it difficult to provide sufficient economic stabilisation which must be done by central governments.

The impact of decentralisation on regional development depends on certain conditions. Prassetya (2013, p.161) stated that the impact of fiscal decentralisation on development depends on whether there is public participation in the process, or whether the local government is more responsive to the needs of local people. Thus, at the beginning of the fiscal decentralisation process, the state needs to act as a catalyst to create this kind of environment (Bardhan 2002). Empirically, the impact of fiscal decentralisation on development in Indonesia is inconclusive. Pepinsky and Wihardja (2011) found that decentralisation in Indonesia has not led to better economic development due to extreme heterogeneity in endowments, factor immobility and the endogenous deterioration of local governance institutions. In addition, Tirtosuharto (2017) and Tebay (2014) found misallocation of fiscal resources and lack of investment in productive spending caused less robust growth in Indonesia. However, Simatupang (2009) found that decentralisation in Indonesia has brought improvement in education outcomes and responsiveness from local government regarding education services. Decentralisation has also improved several health indicators; nonetheless, the availability of health services is still deficient.

Decentralisation also can have impacts on regional disparities when some regions grow faster than other regions. Regional disparities also occur within provinces when there are different levels of performance between the urban area and the rural area, or the coastal and highland areas. Regional disparities can be measured at various levels of aggregation among regions in national levels. Regional disparities can be related to poor accountability and low local participation. According to Litvack and Seddon (2002), how decentralisation affects equality depends on local accountability and participation of local political by the poor. Accountability can be enhanced when local leaders are elected and are concerned about providing services to their constituents. When the poor participate in the political process, they can exert influence on leaders. Prud'home (1995) argued that that viewpoint of decentralisation is economic efficiency; however, decentralisation can adversely affect the distribution of equity that causes regional disparity to increase. He asserted that the redistribution of income should remain a responsibility of the central government and local government would collect all taxes and undertake expenditure on behalf of its residents. Tanzi (2001) stated that, in decentralised government, especially where ethnic, linguistic, religious, or cultural differences characteristics, the various subnational jurisdictions may begin to view themselves as separate from the rest of the country, thus putting centrifugal forces into motion. This problem tends to have more serious implications in those countries where important natural resources are located in particular regions. This situation leads to regional disparities. Several empirical studies found that decentralisation has increased regional disparities, such as Qiao, Martinez-Vazquez and Xu (2008) in China; Bonet (2006) in Colombia; and Balisacan, Hill and Piza (2008) in Indonesia and the Philippines.

In conclusion, decentralisation promotes development in local areas through economic efficiency that can be achieved from the closer position of local government to their people. It will reduce information costs and make government investment less costly with higher returns. Proper fiscal decentralisation arrangements may promote incentives for local governments to foster markets because fiscal decentralisation may improve resource allocation and promote economic development. This condition can contribute to improvement of human development because local people will have more income and better ability to access education and health services. However, the impact depends on public participation in the process and the responsiveness of local government to the needs of local people.

2.4 Understanding Development and Human Development

This section discusses the concept of development and human development. Many scholars have debated development to answer questions of why some countries are successful in developing their economy and have become developed, while other countries have failed and remain developing countries. The concept of development is mostly related to economics and only few concepts are related to social aspects, for example, anthropology. Human development is a more specific concept of development that has been discussed many scholars since the 1990s. It is more related to social and economic aspects of human beings, such as education, health and income. The leading scholar in the discussion of human development is Amartya Sen.

2.4.1 Development

Development is a complex process that has become a major concern in developing countries. The core question of economic development studies is why are some countries developed and others less developed? There are many theories about development with the mainstream development theory of economic development applied to less developed countries. Kanbur (2002) argued that development policy is not easy to develop and implement. Even though mainstream economics has great strength and plays a significant role, economics or any other discipline cannot effectively elucidate the issues without incorporating social sciences disciplines. Todaro (1994, p.16) stated that development is a multidimensional process involving extensive changes in social structures, popular attitudes and national departments, as well as the improvement of economic growth, the poverty eradication, and reduction of inequality. It is a physical and non-physical reality in society through social, economic and institutional process to achieve better quality of life, such as availability of basic needs (food, housing, health, education, safety) and access to social economic choices. It is the process of promoting the quality of all human lives with three key aspects. The main goal of economic development, in its simplest form, is to increase the wealth of a nation.

Todaro and Smith (2011, pp.109-132) identified four economic development theories, namely, linear-stages of growth model; theories and patterns of structural change; the international-

dependence revolution; and the neoclassical counterrevolution. These economic development theories can be effective if government has fundamental reform. On the other hand, neoliberal economists believe intervention of government in economic activity will slow the pace of economic growth. They have argued that by permitting competitive free markets to flourish, privatising state-owned enterprises, promoting free trade, welcoming investors and eliminating excess in government regulations, economic growth will be stimulated (Todaro & Smith 2011, p.127). However, Harriss (2002, p.491) argued that economics should not monopolise development studies. According to him, the contributions of disciplines other than economics to the understanding of the development processes is supported by evidence.

Other than economics, development can also be studied within the discipline of anthropology which is centrally concerned with people's understandings of the world in which they live. Anthropologists analyse how people understand their worlds, including the ways in which specialists involved in international development themselves conceptualise the world in which they work. James Ferguson, an anthropologist, criticises the concept of development in general. Ferguson (1994) argued that development agencies have failed to understand development in less developed countries (LDC). Ferguson called it the "development discourse fantasy". He pointed out that a critical part of the development process is the way in which the object of development is defined. Ferguson insisted that projects by international institutions were not succeeding in developing countries because they did not consider the anthropological perspective. This is relevant to the case of Indonesia. The central government implemented development programs in Papua Province based on the central government view that people in Papua Province needed road infrastructure to open access to the highland area where most indigenous Papuans live. This policy was implemented without considering the anthropological perspective. Papua Province has been misunderstood by the central government in that Indigenous Papuans have different cultures and ways of life compared to other regions in Indonesia. Indigenous Papuans are more vulnerable when their land is converted for business activities and there is more migrant influx to the highland areas. Indigenous Papuans risk being marginalised since the majority of them are illiterate, find it hard to compete with migrants with better education and skills. The way of life of indigenous Papuans is also different to other people in Indonesia. Most indigenous Papuans are hunter gatherers or subsistence farmers. They are farming only enough to feed themselves. Therefore, the anthropological approach is important to be considered so that the development agenda in Papua Province can accommodate ways of life, histories, contexts and local culture.

2.4.2 Human Development

Development theory, over the last two decades, began to focus on individual wellbeing as a vital indicator of development. Amartya Sen (1999) correlated development to human freedom. Sen offered a discourse that integrated ethics, values and economic theory. He argued that a variety of social institutions contribute to the process of development. Social institutions are market players,

bureaucrats, legislatures, political parties, the media and civil society. Thus, an integrated analysis is needed of their respective roles. The main objective of development, according to Sen, is freedom. He defined freedom as the capability to develop people's own potential, unrestrained by circumstances outside their control. Thus, freedom is understood as developing one's own capabilities. He argued that development is a process of expanding the real freedoms that people enjoy. Development is also related to freedom of political and civil rights, for example, public participation in the decision-making process. Furthermore, development can be achieved if the main source of unfreedom is eliminated. The sources of unfreedom are poverty, tyranny, poor economic opportunities, systematic social deprivation, inadequate public facilities, intolerance in communities and dictator government (Sen 1999, p.3). Unfreedom is also related to the lack of public service and social care, such as inadequate educational services and facilities, or poor health care service and facilities. In the case of Papua Province, the lack of public services and social care are clear. Many indigenous Papuans who live in in the highland area have very limited access to education and healthcare services and facilities.

The role of government according to Sen (1999) should be assessed in terms of the value of human beings. Government policy should focus more on capabilities, individual entitlement, freedom and rights, rather than economic growth and income. Thus, growth initiatives should focus on human rights for social and economic outcomes. The fundamental idea of Sen's development as freedom is that life can only be lived well when people are free. It means when people can make choices on their own it has a transformative effect on the quality of human life. Furthermore, the quality of human life is grounded in the freedom to choose what people need in their lives that is fundamental for them. Human development addresses the problem of expanding people's capability to make valuable choices in life to improve their quality of life. It should be founded on freedom and not on economic wealth. In addition, Sen (1999, p.75) believed that human development is a moral imperative which should be realised under a democratic framework. He added that democracy empowers people capability to assert their rights and entitlements to a life they have reason to value. Sen argued that capability is an important part of freedom.

Human Development Reports (HDR) by UNDP emphasised this meaning by redefining development. The Human Development Reports adopted Sen's idea that human development is beyond the notion of income and wealth accumulation. In this context, development is not only economic activities, such GNP growth, income per capita, industrialisation, and modernisation, but also freedom in social and economic arrangements such as education and health facilities. The Human Development Reports which emphasised that development should be people-centred and, as such, attention should be given to redefining the kind of lives they live. Furthermore, UNDP (1990), led by economist Mahbub UI Haq, developed the Human Development Index (HDI) to measure human development. HDI is measured from components of the Human Development Report. It captures all human development in a country by measuring the three basic areas of

human development: longevity measured by life expectancy at birth; knowledge, measured by adult literacy rate and gross enrolment ratio; and decent standard of living measured by income per-capita purchasing power parity (PPP) of the country (UNDP 1990). Those three basic ideas of human development are divided into five indicators and calculated to determine the human development index.

Sen considered freedom as instrumental in, or an instrument of, development, and he named as instrumental freedoms the following five freedoms:

1. **Political freedoms**, broadly conceived (including what are called civil rights), refer to the opportunities that people have to determine who should govern and on what principles, and also include the possibility to scrutinise and criticise authorities; to have freedom of political expression and an uncensored press; to enjoy the freedom to choose between different political parties and so on.
2. **Economic facilities** refer to the opportunities that individuals respectively enjoy utilising economic resources for the purpose of consumption, production or exchange.
3. **Social opportunities** refer to the arrangements that society makes for education, health care, and so on, which influence the individual's substantive freedom to live better.
4. **Transparency guarantees** deal with the need for openness that people can expect: the freedom to deal with one another under guarantees of discourse and lucidity. These guarantees have a clear instrumental role in preventing corruption, financial irresponsibility and underhanded dealings.
5. **Protective security** provides a social safety net for preventing the affected population from being reduced to abject misery and, in some cases, even starvation and death. This is necessary because no matter how well an economic system operates, some people can be on the verge of vulnerability and can actually succumb to great deprivation as a result of material changes that adversely affect their lives (Sen 1999, pp. 38-40).

Amongst these freedoms, social opportunities are relevant to this research. Social opportunities that reflect the freedom to access education and health service are crucial issues in Papua Province, particularly for the indigenous Papuans. It is important to analyse how indigenous Papuans attain social opportunities after the implementation of special autonomy. Decentralisation can enhance social opportunities as it allows provincial and local government greater authority to manage their government. Following decentralisation, education and health services are under the authority provincial and local governments who know better about what their people need since they are closer to the people. Therefore, the provincial and local government are expected to provide better education and health services.

In addition, the 1997 World Development Report identified five fundamental tasks at the core of every government's mission, without which sustainable, shared, and poverty-reducing development is merely impossible. Those five fundamental tasks are:

- (i) Establishing a foundation of law.
- (ii) Maintaining a non-distortionary policy environment, including macroeconomic stability.
- (iii) Investing in basic social services and infrastructure.
- (iv) Protecting the vulnerable.
- (v) Protecting the environment.

This research investigates the impact of special autonomy on human development, focusing on education and health sectors, and in particular, the extent to which indigenous Papuans benefitted. focuses on the third and the fourth of the five fundamental tasks, namely investing in basic social service and infrastructure, and protecting the vulnerable. It is important to note that indigenous Papuans are vulnerable and face marginalization in the development. Investing in basic social services, particularly health and education services, is pivotal to protecting them. This research will discuss the performance of education and health sectors under special autonomy by assessing the outcomes for the indigenous Papuans. . 2.4.3 Linking Decentralisation and Human Development

Decentralisation is believed to promote accountability and responsibility of policy-makers. It will lead to more efficient public policy in the generation of human development. Local governments are more efficient because decentralisation brings governments closer to their people which can improve public accountability (Manor 2011). Huther and Shah (2004) also stated that decentralisation can enhance the quality of governance by more closely matching public services to people's preferences. Therefore, local government officials have to close the gap between their policy and people's preferences. The gap can be reduced if the local government officials have adequate capacity. This is an important factor of effective decentralisation. If local government officials have poor capacity, they experience difficulty in undertaking responsibilities. Therefore, the effect of decentralisation on human development is expected to be significant because it enhances accountability if local government officials have adequate capacity. At the end, it will have a direct impact on the wellbeing of the population and human development.

In addition, decentralisation could improve human development through better service delivery of education, health and other social services. Ahmad, J et al. (2005, p.1) argued that public services are mostly consumed locally. Thus, by decentralising responsibilities to subnational governments, it is believed that service delivery to local people, such as education, health, water, and sanitation, will be more efficient. Centralised public service delivery makes it more difficult to meet local people's expectations, particularly in a large, diverse, scattered and multiethnic country like Indonesia.

There are several empirical studies that have examined the relationship between decentralisation and human development which show a positive correlation. Nagaraj and Soni (2014) examined the relationship between decentralisation (measured by devolution index) and human development index in India. They found that there is a moderate positive correlation between the two variables. There are certain preconditions or pre-requisites required to benefit from decentralisation, including certain favourable social political and economic conditions that are typically present in some states, such as high social capital. Those states have relatively less inequality, less active caste politics and high female literacy. Therefore, they were better able to absorb the benefits from decentralisation and further improve their human development index.

A study by Mehmood and Sadiq (2010) in Pakistan found a positive relationship between fiscal decentralisation and human development. Fiscal decentralisation, as the basic tool for the efficient provision of service delivery, is effective to improve human development and strengthens the federation. They suggested that fiscal decentralisation (expenditure and revenue side) positively contributed to the HDI. In addition, Habibi et al. (2003) explored the relationship between decentralisation and human development in Argentina by assessing the effect of different degrees of devolution, as measured by different fiscal indicators, on health and education outcomes. They used a panel data set consisting of socioeconomic and fiscal indicators for the 23 provinces of Argentina from 1970 to 1994. The result was that fiscal decentralisation and democratisation have led to a significant reduction in regional disparities and to a sizeable increase in the levels of human development across all regions. Therefore, those studies have found the same result that decentralisation in India, Pakistan and Argentina significantly improved human development index. Decentralisation has also enhanced education and health outcomes in those regions.

The studies in India, Pakistan and Argentina are interesting when compared with the case of Indonesia. There are several studies which sought to assess the impact of decentralisation on human development in Indonesia by using quantitative methods. Studies by Soejoto, Subroto and Suyanto (2015), Simanjuntak and Mukhlis (2015), Pramarta and Dwirandra (2018) and Hijrah and Rizk (2014) found similar results to the international case studies that decentralisation in Indonesia and case studies in several provinces show positive impact on human development. Therefore, their findings are in line with studies in India, Pakistan and Argentina that decentralisation has positive impact on human development.

2.5 Conclusion

This chapter has provided a review of the literature on decentralisation to understand what, how and why decentralisation works. The concept of decentralisation is broad. It has various definitions, types and implementation approach. The rationale of decentralisation can include administrative, political and economic. Every country has different motives to decentralise its government which can be one or more reasons. However, the main point of decentralisation remains similar, which is

to strengthen subnational government authorities by devolving a significant number of responsibilities from the central government to subnational governments.

Decentralisation has been the subject of intense debate and controversy. Theories and empirical research are contested in the literature, particularly debates about the advantages and disadvantages of decentralisation. Many countries implement decentralisation because they believe that it has many benefits, such as improving accountability, better quality of government, enhancing service delivery, maintaining national unity, fostering economic growth and regional development. However, benefits of decentralisation are hard to achieve, and many pitfalls of decentralisation can occur, such as inefficient local government, local government captured by local elites, regional disparity and widespread corruption. Effective decentralisation can be achieved if there is sufficient power devolved to subnational government, sufficient financial resources, adequate administrative capacity and reliable accountability mechanisms (Manor 1999, p.55). Four elements characteristic of decentralisation are essential to make sure that decentralisation is properly implemented and on the right track. If those characteristics are fulfilled, it is believed that decentralisation will be effective in improving development. This thesis will examine those four characteristics in the implementation of decentralisation in Indonesia. Among the elements of effective decentralisation, Crook and Manor (1998) argued that accountability is the most important of those four elements. Similarly, Faguet (2012, p.161) also argued that accountability is the most essential element of decentralisation. He believed that when central governments devolve authority to elected local governments, local governments will be more accountable and responsive to their constituents and public service delivery will be improved. Meanwhile, others believe that adequate administrative capacity is vital to achieve effective decentralisation. Provincial and local government officials need to have adequate knowledge and skills to use their authority and autonomy. Therefore, it is hard to realise the potential benefit of decentralisation without adequate administrative capability. The adequate administrative capability depends on several requirements, such as leadership, structure, financial resources and personnel.

CHAPTER 3 DECENTRALISATION IN INDONESIA: HISTORY AND CURRENT STATUS

3.1 Introduction

This chapter aims to present the state of decentralisation in Indonesia. It describes the general background of decentralisation in Indonesia as a basis of analysis and discussion in Chapters 6-8. This chapter discusses decentralisation in Indonesia based on the three types of decentralisation mentioned in Chapter 2, namely, political, administrative and fiscal decentralisation. Those three types of decentralisation have been implemented in Indonesia since 2001. The relationship between decentralisation and human development in Indonesia is also discussed in this chapter.

This chapter is divided into five sections. After providing an introduction in section 1, section 2 discusses the history of decentralisation in Indonesia, explaining developments of decentralisation since independence in 1945 to the current situation. Decentralisation in Indonesia from 1945 to 2001 has tended to stagnate with a highly centralised government, but it was changed in 2001. Since 2001, decentralisation in Indonesia has been more dynamic, including granting special autonomy to Papua Province. Section 3 discusses the three types of decentralisation in Indonesia, namely, political decentralisation, administrative decentralisation and fiscal decentralisation. Political decentralisation discusses power sharing between the central government and lower level governments in Indonesia. After decentralisation, provincial and local governments in Indonesia have had more power to manage their regions based on their interests. Administrative decentralisation describes authority of provincial and local governments to undertake most government responsibilities. Section 3 also discusses fiscal decentralisation and explains the transfer of budget allocation to finance provincial and local government responsibilities. Section 4 discusses decentralisation and human development in Indonesia based on empirical literature. Decentralisation in Indonesia is intended to accelerate development, including human development. Lastly, Section 5 provides a conclusion to this chapter.

3.2 History of Decentralisation in Indonesia

The history of decentralisation in Indonesia can be traced from the Dutch colonial period. Indonesia experienced a long period of Dutch colonisation from the 17th century to 1945. During the Dutch colonisation era, all public policies were determined by the Dutch Colonial central office in Batavia (now Jakarta) and regional colonies had to follow all policies and programs of the central office (T.Tikson 2008, p.26). When independence was proclaimed in 1945, Indonesia inherited a centralised system from the Dutch. The idea of decentralisation was initiated when Constitution of 1945 stated that Indonesia is a unitary country divided into autonomous regions, but the Constitution of 1945 did not clearly mention how power should be shared between the central government and subnational governments; it simply states that power sharing will be regulated by

law. For a long time, there was no progress of decentralisation because the political situation was unstable due to rebellion and separatist movements in several regions, such as West Java, West Sumatera, South Sulawesi and Maluku (Booth 2011, p.35). The first 15 years of Indonesia as a unitary country (1950-1965) was characterised by regional conflicts and political instability (Ranis & Stewart 1994, p.42). These situations meant that decentralisation was a low priority for the central government. As a result, the government system under President Soekarno remained highly centralised.

The idea of decentralisation arose in the New Order Era when President Suharto was in power from 1966 to 1998. Law 5/1974 was enacted as the basis of decentralisation. The Law regulated distribution of government functions that consisted of three principles: decentralisation, deconcentration and co-administration (Devas 1997, p.355). Accordingly, decentralisation was defined as the assignment of governmental functions from the central government to the regions with those functions becoming the responsibility of the regions, while deconcentration was delegation of authority from the central government to ministry officials in the regions, and co-administration described the government activities to be carried out by subnational governments on behalf of central government (Matsui 2003, p.3). However, the responsibilities of subnational governments were vaguely defined. In practice, the government remained highly centralised with the central government controlling almost all government matters and provincial and local governments had only limited authority. Devas (1997, p. 364) claimed that decentralisation in the New Order Era did not involve significant transfer of power from the central government to subnational governments because, even though subnational governments were to be 'autonomous regions' and given 'autonomy', in reality, provincial and local governments had only limited authority to manage their own government affairs. Important policy aspects related to public service, such as education, health, and infrastructure, were dictated by the central government through the technical ministries. Moreover, Lewis (2005, pp.291-292) stated that provincial and local government administration in the New Order Era from 1966 to 1998 was one of the most centralised systems in the world. Public service administration in subnational governments was conducted by a hierarchical and parallel system of deconcentrated central government ministries and superficially autonomous subnational governments. There was a limited devolution of authority from the central government to provincial and local governments. The central government had broad authority for planning and implementing policies. Financially, provincial and local government expenditure was mostly funded by the central government since almost all taxes and natural resource revenue was collected by the central government. In addition, political decentralisation also showed no progress with the central government controlling the decision-making process and strategic government policies were mostly issued by the national planning agency (Bappenas).

In the Suharto era (1966-1998), provincial and local government leaders were appointed by the president and governors. Bennet (2010, p.2) claimed that in the Suharto era, the central government sought to control power through a centralised bureaucracy dominated by the military with Golkar as the ruling party. For instance, in the 1970s, 80% of governors came from a military background (Mietzner 2013). A broad range of governmental responsibilities were controlled by the central government agencies and ministries. The Law 5/1974 was far more oriented toward deconcentration rather than decentralisation. It promoted strongly centralized government with subnational governments taking over the implementation of various services without transferring the powers of the central government to them (Matsui 2003, p.10). Bennet (2010, p.2) stated Law No. 5/1974 provided for devolution of power from the central government to provincial and local government, but in practice the legal structure of the provinces and local governments had few actual responsibilities. The central government often set policy and ignored the variations in regional needs and resources. Districts controlled primary education and agricultural issues, but the central government maintained heavy influence.

In the late 1980s, decentralisation reappeared as a policy agenda, but never made much progress. The central government proposed a pilot project of a decentralisation program. However, since the central government was worried that the policy would empower strong regional leaders, there were no further steps to implement any significant changes (Matsui 2003, p.12). Progress of decentralisation was more substantial in 1990s when the central government granted greater autonomy to 26 districts and municipalities. Those regions were chosen by the Minister of Home Affairs as a pilot project. The Minister of Home Affairs Decree 8 of 1995 selected one district or municipality from each province. At the time, there were only 27 provinces (Jakarta Province was excluded). It was designed as a model of local government for a two-year experiment on decentralisation starting from April 1995. In this case, Indonesia was seen to follow the global trend of decentralisation and it was a way to enhance economic performance (Devas 1997, p.351). In the mid-1990s, Indonesia stepped forward on decentralisation. However, the project came to a halt when the New Order collapsed, and President Suharto resigned in 1998.

Indonesia eventually started to implement decentralisation more seriously when two laws about decentralisation were enacted in 1999 and made effective in 2001. As a result, Indonesia transformed its government to become one of the most decentralised countries in the world with less than two years of preparation. Firman (2009) argued that the 'big-bang' decentralisation policy in Indonesia is one of the most ambitious decentralisation schemes in modern history, involving more than millions of people with various levels of socioeconomic conditions, cultures and ethnicities, geographical area, and little experience in the practice of decentralisation.

The rationales for decentralisation in Indonesia were political, administrative, and economic. Political and social turmoil caused by severe economic crisis triggered the Indonesian Parliament to enact two fundamental laws of decentralisation. Decentralisation was viewed as a solution to

cope with separatist sentiment in many regions during the time. Separatist threats were managed by giving more autonomy to a large number of smaller local government units, and controlled through a 'divide and rule' strategy (Fitriani, Hofman & Kaiser 2005). Booth (2011, p.43) also stated that the fear of separatist movements was one reason why the central government implemented decentralisation. Eaton, Kaiser and Smoke (2010) argued that decentralisation in Indonesia was a response of the central government toward urgent political and economic crises after a turnover of leadership in 1998 when President Suharto stepped down. The central government believed that transferring more resources to subnational governments would weaken the demand of separation by some regions (Marks 2009, p.44), spurred by the fear of separatism after losing East Timor in 1999 (Bennet 2010, p.4). Ahmad, E and Brosio (2009, p.2) asserted that the implementation of decentralisation in Indonesia was clearly driven by a motivation to keep the country united. However, Rasyid (2002) argued that the implementation of decentralisation was not mainly to respond to the political unrest in regions and the subsequent pressure to distribute more authority to subnational governments, but rather to strengthen the central government in dealing with multidimensional problems, triggered by the severe economic crisis. Turner (2006, p.258) also argued that the impetus for decentralisation was provided by the Asian Financial Crisis of 1997, which hit Indonesia's economy severely.

Other rationales for decentralisation in Indonesia were motivated by administrative and economic considerations to improve public services and regional development. Centralised government bureaucracy was deemed inefficient; thus, it was replaced by the decentralised system that empowered local initiatives. It was expected that public service delivery, such as education and health services, would become more efficient. The implementation of decentralisation established a fundamental change of the relationships between the central government and subnational governments. Administrative and fiscal decentralisation of the Indonesian public sector has been complemented by active developments in the national and local level democracy (T.Tikson 2008, p.28). Provincial and local governments now have broader authority and the central government only have absolute authority in foreign affairs, religion, judicial, defence, fiscal and monetary policy. The focus of decentralisation in Indonesia is at the local government level rather than the provincial level because local governments have better information the needs and interests of local people.

To sum up, Indonesia embarked on fundamental changes to the government system starting in 2001 after a long history of centralisation. Decentralisation has changed the political, financial and administrative environment of Indonesia significantly. Decentralisation in Indonesia was motivated by political, administrative and economic considerations.

3.3 The Nature of Decentralisation in Indonesia

This section discusses political, administrative and fiscal decentralisation in Indonesia. Since Indonesia's independence in 1945, Indonesia has been a highly centralised country with two tiers

of subnational governments: provincial and local government (district and municipality). The government system has changed significantly in 2001 after the implementation of two decentralisation laws, Law 22/1999 and Law 25/1999. The two laws substantially transformed intergovernmental relations in Indonesia. Decentralisation in Indonesia is a dynamic process, indicated by multiple amendments to the two laws.

3.3.1 Political Decentralisation

Politically, Indonesia is a unitary state with a presidential system. There is clear separation of power between the executive and legislative bodies. The President is the head of state and chief executive of the government. The President and Vice President are directly elected by the people every five years by general election. The President has authority to appoint ministers and heads of non-ministerial agencies. However, the President has no authority to appoint governors. Legislative power is held by the People's Consultative Assembly (MPR). Its members consist of members of the House of Representatives (DPR) and Regional Representative Council (DPD). MPR is the upper house, while DPR and DPD are the lower houses. The DPR has broad authority on legislation and budget approval, while the DPD has limited authority on legislation related to regional issues. Members of the DPR and DPD are directly elected through general election every five years with 560 members of the DPR and 136 for the DPD. The members of the DPR come from political parties, while the members of DPD represent the provinces with four members from each province.

The government comprises of the central government and two tiers of subnational governments, namely, provincial and local governments. The local governments consist of districts and municipalities. Districts and municipalities are administratively stratified into two levels: sub-district (*kecamatan*) and village (*kelurahan* in urban areas and *desa* in rural areas). Provinces are headed by a governor (*gubernur*), while municipalities and districts are headed by a mayor (*walikota*) and head of district (*bupati*). The provincial and local governments are autonomous regions. However, the provincial government has less authority than the local government. Local government is not subordinate to the provincial government. The relationship between provincial and local government is more about supervision and coordination.

The hierarchical relationship between provinces and districts/municipalities has changed since decentralisation. Turner (2001, p.72) stated that Law 22/1999 changed governmental systems significantly, such as eliminating the hierarchical relationship between provinces and districts/municipalities. The role of provinces in the decentralisation era is as a regional representative of the central government. Districts and municipalities are more powerful, with considerable local autonomy. Ministry offices and agencies in regions were abolished and their functions and personnel moved to subnational government units. Moreover governors, mayors, and heads of district are responsible to their local legislature (DPRD) by reporting annual progress,

while previously they were responsible only to the President through the Minister of Home Affairs. However, Bennet (2010, p.7) stated that decentralisation under Law 22/1999 faced challenges during the implementation process. The ambiguity in allocation of responsibility between provinces and districts/municipalities under Law 22/1999 immediately created confusion. It also created a dilemma to provincial governments as they lacked authority over local leaders to carry out policy. Another challenge was the DPRD's which have more power to elect subnational government leaders but are less accountable and money politics in local government elections proliferated. Governors, mayors and heads of district have been known to bribe DPRD members to be elected. Turner (2006, p.258, p.258) also criticized the radical changes of decentralisation in Indonesia that created difficulties and unanticipated consequences, including unclear distribution of functions between levels of government, lack of clear responsibilities of the provinces, lack of policy coordination with sectoral laws and unsatisfactory accountability mechanisms for the heads of regions.

Decentralisation has empowered legislature at provincial and local levels by giving them power to monitor provincial and local government leaders. In the centralised era, all governors, mayors and heads of district were appointed by, and accountable to, the central government. They acted as representatives of the central government in the regions and they were appointed by the central government with the President appointing governors and the Ministry of Home Affairs appointing mayors and *bupati*, based on nomination from local legislatures (Brodjonegoro & Asanuma 2000, p.112). Consequently, the dual function of the regional head would obviously weaken the autonomy of the subnational government (Mokhsen 2003, p.2). During this period, most development programs at provincial and local levels were carried out by the central government. Under this system, the central government could effectively control the regions down to the village level. After decentralisation, there was clear separation of power. Governors, mayors, and heads of district are directly elected as well as provincial, district, and municipality legislatures. They are accountable to the people through local legislatures (DPRD). Each province and district/municipality have their own legislature (DPRD), except for districts and municipalities in the Jakarta Capital Region. Members of DPRD's are popularly elected along with governors, heads of district and mayors. Local governments have the discretion to manage their government affairs independently, without any intervention from the central government. They have the authority to create local policies representing people's preferences. Every year, the planning of local government programs must be presented to local legislature for public hearing before being implemented the following year. Local legislatures, as well as national parliament, has authority over legislation and budget approval. Budget proposals must be approved by the local parliament before the budget is implemented. The local legislature also has the authority to monitor local government expenditure.

Decentralisation in Indonesia is not applied equally to all regions because some regions have historic tensions with the central government or have experienced strong military presence to deal with separatist movements. In order to appease separatist movements, the central government tried to deal with ethnically based armed conflicts by creating special autonomous regions. Special autonomy was implemented as a response to rapidly growing independence movements in Aceh and Papua after the fall of President Suharto in 1998 (McGibbon 2004b; Seymour & Turner 2002, p.37, p.37). It can be viewed that the special autonomy for Aceh and Papua represented an accommodating approach to regional demands developed by the democratic government. This move was also to acknowledge diversity and to address the grievances that had fuelled separatist conflicts (McGibbon 2004b). Turner (2006) stated that Aceh, located at the westernmost point in Indonesia, experienced rebellion in the 1990s under the leadership of the Free Aceh Movement (GAM) which fought a bloody secessionist struggle until a peace agreement was made in August 2005. In Papua, the Free Papua Movement (OPM) has been waging secessionist war since 1971. The central government granted special autonomy to Papua Province in 2002 by granting Papua Province greater authority than other regions. Special autonomy for Papua Province will be discussed in the Chapter 5.

3.3.2 Administrative Decentralisation in Indonesia

Under administrative decentralisation, the central government transferred the responsibility of public services to provincial and local governments. As previously mentioned, district/municipality level has been the focus of decentralisation in Indonesia. They get broader authority compared to the provincial governments. Decentralisation objectives are mainly to improve service delivery, public participation, regional competitiveness and equitable distribution among regions. Moreover, the decentralisation laws are expected to enhance democratisation and to improve public welfare in Indonesia. The main political reason behind these two pieces of legislations was not only to give power to the local governments, but also to shift the burden and responsibilities of governance from the central government to the subnational governments after the prolonged economic crises.

Decentralisation initiatives under Law 22/1999 and Law 25/1999 have four distinct characteristics: greater weight to decentralisation rather than deconcentration; the line of responsibility changed from vertical to horizontal; clear provisions for the allocation of funds from the central to local governments; and authorisation of the re-application of customary law (*adat*) in village administration (Matsui 2003, pp.12-13). In the Law 22/1999, it is stated that subnational government functions are defined under three categories: mandatory functions, shared functions, and delegated functions. District and municipal governments have full authority in decision making for their local government functions, particularly basic public services. They have responsibilities for public services, such as education, health, industry, social affairs, environment, trade, marine affairs and fishery, forestry, small and medium enterprise, agriculture, transportation, and housing.

Shared functions are a new concept for Indonesia's local government system, and they cover key sector areas such as social care and public order.

Law 22/1999 also legislated significant changes for the government system of local government. Turner (2001, pp.72-73) identified several major changes: the abolishment of the hierarchical relationship between the provincial and local government, greater role of provincial and local parliaments and transfer of broader authority to local governments. Meanwhile, Law 25/1999 abolished two intergovernmental transfers: *Subsidi Daerah Otonomi* (SDO) for paying salaries of local officials and routine expenditures, and block grants for development expenditure (Turner 2001). Both transfers were replaced by the General Allocation Fund (DAU), Specific Allocation Fund (DAK) and Revenue Sharing Fund (DBH). The most significant and contentious fiscal change was the introduction of revenue sharing between central and regional governments involving land and building tax, land acquisition, forestry, fisheries, mining, oil and gas. For example, the central government takes 85% of oil revenue after tax while the region from which the oil was extracted receives the remaining 15%. Other initiatives include a Special Allocation Fund which may be used to finance special initiatives in the regions and granting regions greater possibilities for securing loans and simultaneously increasing regional accountability for them.

In 2004, Law 22/1999 was revised by Law 32/2004. The objective of decentralisation, according to Law 32/2004, is the transfer of broad autonomy to the regions by accelerating prosperity for local people through the improvement of public services, and the enhanced empowerment and participation of communities. The Law expects that local governments and their local people will compete to develop their regions. The most significant change in Law 32/2004 was the introduction of direct elections for the positions of governors, mayors and heads of district. Law 32/2004 also intended to mitigate the influence of money politics, as it minimised the influence of the DPRD's that had previously chosen local leaders. The central government also has greater power to influence policy at the local level under the new law with the creation of accountability mechanisms to monitor local government spending. Importantly, the Law also strengthened provincial governments' role by giving governors clear hierarchy over mayors and heads of district.

In its development, decentralisation in Indonesia has become dynamic and more complex. There are many challenges faced by central, provincial, and local governments in the implementation of decentralisation, such as social, political and economic factors. After ten years of implementation, Law 32/2004 was eventually revised and was divided into three laws: local administration, local election and the village. The new law, Law 23/2014, focused more on regulating local administration.

Law 23/2014 on Local Administration strengthened the division of responsibility between central, provincial and local governments. Under this law, government affairs consist of absolute government affairs, general government affairs and concurrent government affairs. The absolute

government affairs are the central government authorities which have not been decentralised to provincial or local governments. The absolute government affairs include foreign policy, defence, security, judicial affairs, monetary and fiscal policy, and religious affairs. General government affairs are government affairs under the authority of the President as head of government. Meanwhile, concurrent government affairs are shared authority between the central and provincial governments, and provincial and local governments.

Concurrent government affairs are divided into mandatory and optional affairs. The optional government affairs consist of marine and fisheries, tourism, agriculture, forestry, energy and mineral resources, industrial affairs, trade, and transmigration. The mandatory government affairs consist of: (1) Government affairs related to basic services (education, health, public works, spatial planning, housing, public order, as well as community and social protection); and (2) Government affairs that are unrelated to basic services (labour, women's empowerment, child protection, food, land, environment, administration, population and civil registration).

Table 3.1: Division of Responsibilities Between the Central Government, Provincial Government, and Local Government in Education and Health Sector

Sector	Central Government	Provincial Government	Local Government
Education	<ul style="list-style-type: none"> Standardising national curricula Conducting national examinations Financing student education costs Managing Higher Degree Education Religious Education from primary school to high degree education. 	<ul style="list-style-type: none"> Supervision and coordination among local governments Managing senior high schools 	<ul style="list-style-type: none"> Managing early childhood education, primary schools, junior high schools, and non-formal education Distribution of books and educational tools Management of teachers
Health	<ul style="list-style-type: none"> Providing medicine, vaccines and medical equipment Financing free health services for the poor Responding to medical issues on a national scale 	<ul style="list-style-type: none"> Supervision and coordination among local governments Responding to medical issues on a provincial scale 	<ul style="list-style-type: none"> Managing and financing of district health services Capital works for public health centres and district hospitals Responding to medical issues on a district scale and improving child nutrition Management of health personnel

Source: Law 23 of 2004, and Sutiyo and Maharjan (2017, pp. 33-34).

The division of government affairs between the central, provincial and local governments is regulated based on the principles of accountability, efficiency, externality and national strategic interest. In concurrent government affairs, the definition of the central government affairs are government affairs that are located across provinces or nationally, have cross-province impact, are

more efficient when undertaken by the central government and have strategic national interest. Moreover, the criteria for provincial government affairs are government affairs that are located across local governments, have cross-local government impacts, and are more efficient when undertaken by the provincial government. The criteria of local government affairs are government affairs that are located within districts or municipalities, affect users in local government territories, have impact only on local government citizens and are more efficient when undertaken by local government.

One implication of administrative decentralisation in Indonesia has been the proliferation of new provincial and local governments. It is one of the most prominent effects of decentralisation in Indonesia with the number of subnational governments increasing substantially. In 1999, Indonesia consisted only of 26 Provinces, 268 districts and 73 municipalities (a total of 363 subnational governments) which has expanded to 33 Provinces, 349 districts and 91 municipalities (a total 473 subnational governments) in 2004, three years after decentralisation. This means that the number of subnational governments has increased 28.3% in five years with an additional 110 newly created regions. By 2015, the number of subnational governments reached 34 provinces, 416 districts and 98 municipalities (548 subnational governments). This number may continue to increase with the central government and parliament (DPR) has receiving more than 100 new subnational government proposals. Proliferation of new local governments in Papua is even more dramatic where there were previously only eight districts and one municipality (nine local governments) in 1999. This number increased more than fourfold to 41 local governments with 28 districts and one municipality in Papua Province, and 11 districts and one municipality in West Papua Province (Ministry of Finance 2014). Furthermore, the number of provinces in Papua may increase further because the Ministry of Home Affairs is currently in the process of assessing proposals for two new provinces in Papua.

Table 3.2: Number of Provincial and Local Governments in Indonesia

	1995	1999	2000	2002	2004	2006	2008	2010	2015
Provinces	27	26	30	31	33	33	33	33	34
Districts	229	268	268	302	349	349	370	399	416
Municipalities	61	73	73	89	91	91	95	98	98
Total	324	363	367	422	473	473	498	528	548

Source: Booth (2011), and BPS (2015).

There are several factors that have driven the proliferation of new local governments, including historic, ethnic and fiscal incentives (Hofman & Kaiser 2002). Booth (2011) argued that proliferation

of new local governments was a reaction to inequalities and injustices among regions in the centralised era, particularly outside of Java Island where most of the proliferation occurred. Moreover, local politics has also become a source of the proliferation of new local governments because local elites get advantage from the proliferation with the creation of new positions for governors, mayors, heads of district and members of local legislature. Moreover, Ilmma and Wai-Poi (2014) claimed that many districts have taken advantage of this proliferation. Financially, Law 21/1999 allows subnational governments to split into one or more regions and the newly created region automatically receives intergovernmental transfer from the central government. Therefore, fiscal incentives are the major driver of the proliferation of new local governments.

In Papua, Booth (2011) argued that the central government deliberately split Papua into two provinces and 41 districts/municipalities to weaken separatism. Local tribes in Papua also became important drivers of the proliferation because they can choose their people to become heads of district and recruit other people from their tribe as government employees meaning increased regular income for their tribe. The proliferation of new subnational governments has occurred on a large scale in special autonomous provinces such as Papua and Aceh. In Aceh, there were an additional 13 new local governments (ten districts and three municipalities). The reason for the proliferation in Aceh is similar to other regions, and includes factors such as local politics, history and financial incentives. In Papua Province, the number of local governments increased to more than double from ten local governments (eight districts and two municipalities) in 1999 to 23 local governments (18 districts and five municipalities) in 2004 (BPS 2015). By 2018, the number of local governments in Papua Province reached 29 local governments, consisting of 28 districts and one municipality. Decentralisation has resulted in a significant increase of the number of local governments in Papua Province which is driven by economic motives to receive greater financial resources from the central government.

3.3.3 Fiscal Decentralisation

Fiscal decentralisation is another type of decentralisation in Indonesia. The aim of fiscal decentralisation is to support provincial and local governments to conduct their responsibilities. Indonesia started fiscal decentralisation in 2001, based on Law 25/1999 on the Fiscal Balance Between the Central Government and the Regions. The implementation of the Law has altered intergovernmental fiscal relations between the central and subnational governments significantly. The World Bank (2003) stated that the central government has transferred one third of net national revenue to subnational governments in order to finance their responsibilities, almost doubling the regional share in government spending. In addition, two thirds of central government employees were shifted to subnational governments together with over 16,000 service facilities to provincial and local governments.

Fiscal decentralisation in Indonesia is driven by a perceived over-centralisation of fiscal

arrangements and exploitation of some regions by the central government (Bahl & Martinez-Vasquez 2006, p.7). Before 2001, government expenditure was dominated by central expenditure and almost all revenue from natural resources was taken by the central government. After 2001, the subnational expenditure increased significantly in comparison to national expenditure, making Indonesia one of the most decentralised countries in the world. In 2007, six years after decentralisation, Lewis and Oosterman (2009, p.28) claimed that subnational government expenditure accounted for about 38% of total public sector expenditure. Fiscal decentralisation requires an intergovernmental fiscal system to ensure more efficient public service delivery, local accountability, macroeconomic stability, and an alignment of local expenditure with national priorities. According to Sidik and Kadjatmiko (2002), there are five goals of fiscal decentralisation in Indonesia: (1) to decrease fiscal imbalances between the central and subnational government and disparities among regions; (2) to improve public services; (3) to enhance efficient use of national resources; (4) to improve governance, transparency and accountability in fiscal transfers to regions; and (5) to support fiscal measures in macroeconomic policies (Sidik & Kadjatmiko 2002, p.3). Furthermore, fiscal decentralisation extends the power to raise local taxes and promotes local finance management accountability in regions. The above list of fiscal decentralisation objectives is intended to guide the further development of policy in Indonesia.

Expenditure responsibilities are related to assessing the functions and expenditure responsibilities of each level of government. Ideally, decentralisation applies funds followed by function, implying that governments must clarify the expenditure responsibilities for each level of government before determining the financing structure, combination of revenue and intergovernmental grants, and the ability to borrow (Bahl 1999). The Law 25/1999 stated that intergovernmental transfer in Indonesia applies the 'money follows function' principle. However, expenditure responsibilities for each level of government are not clear. In practice, there are overlapping expenditure responsibilities between ministries and provincial governments, as well as provincial government with local government.

Revenue responsibilities concern the adequacy of revenue resources for subnational governments. The revenue resources for provincial and local government levels in Indonesia consist of local taxes, user charges and other local revenue. There are different kinds of local taxes that can be generated by provincial and district/municipal governments. According to Law 28/2009, provincial level taxes consist of five kinds of tax, while district and municipality levels have 11 kinds of tax.

Table 3.3: Provincial and Local Taxes

Provincial Level Taxes	District and Municipality Level Taxes
<ol style="list-style-type: none"> 1. Motor vehicle tax 2. Tax on transfer of motor vehicle 3. Tax on motor vehicle fuel 4. Surface water tax 5. Tobacco tax 	<ol style="list-style-type: none"> 1. Tax on hotels 2. Tax on restaurants 3. Tax on entertainment 4. Tax on advertisement 5. Street lighting tax 6. Tax on parking 7. Tax on C category mining 8. Water Tax 9. Tax on swallow bird nest 10. Land and building tax 11. Tax on transfer of land

Source: Law 28/2009 on Local Taxes and Levies.

On the revenue side, however, Lewis (2010) stated that Indonesia still has a very centralised taxation system. Provincial and district/municipal government revenue from local taxes is very low and intergovernmental transfers contribute significantly to subnational government revenue. According to Lewis and Oosterman (2009, p.28), subnational government revenue amounts to approximately eight percent of national government revenue. As a result, the subnational governments depend on transfers from the central government.

Intergovernmental fiscal transfer system concerns the adequacy of revenue resources to fund expenditure responsibilities allocated to subnational governments (Kelly 2012, pp.174-175). These transfers are commonly in the form of grants from the central government to subnational governments. The different kind of grants are transferred to subnational governments in the form of vertical fiscal imbalance, horizontal fiscal imbalance and matching grants. The design of intergovernmental fiscal transfers is important to the success of decentralisation.

Intergovernmental fiscal transfer in Indonesia consists of General Allocations Fund (DAU) for horizontal fiscal imbalance, Specific Allocation fund (DAK) for matching grant and revenue sharing (DBH) for vertical fiscal imbalance. In addition, a Special Autonomy Fund is allocated for special autonomous regions such as Papua and Aceh. The DAU is the primary source of subnational government revenue. It subscribes to the principle of 'money follows functions' with the objective to strengthen the way the DAU is determined. The DAU is a non-earmarked, formula-based grant that is calculated on at least 26% of the total net domestic income in the central government budget, with the distribution to provincial government of 10% and district/municipal government of 90%. It is composed of a basic allocation and a fiscal gap allocation. The basic allocation covers the personnel expenditures of regional governments. The fiscal gap component is estimated as the difference between fiscal needs and fiscal capacity.

The amount of fiscal balance increased significantly after the implementation of decentralisation in 2001, doubling between 2000 to 2001. In the following years, fiscal balance increased continually.

Transfers from the central government to subnational governments are mostly in the form of the General Allocation Grant (DAU), while the Specific Allocation Grant (DAK) is smaller. Meanwhile, the transfer of Revenue Sharing (DBH) is almost a half of DAU because the revenue sharing from taxes and natural resources is not equally distributed in all regions. There are only five regions that have abundant natural resources, namely, Papua, Riau, East Kalimantan, South Sumatra, and Aceh.

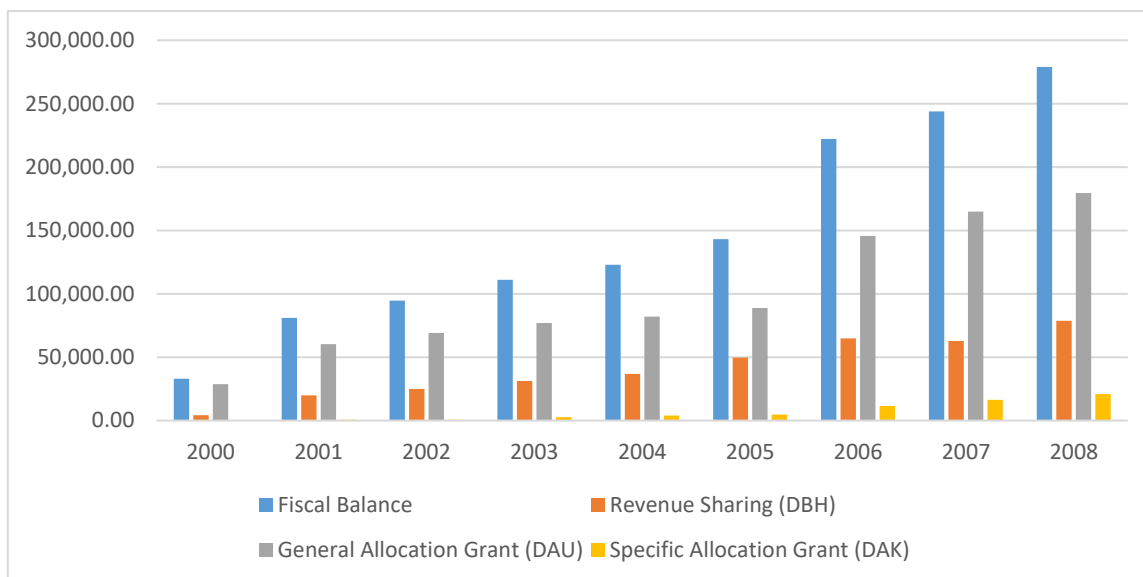


Figure 3.1: Fiscal Balance, DBH, DAU, and DAK 2000-2008 (million rupiah)

Source: Ministry of Finance, 2008.

As can be seen in Figure 3.1, intergovernmental fiscal transfer (fiscal balance) from the central government increased significantly from 2000 to 2001 when decentralisation policy was implemented for the first time. Since then, the intergovernmental fiscal transfer that is dominated by the DAU and the DBH has increased steadily. Meanwhile, the DAK plays only a small part in the fiscal balance.

The last important aspect of fiscal decentralisation is subnational borrowing. This aspect is important in the sense that subnational governments do not have adequate revenue to finance expenditure or fiscal deficit. However, the central government have to adopt hard budget constraints to ensure that subnational governments act responsibly to repay their loans. Indonesia implements hard budget constraints based on Law 25/1999. Subnational borrowing, as well as national borrowing, is regulated by the central government to not exceed three percent of GDP.

To sum up, political, administrative and fiscal decentralisation in Indonesia have changed the relationship between the central government and the subnational governments in Indonesia significantly. The subnational governments have more power on decision-making processes, authority and financial capacity. The focus of decentralisation in Indonesia lies on local government because local government is closer to the people. However, in the special autonomy regions, for

example, Papua Province, the provincial government has more authority and financial resources than other regions. The objective of decentralisation in Indonesia is to improve people's welfare and promote development by providing better service delivery. In this context, decentralisation has the potential to improve education and health services that contribute to the improvement of human development in Indonesia.

3.4 Decentralisation and Human Development in Indonesia

As mentioned in previous sections, the rationale for decentralisation in Indonesia includes political, administrative and economic considerations. Decentralisation is intended to strengthen national unity, improve public service and promote regional development. Empirical research on decentralisation in Indonesia presents mixed results. Indonesia's size, diversity and decentralisation experience provide a unique opportunity to examine many theories on the effects of decentralisation. A large number of studies have been written about decentralisation or regional autonomy in Indonesia, as well as the economic and political aspects of the legislation (Alm, Aten & Bahl 2001; Aspinall 2007; Hadiz 2004) or decentralisation's impact on poverty (Alatas, V. et al. 2012; Bhattacharyya & Resosudarmo 2015; Booth 2003) and governance (Green 2005). Some studies found that decentralisation in Indonesia has improved public service. A survey by the World Bank (2013) revealed that most of respondents are satisfied with education services. They also claimed that decentralisation has improved public service in regions which have good leadership and accountability (Lewis 2016; von Luebke 2009). Other studies found that decentralisation in Indonesia has benefited democracy. A survey by KPPOD (2005) found that the decentralisation process in Indonesia has brought benefits in terms of democracy and political freedom. Buehler (2010) also found that decentralisation has enhanced democracy in Indonesia. Moreover, decentralisation in Indonesia has had a positive impact on national unity (Bird, RM & Ebel 2005; Hatherell & Welsh 2017).

However, other studies found that decentralisation in Indonesia has had negative impacts and some of them claim that the implementation of decentralisation in Indonesia was poorly planned and implemented. Decentralisation has impacted on increasing corruption by bureaucrats at provincial and local government levels (Kirana 2014; Olken 2005; Transparency International 2009; World Bank 2007) and corruption of donor-funded projects (Woodhouse 2005). Vujanovic (2017) found that the effect of decentralisation on outcomes for infrastructure, health, education, corruption and other public service provisions have not improved as quickly as expected. Other studies found that the quality of public services remains low (Lewis 2010) with accountability deferred after decentralisation (Lewis 2010), and decision-making captured by local elites (Hadiz (2004), Chowdhury and Yamauchi (2010), Alatas, Vivi et al. (2013), and Kurniaty (2014).

This research focuses on the objective of decentralisation in Indonesia which is to foster development and, more specifically, human development. Human development indicates long-term

progress of three basic needs of human development: a long and healthy life, access to knowledge and a decent standard of living (UNDP 2015). UNDP uses four indicators to measure HDI, namely, life expectancy at birth, mean years of schooling among the adult population, expected years of schooling for children of school-entry age, and Gross National Income (GNI) per capita. This research focuses on the education and health aspects of HDI.

In 2014, the HDI of Indonesia was 0.684. This number placed Indonesia in the medium human development category at a position of 110 out of 188 countries. According to the Human Development Report (2015), the HDI of Indonesia in 2014 was above average for countries in the category of medium development group at 0.630, but below average for countries in East Asia and the Pacific (UNDP 2015, p.4). Indonesia has better HDI compared to Philippines but is lower than China.

Table 3.4: Indonesia’s HDI Indicator Compared to Other Groups and Countries in 2014

Countries or Group Countries	HDI Value	HDI Rank
Indonesia	0.684	110
Philippines	0.668	115
China	0.727	90
East Asia and the Pacific	0.710	-
Medium HDI	0.630	-

Source: UNDP (2015)

The progress of Human Development Index in Indonesia in figure 3.2 shows that the HDI of Indonesia steadily increased after decentralisation from 2002 to 2013 as well as DKI Jakarta and Papua Province. DKI Jakarta, with the highest HDI in Indonesia, has far higher HDI compared to Papua Province which has the lowest HDI. It means that there is significant disparity in HDI in Indonesia with Papua Province behind other regions.

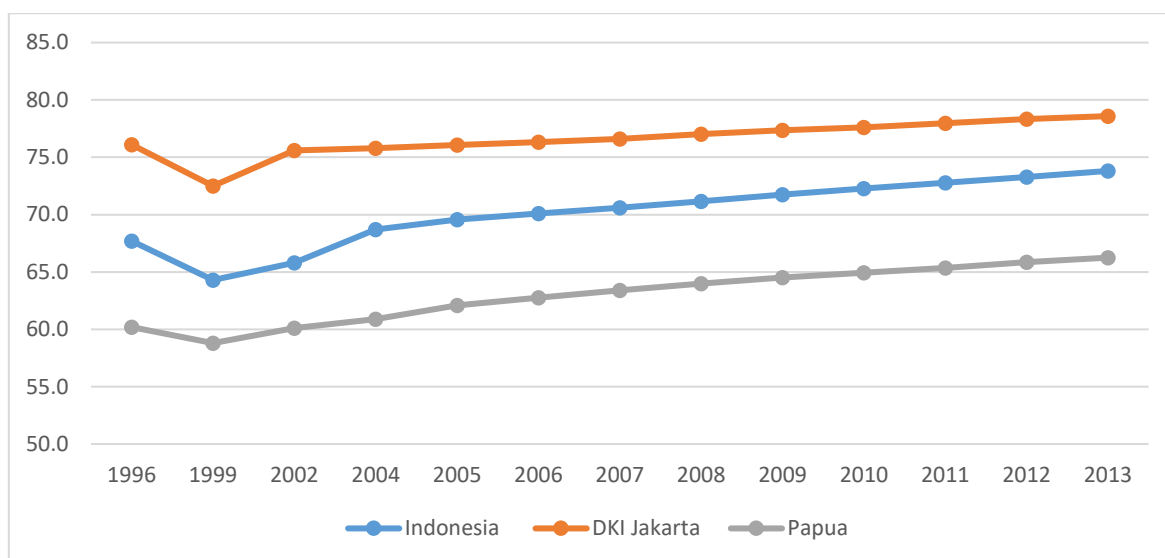


Figure 3.2: HDI of Indonesia, DKI Jakarta and Papua Province

Source: BPS, 2013.

Decentralisation has had a positive effect on human development in Indonesia and a study by Soejoto, Subroto and Suyanto (2015) confirmed this. Their study used quantitative analysis of panel data of three districts and municipalities in all province in Indonesia from 2004 to 2007. They found that increasing decentralisation funds will lead to HDI improvement. At the provincial level, Simanjuntak and Mukhlis (2015) investigated the impact of fiscal decentralisation on human development in East Java Province from 2008-2011. Their study also used quantitative analysis (partial linear regression). Fiscal decentralisation as the independent variable consists of equalisation funds and provincial government expenditure, while human development index is the dependent variable. They found that fiscal decentralisation (equalisation funds) had positive impact on HDI in East Java Province. Pramarta and Dwirandra (2018) also studied the impact of fiscal decentralisation on human development at the provincial level using quantitative analysis (multiple linear regression) in Bali Province from 2011-2016. They found that fiscal decentralisation had a positive impact on improving HDI in Bali Province. In addition, there is also literature about decentralisation and human development in special autonomous regions. Hijrah and Rizk (2014) conducted a study on the impact of special autonomy funds on human development in Aceh Province. By using quantitative analysis (panel data) of all local governments in Aceh Province (23 districts and municipalities) from 2009-2012, they found that the Special Autonomy Fund had a positive effect on HDI. Therefore, those four empirical studies show similar results that fiscal decentralisation has a positive relationship to human development.

To date, there are no empirical studies that investigate the impact of decentralisation (special autonomy) on human development in Papua Province even though it was the first province in Indonesia to receive special autonomy status. Thus, this research will try to fill the gap by conducting research about the impact of special autonomy on human development in Papua

Province. The existing empirical studies are similar in their analysis by using quantitative analysis. This research has a different approach by using qualitative analysis through case study. Therefore, this research will enrich the literature on decentralisation and human development by offering different analysis.

3.5 Conclusion

Indonesia has a long history of centralised government where the central government had strong power and more authority, while the provincial and local governments had limited authority. However, social, economic and political situations in Indonesia drastically changed after the fall of Suharto in 1998 who was in power for 32 years. In the following year, the centralised system was changed to a decentralised system by the enactment of Law 22/1999 and Law 25/1999 and decentralisation came into effect in 2001. Both laws altered the relationship between the central and subnational governments in Indonesia, not only administratively but also financially. Decentralisation in Indonesia is dynamic and the central government revised Law 22/1999 twice with Law 32/2004 and Law 23/2014 to accommodate the progress of decentralisation and aspirations of provincial and local governments.

The rationale of decentralisation in Indonesia has several motives that are interconnected, such as political, administrative and economic considerations. Some researchers argued that decentralisation in Indonesia has improved public service, particularly in regions with good leadership. Decentralisation has also enhanced democracy in Indonesia. On the other hand, other researchers argued that there are many perils to decentralisation in Indonesia including corruption of local bureaucrats, government capture by local elites, deferral of accountability and low quality of public services. Decentralisation has had a positive impact to promote human development in Indonesia. Empirical studies using quantitative analysis found that decentralisation improves human development in Indonesia, not only at the national level but also at provincial and local government levels, for example in East Java, Bali and Aceh Province. However, there are no studies about decentralisation and human development in Papua Province. The impact of special autonomy on human development in Papua Province will be analysed in chapters 6, 7 and 8. The analyses are based on statistical data and interviews.

CHAPTER 4 RESEARCH METHODOLOGY

4.1 Introduction

Research design describes the structure of the research and shows how all the elements of the research project work together to address the research question. This research is concerned with identifying the factors that impact on how, and the extent to which, the special autonomy in Papua has impact on human development, particularly education and health outcomes. The theoretical framework of decentralisation and human development in Chapter 2, and decentralisation history and current status in Indonesia in Chapter 3, has shown that there have been significant changes to the government system in Indonesia and, as a result, it altered the relation between the central government and the subnational governments significantly. This, combined with giving higher authority and financial capacity to Papua Province as a special autonomy region (explained further in Chapter 5), means that Papua Province should be able to catch up to the development of other regions, particularly human development.

This chapter discusses the research methodology of this thesis to investigate the impact of special autonomy on human development in Papua Province, particularly in terms of education and health outcomes. The focus area of the case study is Papua Province and two local governments, Jayapura Municipality and Jayawijaya District. These two local governments have distinct characteristics. Jayapura Municipality is a relatively urban region in the coastal area where around 70% of the population are migrants. Meanwhile, Jayawijaya District is a relatively rural region in the highland area where 90% of the population are indigenous Papuans. This research applies a case study approach to answer the research questions.

This chapter is organised into six sections. Following the introduction, section 2 discusses the case study approach. This research adopts case study to obtain an understanding of the social phenomenon of special autonomy in Papua Province. Section 3 discusses the documents and statistical data gathered in this research. Section 4 elaborates the in-depth interviews, fieldwork and participants, and ethical issues pertaining to this research. Section 5 reviews method of data analysis, and lastly, section 6 provides a conclusion.

4.2 A Case Study Approach

This research adopts a qualitative method that provides a broad perspective of the research subject that may comprise complex processes and backgrounds. According to Denzin and Lincoln (2011, p.3), qualitative research is:

“a situated activity that locates the observer in the world. Qualitative research consists of a set of interpretative, material practices that make the world visible. This practice transforms the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them.”

Creswell (2013, p.44) emphasised that the process of research flows from a philosophical assumption to an interpretative lens, and on to the procedures involved in studying social or human problems. Moreover, a qualitative approach seeks understanding of a particular phenomenon from the perspective of those who experience it. It captures respondents' perceptions, and is followed by the process of organizing, analysing, interpreting the data.

The qualitative research methodology of this thesis is the case study approach. This thesis adopts a case study approach because it is considered appropriate to retain understanding of social phenomena in a certain region, particularly special autonomy. Yin (2009, p.18) stated that the goal of a case study is to understand a complex and contemporary social phenomenon in depth and within its real-life context. Creswell (2014, p.14) defined a case study as a model that explores a problem using single or multiple cases in the form of a setting or context. Meanwhile, Zikmund et al. (2013) explained the case study as an exploratory research technique that intensively investigates one or a few situations similar to the researcher's problem situation. Therefore, the case study approach was seen relevant for this research. The case study approach focuses on a small geographical area and a limited number of participants as the subjects of study. In this research, the case study focuses on Papua Province. Jayawijaya District and Jayapura Municipality in Papua Province are also studied in this research to enrich analysis. It explores the case embedded in the research questions to understand the role of local governments in Papua Province to capitalise on special autonomy to improve human development, particularly in education and health matters.

Case study research, according to Yin (2003, p.5), is a preferable method when the main research questions are 'how' and 'why' questions, and the researcher has no control over behavioural events. Case study also focuses on contemporary events. This is considered an appropriate approach as it allows the perspectives of individuals within a bounded domain, and determines the range of factors and issues affecting implementation of an initiative (Stake 2006). In this research, a case study approach is used to explore the extent to which development programs and budgetary allocations at the district and municipality level in Papua are geared towards improving human development.

Case study approach analyses several sources of information in order to gain understanding (Creswell 2013, p.98). Data collection is crucial in the case study approach. According to Yin (2014, p.105), the process of data collection in the case study consists of documentation, archival record searches, interviews, direct observation, participant observation and physical artefacts.

Meanwhile, Stake (2006) stated that data collection in the case study approach can be done by three methods: interviews, observation and documentation. This research applies two methods above, namely, in-depth interviews and documentation.

For the purpose of this study, three different subnational governments in Papua have been selected: Papua Province, Jayapura Municipality and Jayawijaya District. The provincial government of Papua was chosen because the authority of special autonomy was granted to the provincial government. As a special autonomous region, the provincial government of Papua has been given power to manage the authority based on their interests and needs. According Law 21/2001 on Special Autonomy, the provincial government of Papua has considerable authority in other government matters, including health and education. Its responsibilities consist of strategic planning, supervision, coordination and evaluation in local governments. Papua Province also receives more funds from the central government for accelerating development and people's welfare. Article 36 of Law 21/2001 on Special Autonomy stipulates that the Provincial Government of Papua has to allocate at least 30% of its revenue sharing from oil and gas for education, at least 30% for health and at least 15% for nutrition. This research analyses how the Provincial Government of Papua utilises its authority and funds to improve human development.

The responsibility of public service delivery remains mostly at the district and municipal government levels because they are closer to the people. Law 22/1999, with its revision concerning Local Administration, clearly stipulated that municipal and district governments have responsibilities for local public services, such as health, education, culture, public works, agriculture, transportation, trade and commerce, investment, environment, land matters, cooperatives and manpower. In the education sector, local governments are responsible to provide education at the local level, such as preschool, primary and secondary school. It is necessary to explore how local governments in Papua manage their authority to improve public service delivery, particularly in health and education that contribute to human development.

To examine the local government level, Jayapura municipality and Jayawijaya District have been selected as samples. This selection is based on a purposive sampling method to gain representative samples by choosing a specific area in a sample. According to Patton (1990), there are 16 different strategies for purposively selecting information-rich cases as samples. Two of them are extreme or deviant case and typical case. In the extreme or deviant case, the sample is derived from cases that are perceived as extreme (very high or very low). The purpose of using an extreme case is to learn from highly unusual indicators of the phenomenon of interest, such as outstanding successes or failures, top achievers, exotic events and crises (Patton 1990, p.182). On the other hand, a typical case explains cases that are average or normal. The purpose of this case is to illustrate or highlight what is a typical or average case. In this research, Jayapura Municipality is an extreme or deviant case because Jayapura has the highest HDI in Papua. Its HDI is also far

higher than Papua Province and other local governments in Papua. In contrast, Jayawijaya District is a sample of a typical case because its HDI is close to the average HDI of local governments in Papua.

The two local governments also have distinct characteristics. Jayapura Municipality is the capital city of Papua Province and the only municipal government in Papua. The defining characteristics of Jayapura are its urban area in a coastal region, it is dominated by non-Papuan inhabitants and has access to transportation to other regions. In contrast, Jayawijaya District is situated in the centre of a mountainous region representing a rural area and has mostly indigenous Papuan inhabitants. Jayawijaya District also has limited transportation access to other regions with airplane being the only transportation system.

4.3 Documents and Statistical Data

Review analysis of documents is a method used to collect data in this thesis. It is a secondary source of data. Yin (2014, pp. 105-107) stated that document for analysis can be classified in to several forms: letters, written reports, administrative documents, formal studies and news from mass media. The documents to be reviewed in this research are documents that contain information related to special autonomy, education and health outcomes in Papua Province, and include written reports, administrative documents, formal studies and news from online media. Administrative documents and government reports were collected from government units in Papua Province, Jayapura Municipality and Jayawijaya District (secretariat, health office, education office, and planning agency), the Supreme Audit Institution of Jayapura Representative and the Central Statistics Agency of Jayapura. The planning agency, education office and health office provided local service data and government documents, such as documents about health and education programs, while the Central Statistics Agency provided statistical data on health, education and other related data. In addition, financial data was collected from the Data Support Unit at the Directorate General of Fiscal Balance, Ministry of Finance. The data includes details of provincial and local government revenue and expenditure.

Statistical data used in this thesis were mostly collected from the Central Statistics Agency (BPS) website (www.bps.go.id), which is available in the forms of documents, tables and figures. The BPS provides data from the 1990s on. Statistical data was also collected from government websites, such as the Ministry of Finance (www.depkeu.go.id), Ministry of Home Affairs (www.depdagri.go.id) and the Provincial Government of Papua (www.papua.go.id). The statistical data are used in the analysis chapter as supporting evidence. The formal studies from the National Research Institute (LIPI), Gadjah Mada University and online library are also used as a source of data. The documents that were collected in this research were closely related to focus of this research about special autonomy policy and the progress of education and health outcomes in Papua Province.

Documents were retrieved from official public documents obtained with permission from the officials in the central, provincial and local governments. The official public documents include government reports, regulations and booklets. The documents also include audit reports from the Supreme Audit Institution (BPK). Some of the public documents can be obtained from the government website, for instance, education reports and health reports. In this case, permission was not needed.

Another source of documents was online news media and other reputable online media sources from national and local media in Papua Province. Media coverage with respect to special autonomy, education and health performance in Papua Province was found by searching in the internet.

4.4 Field-Based Interviews Research

4.4.1 In-Depth Interview

Qualitative data, as mentioned before, can be collected by interview. In-depth interview is the primary data that was collected in this research. According to Kvale (1996, p.1), the qualitative research interview is essential to understand the world from the point of view of subjects, to reveal the meaning of their experience, and to uncover their lived world. In this case, the researcher can understand the research topic better from the participant's perspective. The aim of applying in-depth interview in this research is to explore participants' perspectives on education and health services in Papua Province based on their experiences. Before interviews, I contacted the participants by mail, phone and text messages. Participants with a government background were mostly contacted by mail and then by phone, while participants from non-government organisations were contacted by text message and phone.

In this research, a semi-structured approach is applied. According to Babbie (2005), the main advantage of semi-structured interview is the inherent flexibility. The participants are expected to be more flexible and freer to express their views or opinions. Moreover, Babbie (2005, p. 314) asserted that the researcher must be familiar with the questions to be asked. In-depth interviews were conducted to gain insights into participants' perspectives about special autonomy and human development. It provides explanations and personal opinions. Minichiello, Aroni and Hays (2008) described in-depth interviews as conversations between researchers and informants, which are conducted with the specific purpose of exploring the perception of participants regarding their experiences and lives articulated through their words. According to them, there are some advantages in choosing the in-depth interviews. First, multiple informants involved in the interviews allow a researcher to triangulate findings across sources and test issues of reliability and validity. Second, it is a useful way to obtain large amounts of data quickly. Third, immediate follow-up and clarifications are possible. Fourth, the researcher can obtain valuable information from participants

because they have strategic positions on social, political, administrative or financial matters. The in-depth interview is important to get the best answers to the research question in this research by collecting evidence from interviews. It also can be used to gain understanding of activities and events related to the research question. The in-depth interviews allow the researcher to discuss issues in more detail from which the researcher is able to draw conclusions about the extent to which provincial government and local governments play their role, particularly in improving human development.

In-depth interview in this research consisted of individual interviews and group interviews. The interviews involved participants from government institutions in the central, provincial and local governments, legislature, civil society organisations, as well as education and health service institutions at the local level. The number of participants from different categories is shown in table 4.1. Data gathered throughout the fieldwork is used to answer questions by giving evidence and supporting arguments. They help assess the extent to which the provincial and local government uses their authority, greatly expanded under the special autonomy law, to formulate and implement education and health policies and programs to improve the quality of life of people in Papua Province, particularly indigenous Papuans.

Participants were selected for interviews on the basis of their knowledge and experience related to special autonomy policy and public service delivery in education and health sectors. The profile of respondents from government institutions are primarily senior officials in the central, provincial, and local governments. A respondent from the legislature is the chairman of provincial parliament. With respect to respondents from civil society institutions, they are non-government organisation activists who are active in education and health advocacy. Education and health workers were selected because they are key actors in education and health services that have knowledge of education and health sectors based on their daily work.

The in-depth interviews were conducted in the national language of Indonesian which is understood by almost all people in Indonesia. The interviews took no more than 60 minutes except for interviews with a few respondents who were willing to be interviewed for longer. Each interview was audio recorded and then transcribed into Microsoft Word. Some interview transcripts were translated into English language for the purposes of writing this thesis.

4.4.2 Fieldwork and Participants

The fieldwork of this research took place over a four-month period from December 2016 to March 2017. The fieldwork gathered necessary information from selected research locations, such as Jakarta, Yogyakarta, Jayapura and Jayawijaya. The fieldwork was conducted in Indonesian language and recorded using a digital voice recorder. This equipment can be effective in capturing all parts of the interview and very helpful in the storage and transcribing processes.

Table 4.1: Interview participants

No.	Institution	Participants (Number of Participants)	Interview type
1.	Parliament	Chairman of Papua Province Parliament (DPRP) (1)	II
2.	Government Agencies/Units and Parliament	<p>Central Government: Officials at Directorate General of Fiscal Balance, Ministry of Finance (3) Official at Directorate General of Regional Autonomy, Ministry of Home Affairs (1) Officials at National Planning Agency (<i>Bappenas</i>) (7) Officials of Supreme Audit Institution at Jayapura Branch (3)</p> <p>Provincial Government of Papua Officials at Provincial Health Office (2) Officials at Provincial Education Office (4) Officials at Provincial Development Planning Agency (2) Officials at Provincial Finance Office (2)</p> <p>Municipal Government of Jayapura Official at Municipal Health Office (1) Official at Municipal Education Office (2) Senior official at Municipal Development Planning Agency (2) Senior official at Municipal Finance Office (2) Education Workers (2) Health Workers (2)</p> <p>District Government of Jayawijaya Senior official at Municipal Health Office (2) Senior official at Municipal Education Office (2) Senior official at Municipal Development Planning Agency (2) Senior official at Municipal Finance Office (1) Education Workers (3) Health Workers (1)</p>	II II II GI GI II II II II II II II II II II II II II II II
3.	Civil Society Groups	Researcher at Papua Working Group, Gadjah Mada University (1) Researcher at Centre of Political Policy (LIPI) (2) Education NGOs (3) Education Foundation (3) Health NGOs (3) Leaders, Local Papuan Ethnic Groups (2) Leaders, Religious Institution (2)	II II II GI GI II II II
	Total	61 Participants	

Key: II=Individual Interviews, GI=Group Interviews

The participants were selected by using purposive sampling and snowball sampling. In purposive sampling, the researcher selects participants who can purposely inform an understanding of the research problem and central phenomenon in the study Creswell (2013, p.156). According to Berg (2007, p.32), purposive sampling also enables the researcher to use their special knowledge or expertise about some groups to select subjects who represent the population. The strategy to find participants can be one or more approach in a case study. This research applied the maximum variation sampling approach. Thus, this approach can maximise differences at the beginning of the study and increase the possibility of findings that reflect different perspectives from participants.

The selection of participants in this research was based on several indicators, such as their influence in education and health policies in Papua Province, their representation in decision-making, and their knowledge and experience related to health and education sectors in Papua. The participants comprise three different groups: government officials, members of parliament and

members of civil society organisations. This research focuses on the role of groups involved the policy making process of health and education services. It does not intend to investigate of the perspective of public service users, such as students, patients, their families, because this exceeds the scope of this study. The participants were selected according to their role and influence in the policy making process of health and education services in Papua Province. However, in an effort to capture the experience of non-state actors, some members of civil society organization who advocates people who receive end of service were included as participants. .

There are no fixed rules about the ideal number of interviews with participants. Kvale (1996, p.103) argued that more interviews will produce more scientific data. Meanwhile, Travers (2001, p.137) stated that the researcher just needs to get sufficient data to explore and document a range of themes. There are 61 participants in this research which the researcher believes to be an appropriate number for this study. The considerations of the number of participants are based on representatives of group and subgroup of participants, resources, time constraints and financial implications of conducting research in four separate locations across considerable distance.

The interviews of participants consisted of individual and group interviews. There were 45 participants in the individual interviews and 16 participants in the group interviews. The participants from government agencies and units comprise senior officials from the central government, provincial government of Papua Province, and the local governments of Jayapura Municipality and Jayawijaya District. From the central government, the participants are senior officials at the Directorate General of Fiscal Balance (Ministry of Finance), Directorate General of Regional Autonomy (Ministry of Home Affairs), National Planning Agency and Supreme Audit Institution. They were chosen because they are decision makers at national level concerning special autonomy for Papua, particularly decentralisation and intergovernmental fiscal policy. Moreover, auditors from the Supreme Audit Institution were selected as participants to explore their experience in auditing local government reports in Papua Province, Jayapura Municipality and Jayawijaya District.

The participant from the parliament is the chairman of Papua Province legislature. He is an important source in this research because he has strong political powers around legislation and budget approval. He holds a powerful position in the policy making process because he has authority to approve regional regulations proposed by the provincial governments. He also may take initiatives to propose draft regional regulations to the provincial and local governments. In addition, he has authority to approve or reject proposed budgets from provincial and local governments, including health and education programs. Therefore, the members of parliament are highly relevant as participants in the interviews.

At provincial and local government levels, the participants were selected based on their knowledge and experience as government officials involved in planning, implementing, supervising and

reporting of government programs on health and education. The participants are officials from the local planning agency, health office, education office and finance office. The participants were also chosen because they are key decision makers at the provincial and local government level, such as the governor, mayor, head of district and provincial and local government secretary. The researcher believes that they provide valuable information to answer research questions.

The participants from civil society include researchers, leaders of religious institutions and Papuan ethnic groups, leaders of education and health foundations, and activists from non-government organisations (NGO). Local government experts come from the University of Indonesia and Indonesian Institutes of Sciences (LIPI) who have undertaken research in Papua. Their knowledge of development in Papua provides valuable information for this research. Moreover, leaders of religious institutions, as well as leaders of Papuan ethnic groups, were chosen as participants because they have significant influence in local social-political and cultural affairs in Papua. Other participants are health workers (doctors, nurses and hospital staff) and education workers (school principals and teachers). They have knowledge and experience of daily life of public service in health and education sectors. Activists from NGOs who work in health and education sectors were also selected as participants. Their opinions provide information based on their experiences and concerns about health and education issues. Lastly, Papua Peace Network (JDP) is a prominent civil society group in Papua for promoting dialogue between Papuans and the central government. Established by LIPI researchers and Papuan activists, JDP consists of lecturers, researchers, students, NGO activists, leaders of religion institutions and Papuan ethnic groups. JDP also has access to political elites in Papua, including senior government officials and members of parliament.

Snowball sampling is another strategy to select participants to be interviewed for collecting data. The process of snowball sampling takes participants appropriate for the research recruited through various accessible means, and through these initial participants we are introduced to others with similar or relevant characteristics for our research (Edwards & Holland 2013, p.6). Snowball sampling is used to find potential participants by asking initial participants whether they know of anybody with the characteristics that we are looking for in the research. After getting the respondent's contact details, the principal researcher approached the respondents by sending emails or calling by phone to explain the research and ask their willingness to participate. If the respondents were willing to participate, the principal researcher arranged an interview with them. The challenge of snowball sampling is to find the initial participants that have meaningful information and networks with other potential participants. The researcher contacted the participants before the fieldwork period via email, text messaging and phone calls. They were recruited through the researcher's network with Flinders University students from Papua and researchers who have conducted research in Papua, such as scholars from LIPI and the University of Indonesia.

4.4.3 Ethical Issues

Research ethics play an important role in social research. According to Saunders, Lewis and Thornhill (2012), research ethics refers to the appropriateness of the researcher's behaviour in relation to the rights of those who become the subject of the research, or are affected by it. They also state that ethical issues affect the research process in several ways, such as:

- Privacy of possible and actual participants;
- Voluntary nature of participation and the right to withdraw partially or completely from the process;
- Consent and possible deception of participants;
- Maintenance of the confidentiality of data provided by individuals or identifiable participants and their anonymity;
- Reactions of participants to the way in which the researcher seek to collect data;
- Effects on participants of the way in which the researcher uses, analyses and reports the data; and
- Behaviour and objectivity of the researcher

This research was approved by the Flinders University, Social and Behavioural Research Ethics Committee (SBREC) on 17 October 2016 (Project No. 7419) (Appendix 2). In Indonesia, permission to conduct research was granted by the Ministry of Home Affairs. In the interviews and focus group discussions, all individuals involved in in this research signed a consent form giving permission to record and transcribe the interviews and discussions. Involvement of respondents in the interviews was voluntary and they could refuse to answer questions or withdraw from the interview at any time. Respondents were informed about the objectives and methods of the research before holding interviews. The researcher also informed the participants that any information provided by them would be treated with the strictest of confidence and none of the participants would be individually identifiable in the resulting thesis, report or other publications.

4.5 Method of Data Analysis

The data from the interviews were analysed through description of the case and theme of the case. The data were verified through triangulation methods by assessing the interview data in comparison with other sources. In this research, interview data were compared with statistical data, documents, government reports and other sources. The interview responses were categorised based on patterns or themes, such as by type of participant (Boyce & Neale 2006, p.6). The case study analysis in this research consists of making a detailed description of the case and its setting of regions in coastal highland areas. Patton (2002, pp. 446-450) stated that case study approach involves several steps: gathering raw data (including information about people, events, institution, and setting), developing records of the case study to manage complex data and writing the narrative of the case study by describing the story of the program or institution. This research

adopts those steps by collecting data in the fieldwork sites through in-depth interview, developing records by transcribing interviews and writing a narrative to analyse interview transcriptions.

The documents containing information about special autonomy, education and health in Papua Province are used in Chapters 3 and 5 to describe decentralisation Indonesia and special autonomy in Papua Province. Documents containing statistical data are analysed in tables and figures in Chapters 6 7. The tables and figures are interpreted to explain the results based on trend, pattern and causality of data. The interpretation also involves analytical and logical reasoning. Furthermore, the data from documents and statistics are compared with the perception of respondents in Chapter 8.

The case studies in this research are conducted by using thematic analysis to interpret data. According to Braun and Clarke (2012), thematic analysis is a method of organising patterns of meaning or themes across a data set, and allows researchers to analyse shared meanings and experiences as written in the text or told by interviewees. Interviews with participants were recorded with their consent and the recorded interviews were transcribed verbatim. Furthermore, the interview transcripts were analysed by using thematic analysis. In the thematic analyses, interview transcriptions were analysed by identifying codes and themes that emerged to reveal the important themes. Interview transcriptions were coded manually by printing the interview transcripts, then important themes and information were highlighted and underlined. The content of the data was also reviewed. Important quotations from interviews are quoted in the analysis chapter and translated into English in footnotes. The interpretation of the interview transcriptions is analysed based on the respondent's background, occupation, experiences and context. Responses from participants are also cross-checked with those of other participants. Themes that emerge from the content of the data in the transcription are elaborated to find evidence in order to support arguments.

4.6 Conclusion

This research attempts to understand and interpret the reality of the impact of special autonomy on human development in Papua, particularly in health and education sectors. This research adopts qualitative methods with a case study approach to understand a complex social contemporary phenomenon in Papua Province. The focus of this research concerns education and health outcomes in Papua Province after special autonomy. This research also covers Jayapura Municipality and Jayawijaya District. Data were collected by using interviews, focus group discussions and documentary research. Participants were selected by purposive sampling, involving people who had knowledge and experience of special autonomy policy as well as education and health services in Papua Province. To interpret the data, this research uses thematic analysis by coding specific themes from interview transcriptions. In the following chapters, the thesis analyses human development, education and health outcomes in Papua Province after

special autonomy based on statistical data and respondent perceptions from interviews and focus group discussions.

CHAPTER 5 SPECIAL AUTONOMY IN PAPUA PROVINCE: AN OVERVIEW OF EDUCATION, HEALTH AND HUMAN DEVELOPMENT

5.1 Introduction

Chapter 3 discussed decentralisation reform in Indonesia that has resulted in a change in the relationship between the central government and subnational governments, including Papua Province. This chapter provides an overview of Papua Province, including demography, history, special autonomy, education and health authority, and human development. This overview of Papua Province is important to gain understanding about the social, economic and cultural background of Papua Province. Information in this chapter will be useful for the analysis in chapters 6,7 and 8. This chapter also seeks to answer the first research question about how effective special autonomy has been in promoting human development, particularly for indigenous Papuans.

This chapter begins by offering a brief history of Papua Province from Dutch colonial era to the current day. This is followed by section 5.3 which describes the process by which special autonomy was implemented, and Section 5.4 explores the arrangement and powers of education and health authorities after special autonomy. In section 5.5, the human development trends in the province are analysed and compared to other provinces and nationally. The variation in human development index between local governments in Papua Province is also mapped and connected with the influx of migrants to Papua Province. Section 5.6 describes an overview of the demographic changes, including migration and its impact on the ethnic composition of the province. At the end of this chapter, readers are expected to have more information about Papua Province and how special autonomy could promote human development.

5.2 History and Local Government

Papua, as well as other regions in Indonesia, was colonised by the Dutch, but when the Dutch recognised Indonesian independence in 1949, they did not recognise Papua as part of Indonesian territory and Papua remained under Dutch colonial rule. This situation brought Indonesia and the Dutch to a diplomatic dispute over the status of Papua. In the 1950s, the Dutch tried to unify the different Papuan ethnic groups through the creation of administrative and communications infrastructure as well as schools (Timmer 2004). On the 1st of December 1961, Papuan leaders raised a flag of the morning star in a ceremony and many Papuans saw this as proof that Papua has been declared as an independent nation. The Indonesian government, however, did not recognise Papua as an independent nation but as a Dutch colony. President Soekarno promoted full decolonisation of all former Dutch colonial territory, including Papua. In 1961, President

Soekarno issued an ultimatum for Papua to be returned to the Republic of Indonesia and sent military troops to Papua (Rumbiak 2010). In 1962, an agreement was brokered with the United Nations in New York that placed Papua under the control of the United Nations Temporary Executive Authority (UNTEA) and granted Indonesia administrative control. In the New York Agreement, Papuans were given the opportunity to choose between independence or integration into Indonesia. The so-called Act of Free Choice (Penentuan Pendapat Rakyat-Pepera) was a referendum in which each adult was entitled to vote (Kivimaki & Thorning 2002, p.654). However, when the referendum on Papua was conducted in 1969, the government of Indonesia only selected 1,025 representatives from the tribes in Papua (FLJS 2016). At that time, Indonesia was under a military-dominated regime. Administration in Papua was run by the Indonesian army and they pressured Papuan's delegates into voting in favour of full integration (Bertrand 2014, p.179). Thus, the democratic process in the referendum was not followed by Indonesia.

The result of the Act of Free Choice was a majority in favour of integration into Indonesia and the central government enacted Law 12/1969 which formally incorporated Papua into Indonesia as a province, with Jayapura as the capital city. This result was controversial for many Papuans (Resosudarmo et al. 2014). They believed that the Act of Free Choice was unfair and illegitimate due to acts of violence and intimidation by the Indonesian army before and during the referendum (Kivimaki & Thorning 2002, p.658). The dissatisfaction about the integration process led to a low-level violent conflict and separatist movement (Bertrand 2014). The central government mobilised army and police officers to Papua Province in order to quash the separatist movement and seize control of the government. After Papua Province integrated into Indonesia, most of the civil servants running the provincial and local governments in Papua were brought in from other provinces and the governor was a military officer (McGibbon 2004b). In 1973, the name Irian Barat (the former name of what is now known as Papua) was changed to Irian Jaya (Resosudarmo et al. 2014). Along with this change, the central government tried to accelerate development activities. However, development efforts were mostly concentrated in the northern coastal area, around the capital city of Jayapura. There was limited development in the highland area since most local governments in the highland area could not be accessed by land transportation. Therefore, regional development was slow as Papua Province experienced regional conflict and some parts of Papua Province remained isolated.

In the Suharto era (1966-1998) the central government used military force to suppress separatist movements in regions such as East Timor, Aceh, and Papua. The government system was highly centralised and controlled by the central government. The resignation of President Suharto in 1998 brought Indonesia into a new era in terms of the relationship between the central government and subnational governments. Some provinces asked for a referendum for self-determination. In a surprising move, President Habibie (1998-1999) offered a referendum to East Timor Province and the East Timorese chose independence in 1999. The independence of East Timor escalated the

situation in Papua Province and Aceh Province. They asked for a referendum, but President Habibie rejected their requests. In October 1999, Abdurrahman Wahid became the successor of President Habibie. In response to Papuans' aspirations, President Abdurrahman Wahid also rejected a referendum of independence for Papua Province. However, he introduced a different approach to Papuans by promoting a culturally sensitive approach, such as changing the name of Irian Jaya Province to Papua Province and maintaining good relationships with Papua's elites (Resosudarmo et al. 2014, p.434). He also endorsed Papuans to propose a draft bill on special autonomy for Papua. The bill was finally accepted by Indonesia's People's Representative Council (DPR) and Law 21/2001 on Special Autonomy for Papua was enacted in 2001 by President Megawati. The process of the enactment of the Special Autonomy Law involved a long series of debates in the People's Representative Council (Widjojo 2010). Special autonomy came into effect in 2002. In 2003, President Megawati issued a presidential decree to split Papua Province into three provinces. However, Papuans rejected the creation of three new provinces. In 2007, Papua Province eventually split into two provinces: Papua Province and West Papua Province. This research focuses on Papua Province, the larger of the two provinces and home to most indigenous Papuans.

One significant impact of decentralisation in Indonesia has been the proliferation of local governments in Papua Province. While the number of local governments in Papua Province remained the same from 1969 to 1998 with only ten local governments (nine districts and one municipality), it increased significantly during and after decentralisation. By 2016, there were 42 local governments in Papua (including local governments in West Papua Province). The progressive increase in local governments is shown in Appendix 1 Table 1. The table shows that most local governments in Papua Province were established after decentralisation. Five districts became 'mothers' of newly created local governments in Papua Province, namely, Biak Numfor District, Jayawijaya District, Jayapura District, Nabire District and Merauke District. Those five districts were split into 22 districts between 1999 and 2008. The most dramatic case is Jayawijaya District which was split into seven new districts, namely, Pegunungan Bintang, Yahukimo and Tolikara districts in 2002; and Memberamo, Yalimo, Lanny Jaya and Nduga districts in 2008. Booth (2011) argued that the creation of new local governments in Indonesia, mostly outside of Java, is a reaction to perceived inequalities and injustices. The creation of new districts is also motivated by a combination of cultural, political and financial reasons.

In summary, Papua Province has a unique history which is highlighted by its integration into Indonesia in 1969 through a referendum, while other provinces have been part of Indonesia since independence in 1945. The central government and indigenous Papuans have different views on this integration process and many indigenous Papuans believe that the referendum was unfair. The difference in views between the central government and Papuans has an effect on regional conflict and slow development progress in Papua Province. Special autonomy was presented as

win-win solution for the central government and the Papuans to ease conflict and accelerate development in Papua Province (McGibbon 2004b). It was a means to address four sources of conflict in Papua, namely, marginalisation and discrimination towards native Papuans in economic and political settings; failure in development due to a lack of education and health for indigenous Papuans; different perspectives between the central government and Papuans about indigenous Papuans' identity; and human rights violations (Widjojo et al. (2008, p.2). The next section will discuss special autonomy arrangements in Papua Province, including the processes of special autonomy and education and health authority after special autonomy.

5.3 Special Autonomy Arrangements

As discussed in the previous section, the central government hoped to resolve a range of problems that created conflict in Papua by introducing special autonomy. It was a political choice that indicated a willingness of Papuans to cooperate with the central government. Timmer (2005, p.1) argued that the special autonomy law was drafted by Papua's Provincial Government based on dialogue with indigenous communities. The law was proposed to the central government and National Parliament of Indonesia (DPR). The central government accommodated almost all of Papua's proposals, except referendum (Sumule 2003, p.353). However, Bertrand (2014) claimed that special autonomy in Papua was imposed by the central government without adequate negotiation with Papuans. (McGibbon 2004b, p.2) argues that the final draft of the special autonomy law was a win-win solution between the central government and the Papuans. Therefore, special autonomy for Papua was a result of reconciliation and mutual understanding between the central government and Papuans.

Besides the political objective to resolve separatism, the objectives of special autonomy for Papua, according to Law 21/2001, are mainly to minimise the development gap between Papua Province and other regions, to improve living standards of indigenous Papuans and to provide more opportunities for indigenous Papuans to participate in development. Furthermore, the enactment of special autonomy also aimed to overcome social and economic problems of indigenous Papuans. The enactment of Law 21/2001 on Special Autonomy for Papua also can be seen as an attempt by the central government to provide a solution to a number of crucial problems in Papua including:

- Political conflict focused on the issue of Papuan demands for independence that is viewed by the Indonesian Government as a separatist movement;
- Social conflict between Papuans as a result of the lack of solutions to overcome the political conflict;
- The poor economic conditions, particularly compared to other regions in Indonesia (McGibbon 2004b).

Papua Province has had a greater level of authority in financial, political and social matters since special autonomy. Law 21/2001 on Special Autonomy places more importance at the provincial level, which stands in contrast to Law 22/1999 on local government that focuses on the local government level. Article 4 of Law 21/2001 stated that the authority of Papua Province is very broad in overall matters of administration, except for authority in fields including foreign policy, safety and defence, monetary and fiscal, religion and judiciary among others as stipulated by statutory regulations. More detailed authorities are regulated by Perdasi and Perdasus (Papua Province regulations as a special autonomous region). Papuans are also allowed to display their cultural symbols. In addition to Papua Province's legislative body (DPRP), the Papuan People's Council (MRP) was established for cultural representation of the indigenous Papuans to protect their cultural rights (Article 5 Law 21/2001). The members of MRP include representatives of indigenous communities, women and religious leaders.

From a financial perspective, according to Law 21/2001, the most significant feature of special autonomy is budget allocation because Papua Province receives an increased intergovernmental transfer from the central government. In addition to the regular intergovernmental transfer grant (like other regions), Papua also receives a special autonomy grant that amounts to 2% of the total national general allocation grant and incorporates a higher percentage of revenue sharing, especially for mining, oil and gas. Revenue sharing for Papua Province from oil and gas is 70% (Article 34 Law 21/2001), while other regions receive only 15% from oil and gas revenue that originates from those regions (Law 33/2004). The central government has also allocated an additional grant for accelerating infrastructure development in Papua since 2008.

The authority and financial capacity of Papua Province surpassed other provinces. However, at beginning of the implementation of Law 21/2001, development in Papua Province was slow. Some problems emerged, such as:

- Unclear allocation of Special Autonomy Fund and funds sharing between the provincial and local governments;
- Unclear and slow formation of the Papuan People's Assembly;
- Lack of monitoring of the legal, political and social issues related to the Special Autonomy Law;
- Late enactment of detailed provincial regulations of Special Autonomy Law (McGibbon 2004b).

Special autonomy was intended to improve education and health performance in Papua Province and, by extension, human development. Therefore, it is important to examine the changes to education and health authority in provincial and local governments in Papua Province.

5.3.1 Education authority

Law 21/2001 on Special Autonomy for Papua Province stipulated that one of the foci of development in Papua Province is the education sector. The Law stated that education authorities will be regulated by Papuan provincial regulations (Perdatus). However, the regulation took a long time to be formulated but was eventually issued in 2013. There are two regulations on education: Perdatus 3/2013 on Educational Services for Indigenous Peoples and Perdatus 2/2013 on the Implementation of Education. According to the Perdatus, the aims of education implementation in is to provide education for indigenous Papuans in science and faith, as well as fostering capable, creative, independent and healthy individuals. The responsibilities of the Provincial Government of Papua, according to Perdatus 2/2013, consist of:

- Managing the provision of high standard education;
- Fostering and maintaining quality standards of primary and secondary education;
- Stipulating and regulating guidelines for the implementation of primary and secondary education;
- Recruiting, dismissing and managing educators;
- Managing international and vocational high schools (SMK);
- Supervising secondary education and vocational high schools;
- Providing recommendations to the central government to issue accreditation for private universities;
- Overseeing private universities and providing recommendations to the central government if the private universities violate the laws and regulations.
- Districts and municipalities in Papua Province also have responsibilities in this area:
- Providing basic education (primary school and junior secondary school);
- Accrediting primary and junior secondary schools;
- Recruiting, dismissing and managing educators and education personnel for primary and junior secondary schools;
- Responding to violations of educational regulations.

However, education authority in Papua Province, based on the Perdatus, differs little from that of other provinces, as discussed in Chapter 3, unless Papua Province prioritises the educational needs of indigenous Papuans. Law 21/2001 and Perdatus 2/2013 stipulated that each indigenous Papuan, male or female, shall be entitled to priority of educational service and every citizen aged 7 to 18 years must participate in basic education. This means that indigenous Papuans receive a mandatory 12 years of education from primary school to senior secondary school. On a national level, the duration of compulsory education is nine years.

The Perdasus also stated that the implementation of education in Papua Province is to be conducted based on the national education curriculum as well as local curriculum. However, Papua Province does not have a specific local curriculum that is more suitable for indigenous Papuans. All schools in Papua Province implement the national curriculum, without any significant addition of local content to their curriculum.

5.3.2 Health authority

A quality health sector is necessary to improve living conditions and an important part of human development. People cannot expect to have a good quality of life without health services. People will be more vulnerable if they are ill because they cannot work to generate income. Two important factors are provision of healthcare and access to healthcare services. Special autonomy provided impetus to Papua Province to improve health outcomes, particularly for indigenous Papuans. The provincial government, as well as local governments, have received substantial special autonomy funds. However, health indicators in Papua Province remain far behind other provinces in Indonesia. Even though special autonomy has been implemented for more than 15 years, many people in Papua Province have limited access to health services. Along with education, the health sector is also a priority sector with a minimum of 15% of special autonomy funds earmarked for health expenditure.

According Article 2 of the Governor of Papua Provincial Regulation 6/2013 on Public Health Financing for Papua, the Province must finance public health for indigenous Papuans and other people by providing basic health and referral services. The public health services are financed by special autonomy funds. Each local government has taken slightly different approaches in their regions. However, health sector policies have to be aligned with the Special Autonomy Law 21/2001. According to Law 21/2001, healthcare programs in Papua Province must cover several priorities:

- Disease eradication programs;
- Prevention and management of HIV/ AIDS;
- Increasing human resources in health care, with both medics and paramedics;
- Improving the quality of service delivery in public health centres (*Puskesmas*);
- Improving health care in hospitals;
- Providing medicine;
- Improving nutrition and providing a healthy environment.

The main goals of implementing these policies are to improve cooperation between the government and private sectors regarding healthcare in order to improve healthcare services. One of the objectives is to achieve an average of life expectancy at birth at 70 years or increase 5.2 years from an average of life expectancy at birth 64.8 years in 2013 when the Governor of Papua

Provincial Regulation 6/2013 was issued. Another objective is to increase the recruitment and training of medics and paramedics to achieve a better professional standard. Preventing HIV and AIDS is also an area of concern because Papua Province has a high prevalence of HIV/AIDS. The rate of HIV/AIDS in Papua Province is 1.03%, much higher than the national level of 0.17%, and it is estimated to reach 7% by 2025 (UNICEF & AUSAID 2015). In order to prevent HIV and AIDS, greater community involvement in prevention measures is needed as well as treatment and management of HIV/AIDS infection.

Like the education sector, there is no significant difference in health responsibilities between Papua Province and other provinces in Indonesia, apart from the fact that public health services are financed by special autonomy funds and free health service is provided for all indigenous Papuans. In contrast, non-indigenous Papuans receive free health service only if they meet the definition criteria of a 'poor family' of the Indonesian government. The next section will discuss human development in Papua Province, including education and health indicators.

5.4 Human Development in Papua Province

As discussed in Chapter 2, individual wellbeing is an essential indicator of development. Amartya Sen (1999) correlated development to human freedoms. According to Sen, the main objective of development is freedom, by which he means the capability to develop one's own potential, unrestrained by circumstances outside one's control. Thus, freedom is understood as developing one's own capabilities. Development can be achieved if the main source of unfreedom is eliminated. Unfreedom can be related to lack of public services and social care, such as the absence of educational services and facilities, health care and effective institutions for people empowerment. Sen's fundamental concept of development as freedom is that life can only be lived well when people are free. It means that when people can make real choices, there is a transformative effect on the quality of human life.

Human development addresses the problem of expanding a person's capability to make valuable choices to improve quality of life. UNDP (1990), led by economist Mahbub Ul Haq, developed the Human Development Index (HDI) to measure human development. It captures a snapshot of human development in a country by measuring three basic indicators: the longevity, measured by life expectancy at birth; knowledge, measured by adult literacy rate and gross enrolment ratio; and standard of living, measured by per-capita PPP income of the country. HDI describes levels of access to development outcomes in income, health and education. In the 1990s, the Indonesian Statistics Agency calculates HDI based on four indicators that were derived from three basic dimensions of HDI. The indicators were life expectancy rate, literacy rate, gross enrolment rate, and Gross Domestic Product (GDP) per capita (BPS, BAPPENAS & UNDP 2004). These indicators have been changed several times. The old method of calculating HDI was used until

2013, after which it was superseded by the new method. Under the new method, the indicators to measure HDI are life expectancy, mean years of schooling, expected years of schooling, and Gross National Product (GNP) per capita. Literacy rate, used in the old method, was replaced by expected years of schooling.

Figure 5.1 illustrates HDI rates in Indonesia, Papua Province, West Nusa Tenggara Province and East Nusa Tenggara Province from 2002 to 2013. The figures are based on the old method of HDI calculation. It can be seen from the chart that HDI levels increased steadily at all government levels. Nationally, HDI increased from 65.8 in 2002 to 73.81 in 2013, an increase of 8.01 point in 11 years. Similarly, since 2002 the HDI of Papua Province continued to improve. In 2002, the HDI of Papua Province was 60.10, and it reached 66.25 in 2013, and increase of 6.15 points. However, the improvement of HDI of Papua Province was less than the improvement nationally. Over the same period, national HDI increased 8.01 points from 65.8 in 2002 to 73.81 in 2013. Thus, the gap between Papua Province and the national average is getting wider. It means that development in Papua Province progressed at a slower rate than other provinces for the period 2002-2013.

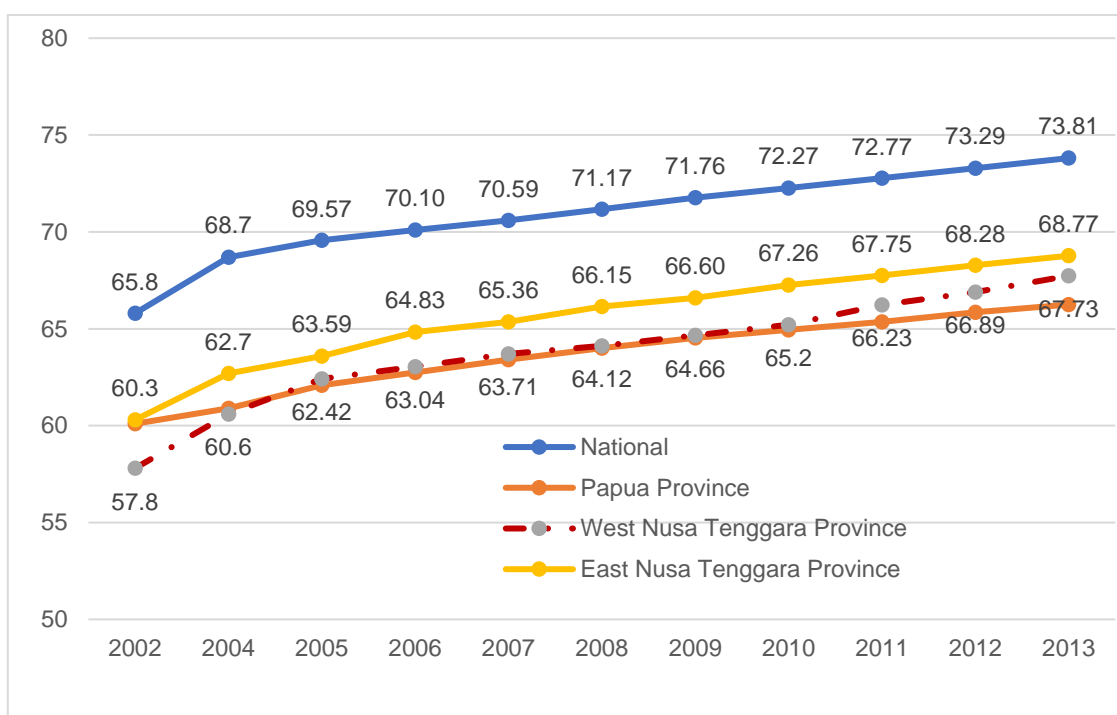


Figure 5.1: Human Development Index of Indonesia, Papua Province, East Nusa Tenggara Province, and West Nusa Tenggara Province (Old Method), 2002-2013

Source: Statistics Indonesia (BPS), 2016

Moreover, it also can be seen from the figure that West Nusa Tenggara Province and East Nusa Tenggara Province have improved faster than Papua Province. Both provinces are the poorest provinces in Eastern Indonesia due to drought and a lack of natural resources. West Nusa Tenggara Province and East Nusa Tenggara Province also have low financial capacity. Both

provinces heavily depend on revenue from the central government. Only a small portion of their revenue comes from regionally owned sources.

The improvement of HDI in West Nusa Tenggara Province and East Nusa Tenggara Province was relatively rapid. By 2003, West Nusa Tenggara Province had the lowest HDI at 57.8, while Papua Province and East Nusa Tenggara Province were the second and third lowest HDI with almost the same figure at 60.1 and 60.3. After 10 years, by 2013, the HDI of West Nusa Tenggara had increased by 9.93 points to 67.73 and East Nusa Tenggara increased 8.47 points to 68.77, with both provinces quickly approaching the national HDI. Therefore, even though West Nusa Tenggara Province and East Nusa Tenggara Province do not receive special autonomy funds, those provinces have shown more improvement than Papua Province. Papua Province seems unable to capitalise on its financial capacity to improve HDI in line with other provinces.

The slower progress of HDI in Papua Province compared to national level from 2002 to 2013 can be seen from the indicators of HDI (Table 5.1). Life expectancy at birth and mean years of schooling in Papua Province showed similar growth to the national level. However, growth of literacy rate and adjusted real expenditure per capita in Papua Province showed less growth compared to the national level. Literacy rate in Papua Province improved only 1.9% in 11 years of special autonomy compared to a national level increase of 5.2% for the same period. Adjusted real expenditure per capita in Papua Province from 2002 to 2013 also showed slowed growth, rising only by 6.7% compared to 8.8% at the national level. Thus, the main improvement in Papua's HDI was in health, while growth in education and income indicators lagged behind.

Table 5.1: Human Development Index in Papua Province and nationally based on indicators

HDI Components	Papua Province			National		
	2002	2013	Growth	2002	2013	Growth
Life Expectancy at Birth	65.2	69.1	6.0%	66.2	70.07	5.8%
Literacy Rate (%)	74.5	75.9	1.9%	89.5	94.14	5.2%
Mean Years of Schooling	6.0	6.87	14.5%	7.1	8.14	14.6%
Adjusted Real Expenditure per capita (Rp 000)	578.2	616.7	6.7%	591.2	643.36	8.8%

Source: Statistics Indonesia (BPS), 2016

These aggregate figures conceal a significant difference in HDI performance between local governments in the coastal area and local governments in the highland area. For instance, the HDI of Jayapura Municipality in the coastal area was much higher than Jayawijaya District in the highland Area (Figure 5.2). Moreover, the HDI of Jayapura Municipality outperformed other local

governments in Papua Province and was even higher than national HDI. This means that Jayapura Municipality was more developed compared to average region in Papua Province. This is understandable because Jayapura is the capital city of Papua Province and the centre of education. All levels of education from pre-school to tertiary education are available in Jayapura. Meanwhile, Jayawijaya District is located in the centre of the mountainous region and has the highest HDI compared to other districts in the highland area. The HDI of Jayawijaya increased steadily from 2002 to 2013, but it was still far below the HDI of Papua Province and the gap with Jayapura Municipality remained very wide.

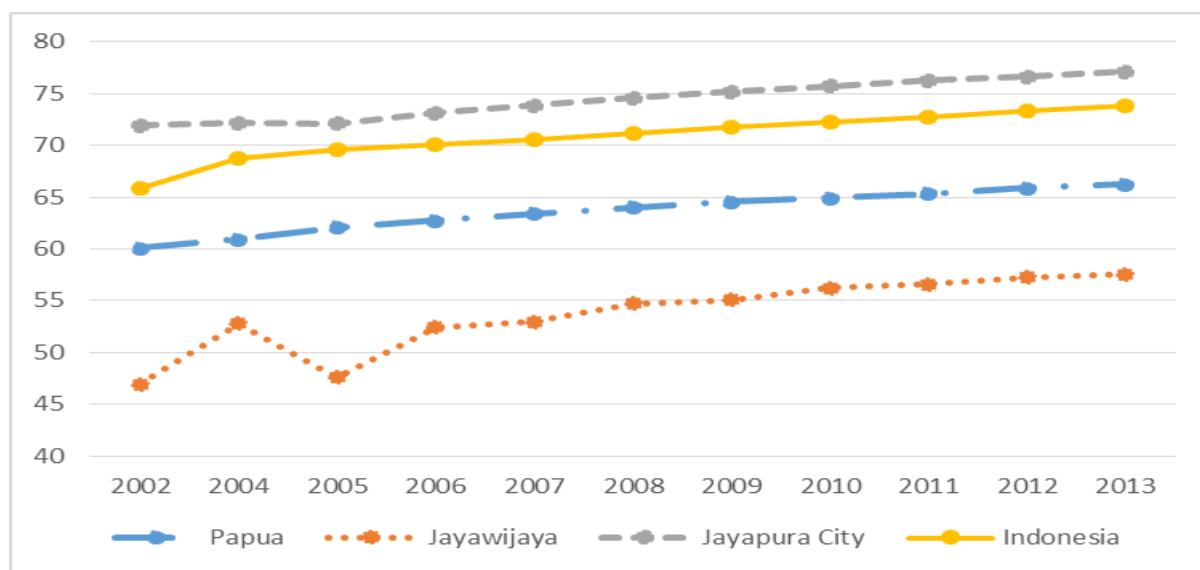


Figure 5.2: HDI of Indonesia, Papua Province, Jayapura and Jayawijaya (Old Method), 2002-2013

Source: Statistics Indonesia (BPS), 2016

In 2010, the UNDP introduced a new method of calculating HDI and the Indonesian Statistics Agency (BPS) adopted the new method in 2014 to calculate HDI from 2010 data. Based on the new calculation, the HDI of Papua Province and Indonesia increased steadily (Table 5.7). The growth of HDI of Papua Province from 2010 to 2017 was 8.5%. It is higher than the national growth at 6.4%. It means that human development in Papua from 2010 to 2017 increased faster than the average province and the gaps with other provinces is getting smaller. The HDI of Papua Province, based on the new method, shows better improvement compared to the old method. This is because the new method of HDI does not calculate literacy rate and is replaced by expected years of schooling. The expected years of schooling is defined as the number of years of schooling that a child of can expect to receive if prevailing patterns of age-specific enrolment rates were to stay the same throughout the child's life (BPS 2017b). While expected mean years of schooling in Papua Province is two year less than Indonesia as a whole (Appendix 1 Table 3), the illiteracy rate in Papua Province is very high, particularly in the highland area (as will be discussed in Chapter 6) and 20% lower than the national average (Figure 5.2). In Papua Province, the old method

produces a more realistic assessment of HDI because literacy rate represents function, while expected schooling is only a potential means to achieve this function.

Table 5.2: Human Development Index of Indonesia and Papua Province 2010-2017 (New Method)

	2010	2011	2012	2013	2014	2015	2016	2017	Growth
Papua Province	54.45	55.01	55.55	56.25	56.75	57.25	58.05	59.09	8.5%
National	66.53	67.09	67.70	68.31	68.90	69.55	70.18	70.81	6.4%

Source: Statistics Indonesia (BPS)

The HDI of Papua Province, based on new method of calculation, has progressed from 2010 to 2017. It seems that Papua Province has the opportunity to catch up to the HDI of other provinces. However, the improvement in HDI in Papua Province from 2010 to 2017 is not enough to catch up to the levels of development of other regions. In 2017, the HDI of Papua Province was still the lowest in the country and Papua Province is the only province in Indonesia with an HDI below 60 (low category). Therefore, Papua Province has to accelerate the HDI faster. Life expectancy in Papua Province shows slowest growth compared to other HDI indicators. Life expectancy at birth also has slower growth compared to the national standard. Growth can be achieved by improving public services in the health sector. Mean years of schooling in Papua Province also needs to be increased to improve HDI by promoting nine years of compulsory schooling for all children in Papua Province.

Table 5.3: Human Development in Papua Province and National Based on Component 2010-2017

HDI Components	Papua Province			National		
	2010	2017	Growth	2010	2017	Growth
Life Expectancy at Birth	64.31	65.14	1.3%	69.81	71.06	1.8%
Expected Years of Schooling	8.57	10.54	23.0%	11.29	12.85	13.8%
Mean Years of Schooling	5.76	6.27	8.9%	7.46	8.10	8.6%
Adjusted Expenditure per Capita (thousand rupiahs)	6,400	6,996	9.3%	9,437	10,664	13.0%

Source: Statistics Indonesia (BPS)

The HDI of local governments in Papua differs widely. In the highland area where more than 95% of their population are indigenous, HDI tends to be lower compared to the coastal area where the proportion of non-Papuan are higher (Appendix 1 Table 2). In the coastal area, the average HDI of local governments is 64.45%, higher than Papua Province. The highest HDI of all local governments is Jayapura Municipality where the majority of the population are non-Papuan. The

HDI of local governments in the highland area is far below the coastal area with an average HDI of 46%, with local governments varying between 60% (Supiori District) and 25.47% (Nduga District). Therefore, the disparity of HDI between the coastal area and the highland area is huge.

To sum up, HDI has improved in Papua Province, not only based on the old method but also the new method. However, the improvement in HDI based on the old method in Papua Province from 2002 to 2013 showed slower growth compared to the national level. The slower growth of HDI mostly stems from the indicator of literacy rate that increased at a much slower rate compared to the national level. On the other hand, the HDI of Papua Province, based on the old method from 2010 to 2017, showed better improvement compared to the national level. The indicator of expected mean years of schooling, which replaced literacy rate, has contributed to higher growth in the HDI of Papua Province from 2010 to 2017. Therefore, the improvement in HDI in Papua Province in recent years based on new method is mostly because of the change in measurement indicators. The HDI in Papua Province does not reflect the real state of education in Papua Province. A key factor in the HDI disparities is migration, which is discussed in the next section.

5.5 Scholarly Assessments of Special Autonomy

There are different views in the literature regarding the extent to which special autonomy has been successful in achieving the various goals pursued by the government. Bertrand (2014) argued that autonomy often unravels when different goals are being pursued during implementation. According to Bertrand (2016, p.175) autonomy is often seen as an institutional instrument to manage substrate nationalist conflict. In this regard, he claimed that special autonomy in Papua has failed for several reasons. First, the law was not the product of negotiation but a solution that the central government imposed. Second, Papuans remained divided on its utility and, ultimately, failed to seize the opportunity provided. Third, the central government undermined the law in its attempts to curb secessionism, ultimately failing to make it credible (Bertrand 2014).

While Bertrand argued that special autonomy in Papua was imposed by the central government without adequate negotiation with Papuans, others see it as a political choice that indicated a willingness of Papuans to cooperate with the central government (Timmer 2005, p.1). He argued that the Special Autonomy Law was drafted by the Papua Province Government based on dialogue with indigenous communities. The central government accommodated almost all demands of the Papuan leadership and civil society except for the referendum (Sumule 2003p.353). (McGibbon 2004b, p.2) argued that the final draft of the special autonomy law was a win-win solution between the central government and the Papuans. Therefore, special autonomy for Papua was a result of reconciliation and mutual understanding among the central government and Papuans.

Other scholars have focused more on the goal to increase development in line with other regions (Resosudarmo et al. 2014; Viartasiwi 2014). Mutiarin (2014) also suggested that special autonomy

in Papua has been ineffective in achieving its objectives, particularly in relation to wealth, poverty reduction and combating rampant corruption and human rights abuses. The provincial government of Papua has demonstrated little capacity to adopt an approach that tackles the problems of Papua's development challenges. In relation to economic growth, Resosudarmo et al. (2014) argued that Gross Domestic Regional Product (GDRP) and poverty levels in Papua Province have improved at a faster rate than average compared with other regions in Indonesia. This growth is mainly attributed to mining sector. Special autonomy has also contributed to increase in local government expenditure with an annual increase of 14.5% in Papua Province from 2003 to 2012. In addition, Resosudarmo, Manning and Napitupulu (2009) stated that Papua Province has more opportunities to improve the standard of living of Papuans since Papua now has much greater fiscal capacity. However, appropriate development programs that focus on indigenous Papuans in the rural area are few and far between. A World Bank (2009) report stated that Papua Province has a paradoxical situation because even though Papua has relatively high GDRP and fiscal resources, the poverty rate in Papua is the highest in Indonesia. Ilmma and Wai-Poi (2014) claimed that Papua, along with Maluku and Nusa Tenggara, remained to be the poorest regions from 1993-2012.

Other studies have examined the impact of special autonomy on poverty rates in Papua (Mutiarin 2012; Tebay 2009). They found that special autonomy has been unsuccessful in improving Papuans' wellbeing because many indigenous Papuans are still poor due to inappropriate development policies. Although the poverty rate in Papua Province decreased after special autonomy, it still remains very high compared to the national average. The problem of high poverty in Papua Province, according to Monet (2013), can be attributed to low levels of education and poor governance policies. Low levels of education cause many indigenous Papuans to be unable to compete in the job market and they end up unemployed. Meanwhile, poor governance in Papua Province is related to poor transparency in resource allocation. For example, the provincial government of Papua introduced the RESPEK program (village empowerment program) in 2009 to improve local economy and reduce poverty in villages by allocating IDR 100 million (AU\$10,000) each year per village (Monet, 2013). Litaay (2009, cited in Waimbo and Yuwono (2012) claimed that this program has benefited villagers directly by enabling them to improve to improve village infrastructure and entrepreneurship. Waimbo and Yuwono (2012) stated local elites in districts and municipalities are resisting the RESPEK program because it is channelled directly to villages, bypassing districts and municipalities.

Many Indigenous Papuans in the rural areas live in isolated areas in the central mountainous region of Papua Province. Suwandi and Warokka (2013) stated that traditional cultures and isolated subsistence ways of life are still strong in these places, while most people in other regions live a modern lifestyle. Geographical isolation means that indigenous Papuans have less access to healthcare facilities. Health indicators in Papua Province are worse in comparison to other regions,

as indicated by higher rates of malaria, tuberculosis, and AIDS (Resosudarmo, Monet, Raya, & Kaiwai, 2014). Monet (2013) asserts that AIDS is a major problem that needs to be taken seriously in Papua Province because the rate of Papuans who suffer from AIDS increased dramatically in the 2000s. Moreover, education indicators in Papua Province also remain poor as many indigenous Papuans have not completed elementary school and are illiterate (Resosudarmo, Monet, Raya, & Kaiwai, 2014). This creates challenges for the provincial government's ability to use special autonomy to improve the quality of life of Papuans.

To sum up, special autonomy status provides an opportunity for Papua Province to catch up to the levels of development of other regions because Papua Province receives wider authority. The next section will discuss demography and migration and how they impact on development in Papua Province.

5.6 Demography and Migration

The population of Papua Province was 3.15 million in 2015, which is less than 1.5% of the total population in Indonesia (BPS 2016b). This makes it the least densely populated region in Indonesia with only 9.95 people/km². Even though the population density in Papua Province is very low, there is a huge difference in population density between the coastal area and the highland area. For example, Jayapura Municipality, which is in the coastal area, has a population density of 298 people/km². Conversely, the highland area has low population density, with Memberamo Raya District with a density of only 0.77 people/km².

The population increased 1.97% annually from 2010 to 2015, which is higher than the national population growth rate of 1.38% (BPS 2016c) and slightly higher than the population growth rate from 1971 to 2000 at 1.84%. The inhabitants of Papua are spread over 29 local governments with varied population sizes (Appendix 1 Table 2). There are four districts and a municipality inhabited by more than 200,000 people and the total population of the four districts comprises 29% of the total population of Papua Province. In the coastal area, the district with the highest population is Jayapura Municipality with a population of 283,000 people, while in the highland area, Jayawijaya District has the largest population with 206,000 people. On the other hand, the district with the lowest population is Supiori District with 18,000 people, and five other highland districts have a population of less than 50,000 people.

Migration plays a significant role in population distribution in Papua Province. A sizeable number of migrants have moved to Papua Province since it was incorporated into Indonesia. In 1971, the number of migrants in Papua Province was only 36,000 (Elmslie 2007) but, by 2010, it had reached almost 659,000 (BPSDM 2013). According to the 2010 population census conducted by National Statistics Agency (BPS), the population of Papua Province in 2010 was 2.83 million consisting of 75% indigenous Papuans and 23.2% non-Papuans (Figure 5.3).

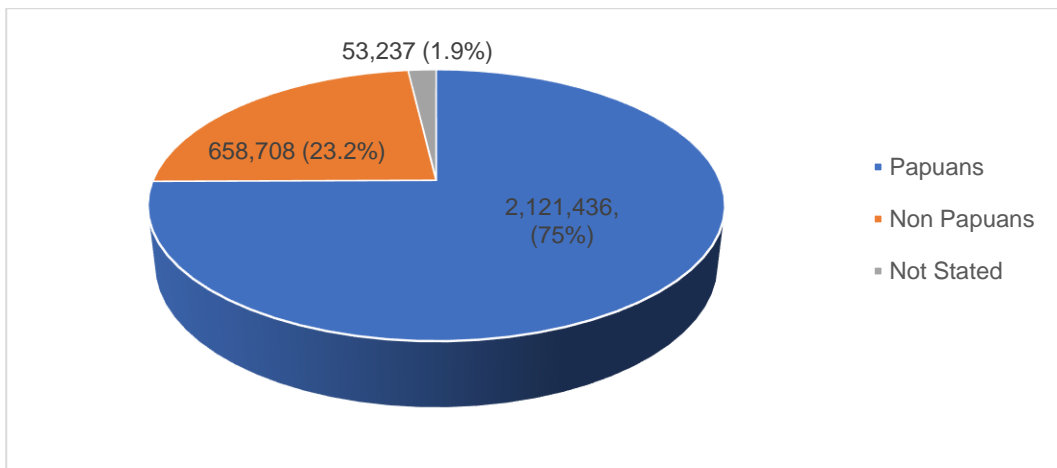


Figure 5.3: Population of Papua Province based on Population Census 2010

Source: Sensus Penduduk (Population Census), BPS, 2010

Migration is not a new phenomenon for Eastern Indonesia. According to Riwanto (2009, pp. 18-19), migration from the western part of Indonesia, particularly Java, Madura and Bali Island, to the eastern part of Indonesia was already occurring from the 1980s when the central government promoted a transmigration program, which aimed to balance the distribution of population among regions. After that, migration flows continued without government support through migrants looking for employment opportunities in Papua Province. The majority of these self-motivated migrants settled in urban areas where job opportunities are more abundant, while transmigrants live in rural areas.

According to Timmer (2005), there are cultural differences between the highland area (in the central region) and the coastal areas (on the north and the west coasts). This difference was marked by the presence of Christian missionaries and the Dutch administration during the colonial era. Christian mission activity, supported hesitantly by the colonial government, affected the Cenderawasih Bay in western part of Papua, as well as the north and southwest coasts in areas such as Merauke and Mimika (Timmer 2005). Most indigenous Papuans in the highland area remained 'untouched' until the 1960s as the area is difficult to access. After Papua integrated into Indonesia, more migrants came to highland area, however, their numbers were not significant. For instance, in Jayawijaya, the largest district in highland area, migrants constitute less than 10% of the total population (BPS Jayawijaya 2016).

The significant increase in migrant population in Papua is a "demographic catastrophe" according to Jim Elmslie (2010). His claim refers to the 2000 Indonesia census that shows a dramatic change in the demographics of Papua, where non-Papuans increased from 36,000 in 1971 to 708,000 in 2000, an increase of 10.82% annually, while the indigenous population increased only 1.84% annually from 887,000 in 1971 to 1,505,000 in 2000. Based on that annual population growth, he calculated that the proportion of indigenous Papuans has been reduced from 96% in 1971, to less

than 50% in 2010, and he predicted a further reduction to less than 30% of by 2020 (Jim Elmslie 2010). However, his claim is disputed because, based on National Statistics Agency (BPS) data, indigenous Papuans remain the majority at 75% (BPSDM 2013). In 2015, there were only five local governments in Papua Province where the proportion of indigenous Papuans was less than 50%, namely Jayapura, Merauke, Mimika, Biak Numfor and Nabire. It is unlikely that non-Papuans will dominate population in Papua Province by 2020.

Migration contributed to the relatively high population growth rate in Papua Province, but its impact has varied over time. Based on the population census, from 2000 to 2010, the number of non-Papuans increased 64.7% from 364,786 people to 600,709 people. From 2010 to 2015, the number of non-Papuans was predicted to increase by 8.4%. Meanwhile, population growth of indigenous Papuans is higher than the growth of non-Papuans at 69.2% from Acc. Overall, population growth in Papua Province has increased 68.2% in a decade. Thus, the ratio of Papuans in Papua Province remains high at around 75% over the last 15 years since the population growth of Papuans is higher than that of non-Papuans.

Table 5.4: Population Growth of Papuans and Non-Papuans 2000-2015

	2000	Ratio	2010	Ratio	2015	Ratio	Growth 2000- 2010	Growth 2010- 2015
Papuans	1,319,358	78.34%	2,232,672	78.80%	2,491,812	79.28%	69.2%	11.6%
Non-Papuans	364,786	21.66%	600,709	21.20%	651,276	20.72%	64.7%	8.4%
Papua Province	1,684,144		2,833,381		3,143,088		68.2%	10.9%

Source: BPS, Sensus Penduduk (Population Census), 2000 and 2010, Survei Penduduk Antar Sensus (Intercensal Population Survey), 2015

Table 5.4 shows that there are 15 local governments in the coastal area with a total population of 1,414,280 people or 50.9% of total population of Papua Province. The proportion of non-Papuans in the coastal area is 44.2% of the population. It means that Papuans are still the majority, but the number of non-Papuans is almost a half. In contrast, there are 14 local governments in the highland area with a total population of 1,365,864, equal to 49.1% of total population in Papua Province. Thus, population of the coastal area and the highland area is similar. In contrast, the proportion of non-Papuans in the highland area is very small at only 2.4%.

Table 5.5: Population of Papua Province Based on Area and Ethnicity 2010

Area	Number of Local Govts	Population	%	Papuans	%	Non-Papuans	%
Coastal	15	1,414,280	50.9	788,808	55.8	625,472	44.2
Highland	14	1,365,864	49.1	1,332,628	97.6	33,236	2.4
Total	29	2,780,144		2,121,436	76.3	658,708	23.7

Source: Sensus Penduduk (Population Census), BPS, 2010

In addition, the number of people who left Papua Province (out-migration) was much less than the number of people who came to Papua (in-migration). Out-migration consist of Papuans and non-Papuans who were born in Papua Province and moved to other provinces. Out-migration from Papua Province increased from 15,559 people in 1980 to 89,261 people in 2015, but it was only 16.2% of total migration in 1980 and 18.2% of total migration in 2015. If out-migration is compared to total population, the ratio of out-migration is only 2.8%. People who come to Papua Province, or in-migration, also consist of Papuans and Non-Papuans, however most of them are Non-Papuans.

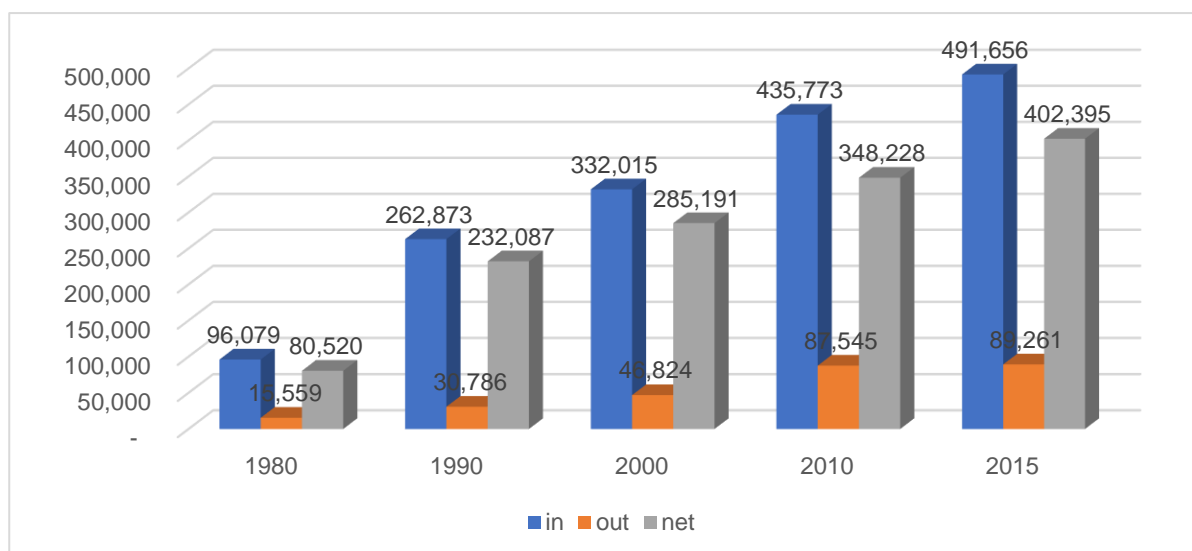


Figure 5.4: Lifetime Migration in Papua Province from 1980-2015

Source: BPS, 1980–2010 Population Census and 2015 Intercensal Population Survey.

McGibbon (2004a, pp. 1-2) argued that since the 1970s, migration from Java, Sulawesi and Moluccas has had a profound impact on the demographic composition of Papua and its ethnic mix. Similarly, Searle (2002, p.3) argued that the Indonesian migrant settlers from other parts of Indonesia, particularly Java, have dominated the economy of Papua. In 2010, the Javanese were the largest ethnic group of migrants in Papua Province, contributing to 35.4% of migrants (Table 5.6).

Table 5.6: Ethnic Composition of Migrants

	Ethnic Group	Number of People	Proportion of total number of migrants
1.	Javanese	232,940	35.4%
2.	Buginese	88,991	13.5%
3.	Toraja	48,029	7.3%
4.	Makassarese	41,239	6.3%
5.	Ambonese	34,497	5.2%
6.	Butonese	30,445	4.6%
7.	Minahasa	21,395	3.2%
8.	Other	161,172	24.5%
	Total	658,708	

Source: Sensus Penduduk (Population Census), BPS, 2010

Many people from Java came to Papua Province motivated by the transmigration program, and also self-motivated by job opportunities in the government sector. Many Javanese became government employees in Papua Province, including the central government ministries, provincial and local government, police and army. The other biggest ethnic groups of migrants are Buginese, Torajan and Makassarese, all from South Sulawesi. They contribute 27.1% of the migrant population in Papua Province. They are followed by Ambonese (Maluku Province) at 5.2%, Butonese (Southeast Sulawesi Province) at 4.3%, and Minahasa (North Sulawesi Province) at 3.2%. Other ethnic groups with smaller proportions contribute 24.5% of migrants.

To sum up, indigenous Papuans are currently still the dominant ethnic group in Papua Province in terms of population. They mostly live in the highland area. The number of migrants increased significantly after Papua Province was incorporated into Indonesia. In 1971, there was only 4% of the population in Papua Province were migrants and, by 2010, migrants made up almost a quarter of total population. Migrants dominated population in the coastal area. As will be discussed in chapters 6 and 7, they contribute to better education and health performance in Papua Province.

5.7 Conclusion

This chapter discusses the general background of Papua Province, including history, demography, special autonomy arrangements, education and health authorities, and human development. The history of Papua's integration into Indonesia is controversial among Papuans. Along with dissatisfaction with the central government, it has fuelled a separatist movement in Papua. Special

autonomy was granted to Papua in order to ease separatist pressures and accelerate development. As a special autonomous region, Papua Province has more authority and fiscal capacity than other provinces. The focus of development in Papua Province is the education and health sectors, which are regulated within Papua Province. The provincial government and parliament took 12 years to incorporate education and health authority into Papuan provincial regulation (*Perdatus*). Issued in 2013, the *Perdatus* is an important tool to strengthen local control over education and health policy.

Although HDI in Papua Province has improved since special autonomy, the development gap between Papua Province and other regions in Indonesia remains high. In addition, the development among local governments in Papua also unequal with the coastal area more developed compared to the highland area. Jayapura and other coastal local governments, which are inhabited by more migrants, have a significantly higher HDI than local governments in the highland area where the population is dominated by indigenous Papuans. HDI must be explored more deeply, particularly in terms of education and health indicators. The next chapter will discuss education performance in Papua Province in more detail, including enrolment rate, mean years of schooling, expected years of schooling, education attainment and literacy rate.

CHAPTER 6 SPECIAL AUTONOMY AND EDUCATION IN PAPUA PROVINCE

6.1 Introduction

It has been discussed in the previous chapter that a priority of special autonomy is to improve education standard of indigenous Papuans. This chapter will argue that special autonomy brings decision-making closer to the people and it can also enhance accountability and improve public service delivery. Moreover, it must be translated into improvement of education quality. In this case, provincial and local governments in Papua Province should be more understanding of what people need, particularly indigenous Papuans who form the majority of the population in Papua Province, but are statistically less educated than other ethnic groups. Therefore, the provincial government of Papua and the local governments have to utilise special autonomy to address education performance, especially for indigenous Papuans.

Chapter 5 discussed education authority and human development in Papua Province. It has been found that human development index in Papua Province has improved since special autonomy. However, human development index does not reflect the real condition of human development in Papua Province, particularly with regard to education. Therefore, education performance in Papua Province must be examined in greater detail by analysing several education indicators. This chapter seeks to analyse statistical data on education, including teachers, schools, performance and expenditure. This contributes to answering two research questions:

1. How have the governments of Papua Province, Jayawijaya District and Jayapura Municipality managed greater autonomy in the education sector to improve human development?
2. To what extent are budgetary allocations for Papua Province, Jayawijaya District and Jayapura Municipality geared towards the education sector to improve human development?

This chapter consists of three sections. Following this introduction, Section 6.2 discusses human resources and education facilities. Section 6.3 then discusses several indicators of education performance and the achievement of Papuans and non-Papuans in line with these indicators to gain more understanding about the impact of special autonomy on educational outcomes, particularly for indigenous Papuans. Section 6.4 explores education expenditure in Papua Province, Jayapura Municipality and Jayawijaya District. Finally, Section 6.5 provides a conclusion.

6.2 Human Resources and Facilities in the Education Sector

This section discusses human resources and facilities for the education sector in Papua Province. Teachers are an important factor in education. Education development requires adequate and competent teachers, as well as availability of schools and facilities. Education performance can be assessed by looking at the available human resources and the condition of schools and facilities.

6.2.1 Human Resources

Teachers play an important role in education development. Thus, the number of teachers must be adequate to teach the number of students. An ideal student-teacher ratio can improve education performance because students will receive optimal attention during the learning process. With an optimal ration, teachers will also be best able to effectively assess students' needs and accommodate various learning styles. It is hard to teach effectively in an overcrowded classroom.

In Papua Province, the number of students has increased significantly with population growth. Population growth in Papua Province is very high compared to national population growth. For the years 2000-2010, population growth in Papua Province reached 5.39% annually. It was the highest population growth in Indonesia and much higher than national level of 1.49% annually. High population growth leads to an increased number of students when the children reach school age. It can be seen from the table below that the number of students in Papua Province increased by 48.7% from 276,322 in the academic year 2002/2003 to 410,744 in 2015/2016.¹ For the same period, the number of teachers in Papua Province increased from 12,868 to 16,616. However, that increase of 29.1% is well below the increase in the number of students. This has caused the student-teacher ratio to increase from 21.47 in 2002/2003 to 24.72 in 2015/2016 in Papua Province, which is significantly higher than the ratio nationally.

In 2002/2003, the student-teacher ratio at primary school level in Papua Province was similar to the national ratio at 20:99. By 2015/2016, the student-teacher ratio at the national level had improved to 15.36. It means that on average 1 teacher has to teach more than 15 students. This improvement was due to the central government recruiting more teachers and the number of teachers increased by 37.3% from 2002/2003 to 2015/2016, which was higher than the growth of students. On the other hand, the growth of the number of teachers in Papua Province is less than that of students. As a result, Papua Province has a shortage of primary school teachers. The gap between student-teacher ratio in Papua Province and nationally is getting wider. This condition hampers educational outcomes in Papua Province. If Papua Province wants to reach the national student-teacher ratio, an additional 10,125 teachers must be recruited, meaning that the number of primary school teachers must increase by 60.9% to reach the national standard. Those teachers also have to be distributed across 29 districts and one municipality to the areas of highest need.

¹ The academic year in Indonesia runs from July to June.

Table 6.1: Number of Schools, Students and Teachers in Papua Province

	Papua Province			Indonesia		
	2002/2003	2015/2016	Growth	2002/2003	2015/2016	Growth
Schools	1,729	2,326	34.50%	146,052	172,096	17.80%
Students	276,322	410,744	48.70%	25,918,898	29,450,928	13.60%
Teachers	12,868	16,616	29.10%	1,234,927	1,917,537	55.30%
Student-Teacher Ratio	22	24.7		21.0	15.4	
Teacher-School Ratio	7.4	7.1		8.5	11.1	

Source: BPS, Papua Dalam Angka (Papua Province in Figures), 2002, and Statistik Indonesia (Statistics Yearbook of Indonesia), 2017

Distribution of teachers among local governments in Papua Province is a crucial issue and it is currently uneven between the coastal and highland areas. In the coastal area, the student-teacher ratio is higher than the national figure. However, it is much lower than the highland area where a teacher has to teach almost 38 students. In contrast, in the coastal area, a teacher only teaches 20 students. The problem is not only lack of teachers, but also many teachers are absent from school. It causes poor educational outcomes in the highland area and the problem appears to be getting worse which can be seen from indicators such as enrolment rate, illiteracy rate, and mean years of schooling. This will be discussed in the next section.

Table 6.2: Number of Schools, Students, and Teachers in Coastal and Highland Areas

Year	Coastal			Highland		
	2002/2003	2015/2016	Growth	2002/2003	2015/2016	Growth
Schools	1,244	1,506	21.06%	485	863	77.94%
Students	202,813	247,837	22.20%	73,509	163,350	122.22%
Teachers	9,827	12,616	28.38%	3,041	4,209	38.41%
Student-Teacher ratio	20.64	19.64	-1	24.17	38.81	14.64
Teacher-school ratio	7.9	8.38	0.48	6.27	4.88	-1.39

Source: BPS, Papua Dalam Angka (Papua Province in Figures), 2002 and 2016

The number of primary schools in Papua Province has increased 34.5% from 1,729 schools in 2002/2003 to 2,326 schools in 2015/2016 with 597 new primary schools that have been built during this period. This is higher than the national growth of 17.8% for the same period. After special autonomy, Papua Province and local governments built more schools to accommodate the increasing number of students. However, the increasing number of primary schools in Papua Province is still not sufficient for the increasing number of students and more schools must be built.

The ratio of teachers to schools in Papua Province is less than national level. Nationally, the teacher-school ration has improved from 8.5 to 11.1 from 2002/2003 to 2015/2016, while in Papua Province, there were only 7.1 teachers per primary school in 2015/106. Again, we see a significant difference between the coastal and highland areas. In 2015/2016, in the highland area, there were

only 4.9 teachers per school on average which represented a decrease from 6.3 teachers per school in 2002/2003. This is much lower than the teacher-school ratio in the coastal area (8.38) in 2015/2016. In the highland area, the growth of the number of teachers is far below the growth of students and schools.

The number of students in the highland area increased to more than double at 122.22% from 2002/2003 to 2015/2016. However, the number of schools and teachers did not increase in line with this growth. On the other hand, the number of schools and teachers in the coastal area is improving. In extreme cases, remote districts in the highland area, for example, Yahukimo District, the student-teacher ratio is very high at 72.8 students per teacher and, on average, less than four teachers for each school in 2015/2016 (Appendix 1 Table 4).

The student-teacher ratio in the highland area varies significantly among subdistricts. Many subdistricts in Jayawijaya District do not have schools and or enough teachers, making the student-teacher ratio very high in Jayawijaya District. There are five subdistricts with a student-teacher ratio of only teacher for each 100 (or more) students, leading to poor educational outcomes in Jayawijaya District. In addition, another problem in the highland area is the uneven distribution of teachers with most teachers living in urban areas. For instance, in Jayawijaya District, 51.7% of teachers live in Wamena Subdistrict, while the remainder are scattered over 40 other subdistricts. Therefore, the condition of education in the rural parts of the highland area is more severe. There are many reasons why teachers choose to live in urban areas rather than in rural areas that are closer to the school which will be discussed in Chapter 8.

The availability of schools and teachers is an important factor in improving educational performance. The quality of teachers in Papua Province is also poor with only 14% of primary school teachers being certified. In junior and senior high schools, only 20% of teachers are certified (MoEC 2016). One of the requirements of certification is successful completion of a diploma or bachelor's degree. For many teachers in Papua Province, particularly the older generation of teachers, their highest qualification is senior high school. Indigenous Papuan teachers are also few in number because only 2.5% of indigenous Papuans have completed higher education (BPSDM 2013). Therefore, Papua Province has to recruit teachers from other provinces.

In 2012, the Ministry of Education and Culture introduced competency tests to assess teachers' capability to teach. The Ministry stipulated that teachers are expected to a minimum of 70 points on the test to demonstrate that they possess adequate skill and knowledge to teach (Rahman et al. 2015). Based on the teacher competency test, teachers in Papua Province are less competent than their counterparts in other provinces, with an average score of 49.09, less than the national level of 56.69 (MoEC 2016), and the lowest in the nation. Primary school teachers in Papua Province scored an average of 46.2, while junior secondary school teachers scored 50.1 on average. Senior high school teachers scored higher at 53.8. This raises question about the

competence of teachers in Papua Province, particularly at the primary school level, and this will certainly impact educational outcomes for students.

Another significant problem is teacher absenteeism which can be considered to be the main cause of poor education performance in Papua Province, particularly in the highland area. A survey of teacher absenteeism in Papua Province and West Papua Province that was conducted by UNICEF, Central Statistics Agency (BPS), Cenderawasih University, University of Papua, and SMERU in 2012 found that from 1,296 sample of teachers, 33.5% of teachers are absent from school in Papua Province and West Papua Province. In the easy to access of the coastal area, teachers the absentee rate is only 22.6% compared to 48.7% in the highland areas. Teacher absenteeism undoubtedly affects learning outcomes. If there are no substitute teachers, the classroom will empty, and students cannot study. In the highland area, substitute teachers are difficult to find as they face a significant teacher shortage. This represents a serious problem for educational quality.

Table 6.3: Teacher Absenteeism by Geographic Area, 2012

	Coastal Area (easy-to-access)		Coastal Area (hard-to-access)		Highland Area		Total	
	Sample	Ratio	Sample	Ratio	Sample	Ratio	Sample	Ratio
Present	528	77.4%	237	55.8%	97	51.3%	862	66.5%
Absent	154	22.6%	188	44.2%	92	48.7%	434	33.5%
Total	782		425		189		1,296	

Source: Unicef et al. (2012)

Teacher absenteeism in Papua Province is higher than the national level. According to a survey by ACDP (Analytical and Capacity Development Partnership) Indonesia in 2014, the national level of teacher absenteeism is 10%. This figure was taken from a sample of 8,300 teachers from 880 primary and secondary schools (ACDP 2014). This figure has decreased from an earlier survey in 2003 that reported teacher absenteeism at a rate of 19%. According to the study, stated reasons for absenteeism include meetings, tardiness or no reason given. If we take the survey of teacher absenteeism in Papua Province in 2012, teacher absenteeism is more than double the national rate in the coastal area and five-fold in the highland area. Such high rates of teacher absenteeism do not assist in achieving national standards of education in Papua Province.

6.2.2 Education Facilities

The most important of all education facilities is schools. The condition of schools in Papua Province is mostly poor, as measured by the physical condition of classrooms. In primary schools, only 19.7% of the classrooms are in good condition, while other classrooms have light damage (61.2%) and heavy damage (19.2%) (Table 6.4). The condition of junior high schools is similar with only 20.6% of classrooms in good condition. The condition of classrooms is better in senior secondary schools with 31.7% of classrooms in good condition.

Table 6.4: Classroom Condition in Papua Province

	Good Condition	Light Damage	Hard Damage
Primary School	19.7%	61.2%	19.2%
Junior Secondary School	20.6%	67.8%	11.6%
Senior Secondary School	31.7%	62.9%	5.5%

Source: MoEC (2016)

The quality of schools in Papua Province is also low which can be seen from school accreditation conducted by the Ministry of Education and Culture (MoEC). According to MoEC (2016), only 3.4% of primary schools in Papua Province have received accreditation level A (very good), 11.1% are level B (good), 15.0% at level C (fair), and 70.5% are not yet accredited. At junior secondary school level, only 7.4% of schools are accredited at level A, and 15.0% at level B, while senior high schools fare slightly better with 15% of schools receiving accreditation level A. The impact of the condition of schools can also be seen in the indicators of education performance which show improvement at senior high school level compared to indicators of education performance at primary and junior high school. These indicators include enrolment rate and educational attainment.

To sum up, human resources and facilities of education in Papua Province fail to achieve the national standard in many aspects including human resources and physical condition of school buildings. Since special autonomy, provincial and local governments in Papua Province have not capitalised on their authority to improve human resources and facilities of education for several reasons. Papua Province has a shortage of teachers, uneven distribution of personnel and high teacher absenteeism; most teachers have low capability (uncertified and/or incompetent); and school facilities remain poor. This can hamper education performance in Papua Province. The educational performance in Papua Province will be discussed in the next section.

6.3 Educational Performance

This section discusses educational performance in Papua Province since special autonomy. Educational performance is also related to teachers and school facilities which has been discussed in the previous section. Educational performance is an essential factor for human development. Measurement indicators for human development index include two indicators of education, namely, mean years of schooling and literacy rate (HDI old method), and mean years of schooling and expected years of schooling (HDI new method). Other than those two indicators, according to medium term provincial planning on education, there are indicators of educational performance in Papua Province, namely, enrolment rate, attainment rate, literacy rate, and mean years of schooling (including expected years of schooling). These indicators will be examined in this chapter.

There are several educational indicators that can be used to assess the performance of education services in a region and relevant data is available on the Indonesian Statistics Agency website. This section will elaborate those indicators.

6.3.1 The Enrolment Rate

Enrolment rate² is major concern in Papua Province as it is much lower than that of other provinces. The enrolment rate in Indonesia has increased significantly since 2003 when the government passed a law stipulating that each child must attend nine years of compulsory basic education. Law 20 of 2003 on National Education System states that all children aged 7 to 15 years must attend basic education. As a result, the national net enrolment rate for the age group of 7-12 years reached nearly 100% in 2016. The enrolment rate for 13-15 years also showed substantial increase, increasing from 81% in 2003 to nearly 95% in 2016, while the school enrolment rate for the age group of 16-18 years increased almost 20% from 50.97% to 70.83% (Table 6.5). However, in Papua Province, the enrolment rate of age group of 7-12 years decreased from 2003 to 2016. Although almost 100% of Indonesia's children attend primary school, in Papua Province, almost 19% of children aged 7-12 years did not attend primary school. This means, that in Papua Province, one in five children aged 7-12 year did not attend school. Thus, basic education in Papua Province has improved little since the implementation of special autonomy. The enrolment rate of age group of 13-15 years and 16-18 years has increased 3.67% and 12.69% respectively, however, it is still much lower than the national standard.

Table 6.5: Enrolment Rate in Papua Province and Indonesia by Age Group, 2003 and 2016 (%)

Age Group	7-12			13-15			16-18		
	2003	2016	Growth	2003	2016	Growth	2003	2016	Growth
Papua Province	85.75	81.11	-4.64	75.19	78.86	3.67	49.38	62.07	12.69
National	96.42	99.09	2.67	81.01	94.88	13.87	50.97	70.83	19.86
Gap of Papua Compared to National	10.67	17.98	7.31	5.82	16.02	10.2	1.59	8.76	7.17

Source: Statistics Indonesia (BPS)

The table above shows the enrolment rate in Papua Province and Indonesia for all age groups between 2003 and 2016. Despite a substantial increase in enrolment rate at the national level, the gap between the Papua Province and the national level remains significant. From 2003 to 2016, the gap in enrolment rate between Papua Province and national level increased in all age categories (Figure 6.1). However, the gap narrowed from 2012 to 2016. Papua Province lags

² Enrolment rate is the proportion of children who attend basic education appropriate to their age group (BPS Papua 2015).

behind in enrolment rate, but it still has an opportunity to improve if the trend of 2012-2016 continues.

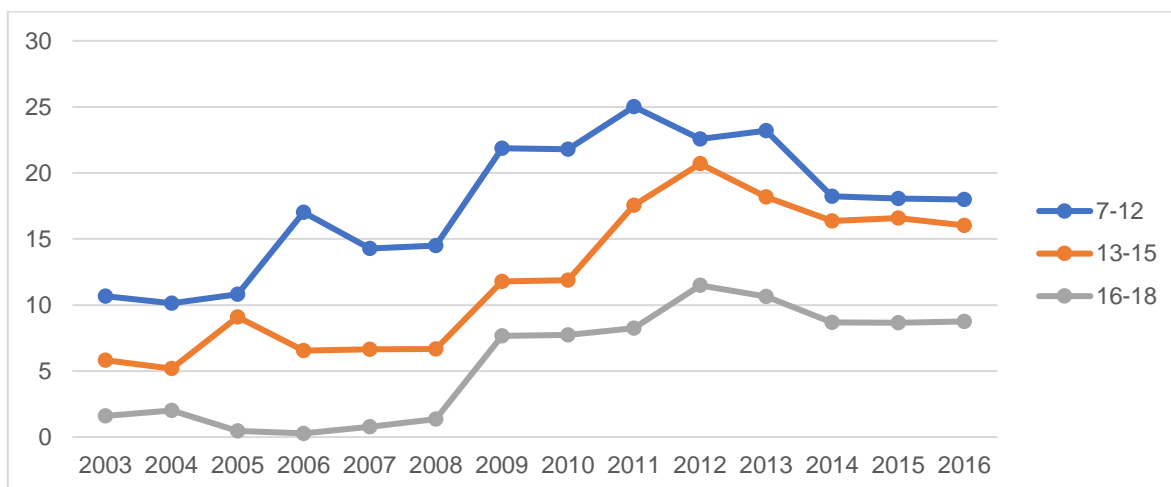


Figure 6.1: Gap in enrolment rate between Papua Province and national level

Source: BPS (2017b), Statistics Indonesia

The enrolment rate in Papua Province still varies widely between local governments and this regional gap is more pronounced than the enrolment gap with the national level. Local governments in the highland area have lower net enrolment rate compared to the coastal area. At primary school level, the enrolment rate in Jayawijaya District is similar to that of Papua Province, while in Jayapura Municipality it is much higher. However, net enrolment rate at junior and senior secondary school has wide variations between Jayawijaya District and Jayapura Municipality. Nevertheless, both local governments have net enrolment rate higher than that of Papua Province.

By 2015, the net enrolment rate of local governments in the coastal area at all school levels was much higher than rates for local governments in the highland area. At the primary school level, net enrolment rate of local governments in the coastal area was 89.31% on average, while local governments in the highland area was only 65.28%. In the highland area, the worst example is Puncak District which has a net enrolment rate of below 50% with half of children not attending school. In contrast, the enrolment rate in the coastal area is much better where 9 out of 15 districts achieved net enrolment rate of more than 90%.

In the junior secondary schools, the net enrolment rate of local governments in the coastal area is also higher than the highland area with a difference of almost 30%. In junior secondary schools, the net enrolment rate of local government in the coastal area reached 66.79% on average (two out of three children), while in the highland area it was only 37.74%. In senior secondary schools, the net enrolment rate for coastal areas was 52.09% on average which is 25.42% higher than highland areas at 26.67% on average. This means that only one third of children in the highland areas attend senior secondary school.

Table 6.6: Net Enrolment Rate (NER) in Papua Province, Coastal Area and Highland Area at Primary, Junior Secondary and Senior Secondary School Levels in 2015

Region	NER Primary School	NER Junior Secondary School	NER Senior Secondary School
Papua Province	78.56	54.21	43.22
Average Coastal Area	89.31	66.79	52.09
Average Highland Area	65.28	37.74	26.67

Source: BPS, Papua Dalam Angka (Papua Province in Figures), 2016

The coastal area has a generally higher enrolment rate for all education levels because it has better access to education facilities and a higher migrant population. Migration is also an important factor which contributes to higher enrolment rate because migrants statistically have a better educational background, as described in Chapter 5. In the highland area, schools are unevenly distributed because of geographical factors. Thus, indigenous Papuans, the majority of whom live in the highland area, have poorer access to schools. Special autonomy has delivered fewer benefits to indigenous Papuans.

6.3.2 Educational Attainment

Educational attainment is strongly related to enrolment rate. Higher enrolment rate will improve education attainment. Like enrolment rate, education attainment in Papua Province at primary school level decreased from 2002 to 2017 by 3.44%. By 2017, amongst the population aged 15 years and above in Papua Province, more than 35% of them did not complete primary school and 23.86% of them was completed the primary school. At the secondary level, the educational attainment at junior high school also decreased 2.22%, while educational attainment at senior high school increased 3.75%. In the tertiary education, the number of people who have completed a higher education qualification increased by 2.43%, from 2.5% in 2002 to 4.95% in 2017. The number of people in Papua Province who have not completed primary school remains very high (more than one out of three children) and educational attainment in Papua Province has decreased in primary and junior secondary school. This means that basic education in Papua Province has not improved after special autonomy.

Table 6.7: Education Attainment for People 15 Years and Above in Papua Province 2002 and 2017

Education Level	2002	2017	Growth
Incomplete Primary School	35.6%	35.23%	-0.37%
Primary School	27.3%	23.86%	-3.44%
Primary School or lower	62.90%	59.09%	-3.81%
Junior High School	20.0%	17.78%	-2.22%

Senior and Vocational High School	14.44%	18.19%	3.75%
Secondary School	34.44%	35.97%	1.53%
Diploma I and II	0.4%	0.24%	-0.16%
Diploma III	0.7%	1.16%	0.46%
University	1.4%	3.53%	2.13%
Tertiary School	2.50%	4.93%	2.43%

Source: BPS, Papua Dalam Angka (Papua Province in Figures), 2002 and BPS, Indikator Kesejahteraan Rakyat (People Welfare Indicators), 2017

In tertiary education, people aged 15 years and above who have attained a university degree improved from only 1.4% in 2002 to 3.53% in 2017, increasing by 2% in 15 years. However, this number is still very low compared to the national level. Tertiary education is important since it improves skills, knowledge and employment opportunities.

The number of people who do not complete primary school in Papua Province has remained the same after special autonomy. More than one out of three people in Papua Province does not complete primary school. The majority of adults in Papua Province have received only limited basic education. Tertiary education is viewed as a luxury, with only a small percentage of people completing a university degree. Therefore, special autonomy appears to have failed to deliver improvements in education services in Papua Province.

6.3.3 Mean Years of Schooling

The enrolment rate is related to mean years of schooling with a low enrolment rate leading to low mean years of schooling. Mean years of schooling is an important indicator for the education sector in measuring Human Development Index. Mean years of schooling reflects the average number of years of education received by people aged 25 and older. The target mean years of schooling in Papua Province after special autonomy is 12 years which is three years higher than the national target of nine years. However, the growth in mean years of schooling in Papua Province is lower than the national growth.

For the period of 2012-2016, Figure 6.2 shows a continuing improvement in the mean years of schooling in Indonesia. However, growth in Papua Province was only 2.5% (0.15 years) from 2002-2016, much slower than the national figure which improved 12.0% (0.85 years) for the same period. As a result, the gap in the mean years of schooling between Papua Province and nationally is getting wider. It seems that achievement of the target of 12 years of education for children in Papua Province is still a long way off.

In 2016, mean years of schooling in Papua Province was 6.15 years, meaning that the average level of education for those aged 25 years and older in Papua Province was completion of primary

school. The education target is unlikely to be met any time soon with such slow growth in mean years of schooling. At the national level, mean years of schooling reached 7.95 years, equivalent to almost year 8 at junior secondary school. Papua Province must increase enrolment rate to improve mean years of schooling.

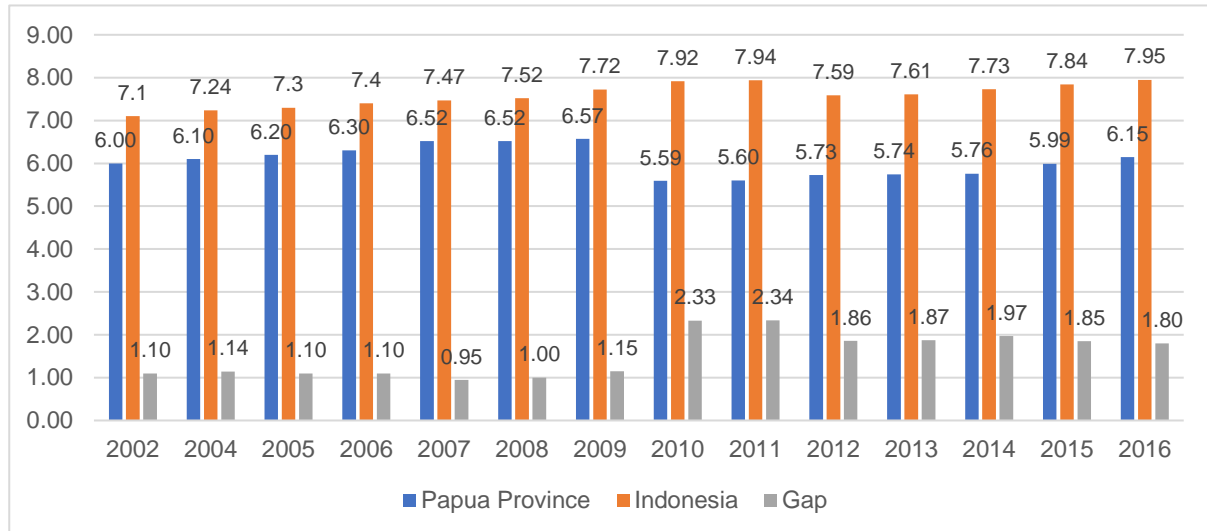


Figure 6.2: Mean Years of Schooling 2010-2016

Source: BPS, 2017

The disparity in figures among local governments in Papua Province also very high. The average mean years of schooling in the highland area was 3.04 years in 2016, whereas the coastal area was three times higher at 9.06 years (Appendix 1 Table 6). On average, people aged 25 years and older in the coastal area had completed junior secondary school, which is higher than national average. There are ten local governments in Papua Province that perform better than the national figure, namely, the districts of Merauke, Jayapura, Nabire, Biak Numfor, Kepulauan Yapen, Mimika, Sarmi, Waropen, Supiori and Jayapura Municipality, all of which are located in the coastal area. In contrast, people aged 25 and older in the highland area only reach year 3 in primary school on average, reflecting low mean years of schooling for the highland areas. For instance, Puncak and Nduga districts have extremely low mean years of schooling at 1.78 and 0.70 years respectively, meaning that most people in these areas never even reached year 2 in primary school. This indicates that indigenous Papuans, who comprise the majority of the population in the highland areas, have very low mean years of schooling, having attended only a few years of primary school.

The difference in mean years of schooling between the coastal and highland areas can be seen between Jayawijaya District and Jayapura Municipality. Both local governments are the most developed in their area. Many schools and education facilities are located in these areas. In Jayapura Municipality, where almost 70% of the population is non-Papuan, the mean years of schooling reached 11.14 in 2016, indicating that most people in Jayapura Municipality had almost completed senior secondary school. Mean years of schooling in Jayapura Municipality has been

stable and high since 2002, with mean years of schooling of more than 10 years. This is much higher than the averages for Papua Province and nationally. In contrast, in Jayawijaya District where more than 90% of the population is indigenous Papuan, mean years of schooling in 2016 was only 4.74 years, lower than the Papua Province figure. Mean years of schooling in Jayawijaya has improved 2.63 years compared to 2002.

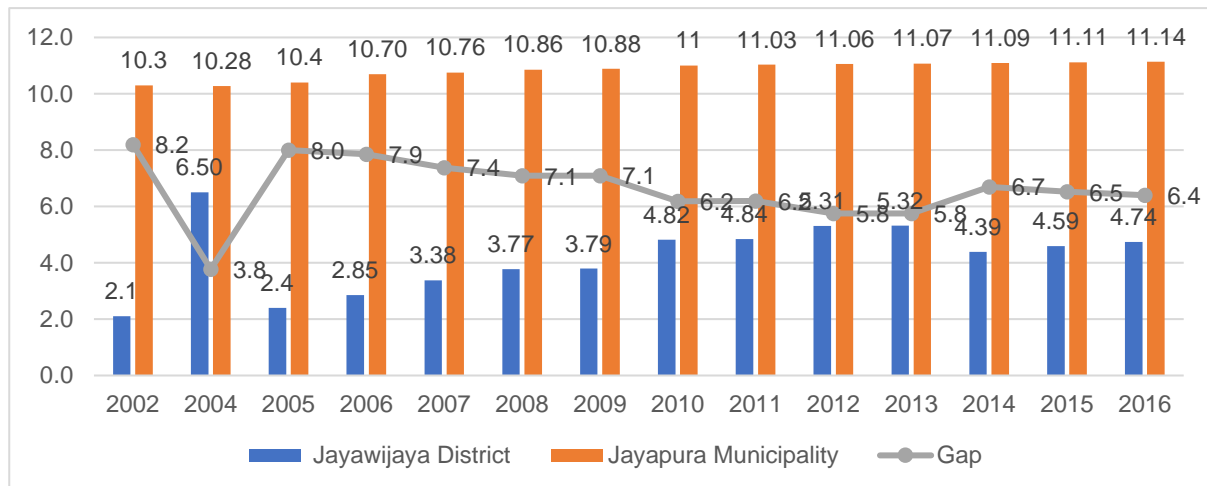


Figure 6.3: Mean Years of Schooling Jayapura Municipality and Jayawijaya District, 2002-2016

Source: BPS, 2017

Therefore, mean years of schooling in Papua Province slightly improved after special autonomy. However, the improvement mostly occurred in the coastal area. People in the highland area, particularly indigenous Papuans, are less educated.

6.3.4 Expected Years of Schooling

Expected years of schooling is a relatively new indicator used to measure educational performance. This indicator is closely related to mean years of schooling. It can be seen from the figure 6.4 that Papua Province has lower expected years of schooling compared to the national level with a gap of 2.49 years, slightly higher than the gap for mean years of schooling (1.8 years). The expected years of schooling in Papua Province improved more than the national figure, as illustrated in Figure 6.5.

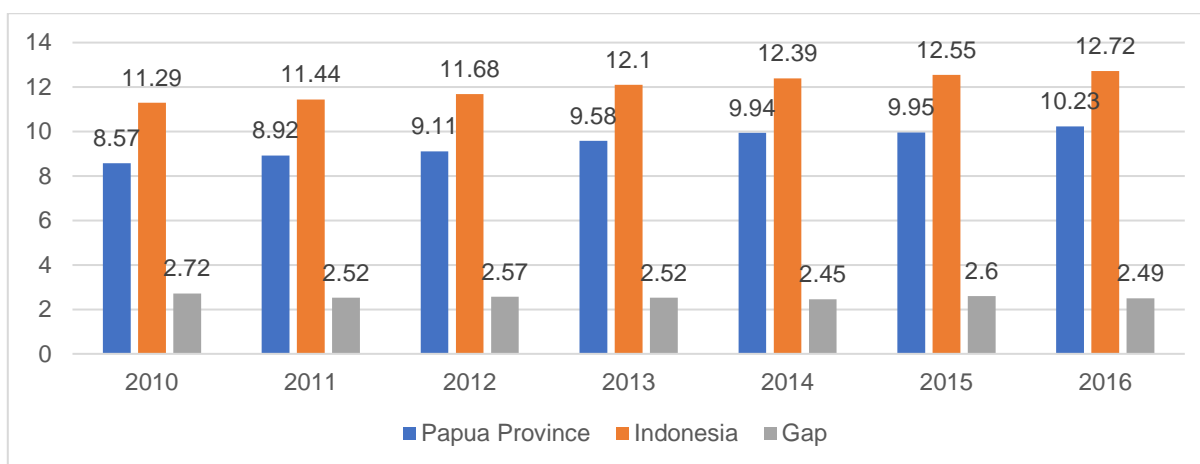


Figure 6.4: Expected Years of Schooling of Papua Province and Indonesia, 2010-2016

Source: BPS, 2017

However, once again, the disparity between the coastal and highland areas remains high. The expected years of schooling in the coastal area reached 11.77 years, while in the highland area it was only 7.40 years. Going by these figures, students in the coastal area can be expected to finish their studies with senior secondary school. In contrast, students in the highland area are expected to only reach the second year of junior secondary school. These figures paint a much better picture for the highland areas that the measurement of mean years of schooling, indicating that future generations are expected to achieve higher levels of education. A breakdown of expected years of schooling by local government area can be seen in Figure 6.5.

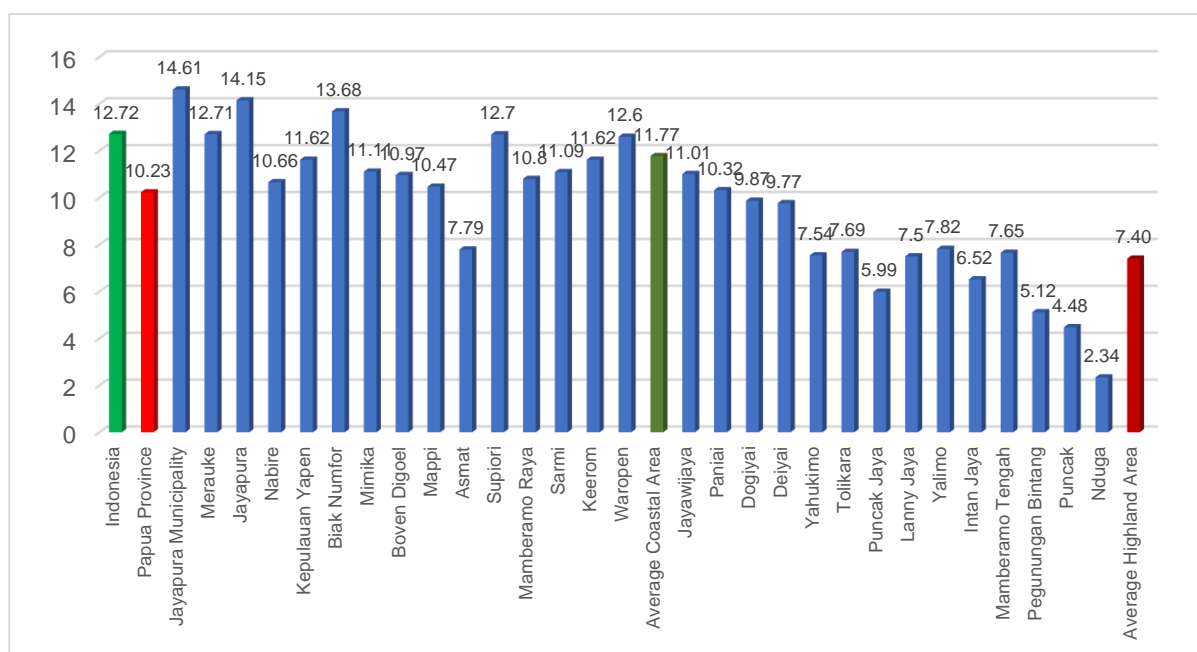


Figure 6.5: Expected Years of Schooling of Local Governments in Papua Province, 2016

Source: Berita Resmi Statistik Provinsi Papua (Release of Papua Province Statistics), 2017

6.3.5 Literacy Rate

Another education indicator is literacy rate. According to UNESCO (2017), the literacy rate is the total number of literate persons in a given age group, expressed as a percentage of the total

population of that age group. It reflects the people's ability to identify, understand, translate, create, communicate and process the contents of a series of texts contained in printed and written materials relating to various situations (BPS 2016d). Literacy rate at the local government level in Papua Province in 2016 showed uneven distribution. Literacy rate of people in coastal areas was high at 94.11%. In contrast, people in the highland area had very low literacy at only 50.10%, meaning that half of people age 15 years and over are illiterate. It also indicates that many indigenous Papuans are illiterate since they are the majority ethnic group in the highland area. Literacy rates by local government area are shown in Figure 6.6 below.

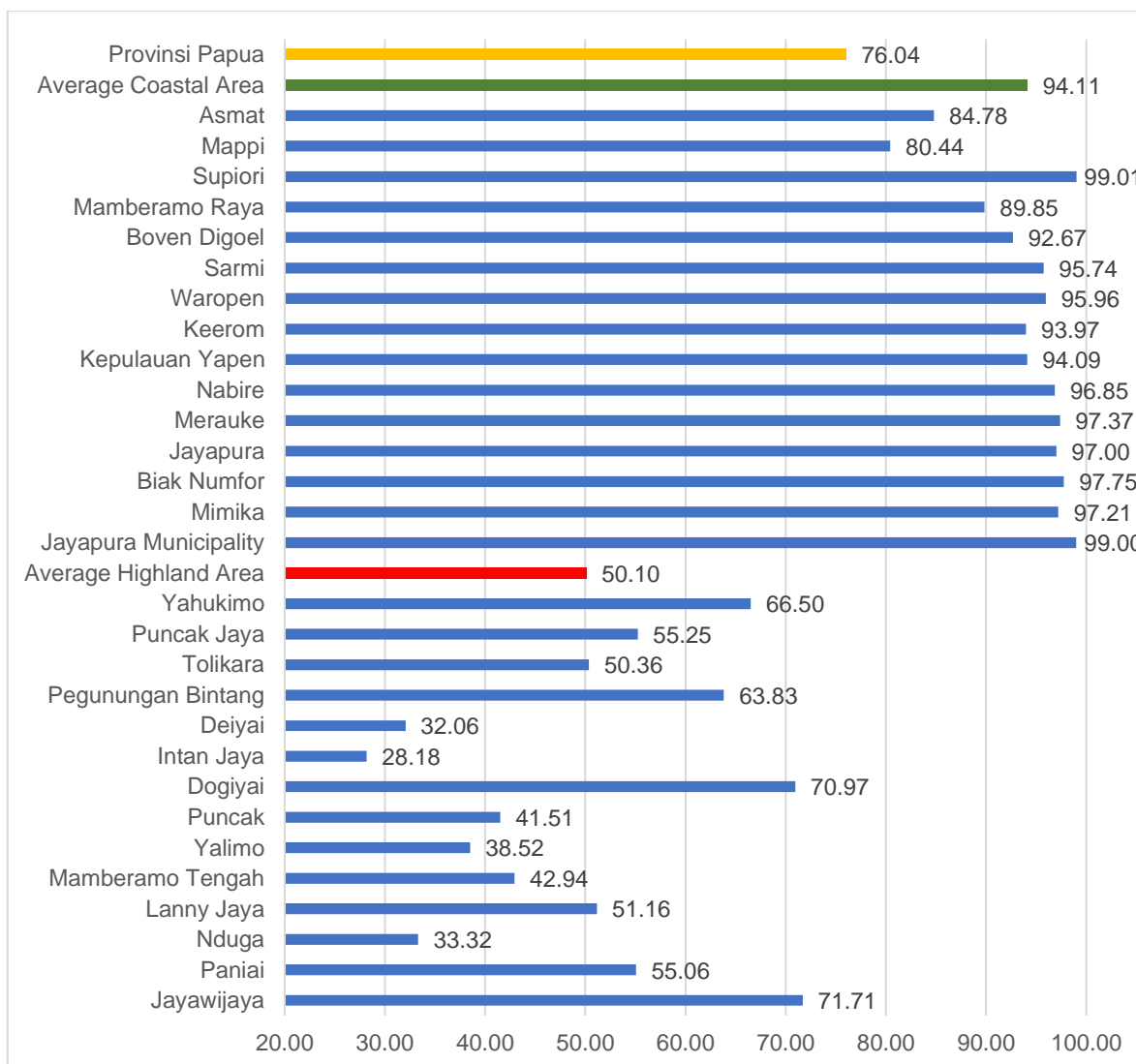


Figure 6.6: Literacy Rate of Age 15+ year of Local Governments in Papua Province, 2016

Source: BPS, Statistik Pendidikan Papua (Education Statistics of Papua Province), 2017

The number of people who cannot read and write in Papua Province is very high compared to the national figure. Figure 6.7 shows that the illiteracy rate for people 15 years and over in Indonesia decreased substantially from 10.21% in 2003 to 4.62% in 2016. On the other hand, the illiteracy rate in Papua Province increased from 25.54% in 2003 to 28.98% in 2016. In 2003, or one year after special autonomy, the illiteracy rate in Papua Province was 2.5 times higher than national

figure. However, by 2016, 14 years after special autonomy, the illiteracy rate in Papua Province was six times higher than the national figure with a gap of 24.36%.

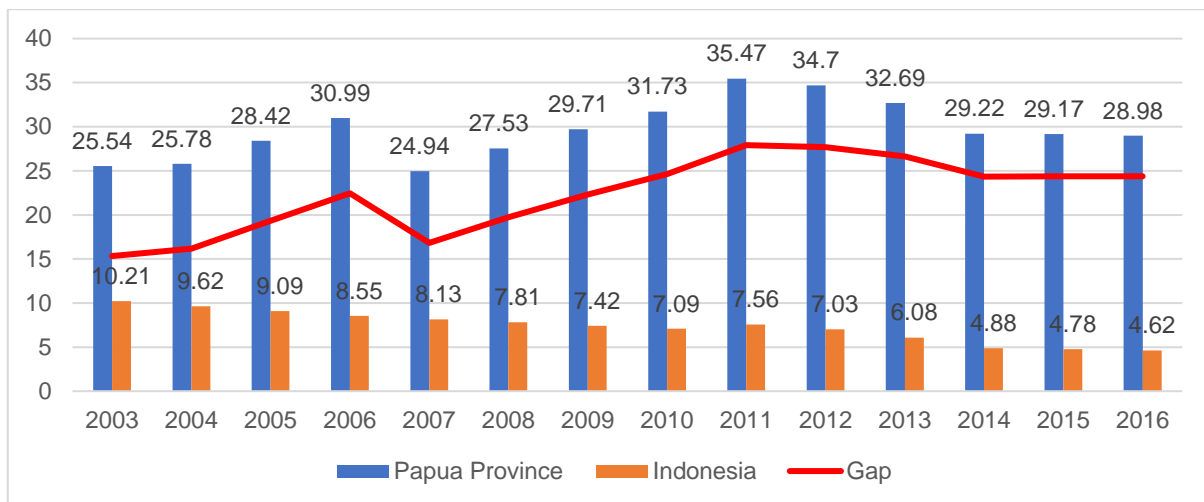


Figure 6.7: Illiteracy Rate for People aged 15+ Years in Papua Province and Nationally, 2003-2016

Source: Statistics Indonesia, 2017

Therefore, the quality of human resources in Papua Province is worse, even after special autonomy. This does not align with the objective of special autonomy to improve education performance. Trillions of rupiah in special autonomy funds has been allocated to Papua Province with the minimum of 30% allocated to education expenditure, yet the illiteracy rate increases. The increasing illiteracy rate reveals serious problems in the education sector in Papua Province.

6.3.6 Papuans’ and non-Papuans’ Educational Achievement

Educational performance in Papua Province differs between Papuans and non-Papuans. The local governments with a higher proportion of migrant population tend to have better education performance due to the better education background of migrants. Table 6.8 describes the outcomes of the population census of 2010 in Papua, for people aged 10 years and above, based on educational attainment. There are clear differences between Papuans and non-Papuans in the area of education attainment where non-Papuans tend to have better education attainment across all educational levels. Among non-Papuans, only 13.1% fail to complete primary school and the majority (56.6%) have completed secondary school. Overall, 66.7% or two out of three non-Papuans have at least completed junior secondary school. In contrast, indigenous Papuans have much lower rates of education attainment across all education levels. Most Papuans (60.3%) do not complete primary school. Moreover, only 20.6% of indigenous Papuans complete secondary education and only 2.3% have a tertiary degree. Therefore, the gap of education attainment between Papuans and non-Papuans is very high. The low level of basic education has affected Papuans in the employment market, finding it difficult to compete with migrants who have, on average, much higher levels of education. Most indigenous Papuans work in agriculture and

informal jobs. As a result, migrants are better placed in terms of social, economic and political agency in Papua.

Table 6.8: Population 10 Years Old and Above Based on Education Attainment in 2010

	Papuan	Proportion	Non-Papuan	Proportion	Total
Incomplete Primary School	972,420	60.3%	67,856	13.1%	48.9%
Primary School	270,021	16.8%	104,531	20.2%	17.6%
Primary Education and Less		77.1%		33.3%	66.5%
Junior Secondary School	167,861	10.4%	106,099	20.5%	12.9%
Senior Secondary School	164,012	10.2%	186,764	36.1%	16.5%
Secondary Education		20.6%		56.6%	29.4%
Diploma	14,659	0.9%	16,438	3.2%	1.5%
Undergraduate	20,773	1.3%	33,971	6.6%	2.6%
Graduate	1,605	0.1%	2,321	0.4%	0.2%
Tertiary Education		2.3%		10.2%	4.3%
Junior Secondary School and Above		22.9%	345,593	66.7%	33.6%
	1,611,351	100%	517,980	100	100

Source: Sensus Penduduk (Population Census), BPS, 2010, Papua Asli Dalam Angka (Indigenous Papuans in Figures), BPS, 2013.

The low level of education of indigenous Papuans is also reflected in rates of illiteracy. Table 6.9 shows that illiteracy among Papuans is very high, particularly for people over 25 years of age. In the highland area, the majority of indigenous Papuans are illiterate across all age groups. In the age group of 25-44 years, the illiteracy rate reached 71.6%, while in the age group of 45 years and above, only 20% of indigenous Papuans are able to read and write. The illiteracy rate of teenage and young adult indigenous Papuans in the highland area is also high at around 50%. Therefore, the young generation of Papuan in the highland area are vulnerable to marginalisation, socially, politically and economically.

Table 6.9: Illiteracy Rate of Indigenous Papuans by Age Group, 2010

Area	10-14 years	15-24 years	25-44 years	45+ years
Highland	50.1	53.1	71.6	80.5
Coastal (More Accessible Plains)	13.4	14.1	21.7	34.1
Coastal (Less Accessible Plains)	10.0	8.0	13.6	18.7
Total	35.7	34.7	53.2	53.6

Source: Papua Asli Dalam Angka (Indigenous Papuans in Figures), BPS, 2013

In the coastal areas, literacy rate much better. In the age groups of 10-14 years and 15-24 years, the illiteracy rates are only 10.0% and 8%, respectively, in the more accessible coastal areas, and 13.4% and 14.1% in the less accessible areas. The illiteracy rate in the age group of 10-14 in the

coastal area (more accessible plains) is five times lower than the same age group in the highland area. In the older generation, the illiteracy rate is higher, particularly in the age group of 45 years and above. In the less accessible coastal areas, the illiteracy rate for the age group of 45 years old and above is almost twice that of the more accessible areas. The younger generation in the coastal area shows higher rates of access to education.

Table 6.10: Education Attainment of Recent Migrant (15 years and above), 2010 and 2015

	2010	Ratio	2015	Ratio
Never/Not Yet Schooled	11,051	15.9%	904	1.8%
Never/Not Yet Completed Primary School	3,353	4.8%	1,927	3.8%
Primary School		15.0%		15.3%
Primary Education and Less	24,845	35.7%	10,508	20.9%
Junior High School	12,538	18.0%	7,531	15.0%
Senior/Vocational High School		33.6%		41.4%
Secondary Education	35,953	51.6%	28,312	56.4%
Diploma I/II/III/Bachelor	1,762	2.5%	2,594	5.2%
Undergraduate	5,915	8.5%	8,187	16.3%
Graduate	423	0.6%	614	1.2%
Tertiary Education	8,100	11.6%	11,395	22.7%
Total	69,717		50,215	

Source: BPS, Sensus Penduduk (Population Census), 2010, Survei Penduduk Antar Sensus (Intercensal Population Survey), 2015

Recent migrant data can be used to describe the education level of non-Papuans. Table 6.10 describes data of recent migrants aged 15 years and above in 2010 and 2015. It shows that migrants, on average, have good educational background. In 2010, 51.6% of migrants had completed secondary education. By 2015, the number of migrants with high levels of educational background increased, with the majority of migrants having graduated from secondary school at 56.4%. Furthermore, 22.7% of migrants hold a tertiary degree, increasing from 11.6% in 2010. Therefore, the rate of tertiary education for migrants doubled over five years.

Table 6.11: Correlation between HDI and Ratio Non-Papuans (Migrants)

		HDI 2015	Ratio Non-Papuans
HDI 2015	Pearson Correlation	1	.814**
	Sig. (2-tailed)		.000
	N	30	30
Ratio Non-Papuans	Pearson Correlation	.814**	1
	Sig. (2-tailed)	.000	
	N	30	30

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Own calculation.

The strong education background of migrants has lifted education performance in Papua Province and, in turn, increased Human Development Index. The HDI of Papua Province increased steadily after special autonomy. However, the improvement of HDI is mostly attributed to the influx of more educated migrants. Based on calculations by SPSS, correlation between HDI and non-Papuans in Papua Province is high at 0.814 and significant (Table 6.11).

To conclude, education performance in Papua Province has shown little improvement since special autonomy, and some indicators are getting worse. The performance of basic education is the main problem for education development. For instance, the net enrolment rate for the age group of 7-12 decreased from 85.75% in 2003 to 81.11% in 2016. Educational attainment also very low with 59% of the population aged 15 years and above not completing primary school. By 2016, mean years of schooling was 6.15 years, improving only 0.15 years compared to 2002 figures. Moreover, the number of people who are illiterate in Papua Province increased from 25.54% in 2003 to 28.98% in 2016. The only indicator that improved is expected years of schooling, from 8.15 years in 2010 to 10.23 year in 2016. Within Papua Province, the education performance in the highland area, where most indigenous Papuans live, is much lower compared to the coastal area.

The focus of education development is indigenous Papuans. However, the education attainment and literacy rate of indigenous Papuans remains poor. Indigenous Papuans find it hard to compete with non-Papuans who have a better educational background. They are more vulnerable to be marginalised because they are less educated. Many job opportunities require some level of literacy, particularly employment in urban areas. Nowadays, most of the jobs in urban area in Papua Province are occupied by migrants. The next section will discuss public expenditure for education in Papua Province.

6.4 Public Expenditure for Education

The previous section discussed education performance in Papua Province after special autonomy. It can be seen that education performance in Papua Province has shown limited improvement, with some indicators, such as literacy rate, getting worse. Improvements are concentrated in the coastal

areas but, in the highland areas, where the majority of indigenous Papuans live, educational performance is poor. It is interesting to examine how special autonomy funds have been spent by provincial and local governments in Papua Province. The implementation of special autonomy has increased financial capacity of Papua Province and local governments significantly. Figure 6.8 shows that special autonomy funds increase every year, contributing to the increasing total revenue of Papua Province. By 2017, Papua Province had received special autonomy funds of IDR 67.4 trillion (including additional special autonomy fund for infrastructure). The contribution of special autonomy fund to total revenue of Papua Province budget is significant, reaching 59% of total revenue in 2017.

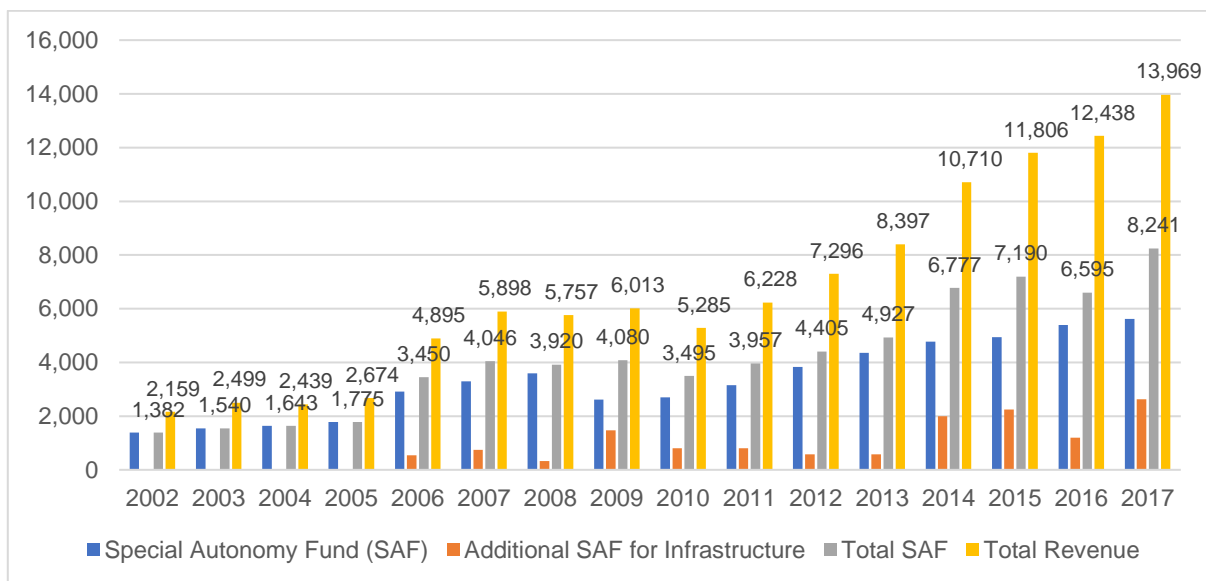


Figure 6.8: Special Autonomy Fund and Total Revenue of Papua Province 2002-2017 (billion rupiahs)

Source: Ministry of Finance, 2017

From 2002 to 2017, most of the special autonomy funds were managed by the provincial government (Appendix 1 Table 8). Local governments in Papua Province receive special autonomy funds from the provincial government. From 2002 to 2012, the special autonomy fund to local governments increased steadily, however, it remained the same from 2013-2017 with the total allocation to local governments at IDR 3,089.18 million, meaning that the proportion of special autonomy fund to total revenue in local governments decreased.

Based on revenue per capita, Papua Province is one of the richest provinces in Indonesia because it receives higher intergovernmental transfer compared to other provinces. There are four grants from the central government to Papua Province, namely, general allocation fund (DAU), specific allocation fund (DAK), revenue sharing fund (DBH), and special autonomy fund. From 2002 to 2017, the total revenue of Papua Province increased significantly, almost seven-fold, from IDR 2.16 trillion to IDR 13.97 trillion. It aligns with the growing revenue from special autonomy funds that increased almost six-folds from IDR 1.38 trillion in 2002 to IDR 8.24 trillion in 2017.

However, spending on education in Papua Province is very low. By 2016, the ratio of education expenditure to total budget in Papua Province was the lowest of all provinces in Indonesia. The ratio of education spending in Papua Province was only 1.4% of total budget (excludes school operational grant or BOS from the central government).

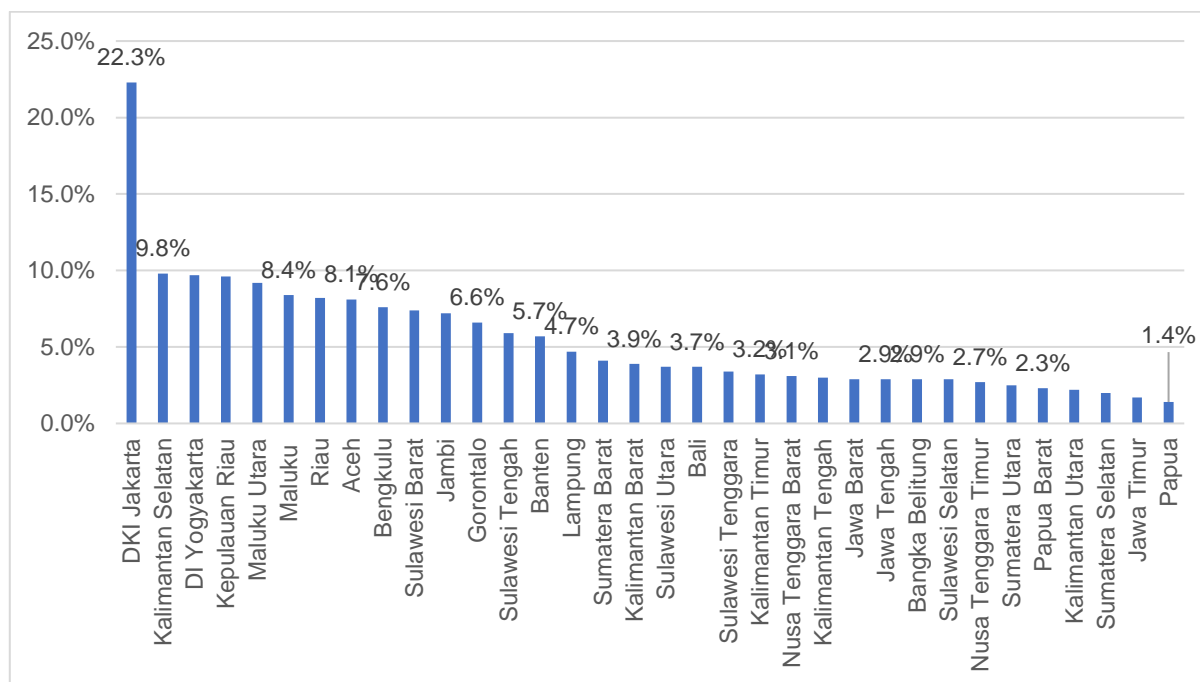


Figure 6.9: Percentage of Education Spending of All Provinces in Indonesia, 2016 (excluding BOS)

Source: Ministry of Education and Culture (MoEC), 2017

Special autonomy funds in Papua Province are mostly spent on the health sector (28.2%), followed by grants to communities (17.9%), forestry (16.2%) and agriculture (13.1%). Education is the fifth largest expenditure at 11.8%, far below than the stipulations of Law 21/2001 on Special Autonomy for Papua which stipulates education spending of at least 30% of special autonomy funds.

From 2013 to 2016, education expenditure in Papua Province from special autonomy fund fluctuated, varying from 2.8 % to 11.8% of special autonomy funds. Education expenditure reached a very low percentage in 2015 at around only 2.82%. Thus, allocation of special autonomy funds for the education sector is much lower than the 30% required by Law 21/2001.

Table 6.12: Special autonomy Fund and Health Expenditure in Papua Province

	2013	2014	2015	2016
Special Autonomy Fund	1,536,142	772,297	772,297	772,297
Education expenditure	139,054	40,998	21,809	91,010
Proportion of Education Expenditure	9.05%	5.31%	2.82%	11.78%

Source: Own calculation, Finance Office of Papua Province, 2014-2017

By 2016, education spending was only the fourth largest expenditure from special autonomy funds. Larger proportions of special autonomy funds are allocated to health, forestry and agriculture. The provincial government of Papua Province did not prioritise the education sector in its budget. The lower budget for education hampers education performance in Papua Province, as discussed in the previous section.

Table 6.13: Special Autonomy Fund Allocation in Papua Province TA 2016

	Budget	Allocation (million rupiahs)	Percentage
	Direct expenditure	613,806	79.5%
1.	Education	91,010	11.8%
2.	Health	217,945	28.2%
3.	Development planning	18,851	2.4%
4.	Women empowerment	8,000	1.0%
5.	Social	15,000	1.9%
6.	Employment	34,729	4.5%
7.	Small enterprise	5,000	0.6%
8.	General Administration	59,946	7.8%
9.	Community and village empowerment	15,000	1.9%
10.	Agriculture	101,325	13.1%
11.	Forestry	125,000	16.2%
12.	Fishery	10,000	1.3%
13.	Tourism	10,000	1.3%
14.	Trade	12,500	1.6%
	Indirect Expenditure	158,488	20.5%
1.	Grant to Communities	138,368	17.9%
2.	Social Assistance	20,000	2.6%

Source: Finance Office of Papua Province, 2017

At local government level, almost all local governments in Papua Province have allocated less than 20% of their budgets to the education sector. According to Law 20/2003, governments at all levels must allocate at least 20% of their budget for education. Figure 6.10 shows that most local governments in Papua Province spend less than 10% of their budget on education with only Jayapura Municipality reaching the 20% target.

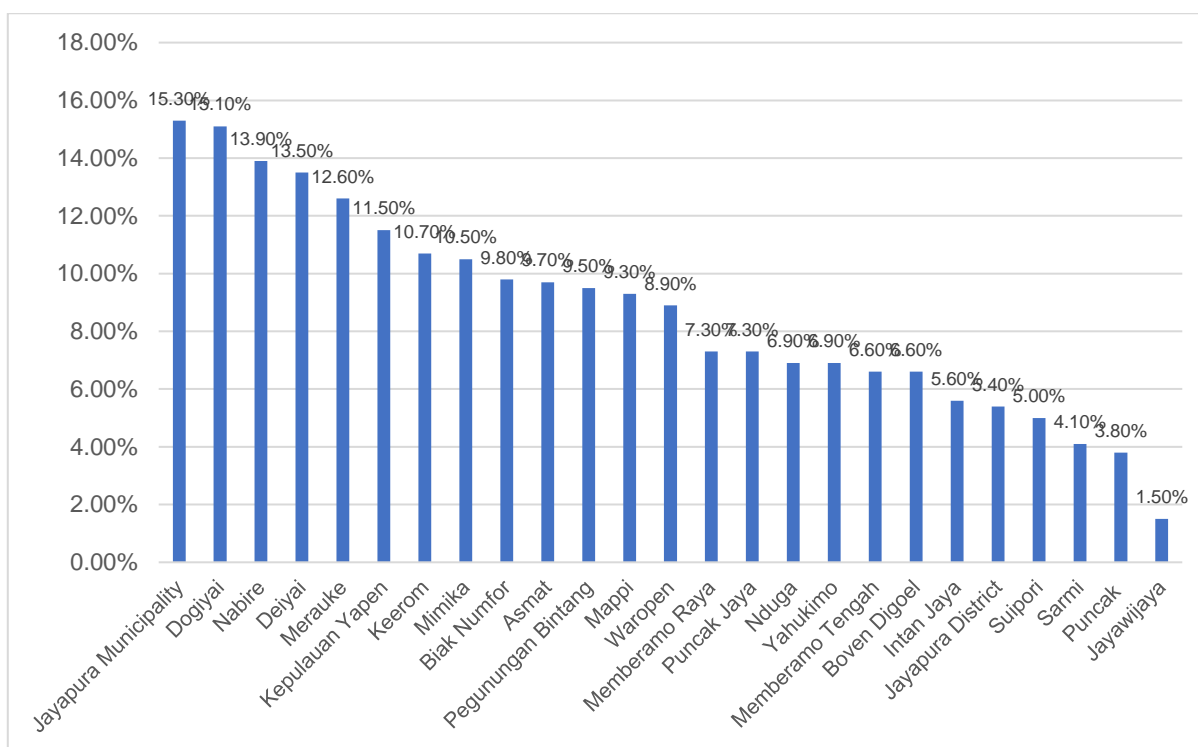


Figure 6.10: Percentage of Total Papuan Local Government Budget Allocated for Education 2015-2016 (Excluding BOS)

Source: Ministry of Education and Culture (MoEC), 2017

Formal education at all levels (preschool to higher education) in Indonesia is regulated by Law 20/2003 on National Education System. It is managed and funded by governments at different levels. Local governments manage preschool, primary and junior secondary schools, while provincial governments have a responsibility to manage senior secondary schools. Tertiary education falls under central government authority.

Table 6.14: Allocation of Special Autonomy Fund in Jayawijaya District, 2016

Sector	Allocation	Ratio
Education	22,570,031,200	19.3%
Health	14,456,015,600	12.4%
Infrastructure	19,371,615,600	17.9%
Grants and Subsidies	31,629,491,440	27.0%
Agriculture	8,550,940,800	7.3%
Monitoring and evaluation	1,340,802,080	1.1%
Others	17,536,382,961	15.0%
Total	117,040,104,000	

Source: Jayawijaya Financial Office, 2017

Observing the allocation of special autonomy funds in Jayawijaya district, the highest spending is for grants and subsidies. Education is the second highest spending (19.3%), followed by

infrastructure spending. In 2016, spending for education programs in Jayawijaya District was focused on provision of the free compulsory nine-years education program (24.5%), free secondary school education program (12.0%), institutional cooperation in education (11.3%), construction of school building (9.9%) and national final exam (6.6%). The Free Nine-Years Education Program consists of several projects, such as building schools, classroom repair, training on curriculum and student competency, primary school accreditation and free school fees.

Table 6.15: Education Program in Jayawijaya District, 2016

No.	Program	Budget	Percentage
1	Construction of school buildings	2,241,000,000	9.90%
2	Curriculum and professional development	800,000,000	3.50%
3	Free Pre-School Program	1,151,940,000	5.10%
4	Free Nine-Years Education Program	5,523,660,000	24.50%
5	Free Secondary School Education Program	2,709,000,000	12.00%
6	National Final Examination/School Final Examination	1,500,000,000	6.60%
7	Institutional cooperation in education	2,539,200,000	11.30%
8	Educator certification	510,000,000	2.30%
9	Evaluation of educational performance results	481,300,000	2.10%
10	Development of literacy education	396,800,000	1.80%
11	Affirmative education policy for indigenous Papuans	185,850,320	0.80%
12	Non-formal education information and data	400,000,000	1.80%
13	Others	4,131,280,880	18.30%
	Total of Education Budget	22,570,031,200	

Source: Jayawijaya Financial Office, 2017

Education expenditure is a crucial instrument to improve education standards in Papua Province and special autonomy funds are intended to finance education services. However, education expenditure is less than the 30% stipulated by Law 21/2001. For instance, in Jayawijaya District, only 19.3% of special autonomy funds are allocated for education

To sum up, after special autonomy, provincial and local governments in Papua Province have received substantial amounts of money from the central government. However, spending on education in provincial and local governments in Papua Province remains very low. Ironically, the percentage of education spending in Papua Province is the lowest of all provinces in Indonesia. Special autonomy funds are mostly spent on grants and subsidies as well as infrastructure. Therefore, provincial and local governments in Papua Province have not allocated special autonomy funds appropriately.

6.5 Conclusion

The argument of special autonomy bringing decision-making closer to the people, and eventually increasing public service delivery educational quality, has not worked in Papua Province. The findings of this research revealed limited impact of special autonomy on education performance, for example, mean years of schooling and expected years of schooling have improved, but other indicators of education performance in Papua Province after special autonomy have not improved much, particularly enrolment rate, attainment rate and literacy rate. More importantly, literacy rate remains low and has decreased since special autonomy. Compared to other provinces, education performance in Papua Province is still much lower than the national standard, with the gap in performance remaining very wide. All Indicators of education performance in Papua Province are still the lowest in Indonesia.

Education performance in Papua Province is unevenly distributed between coastal and highland areas. In the coastal area, education performance has improved more than in the highland area, with some indicators higher than national standard. For instance, education indicators in Jayapura Municipality are similar to municipalities in Java which has better education facilities and human resources. In contrast, in the highland area, education performance is poor and indigenous Papuans, who live in the highland area, generally have lower educational achievement.

The poor education performance in Papua Province can be attributed to inadequate spending on education. Education expenditure in Papua Province from 2004 to 2015 decreased and is still far from adequate at well below the required 20% of total budget, as stipulated by national law, and further still from the required 30% of special autonomy funds. Education spending in Papua Province is the lowest of all provinces. The education sector has not been prioritised in special autonomy funds expenditure.

Finally, it can be argued that people in Papua Province, particularly indigenous Papuans, receive little benefit from special autonomy on education because public service delivery in education in the highland areas where they live has not improved, and, in some cases, has deteriorated. Therefore, provincial and local governments in Papua Province have shown to be unable to manage greater autonomy in the education sector to improve education performance. Human development in Papua Province has improve since special autonomy, as discussed in Chapter 5.

However, when we look more deeply at education indicators in Papua Province, it does not show significant improvement, with some indicators getting worse. Having discussed education performance in Papua Province, the next chapter will discuss health performance in Papua Province.

CHAPTER 7 THE IMPACT OF SPECIAL AUTONOMY ON HEALTH OUTCOMES IN PAPUA PROVINCE

7.1 Introduction

Decentralisation is often justified on the grounds that it would help allocate resources in priority sectors and make local service providers responsive to local needs and priorities (Huther & Shah 2004; Manor 2011). Decentralisation can also enhance the delivery of important public services, thereby fostering development and wellbeing of the local people (Ahmad, J et al. 2005). In the previous chapter, we have looked at the impact of special autonomy of Papua Province on educational outcomes, including education facilities, human resources, performance and expenditure. This chapter will explore these arguments in relation to healthcare. The aim of this chapter is to analyse the impact of special autonomy of Papua Province on health service delivery and health outcomes. The impact of special autonomy is assessed by analysing statistical data of health outcome indicators and health expenditure. This chapter tries to answer two research questions:

1. How have the governments of Papua Province, Jayawijaya District and Jayapura Municipality managed greater autonomy in the health sector to improve human development?
2. To what extent are budgetary allocations to the provincial government of Papua, Jayawijaya District and Jayapura Municipality are geared towards the health sector to improve human development?

This chapter consists of five sections. Section 7.1 is an introduction which begins by referencing theoretical discussion and research questions that will be answered in this chapter. This is followed by discussing healthcare facilities and medical staff in Section 7.2. Section 7.3 discusses health performance in Papua Province after special autonomy, including life expectancy at birth, infant mortality rates, maternal mortality rates, and prevalence of diseases. Section 7.4 elaborates health expenditure in Papua Province after special autonomy to gain understanding about the allocation of special autonomy funds in the health sector. The last section is a conclusion.

7.2 Healthcare Facilities and Medical Staff

This section discusses human resources in health services and healthcare facilities. The improvement of health services is the second priority in Papua Province, after the education sector. As mentioned before, Law 21/2001 on Special Autonomy for Papua Province regulates that at least 15% of special autonomy funds must be earmarked for the health sector. The law also acknowledges that indigenous Papuans have a basic right to good quality healthcare. Article 59 of Law 21/2001 stipulates that the provincial government of Papua is obliged to establish quality

standards of health services and provide good health services to the people. Furthermore, the provincial government and local governments in Papua Province have to prevent and control endemic and hazardous diseases. All Papuans shall be entitled to affordable health services. Article 60 of Law 21/2001 also stipulates that provincial and local governments shall be obliged to plan and implement programs to improve and to increase the nutrition of the people and may involve qualified religious institutions, non-governmental institutions and the private sector in undertaking these obligations.

Table 7.1: Number of Hospitals and Public Health Centers in Papua Province, 2002-2016

	2002	2016	Growth
Hospitals	15	36	140%
Public Health Centers	164	394	140%

Source: Papua Province in Figures, 2002 and 2017 (BPS)

The number of hospitals and public health centres (puskesmas) in Papua Province has increased significantly after special autonomy (Table 7.1). Hospitals are a secondary health service. If patients cannot be treated in the public health centres, they can go to hospital for further treatment. By 2017, there were a total of 42 hospitals in Papua, consisting of 40 public hospitals and two specialist hospitals. Most of the hospitals were managed by the local government and only three hospitals were managed by the provincial government (Ministry of Health 2018). Meanwhile, there were six hospitals managed by the central government, most of which were TNI (military) hospitals. Those 42 hospitals in Papua Province are equipped with 3,889 beds (Ministry of Health 2017a). Therefore, the ratio of hospital beds to 1,000 residents in Papua Province is 1.19, slightly above the national ratio of 1.16. Papua Province also has three health polytechnics, which consist of nursing, midwifery and nutritional study programs with a total of 706 students.

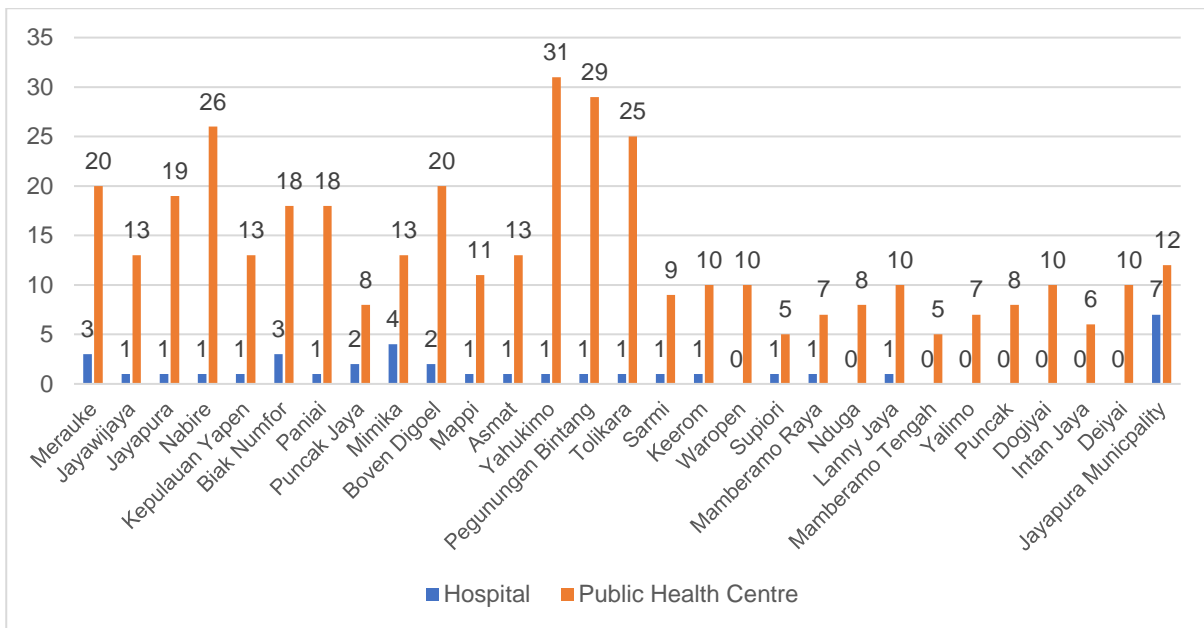


Figure 7.1: Hospitals and Public Health Centres, 2016

Source: BPS (2017)

Primary healthcare should be delivered close to where people live. Primary healthcare is mainly provided by the public health centres (*Puskesmas*) and community health subcenters (*Pustu*). The number of public health centres in Papua Province increased significantly after special autonomy. It increased by more than double from 2002 to 2016. This means people that in Papua Province have greater access to healthcare service facilities. Public health centres are vital as a primary public health service. In 2002, there were 164 public health centres in Papua Province. By 2017, the number of public health centres reached 394, or increased by 140%. *Puskesmas* have to be available at the subdistrict level. However, not all subdistricts in Papua Province have *Puskesmas*, particularly in the highland areas. For instance, there are only 30 *Puskesmas* across the 40 subdistricts in Jayawijaya District. Therefore, 10 subdistricts do not have *Puskesmas*. On the other hand, in the coastal area, most subdistricts have *Puskesmas* and in Jayapura Municipality, all subdistricts have *Puskesmas*. In 2017, 5.84% of health centres were accredited; far lower than the national average of 42.98% (Ministry of Health 2017a). This means that most public health centres in Papua Province are not yet accredited or are of poor quality.

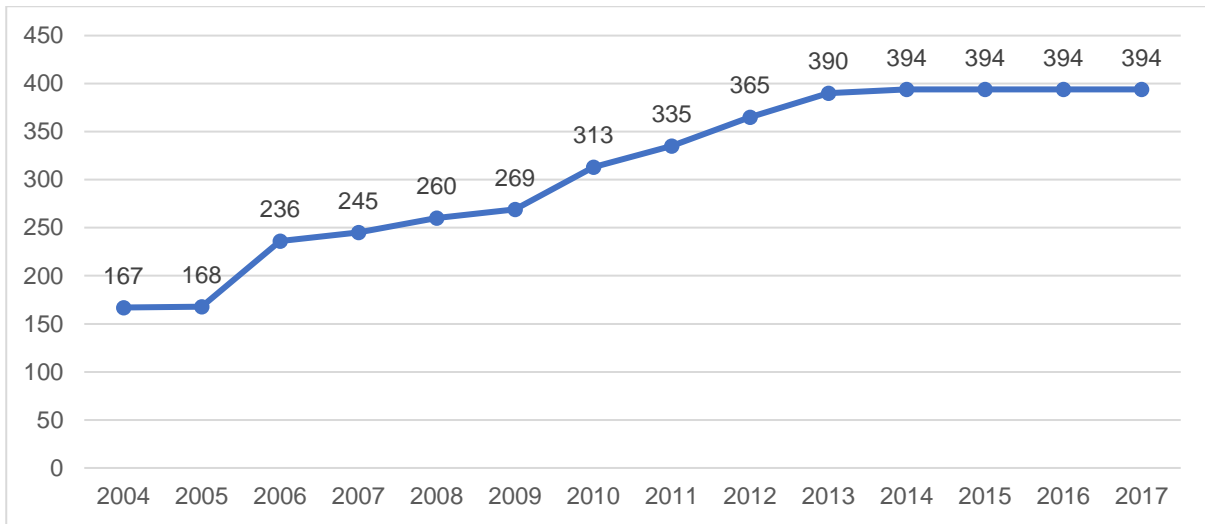


Figure 7.2: Public Health Service in Papua Province from 2004 to 2017

Source: Ministry of Health (2018)

The number of public health centres per 30,000 population increased from 2004 to 2006. According to the Ministry of Health (2018), the number of public health centers increased from 2.7 public health centres per 30,000 head of population in 2004 to 3.6 in 2016. This means that there are almost four public health service centres to serve 30,000 people. However, the ratio did not increase in line with population growth in Papua Province. Population growth increased faster than the growth in number of healthcare facilities, particularly public health centres. Within Papua Province, public health centres are unequally distributed across local government areas. Many local governments in the highland area have inadequate public health services.

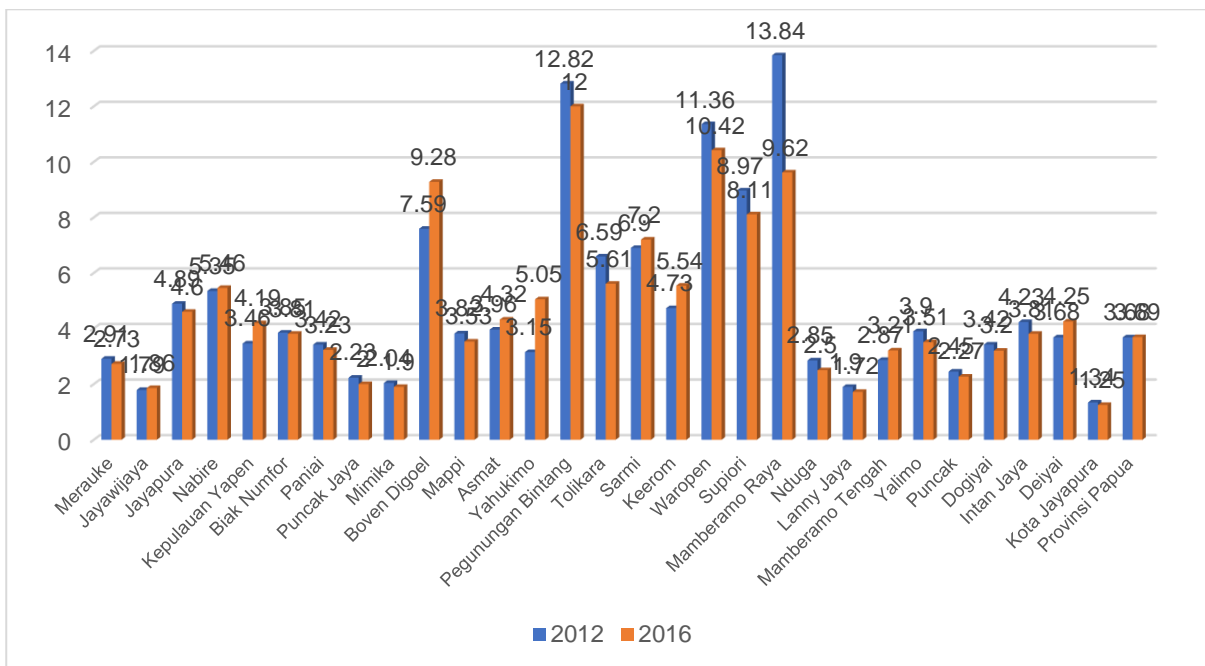


Figure 7.3: Ratio of Public Health Centres per 30,000 population, 2012 and 2016

Source: Ministry of Health (2017a)

Healthcare provision in Papua Province is crucial, especially in terms of medical staff and doctors. The number of health personnel in Papua Province has increased since special autonomy with the number of practitioners increasing by 76% from 2002 to 2016, while the number of nurses showed little growth. Numbers of other health personnel almost tripled in this period.

Table 7.2: Health Personnel in Papua Province, 2002 and 2016

Health Personnel	2002	2016	Growth
Practitioners	300	528	76%
Nurses	783	789	1%
Midwives	na	1,128	na
Pharmacy Personnel	na	1,794	na
Other Health Personnel	2,025	5,744	184%

Source: Ministry of Health (2018)

By 2016, there were 8,563 health personnel across Papua Province. However, this number is not adequate to cover all local governments in Papua Province since, according to the provincial health office, the region needs around an additional 36,000 health personnel. Lack of medical staff is related to their distribution, with medical staff in Papua Province is unevenly distributed. They mostly serve in the coastal areas, particularly in Jayapura Municipality (20.9%), Nabire (8.2%), Mimika (8.2%), Merauke (7.4%), and Jayapura (7.3%). Thus, more than half of all health personnel are located within these five local governments. The rest of the medical staff and practitioners work in the other 24 districts. Unequal distribution of health personnel creates a wide disparity of health services among local governments, particularly between the coastal and highland areas. The health personnel tend to be more concentrated in urban areas because most of them have dual practice. They work not only in public hospitals and health centres, but also in private hospitals and clinics to earn more money.

A public health centre normally has one practitioner and a number of nurses, midwives and other health personnel. However, the number of practitioners in Papua Province is low where only 25.21% of public health centres in Papua Province have a practitioner. This number is lower than the national level of 35.7%. The low density of practitioners, nurses and midwives per capita in Papua Province is creating a gap in healthcare service. The problem of distribution of healthcare service and health personnel is more severe in the highland areas. According to BPS (2018), around 50% of health personnel in Jayawijaya District are in Wamena Subdistrict where they serve only 19% of the total population of Jayawijaya District. Meanwhile, other health personnel

have to serve the remaining 81% the total population of Jayawijaya District. Unequal distribution of health personnel is even worse when we see that 26.7% of health personnel work in six subdistricts and the other 22.7% of health personnel are scattered throughout 34 subdistricts (BPS Jayawijaya 2018). Therefore, most people in Jayawijaya District have limited access to health services from health professionals. They have to go to Wamena to get health services which makes it more expensive to access healthcare.

In the coastal area, there tends to be a more equal distribution. According to BPS Kota Jayapura (2018), among the five subdistricts in Jayapura Municipality, the highest proportion of health personnel is in Jayapura Selatan Subdistrict (23.5%). The proportion is similar in Abepura Subdistrict and Jayapura Utara Subdistrict, at 22.8% and 21.9% respectively. Muara Tami (17.1%) and Heram Subdistrict (14.7%) have a lower proportion of health personnel compared to other subdistricts. Both subdistricts have fewer health personnel because the subdistricts have a lower population as well as less densely populated areas. Equal distribution of health personnel in the coastal areas has benefited people by providing better health service from health professionals.

Besides the health personnel and availability of health facilities, health provision must come with necessary sanitation facilities such as private and public toilets. Access to toilets is important for general health. People are more vulnerable to disease if they do not have access to toilet facilities. In Papua Province, 30.84% of households do not have toilet facilities (Table 7.3). It is much higher than the national level of only 10.30% of households that do not have toilet facilities. In rural areas, the percentage of households that do not have toilets is even higher at 40.96%. Therefore, the provincial and local governments in Papua Province have to promote awareness of the need for toilet facilities in every house and build more public toilets.

Table 7.3: Percentage of Households and the Use of Toilet Facilities, 2017

	Private	Shared	Public Facility	Not Used	No Facility
Papua Province	55.73	8.19	4.87	0.37	30.84
-Rural Area	46.06	6.73	5.77	0.48	40.96
-Urban Area	83.20	12.32	2.33	0.06	2.09
Indonesia	77.84	9.24	2.50	0.11	10.30

Source: Ministry of Health (2018)

Another important factor is the availability of safe drinking water. Unhealthy drinking water carries diseases, such as typhoid, cholera, trachoma and schistosomiasis. Other risks of unhealthy drinking water are chemicals and other contaminants that can harm human health. The condition of

drinking water in Papua Province is inadequate as many people get their drinking water from rainwater collection. Only 40.28% of the population in Papua Province has access to clean water (table 7.4), far below the national figure of 71.27% of Indonesia’s population which has access to clean water sources. Among the population who have access to clean water in Papua Province, people in urban areas have much better conditions with 89.71% of the population being able to access clean water sources. In contrast, in rural areas, only 22.88% of the population have a source of clean water and 40.68% have access to decent water. Therefore, people who live rural areas, mostly in the highland area, are at greater risk.

Table 7.4: Percentage of Households by Province, Urban Rural Classification, Water Source, 2017

	Source of Clean Water ³	Source of Decent Water ⁴
Papua Province	40.28	37.28
-Rural Area	22.88	40.68
-Urban Area	89.71	27.64
Indonesia	71.27	38.60

Source: Ministry of Health (2018)

To sum up, the number of public health services for basic primary healthcare has improved since special autonomy because the provincial and local governments have built more health facilities. However, public health services are mostly located in the urban and the coastal areas. Health Personnel in Papua Province is still insufficient and unequally distributed among local governments. In the highland area, local governments need more health personnel to cover hospitals and public health services. Health personnel within local governments are also unequally distributed. The low density of practitioners, nurses and midwives per capita in Papua Province is creating a gap in healthcare services and health outcomes. The issue of health performance will be discussed in the next section.

7.3 Health Performance

This section evaluates the progress of health performance after special autonomy by analysing statistical data. Statistical data is useful in identifying development of the health sector by determining changes in health indicators. The health indicators in this chapter are indicators that

³ According to the Central Statistics Agency of Indonesia, clean water is water that is collected, purified and distributed to households, industrial, commercial or other consumers by water companies.

⁴ Decent water is water that is collected and consumed by households and other water consumers from a drilling well, pump, shielded well, or shielded spring. It also includes rain water.

are related to life expectancy at birth as a part of the human development index and targets of the Millennium Development Goals (MDGs) 2015, which aims to improve wellbeing.

The most important health indicator is life expectancy at birth. This indicator is an estimate of the average age a person is expected to reach as measured at the time of birth (Ministry of Health 2017a). The life expectancy at birth covers many aspects of health conditions, such as environmental factors, health services and socio-economic factors (UNDP 2015). The indicator of life expectancy at birth can also be used as a tool for evaluating government performance in improving people's welfare and health conditions. High life expectancy indicates that the government is able to provide health facilities, to fulfil adequate nutrition and caloric intake, and to maintain healthy environmental conditions. On the other hand, low life expectancy at birth means that health facilities, nutrition and environmental health factors are poor. Poor environmental conditions, such as inadequate sanitation, poor environmental hygiene and lack of drinking water sources, as discussed in the previous section, are among the causes of low life expectancy at birth. Those conditions will be assessed in this section.

The life expectancy at birth in Indonesia has increased substantially over the last decade from 66.6 years in 2002 to 70.2 in 2012 (table 7.5). During the same period, life expectancy in Papua Province also showed positive progress. Based on the old method,⁵ the growth in life expectancy in Papua Province is better than that at the national level, growing 3.9 years from 2002 to 2012. Thus, the gap between Papua Province and other provinces has decreased, with life expectancy in Papua Province only 1.1 year lower than the national level in 2012.

However, life expectancy at birth in the highland area has improved less compared to the coastal area. The life expectancy at birth in the highland area only grew 1.2 years from 2002 to 2012, while in the coastal area life expectancy at birth grew by 2.4 years. Therefore, the discrepancy of health conditions between the coastal and the highland areas have widened since special autonomy.

Table 7.5: Life Expectancy at Birth, 2002-2012, Based on Old Method (years)

	2002	2004	2006	2008	2009	2010	2011	2012	growth
Indonesia	66.6	67.6	68.5	69.0	69.2	69.5	69.7	70.2	3.6
Papua	65.2	65.8	7.6	68.1	68.4	68.6	68.9	69.1	3.9
Gap	1.2	1.8	0.9	0.9	0.8	0.9	0.8	1.1	-0.1
Jayapura Municipality	67.0	69.6	68.0	68.2	68.3	68.5	68.6	68.8	1.8
Average Coastal Area	64.8	64.5	65.8	66.2	66.5	66.8	67.0	67.2	2.4
Jayawijaya	64.7	65.7	65.7	66.1	66.2	66.4	66.6	66.8	2.1

⁵ In the old method, life expectancy at birth was calculated based on population census of 2000. In 2013, the new method of life expectancy at birth was introduced. It is calculated based on population census of 2010.

Average Highland Area	65.8	64.7	65.8	66.2	66.5	66.6	66.8	67.0	1.2
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Source: BPS Papua (2017)

In 2013, the calculation of the life expectancy at birth was changed to the new method. The new method of life expectancy at birth in Papua Province exhibited slower growth compared to the national level. From 2010 to 2017, life expectancy in Papua Province increased only 0.8 years from 64.5 years to 65.1 years. Meanwhile, life expectancy at birth at the national level increased by 4.6 years in the same period. By 2017, life expectancy at birth at the national level reached 71.1, while in Papua Province it was only 65.1 years. Thus, the gap widened from 2010 to 2017. It means that health performance in Papua Province has improved less compared to other provinces.

The disparity of life expectancy at birth among local governments in Papua Province is significant. By 2017, the area with the highest life expectancy at birth was Jayapura Municipality at 71.9 years (higher than national level at 71.1 years), while the lowest life expectancy was in Nduga District in the highland area at only 54.6 years. Thus, the gap is very high at 17.3 years. On average, the life expectancy of the population in local governments in the coastal area was 65.2 years, only 1.5 years higher than the average of local governments in the highland area at 63.7 years.

Table 7.6: Life Expectancy at Birth, 2010-2017, Based on New Method (years)

	2010	2011	2012	2013	2014	2015	2016	2017	Growth 2010-17
Indonesia	66.5	67.1	67.7	68.3	68.9	69.6	70.9	71.1	4.6
Provinsi Papua	64.3	64.5	64.6	64.8	64.8	65.1	65.1	65.1	0.8
Gap	2.2	2.6	3.1	3.5	4.1	4.5	5.4	6	3.8
Jayapura Municipality	69.9	69.9	69.9	70.0	70.0	70.0	70.0	70.0	0.1
Average Coastal Area	64.6	64.7	64.8	64.9	64.9	65.1	65.1	65.2	0.6
Jayawijaya	57.4	57.5	57.6	57.7	57.8	58.3	58.5	58.7	1.3
Average Highland Area	62.9	63.0	63.1	63.1	63.2	63.4	63.6	63.7	0.8

Source: BPS Papua (2017)

The Millennium Development Goals (MDGs) is a set of international targets, promoted by the World Bank, to achieve development improvements during the first 15 years of the 21st century. Most countries in the world committed to specific targets of MDGs to be achieved by 2015.

Indonesia also included MDG targets in the national Long-Term Development Plan (RPJMN) 2002-2012, National Medium-Term Development Plan 2005-2009, National Medium-Term Development Plan 2010-2014 and the state budget document. In the health sector, there are three primary goals, namely, to reduce child mortality, to improve maternal health, and to combat HIV/AIDS, malaria and other diseases. The MDGs were also implemented in Papua Province with a focus on those three targets.

Since special autonomy, the economy of Papua Province has grown as well as income per capita. Even though the poverty rate in Papua Province is still the highest in Indonesia, it has declined substantially since special autonomy. The poverty rate in Papua Province dropped from 45% in 2002 to 24% in 2017, a decrease of almost a half (BPS 2017a). Poverty rate has a positive correlation with health conditions. Lower poverty rates will help people have access and the ability to provide good and healthy food to their children. However, child malnutrition remains high in Papua Province. By 2015, child malnutrition reached 19.6% (BPS 2016b), reflecting a serious public health issue in Papua Province. The economic growth and declining poverty rate should have a positive impact to reduce child malnutrition due to better access to nutrition, improvements in maternal and childcare and better health facilities.

Papua Province has also faced health inequalities among local governments, particularly between local governments in the coastal areas and the highland areas. The 2014 Basic Health Survey (*Riset Kesehatan Dasar*) of Papua Province, found a prevalence of underweight children with stunted growth (Health 2014). The disparity of stunting and underweight children among local governments is also apparent. Jayapura and other local governments in the coastal area have high income shares, while local governments in the highland area have low income. Rates of stunting varies across local governments, but a high incidence of malnutrition is mostly concentrated in the highland area. In contrast, local governments in the coastal area have low malnutrition rates. It means that people in the highland area, where most indigenous Papuans live, continue to face high rates of malnutrition.

Low infant mortality rate is one of the main goals of the MDGs. The MDGs of 2015 stipulated a target of fewer than 23 mortalities per 1,000 live births (Ministry of Health 2018). The infant mortality rate in Papua Province from 2002-2015 was consistently higher than the national level. At the national level, infant mortality rates from 2002 to 2015 slightly decreased from 35 to 26 per 1,000 live births. By 2015, infant mortality rate in Papua Province was 47 per 1,000 live births. This infant mortality rate is much higher than national level and the MDGs target with Papua Province ranked at 27th out of 33 provinces. However, it is an improvement on previous rates. The Indonesian Demography and Health Survey in 2012 found an infant mortality rate of 54 per 1,000 live births in Papua Province (Health 2014). Therefore, Papua Province has made good progress in this respect.

Table 7.7: Mortality Rate for Children Under-Five per 1,000 live births, 2002-2015

	Infant Mortality Rate			
	2002	2007	2012	2015
Papua Province	56	47	54	47
Indonesia	35	34	32	26

Source: Dinas Kesehatan Provinsi Papua (2017) and BPS (2018)

Another important indicator of healthcare is maternal mortality rate (MMR). The MMR is the number of maternal deaths during pregnancy, childbirth and after childbirth caused by related complications per every 100,000 live births (Ministry of Health 2017a). It does not calculate maternal death from other causes, such as accidents or falls. This indicator is not only able to assess the maternal health program, but also able to assess the degree of public health, because of its sensitivity to the improvement of health services, both in terms of accessibility and quality (Ministry of Health 2017b). The MMR in Indonesia increased between 1991 and 2007, from 390 to 228 (BPS et al. 2013). However, the Indonesian Demographic Health Survey in 2012 showed a significant increase in MMR. By 2012, there were 359 maternal deaths per 100,000 live births and it decreased to 305 in 2015. In Papua Province, the maternal mortality rate is much higher than the national level, but the trend of maternal mortality rate shows positive improvement and is getting closer to the national standard.

Table 7.8: Maternal Mortality Rate Per 100,000 live births, 2002-2015

	2002	2007	2012	2015
Papua Province	647	362	573	380
Indonesia	307	228	359	305

Source: Dinas Kesehatan Provinsi Papua (2017)

The maternal mortality rate is related to the support mothers receive, including from birth attendants. In urban areas, birth attendants are mostly obstetricians and midwives, while in rural areas birth attendants can be midwives, traditional healers and others. Birth attendants without formal medical qualifications are common in rural areas and, particularly, remote areas, because the number of obstetricians and general practitioners are limited. It is expected that the lack of qualified health personnel contributes to higher MMR in these areas.

Table 7.9: Percentage of Females Aged 15-49 Years who Have Given Birth in the Last Two Years in Urban and Rural Area and Last Birth Attendant, 2017

	Obstetrician	General Practitioner	Midwife	Nurse	Traditional Birth Attendance	Others
Papua Province	20.25	2.30	41.52	4.22	12.31	17.26
-Rural Area	8.87	1.98	38.67	4.14	18.14	24.96
-Urban Area	42.25	2.93	47.02	4.38	1.05	2.37
Indonesia	28.66	1.34	62.56	0.69	6.16	0.51

Source: Ministry of Health (2018)

The improvement of children's health is related to disease prevention efforts. Mortality rates for infants and children under-five can be reduced by immunisation. According to UNICEF and AUSAID (2015), immunization has saved millions of infants around the world in the four decades since 1974 when the Expanded Programme on Immunization (EPI) was launched. Immunization for children consists of the BCG vaccination for protection from tuberculosis; DPT for protection from diphtheria, pertussis and tetanus; and vaccines for polio and measles. Indonesia has implemented a full immunization coverage policy for all children by providing the national immunization schedule for children's first year. The percentage of children under-five years old who have been immunized in Papua Province is less than the national rate, however, levels of childhood immunisation in urban areas is close to the national level. Unfortunately, the immunization level in the rural areas is far below the national level.

Table 7.10: Percentage of Population Aged 0-59 Months (Under Five Years) Who Have Been Immunized and Type of Immunization, Papua Province and Indonesia, 2017

	BCG	DPT	Polio	Measles	Hepatitis B
Papua Province	74.30	68.39	73.75	58.77	65.34
-Jayapura Municipality	91.03	87.58	85.58	79.35	84.58
-Jayawijaya District	99.74	93.00	93.23	81.67	92.13
Indonesia	89.11	83.77	88.83	70.67	81.52

Source: Ministry of Health (2018)

Universal child immunisation coverage is the proportion of children who have been covered by immunisation. The universal child immunisation coverage in Papua Province increased significantly from 2012 to 2016. By 2016, the universal child immunisation coverage had reached 51.9%.

However, this number is still far below the universal child immunisation coverage at the national level of 90% in 2016 (Dinas Kesehatan Provinsi Papua 2017). Higher universal child immunisation coverage will improve child health as it prevents certain diseases.

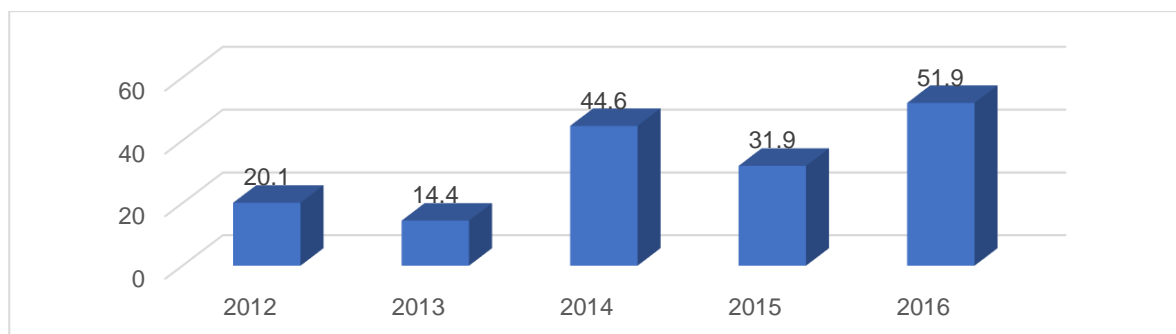


Figure 7.4: Universal Child Immunisation Coverage in Papua Province (%)

Source: Ministry of Health (2018)

A good healthcare system can reduce the mortality rate from preventable diseases by promoting healthy behavior and providing effective treatment. An accurate diagnosis from competent practitioners and proper medical facilities have a vital role in effective treatment. Disease prevalence, which is the percentage of the population that has been diagnosed with a certain disease, is important to be assessed to develop measures to address preventable deaths. HIV/AIDS is a high prevalence disease in Papua Province which has the highest rate of prevalence of HIV compared to other provinces. The epidemic of HIV has presented major challenges for the healthcare system. The rate of HIV/AIDS in Papua Province is 1.03%, much higher than the national level of 0.17%, and it is estimated to reach 7% by 2025 (UNICEF & AUSAID 2015). Within Papua Province, the spread of HIV in the highland area is much faster than the coastal area with an estimated prevalence of 2.9% (Dinas Kesehatan Provinsi Papua 2017).

The spread of HIV in Papua Province has been faster than in any other province. In 2003, sentinel surveillance by Ministry of Health reported that 6.28% of sex workers in Papua Province were HIV positive, increasing fourfold to 22.8% in 2005 (Komisi Penanggulangan AIDS Nasional 2009). In 2006, the National Statistical Agency and Ministry of Health reported that 2.4% of the population in the age group 15-49 years in Papua Province have been infected by HIV. For people in this productive age group, HIV will reduce social and economic activity. If many people at the productive age are infected with HIV/AIDS, it will affect the economic condition of their family.

Papua Province is the only place where HIV has spread throughout the community at a significant level. In 2009, it was estimated that 7,160 people and 22,210 have been infected by HIV and AIDS in Papua and West Papua Province respectively (Komisi Penanggulangan AIDS Nasional 2009). The provincial and local governments in Papua have increased the number of healthcare services that test for HIV and AIDS from 172 services in 2004 to 3,771 services in 2016. Healthcare

services for HIV/AIDS are available at almost all public health services. The number of people who have been positively infected by HIV in 2004 was 3,866 people and by 2016, it increased to 41,250 (BPS 2017a). Therefore, the number of people infected by HIV has increased more than 10-fold from 2004 to 2016. Moreover, the new cases of AIDS also increased. By 2016, there were 7,491 new cases of AIDS in Papua Province and the cumulative number of AIDS patients was 86,780 people (BPS 2017a). The HIV and AIDS patients need a stronger government health system because they have high medical and treatment costs for long period. HIV and AIDS can also affect other health problems, such as malaria, tuberculosis, malnutrition, high maternal mortality rate and infant mortality rate. If HIV and AIDS continues to spread, medical and treatment costs will increase, and the government will have to spend more money.

In addition, malaria is also prevalent in Papua Province, with more cases than any other region in Indonesia. It has been a priority to defeat malaria at the national level. However, the implementation depends on the readiness of provincial governments to prevent and to combat malaria. In Papua Province, the enactment of Law 21/2001 has allowed provincial and local governments to take more initiative to control the disease. The biggest challenge for the provincial and local governments in combatting malaria is the rugged geographical area. Many regions in Papua Province are covered by dense forest. Swamps and wetlands in the coastal area also increase the risk of malaria. According to a survey by Ministry of Health, more than one-fifth (21%) of the population in Papua Province has been infected by malaria (BPS et al. 2007). The survey suggests that many indigenous Papuans living in rural areas, densely forested areas and the lowland districts have relatively higher risk of contracting malaria.

To sum up, the statistical data about health indicators in Papua Province shows improvement in life expectancy. However, there is wide disparity of life expectancy between the coastal and highland areas. The low life expectancy at birth in Papua Province is lower in the highland area. It reflects the poor condition of health services and healthcare facilities in the highland area. The next section will discuss health expenditure in Papua Province. Health indicators related to The Millennium Development Goals, such as infant mortality rate and maternal mortality rate are also improving. However, Papua Province still faces serious problems of children's failure to thrive, malnutrition and prevalent diseases, such as HIV/AIDS and malaria, particularly in the highland area. Therefore, Provincial and local governments have mixed outcomes of health performance, but compared to the education sector, they are relatively better at capitalizing on greater autonomy to improve human development. The next section will discuss how provincial and local governments allocate special autonomy funds to health expenditure.

7.4 Health Expenditure

Special autonomy has given Papua Province the momentum to improve health status, particularly for indigenous Papuans. The provincial government, as well as local governments, have received

substantial special autonomy funds. However, health indicators in Papua Province still lag behind other provinces in Indonesia. Many people in Papua Province have limited access to health services, particularly in the highland area. Special autonomy has been implemented for more than 15 years. There is a huge amount of money from a special autonomy fund which has been transferred from the central government. Besides education, the health sector is the second sector that has to be prioritised by the special autonomy fund. Hence, a substantial proportion of public spending has to be allocated to the health sector. Article 2 of the Governor of Papua Province Regulation 6/2013 on Public Health Financing of Papua states that the financing of public health is given for indigenous Papuans and other people by providing basic health services and referral health services.

Many health policies have been implemented under the Special Autonomy Law. Provincial and local governments have slightly differently policies in their regions. According to the special autonomy law, health care programs in Papua Province cover several priorities:

- Disease eradication programs;
- Prevention and management of HIV/AIDS infection
- Increasing human resources (both medics and paramedics) in health care;
- Improving health care in public health centres (*Puskesmas*);
- Improving health care in hospitals;
- Providing medicine; and
- Improving nutrition quality and providing a healthy environment.

The main goal of implementing these policies is to achieve a life expectancy of at least 70 years. Another goal is to prevent HIV and AIDS by involving the community in the prevention and management of HIV/AIDS infection. The improvement of health services can be achieved through collaboration between the government and private sectors to provide healthcare services. It also needs to recruit and train health personnel to achieve a more professional standard.

Equitable allocation of public expenditure and further investment in public health are essential to maintain and to improve health conditions. The health expenditure in Papua Province since special autonomy has shown an increase in public spending on the health sector. It was widely believed that the increased budget allocation for the health sector would lead to improvement in the service delivery. By 2017, health expenditure in Papua Province, Jayapura Municipality and Jawawijaya District is more than 5% of the total budget, meeting the target stipulated by the Law on National Health System. Papua Province, Jayapura Municipality and Jawawijaya District has spent their budget on health sector appropriately.

Table 7.11: Health Expenditure in Papua Province, Jayapura Municipality, and Jayawijaya District, 2017

	Proportion of Health Expenditure
Papua Province	7.90%
Jayapura Municipality	7.0%
Jayawijaya District	11.8%

Source: Own calculation based on Provincial and Local Government Budget

Assessment of health expenditure in Papua Province since special autonomy shows an increase in the amount of public funding in the health sector. According to Law 21 of 2001, Papua Province has to spend more than 15% of special autonomy funds on health expenditure. In the last four years, health expenditure from the special autonomy fund from 2013 to 2016 was very high at more than 25% of the total special autonomy fund, except for 2014 (14.58%). Health expenditure was particularly high in 2013 and 2016 at around 28%. Therefore, allocation of special autonomy funds for the health sector is higher than the minimum mandated budget allocation which is stipulated in Law 21/2001. Moreover, the allocation of the special autonomy fund to the health sector is higher than spending on the education sector, as discussed in chapter 6. By 2016, health expenditure almost tripled that of education expenditure. The higher budget was mostly allocated to the full health insurance program in Papua Province that prioritised indigenous Papuans.

Table 7.12: Special autonomy Fund and Health Expenditure in Papua Province

	2013	2014	2015	2016
Special Autonomy Fund	1,536,142	772,297	772,297	772,297
Health Expenditure	439,900	112,605	207,682	217,945
Proportion of Health Expenditure	28.64%	14.58%	26.89%	28.22%

Source: Own calculations, Finance Office of Papua Province, 2014-2017

A critical issue in the context of special autonomy is the extent to which local governments have discretion over the use of public funds for health spending in their regions. In local governments, the percentage of the budget allocated to the health sector from the special autonomy fund is lower than in the provincial government. In Jayapura Municipality, budget allocation of the special autonomy fund for the health sector in 2014 was 15.9% which exceeds the minimum budget allocation (15.9%) as stipulated in Law 21/2001 at 15%. In 2015 and 2016, the budget allocation for the health sector decreased to below 15%, to 14.9% and 13.8%, respectively, but it was still close to 15%. Health expenditure decreased from 2014 to 2016 because the special autonomy fund to Jayapura Municipality was frozen at IDR 95,555 million, which forced Jayapura Municipality to reduce the allocation for the health sector.

Table 7.13: Special autonomy Fund and Health Expenditure in Jayapura Municipality

	2014	2015	2016
Special Autonomy Fund (billion rupiahs)	95,56	95,56	95,56
Health Expenditure (billion rupiahs)	15.158	14.283	13.185
Proportion of Health Expenditure	15.9%	14.9%	13.8%

Source: Finance Office of Papua Province, 2014-2017

Budget allocation for the health sector is higher in Jayawijaya District compared to Jayapura Municipality, reaching 17.4% in 2014. However, the proportion of health expenditure in relation to total budget decreased in 2015 and 2016 to 14.9% and 12.4%, respectively, lower than the compulsory allocation for the health sector. Jayawijaya District experienced similar problems to Jayapura Municipality when the special autonomy fund did not increase from 2014 to 2016 (IDR 111 billion). Health expenditure in Jayawijaya decreased because the special autonomy fund was allocated to other sectors, such as transportation and communication services, which increased significantly.

Table 7.14: Special autonomy Fund and Health Expenditure in Jayawijaya District

	2014	2015	2016
Special Autonomy Fund (billion rupiahs)	117.04	117.04	117.04
Health Expenditure (billion rupiahs)	20.37	17.46	14.46
Proportion of Health Expenditure	17.4%	14.9%	12.4%

Source: Finance Office of Papua Province, 2014-2017

The budget allocation for the health sector in Papua Province should be increased along with the increase of the special autonomy fund, and it should be more equally allocated among local governments. The financing of primary healthcare is also supported by the Ministry of Health through operational funds for health (BOK). BOK was initiated in 2010 to support the operational costs of all public health centers (*Puskesmas*) in Indonesia. The focus of BOK is to promote health measures and outreach programs. It funds preventive health services in *Puskesmas*, such as maternal and child health, immunisations, nutrition, disease control and environmental health. The BOK grant cannot be used for curative services, salaries, medicine, vaccines or equipment. The goals of the BOK grant are to ensure that the minimum health service standards are met at the district level and to meet national health targets.

Health expenditure from the special autonomy fund at the provincial level has been allocated to four provincial government units, namely the health office, Regional Hospital of Jayapura, Regional Hospital of Abepura and Mental Health Hospital of Abepura. These government units manage the expenditure of the special autonomy fund of the health sector in the Provincial Government of Papua. By 2015, the budget allocation for KPS was Rp212 billions or equal to 5.56% of the special autonomy fund. However, the realization of the health budget was below the target. There was unallocated budget.

Table 7.15: Budget and Realisation of Papua Health Card (KPS) Program, 2015

No.	Provincial Government Unit	Budget (millions)	Realisation (millions)	Unallocated (millions)
1.	Provincial Health Office	71,374	64,441	6,933
2	Regional Hospital of Jayapura	102,962	83,340	19,621
3.	Regional Hospital of Abepura	31,081	30,753	328
4.	Mental Health Hospital of Abepura	7,000	5,397	1,603
	Total	212,417	183,931	28,486

Source: Supreme Audit Institution (BPK) report, 2016.

Table 7.16 shows that the unallocated budget amount was 28,486 million or 13.5% of total special autonomy funds (SAF). It indicates that the provincial government has experienced challenges in the planning and execution of the budget. According to the Supreme Audit Institution's report, there are several reasons why the health budget was not allocated properly, namely, a lack of better management practices and a lack of compliance between the Supreme Audit Institution and the Provincial government of Papua about SAF management.

The KPS program has increased the number of people who receive health insurance in Papua Province. By 2017, the percentage of the population who had health insurance in Papua Province was higher than the national level. Governor of Papua Regulation No. 6/2014 on Public Health Service Financing Guarantee and Papua Province Health Office Decree No. 440/5051/2014 on Technical Guidelines of Papua Health Card have stated clearly that indigenous Papuans are automatically covered by KPS. The KPS can be used for health services provided by all public health centres (*Puskesmas*) and hospitals. Health services covered by the KPS include inpatient and outpatient care in primary health services. The KPS also covers healthcare in referral hospitals. Papua Province Governor Regulation No. 7/2014 stated that patients with KPS are eligible to be referred to hospital if they meet several requirements such as a physical examination

and medical examination. Patients can be transferred to a referral hospital if public health centres and primary hospitals lack the capacity or have inadequate health facilities to treat the patient.

Table 7.16: Percentage of Population with Health Insurance and Type of Health Insurance in Papua Province and Indonesia, 2017

	National Health Insurance (BPJS)	Regional Health Insurance (KPS)	Private Health Insurance	Insurance Paid by Company	Total Covered by Insurance	No Insurance
Papua Province (%)	27.23	52.54	0.62	2.01	78.80	21.20
-Rural Area (%)	18.94	65.94	0.27	0.89	82.71	17.29
-Urban Area (%)	49.56	16.38	1.59	5.05	68.25	31.75
Indonesia (%)	44.09	12.20	1.29	4.58	59.41	40.59

Source: BPS (2017c)

To sum up, health expenditure in Papua Province from the special autonomy fund is higher than education expenditure in the four years from 2013 to 2016. The largest component of health expenditure in Papua Province is allocated for full-cover health insurance. The insurance is prioritised for indigenous Papuans. However, budget allocation for health expenditure in Jayapura Municipality and Jayawijaya District decreased in the three years of observation from 2014 to 2016, but the health expenditure is still close to 15% of total special autonomy fund. Therefore, the provincial and local governments in Papua Province have a greater commitment to spend their money on the health sector than the education sector.

7.5 Conclusion

Decentralisation allows local governments to have more initiative and authority to manage local resources for regional development. This could potentially bring benefits to local governments since they have more knowledge about local people's needs. The data analysis of the health sector in Papua Province revealed that health outcomes in Papua Province improved after special autonomy. The number of health facilities has increased in Papua Province as well as the number of health personnel. This has contributed to better health performance, such as higher life expectancy at birth and lower infant and maternal mortality rates. However, there is significant disparity of life expectancy at birth between the coastal area and the highland area. The coastal area has higher life expectancy at birth compared to the highland area due to better health facilities and greater number of medical personnel.

The assessment of health expenditure in Papua Province after special autonomy has consistently shown increased public funding of the health sector. By 2016, the proportion of health expenditure

from the special autonomy fund was more than a quarter of the total special autonomy fund. Therefore, allocation of the special autonomy fund for the health sector is higher than the minimum budget allocation that is stipulated in Law 21/2001 (15%). Health expenditure has been mostly allocated for a full-cover health insurance program in Papua Province that has prioritised indigenous Papuans.

Finally, it can be argued that the provincial and local governments in Papua Province have managed, to some extent, their authority to improve health performance. This is reflected in the improvement of life expectancy at birth that eventually contributes to a higher human development index. Infant mortality rates and maternal mortality rates are also decreasing.

Moreover, the provincial government of Papua Province has allocated more money for health spending with most of the money being used for health insurance. Local governments in Papua Province, for example Jayapura Municipality and Jayawijaya District, also spent more money from the special autonomy fund on health expenditure. Therefore, provincial and local governments in Papua Province have managed their budgets effectively to improve health performance that eventually contributes to improvement of human development.

After discussing the impact of special autonomy on education and health performance according to statistical data in chapters 6 and 7, the next chapter will discuss the perception of respondents on education and health service in Papua Province.

CHAPTER 8 PERCEPTION OF RESPONDENTS ON EDUCATION AND HEALTH

8.1 Introduction

The previous chapters, chapter 6 and 7, have discussed the impact of special autonomy on the education and health sectors, including human resources, facilities, performance and expenditure based on statistical data. However, statistical data does not tell the whole story of why and how human development index improves, but it showed that education performance, to some extent, has declined. There are many factors that are difficult to measure and, to obtain this data, key stakeholders must be interviewed. As mentioned in Chapter 4, qualitative methodology helps provide additional information to seek understanding of a particular phenomenon from the perspective of those who experience it. Thus, government officials, members of parliament, education and health workers, researchers, auditors and non-governmental organisation (NGO) activists were selected as respondents. This chapter elaborates the perceptions of respondents about education and health performance, including achievements and problems, and how these problems might be addressed. The perception of respondents will be analysed according to their views about education and health quality, provincial and local government policy, governance and other related aspects.

This chapter seeks to answer the fourth research question, namely, what the factors are that influence education and health outcomes in Papua Province. In the previous chapters, it was found that the availability and capacity human resources, education and health facilities, and spending on education and health sectors has contributed to education and health outcomes. The aim of this chapter is to find out whether the indicators that were analysed in chapters 6 and 7 are perceived as important by respondents. It also aims to find out whether different factors are at work. It draws on interview data from 64 participants. The respondents come from different backgrounds: government officials at the central, provincial and local government levels; legislators; researchers; NGO workers; and teachers. In addition to the interview data, the chapter also draws on the researcher's field notes and various government documents, including audited government reports and annual budget reports.

This chapter consists of four sections with two main parts. Section 8.2 describes and analyses the perceptions of respondents of Papua's education performance and section 8.3 focuses on their perceptions of Papua's health performance.

8.2 Perceptions of Respondents on Education Performances in Papua Province

This section presents findings on education performance from the analysis of interview data. Thematic analysis is used to identify important themes emerging from the data. The most important themes relate to service delivery of education, teacher absenteeism, affirmative action, governance of education, capacity of local government officials and division of responsibility between provincial and local governments.

8.2.1 Service Delivery of Education

Special autonomy was intended to accelerate development in Papua, particularly through education. The provincial government of Papua now has more authority to manage the education sector. Based on *Perdasus* (Papua Province Regulation) 2/2013 on Education Implementation, every indigenous Papuan is entitled to compulsory, low-cost or free education for 12 years, and indigenous Papuans are prioritised within the education system. The interpretation of prioritisation to indigenous Papuans will be discussed in the section 8.2.3. The views of respondents on the performance of the provincial government in this area depends on their background, occupation, experience and knowledge. Some respondents believe that education has improved since special autonomy, whereas other respondents said that special autonomy has not changed anything, and others argue that it has failed.

Respondents from the central government and provincial government of Papua tend to view education performance in Papua Province as having improved since special autonomy. They cite the steady increase of the HDI of Papua Province as proof. For instance, respondents from the Indonesian Ministry of Home Affairs claimed that special autonomy has improved education in Papua Province. The Ministry of Home Affairs is the institution authorised to supervise, monitor and evaluate special autonomy policy as well as to formulate special autonomy law. R2, a government official from Ministry of Home Affairs, held the 'improved' view, stating that many policies have been applied in Papua Province since special autonomy. He said that even though HDI in Papua Province is the lowest in Indonesia, the trends of HDI and education indicators show improvement. His view is supported by statistical data about HDI, as discussed in Chapter 5. However, he admits that improvements have been slow because the geography of Papua Province makes communications and transport difficult and increases the cost of goods and services. Many settlements in Papua Province, particularly in the highland area, are difficult to access because of their remote geographical location. Therefore, investing in education is more expensive. R2 offered the example of building a school in Papua Province which he argues is much more expensive than other provinces in Indonesia. Moreover, accountability of budget spending is poor in Papua Province and greater transparency would be one way to improve special autonomy outcomes. He also added that the Ministry of Home Affairs is not finding it easy to monitor and evaluate public spending in Papua Province. The ministry tends to monitor local governments that are easily

accessible in the coastal area. The positive assessment is based on government statistics about increases in HDI, but the respondents also acknowledge that the oversight of the central government is limited, particularly in the highland area where there are poorer education outcomes. The accountability of provincial government to the central government on spending of special autonomy funds is based mostly on reports since the central government has limited capacity to accurately monitor actual spending.

Another government official (R1), from the provincial planning agency in Papua Province, also believed that education had improved, and in his view, the main beneficiaries are indigenous Papuans. R1 argued that indigenous Papuans in the mountainous and remote regions benefited from the school building program after special autonomy. His views were shared by R19, an official at the Provincial Education Office, who pointed out that indigenous Papuans are prioritised in the education sector when it comes to receiving scholarships. These provincial government officials highlighted the policies that the provincial government has implemented to provide scholarships which, in their view, are targeting indigenous Papuans.

However, R4, a university researcher, states that the Papuans who benefit from special autonomy are actually Papuan elites who have access to political and economic resources. He argues that many Papuans view special autonomy as an opportunity for them, however, few Papuan government officials have a real commitment to their jobs. He describes the majority as “lazy to do their job”, often arriving late to the office or going home early. He traces this back to two underlying problems. Firstly, many Papuan government officials have low capacity because they are recruited based on political connections. Secondly, institutional capacity and the quality of governance are poor. The task of planning and implementing education programs is often poorly executed, for example, schools are built without electricity and water access. Provincial and local governments do not have specific targets and programs, and how to achieve targets is unclear. For instance, in the education sector, provincial and local governments do not specify objectives, whether for medium or long-term planning, that have to be achieved. As an example, R4 mentions that many local governments set up programs, activities and budgets, but without indicators or targets. GR8, an auditor at the Supreme Audit Institution, confirms that the provincial government lacks indicators to measure policy implementation and outcomes. According to R4, education expenditure in Papua Province is yet to reach 30% of special autonomy funds, as stipulated by Law 21/2001. Special autonomy funds are mostly spent on infrastructure because it is easier to manipulate. He said:

Ya, dana itu semua lari ke infrastruktur. Cuma kalo di provinsi, persoalannya, apakah dengan besarnya alokasi ke infrastruktur lalu infrastruktur Papua itu jadi lebih baik? Enggak juga, enggak.... Kenapa infrastruktur? Karena infrastruktur adalah sektor yang paling gampang di manipulasi. Sekali manipulasi kan langsung besar.⁶

⁶ All of the funds go to infrastructure. But with such a large allocation to infrastructure, does that mean that the infrastructure in Papua will improve? No.... Why infrastructure? Because that sector is the easiest to manipulate. And there's big money to be had in it.

Infrastructure programs in Papua Province are easy to manipulate because the central government officials and auditors rarely monitor and audit the projects in Papua Province for reasons such as difficult geographical area and security issues. Moreover, R7, a Jayapura Finance Office official, also states that, after 15 years of special autonomy, special autonomy funds have been spent for infrastructure, but not much money is spent for education. Local government officials are aware that too much of the special autonomy fund is spent on infrastructure, but there is no serious effort to increase education spending by reducing infrastructure spending.

Respondents of indigenous background, like R15 (preacher), R34 (NGO activist), R24 (journalist), and R36 (government official) also argue that education of Papuans has not improved much since the implementation of special autonomy in 2001, but their reasons differ. R15, a prominent pastor in Papua and a leader of Papua Peace Network, said that there are no significant differences in education before and after special autonomy, but the number of school's buildings has increased. Local governments have built many schools in the area where indigenous Papuans live, but it does not improve the education of Papuans because many schools are empty since teachers rarely show up to work. Many teachers posted to highland schools do not live in the area. When teachers do not show up to school, R36 said that students do not study and, instead, just played outside the school. As a result, many students have poor reading and writing skills, contributing to the high illiteracy rate in the highland area.

Some respondents compared the education of Papuans between the Dutch colonial era and the Indonesia era. Respondent R5, LIPI researcher, said that education during the Dutch era was better than it is now. During Dutch rule, Protestant and Catholic churches played crucial roles in educating Papuans. The Dutch colonial administration used an anthropological model for education, which focused on knowledge within the Papuan context (Mollet 2011). They needed capable Papuan administrators to run the government, therefore, they set out to provide education to indigenous Papuans. Many current and previous Papuan leaders, such as governors, regents and mayors were educated in the Dutch system which has left a legacy on the contemporary education system, for example, vocational subjects and boarding school. Now, the legacy has been adopted by Protestant and Catholic foundation schools. According to Mollet (2007), Dutch Protestant and Catholic missionaries established education foundations to support the education system in Papua and used literacy as a tool to spread the gospel. Today, the foundations still exist and are managed by the Protestant Educational Foundation (YPK) and the Catholic Educational Foundation (YPPK). The influence of Catholic and Protestant churches in Papua vary according to region, with the northern coastal area influenced by the Protestants while the south of Papua was predominately influenced by Catholic missions (Mollet 2007). In both areas, indigenous Papuans are more educated compared to indigenous Papuans in the highland area. For instance, many government officials are from the northern coastal area, such as Jayapura and Serui.

In missionary primary and secondary schools, the subjects were not only study reading, writing, maths, science and other subjects, but also vocational subjects such as farming, fishing and mechanics. As a result, many Indigenous Papuans had good literacy and life skills which also builds confidence. McGibbon (2004b) stated that when the Dutch occupied Papua, the aim of the Dutch in educating Papuans was to establish pan-Papuan leadership in order to combat the nationalist propaganda of President Sukarno in the early 1960s. After Papua incorporated with Indonesia in 1969, the administrative structure and economic system changed in Papua Province to follow the Indonesian system. The central government-controlled Papua Province in all government matters such as education, health, agriculture, social welfare and public works.

R17, a worker/official in one of the education foundations, said that education in Papua in the Dutch era was better quality for two main reasons: management and boarding facilities. The foundation was subsidised by the colonial government but responsible for day to day management of the school including recruitment and management of teachers. Teachers were paid their salary on site, therefore, the foundation administrator had direct interaction with teachers. In addition, the education quality was higher because the school had a boarding house. After school hours, teachers worked as supervisors of the boarding house. Teachers lived locally and dedicated their spare time to the wider community. After school hours, they helped people in farming and provided a basic health service to the community.

However, since special autonomy was implemented, the foundations' authority is more limited, particularly in teacher and financial management. Both foundations are operated in most districts and municipalities. R17 added that since special autonomy was implemented, two functions (authority and subsidy) are diminished. The authority to hire and manage teachers has now been passed to the local government and almost all teachers in Catholic schools became local government employees. They get their salary from the local government and the foundation no longer has the power to reward or punish teachers as they did previously. However, the local government does not take management of teachers seriously and, when teachers are absent from school, they continue to get their salary without sanctions being applied which contributes to a lack of teacher commitment.

To sum up, government officials who were interviewed have positive views on educational progress in Papua Province in terms of statistical data, but they acknowledge that education in the highland areas have shown less improvement due to geographical area. Other respondents were sceptical about the improvement of education in Papua Province because of the lack of capacity of indigenous Papuans, indicating the limited success of special autonomy. In contrast, indigenous Papuan respondents working in the education sector blamed the local government for their ineffective management of teachers which contributes to high rates of teacher absenteeism that hampers education performance in Papua Province.

8.2.2 Teacher Absenteeism

In the rural highland areas, however, there are many reasons why teachers are absent from school, as can be seen in Jayawijaya District. Firstly, the lack of facilities in rural villages means that many teachers prefer to live in Wamena, the capital city of Jayawijaya, even if their school is located far away. R36, a senior official at the Education Office of Jayawijaya, reports that this is the main reason why many rural schools are empty. Moreover, many school principals whose responsibility it is to manage the school and teachers also tend to spend their time in the city. They go to the city early in the month to collect their salary, but they tend to stay on longer.

The local governments in Jayawijaya seem unable to reduce teacher absenteeism. According to R37, an official at the Jayawijaya Planning Agency, the local government has changed the teacher salary payment mechanism recently to enable teachers to receive their salary in their local subdistrict instead of Wamena. Previously, when teachers went to the city to receive their salary, they tended to spend a week or more there to enjoy the better facilities. However, this attempt to reduce teacher absenteeism was ineffective because many subdistrict officials are also absent from duty.

The second reason for teacher absenteeism, according to interviewees, is inadequate housing in rural villages. GR17, a teacher, said that housing provided for teachers is of poor quality and quickly deteriorates after only a few years. In addition, it is sometimes difficult to obtain clean water, and there is no electricity or internet. Because of this, teachers are reluctant to live where they teach so they move to the city. The distance between their homes and their work means that the commute is costly which also contributes to absenteeism.

The third reason for Papua's teacher absenteeism problem is a lack of sanctions for teachers who are absent from school. In Law 14/2005 on Teachers and Lecturers, article 30 states that teachers who are absent from school for over a month can be dismissed but this sanction is never applied. Enforcement of this law is the authority of local government officials. R36, an official at Jayawijaya Education Office, states that education officials find it difficult to control teacher absenteeism, particularly because they face resistance from indigenous Papuan teachers. If the education office punishes them, for instance by freezing their salary, they will come to the office and demand that their salary be paid. If the education office refuses to pay, they risk being attacked. This view was confirmed by R43, a Jayawijaya Finance Office official, who suggested that indigenous Papuan teachers believe that they have a right to a salary regardless of their performance. It is particularly more difficult to apply the law if the teacher belongs to a powerful clan or to the political party of the head of district. Many teachers, particularly Papuan teachers, are recruited because they are supporters of the head of district in the local election and they also come from the same clan or tribe as the local elites.

Masalah politik ini dominan. Semua-semua politik, semua politik. Ya masalah Papua merdeka inilah. Lalu politik lokal misalnya pengaruh pilkada. Pengaruh Bupati, pengaruh pemilihan Gubernur. Ini sangat, satu sama lain sangat terkait, dan pengaruh besar. Kalau

disini guru dipecat, Sepuluh orang bawa kapak hadang kita mau apa. Penegakkan disiplin tidak bisa dilaksanakan karena pengaruh politik.⁷ (R36, Jayapura Education Office Officials).”

Education foundations are also unable to sanction teachers who are absent from school. Teachers' salaries are transferred by the local government directly to the teachers, bypassing the foundation. Even if teachers never come to school to work, they still receive their monthly salary. The lack of control over their teachers presents a great challenge to the foundation as it renders them unable to manage teacher discipline to maintain educational quality. Before special autonomy, teachers came to the foundation office to receive their salary and the foundation could withhold their salary if they were absent from school and return the funds to the local government.

Teacher absenteeism is so high among indigenous Papuan teachers that some NGO activists suggested it was better to recruit migrants rather than local Papuans for teaching positions because, according to the activists, migrants have a better work ethic. According to GR11, committed teachers are more important than good facilities. GR13, another NGO activist, added that students can study anywhere, even under a tree, but school is useless without a teacher. Indigenous Papuan teachers also tend to arrive late to school and leave early (GR14, NGO activist). They argue that migrant teachers are also absent from school, but to a lesser extent compared to indigenous Papuans teachers. Migrant teachers are absent from school for a number of reasons, for example, security issues. Similarly, R4 states that local people prefer the government to recruit teachers from migrants rather than local Papuans. Papuans tend to not have a sense of responsibility. They think that being a government official means they get access to their needs (money), rather than a job to serve the people.

Ya, sehingga eksplisit.... Kalo rekrut PNS untuk tenaga kesehatan, tenaga guru, jangan orang lokal karena, kenapa kalo orang lokal begitu mereka dapet need, mereka akan kembali ke kota. Jadi mereka rata-rata tinggalnya di Jayapura, Nabire, kemudian Timika untuk Papua. Kalau Papua Barat itu relatif ada etiknya, yang parah ini Papua.⁸

Security is the fourth issue that contributes to teacher absenteeism. It is a serious problem, particularly in the highland region of Papua. R40, an official from the Jayawijaya Education Office, offered an account of her experience as a secondary school teacher in a village about 25 km from Wamena. Every day she had to ride 25 kilometres to school on her bike. Twice she faced threats to her safety when indigenous Papuans blocked the road and robbed her. These experiences traumatised her. Other respondents, GR18, GR19, and GR20, secondary school teachers in a village some 30 minutes by bike from Wamena, shared similar experiences. They had to live in

⁷ The political problem is dominant. Everything is about politics. Like the Papua independence movement which influences the local election. It influences who becomes head of the subdistrict and who becomes governor. It's all interrelated and the influence is huge. If a teacher gets fired, ten people will come with axes. We can't discipline [teachers] because of the influence of politics.

⁸ To be explicit, the people there say that locals shouldn't be recruited as health workers and teachers. As soon as the locals get what they need, they just go back to the city. Most of them live in Jayapura, Nabire and Timika. In Western Papua it's more ethical but in Papua it's really bad.

Wamena because local housing was not available, and they rode their bikes to school together because it would be dangerous on their own. Absenteeism among migrant teachers is frequently explained by fear of being attacked on their way to school. If teachers live near schools, they also face security issues. Sexual harassment for women teachers is one of the risks of living in the highland area. R29, a principal of a primary school in Jayapura, said she employed a teacher who had previously taught in the highland area but had left the location because she was afraid.

Dia guru program, program apa dari pemerintah kayaknya ada kata lembaga yang memprogramkan mereka itu mengajar kesitu. Jadi dia sudah datang disini satu minggu, saya terima dia karena keluhannya. Katanya dia disana diganggu laki-laki disana. Jadi dia diganggu disana, biasalah perempuan. Takut. Biasalah kalau datang dijejalin begini, haduh tidak tahulah lagi dia punya jantung kaya gimana.⁹

This teacher's experience of being raped caused a great deal of trauma. She did not want to come back to teach in the highland area. Her experience is similar to that of R40, but R40 transferred to the Jayawijaya Education Office. Therefore, migrant teachers, particularly women, are more vulnerable in terms of security. The reason for their absenteeism is not laziness, but fear. Employing more migrants as teachers can only be a solution if teachers are safe. GR18, GR19, and GR20 argue that police have to patrol more frequently on the route to school. Moreover, male migrant teachers are more suitable to post at schools in the remote area because they are less vulnerable to attacks of a sexual nature.

In addition to teacher absenteeism, it is also a problem that local governments lack capacity to perform basic functions. Government officials are aware of this, but they do not take serious measures to address this problem. One of the reasons is political consideration. R4, a researcher, argues that many teachers are recruited because of political and clan connection regardless of their capacity to teach. The victims of this problem are the students who cannot access appropriate educational services.

To sum up, there many factors that contribute to teacher absenteeism in Papua Province, such as lack of everyday life support, inadequate housing and facilities, lack of sanctions, problematic geographical areas and safety. Moreover, indigenous Papuans teachers tend to be absent from school because of their lack of commitment, while migrant teachers are afraid for their safety.

8.2.3 Affirmative Action

As shown in Chapter 5, education in Papua province has been lagging behind other provinces for decades. Papua Province has been known for low education standards, such as high illiteracy rate, low mean years of schooling, low school enrolment rate and low educational attainment, and these challenging issues are particularly pronounced in rural areas. Affirmative action policies for

⁹ She was a teacher from some kind of program, maybe the government or a foundation had sent her to teach there. She was here for a week and I accepted her because of her complaints. She said she had been assaulted by a man which is pretty common there for women. She was afraid. Having been through that, no wonder she is traumatised.

indigenous Papuans can be one way to improve their access to quality education. Papua Province issued Gubernatorial Regulation 32/2014 on Technical Guidance of Special Autonomy in the Education Sector. The Regulation stated that accelerating school enrolment of indigenous Papuans is the main priority across all levels of education. Improving educational quality and equal distribution of educational quality are also a priority (Article 56 and 59 Law 21/2001). In addition, *Perdasi 2/2013* on implementation of education also clearly stated that the objective of education in Papua Province is to prepare and develop indigenous Papuans who are educated and creative. In that sense, education policy has to prioritise indigenous Papuans and educational fees must be affordable for indigenous Papuans. Curriculum also must be contextually relevant to Papua and consider culture, social economy and environment.

Since enacting the *Perdasi 2/2013*, the provincial government has committed to 12 years of free and compulsory education for all indigenous Papuans. For instance, in Jayapura Municipality, R23, a senior official at the Education Office, said that indigenous Papuans benefit from free tuition, while others must pay tuition fees. The provincial and local governments also provide scholarships to indigenous Papuans to pursue senior high school and university degrees in reputable schools and universities outside of Papua, particularly in Java. The scholarships are funded by the special autonomy fund. However, the problem of education in Papua is centred around basic education. Mean years of schooling and literacy rate are low because of poor basic education. R5, LIPI researcher, found that educational outcomes for indigenous Papuans are poor and they are less educated compared to migrants. R12, an NGO activist, said that she has met indigenous Papuans who have completed senior high school but cannot read or write properly due to lack of basic education. Affirmative action policy for indigenous Papuans is important to improve their educational outcomes.

According to R10, an official from the Provincial Planning Agency (*Bappeda*), Papua Province, in cooperation with the Ministry of Education and Ministry of Home Affairs, implemented an affirmative action policy on senior secondary education and higher education. Annually, about 500 students from Papua Province are sent to senior secondary school in Java and other regions which have better education systems. In addition, 1,000 students also get scholarships to study in various universities in Sulawesi, Sumatera, Java, and even overseas. Their tuition fees and living costs are covered by the scholarship.

One of the affirmative policies is the Secondary Education Affirmative Program (ADEM), which is targeted at indigenous Papuans who graduate from Junior Secondary School. Another program is Higher Education Affirmative Program (ADIK), a scholarship program for indigenous Papuans to study at university. R21 and R22, officials at the Papua Province Education Office, said that every year, hundreds of indigenous Papuans are awarded scholarships through the ADEM program. This program aims to provide quality education services for children in Papua to improve the spirit of nationalism. The ADEM program involves local governments in the selection process. There are

10-15 of the best students selected from each local government area. The local government also assists in financing this process.

According to R10 and R11, officials at the Provincial Planning Agency, an affirmative policy on education is essential to improve education outcomes for students in Papua Province, particularly indigenous Papuans. From 2013 to 2015, the ADEM Program dispatched 1,047 students from all local governments in Papua Province to various regions including 127 students from Jayapura, 166 from Manokwari, 156 from Sorong, 258 from Merauke and 253 from Biak. They were sent to study in senior high schools in several provinces, particularly in Java island. R21 and R22, officials of the Papua Province Education Office, said that indigenous Papuans are awarded scholarships to study at the Senior Secondary school level in West Java, Central Java, East Java and Bali. Java has better educational quality compared to other regions because they have better systems and more qualified teachers.

ADIK is an advanced scholarship program for indigenous Papuan secondary school graduates who want to undertake university studies in other Indonesian provinces. The ADIK program began in 2012 and has grown steadily year after year. In 2014, the ADIK scholarship quota was only 269, but by 2015 it had risen to 434 students. In the period 2012 to 2015, almost 1,500 students benefited from the ADIK program, including 1,218 indigenous Papuan who studied in 39 state universities in various regions outside Papua. However, R4, a researcher at a university in Java, argues that many Papuan students face difficulties because their skills and knowledge lag behind students from other regions. They have to study harder to close the gap and it can cause them frustration if they do not understand what they learn. Therefore, the scholarship programs for indigenous Papuans to study in other provinces is a short term solution to improve education performance of indigenous Papuans, however it faces challenges if basic education in Papua Province is poor. Provincial and local governments in Papua Province have to improve basic education to enable indigenous Papuans to pursue higher educational pathways.

The provincial government of Papua also has another affirmative action policy on education. This program is to provide scholarships for indigenous Papuans to pursue university degrees abroad in the US, Canada, Australia, New Zealand and several countries in Europe. R27, chairman of the provincial parliament, states that the parliament supports affirmative policies in education because, according to Law 21/2001, the Provincial Government of Papua is responsible for education provision at all levels in the province. Each resident of Papua Province, particularly indigenous Papuans, is entitled to a good quality, low cost education up to secondary school level. It is intended that education in Papua Province should be implemented in a responsible manner so as to produce graduates who have the same level of quality as their counterparts in other provinces. He added that given the poor quality of Papuan human resources and the importance of pursuing advances in education, the local government is obliged to finance all or part of the education costs for indigenous Papuan children.

R19, a senior official of Provincial Education Office, stated that students who get priority are students who have parents indigenous Papuans. They get scholarship from the government in order to catch development by providing better education to indigenous Papuans.

Iya. Sebenarnya, amanat otonomi khusus itu luar biasa. Lebih khususnya di bidang pendidikan itu dari secara normatif itu amanatnya itu sudah luar biasa karena memberikan penegasan jelas tentang kewajiban pemerintah melalui otonomi khusus untuk memastikan layanan pendidikan terhadap masyarakat khususnya masyarakat asli Papua. Itu jelas sekali. Namun, di dalam pelaksanaannya ini yang harus perlu mendapat banyak hal yang harus dikoreksi. Kita bicara dulu proporsi orang Papuaanya, harus dipastikan jelas bahwa orang Papua itu bapak mama orang asli Papua. Harus ada keterwakilan, minimal yang mendapatkan pelayanan langsung beasiswa kah, apa sampaikan tingkatan manapun, itu dalam layanan pendidikan. Lebih detail lagi, sekolah-sekolah yang berkualitas khusus, mestinya ada keterwakilan orang asli Papua di situ. Bagaimana caranya, ini harus di dudukan pada regulasi yang memastikan bahwa harus terjadi seperti itu. Jadi, ada orang bilang, *Otsus* ini diskriminasi positif bagi orang Papua itu memang, karena kondisi (R19).¹⁰

R19 argues that scholarships for indigenous Papuans are important and indigenous Papuans have to study in high level schools and universities. This way, indigenous Papuans will get better knowledge and skills that are important for their future. Eventually, they will contribute to the development of Papua Province. Therefore, the provincial government of Papua Province chooses to send their students to better schools and universities rather than to improve the quality of schools and universities in Papua Province.

However, there were problems with the scholarship programs. By 2016, R10 said that hundreds of students were sent to study in universities in various countries. Nevertheless, the mismanagement of the scholarship led to many scholarship recipients not receiving the scholarship money on time. This made it difficult for the students to pay tuition fees and living expenses. Some students were forced to go home, and some were assisted by the local Embassy. R9, an official from the Papua Province Finance Office, states that the problem with the scholarship is that the selection process is not based on capacity. Most of the scholarship recipients have connections with Papua Province officials, members of Papua Province parliament and other local elites. The number of scholarship recipients also exceeded the quota without additional budget being allocated to the scholarship. R2, an official from the Ministry of Home Affairs, states that the initial quota for the scholarship was around 300-400 students, however, around 700 students were selected, and the allocated budget was insufficient. Moreover, the agency responsible to manage the scholarship is also incapable. At

¹⁰ Yes. Actually, the mandate of special autonomy is extraordinary. More specifically in the field of education, from the normative point of view, the mandate was extraordinary because it provided clear confirmation of the government's obligation through special autonomy to ensure educational services to the community, especially indigenous Papuans. That is very clear. However, in this implementation, there is much that must be corrected. We talked about the proportion of Papuans, it must be clear that the Papuans are people whose parents are indigenous Papuans. There must be representation, at least those who get direct scholarship services across all levels of education. In more detail, there should be representation of indigenous Papuans at high quality schools. How, this must be in a regulatory position that mandates it. So, there are people who say that special autonomy is positive discrimination for Papuans, and that is one of the conditions.

the time of interview, the scholarship issues were under police investigation and some provincial government officials were scrutinised, including the governor.

At the local government level, Jayapura Municipality implemented affirmative policy to assist indigenous Papuans to pursue further study. Under the Special Autonomy Law (SAL), the local government has the obligation to protect minority ethnicities in all sectors, including the education system. To implement the policy, the education office has a policy that public schools must allocate 50% of positions for indigenous Papuans and 50% for non-Papuan students. The purpose of this policy is to give more access for indigenous students to study in public schools. The Jayapura Municipality also sends students to prestigious school in Java.

R22, a senior official of the Jayapura Education Office states that the municipal government of Jayapura has a policy to provide scholarships for indigenous Papuans, particularly indigenous Papuans who originate from the local tribe of Port Numbay. They receive scholarships to study in reputable senior secondary schools and universities. Some students even study abroad. Seventy-five indigenous Papuans of Port Numbay received scholarships to study at Satya Wacana Christian University in Central Java. Of the 75 students, two of them continued their studies at Boston University, USA (R13, official of Jayapura Planning Agency). In 2014, affirmative action policy on education is also applied to secondary school students. Previously, in 2012, there were partnership programs in Malaysia that consisted of ten students accompanied by two teachers.

In addition, R7, a senior official of Jayapura Financial Office states that the municipal government also allocated financial assistance to indigenous Papuans from Muara Tami Subdistrict from primary school level to senior secondary school level. As a result, R22, a senior official at the Education Office of Jayapura Municipality, states that education quality in Jayapura is the best in Papua and its quality almost similar to the education level in Java. This can be seen from mean years of schooling in Jayapura of more than 11 years and a literacy rate that is higher than the national average.

In Jayawijaya District, the local government also implemented affirmative action policies. A subsidy is given to schools to cover tuition fees for all students. The subsidy is given not only for indigenous Papuans, but also migrants. R43, a senior official from Jayawijaya Planning Agency, states that:

“Sejak pemberlakuan otonomi khusus, kita juga memberikan subsidi. Maksudnya program pendidikan gratis. Pendidikan gratis artinya pembebasan SPP kepada siswa-siswi mulai dari TK, SD, SMP, SMA. Termasuk juga memberikan bantuan studi kepada mahasiswa-mahasiswa kami yang ada di dalam Papua maupun di luar Papua.”¹¹

¹¹ Since the enactment of special autonomy, we also have subsidised students. It means that education is free. Free education means no tuition fees for students starting from kindergarten, elementary, junior secondary school, senior secondary school. Including also providing study assistance to our students who are in Papua and outside Papua.

He said that the local government of Jayawijaya provides subsidy for students from primary school level to university degree. However, the subsidy does not include school uniform or shoes. GR13, an NGO activist, said that the free tuition fee is not enough and students in the Jayawijaya District need uniforms and shoes since many of them cannot afford to buy them. In the highland area, uniforms and shoes are more expensive compared to the coastal area. The students need shoes because they have walk from their house to school over long distances since the schools are mostly in the city which is far from where they live.

To sum up, affirmation action policies on education are seen by interviewees as a shortcut to improve education outcomes in Papua. Officials from provincial and local governments believe that affirmative action policy can improve education performance of indigenous Papuans by sending indigenous Papuan students to better schools and universities. However, the affirmative policy only benefited the few indigenous Papuans who received scholarships. There are many other indigenous Papuans with the same needs who did not get the scholarship. The affirmative policies are also more focused on senior high school and university level. After special autonomy, enrolment rate in Papua Province at secondary school and university level has improved. However, the main problem of education in Papua Province is basic education, particularly primary school level, (discussed in Chapter 6) where enrolment rate in primary school level and literacy rate decreased from 2003 to 2016. Primary school is very important because it is foundation education needed by all students before undertaking further study. Students must have strong reading, writing and mathematics skill. If the student does not have the ability to read and write properly, it will be hard for them to perform well in further study.

8.2.4 Local Government Official Capacity

Administrative capabilities of provincial and local governments are fundamental in determining the success of special autonomy. Special autonomy has enhanced the authority of the provincial and local governments in many aspects of government official management, including selection, promotion, training and evaluation. Government official management is a vital component of public service delivery. The technical capabilities of the government officials need to meet people's demands include the capability to plan, manage, and implement development programs. The main determinant of better performance of education in the coastal area is more adequate human resource capacity to deliver public services in the education sector. As discussed in Chapter 5, human resources in education services in the coastal local government have better capabilities since most education workers have a strong educational background, particularly migrant workers.

However, as mentioned previously, political considerations strongly influence local government official management, particularly in recruitment and promotion of government officials. This was the view of several respondents who said that political influence, and family or clan relationship with the governor, head of district and mayor, underpin the selection, hiring and promotion of government officials, including education personnel. R4 and R5, both researchers from UGM and

LIPI who have conducted research in Papua Province, argue that the promotion of government officials is related to their connections with the governor, heads of district or mayor.

The direct election of the governor, heads of district and mayor since 2005 has changed government official management significantly. Those affiliated with the successful team that wins the election are often recruited as government employees and get promotions, regardless of their capability. After special autonomy, provincial and local governments in Papua Province implemented policies to prioritise indigenous Papuans to be recruited as government officials. However, local governments tend to recruit officials that have family or clan relationships with the governor, head of district or mayor. The current government officials who were affiliated with the successful winners of elections were also promoted. For instance, the Governor of Papua Province, Lucas Enembe, was elected in 2013. He is the first governor from the highland area. When he took office, many indigenous Papuans from the highland area were recruited and promoted to higher ranks. Indigenous Papuans from the coastal area as well as migrants tend to be marginalised in non-strategic positions. Some respondents characterised the process of selection and promotion as poor, pointing out that many government officials are recruited and promoted to higher ranks despite low capabilities.

Special autonomy ushered in a 'Papuanisation' of the bureaucracy. This means that strategic position in the bureaucracy have to be held by indigenous Papuans. One of considerations was clan affiliation. Law 21/2001 has stipulated that the governor and vice governor have to be elected from indigenous Papuans, while heads of districts and mayors can be elected from non-Papuans. However, in practice, it is also applied at local government level where all heads of districts and mayors in Papua Province are indigenous Papuans. At the lower level, most heads of provincial and local government offices are also indigenous Papuans. For instance, the head of the education office in the provincial government and Jayawijaya District are indigenous Papuans. Meanwhile, in Jayapura Municipality, the head of the education office is non-Papuan since migrants are the majority in the region. Compared to before special autonomy, the governor was indigenous Papuan, but many heads of districts or mayors, as well as heads of education and health offices, were non-Papuans. They were directly elected by the central government based on their capacity and seniority. After special autonomy, most of them went back to Jakarta or other provinces and indigenous Papuans replaced them. However, R4 states that many of them lack leadership and managerial skills since they have less experience in the bureaucracy.

R4 was also critical of Papuan officials. As he pointed out, the Papuans who benefit most from special autonomy are Papuan elites who now have greater access to political and economic resources. Many indigenous Papuans have been recruited to strategic positions, such as governor, mayor, *bupati* and heads of government offices. However, he said, only a few Papuan government officials are committed to their jobs. This view is confirmed by Robison & Hadiz's finding (2017) that the clientelist system in Indonesia strengthened after decentralisation, and the risk of elite

capture is higher. In Papua Province, too, elite capture is present because many tribes and clans compete for power in their regions. If a small group or powerful clan/family holds control over the government, they will recruit members of their own clan/family. This is expressed in R4's point that many Papuans view special autonomy opportunistically.

After special autonomy, many Indigenous Papuans were recruited as government officials and teachers regardless of their capability (Anderson 2014a). Civil servant positions in the education sector are also prioritised to Papuans. However, R36, an official from the Jayawijaya education office, states that many teachers were recruited because they are supporters of the elected regent (political connection) or they were recommended by local elites. Clan affiliation also becomes a consideration. They do not necessarily have capability and passion for teaching; they just want to become a civil servant and get a salary every month. R4, a researcher from Gadjah Mada University, argues that papuanisation of bureaucracy in Papua province is affirmative policy to prioritise Papuans in the bureaucracy. However, it is affirmation without being accompanied by capacity. He added that many indigenous Papuans do not want to compete with migrants in the job market. Selection, mutation and promotion of civil servants are mostly based on relationships with senior bureaucrats and powerful clans. According to Mansoben (1994), there is a concept of the 'big man' in Papua Province as well as other Melanesian tribes. A big man is a highly influential individual in the tribe with a large group of followers. Since he has many followers, he can win local elections to become head of district. As a big man, he provides protection and economic benefit to his followers in return for their support in the election. One of the ways to return the favour is by recruiting his followers as government officials. Becoming a government official is the easiest way for indigenous Papuans to work in formal jobs and one of the only ways for indigenous Papuan to get access to economic resources. They cannot compete with migrants in other formal jobs. However, many indigenous Papuans have low capability because of their poor educational background. As discussed in Chapter 6, only 2.5% of indigenous Papuans hold a bachelor's degree. Thus, only few indigenous Papuans are eligible to become teachers and government officials since a bachelor's degree is a core requirement. Nearly half of indigenous Papuans aged over 15 years are also illiterate. Inadequacy of qualified teachers and incapable local bureaucrats hamper public services in the education sector.

Teachers from outside of Papua have been recruited since there are few indigenous Papuans who meet the requirements to be a teacher. However, many migrant teachers are hired on a temporary basis which is not sustainable. The provincial and local governments in Papua Province have to train local officials to improve their capabilities, particularly teachers. R41, another official, states that the education office has sent many teachers for training to improve their capacity. However, R14 states that local teachers are always prioritised for training, however, it is ineffective since many of them lack commitment.

Many schools in Papua depend on migrant teachers who come from other regions and are mostly Javanese, Batakese, Buginese and Torajan. Some respondents said that education quality decreased after many migrant teachers left Papua when the Papuan independent movement rose in 1999-2000. Many migrant teachers were killed or left the highland area. Meanwhile, the number of Papuan teachers is limited. As a result, many schools are empty.

Some NGO activists in Jayawijaya supported this assessment, stating that many teachers, particularly local teachers, have low capability to teach. GR13, a local NGO activist, said that this is because recruitment of teachers is not based their capability and some even struggle with basic skills like reading and writing. GR12 added that the deteriorating education quality in Papua is due to the poor quality of teachers.

These interviewees indicate that the low capability of teaching staff has contributed to the slow progress of education performance in Papua. They confirm statistical evidence cited in Chapter 6 which shows that the quality of teachers in Papua Province is below national standard. Qualified personnel are essential to improve public service provision. Without this, devolution may have no significant impact and it is difficult to meet education development targets. The findings from the interview analysis also suggest that reducing political interference is essential in order to strengthen the management of the education sector.

8.2.5 The Division of responsibilities between provincial and local government

One key reason for decentralisation is to give district and municipal governments more power over the management of public services because they are closer to the people. Law 22/1999 and two amendments have clearly stipulated that municipal and district governments are responsible for local public services in the education and health sector. Furthermore, Law 21/2001 has stipulated that the Provincial Government of Papua has to allocate at least 30% of its revenue sharing from oil and gas mining for education and at least 15% for health. Local governments are responsible for providing education at the local level, such as pre-school, primary and secondary school, while the provincial government is responsible for senior secondary school. Even though it is anticipated that special autonomy produces education policy that responds to the context of Papua Province, the curriculum in Papuan schools is the same as in other provinces. In the national exam, students in Papua Province sit the exact same examination which is marked against the same performance standards as the rest of the nation.

There is overlapping responsibility between provincial and local governments in decentralisation and special autonomy. Decentralisation through special autonomy has empowered Papua Province to manage their education and health sectors but, according to Law 22/1999, the responsibility for public service delivery is located at the district and municipality level. Public service delivery for education from pre-school to secondary school is mostly provided by local governments. Thus, local governments have more burden to finance education services. On the

other hand, the provincial government has more limited responsibility on supervision and monitoring.

Law 21/2002 does not provide a clear division of responsibilities for education and health sectors between provincial and local governments. The Law mentions that education and health responsibilities would be regulated by *Perdasi* (Papua Province Regulation) within two years, however, it took 11 years to enact *Perdasi 2/2013* on the Implementation of Education. Before the enactment of the *Perdasi*, there were no specific differences between Papua Province and other regions. R27, chairman of the Papua Province Parliament, states that political commitment between the provincial government and the provincial parliament to enact the *Perdasi* is weak since there was no serious effort to enact the *Perdasi* within two years as stipulated in the Law 21/2001. The delayed enactment of the *Perdasi* was also attributed to poor government official capability to determine the finer details of education authority. The *Perdasi* has detailed the division of responsibility for education between provincial government and local government. However, as discussed in Chapter 5, the division of responsibility is not much different to other provinces. Therefore, the provincial government cannot capitalise on their authority through special autonomy to regulate education.

8.3 Perceptions on Health Performances

This section will elaborate respondent perception on health performance in Papua after special autonomy. Many researchers argued that decentralisation has had a positive impact on the health sector because giving financial responsibility for health service provision to subnational governments makes service provision more efficient (Khaleghian 2004). The advantageous impact of decentralisation in improving health services is based on the assumption that local policy makers are more responsive to local needs and more efficient in managing financial resources (Hiroko & Johannes 2007). As endogenous financial resources and fiscal capacities are unequally distributed among subnational governments, intergovernmental fiscal transfer is necessary to compensate for these disparities. Special autonomy that involves fiscal transfer from central government is thus deemed an effort to reduce disparity.

While decentralisation has the potential to improve public service delivery, there are conditionalities which include political decision-making authority, effective channels for individuals to express their preferences, incentives for policy makers to respond to those preferences and adequate administrative capacity (Khaleghian 2004). Transfer of special autonomy funds has enhanced the fiscal revenue of Papua Province significantly. Special autonomy has also given flexibility to provincial and local governments in Papua Province to adopt local innovations in health planning, service delivery and financing. It is considered an effective tool to improve health access and health quality. However, there is a risk that if the subnational government is highly dependent on grants from the central government, there will be few incentives for subnational governments to

manage spending efficiently (Oates 1993). This is a risk relevant to Papua Province, where 90% of total revenue is derived from grants from the central government (Ministry of Finance, 2017). Special autonomy has been implemented for more than 15 years but managing government spending remains a critical issue. The following sections endeavour to provide an evaluation of the health sector in Papua Province.

8.3.1 Impediments to healthcare

Healthcare is a substantial component of human development. Decent living depends on good healthcare. If people cannot get access to healthcare, they will be more vulnerable to illness. When people get sick, they cannot go to work. Consequently, they cannot generate income. Thus, it is hard for them to afford a decent living. In Papua province, lack of access to healthcare contributes to poor health performance, particularly in the highland area, where indigenous Papuans form the majority of the population. Their life expectancy is low. People living in the highland area mostly work in agriculture in intensely physical jobs. When people get sick, they are unable to work, and this has an immediate impact on their quality of life.

Healthcare services in Papua Province encounter many problematic challenges due to difficult geographical area, lack of healthcare facilities and shortage of human resources of health. In regard to geographical impediments, the rugged terrain is the main challenge in the highland area, while swampy land is the main challenge in lowland areas. In the highland area, there is limited availability of transportation systems as well as clean water. Poor road networks in the highland area make travel and access to health difficult. Air transportation is one of the alternatives, however, it is very costly and not many people can afford air transportation. Anderson (2014b), who lived in the highland area during his fieldwork, stated that people in the remote areas have been abandoned by the health sector. Due to lack of roads, many people cannot access public health service other than by foot. The remote location also impacts on people's ability to access health information, as well as the availability of transport for health personnel and medical supplies.

Security is a major concern in delivering health services in the highland area and raises similar issues as education service delivery, as discussed above. R38, an official at Jayawijaya planning agency, states that practitioners and medical staff are reluctant to stay near their public health centre. Most of the practitioners and medical staff are migrants who feel vulnerable in areas that are inhabited mostly by indigenous Papuans. Young female medical staff are vulnerable, not only when working in the rural area but also when they travel to and from work. R44, a midwife in Kurulu health service, states that she has experienced being robbed on her way to work and her friend was almost raped during a hold-up. These situations make medical staff afraid to work in rural areas, as they risk not only their personal safety, but also their property. According to R44, medical staff who live near their post have to protect their property from burglary, which is common in the highland area. R39, a senior official at Jayawijaya Health Office, confirms the security concerns of medical staff. He has received reports of medical staff being raped and he has gone to

visit the medical staff, however, he cannot do more to protect them since security is the responsibility of the police.

Another challenge in accessing healthcare is infrastructure. Hospitals have been built in urban areas as well as public health centres in subdistrict capitals. However, people living in the highland area have to walk for hours, or even days, to reach the nearest hospital. R15, a Christian preacher, said that in the highland area, Christian missionaries have long provided health care in Papua Province because they regarded it as their duty to serve the people. However, even they could not reach the more remote areas. The lack of health services in remote areas was a common theme among interviewees, who felt that special autonomy had done little to address this (GR12, an NGO activist).

Traditional and cultural beliefs play a significant role in Papuan society, which consists of more than one hundred indigenous ethnic groups and clans, many with distinctive traditions and cultural beliefs. Their beliefs on health differ from other Indonesian ethnic groups who migrated to Papua. GR14, an NGO activist, suggested that indigenous beliefs were compounding Papua's health problems. He stated that many indigenous Papuans visit public health centres and hospitals only when they are severely ill. They believe that they are not sick if they are still able to walk or move.

Kalau yang saya lihat memang kesalahan ada di kedua pihak, terutama di masyarakat itu karena sering sekali berobat ketika sudah parah. Kalau belum itu mereka anggap belum sakit. Kalau sakit itu kalau sudah tidak bisa jalan. Nahh itu, itu kesalahan pertama yang itu juga bisa yang disebabkan oleh negara, tidak memberikan pengetahuan. Sehingga masyarakat yaa nunggu sakit parah dulu (GR14).¹²

Language also creates a cultural barrier. As the majority of practitioners, midwives and nurses are migrants, there is a language barrier when they work in remote areas where some of their patients are unable to speak the national language of Indonesian and can only communicate in their local language. The language barrier can be reduced if the government officials collaborate with NGO activists who are indigenous Papuans. GR11 and GR12, NGO activists, said the Jayawijaya Health Office has regular meetings with NGO activists to discuss health problems.

8.3.2. Health personnel issues

A major health problem in Papua Province relates to health personnel. The problem is not only the number of health personnel, but also the distribution and quality of health personnel. Statistical data about health personnel has been described in the previous section. Many respondents have concerns about this issue. The number of health personnel in Papua Province is still low compared to other provinces but it has improved over the last decade. However, many health personnel are temporary health workers who work on a contract basis. They leave Papua Province after finishing

¹² I see it as a problem on both sides, especially in the community because they often only seek treatment when it is severe. If it is not severe, they don't think they are sick. If it hurts, you can't walk. Well, that is caused by the government not providing information. People wait until they are very ill [before seeking assistance].

the contract and are replaced by new health workers. The new health workers need time to adapt to the situation in Papua Province which is different other regions in Indonesia, geographically and culturally.

The authority over healthcare services has been devolved to local governments since 2001. However, the central government still have authority over national health policy. The Ministry of Health have to ensure that all people receive health services equally across all regions by establishing minimum service standards. The Ministry of Health has several objectives to improve healthcare quality in Indonesia, such as increasing public health services, protecting community health, ensuring the availability and equal distribution of healthcare services and employing good governance. The health objectives refer to equity in terms of distribution and availability of health services for people regardless of their region, ethnic background, socioeconomic status and religion. In 2010, the central government enacted the Presidential Instruction 3/2010 regarding Equitable Development Program and the Roadmap to Accelerate Achievement of the MDGs. Successful healthcare services depend on improvements to infrastructure and transportation, and the role of professions and universities as well as non-governmental organisations and donor agencies in supporting quality healthcare.

Lack of infrastructure and transportation in Papua Province, particularly in the highland area, contributes to absenteeism of health personnel. Many healthcare workers are absent from their posts, particularly in the highland area which was exacerbated when conflict erupted in 2000. R12, an NGO activist, states that the main problem in health is medical staff. She said that before 2000, every week or at least once a month, medical staff regularly visited villages and their visits were announced on government radio. If the medical staff did not come, the villagers could send a message to the radio.

Medical staff absenteeism is also related to a lack of supervision and control by the local government. Medical staff absenteeism in the coastal area, for instance Jayapura Municipality, is low because hospitals and public health services have a mechanism to control staff attendance. R31, Head of the Public Health Centre of Kotaraja, states that the government of Jayapura Municipality exercises control and supervision over public health services. Each public health service in Jayapura Municipality also has a system to avoid medical staff being late or absent. In contrast, in Jayawijaya District, the health office does not adequately supervise the health services. GR13, an NGO activist in Jayawijaya, said that health office officials know that many health personnel do not show up for work but there are no sanctions imposed. In addition, R42, a midwife in the public health service, added that almost a half of health personnel in her post at Kurulu Health Office do not come to the office and most of them are Papuans.

The health office of Jayawijaya District is aware that medical staff absenteeism is widespread, particularly in rural areas. R39, acting head of the health office, states that health personnel absenteeism is their biggest problem. There are many reasons behind health personnel

absenteeism. He said that a lack of housing for doctors and other medical staff contributes to absenteeism. Almost all doctors in Jayawijaya District are migrants. They need houses so that they can live near their post, but many public health centres do not provide decent facilities for health personnel, such as housing, electricity and sanitation. GR14, an NGO activist, said that the local government has built houses near the public health office. However, the quality of the houses is poor. It is hard for doctors and other medical staff to live in those houses. As a result, most health personnel have to live in Wamena and they have to commute every day. It is costly because the cost of living in Wamena is very high and they have additional costs for transportation. R39, states that health personnel need more funding to cover their transportation cost from their homes to their workplace.

The issue of medical staff absenteeism is similar to teacher absenteeism and occurs for similar reasons, such as lack of housing and facilities, difficult geographical area and security issues.

8.3.3 Government health programs

The most significant health program in Papua Province is the Papua Health Card (*Kartu Papua Sehat-KPS*) program. The KPS is the main health program financed by the special autonomy fund. The provincial government introduced the KPS program in 2014. It replaced the previous program of provincial health insurance (*Jaminan Kesehatan Papua* or *Jamkespa*) that was introduced in 2008. The KPS is a regional health insurance to support national health insurance. According to Law 40/2004 on The National Social Security System, the aim of health insurance is to ensure participants of the national insurance scheme obtain the benefits of health care and protection in order to meet basic health needs (BPS 2017c). Another health scheme is maternity insurance or *Jampersal* (*Jaminan Asuransi Persalinan*). Thus, there are three insurance schemes in Papua Province, provided by both the central government and the provincial government.

National Health Insurance (known as BPJS) is implemented at the national level to cover health services for poor people. In 2017, there were around 724 health facilities associated with BPJS, which means that these facilities are accessible by the poor. Given that many Papuans are inland, there is additional access specifically for Papuans. The KPS provides access to healthcare services for all people in Papua Province and, in 2017, there were 3.9 million KPS recipients. However, the number of KPS recipients is larger than the total population of Papua province. This reflects a problem in the administration. Many people in Papua Province have more than one KPS card. They get the KPS card without any verification from the health offices in the provincial and local governments.

Papua Province is the first province to implement full health coverage. JKN, KPS, and *Jampersal* theoretically cover services at hospitals, public health services and other public health institutions. However, hospitals experience difficulties in administering those three insurances scheme because it causes confusion. For instance, the BPJS and the KPS have similar objectives to cover basic

health services and both insurances cover the same population. One person can have both the BPJS and the KPS at the same time which creates an overlap in funding.

The KPS initially provided full health coverage service to indigenous Papuans, but it also extended to non-Papuans. The Head of the Health Office of Papua Province, Aloysius Giyai, said that the KPS covered all people with a total budget of IDR 800 billion from 2014 to 2016 (Costa 2016). KPS members will get fully covered access to health services in all government hospitals and four private hospitals that are in cooperation with the provincial government. Aloysius Giyai also said that there is no maximum claim for healthcare services under the KPS. However, Darwin Rumbiak, Head of Emergency Response Unit for Health Development in Papua (*Unit Percepatan Pembangunan Kesehatan Papua-UP2KP*), stated that many people have complained that they are rejected by the hospitals (Aktual Press 2016). According to Darwin Rumbiak, doctors and other health personnel reject KPS members because they are not paid from the provincial government. In the KPS program, doctors and other health service personnel should get additional salary. The level of discontent of health personnel about the KPS funding means that patients don't always receive the care they need. Moreover, the disbursement process of the KPS funding is very slow. The KPS program has benefited indigenous Papuans. Health Office officials argue that KPS is a success story of special autonomy and has had positive impact on the health conditions of indigenous Papuans. R45, a senior provincial health officer, states that indigenous Papuans have benefited from the KPS.

Kalau saya pikir sangat positif. Kenapa sangat positif, begini loh kebiasaan kita punya saudara-saudara asli Papua ini, ini apalagi yang mungkin kita berpikir yang di pedalaman yaa, kalo kota mungkin agak mudah lah yaa.¹³

However, he said that there have also been obstacles in the implementation of KPS in the highland area. Many people have several names, not only one. A childhood name can be different to their name as an adult. The KPS is physically a very small card and many people misplace them. R5 said that:

...kartu KPS ini kan kecil, naah orang di pedalaman susah menyimpan kartu itu. Ketika tidak memegang kartu kemudian mau berobat ke RS, itu kira-kira bagaimana? Yang kedua, ada satu kabupaten yang satu orang namanya bisa tiga atau empat. Nama kecil begini, nama remaja begini, nama dewasa begini, ketika dibaptis namanya berubah, ini menjadi persoalan. Terutama Kabupaten Asmat yaa, itu sedikit persoalan. Nahh saya membayangkan kalau semua dalam hal pelayanan dengan menggunakan mekanisme aturannya BPJS yang begitu ketat, dan memang harus seperti itu harusnya yaa. Ini banyak sekali masyarakat kita yang tidak bisa dilayani secara baik..¹⁴

¹³ I think it's been very positive. Why so positive? Because indigenous Papuans [can access healthcare] especially in the remote areas. In the city it's [much more] simple.

¹⁴ ...the KPS card is small and people in remote areas have trouble keeping hold of them. If they don't take the card when they go to the hospital, then what? The second problem is that in one district people can have three or four different names. They might have one name as a kid, another as an adolescent, another again as an adult, their name changes when they're baptised. This is a problem [for us in administering the program]. Especially in Asmat District, that's a bit of a problem. I'd like to see it all managed under the same

Many NGO activists have criticised the KPS because of how the provincial government distributes the KPS to people without any proper explanation. They also question the function of KPS for people since many people do not understand how to access it. GR13, a local NGO activist, found that many KPS cards were thrown away in the road because people do not understand how the KPS works.

Kartu Papua Sehat? itu sebenarnya sama saja sebenarnya, tidak ada fungsinya. ada kalau kita jalan ke kampung-kampung... banyak sekali kita temukan di jalan itu kartu-kartu itu, dibuang saja tidak di guna.¹⁵

Another NGO activist, GR12, says that medical staff in public health centres and hospitals are still unclear about KPS. The database of KPS holders is not accurate. They do not get supervision from the provincial health office.

In addition, the process to access healthcare services under the KPS requires a referral from the public health service before they go to hospital. However, many public health services in the remote areas rarely open.. GR12 stated that public health centres are often vacant in the remote area. As a result, many people, particularly indigenous Papuans, feel abandoned by healthcare services. They have the KPS, but they cannot use it.

KPS dibagi tapi karena tidak ada gunanya untuk masyarakat karena yaa kalo kartu itu kan harus ikut prosedur, prosedur mulai dari tingkat yang paling rendah pelayanannya, yaa kalau gitu Puskesmas. Sementara masyarakat pergi ke Puskesmas, itukan akhirnya kalau Puskesmasnya tutup atau nggak ada orang, yaa tidak ada guna kartu itu. Mereka ke kota disuruh kembali ke kampung.¹⁶

Some respondents from NGOs also said that many Papuans have been rejected in the hospital because they did not bring their KPS card. However, R35, Director of Jayapura Hospital, said that the hospital would not reject patients, especially indigenous Papuans. Even though they might not bring the card, they will be automatically covered by KPS if they give their name.

In summary, special autonomy has strengthened the authority and management responsibilities of Papua Province. The Papua Health Card was introduced in 2014 as a flagship program that has been described as a breakthrough in the sense that it is the first time that all indigenous Papuans are covered by health insurance. Indigenous Papuans are the main beneficiaries of the Papua Health Card as it gives them free access to healthcare services. However, many people are not able to use their entitlement because the number of healthcare facilities are limited. Indigenous Papuans in the highland area often have to travel hours or days to reach the only referral hospital in Wamena, Jayawijaya, or they have to travel by aeroplane to other hospitals in the coastal area

mechanisms as BPJS that are quite stringent and that's how it should be. So many people don't get good services.

¹⁵ The Papua Health Card [KPS]? Nothing has really changed, it doesn't really have a function. If we go out into the villages, we'll see a lot of those cards just thrown away on the road. Thrown away and never used.

¹⁶ The KPS has been issued to people but it's of no use to them because of the procedure involved. The process starts at the lowest level of service, the health clinic. They go to the clinic and it's shut, no one's there. So they go to the city and they're told to go back to their village.

in Jayapura, Timika and Merauke. There are clearly some weaknesses in the implementation of the KPS program which the provincial and local governments need to address.

8.3.4 Management of child and infant health

Malnutrition in Indonesia has declined significantly over the last decade. However, child malnutrition remains a problem in Papua Province, despite the substantial financial revenue that has been received by provincial and local governments in Papua. This case has become a national issue in recent years because malnutrition leads to high childhood mortality and developmental issues. It also has consequences on human health and development.

In early 2018, a malnutrition crisis emerged in Asmat District, Papua Province. Asmat District is located in the lowland area. However, the region is swampy and hard to access. It was reported that 72 people, most of them children, died from malnutrition and measles at the same time (Reuters 2018). The outbreak was not predicted by the central government since the provincial and local government of Asmat did not report it. The response of the local government of Asmat to the outbreak was late. As a result, malnutrition and measles killed dozens of children. The central government was also criticised for responding too late. The central government finally took control of the outbreak by sending military paramedics and medical aid to Asmat District and declared it a major outbreak. The central government found that nearly 650 children had contracted measles and around 223 children were suffering from malnutrition (Reuters 2018). This incident indicates that malnutrition is still a serious problem in Papua Province. It is expected that 14 other districts in Papua Province, particularly in the highland area, face similar problems (Varagur 2018). Another malnutrition crisis occurred in Yahukimo, a district in the highland area where 55 people died in 2005. GR12, a Catholic pastor and NGO activist in the central highland, stated that people in the highland area have limited access to healthcare. In Samenage, Yahukimo, he found that 61 people, most of them women and children, died in 2013 because of malnutrition and sickness.

The central government intervention has also played a role in creating food insecurity by introducing rice as part of the national food program for poor people. Staple highland food production of sweet potato and sago declined as a consequence, and indigenous Papuans have become dependent on government introduced rice. Indigenous Papuans, who have long been eating sweet and sago as their staple food, have to adapt new eating habit. However, rice is not a staple food in Papua Province because they are not used to cultivating rice. R4, a university researcher, argued that this shows that the central government failed to understand what people need in Papua Province and implemented the same food program across all provinces. However, after special autonomy, the central government cannot be blamed for the malnutrition crises since it has become responsibility of local government.

These cases of malnutrition reveal that devolving authority and financial resources alone are not enough without local government capability to manage their responsibility and spend their budget wisely. Decentralisation brings the local government closer to their people and they are theoretically more responsive to people's needs. Thus, the local government has to understand health problems in their regions and implement relevant programs. The provincial government also has to monitor and supervise healthcare services at the district level. However, it can be done effectively if officials in the provincial and local governments have adequate capability and are responsive people's needs. Lack of official capability and poor provincial government supervision contribute to malnutrition crises in Papua Province.

8.3.5 Accountability and responsibility of health policy

Decentralisation of health functions to provincial and local government through special autonomy does not accompanied by clear division of responsibility for health services. To some extent, the responsibilities are overlapping between the central, provincial and local governments. The Ministry of Health has a national program to achieve MDGs, such as to accelerate reduction of maternal and child mortality rate. The Ministry of Health's strategic plan has several objectives: to increase public health by promoting community empowerment, to protect community health by ensuring healthcare availability, to ensure equal distribution of health resources and to establish good governance (Ministry of Health et al. 2013). The strategy has primary goal of achieving equity of distribution and availability of health services in all regions, regardless of location, ethnic background, religion and socioeconomic status. However, the strategy does not consider the geographical barriers in Papua Province that make access to health serviced difficult and more expensive. Lack of clean water and electricity in the highland area renders many health facilities inoperable.

The role of the provincial government according to Law 21/2001 is stronger than that of local governments. However, the responsibility of the provincial government over the health sector is limited. According to Law 23/2014 on Local Administration, most health services are the responsibility of district and municipality governments. The provincial health office officials tended to see health services as the responsibility of local governments. R18, a senior official at the Papua Province Health Office, stated that the responsibility of the provincial government is to monitor and supervise health services in local governments. The district and municipality governments have to provide health services to their community in the forms of public health services and local hospitals. However, GR8, GR9 and GR10, auditors from the Supreme Audit Institution, Jayapura Branch, stated that the provincial government is not effective in monitoring and supervising health services. Based on a performance audit, they found that the distribution and utilisation of the Papua Health Card, as a healthcare insurance for Papuans, lacks monitoring and supervision at the provincial level. There are no regular reports of Papua Health Card utilisation or how many beneficiaries have been served. The provincial health office also does not have standard

operational procedures to monitor and supervise the health programs financed under the special autonomy fund. R18 argued that the provincial government has limited staff to monitor all 29 districts and municipalities. However, special autonomy has been implemented for more than 15 years, and the provincial government should have mechanisms to monitor and supervise local governments by now. They could also hire more staff to monitor and supervise local governments.

Another concern for the health sector in Papua Province is accountability. Poor financial management happens not only in the district and municipality governments but also in the provincial government. R4, a university researcher argued that a lack of human resources capability is the main cause. It has resulted in weak financial management and inability to adequately report on the health budget. The provincial government has an agreement with Supreme Audit Institution (BPK) Jayapura Branch to conduct better service management. The agreement covers regulation and policy related to special autonomy fund management. However, the BPK found that the provincial health office has over-budgeted to cover the Papua Health Card in Cikini PGI Hospital. The financial report on the Papua Health Card was not accompanied by proper receipts or verifications. Lack of accountability can lead to corruption. GR11, an NGO activist, stated that corruption in Papua Province is rampant, including in the health sector. The respondents suggest that many projects were funded by special autonomy funds, however, projects were undertaken without any measurable performance indicators or proper planning process. For instance, public health services are built in locations far from the community and with poor transportation access. This makes it difficult for people to access public health services.

Lack of accountability in the health sector has resulted in poor healthcare service. The provincial and local governments in Papua Province have been unable to maximise their financial capacity and responsibility to improve healthcare services.

8.4 Conclusion

This chapter discussed findings about education and health sector performance in Papua Province based on respondents' perceptions. This chapter found that government officials held the view that special autonomy has improved education performance in Papua Province, but indigenous Papuans did not see improvement in the service delivery of education in Papua Province. One of the causes for poor education performance in Papua Province is teacher absenteeism. This is caused by many factors, such as housing facilities, lack of commitment, poor education management, geographical area and security. As a result, many schools do not operate effectively. In the health sector, many medical staff are also absent from their post, but the incidence of medical staff absenteeism is less frequent compared to that of teachers. Teacher and medical staff absenteeism have become a serious issue and hampers education and health performance in Papua Province. Provincial and local governments do not have effective programs to reduce absenteeism.

The provincial and local governments in Papua Province have implemented affirmative action policies to improve education performance amongst indigenous Papuans. However, affirmative policies of giving scholarships to high school and university level students only benefited a few people and the scholarship schemes have poor governance. The provincial and local governments do not focus on the main weaknesses of education in Papua Province in the primary school level as a foundation of education. Many indigenous Papuans are still illiterate and do not attend school. This problem should be addressed in the affirmative action policies. On the other hand, government health programs in the health sector, which include full coverage health insurance, are working to improve health performance. Many respondents are satisfied, particularly indigenous Papuans who benefit from the scheme.

The factors that influence education and health performance in Papua Province are similar and include a lack of capable teachers and medical staff, teachers and medical staff absenteeism, inadequate facilities, lack of supervision and monitoring from provincial government and poor accountability. Respondents were mostly unsatisfied with education performance, while for health performance, some respondents indicated higher levels of satisfaction. The program which provides free healthcare to indigenous Papuans was seen as having a positive benefit, whereas the scholarship scheme for indigenous Papuans was seen as having little benefit as it does not address the critical issue of lack of basic education. These findings are relevant to the data analysis in chapters 6 and 7.

CHAPTER 9 CONCLUSION

9.1 Introduction

This chapter summarises the findings of the previous chapters and highlights the contributions of this study. In regard to the findings, conclusions are drawn based on the analysis of statistical data and the interview materials. To recapitulate, the focus of this research has been to assess the extent to which decentralisation, in this case of special autonomy, has contributed to the improvement of human development in Papua, particularly in terms of health and education outcomes. Based on this central question four more detailed questions have guided this research:

1. How effective is special autonomy in promoting human development, particularly indigenous Papuans?
2. How have the provincial government of Papua, Jayawijaya District and Jayapura Municipality managed greater autonomy in the education and health sectors to improve human development?
3. To what extent are budgetary allocations at provincial government of Papua, Jayawijaya District and Jayapura Municipality geared towards education and health sectors to improve human development?
4. What factors, other than funding, contribute to education and health performances in Papua Province?

This final chapter consists of three main parts: the first part sums up the findings from previous chapters and the second discusses the implications of the research, and the last addresses the limitations of this research and proposes avenues for further research.

9.2 Summary of the Findings

This section explains the findings relating to the impact of special autonomy to improve human development, education, and health outcomes which has been discussed in chapters 5, 6 and 7. This section also summarises the role of the provincial and local government in managing their education and health authority to improve human development and managing their budget to spend on the education and health sectors. Lastly, this section outlines factors that affect development outcomes in education and health.

9.2.1 Human development, education, and health

There are three findings concerning the first research question. Firstly, the study finds that the Human Development Index (HDI) has improved in Papua Province after special autonomy. Secondly, discrepancy within Papua Province between the highland area and the coastal area is

getting wider. Thirdly, the HDI does not tell the full story of human development in Papua Province, and when we drill deeply into education and health performance in findings of statistics, we find that some education outcomes have deteriorated.

As to the first point, it was shown that the HDI of Papua Province improved in the period from 2002 to 2017 based on two different measurements: the HDI based on the old method of calculation from 2002-2012 and the HDI based on the new method from 2010-2017. How much it has improved depends on the method used to calculate the HDI. Based on the old method, the HDI of Papua Province increased steadily, but the HDI increase of Papua Province was less than for Indonesia as a whole. This means the HDI gap between Papua Province and the national level has been getting wider. However, based on the new method of calculation, the HDI of Papua Province increased faster than the national HDI. In the new method, one education indicator, literacy rate is replaced by expected mean years of schooling. Since the literacy rate in Papua Province is very low and has not improved after special autonomy, replacing this indicator by expected years of schooling has resulted in an improved HDI score. Therefore, if literacy is a key aspect of education in less developed region, it can be argued that the HDI based the new method does not adequately reflect the education condition of Papua Province.

Moreover, when the HDI of Papua Province was compared to other Indonesian provinces, it became clear that the improvement of HDI in Papua Province has been slower compared to other provinces. For instance, West Nusa Tenggara Province and East Nusa Tenggara Province in eastern Indonesia had a similar HDI to Papua Province in 2002. The two provinces lack financial capacity but their HDI improved faster than Papua's and were closer to closing the gap the national average. This reveals that provincial and local governments in Papua Province have not been able to take advantage of special autonomy to improve the HDI significantly and narrow the gap with the rest of Indonesia.

Related to the second key finding, when we disaggregate the provincial HDI we find that there is significant discrepancy of human development between the highland area and the coastal area in Papua. The local governments in the coastal area have much higher HDIs than the local governments in the highland area. One factor that has been analysed in this thesis as contributing to this outcome is migration. Non-Papuan tend to be more educated. They have better employment and are concentrated in the urbanised coastal region, while indigenous Papuans live in the highlands. Based on these findings, the thesis argues that the policies and interventions to improve human development in the special autonomy era seem to have benefited people in the coastal area more than people living in the highland area.

This discrepancy between the highland area and the coastal area is confirmed when the local government level education and health performance is examined more closely. This research found that education performance in the coastal area, where almost half of the population are migrants, significantly improved after special autonomy. Indicators of education performance in the

coastal area do not differ greatly from the national level. In contrast, the education performance in the highland area remains poor after special autonomy. When compared to other local governments in Indonesia, many local governments in the highland area emerge as the worst performers in education, including Nduga, Puncak, Pegunungan Bintang, Memberamo Tengah, Intan Jaya, Yalimo, Lanny Jaya, and Puncak Jaya. As a result, indigenous Papuans in the highland area are less educated, as can be seen from their low literacy rate, education attainment rate, and mean years of schooling.

In terms of health performance, there is wide disparity in life expectancy at birth between the coastal and the highland area. The health condition of the population in the coastal area is much better compared to the highland area because health facilities, medical equipment, medicines, and health personnel are more available in the urban areas, and people who live in rural or remote areas face significant obstacles in accessing them. Some health facilities, such as community health centres and integrated maternal services, are available in the rural areas, but in the highland area health service is intermittent because health personnel do not always attend work regularly. When the health facilities are not functioning well, it is difficult to improve the health condition of the Papuan population.

Thus, while at first sight it appears that human development in Papua Province has improved after special autonomy, when we look deeper into the education indicators that contribute to the HDI, it can be found that they have not improved much and to some extent are getting worse. The improvement of HDI in Papua Province is mostly due to the improvement of income and health aspects where expenditure per capita and life expectancy at birth increased after special autonomy. The literacy rate in Papua Province has deteriorated after special autonomy and mean years of schooling only shows limited improvement. By 2016, 29% of people age 15 years and above are illiterate, more than in 2003. In the highland area, half of the population aged 15 years and above cannot read and write. The progress in mean years of schooling in Papua Province remains slow. It remained at six years from 2002 to 2017, while the target for mean years of schooling according to Law 21/2001 is 12 years. Other education indicators that are not included in the HDI also show unsatisfactory results, such as attainment rate and enrolment rate. The attainment rate in Papua Province remains low after special autonomy. By 2017, amongst people 15 years and above in Papua Province, more than one out of three people did not complete primary school and around one out of four people only completed primary school, similar statistics as found at the start of the special autonomy era in 2002. Net enrolment rate of the age group of 7-12 years in Papua Province decreased from 2003 to 2016. Therefore, basic education in Papua Province remains poor and its performance is the lowest in Indonesia. This has significant repercussions for the quality of human resources in Papua Province in the future.

Considering the statistical evidence, it is not surprising to find that the impact of special autonomy on education performance in Papua Province is considered unsuccessful by many people

interviewed for this study, particularly indigenous Papuan respondents. They said that special autonomy has failed to improve education outcomes for indigenous Papuans, and many of them feel abandoned by the government. There are some reasons of their claims. Firstly, while the provincial and local governments have built more schools since the enactment of special autonomy, they are poorly managed. Many schools in the rural and remote areas are empty because of teacher absenteeism, or they run only for a few hours a day because of a lack of teachers. Teacher absenteeism is rampant, particularly in the highland area with an absent rate near 50%. Secondly, many indigenous Papuans in the remote areas are not able to access schools. They have to walk for hours or even a day to reach the nearest school. Students from remote areas are required to live in boarding house in the urban areas to get a reliable school education. Thirdly, respondents complained of a lack of supervision and control from the local government. When teachers are absent from schools there is no punishment from local officials. Fourth, the availability and quality of teachers is poor in Papua Province. Many teachers do not have the capability to teach. What the analysis of interview material shows is that several factors contribute to teacher absenteeism, namely, lack of everyday life support, lack of housing and its facilities, teacher salary management, no punishment for teachers who are absent, low teacher commitment, and security.

Thus, it can be concluded that 15 years after of special autonomy, human development index, education indicators and health indicators in Papua Province remains the lowest in Indonesia. Improvement in the human development, education and health performance has been insufficient to catch up with the human development of other regions. Moreover, disparity of human development, education indicators, and health indicators between the coastal area and the highland area remains wide and is getting worse, disproportionately affecting the indigenous Papuan population which was meant to benefit from special autonomy.

9.2.2 Managing authority and budget

This subsection discusses research questions two and three about authority and budget. With regard the second question, this research found that the authority of health and education is wider at in local government level compared to provincial level. There are two laws that regulate education and health authority of provincial and local governments in Papua Province: Law 21/2001 on Special Autonomy for Papua Province and Law of 22/1999 and its revision concerning Local Administration (the last revised law is Law 23/2014). According to Law 21/2001 on Special Autonomy for Papua Province, the provincial government of Papua has received considerably more authority in government matters, including health and education. This authority is mostly located at provincial level. Meanwhile, Law 23/1999 and its revision has stipulated that local governments have broader responsibilities for public service delivery, including in education and health, whereas provincial government only has authority to supervise and coordinate local governments. The two laws are intertwined, and local government official are confused due to a

lack of clarity about the division of responsibilities for the education and health sectors between provincial government and local government. This lack of clarity delayed the implementation of policies as required by the Law 21 /2001, which stipulated that the provincial government must provide more detail about the education and health authority of provincial and local governments through a provincial regulation (*Perdasi*). The *Perdasi* was enacted based on agreement between the governor of Papua Province and the Papua Province Parliament (DPRP). According to Law 21/2001, the *Perdasi* was to be issued within two years after the law. However, it took eight years to enact *Perdasi 7/2010* on Health Service Delivery and eleven years to enact *Perdasi 2/2013* on Implementation of Education. The *Perdasi* on health and education were late to be enacted which had consequences for district and municipal governments following Law 22/1999.

One problem of these regulations are that they fail to define the specific education and health responsibilities in sufficient detail and as a result, there is little difference between the ways in which education and health are governed by Papua Province and local government in Papua Province, and the ways other provinces and local government in Indonesia do it, apart from the fact that public education and health services are financed by special autonomy funds and indigenous Papuans have to get priority. This shows that the political commitment of the provincial government and the provincial parliament to enact the special autonomy powers are weak and government official capabilities to define education and health authority more detail are poor.

In relation to the third question, the spending on education in Papua Province from 2004 to 2016 has been much lower than stipulated in the Law on National Education System. The proportion of education spending of the total budget is very low compared to other provinces. In 2004, education spending was 7.0% of total budget. It further decreased between between 2007 and 2013, education spending increased again in 2014 and 2015 but remains well below the target of 20% of the budget. By 2016, the proportion of education spending to total budget in Papua Province was the lowest in Indonesia at only 1.4%. It is extremely low compared to the target. At the local government level, by 2016, the ratio of education expenditure to total budget was less than 20% in all local governments in Papua Province, and 17 out of 29 local governments allocated less than 10% of their budget on education expenditure. There are also significant differences in spending between local governments with the highest proportion of education expenditure in Jayapura Municipality (15.3%) and the lowest in Jayawijaya District (1.5%).

When we look at the utilisation of special autonomy funds, we find that Papua Province does not spend the required amount on the education sector. By 2016, education expenditure funded by special autonomy fund was only 11.78% which is far below the 30% stipulated in the Law of Special Autonomy. In comparison, health spending was significantly higher at 28.2%, followed by grants to communities (20.5%) and expenditure on forestry (16.2%) and agriculture (13.1%). This demonstrates that the education sector is a low priority of the provincial government compared to other sectors which receive higher spending. At the local level, most local governments in Papua

Province allocate less than 30% of their special autonomy fund to education and only 8 local governments spend more than 30% of their special autonomy fund on education. This shows that most local governments in Papua Province do not spend their special autonomy fund appropriately.

In contrast to this, the assessment of health expenditure from the special autonomy fund has shown higher public funding of health. In the early days of the special autonomy era, the budget allocation for the health sector in Papua Province was low, but by 2016, health expenditure from special autonomy funds had reached 28%. Thus, the expenditure for health sector was higher than minimum budget allocation of 15% stipulated in the Law 21 of 2001 and constituted the largest component of spending of special autonomy funding. The four main areas of health spending from the special autonomy fund in Papua Province are the education office, Jayapura Hospital, Abepura Hospital, and Abepura Mental Health Hospital. Those four hospitals are located in Jayapura. Thus, most of spending of autonomy fund is allocated in the capital city. The bulk of the funding is to cover the health insurance program for indigenous Papuans using these hospitals.

At the local governments level, the budget allocation of special autonomy funds for the health sector is lower compared to provincial government, but on average it is more than 15%. In 2016, 17 out of 29 local governments in Papua Province spent more than 15% of their special autonomy funding on health. The discrepancy of health expenditure amongst local government in Papua Province is fairly low, with Jayapura Municipality spending 13.8% while in Jayawijaya District was spending 12.4% on health.

To sum up, provincial and local governments in Papua Province spent much less money on the education sector than required by law, while spending on health sector is close to the stipulated level and in some cases exceeding it. The higher spending on health has contributed to a better performance on health indicators compared to education indicators.

9.2.3 Other factors affecting development outcomes on education and health

There are several factors that have affected development outcome on education and health in Papua Province, namely the role migrants, affirmative action policy, education and health personnel absenteeism, and capability of local government officials. Those factors have contributed to education and health service quality in Papua Province.

One factor that was considered in this thesis is the migration from other parts of Indonesia to Papua Province after its incorporation in 1969. The proportion of migrants in the population increased significantly from 4% in 1971 to 23% in 2010 (BPSDM 2013). Migration has transformed the social economy and development of Papua Province. Migrants are concentrated in the coastal area where they make up 44.2% of the population (BPS, 2016). Only a small percentage of migrants live in the highland area (2.4% of total population). The higher proportion of migrants in the coastal area has contributed to the discrepancy in education and health performance between

the coastal area and the highland area. Migrants who moved to Papua generally have better educational background compared to indigenous Papuans, with the majority of them having completed secondary education, while most indigenous Papuans only completed primary school. The high education background of migrants has lifted the education performance of Papua Province and increases Human Development Index. The better educated migrants dominate formal employment in the education and health sector, disproportionately occupying positions such as teachers, doctors, nurse, and midwifery (BPSDM 2013). Therefore, migrants made a significant contribution to better education and health performance from a statistical perspective.

Affirmative policy on Indigenous Papuans in education and health sectors

A key aim of special autonomy in Papua, and the most prominent point of difference with other provinces, is that the needs of indigenous Papuans must be prioritized in special autonomy spending. Law 21/2001 states that the objective of special autonomy is to improve people welfare, particularly indigenous Papuans. *Perdasi 2/2013* on implementation of education clearly states that the goal is to prepare and to develop indigenous Papuans through good quality education. To achieve this objective, education policy has to prioritize indigenous Papuans and one way is to keep education fees low enough so that indigenous Papuans can be afford them. The policy of the provincial government is that all Papuans complete 12 years of obligatory education and that education is free for all indigenous Papuans. To achieve this, one important use of the special autonomy fund is scholarships. Provincial and local governments have implemented affirmative action policies by providing scholarships to indigenous Papuans to pursue senior high school and university degree in reputable schools and universities outside Papua and abroad. This policy has improved education attainments of indigenous Papuans in tertiary education. However, the scholarship program only covers small percentage of indigenous Papuans and does not address the main problem of education in Papua Province, which is basic education. Basic education in Papua Province is very poor where one out of three adults in Papua Province do not complete primary school. Mean of years schooling and literacy rate also remain low and the worst in Indonesia. Therefore, affirmative policy in the education sector does not addressed the improvement of basic education and only benefitd few indigenous Papuans who get scholarship to undertake the tertiary degrees.

In the health sector, Papua Province adopted an affirmative action policy in 2014 to cover the healthcare insurance by issuing the Papua Health Card. In this scheme, all indigenous Papuans are automatically covered by the insurance. By 2017, the majority of people (78.8% of population) in Papua Province was covered by health insurance, higher than the national average (59.4% of population). Indigenous Papuans have access to free health service not only in the primary healthcare such as public health centres (Puskesmas), but also in hospitals to which they are referred. This policy has had a positive impact on health indicators in Papua Province as demonstrated by better life expectancy at birth and reduced infant and maternal mortality rate.

Thus, affirmative policy in the health service has proved considerably more effective in improving well-being compared to affirmative policy in the education sector because all indigenous Papuans are covered by health insurance.

Absenteeism of education and health personnel

Teacher and health personnel absenteeism is a serious problem in Papua Province, particularly in the highland area. A survey of teacher absenteeism in Papua Province in 2012 found that from a sample of 1,296 teachers, 33.5% were absent from school in Papua Province (UNCEN et al. 2012). In the highland area, teacher absenteeism was much higher at almost half of teachers not showing up at schools. This problem is particularly pronounced in Papua Province in comparison to other provinces in Indonesia. Teacher absenteeism in Papua Province has a different quality compared with other provinces in Indonesia, where teacher absenteeism means a teacher might do not show up in school for a day or few days in a month. In Papua Province, teachers are frequently absent from school for weeks or months on end (Anderson 2014d). There are many reasons for this level of absenteeism. First is the poor quality of life in rural areas which lack basic facilities such as clean water, electricity, and internet connection in the areas where they are assigned to teach. The second is inadequate housing on site and this condition forces them to live in the city and commute over long distances. This increases the probability of absenteeism since they have to travel to work and increases their living and transport costs. The third reason is poor teacher management. Teachers continue to draw a salary even though they are absent for extended periods and no serious sanctions are applied. The fourth reason is a lack commitment to the teaching profession, particularly among indigenous Papuan teachers who spend time in the city doing other jobs. Finally, security is a factor affecting particularly migrant teachers who face threats to their safety while on their way to the school. Similar issues also apply health personnel and health services in the highland area.

Lack of capability of local government officials

Decentralisation can be effective if government officials have adequate administrative capabilities (Manor 2011). This is fundamental in determining the success of special autonomy. However, political consideration strongly influences local government official management, particularly in recruitment and promotion of government officials. Political influence and family or clan relationship with the governor, head of district and mayor influences the selection, recruitment, and promotion of government officials, including education and health personnel. Many teachers, doctors, nurses, and midwives are recruited based on political influence and family/clan relationship (nepotism). Nepotism by prioritizing own family and clan to be recruited and promoted regardless their capability is common not only in provincial government, but also local government. Being a government official is the most accessible form of formal employment for indigenous Papuans, and often the only way to get access to economic resources since most are unable to compete with migrants for other formal jobs.

Many teachers and health workers have been recruited from outside of Papua Province. However, they are employed for temporary contract basis which is not sustainable. The provincial and local governments in Papua Province must train local officials to improve their capabilities, particularly teachers and health workers, but also government officials. Decentralisation that devolves administrative function to provincial and local government will not achieve its objective to improve public service provision if qualified personnel is lacking. Because of these institutional weaknesses, special autonomy in Papua has not been very successful in designing and implementing local policies to improve people's well-being in Papua Province.

9.3 Implications of the Research

Several studies have investigated the impact of decentralisation on human development in Indonesia using quantitative analysis (Pramartha & Dwirandra 2018; Simanjuntak & Mukhlis 2015; Soejoto, Subroto & Suyanto 2015). These studies have found that decentralisation has positive impact to promote human development. However, empirical studies to investigate the impact of special autonomy on human development are rare. To my knowledge, only one study was conducted by Hijrah and Rizk (2014) which investigated the impact of special autonomy to promote human development in Aceh Province. Based on econometric analysis, they found that special autonomy fund has a positive correlation with the improvement of human development index in Aceh Province. However, their research did not reveal why and how the special autonomy fund has impacted on human development index in Aceh Province. Therefore, there is a gap in research concerning the ways and circumstances in which special autonomy can improve human development.

Regarding to special autonomy in Papua Province, there has been no research that specifically investigate the impact of special autonomy to improve human development in Papua Province. This thesis contributes new knowledge by analysing the extent to which of special autonomy has been able to improve human development in Papua Province. It builds on the previous studies of decentralisation impact on human development by going beyond statistical analysis and using qualitative methods to find out how and why special autonomy has impacted on human development. This thesis also offers a deeper analysis of human development by breaking down human development into education and health performance indicators to find out how special autonomy has impacted on education and health performance. The study of education and health in Papua Province is not new. There is an extensive literature produced by scholars including Mollet (2007) Wulandari and Soesman (2010), Agustinus (2013); Munro (2013), RCA (2015), and (Munro 2018). Research on health in Papua Province also has been conducted by several scholars, including Anderson (2014c), Munro (2014), and Blesia and Sulelino (2016). However, these studies did not discuss decentralisation and its impact on education and health performance in Papua Province. Therefore, this thesis makes an original contribution to knowledge on decentralisation and human development in Papua Province.

This research found that special autonomy in Papua Province has improved human development in Papua Province. However, examination of the impact of special autonomy to promote education and health service delivery has produced mixed results. Health service delivery in general has improved with special autonomy, as demonstrated by improvements in most measures of health performance, such as life expectancy at birth, infant mortality rate, and maternal mortality rate. Research participants were also relatively satisfied with health service delivery. In contrast, education service delivery has shown little improvement after special autonomy, and even some deterioration, as shown in low literacy rate, decreasing enrolment rate, and stagnant means years of schooling. Moreover, all indicators of education performance are much lower in the highland area where the vast majority of the population is indigenous Papuans. Particularly indigenous Papuan research participants expressed a high level of dissatisfaction with education service delivery after special autonomy.

To sum up, this research found that asymmetric decentralisation does not achieve its goals just by granting more autonomy and more money to provincial and local government, but has to be accompanied by clarity of division responsibilities between provincial and local government, management of education and health personnel, accountability of government official, capable government officials, security, proper local politics, and supervision and monitoring from the upper levels of government.

9.4 Policy Recommendation

This research has found that the provincial government of Papua Province, Jayapura Municipality and Jayawijaya District did not spend special autonomy fund appropriately. Education and health spending at the provincial government and the two local governments do not met mandatory spending requirements that stipulate a minimum of 30% for the education sector minimum and a minimum of 15% for the health sector. It is recommended that the central government should divide the special autonomy fund into two kinds of fund, block grant and specific grant. The specific grant should be the special autonomy fund earmarked for education and health spending, minimum 30% and 15%, respectively. This specific grant is to ensure the provincial and local governments in Papua Province prioritize special autonomy fund for education and health spending. The central government also must supervise provincial and local governments to manage their education and health spending. The main weakness of education sector in Papua Province is the basic education performance where many people in Papuan Province have low mean years of schooling and high illiteracy rate. Therefore, the provincial and local governments must direct a greater share of the budget towards primary education.

Affirmative action policy on education has been implemented in secondary and tertiary education. However, the main problem in Papua Province is the poor performance of the primary education. Therefore, affirmative policy on education in Papua Province should be focused on strengthening

primary education by building more education facilities and hiring more teachers in primary schools.

This research also found that the increase in the number of students outnumbered the increase in the number of teachers. As a result, Papua Province has an insufficient number of teachers, particularly in the highland areas. Therefore, the central government should send teachers from other regions to Papua Province, and provincial and local governments should also recruit and train more teachers to fill the gap, particularly teachers with indigenous background. More incentive should also be given to teachers in the remote area to minimize teacher absenteeism.

Lastly, special autonomy has been implemented for more than 17 years in Papua Province, but many research participants, particularly indigenous Papuans, expressed dissatisfaction with special autonomy. The central government should revise Law of 21 of 2001 on Special Autonomy of Papua following dialogue with indigenous Papuans and accommodate their aspirations. This would help to achieve the purpose of special autonomy, which is to empower indigenous Papuans to improve their quality of life.

9.5 Limitations and Recommendations of Further Research

This research has several limitations. The research focuses on administrative and financial aspects of special autonomy and paid little attention to the political debates surrounding special autonomy in Papua. As discussed in the introduction chapter, political consideration was a primary motivator for the government of Indonesia in granting special autonomy to Papua Province Papua Province. The implementation of special autonomy is highly likely to be influenced by political debates. Further research is needed to evaluate the political issues of decentralisation and their impact on human development in Papua Province.

Secondly, human development consists of three aspects, namely education, health, and income. However, this research investigated only two of these - education and health. Deeper analysis of the third aspect is needed to see the impact of special autonomy on human development, for example, by analysing the income of people in Papua Province after special autonomy. The extent and ways in which economic development influences human development is another issue that requires further research. The economy of Papua Province depends heavily on gold mining and PT Freeport Indonesia is the largest gold mine in the world. This mine has lifted income per capita in Papua Province but its impact on people's well-being is likely to be very uneven. Therefore, further research could include income and economic aspects in the analyses of the impact of special autonomy to human development.

Thirdly, the case studies in this research did not incorporate local governments in the southern coastal area. The field study of this research covered only two local governments in Papua

Province, Jayapura Municipality in the northern coastal area and Jayawijaya District in the highland area. Local governments in the southern coastal area have different characteristics and studying them is likely to produce different results, therefore it is recommended to conduct further research in local governments in the southern coastal area.

The final limitation of this research is that these research findings does not cover all perspectives towards special autonomy in Papua Province. The thesis focused on key actors in the education and health service sector in Papua Province. Other actors, including the consumers of these services, may have different experiences and views on decentralisation that future studies should consider.

APPENDICES

Appendix 1: Tables

Table 1 Local Governments in Papua Province

No.	District/Municipality	Established	Created From	Area (km2)	Population
1.	Biak Numfor	1969		13,017	139,171
2.	Jayapura	1969		14,390	121,410
3.	Jayawijaya	1969		2,331	206,320
4.	Merauke	1969		47,407	216,585
5.	Nabire	1969		4,550	140,178
6.	Kepulauan Yapen	1999	Fak-Fak	4,936	91,404
7.	Mimika	1999	Fak-Fak	2,300	201,677
8.	Paniai	1999	Nabire	20,687	164,280
9.	Puncak Jaya	1999	Nabire	2,447	115,130
10.	Asmat	2002	Merauke	24,688	88,578
11.	Boven Digoel	2002	Merauke	24,666	63,020
12.	Keerom	2002	Jayapura	9,015	53,694
13.	Sarmi	2002	Jayapura	13,965	36,797
14.	Mappi	2002	Merauke	23,178	91,987
15.	Pegunungan Bintang	2002	Jayawijaya	14,655	71,710
16.	Tolikara	2002	Jayawijaya	6,150	131,323
17.	Waropen	2002	Kep. Yapen	5,381	28,395
18.	Yahukimo	2002	Jayawijaya	15,058	181,326
19.	Supiori	2003	Biak Numfor	634	18,186
20.	Memberamo Raya	2007	Sarmi	28,035	21,523
21.	Memberamo Tengah	2008	Jayawijaya	3,384	46,321
22.	Yalimo	2008	Jayawijaya	3,658	58,891
23.	Lanny Jaya	2008	Jayawijaya	3,439	172,625
24.	Nduga	2008	Jayawijaya	5,825	64,173
25.	Puncak	2008	Puncak Jaya	5,619	103,624
26.	Dogiyai	2008	Nabire	4,522	92,190
27.	Intan Jaya	2008	Paniai	9,337	45,917
28.	Deiyai	2008	Paniai	2,325	69,381
29.	Jayapura Municipality	1993	Jayapura	950	283,490

Source: Ministry of Home Affairs (2014) and BPS (2016b).

Table 2 Population, Area, Density, and Proportion of Indigenous Papuans, 2015

No.	District/Municipality	Population	Area (km ²)	Population Density (ppl/km ²)	Indigenous Papuans (%)
1.	Biak Numfor	139,171	13,017	10.7	73.8
2.	Jayapura	121,410	14,390	8.4	61.5
3.	Jayawijaya	206,320	2,331	88.5	90.8
4.	Merauke	216,585	47,407	4.6	37.3
5.	Nabire	140,178	4,550	30.8	47.5
6.	Kepulauan Yapen	91,404	4,936	18.5	78.1
7.	Mimika	201,677	2,300	87.7	42.5
8.	Paniai	164,280	20,687	7.9	97.6
9.	Puncak Jaya	115,130	2,447	47.0	98.2
10.	Asmat	88,578	24,688	3.6	89.6
11.	Boven Digoel	63,020	24,666	2.6	67.0
12.	Keerom	53,694	9,015	6.0	41.3
13.	Sarmi	36,797	13,965	2.6	70.2
14.	Mappi	91,987	23,178	4.0	88.6
15.	Pegunungan Bintang	71,710	14,655	4.9	95.3
16.	Tolikara	131,323	6,150	21.4	99.0
17.	Waropen	28,395	5,381	5.3	79.6
18.	Yahukimo	181,326	15,058	12.0	98.6
19.	Supiori	18,186	634	28.7	96.5
20.	Memberamo Raya	21,523	28,035	0.8	93.1
21.	Memberamo Tengah	46,321	3,384	13.7	99.5
22.	Yalimo	58,891	3,658	16.1	99.2
23.	Lanny Jaya	172,625	3,439	50.2	99.9
24.	Nduga	64,173	5,825	11.0	99.2
25.	Puncak	103,624	5,619	18.4	99.3
26.	Dogiyai	92,190	4,522	20.4	99.0
27.	Intan Jaya	45,917	9,337	4.9	99.8
28.	Deiyai	69,381	2,325	29.8	98.9
29.	Jayapura Municipality	283,490	950	298.4	34.9

Source: BPS (2016)

Table 3 Human Development Index of Local Governments in Papua Province 2016

	Region	Papuan Ratio (%)	HDI	LE (year)	EYS (year)	MYS (year)	EPC (Rp.)
	Indonesia		70.18	70.9	12.72	7.95	10,420
	Papua Province	76.3	58.05	65.12	10.23	6.15	6,637
1	Jayapura Municipality*	34.9	78.56	69.99	14.61	11.14	14,319
2	Merauke**	37.3	68.09	66.53	12.71	8.26	10,016
3	Keerom**	41.3	64.10	66.13	11.62	7.24	8,671
4	Mimika*	42.5	71.64	71.9	11.11	9.53	11,169
5	Nabire**	47.5	66.64	67.5	10.66	9.48	8,779
6	Jayapura**	61.5	70.50	66.4	14.15	9.53	9,653
7	Boven Digoel**	67	59.35	58.51	10.97	7.82	7,770
8	Sarmi**	70.2	61.27	65.76	11.09	8.08	6,417
9	Biak Numfor*	73.8	71.13	67.86	13.68	9.84	9,647
10	Kepulauan Yapen**	78.1	65.55	68.69	11.62	8.81	7,414
11	Waropen**	79.6	63.10	65.77	12.6	8.66	6,270
12	Mappi	88.6	56.54	64.16	10.47	5.98	5,951
13	Asmat	89.6	47.31	55.9	7.79	4.48	5,601
14	Mamberamo Raya	93.1	49.00	56.74	10.8	4.89	4,387
15	Supiori**	96.5	60.59	65.29	12.7	8.13	5,379
	Average Coastal Area	66.7	64.91	65.14	11.77	8.12	8,096
16	Jayawijaya	90.8	54.96	58.48	11.01	4.74	7,282
17	Paniai	97.7	54.34	65.58	10.32	3.77	6,191
18	Dogiyai	99.1	53.32	64.99	9.87	4.89	5,190
19	Deiyai	98.9	48.50	64.55	9.77	2.97	4,383
20	Yahukimo	98.6	47.13	65.19	7.54	3.99	4,248
21	Tolikara	99.1	47.11	64.98	7.69	3.08	8,671
22	Puncak Jaya	99.3	45.48	64.29	5.99	3.38	5,089
23	Lanny Jaya	99.9	45.16	65.63	7.5	2.92	4,106
24	Yalimo	99.2	44.95	64.9	7.82	2.19	4,435
25	Intan Jaya	99.8	44.82	65.04	6.52	2.49	5,038
26	Mamberamo Tengah	99.5	44.15	62.82	7.65	2.49	4,051
27	Pegunungan Bintang	95.3	41.90	63.84	5.12	3.21	6,417
28	Puncak	99.3	39.96	65.1	4.48	1.78	5,181
29	Nduga	99.2	26.56	54.5	2.34	0.7	3,725
	Average Highland Area	98.4	45.6	63.56	7.4	3.4	5,286

Source: Papua Asli Dalam Angka (Indigenous Papuan in Figures), BPS, 2013, and Berita Resmi Statistik Provinsi Papua (Release of Papua Province Statistics) No. 25/05/94/Th.II, 2 Mei 2017.

LE : Life Expectancy at birth, MYS: Mean Years of Schooling, EYS: Expected Years of Schooling
C : Coastal Area, EPC: Expenditure Per Capita, H : Highland Area

*) Higher than national level

**) Higher than Papua Province level

Table 4 The Number of Schools, Students, and Teacher of Local Governments in Papua Province Primary School Level 2015

	Region	Schools	Students	Teachers	Student-Teacher Ratio	Teacher-School Ratio
	Indonesia	147,503	25,618,078	1,586,127	16.2	10.8
	Papua Province	2,369	412,187	16,825	24.5	7.1
	A. Coastal Area	1,577	254,305	12,848	19.8	
1	Jayapura Municipality	90	31,422	1,523	20.6	16.9
2	Mimika	124	33,794	1,616	20.9	13.0
3	Biak Numfor	166	23,031	1,299	17.7	7.8
4	Jayapura	125	18,925	1,197	15.8	9.6
5	Merauke	198	31,217	1,681	18.6	8.5
6	Nabire	116	22,598	1,199	18.8	10.3
7	Kepulauan Yapen	121	14,826	800	18.5	6.6
8	Keerom	71	8,274	584	14.2	8.2
9	Waropen	47	4,153	336	12.4	7.1
10	Sarmi	62	6,105	406	15.0	6.5
11	Boven Digoel	75	9,954	491	20.3	6.5
12	Mappi	142	21,658	669	32.4	4.7
13	Asmat	129	17,992	550	32.7	4.3
14	Supiori	40	3,888	265	14.7	6.6
15	Mamberamo Raya	71	6,468	232	27.9	3.3
	B. Highland Area	863	163,350	4,209		38.8
1	Jayawijaya	115	23,825	753	31.6	6.5
2	Paniai	67	12,582	369	34.1	5.5
3	Nduga	22	4,772	102	46.8	4.6
4	Lanny Jaya	60	15,081	313	48.2	5.2
5	Mamberamo Tengah	33	5,280	105	50.3	3.2
6	Yalimo	47	7,264	204	35.6	4.3
7	Puncak	29	3,331	141	23.6	4.9
8	Dogiyai	63	12,687	375	33.8	6.0
9	Intan Jaya	27	3,444	85	40.5	3.1
10	Deiyai	55	5,908	364	16.2	6.6
11	Pegunungan Bintang	47	4,180	160	26.1	3.4
12	Tolikara	68	16,236	338	48.0	5.0
13	Puncak Jaya	23	4,424	148	29.9	6.4
14	Yahukimo	136	37,868	520	72.8	3.8

Source: BPS, Papua Dalam Angka (Papua Province in Figures), 2016

Table 5 Net Enrolment Rate (NER) in Papua Province and Local governments at Primary School, Junior Secondary School, and Senior Secondary School in 2015

	Region	NER Primary School	NER Junior Secondary School	NER Senior Secondary School
	Papua Province	78.56	54.21	43.22
1	Jayapura Municipality	91.37	82.56	77.24
2	Mimika	92.51	88.02	63.28
3	Biak Numfor	87.74	80.99	62.77
4	Jayapura	94.24	81.55	73.80
5	Merauke	97.03	64.29	52.40
6	Nabire	80.59	72.82	61.42
7	Kepulauan Yapen	91.19	77.93	61.04
8	Keerom	86.59	64.71	62.09
9	Waropen	90.41	75.89	63.45
10	Sarmi	88.91	69.22	41.41
11	Boven Digoel	91.1	52.55	26.57
12	Mappi	85.92	15.39	18.76
13	Asmat	76.21	26.08	11.75
14	Supiori	90.36	70.10	42.47
15	Mamberamo Raya	93.16	45.64	23.56
	Average Coastal Area	89.31	66.79	52.09
1	Jayawijaya	78.51	61.74	55.83
2	Paniai	88.01	41.32	22.00
3	Nduga	na	na	na
4	Lanny Jaya	59.52	56.72	49.46
5	Mamberamo Tengah	95.43	79.73	62.95
6	Yalimo	69.88	45.02	33.81
7	Puncak	47.27	23.82	11.07
8	Dogiyai	79.68	67.82	39.96
9	Intan Jaya	69.85	14.37	17.46
10	Deiyai	73.33	62.64	51.42
11	Pegunungan Bintang	66.69	24.21	11.29
12	Tolikara	58.05	35.94	32.17
13	Puncak Jaya	66.11	24.76	15.84
14	Yahukimo	63.91	24.32	9.49
	Average Highland Area	65.28	37.74	26.67

Source: BPS, Papua Dalam Angka (Papua Province in Figures), 2016

Table 6 Mean Years of Schooling Local Governments in Papua Province, 2010-2016

	2010	2011	2012	2013	2014	2015	2016	Growth 2010-2016
Jayapura Municipality	10.62	10.71	10.8	10.88	11.09	11.11	11.14	0.52
Merauke	7.6	7.74	7.88	8.03	8.23	8.24	8.26	0.66
Jayapura	8.3	8.67	9.05	9.33	9.41	9.48	9.53	1.23
Nabire	8.37	8.58	8.8	8.87	9.45	9.47	9.48	1.11
Kepulauan Yapen	8.23	8.28	8.32	8.37	8.68	8.8	8.81	0.58
Biak Numfor	8.81	8.92	8.93	8.99	9.61	9.83	9.84	1.03
Mimika	8.7	8.72	8.75	8.83	9.3	9.38	9.53	0.83
Boven Digoel	6.8	7.02	7.24	7.47	7.5	7.72	7.82	1.02
Mappi	5.3	5.46	5.71	5.92	5.96	5.97	5.98	0.68
Asmat	4.18	4.23	4.28	4.33	4.34	4.38	4.48	0.3
Supiori	7.26	7.52	7.78	8.06	8.11	8.12	8.13	0.87
Mamberamo Raya	4.15	4.24	4.33	4.42	4.44	4.61	4.89	0.74
Sarmi	5.93	6.35	7	7.27	7.89	8.07	8.08	2.15
Keerom	4.88	5.23	5.52	6.45	6.57	6.85	7.24	2.36
Waropen	8	8.31	8.4	8.5	8.53	8.55	8.66	0.66
<i>Average Coastal Area</i>	8.01	8.21	8.41	8.60	8.84	8.96	9.06	1.05
Jayawijaya	3.92	4.26	4.31	4.36	4.39	4.59	4.74	0.82
Puncak Jaya	1.98	2.24	2.53	2.86	3.04	3.19	3.38	1.4
Paniai	3.52	3.59	3.66	3.73	3.74	3.76	3.77	0.25
Yahukimo	1.78	2	2.94	3.78	3.97	3.98	3.99	2.21
Pegunungan Bintang	1.54	1.64	1.76	1.88	1.97	2.06	3.21	1.67
Tolikara	2.46	2.76	2.88	3.00	3.04	3.06	3.08	0.62
Nduga	0.25	0.37	0.49	0.6	0.63	0.64	0.70	0.45
Lanny Jaya	2	2.11	2.35	2.55	2.6	2.75	2.92	0.92
Mamberamo Tengah	2.08	2.12	2.15	2.18	2.4	2.49	2.49	0.41
Yalimo	1.54	1.76	1.78	1.8	2.07	2.08	2.19	0.65
Puncak	1.05	1.21	1.37	1.4	1.43	1.61	1.78	0.73
Dogiyai	3.4	3.61	4.44	4.76	4.87	4.88	4.89	1.49
Intan Jaya	NA	2.02	2.09	2.16	2.32	2.48	2.49	0.47
Deiyai	NA	2.16	2.51	2.87	2.95	2.96	2.97	0.81
<i>Average Highland Area</i>	2.13	2.28	2.52	2.71	2.82	2.90	3.04	0.92

Source: Indikator Pendidikan Provinsi Papua, BPS, 2016

Table 7 Health Personnel in Papua Province, 2016

	General Practitioner	Specialist Practitioner	Nurse	Midwife	Total	Percentage
Merauke	82	17	321	210	630	7.4%
Jayawijaya	46	8	309	66	429	5.0%
Jayapura	55	12	386	173	626	7.3%
Nabire	47	12	513	130	702	8.2%
Kepulauan Yapen	31	6	103	17	157	1.8%
Biak Numfor	18	17	214	39	288	3.4%
Paniai	13	4	-	-	17	0.2%
Puncak Jaya	14	0	124	13	151	1.8%
Mimika	68	18	421	193	700	8.2%
Boven Digoel	11	0	170	101	282	3.3%
Mappi	24	1	66	10	101	1.2%
Asmat	25	2	228	110	365	4.3%
Yahukimo	26	0	119	52	197	2.3%
Pegunungan Bintang	19	0	138	35	192	2.2%
Tolikara	26	0	56	22	104	1.2%
Sarmi	8	0	50	36	94	1.1%
Keerom	17	1	196	80	294	3.4%
Waropen	6	0	155	24	185	2.2%
Supiori	12	4	142	44	202	2.4%
Mamberamo Raya	15	3	90	13	121	1.4%
Nduga	5	0	62	7	74	0.9%
Lanny Jaya	9	0	115	24	148	1.7%
Mamberamo Tengah	6	0	66	36	108	1.3%
Yalimo	8	0	91	38	137	1.6%
Puncak	13	0	11	-	24	0.3%
Dogiyai	9	0	125	24	158	1.8%
Intan Jaya	8	0	87	14	109	1.3%
Deiyai	4	0	141	35	180	2.1%
Jayapura Municipality	149	146	1245	248	1788	20.9%
Provinsi Papua	774	251	5744	1794	8563	100.0%

Source: Ministry of Health (2018)

Table 8 Allocation Special Autonomy Fund Between Papua Province and Local Governments from 2002 to 2017 (million rupiahs)

	Special Autonomy Fund	Proportion of Province	Ratio	Proportion of Local Governments	Ratio	Joint Affairs Fund	Ratio
2002	1,382.30	829.38	60%	555.27	40%	na	na
2003	1,539.56	924.49	60%	605.51	39%	na	na
2004	1,642.62	657.42	40%	982.20	60%	na	na
2005	1,775.31	570.00	32%	855.31	48%	350.00	20%
2006	3,449.66	1,099.29	32%	1,648.93	48%	701.44	20%
2007	4,045.75	1,153.74	29%	1,730.61	43%	411.40	10%
2008	3,920.14	1,262.70	32%	1,894.05	48%	433.40	11%
2009	4,079.80	843.81	21%	1,265.88	31%	500.00	12%
2010	3,494.86	937.95	27%	1,406.92	40%	350.00	10%
2011	3,957.46	1,080.00	27%	1,620.01	41%	457.45	12%
2012	4,404.83	1,350.34	31%	2,025.51	46%	457.55	10%
2013	4,927.38	1,536.14	31%	2,304.21	47%	515.60	10%
2014	4,777.07	772.30	16%	3,089.18	65%	915.60	19%
2015	7,190.43	772.30	11%	3,089.18	43%	1,078.96	15%
2016	6,595.05	772.30	12%	3,089.18	47%	1,533.58	23%
2017	8,240.82	772.30	9%	3,089.18	37%	4,379.34	53%

Source: Ministry of Finance, various years.

Appendix 2: Final Approval Notice

Project No.:	7419		
Project Title:	Decentralization and Human Development: A Case of Special Autonomy of Papua in Indonesia		
Principal Researcher:	Mr Yadi Hadian		
Email:	hadi0019@flinders.edu.au		
Approval Date:	17 October 2016	Ethics Approval Expiry Date:	1 March 2020

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided with the addition of the following comment(s):

Additional information required following commencement of research:

1. Permissions

Please ensure that copies of the correspondence granting permission to conduct the research from the individuals and/or organisations outlined in the application (i.e, Secretary of Papua Province, Jayapura Mayor, Head of Jayawijaya District (Bupati)) are submitted to the Committee *on receipt*. Please ensure that the SBREC project number is included in the subject line of any permission emails forwarded to the Committee. Please note that data collection should not commence until the researcher has received the relevant permissions (item D8 and Conditional approval response – number 10).

RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

1. **Participant Documentation**

Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

- all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above mentioned errors.
- the Flinders University logo is included on all participant documentation (e.g., letters of Introduction, information Sheets, consent forms, debriefing information and questionnaires – with the exception of purchased research tools) and the current Flinders University letterhead is included in the header of all letters of introduction. The Flinders University international logo/letterhead should be used and documentation should contain international dialling codes for all telephone and fax numbers listed for all research to be conducted overseas.
- the SBREC contact details, listed below, are included in the footer of all letters of introduction and information sheets.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 'INSERT PROJECT No. here following approval'). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.

2. Annual Progress / Final Reports

In order to comply with the monitoring requirements of the [National Statement on Ethical Conduct in Human Research \(March 2007\)](#) an annual progress report must be submitted each year on the **17 October** (approval anniversary date) for the duration of the ethics approval using the report template available from the [Managing Your Ethics Approval](#) SBREC web page. *Please retain this notice for reference when completing annual progress or final reports.*

If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please submit either (1) a final report; or (2) an extension of time request and an annual report.

Student Projects

The SBREC recommends that current ethics approval is maintained until a student's thesis has been submitted, reviewed and approved. This is to protect the student in the event that reviewers recommend some changes that may include the collection of additional participant data.

Your first report is due on **17 October 2017** or on completion of the project, whichever is the earliest.

3. Modifications to Project

Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such proposed changes / modifications include:

- change of project title;
- change to research team (e.g., additions, removals, principal researcher or supervisor change);
- changes to research objectives;
- changes to research protocol;
- changes to participant recruitment methods;
- changes / additions to source(s) of participants;
- changes of procedures used to seek informed consent;
- changes to reimbursements provided to participants;
- changes / additions to information and/or documentation to be provided to potential participants;
- changes to research tools (e.g., questionnaire, interview questions, focus group questions);
- extensions of time.

To notify the Committee of any proposed modifications to the project please complete and submit the *Modification Request Form* which is available from the [Managing Your Ethics Approval](#) SBREC web page. Download the form from the website every time a new modification request is submitted to ensure that the most recent form is used. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

Change of Contact Details

Please ensure that you notify the Committee if either your mailing or email address changes to ensure that correspondence relating to this project can be sent to you. A modification request is not required to change your contact details.

4. Adverse Events and/or Complaints

Researchers should advise the Executive Officer of the Ethics Committee on 08 8201-3116 or human.researchethics@flinders.edu.au immediately if:

- any complaints regarding the research are received;
- a serious or unexpected adverse event occurs that affects participants;
- an unforeseen event occurs that may affect the ethical acceptability of the project.

Appendix 3: Letter of Introduction

LETTER OF INTRODUCTION

Dear Sir/Madam/Name

This letter is to introduce Yadi Hadian who is a Doctor of Philosophy (PhD) student in the School of Social and Policy Studies at Flinders University. He also has professional affiliation to Directorate General of Fiscal Balance – Ministry of Finance of the Republic of Indonesia.

He is undertaking research leading to the production of a thesis or other publications on the subject of Decentralization and Human Development: A Case of Special Autonomy of Papua in Indonesia. Aims of the research is to investigate the effectiveness of special autonomy to improve human development in Papua, in term of health and education outcomes.

He would like to invite you to assist with this project by agreeing to be involved in an interview which covers certain aspects of this topic. No more than 1 hour on 1 occasion(s) would be required for the interview.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting thesis, report or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Since he intends to make an audio recording of the interview, he will seek your consent, on the attached form, to record the interview, to use the recording or a transcription in preparing the thesis, report or other publications, on condition that your name or identity is not revealed, and to make the recording available to other researchers on the same conditions.

The investigator anticipates few risks from your involvement in this study. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the researcher. Any enquiries you may have concerning this project should be directed to me at the address given above or by telephone on +61 (8) 8201 2302 or email: noore.siddiquee@flinders.edu.au.

Thank you for your attention and assistance.

Yours sincerely



Associate Professor Noore Siddiquee
Associate Dean, International
School of Social and Policy Studies
Faculty of Social and Behavioural Science
Flinders University, South Australia

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 7419). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

Appendix 4: Information Sheet

INFORMATION SHEET

Title:

Decentralization and Human Development: A Case of Special Autonomy of Papua in Indonesia

Researcher:

Mr. Yadi Hadian

School of Social and Policy Studies - Faculty of Social & Behavioural Sciences

Flinders University

Phone: +61449821976

Professional Affiliation:

Directorate General of Fiscal Balance – Ministry of Finance of the Republic of Indonesia

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Supervisor(s):

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Bedford Park, Adelaide SA 5001

Phone: +61 (8) 82012489

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Description of the study:

This study is part of the project entitled “Decentralization and Human Development: A Case of Special Autonomy of Papua in Indonesia”. This project will investigate the impact of special autonomy on human development in Papua Province. This project is supported by Flinders University, School of Social and Policy Studies – Faculty of Social and Behavioural Sciences.

Purpose of the study:

The aims of this research are:

- To explore the effectiveness of special autonomy to accelerate development and reduce disparities of human development between Papua and other regions
- To explore the ways in which the provincial and local governments in Papua utilize special autonomy to improve human development.
- To elaborate how development programs and budgetary allocations at district and municipality levels in Papua are geared towards improving human development.
- To explore the reason why Jayapura Municipality has a very high HDI, while Jayawijaya District has low HDI.

What will I be asked to do?

You are invited to attend a one-on-one interview with Mr. Yadi Hadian who will ask you a few questions about your views about special autonomy and human development in Papua, particularly health and education sectors. The interview will take about 60 minutes. However, if there be any extended time during interview it will be no more than 30 minutes. The interview will be audio-recorded using a digital voice recorder to help with looking at the results. Once recorded, the interview will be transcribed (typed-up) and stored as a computer file and then destroyed once the results have been finalised. This is voluntary.

What benefit will I gain from being involved in this study?

The sharing of your experiences will contribute to future policy of special autonomy for Papua and human development, particularly health and education sectors.

Will I be identifiable by being involved in this study?

We do not need your name and you will be anonymous. Once the interview has been typed-up and saved as a file, the voice file will then be destroyed. Any identifying information will be removed and the typed-up file stored on a password protected computer that only the coordinator (Mr Yadi Hadian) will have access to. Your comments will not be linked directly to you. Participants will be kept anonymous and responses made by participant during interview will be kept confidential.

Are there any risks or discomforts if I am involved?

Other group members may be able to identify your contributions even though they will not be directly attributed to you.

The researcher anticipates few risks from your involvement in this study. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the researcher.

How do I agree to participate?

Participation is voluntary. You may answer 'no comment' or refuse to answer any questions and you are free to withdraw from the interview at any time without effect or consequences. A consent form accompanies this information sheet. If you agree to participate please read and sign the form and send it back to me at hadi0019@flinders.edu.au.

How will I receive feedback?

Outcomes from the project will be summarised and given to you by the researcher if you would like to see them.

Thank you for taking the time to read this information sheet and we hope that you will accept our invitation to be involved.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 7419). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

Appendix 5: Consent Form

CONSENT FORM FOR PARTICIPATION IN RESEARCH

(by interview)

Decentralization and Human Development: A Case of Special Autonomy of Papua in Indonesia

I

being over the age of 18 years hereby consent to participate as requested in the
..... for the research project on

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio/video recording of my information and participation.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.

5. I understand that:

- I may not directly benefit from taking part in this research.
- I am free to withdraw from the project at any time and am free to decline to answer particular questions.
- While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
- Whether I participate or not, or withdraw after participating, will have no effect on any treatment or service that is being provided to me.
- Whether I participate or not, or withdraw after participating, will have no effect on my progress in my course of study, or results gained.
- I may ask that the recording/observation be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.

6. I have had the opportunity to discuss taking part in this research with a family member or friend.

Participant's signature.....Date.....

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name: Yadi Hadian

Researcher's signature.....Date.....

Appendix 6: Semi-structure Interview

Participants:

- **Members of Parliament, Papua Province (DPRP)**
- **Members of Papua People Assembly (MRP)**
- **Members of Parliament, Jayapura City (DPRD)**
- **Members of Parliament, Jayawijaya District (DPRD)**

1. Would you please explain the role of provincial parliament in Papua's development?*
2. In your opinion, has anything changed in Papua since the implementation of special autonomy for Papua?
3. What major changes do you perceive in human development (in term of health and education sectors) since the implementation of special autonomy for Papua?
4. What were you hoping to gain from special autonomy?
5. Is there any grand design for Papua development? Please tell me more about this?*
6. In the Law 21/2001, special autonomy fund is equal to 2% from total national general allocation fund. In practice, is the arrangement of special autonomy fund adequate for Papua?*
7. What is your opinion about the revenue sharing proportion to Papua that stipulated in the Law 21/2001? For instance, gas and oil mining revenue sharing for Papua is 70%?*
8. There are additional fund of special autonomy for infrastructure in Papua. What is your opinion about this? How effective is this fund in improving development in Papua?
9. In the Law 21/2001, it is stipulated that 30% of the special autonomy fund have to be allocated in education sector and 15% to health sector. How is the actual budget allocation for health and education sectors?
10. The objective of special autonomy according to Law 21/2001 is to minimize development gap between the Papua Province and the other regions. What is your opinion about the development gap after the implementation of special autonomy?
11. Papua Province is widely known as a rich region with abundant natural resources, however Papua Province has low Human Development Index (HDI). How would you explain about this?
12. In your opinion, how is the relationship between the central government and Papua Province?*
13. What is your opinion about the sharing of responsibilities between Papua Province and local governments under the Law 21/2001 on Special Autonomy for Papua?
14. In your view, have the provincial government and local governments played their role properly, as intended?
15. In your opinion, what are the main challenges of health and education sectors in Papua?
16. What do you suggest to improve health and educational outcomes in Papua?
17. What does the parliament done in matters of regulation in health and educational sectors?
18. In your opinion, how effective is the special autonomy to accelerate development in Papua? Why is it effective/not effective? Could you please tell me more about this?
19. What is your opinion about the revision of Law 21 of 2001? What are the main points that needs to be revised in the Law 21 of 2001? Could you please explain more about this?
20. Is there anything else you would like to tell me?

*) Questions only for DPRP and MRP

Participants:

- **Senior official of Directorate General of Fiscal Balance, Ministry of Finance**
- **Senior Official of Directorate General of Regional Autonomy, Ministry of Home Affairs**

1. Would you please explain the role of your ministry in Papua development?
2. Is there any grand design for Papua development? Tell us about the progress towards its implementation?
3. Papua's HDI is the lowest in Indonesia. Are there any affirmative action policies for Papua? Could you please explain about these policies?
4. What has changed in the transfer mechanism of special autonomy fund to Papua?*
5. How does the government ensure the mechanism works? Is there any impact?*
6. How is the implementation of special autonomy for Papua monitored and evaluated?** And who does the monitoring and evaluation?
7. The objective of special autonomy according to Law 21/2001 is to minimize development gap between the Papua Province and the other regions. What is your opinion about the development gap after the implementation of special autonomy?
8. In your opinion, what has the central and provincial government of Papua done to minimize the gap?
9. What is your opinion about the relationship between the central government and the provincial government of Papua?
10. What is your opinion about the responsibility sharing between Papua Province and local governments in Papua under the Law 21/2001 on Special Autonomy for Papua?***
11. In your opinion, how effective is the special autonomy to accelerate development in Papua? Why is it effective/not effective? Could you please tell me more about this?
12. What is your opinion about the revision of Law 21 of 2001? What are the main points that needs to be revised in the Law 21 of 2001? Could you please explain more about this?
13. Is there anything else you would like to tell me?

*) Questions only for official at Ministry of Finance

**) Questions only for official at Ministry of Home Affairs

Participant:

Senior official of Supreme Audit Institution

1. Would you tell me about provincial and local government budget report, particularly expenditure on health and education sectors?
2. What is the main challenge in auditing the budget report?
3. What is your opinion about the capacity of officials in provincial and local governments in Papua in financial management?
4. What is your evaluation about special autonomy fund spending on health and education sectors?
5. What is your opinion about the accountability of local government spending in Papua?
6. What is your opinion about the quality of provincial and local government reports in Papua?
7. Has the quality improved over time? Could you please explain in which way the report has improved?
8. How is the quality of provincial and local government reports in Papua compared to other regions?
9. Is there anything else you would like to tell me?

Participants:

- Secretary/Senior Staff of Papua Province
 - Mayor/Vice Mayor/Secretary/Senior Staff of Jayapura Municipality
 - Bupati (Head of District)/Vice Bupati/Secretary/Senior Staff of Jayawijaya District
1. What is your opinion about the effect of special autonomy on development in Papua after 14 years of implementation?
 2. What major changes do you perceive in development since the implementation of special autonomy for Papua?
 3. In your observation, what is the most important issue in the special autonomy for Papua?
 4. What were you hoping to gain from special autonomy?
 5. Is there any grand design for Papua development? Please tell me more about this?
 6. What is your opinion about the special autonomy fund allocation to Papua that stipulated in the Law 21/2001 is equal to 2% from total national general allocation fund? Is it adequate for Papua development?
 7. There are additional fund of special autonomy for infrastructure in Papua. What is your opinion about this? How effective is this fund in improving development in Papua?
 8. In the Law 21/2001, it is stipulated that 30% of the special autonomy fund have to be allocated in education sector and 15% to health sector. How is the actual budget allocation for health and education sectors? Have the provincial and local government spent their budget as stated in the Law 21/2001?
 9. The objective of special autonomy according to Law 21/2001 is to minimize development gap between the Papua Province and the other regions. What is your opinion about the development gap after the implementation of special autonomy?
 10. Papua Province is widely known as a rich region with abundant natural resources, however Papua Province has low Human Development Index (HDI). How would you explain about this?
 11. What is your opinion about the sharing of responsibilities between Papua Province and local governments under the Law 21/2001 on Special Autonomy for Papua?
 12. In your view, have the provincial government and local governments played their role properly, as intended?
 13. What is your opinion about Papuans' health and education conditions since the implementation of special autonomy?
 14. In your opinion, what is the main challenge of health and education sectors in Papua?
 15. What is the main program of provincial and local government to improve health and education sectors?
 16. Is there any affirmative action policy for indigenous Papuans? Could you please explain more?
 17. What is your opinion about health and education condition between indigenous Papuans and migrants?
 18. In your opinion, how effective is the special autonomy to accelerate development in Papua? Why is it effective/not effective? Could you please tell me more about this?
 19. What is your opinion about the revision of Law 21 of 2001? What are the main points that needs to be revised in the Law 21 of 2001? Could you please explain more about this?
 20. Is there anything else you would like to tell me?

Participants:

Senior officials of Provincial Health Office

Senior officials of Health Office of Jayapura Municipality

Senior officials of Health Office of Jayawijaya District

1. What is your opinion about human development in Papua, particularly health sector since the implementation of special autonomy?
2. What is your opinion about progress in the health sector in Papua compared to other regions?
3. How is the division of responsibility between the provincial and local governments in health sector? Who is responsible for what aspect of the health sector?
4. What is the vision and mission of provincial and local government in regard to the health sector?
5. Is there any priority from provincial and local governments in improving health outcomes in Papua? Please tell me more about this?
6. Is there any minimum service standard of health sector? Could you please explain more detail?
7. In your opinion, what is the biggest challenge of human development improvement in Papua, in terms of the health sector?
8. What is your opinion about the indigenous Papuan's health condition compared to migrants?
9. What is the provincial and local government strategy to empower indigenous Papuans in regard to accessing health services?
10. What is your opinion about the implementation of special autonomy law on budget allocation to spend 15 percent for health expenditure?
11. Is there any monitoring and evaluation to ensure 15 percent budget for health expenditure is achieved?
12. What is the main target of your provincial and local government of health sector in the short and medium term?
13. What have the provincial and local government achieved in the health sector?
14. Do you think the provincial and local government have spent the local budget on health sector effectively and efficiently? Could you please explain more detail?
15. In your opinion, what is important strategy to improve health condition of indigenous Papuans?
16. What problems do you see in implementation of health programs in your local government?*
17. What is your opinion about the involvement of local stakeholders in decision making process of health program?*
18. Is there any local government priority to provide health service for Papua's indigenous people? Could you please tell me more about this?
19. What is your opinion about the health condition of indigenous Papuans? How is the health condition of indigenous Papuans compared to migrants?
20. What is your opinion about the program of free-of-cost healthcare service for Papua's indigenous people?
21. Has the quality of health services improved since the implementation of special autonomy for Papua? Could you please explain the example?
22. What is your opinion about is the availability of doctors and medical personnel in your region?*
23. What is your opinion about the availability of health facilities and medicine in your region?*
24. Is there anything else you would like to tell me?

Participant:

Senior officials of Provincial Education Office

Senior officials of Education Office of Jayapura Municipality

Senior officials of Education Office of Jayawijaya District

1. What is your opinion about human development in Papua, particularly education sector since the implementation of special autonomy?
2. What is your opinion about progress in the education sector in Papua compared to other regions?
3. How is the division of responsibility between the provincial and local governments in education sector?
4. What is the vision and mission of provincial and local government in regard to the education sector?
5. Is there any priority from provincial and local government in improving education outcomes in Papua? Could you please explain more about this?
6. Is there any minimum service standard of education sector? Could you please explain more detail?
7. In your opinion, what is the biggest challenge of human development improvement in Papua, in term of education sector?
8. What is your opinion about the indigenous Papuan's education condition compared to migrants? What is the strategy to empower indigenous Papuans?
9. What is your opinion about the implementation of special autonomy law on budget allocation to spend 30 percent for education expenditure? Is there any monitoring and evaluation to ensure 30 percent budget for education sector is achieved?
10. What is the main target of your provincial and local government of education sector in the short and medium term?
11. What have the provincial and local government achieved in education sector?
12. Do you think the provincial and local government have spent the local budget on education sector effectively and efficiently? Could you please explain more detail?
13. What problems do you see in implementation of education programs in your local government?*
14. What is your opinion about the involvement of local stakeholders in decision making process of education program?*
15. Is there any local government priority to provide education service for Papua's indigenous people? Could you please tell me more about this?
16. Has the quality of education services improved since the implementation of special autonomy for Papua? Could you please explain the example?
17. What is your opinion about the program of free-of-cost education service for Papua's indigenous people?
18. What are the most serious problem in the education sector in your region? What is the effort to handle the problem?
19. What is your opinion about education facilities in your district/municipality?*
20. What is your opinion about illiteracy rate at your region?*
21. Would you please explain why some students don't finish their schooling?*

22. How is the availability of teachers in your region? Are they available equally in all sub-district and villages? How is the quality of teachers?*
23. There are reports of teachers who are absent from their teaching positions. Can you explain how this happens? How frequently does this happen?*
24. Why are the teachers absent from their teaching positions?*
25. What is your opinion about length of school of students in your region?*
26. What's the average school years that students achieve? What is your opinion about this length of schooling of students in your region?*
27. Is there any problems to students to access education in rural area? Could you please explain more about this?*
28. Is there anything else you would like to tell me?

*) Question only for officials at Education Office at local government

Participants:

Senior officials of Provincial Finance Office

Senior officials of Finance Office of Jayapura Municipality

Senior officials of Finance Office of Jayawijaya District

1. How is coordination between Local Planning Agency and Local Finance Office in planning and budgeting? Is there any control on consistency between planning and budgeting in your region?
2. Is the local government able to complete the budget arrangement in timely fashion? If not, why?
3. How is the capacity of human resource in public financial management? How is the local government effort to improve the human resource capacity in public finance management?
4. How would you describe the mechanism of special autonomy fund allocation from the provincial government to local governments in Papua?
5. Could you please explain about transparency of special autonomy fund allocation?
6. What is the accountability mechanism of special autonomy fund management? Does it works?
7. In the Law 21/2001, it is stipulated that special autonomy fund have to be allocated 30% in education sector and 15% health sector. How is the actual budget allocation for health and education sectors? If the actual budget allocations are not achieved 30% in education sector and 15% health sector, why this happen?
8. Could you please explain about sectoral allocation where the special autonomy fund is allocated?
9. Is there any progress in the budget allocation for health and education sectors?
10. Could you please explain about expenditure allocation patterns, such as salary, goods and services expenditures, and capital expenditure?
11. Does the local government provide budget allocation for free-of-cost education and healthcare programs for Papua's indigenous people? Could you please explain more about this?
12. Is there any formula or criteria to allocate special autonomy fund from Papua Province to local governments? Could you please tell me more about this?
13. Is there any evaluation from provincial government to local governments regarding to special autonomy fund? Could you please tell me more about that?
14. How do the citizens of your area find out about the funding allocations? Is there any accountability to them?
15. Could you please explain about control mechanism for special autonomy fund management?
16. Is there anything else you would like to tell me?

Participants:

Senior officials of Provincial Planning Agency

Senior officials of Planning Agency of Jayapura Municipality

Senior officials of Planning Agency of Jayawijaya District

1. How is development planning coordinated between Planning Agency and Health Office/Education Office?
2. How is the planning process of health and education programs in your local government?
3. What is the role of the health and education offices in development planning?
4. Is there any control on consistency in planning and implementation? Could you please tell me more about this?
5. How is coordination between Local Planning Agency and Local Finance Office in planning and budgeting?
6. Would you please explain about short term planning of health and education sector in Papua?
7. Would you please explain about medium term planning of health and education sector in Papua?
8. In your opinion, what is the role of civil society regarding health and education planning?
9. According to National Statistics Agency (BPS) data, Jayapura Municipality has the highest HDI in Papua Province. In your opinion, what factors contribute to the high HDI in Jayapura?*
10. In your opinion, is there any impact of special autonomy on the achievement of high HDI in Jayapura?*
11. What is your opinion about human development in Jayapura/Jayawijaya compared to other local governments in Papua?
12. According to National Statistics Agency (BPS) data, Jayawijaya District has low HDI. In your opinion, what factors contribute to the low HDI in Jayawijaya?***
13. In your opinion, what is the main problems in Jayawijaya compared to other local governments in Papua?***
14. Is there anything else you would like to tell me?

*) Question only for officials at Jayapura Municipality

**) Question only for officials at Jayawijaya District

Participants:

- **Health workers**
- **Health NGO activists**

1. What is your opinion about human development in Papua, particularly in health sector since the implementation of special autonomy? Has it changed?
2. What is your opinion about health sector in Papua compared to other regions?
3. In your opinion, what is the biggest problem of health sector in Papua?
4. What is your opinion about the implementation of special autonomy law to spend 15 percent for health expenditure?
5. Do you think the provincial and local government have spent the local budget on health sector effectively and efficiently? Could you please provide more detail?
6. What is your opinion about the involvement of local stakeholders in decision making process of health program?
7. What is your opinion about the capacity of the health sector to serve the health needs of indigenous Papuans?
8. How does the health condition of indigenous Papuans compare with the health condition of migrants?
9. What is your opinion about the program of free-of-cost healthcare service for Papua's indigenous people?
10. What is your opinion about the availability of health services in your region?
11. What is your opinion about is the availability of doctors and medical personnel in your region?
12. What is your opinion about the availability of health facilities and medicine in your region?
13. Is there anything else you would like to tell me?

Participants:

- **Education workers**
- **Education NGOs activists**
- **Education Foundation members**

1. Could you please explain the role of your institution in education sector?
2. What is your main concern about education in Papua?
3. What is your opinion about education facilities in your district/municipality?
4. What is your opinion about illiteracy rate at your region?
5. Would you please explain why some students don't finish their schooling?
6. How is the availability of teachers in your region? Are they available equally in all sub-district and villages?
7. In your opinion, how is the quality of teachers in your region?
8. There are reports of teachers who are absent from their teaching positions. Can you explain how this happens? How frequently does this happen?
9. Why are the teachers absent for teaching at school?
10. What is your opinion about length of school of students in your region?
11. What is your opinion about education facilities in your district/municipality?
12. How do you see the role of non-government organisations in the local decision making process, particularly in education programs?
13. In your opinion, what is the biggest problem of education in your region?
14. In the Law 21/2001, it is stipulated that 30% of special autonomy fund have to be allocated to education sector. In your opinion, is there any impact of special autonomy on education sector in your region? Could you please explain more about this?
15. Do you think the provincial and local governments have spent the local budget on education sector effectively and efficiently? Could you please explain more detail?
16. What do you expect from the local government to improve the condition of education in Papua?
17. Is there anything else you would like to tell me?

Participants:

- **Researcher at Papua Center, University of Indonesia**
- **Researcher at Papua Study Team (LIPI)**
- **Researcher at Cenderawasih University**
- **Papua Peace Network (JDP)**

1. What is your opinion about the effect of special autonomy on development in Papua after 14 years of implementation?
2. What major changes do you perceive in development since the implementation of special autonomy for Papua?
3. In your observation, what is the most important issue in the special autonomy for Papua?
4. In your opinion, what are the main weaknesses of special autonomy for Papua? Could you tell me more about this?
5. The objective of special autonomy according to Law 21/2001 is to minimize development gap between the Papua Province and the other regions. What is your opinion about the development gap after the implementation of special autonomy? Is there any significant progress has been made?
6. What do you think are the reasons for Papua's poor performance?
7. In your opinion, how effective has special autonomy been in accelerating development in Papua?
8. In your opinion, why does Jayapura municipality have a very high HDI and Jayawijaya District has a very low HDI? What factors contribute to this gap?
9. What is your opinion about the responsibility of Papua Province and local governments in Papua under the Law 21/2001 on Special Autonomy for Papua?
10. If the Law has to be improved, what is the main point that has to be revised in Law 21 of 2001? Could you please explain more about this?
11. Is there anything else you would like to tell me?

Participants:

- **Leaders of Local Papuan Ethnic Groups**
- **Leaders of Religious Institution**

1. Would you like to explain about your ethnic group and its place in Papuan society?
2. What is your opinion about the effect of special autonomy on development in Papua after 14 years of implementation?
3. What major changes do you perceive in development since the implementation of special autonomy for Papua?
4. What is your concern about the education and health condition of your ethnic group?*
5. What is your opinion about the education and health condition of indigenous Papua compared to migrants?*
6. In your opinion, is there any affirmative action policy from provincial and local government for indigenous Papuans?*
7. In your opinion, how is the relationship between the provincial and local governments and the Local Papuan ethnic groups and religious institutions?
8. In your observation, what is the most important issue in the special autonomy for Papua?
9. In your view, who or which agency has the primary responsibility to promote development in Papua? Why?
10. The objective of special autonomy according to Law 21/2001 is to minimize development gap between the Papua Province and the other regions. To what extent this gap has been reduced?
11. What is your opinion about indigenous Papuans' health and education condition since the implementation of special autonomy?
12. In your opinion, how effective is the special autonomy to accelerate development in Papua? Could you please give details?
13. Is there anything else you would like to tell me?

*) Question only for Leaders of Local Papuan Ethnic Groups

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