

**Plus 5-Review of the 2002 Special Session on Children  
and World Fit for Children Plan of Action  
I N D O N E S I A**

**I. Introduction**

1. This report was prepared in collaboration with civil society, non-governmental organisations as well as other stakeholders at the provincial and national levels.
2. The National Program for Indonesia's Children 2015 as well as statistical data and information by relevant stakeholders and non-governmental organisations for provincial level reports served as the main references for this report.
3. Children and young adolescents actively participated in the process of putting together the National Program for Indonesia's Children 2015, the National Action Plan for the Elimination of Child Sexual Exploitation, and the National Action Plan for the Elimination of Violence against Children.

**II. Major National Targets for Action in Support of Children and the World Fit for Children Taken Since 2002**

4. The Government of Indonesia's commitment to implement A World Fit for Children is outlined in the National Program for Indonesian Children 2015 (Program Nasional Bagi Anak Indonesia/PNBAI 2015) which envisions healthy, intelligent and active Indonesian children contributing to their community and the wider society. To achieve this vision, the National Program focuses on four main areas: health, education, protection of children, and HIV/AIDS. Each area has a number of targets for action to be achieved.
5. One of the major undertakings by the Government in 2006 is a pilot project called the "*Kota Layak Anak/City Fit for Children*", which aims at creating a safe, clean and positive environment for children in Indonesia. This pilot project is being carried out in a number of cities through Indonesia (Jambi, Solo, Sidoarjo, Kutai Kertanaegara and Gorontalo). The results of these tests will be used to further develop the *City Fit for Children* project throughout the country.

**Health targets**

6. The Government has identified a number of health targets that are consistent with Indonesia's 1945 Constitution (section 28H) that states, "Every person has the inherent right to a healthy and prosperous life including proper shelter, a clean environment and access to health services".

7. In line with the Constitution, the National Program (PNBAI 2015) on health aims to achieve the following targets:
  - (i) reduce infant mortality by one third of 2001 levels;
  - (ii) reduce maternal mortality by one third of 2001 levels;
  - (iii) reduce malnutrition and low birth weight for infants;
  - (iv) increase access to clean water and improve household sanitation;
  - (v) develop a national program for developmental and early learning for children;
  - (vi) implement a national health program for young adolescents;
  - (vii) implement a national health program on reproduction.

### **Education targets**

8. Section 28B of the Constitution states that “Every child is entitled to their constitutional right of self-improvement by having their basic needs met, by obtaining an education, as well as by benefiting from science and technology, arts and culture in order to improve their quality of life and contribute to the welfare of mankind”.
9. The PNBAI 2015 aims at:
  - (i) increasing the number of children with access to developmental and early learning services to 85% by 2015;
  - (ii) by 2008, completing the compulsory basic education program that ensures a minimum of nine years of education for every Indonesian child;
  - (iii) increasing the enrollment capacity of secondary level education facilities;
  - (iv) promoting alternative education programs such as elementary school equivalency programs (Program package A), secondary school equivalency programs (Program package B) and high school equivalency programs (Program package C).
10. In addition to the Constitutional mandate, by way of Law number 20 of 2003, on the Education System in Indonesia, the Government of Indonesia obliges to allocate 20% of its State Budget and Local Government budgets for education.

### **Child protection**

11. Section 28B of the Constitution states that “Every child is entitled to life, growth and development as well as protection from violence and discrimination” and section 28C paragraph 2 states that “Every child is entitled to self development through fulfillment of their basic needs.”
12. The PNBAI 2015 sets targets including:
  - (i) prevention of abuse, violence and child exploitation;

- (ii) establishment and enforcement of legal protection for children;
  - (iii) recovery and social reintegration;
  - (iv) strengthening coordination and cooperation;
  - (v) enhancing child participation
13. Other Government policies related to child protection are Law no. 22 of 2002 on Child Protection which recognizes the rights of children as contained in the International Convention on the Rights of the Child; Article 58 of Law no. 39 of 1999 on Human Rights which states that “Every child is entitled to receive legal protection from every form of physical and mental abuse, neglect, and sexual violence while under the care of their biological parents or caregivers who are responsible for the child’s wellbeing”; and section 65 of the same law which stipulates that every child is entitled to receive protection from exploitative acts and sexual abuse, kidnapping, child trade as well as from misuse of narcotics, psychotropic drugs and other destructive drugs.

### **HIV/AIDS targets**

14. The PNBAI 2015 sets seven targets on combating HIV/AIDS, including:
- (i) creating a conducive setting for preventing the spread of HIV/AIDS through comprehensive medical therapy and treatment;
  - (ii) cross-sectoral cooperation;
  - (iii) integrating preventive measures with medical therapy, treatment and support;
  - (iv) empowering families and young adolescents particularly young female adolescents;
  - (v) addressing AIDS related stigma and improving general attitudes towards AIDS victims and their families;
  - (vi) improving access to Anti Retro Viral Therapy;
  - (vii) integrating and mainstreaming AIDS prevention with the national educational curriculum.
15. To further prevent and combat HIV/AIDS in a coordinated manner, President Susilo Bambang Yudhoyono last year established a National Commission on Tackling AIDS through Presidential Decree no. 75. The Commission coordinates efforts to combat HIV/AIDS at the central, provincial, and municipal/city levels.

### **III. RESOURCE TRENDS FOR CHILDREN**

16. The annual budget for children has steadily increased due to the improving Indonesian economy following the Asian Financial Crisis of 1997. Moreover, the Government’s restructuring to a decentralized system has contributed to a better fiscal balance between the central and regional governments as mandated by Law number 22 of 1999 and Law number 33 of 2004. This system has positively affected budget allocations for children.

17. In terms of financial support for regional government's efforts in fulfilling the rights of children and fighting HIV/AIDS, the federal government has four categories of financing sources: (i) a general allocation fund; (ii) a special allocation fund; (iii) a deconcentration fund; (iv) a stimulant fund.
18. The general allocation fund and the special allocation fund comes from the state budget which responds to proposed expenditures by the regional administrations for the development and improvement of services for regional communities.
19. The general allocation fund constitutes an instrument to overcome the financial imbalance between the regions while the special allocation fund deals with special activities being implemented by regional governments to reach national goals and priorities.
20. The deconcentration and stimulant funds are sourced from the state budget for regional programs. However the management of these funds differs.
21. The deconcentration fund is managed by the provincial Governor while the stimulant fund is managed by the related state ministry.
22. Other sources of financing come from international cooperation on child protection particularly for sexual exploitation, labor exploitation, and on child trade as well as for combatting HIV/AIDS.

#### **IV. DEVELOPMENT AND USE OF MONITORING INSTRUMENTS TO TRACK WFFC/MDG TARGETS**

23. A number of methodologies to monitor Indonesia's efforts on children issues have been developed in each sector pertaining to the WFFC and MDGs at state, regional and local levels.
24. In education, the government is developing an electronic-based information system involving children, adults, educators and relevant stakeholders. The national bureau on statistics is also conducting surveys to collect data and information.
25. In health, the government has conducted household and demographic health surveys to monitor and evaluate trends in Indonesia including for children. The household health surveys were conducted in 1972, 1980, 1985, 1992, 1995, 2001 and 2004. The demographic health surveys were conducted in 1991, 1994, 1997 and 2002-2003. Since 1992, the Government integrated the household health survey with the state health survey on socio-economy. And in 2001, the Government integrated the household health survey with the state health survey which takes into account the WFFC and MDGs targets.

26. In child protection, a number of methods have been used to monitor and assess the trends. In 2006, the government carried out a state survey on violence against women and children. Other means and sources include establishment of a child help line in some big cities in Indonesia; documentation of cases of violence in public hospitals; establishment of Comprehensive Service Centers for Women and Child Empowerment in every province of Indonesia and special units of police departments in all municipalities and cities of Indonesia. In addition, in 2006 the Government established a child-help hotline through “Program Telepon Sahabat Anak 129” which is being tested in four major cities, namely Banda Aceh, Jakarta, Surabaya and Makassar.
27. In HIV/AIDS, the government has collected data and information through a survey on behavioral study of high risk groups and free of charge reagent tests. In 2006, the government conducted a national program to estimate pregnant mothers and children under risk of being infected by HIV/AIDS. The program also included the estimation at the municipality levels.

## **V. ENHANCING PARTNERSHIPS, ALLIANCES FOR CHILDREN AND PARTICIPATION**

28. Various alliances and partnerships have been established including a number of working groups consisting of members of civil society, non-governmental organizations, and relevant stakeholders. The working groups’ program and activities are in line with those in the PNBAI 2015.
29. Likewise, the Government also established various partnerships with civil society, non-governmental organizations and other stakeholders at the provincial, municipality/city levels, which includes among others dissemination and training on the PNBAI 2015.
30. In health, the government with the support of civil society and non-governmental organizations embarked on a campaign to revitalize community health posts (POSYANDU), promote safe motherhood and breastfeeding; promote safe maternity wards in hospitals and safe communities for infants; develop a “say no to drugs” campaign; promote the eradication of malaria and tuberculosis; and a village alert program.
31. In education, the government with the support of civil society and non-governmental organizations established a forum to promote early childhood learning and education at national, provincial, and municipality/city levels.
32. In child protection, the government with the support of civil society and non-governmental organization established a Child Protection Agency (Lembaga Perlindungan Anak) in 12 provinces. The agency seeks to facilitate and promote dialogue on child protection in these provinces, and bring the concerns discussed in these agencies to the attention of state, regional and municipal authorities.

33. In achieving the objectives of the WFFC, children as the main stakeholders, have also been actively participating. There are numerous initiatives and activities involving and led by children, such as:

(i) Children's Forum

The establishment of the Forum was initiated by the government and Child Protection Agency. It provides a medium to discuss issues affecting children at the provincial and regency levels, which will be channelled to the people's representatives at the provincial parliament. The Forum's members are child representatives.

(ii) Youth Parliament

To familiarize the functions of the Indonesian Parliament system, a number of non-governmental organizations in collaboration with the Indonesian House of Representatives established the Youth Parliament in 2003. The Youth Parliament consists of an equal number of teenage girls and boys representing 50 high schools from five provinces of Indonesia. The Youth Parliament discusses various topics relating to (i) the history of the Indonesian Parliament; (ii) children; (iii) preparing legislation documents; (iv) decision making mechanisms.

(iii) National Conference on Children

In the annual celebrations of National Children's Day, the government organizes a National Conference for Children in collaboration with civil society, non-governmental organizations and stakeholders from all provinces of Indonesia. The Conference is attended by children representing each province of Indonesia and concludes with several recommendations on children's issues, which are presented to the President of Indonesia during the ceremony of National Children's Day on 23 July every year.

(iv) Children's Participatory Forum

In 2004, a Children's Participatory Forum was held and resulted in two outcomes: (a) developing the participatory capacity of children; (b) a document on children's participation

(v) Children's National Consultation Meeting

In 2005, the Government in collaboration with civil society and non-government organizations at national and provincial levels held a Children's National Consultation Meeting discussing among others the theme of Child Abuse from a Child's Perspective. Five recommendations resulted from the meeting and two children were elected to represent Indonesia in the Regional Consultation meeting held in Bangkok, Thailand in 2005.

(vi) Indonesian Youth Leaders

Since 2004, the government has supported the election of youth leaders at state and regional levels. The objective of this activity is to (i) give recognition to

teenagers under the age of 18 that have actively participated in socializing the rights of children; (ii) promote children's awareness of their important role in the country's future including their rights and obligations; (iii) enhance community participation in realizing the vision of an Indonesia Fit for Children. At every election, three representatives receive recognition from the President at the ceremony of the Children's National Day. In 2006, the finalists of the elections took the initiative of establishing a Forum for Indonesian Youth.

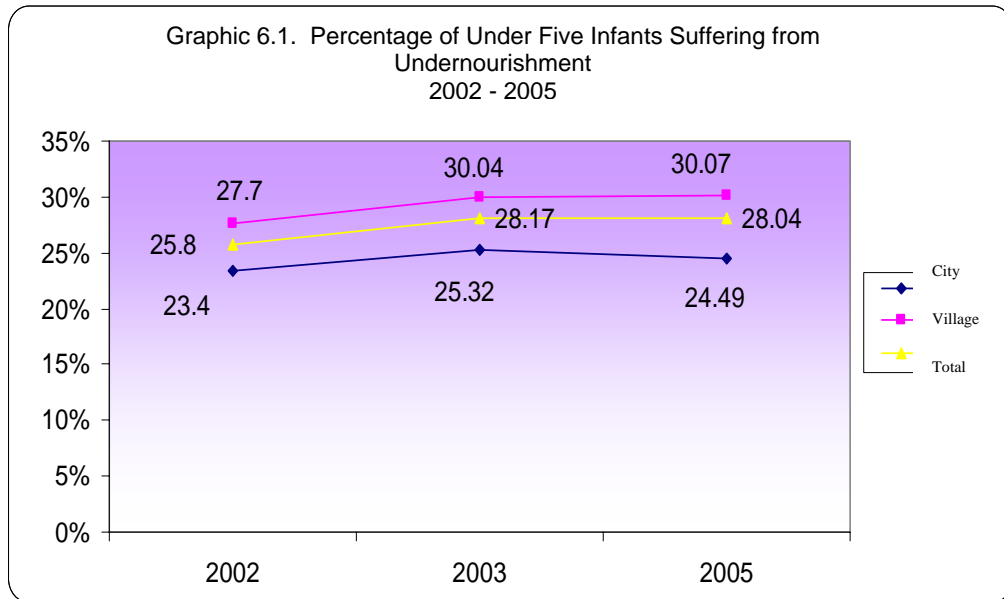
## **VI. ACHIEVEMENT OF WORLD FIT FOR CHILDREN PLAN OF ACTION AND RELATED MILLENNIUM DEVELOPMENT GOALS TARGETS**

### Health

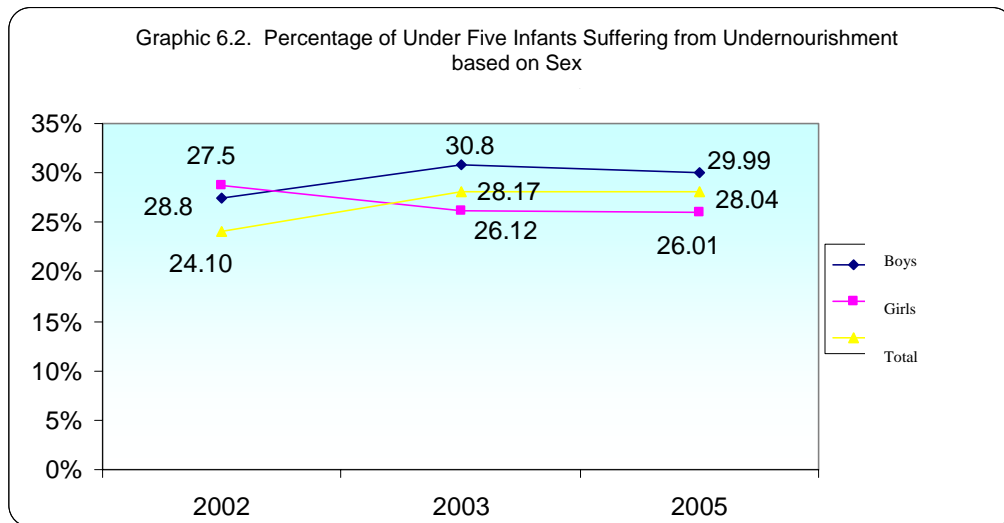
34. There has been a steady decrease in infant mortality rate (under 1) and under five mortality rates. Statistical data from taken from 2000-2005 indicated that the infant mortality rate dropped from 41% (boys 46% and girls 35%) to 32% (boys 37% and girls 28%) and the under five mortality rate decreased from 51% (boys 58% and girls 45%) to 40% (boys 45% and girls 34%).
35. The improvements to a large part are due to the government-funded immunization programs to prevent tuberculosis, DPT3, and Hepatitis. According to statistical data collected between 2002 and 2005, there was a steady increase in administering the above three immunizations:
  - (i) TB immunizations increased from 77% to 82%;
  - (ii) DPT3 immunizations increased from 75% to 88%; and
  - (iii) Hepatitis immunizations increased from 67% to 72%.

However, other immunization programs particularly polio, rubella and measles experienced a decrease. From 2002 to 2005, polio immunizations dropped from 74% to 70%. Similarly, rubella and measles immunizations dropped from 76% to 70% in the same time period.

36. The nutritional status of under five infants suffering from undernourishment experienced improvements according to data recorded from 2003 – 2005. In 2003, the percentage of under five infants suffering from undernourishment (moderate and severe) was 28.17% while the numbers dropped slightly to 28.04% in 2005. There was also a higher incidence of undernourishment (moderate and severe) among boys than girls.

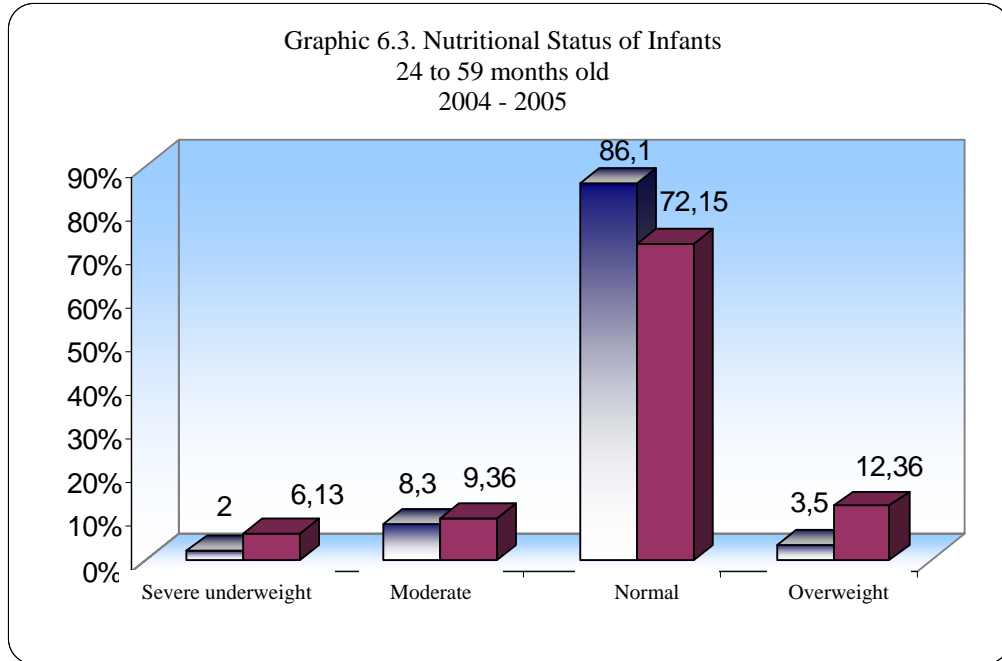


Source : Central Statistic Agency, 2005



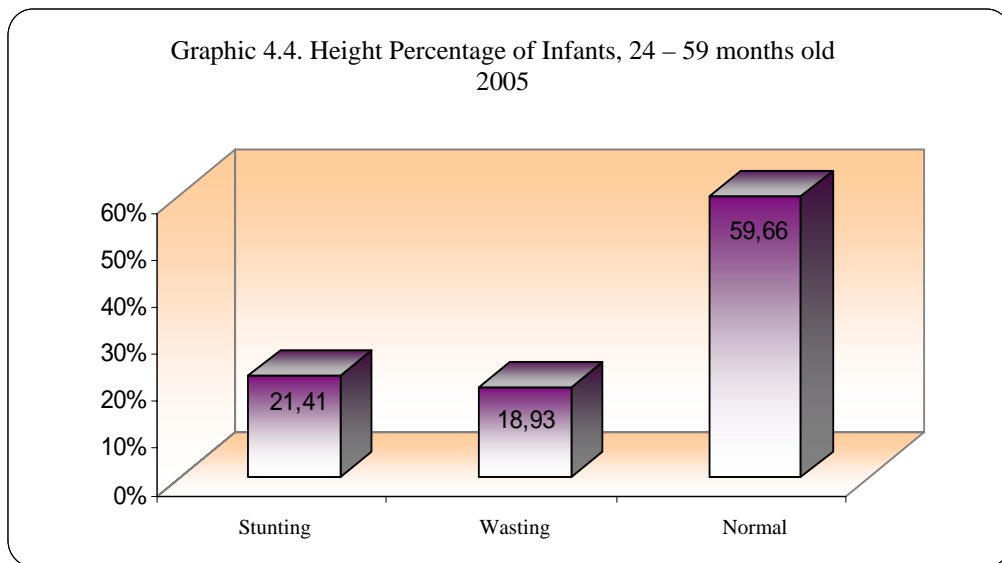
Source : Central Statistic Agency, 2005

In terms of overnourished under five infants, there was a significant increase from 3.5% in 2004 to 12.36% in 2005. In the same time period, underweight under five infants also increased from 2% in 2004 to 6.13 in 2005.



Source : Central Statistic Agency, 2005

Government statistical data also indicates that there is a higher occurrence of stunting for under five infants compared to wasting. In 2005, 21.41% of under five infants suffered from stunting while 18.93% suffered from wasting.



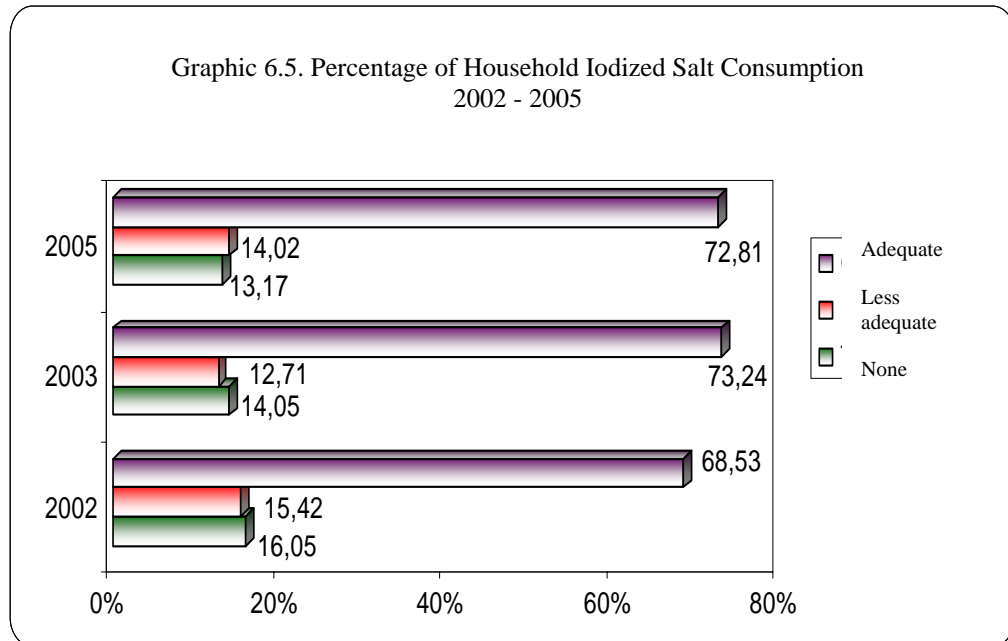
Source : Central Statistic Agency, 2005

For school children ages 5-17, according to the national survey on household health in 2004, their nutritional status was as follows:

- Adequately nourished: 74%
- Undernourished: 18%
- Overnourished: 8%

The surveys also compared the prevalence of undernourishment among different grade, gender and regions of Indonesia and the analysis showed that a higher prevalence of undernourishment occurred amongst elementary school children (21%), boys (19%) and in pockets of Indonesia where the poverty rate is comparatively high (eastern region of Indonesia: 20%).

37. In terms of iodized salt consumption, there was an increase in household consumption from 68.53% in 2002 to 73.24 in 2003. However, in 2005 there was a slight drop to 72.81%.



Source : Central Statistic Agency, 2005

38. The prevalence of mothers exclusively breastfeeding their babies varied from each age group. In 2004, exclusive breastfeeding for infants 4-6 months decreased from 42% in 2002 to 40% in 2004 while the percentage increase for infants 6-9 months with 75% prevalence and 59% for infants 20-23 months.

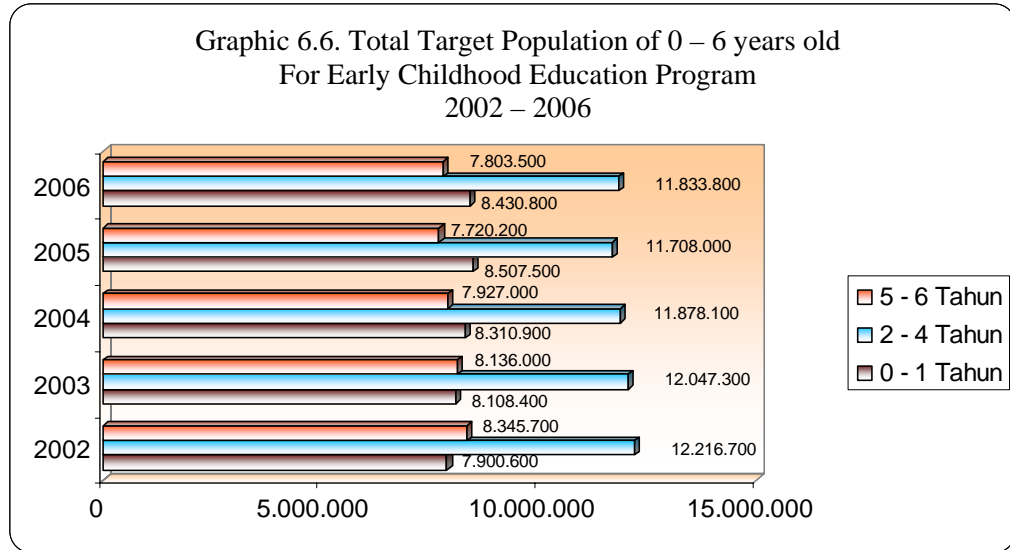
39. To improve public access to health facilities, up to the year 2000, the government established nearly 7300 community health posts (up to 2000 have hospitalization services), 21,587 supplementary community health posts, 5,084 mobile

community health posts, 935 public hospitals and conducted annual placement of health professionals in health facilities including 54,120 midwives.

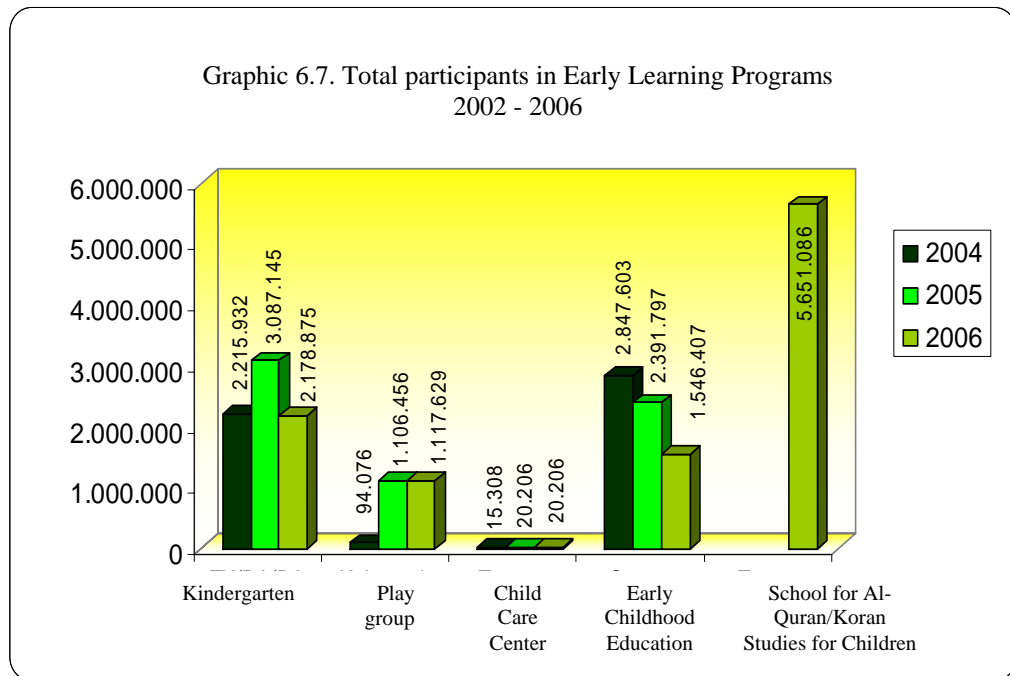
40. The national percentage of children with access to clean drinking water in households from 2001-2005 is as follows:
  - Access to treated tap and bottled water has steadily increased as much as 19.16% in 2001 (urban: 35.58% and rural: 6.91%) to 21.58% (urban: 38.01% and rural: 9.02%) in 2005;
  - Access to untreated water from the well decreased as much as 26.86% (rural: 24.42% and urban: 28.68%) in 2001 to 26.4% (urban: 23.21% and rural: 28.85%) in 2005 .
41. Access to a household toilet increased from 57.06% in 2001 to 61.88% in 2005.
42. The percentage of households having the essential hygiene and sewage systems are limited to only 28%, while the percentage of households that do not have the essential hygiene and sewage system in place is 26%.
43. In terms of waste disposal, there are a number of methods of disposal including burning, landfills, composting and garbage pickup. The households surveyed used the following methods: (i) burning (47%); (ii) disposal in landfills (11%); (iii) composting (2.3%); and (iv) garbage pickup (18.4%)
44. The Government is making an effort to have 80% of total households reach national standards for a healthy household. In 2004, 35% were categorized as adequate, 40% were categorized as fair, and 25% were categorized as poor.

#### Education

45. During the period 2002 – 2006, an increasing number of children, up to 49.20%, participated in early learning programs, which has resulted in a number different measures started by the Government such as Day-care Facilities for Children, Integrated Health Post (Posyandu), Children's Family Building Group/Bina Keluarga Balita (BKB), Playgroups, Kindergartens, and Raudhathul Athfal (RA), the School for Al-Quran/Koran Studies for Children (Taman Pendidikan Al-Quran). Each provide every child with access to early learning.



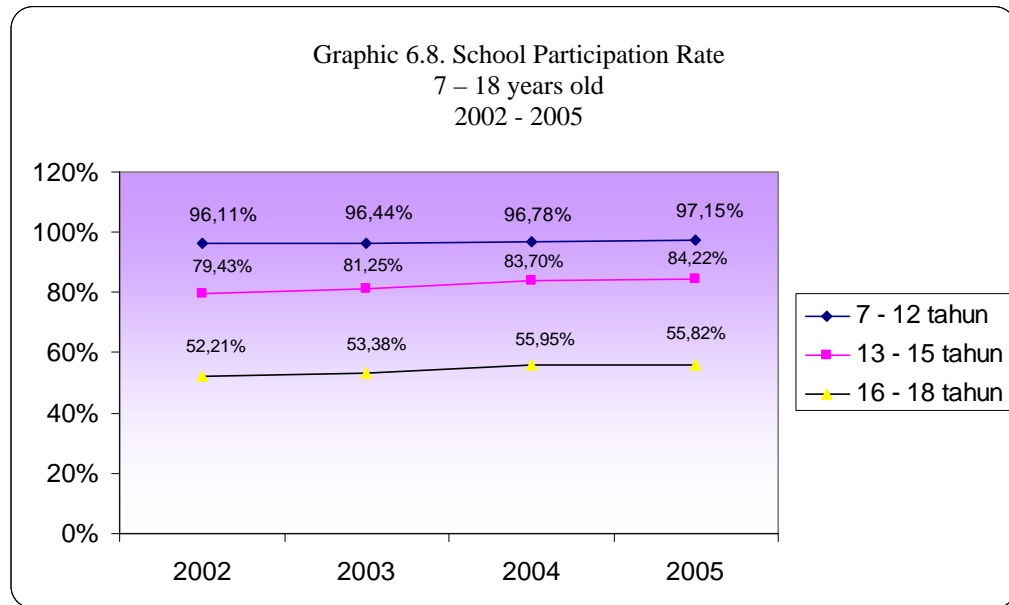
Source: Ministry of National Education, 2006,  
Tahun: years old



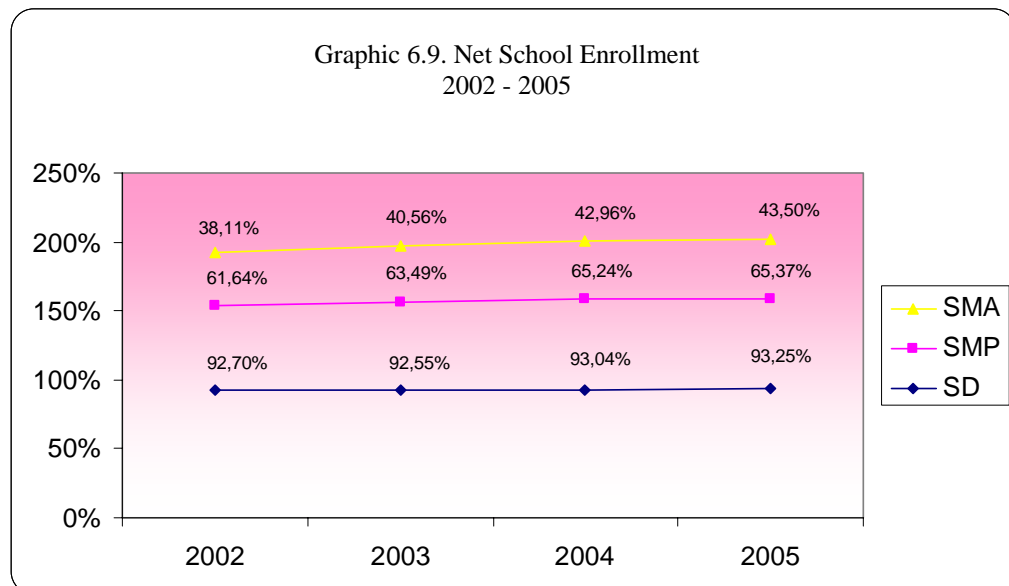
Source: Ministry of National Education, 2006

46. In 1994, the Government of Indonesia initiated a Compulsory Nine-Year Basic Education plan and decided that the program should be fully operational by the academic year of 2003/2004. However, due to the financial crises in the late 1990s, the program and time-frame were revised to meet a 2008/2009 deadline.

47. The elementary school participation rate increased from 95.61% in 2001 to 97.1 % in 2006. Furthermore, the net school enrollment increased from 92.88% in 2001 to 93.25% in 2005. The junior high school net enrollment and participation rates have also increased. The rates grew from 79.56% in 2001 to 84.22% in 2005 for net school enrollment, and from 60.47% in 2001 to 65.37% in 2005 for school participation.

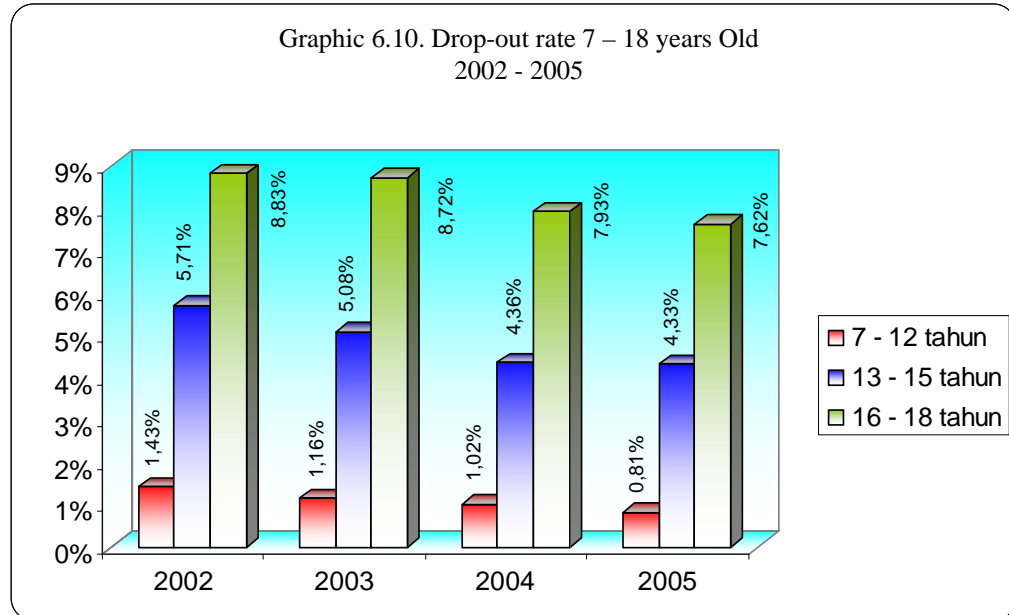


Source : Central Statistic Agency, 2006  
Tahun : years old

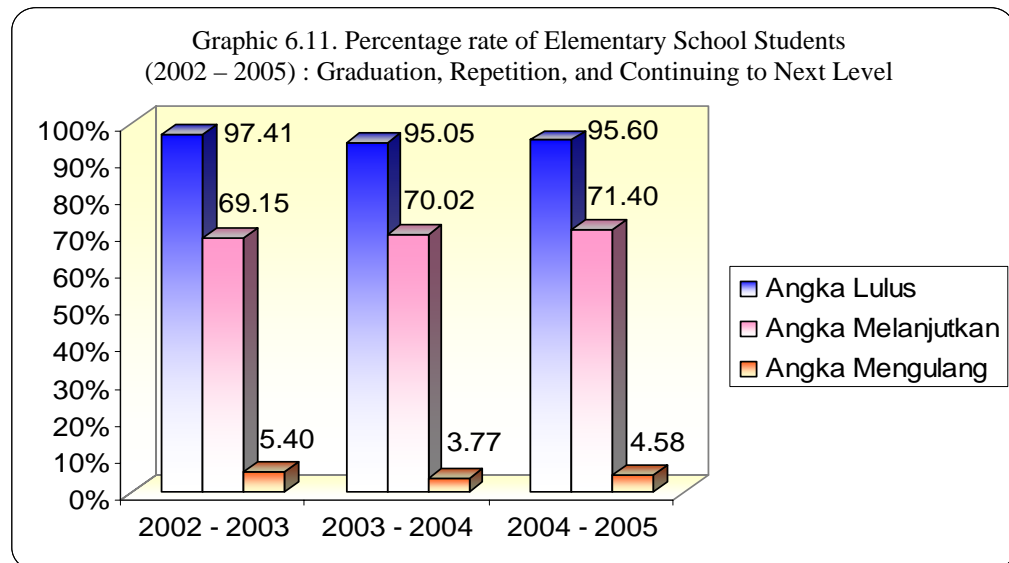


Source : Central Statistic Agency, 2006  
SMA: Senior High School; SMP: Junior High School, and  
SD: Elementary School

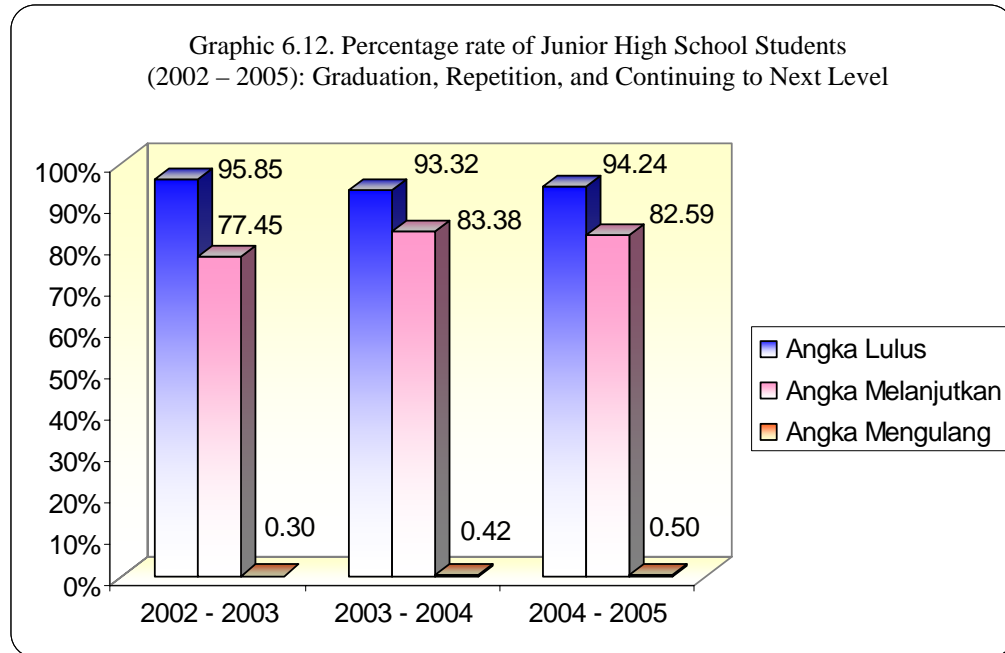
48. The Government of the Republic of Indonesia has also successfully reduced the school drop-out rate because of the Nine-Year Compulsory Basic Education Program. The drop-out rate for elementary school decreased from 1.16% in 2001 to 0.81% in 2005. On the other hand, the Elementary School/Madrasah Ibtidaiyah grade repetition rate decreased from 5.90% in 2001/2002 to 4.58% in 2004/2005.



Source : Central Statistic Agency, 2006  
Tahun: Years old



Source : Central Statistic Agency, 2006.  
Angka Lulus: Graduation; Angka Melanjutkan: Continuing to next level; Angka Mengulang: Repetition



Source : Central Statistic Agency, 2006.

Angka Lulus: Graduation; Angka Melanjutkan: Continuing to next level; Angka Mengulang: Repetition

## Child Protection

49. The Government of the Republic of Indonesia ratified the Convention on the Rights of the Child in 1990 through Presidential Decree No. 36 of 1990. In 2002, Indonesia passed Law No. 23 on Child Protection which incorporates the provisions of the Convention. To better protect the nation's children, various initiatives, such as the dissemination of, teaching and training on the Convention as well as the national Child Protection Law were provided. All social groups are the core targets of the Government's efforts to familiarize the Convention and the related law, including children, youth, civil society, and NGOs. The same efforts are also aimed at parliamentarians, the Police and officials of the Attorney General's office, Judges at the national, 33 provincial as well as 440 municipal/city levels.
50. Various Presidential Decrees have been issued in relation to child protection, especially to combat commercial sexual exploitation of the child and child trafficking. Among these are Presidential Decree No. 59 (2002) on a National Plan of Action for the Elimination of the Worst Forms of Child Labour; Presidential Decree No. 87 (2002) on a National Plan of Action for the Elimination of the Commercial Sexual Exploitation of Children; and Decree No. 88 (2002) on a National Plan of Action for the Elimination of Trafficking in Women and Children. Such national action plans also resonate at some provincial levels, as a result of provincial and municipal/city action plans.

51. On the question of boys and girls employed as domestic workers, the Government of the Republic of Indonesia has formulated a policy to better protect those adolescents who work as domestic helpers. This policy is currently being disseminated in various big cities and in 2006 the Government developed a model protection plan for adolescents who work as domestic helpers in Batam, Padang, Semarang, Yogyakarta, Pontianak dan Menado.
52. To provide girls with further protection from economic and sexual exploitation, the Government is creating an action program to empower these adolescent girls. As a first step, the Government conducted a study in 2006 to map the problems affecting adolescent girls in four big cities, namely Medan, Yogyakarta, Pontianak and Menado.
53. In relation to street children, especially adolescent girls, who need better protection, the program offers them and their parents temporary shelter (rumah singgah) and material assistance in order to empower them economically. Since 1997, such programs have been implemented in 11 provinces, namely North Sumatra, West Sumatra, South Sumatra, Lampung, Jakarta, West Java, Central Java, Yogyakarta, East Java, South Sulawesi, and Maluku.
54. To provide better protection for children who were victims of the tsunami in Aceh province, the Government has put a number of Children Centre programs into effect in various municipalities in Aceh since 2005. The Children's Centre in Nagan Raya serves 2.758 children; the one in Aceh Jaya, 2.304 children; in Aceh Besar, 1.952 children; and in Pidie, 946 children. Furthermore, in 2006 the Government developed a children-friendly village program in 50 villages located in 10 municipalities in Aceh.
55. On the question of protecting children involved with the juvenile justice system, a concept of "restorative justice" is being used to determine the nature of the action to be taken in every authority. This community-based concept draws on the expertise of NGOs, legal aid and international institutions and has been widely circulated within Police ranks. The West Java provinces have been chosen as the location to activate this model based on "restorative justice".
56. To widen the scope of child protection, the Government is developing a network of children service centers throughout the country locally known as "Panti". In 2005, a program of "Rumah Perlindungan Sosial Anak" (Child Social Protection House) was initiated and in 2006, a hotline for children called "Telepon Sahabat Anak 129" was set up in four major cities -- Banda Aceh, Jakarta, Surabaya and Makasar. In order to better protect children from violence, the Government is currently developing a draft National Action Plan to eliminate violence against children. Besides the involvement of civil society/NGOs, the drafting process also involved children in 18 provinces.

57. Various training programs have been conducted in 2004 for health practitioners, such as doctors and paramedics, to allow them to detect early signs of violence against children and cases of negligence. Among the skills imparted by training include those for reporting, early detection and referral of cases.

#### Combating HIV/AIDS

58. The Government has undertaken various actions to combat HIV/AIDS in general. These include a campaign on safe sex and responsible behavior; free-HIV blood supplies for transfusions; services to detect and cure communicable sexual infectious diseases; surveillance of HIV/STD and AIDS; program on voluntary counseling and testing; training program for paramedics and health-related service providers; provision of drugs and treatment for people with HIV/AIDS; as well as study and monitoring of high risk social groups.
59. Following the development of an appropriate module, a program called “Behavior Surveillance” was introduced in 13 provinces. The surveillance and treatment of HIV/AIDS and IMS have been instituted as part of this program. A program to contain the spread of the disease among injecting drug users (IDUs) has been initiated in DKI Jakarta and Bali. A program to prevent mother-to-child transmission has also been introduced as a model in Papua, Bali, Riau and Jakarta.
60. The Government has adopted and widely implemented National Guidelines on the Prevention of Mother-to-Child HIV/AIDS Transmission. Family planning institutions at the municipal level and 75 referral hospitals have been linked into an action-oriented support system to provide services and treatment for HIV/AIDS.

#### VII. THE LESSONS LEARNED AND INITIATIVES UNDERTAKEN SINCE 2002 FOR ACCELERATING THE PROGRESS TOWARDS ACHIEVEMENT OF WORLD FIT FOR CHILDREN AND RELEVANT MILLENNIUM DEVELOPMENT GOALS

61. As a follow-up to the United Nations Special Session on Children in May 2002, the Government of the Republic of Indonesia has adopted the National Program for Indonesian Children 2015 or PNBAI 2015. This Program focuses on four key areas: maternal and child health; quality education; protection of children against abuse, exploitation and violence; and HIV/AIDS. This program sets a baseline for future planning, implementation and implementation; monitoring various program for Indonesian children.
62. The Declaration of a World Fit for Children as well as the PNBAI 2015 have been used as the means to realize and fulfill the obligations set out in the Convention on the Rights of the Child. These are also being used as the means to increase awareness among Governments, children, youth, parents, civil society, NGOs,

and others stakeholders in relation to the promotion and protection of the rights of the child.

63. The fulfillment of targets set both in the Declaration and the PNBAI require not only the commitment of the Government through programs and actions but also enhanced regional and international partnership. Against this backdrop, Indonesia highly appreciates the significant contributions of the relevant UN agencies, particularly UNICEF, in assisting countries to ensure the fulfillment of commitments to their children.
  
64. Most of the goals of “A world fit for children” will only be achieved if Governments scale up their efforts both through resource allocation and action at the political level. While fully aware of the challenges posed by its weaknesses in institutional capacity, budgetary constraints as well as conflict and instability, Indonesia continues and will exert itself to translate the promise of “A world fit for children” into reality. In this regard, the President in his official statement emphasized his commitment to poverty eradication, education and health improvement, as well as good governance which will clearly create a conducive environment for the implementation of “A world fit for children” in Indonesia.

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