**Draft country programme document**

**Indonesia**

**Summary**

The draft country programme document (CPD) for Indonesia is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of $22,560,000 from regular resources, subject to the availability of funds, and $124,393,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2021 to 2025.

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* E/ICEF/2020/17.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 16 June to 6 July 2020. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2020 second regular session and in the other designated languages four weeks in advance.
Programme rationale

1. This country programme is being developed five years after the adoption of the 2030 Agenda for Sustainable Development, which has guided the priorities of National Medium-Term Development Plans (RPJMN) in Indonesia, including the current plan (2020–2024).

2. The incumbent President and his political coalition were re-elected in 2019, extending the Government’s mandate to improve human capital and international competitiveness as a means to sustain economic growth. This necessitates continued investment in the survival and well-being of the country’s 80 million children.¹

3. Indonesia is a vast and diverse archipelago with challenges in connectivity and access that impact children. Decentralized governance sees a large share of public resources directly allocated to districts, each with autonomous decision-making structures, but often with weak fiscal and human capacity for planning and delivery of quality services.

4. The economy has been strong over the last decade, averaging an annual gross domestic product growth rate of 5.5 per cent. Although extreme poverty has been reduced to less than 10 per cent overall, and 13 per cent among children,² these gains mask disparities across various dimensions of child poverty, which are further exacerbated by factors such as geographic location, gender and disability status.

5. Indonesia is rapidly urbanizing. Nearly 151 million people (over 55 per cent of the population) live in towns and cities. Urban inequalities exist, with the poorest households facing severe disparities in access to education, health, water, sanitation and hygiene (WASH) and other basic services.³

6. A decrease in the proportion of the dependent population vis-à-vis the working age population has created conditions for a temporary demographic dividend. This window of opportunity is expected to close in the coming decade as the elderly population expands.

7. Indonesia is prone to disasters, about 80 per cent of which are climate-related. This can have devastating impacts, especially on vulnerable children. The country is a net contributor to greenhouse gas emissions, and its policies affect millions through air pollution, one of the top five health risk factors for children. Despite government commitments to disaster risk reduction (DRR), more focus must be placed on climate change adaptation, reducing vulnerability, and increasing community resilience.

8. While a progressive universal health insurance system enrolled over 220 million people by 2019, access to basic healthcare remains challenging, especially in rural areas, where a 2011 survey found that over 6 per cent of subdistricts did not have a health centre,⁴ and of those that did, many lacked electricity, clean water and proper equipment.

9. Indonesia saw a reduction in the under-five mortality rate from 58 to 32 deaths per 1,000 live births between 1997 and 2017.⁵ Unfortunately, neonatal mortality rates have only moderately declined, and maternal mortality remains high, at 305 deaths per 100,000 live births as of 2015.⁶ Elevated levels of mortality point to quality of

² BPS, National Socioeconomic Survey (Susenas) (2019).
⁵ Indonesia Demographic and Health Survey (IDHS), (1997) and (2017).
care challenges, including ineffective referral systems and inadequate readiness of primary health-care facilities to identify high risks and provide appropriate care.7

10. Indonesia has the world’s fourth largest population of unvaccinated infants. The estimated coverage rate for the combined diphtheria-tetanus-pertussis vaccine in 2017 was 77 per cent.8 Routine immunization coverage has increased over the years, yet remains low in rural areas.9

11. The current burden of malnutrition in Indonesia is trifold. Child stunting remains the most prevalent form of undernutrition, affecting more than 7 million children under 5 years of age (31 per cent) the fifth highest rate in the world, and another 2 million children under 5 years of age are wasted. Nearly half of pregnant mothers are anaemic (49 per cent). Meanwhile, 2 million children are overweight or obese.10 Suboptimal quantity, quality and diversity of diets, coupled with high rates of infectious diseases, due predominantly to unhealthy environments and poor access to health services, lead to poor maternal and child nutrition.

12. Poor water and sanitation conditions adversely impact health, nutrition and educational outcomes for children. Recent data show that 20 million people (9.4 per cent of households) still practice open defecation.11 Nationally, only 7.4 per cent of households have access to safely managed sanitation12 and the figure for safely managed drinking water is even lower.13

13. Education access and quality remain challenges. Despite increases in school enrolment over the past decade, approximately 4.2 million children and adolescents aged 7 to 18 years are still out of school. The 2018 results of the Programme for International Student Assessment showed that 70 per cent of 15-year-old students did not achieve minimum proficiency in reading or mathematics. Significant regional and socioeconomic disparities exist due to barriers in both supply and demand.

14. Children with disabilities are highly disadvantaged. Only 36 per cent complete junior secondary school, compared to 85 per cent of children without disabilities.14 The rights of children with disabilities are also adversely impacted in terms of birth registration (61.1 per cent versus 79.4 per cent), participation in decisions and matters affecting their lives, and access to information and services.

15. The 2002 Child Protection Law, amended in 2014 and 2017, and the RPJMN articulate an ambitious protection agenda for children. However, legislative and policy gaps remain. Social and discriminatory gender norms and fear of stigmatization limit the reporting of violence and abuse and reduce help-seeking behaviours, particularly when related to sexual offences, which are experienced by one in five girls and one in three boys.15

16. Gender inequality and discrimination against girls result in high levels of child marriage. In 2018, 11.2 per cent of women aged 20 to 24 years were married before the age of 18 years. Recent changes to the law increased the age at which girls can

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8 IDHS, 2017.
10 All data in paragraph: Ministry of Health, Basic Health Research (Riskesdas) (2018).
11 BPS, Susenas.
12 Ibid.
14 BPS, Susenas.
marry from 16 to 19 years; however, dispensation by courts is still allowable and the rate of unofficial marriages remains high.

17. Indonesia has high rates of Internet and social media use with a daily average of over eight hours of online activity,16 which generates enormous potential to strengthen data collection and the role adolescents play in research. However, the growth of religious extremism and conservative identity, including the tendency of social media to rapidly spread disinformation, may challenge children’s ability to freely express their views in non-threatening environments.

18. Lessons learned from previous cooperation were considered in the design of the new programme; most prominently, the 2019 review of the UNICEF field presence in East Asia and the Pacific, which encouraged field office capacity-strengthening to support subnational governments in the planning and budgeting for, and monitoring of child rights.

19. The UNICEF response to the devastating earthquakes in 2018 led to a strengthening of emergency response capacity. A key lesson is that DRR, including disaster management with a focus on preparedness, needs to be central to UNICEF cooperation.

20. As the unprecedented global coronavirus disease 2019 (COVID-19) pandemic poses threats to the well-being of everyone, including the most vulnerable populations, mitigation and recovery measures will be incorporated into all programme areas.

21. Based on this rationale, the programme will prioritize six sectoral components: nutrition, WASH, health, education, child protection and social policy. These are supported by the cross-sectoral programme effectiveness component, which will include support to the integration of DRR and disaster management, environmental degradation and climate mitigation, and urbanization across all sectoral programmes.

Programme priorities and partnerships

22. The overall theory of change underpinning the country programme is that the fulfilment of children’s rights is protected and accelerated if: solutions prioritize the most vulnerable and furthest left behind; design, financing and delivery of social service policies replicate and scale up evidence-based solutions; cooperation for results promotes integration, and builds systems and capacities that are resilient to multiple shocks and stresses, including emerging threats, and mobilizes all parts of national and subnational government, civil society, the private sector and other duty bearers in creating and meeting demand for increased service standards; and positive social norms and participation of children and young people, including those with disabilities, are promoted through communication-based strategies.

23. The UNICEF goal of protection and acceleration of child rights correlates with the RPJMN vision to improve human capital across the country, and the corresponding United Nations Strategic Development Cooperation Framework (UNSDCF) pillar of inclusive human development.


25. Identifying children at greatest risk is a prerequisite for leaving no child behind, especially groups such as those in remote communities, belonging to religious or ethnic minorities, in institutions, with disabilities, or affected by natural disasters, the climate crisis or environmental degradation. UNICEF will place a greater emphasis on generating, synthesizing and promoting the use of evaluation, research and data on children to advocate and catalyse change in public policy, budgeting and action towards a sharpened focus on equity and responsiveness to rights for children.

26. Diverse implementation strategies will be applied in this country programme. It will focus on developing national capacities to fulfil and claim rights for children at scale. Evidence-based communication for development, social mobilization, advocacy, policy advice, system strengthening, and innovative finance will be core strategies.

27. UNICEF will leverage digital innovation and technology to improve the effectiveness of service delivery for children and young people and amplify their voices, especially those from marginalized groups, to inform decision-making processes that affect their lives.

28. The leading role of Indonesia in the Association of Southeast Asian Nations and its position as a growing global player present increased opportunity for South-South cooperation, both within Indonesia and across other countries.

29. A key partnership goal is to deepen engagement and strengthen the ability of the private sector to leverage the power and voice of businesses and markets to benefit children. To raise additional financial resources for UNICEF programmes in Indonesia and globally, UNICEF will also prioritize partnerships with individual donors and corporate partners.

**Nutrition**

30. The nutrition programme component aims to reduce the burden of malnutrition throughout the life cycle, through support to maternal nutrition, prevention of stunting and wasting in children under 5 years of age, nutrition for children and adolescents, and obesity prevention. UNICEF will support scaling up of equitable, high-impact essential care and nutrition services and promote recommended practices for survival, optimal growth and development.

31. The programme will contribute to improved maternal diet; micronutrient intake; and infant and young child feeding practices, including exclusive and continued breastfeeding, and safe, adequate and nutritious complementary foods. This will be achieved through strengthening relevant policy, strategies and guidelines, and improving the capacity of the Government to deliver quality nutrition and care services. This will involve supporting the Government’s National Movement to Accelerate Stunting Prevention and enhancing the nutrition information system.

32. UNICEF will continue to serve as convenor for the Donor and United Nations Country Network for Nutrition and lead the coordination of the working group for nutrition and food security to strengthen integration of efforts by multiple stakeholders to address maternal and child malnutrition.

33. The programme targets child wasting by bringing integrated management of acute malnutrition into existing health sector plans, budgets, policies and programmes. UNICEF will support initiatives to develop, implement and monitor legislation and evidence-based interventions towards the prevention of overweight and obesity. This will include support to improve food systems through policy actions addressing the marketing of unhealthy foods, and necessitate enhanced multisectoral nutrition education and behavioural change communication.
34. UNICEF will support policy instruments and strategies for emergency preparedness and disaster management for nutrition in emergency programming, including the development of a national emergency nutrition tool kit. Technical assistance to the Government will help to develop and implement climate-smart nutrition systems.

**Water, sanitation and hygiene**

35. The WASH element of the programme will contribute to the national priorities of the elimination of open defecation, access to safely managed water and sanitation, WASH in emergencies and climate resilient WASH. UNICEF will continue to work in rural areas, while placing increased emphasis on urban sanitation.

36. The programme will support increased access and higher quality WASH services by facilitating more community participation, strengthened institutional capacity, increased climate resilience, greater funding and stronger participation of the private sector. UNICEF will increasingly focus on collaborations with non-traditional actors, such as zakat organizations (which have been found to enhance social norms associated with critical WASH behaviours), while simultaneously promoting technological and financial innovations to better meet the needs of children and adolescents, and their communities.

37. In addressing open defecation, the programme will support partners to enhance their capacity to stimulate and sustain community behavioural change as part of the National Sanitation Programme (STBM) focused on total sanitation and hygiene practices, including menstrual health and hygiene, and hand-washing in communities, schools and health centres. Partners, including the private sector, will be equipped with data and capacity to monitor and implement safely managed water supply services in urban areas. UNICEF will support the development of monitoring protocols for household-level services, and strengthen the environmental health curriculum and training of sanitarians, while ensuring that training is both gender-sensitive and inclusive.

38. UNICEF will support the Government (Ministry of Health, Ministry of Public Works and Housing (PU), Ministry of National Development Planning (Bappenas), National Board for Disaster Management (BNPB)), and the private sector in improving access to evidence-informed, climate-smart design and market information for WASH service provision. This will help to build healthy and environmentally sustainable markets for WASH goods and services.

39. As cluster lead for WASH in emergencies, UNICEF will build on the lessons learned from the Central Sulawesi response to support national-level development of a dedicated WASH cluster, addressing areas such as information management and coordination, risk assessment, gender integration, contingency planning and innovation for urban contexts.

**Health**

40. The health component of the programme will support improved health of mothers, newborns, children and adolescents by ensuring high quality, equity-focused interventions and strengthening of climate-resilient health systems. UNICEF will focus its support to the Government on reducing maternal, newborn, infant and child mortality, enhancing the prevention and control of communicable diseases and facilitating quality of care improvements, and complementing work by other United Nations partners to reduce maternal mortality. Recognizing the growing need to address adolescent well-being and emerging threats to child health, such as air pollution, the programme will include an emphasis on these issues.
41. The programme will utilize lessons learned from programming at scale to provide policy and legislative advocacy for leveraging government ownership to reduce newborn mortality and improve newborn health, including the elimination of mother-to-child transmission of HIV. It will aim to address key bottlenecks linked to governance, social and gender norms and quality issues.

42. UNICEF will continue its advocacy to increase government investment for the prevention, control and elimination of vaccine-preventable and communicable diseases. Systemic capacities will be strengthened to address diseases including measles, childhood tuberculosis and malaria, and to manage epidemics. High-level fiscal advocacy will be accompanied by public communication campaigns to reach under-immunized and non-immunized children and strengthen systems for social and behavioural change. UNICEF will engage with key non-governmental, religious and civil society organizations (CSOs) in communicating sensitive issues linked to immunization.

43. UNICEF will continue its technical support to government analyses of the health system, particularly primary health care, to inform strategies, reforms and road maps. A more comprehensive picture of the health system will be built that better understands, engages and leverages the role of the private sector in delivering health services and building climate-resilience.

44. Further support will be given to the Government’s universal health coverage agenda, to generate child-focused evidence and data, such as reviews of relevant policies or financing schemes, to ensure mothers, newborns, children and adolescents are covered by high-quality health interventions that include preventive, promotive and curative care.

45. To bridge the humanitarian to development continuum, UNICEF will support the Ministry of Health in strengthening emergency preparedness for multi-hazard risks, including public health emergencies and those induced by environmental and climate-driven threats. This will entail providing technical assistance to update relevant guidelines for newborns and children in emergency settings that are disability-inclusive and gender-sensitive.

Education

46. The education component of the programme will contribute to the strengthening of national and subnational systems to expand quality early childhood education, improvement of teaching and learning on basic literacy and numeracy and twenty-first century skills and to deliver inclusive, quality education services and opportunities for the most vulnerable, especially through the inclusion of out-of-school children, and children with disabilities.

47. UNICEF will be a key partner in facilitating the scale-up of effective early learning models that improve access to, and quality of early childhood education aimed at the holistic development of young children.

48. UNICEF will conduct strategic advocacy and communication to institutionalize and scale up successful programmes that improve learning outcomes and the well-being of children in primary education. At national level, UNICEF will advocate for incorporating the early grade literacy programme components into the functions of respective institutions. The organization will also work on strengthening quality assurance systems and orienting assessment capacities towards improving learning outcomes.

49. UNICEF will utilize lessons learned and evidence from field implementation to catalyse scale up of the integration of twenty-first century skills, such as critical thinking and digital literacy, into the education system; support system strengthening
by providing technical assistance to develop a national skills development strategy, including facilitating national consensus on a framework for twenty-first century skills, especially for the most vulnerable; and engage young people in decision-making and developing innovative solutions that can be taken to scale.

50. The programme will ensure national and subnational governments and partners have improved capacity and mechanisms to effectively implement the National Strategy on Out-of-School Children, which articulates programmes for retaining students in school, while providing quality alternative learning opportunities for those no longer in school.

51. UNICEF will provide strategic guidance to local governments to plan and implement effective and gender-transformative programmes addressing barriers and bottlenecks faced by the most disadvantaged groups, as well as technical support to address bullying in schools and promote positive discipline and inclusive education, in particular for children with disabilities.

52. UNICEF will support the strengthening of systems and capacity to scale up the climate-smart comprehensive safe school approach. UNICEF will also provide technical support to the National Safe School Secretariat of Ministry of Education and Culture to operationalize the new ministerial regulation on education in emergencies.

**Child protection**

53. The child protection component of the programme will support a system-building approach to address critical issues of prevention and response, focusing on high rates of violence against children and child marriage while improving access to legal identity. UNICEF will support protection from violence, exploitation, infringement of environmental rights, neglect and harmful practices by functioning, quality, child protection systems and positive social norms.

54. The programme will support partners in analysing existing data sources to fill evidence gaps on children impacted by migration, climate and environmental degradation. Children and adolescents will be engaged in evidence generation and advocacy to ensure their voices, opinions and ideas reach policymakers and inform decisions.

55. Technical support will be provided to develop and share information on good practices in law, policy and regulatory reforms and ensure safeguarding policies are institutionalized in key line ministries that come into frequent contact with children. Civil society organizations, children and adolescents will be supported to strengthen accountability of duty bearers for budgeting and expenditure for child protection systems.

56. Online protection will be enhanced through technical support to the Government and partnerships with the private sector and CSOs. Innovative tools and private sector partnerships will facilitate the promotion of safety and skill development.

57. UNICEF will support parents and communities to reduce violence against children and harmful social norms. This will be achieved through partnerships with educational bodies, religious organizations, community-based organizations, media, children and adolescents, to promote positive parenting, positive discipline and equitable gender norms.

58. Regulations and capacity-strengthening for the social welfare workforce will support the implementation of the Law on Social Workers. Pre-service and in-service training will be promoted with skills development, application of innovative technology for case management, strengthening and promoting integrated secondary
and tertiary services, supervision, monitoring and mentoring. UNICEF will support the deinstitutionalization of children, including children with disabilities, and prevention of family separation through developing and implementing regulations, capacity-building of institutions and service providers for alternative care, and data for planning and monitoring.

59. UNICEF will strengthen coordination mechanisms and functions for the child protection working group, which UNICEF co-leads, and will support the Ministry of Social Affairs, Ministry of Home Affairs and Ministry of Women’s Empowerment and Child Protection (KPPPA) for the integration of child protection in emergencies.

Social policy

60. The social policy component of the programme will support the Government to reduce overall multidimensional child poverty. It will include more focus on financing and planning for children, a universal adaptive and gender-responsive social protection system, and institutional capacity to monitor and analyse social and other risks for children. UNICEF will ensure that children and adolescents, especially the poorest and most vulnerable, benefit from evidence-based planning and increased, quality public expenditure, reliable data and an expanded universal social protection system that accounts for climate, environmental risks and disasters.

61. UNICEF will strengthen partnerships with national government, including Bappenas, the National Bureau of Statistics, Ministry of Finance, Ministry of Home Affairs, Ministry of Villages, Ministry of Women’s Empowerment and Child Protection, as well as subnational governments, to improve data quality and availability for planning and budgeting, including generation of real-time data and geospatial information to share across platforms.

62. UNICEF will build capacities of national and subnational authorities to monitor the situation of children, including specific social, climate, environmental and economic risks children and families face, focusing on the poorest, children with disabilities and the feminization of poverty.

63. UNICEF will utilize lessons learned and evidence from field implementation to influence the Government and to support children and adolescents in expressing their right to participate in decisions affecting them. This includes capacity-building of subnational partners to work with adolescents in a participatory and inclusive manner in processes such as Musrenbang (a subnational and national development planning mechanism).

64. The programme effectiveness component will include cross-sectoral support in programme coordination, communication, advocacy, partnerships, planning, monitoring, evaluation and knowledge management, and DRR, emergency preparedness and management. In addition, the multisectoral priorities of adolescence, gender, environment and climate will be supported through dedicated capacity, strategy and outputs.
Summary budget table

<table>
<thead>
<tr>
<th>Programme component</th>
<th>(In thousands of United States dollars)</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Regular resources</td>
<td>Other resources</td>
<td>Total</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2 159</td>
<td>11 741</td>
<td>13 900</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>2 159</td>
<td>11 341</td>
<td>13 500</td>
</tr>
<tr>
<td>Health</td>
<td>2 159</td>
<td>24 734</td>
<td>26 893</td>
</tr>
<tr>
<td>Education</td>
<td>2 159</td>
<td>23 341</td>
<td>25 500</td>
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<tr>
<td>Child protection</td>
<td>2 159</td>
<td>13 841</td>
<td>16 000</td>
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<tr>
<td>Social policy</td>
<td>2 159</td>
<td>17 841</td>
<td>20 000</td>
</tr>
<tr>
<td>Programme effectiveness</td>
<td>9 606</td>
<td>21 554</td>
<td>31 160</td>
</tr>
<tr>
<td>Total</td>
<td>22 560</td>
<td>124 393</td>
<td>146 953</td>
</tr>
</tbody>
</table>

Programme and risk management

65. The country programme is governed by a steering committee chaired by Bappenas, and thereby has a high level of national ownership. A regular forum provides strategic direction to government cooperation with the United Nations, as framed in the UNSDCF.

66. The ongoing reform of the United Nations development system presents growing opportunities to ensure a continued focus on results for children. Inter-agency synergies through joint programming and resource mobilization, complementarity and coherence of approach will all be enhanced to support achievement of the Sustainable Development Goals.

67. UNICEF will continue to operate with a country office in Jakarta and seven field locations, which contribute to achieving planned results at subnational level by influencing local planning and resource allocation to scale up proven interventions. In line with evaluation recommendations, the field presence will be more systematically linked to evidence generation, advocacy and policy advice.

68. Key programme risks relate to natural disasters and climate change, and assurance of implementing partnerships. To mitigate risks from disasters and climate change, UNICEF will regularly analyse and synthesize national administrative data sets, early warning systems, online polls and big data. For risk-based partnership management, fund transfers and activity implementation will be monitored through the principles of the harmonized approach to cash transfers (HACT).

69. The middle-income status of Indonesia poses the risk of a reduction in international development aid. Given the immense development challenges that remain, UNICEF will strengthen its partnership portfolio and advocate that various global partnerships, bilateral donors and innovative financing mechanisms prioritize the country, complementing gradually increasing domestic public and private contributions for children.

70. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes
are prescribed in the organization’s programme and operations policies and procedures.

**Monitoring and evaluation**

71. Outcome indicators of the country programme will be monitored through national systems including SUSENAS, the periodic RISKESDA\(^{17}\) and the population census. UNICEF support to these data systems focuses on Sustainable Development Goal indicators and incorporating international principles and best practices, such as those from the global multiple indicator cluster survey programme. Meanwhile, sectoral administrative data systems will be strengthened as they remain a key area of focus for routine and facility-based monitoring.

72. Collaboration with implementing partners under the inter-agency HACT framework is reported by partners through the eTools system and contributes to overall reporting at the output level. This is complemented by regular programmatic assurance activities conducted by staff. The humanitarian performance monitoring framework linked to humanitarian action for children is used during responses to humanitarian emergencies.

73. Mid- and end-year reviews of the programme are carried out in collaboration with Bappenas. Results assessments, indicator progress and lessons learned are documented in UNICEF public reporting systems. Wherever possible, indicator reports will be disaggregated by age, sex, urban/rural, wealth quintile and facility type.

74. The programme of cooperation will undergo a country programme evaluation in 2023. Thematic evaluations, some country-led, will be conducted for each of the six main programme components to inform national priorities, learning and accountability. Evaluation will be used to position UNICEF as a strategic thought partner of the Government on sector-wide approaches beyond the country programme.

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\(^{17}\) SUSENAS is the annual national socio-economic household survey administered by BPS. RISKESDAS is the national basic health research conducted every five years and administered by MoH.
# Annex

## Results and resources framework

### Indonesia – UNICEF country programme of cooperation, 2021–2025

**Convention on the Rights of the Child:** Articles 6–7, 12, 19, 23–24, 26–30, 34, 37, 39–40, 42.

**National priorities:** National Medium-Term Development Plan (RPJMN), 2020-2024, Sustainable Development Goals 1–6, 10, 13, 16–17

### United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:

- Inclusive human development, economic transformation, climate and disaster resilience, innovation to accelerate achievement of Sustainable Development Goals

**Outcome indicators measuring change that reflect UNICEF contribution:** Coverage of essential basic services (universal health care, health related Sustainable Development Goals, water, sanitation and hygiene (WASH)) and social protection, prevalence of malnutrition (stunting, wasting, malnutrition); gross enrolment rate primary to secondary; proportion of children under 5 years whose births have been registered.

### Related UNICEF Strategic Plan, 2018–2021 Goal Areas:

- All

<table>
<thead>
<tr>
<th>UNICEF outcomes</th>
<th>Key progress indicators, baselines (B) and targets (T)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
<th>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Women and children have more equitable access to evidence-based nutrition services and adopt appropriate care practices across the life cycle from pregnancy to adolescence.</td>
<td>1. Proportion of children, under 5 who are wasted B: 10.2% (2018) T: 7% (2024) – National Medium-Term Development Plan (RPJMN) target</td>
<td>Basic Health Research, Ministry of Health (RISKESDAS)</td>
<td>1. Government and partners at national and subnational level have improved capacity for planning, budgeting, implementing, monitoring and evaluating multisectoral programmes for the prevention of child stunting and early childhood malnutrition.</td>
<td>Ministry of Health (MoH), Ministry of National Development Planning (Bappenas), National Team for the Acceleration of Poverty Reduction, universities</td>
<td>2 159 11 741 13 900</td>
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<tr>
<td>2. Percentage of children under 5 who are stunted</td>
<td>B: 30.8% (2018) T: 14% (2024) – RPJMN target</td>
<td>RISKESDAS</td>
<td>2. Government and partners at national and subnational level have improved capacity for planning, budgeting, implementing, monitoring and evaluation programmes for the treatment of child wasting.</td>
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</tr>
<tr>
<td>UNICEF outcomes</td>
<td>Key progress indicators, baselines (B) and targets (T)</td>
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<tr>
<td>2. Children and their families, especially the most vulnerable, increasingly use safely managed and sustainable WASH services, adopt critical hygiene practices, and live in resilient WASH environments.</td>
<td>1. Percentage of population using safely managed sanitation service B: 7.4% (2018) T: 15% (2024) – RPJMN target (households)</td>
<td>National Socioeconomic Survey (SUSENAS)</td>
<td>1. National and subnational government and partners, including private sector, equipped with data and good practices have strengthened capacity and political commitment to coordinate, plan, finance, monitor, and implement safely managed and climate-resilient sanitation in urban and peri-urban areas. 2. National and sub-national governments and partners have enhanced capacity to stimulate and sustain community behavioural change as part of the Community-led Total Sanitation (STBM) initiative focused on total sanitation and hygiene practice in communities, schools and health centres.</td>
<td>Bappenas, Statistics Indonesia (BPS), Ministry of Public Works and Public Housing (PU), MOH</td>
<td>2 159 11 341 13 500</td>
</tr>
<tr>
<td></td>
<td>2. Percentage of population practicing open defecation B: 9.4% (2018) T: 0% (2024) – RPJMN target (households)</td>
<td>SUSENAS</td>
<td></td>
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<tr>
<td>3. Newborns, children and adolescents in the decentralized context live in healthy environments and access equitable, high quality primary health care, especially in most marginalized, underserved regions.</td>
<td>1. Infant mortality rate B: 24 per 1,000 live births (2017) T: 16 per 1,000 live births (2024) – RPJMN target</td>
<td>Surveys, government reports</td>
<td>1. Government and partners at national and subnational levels have strengthened capacity to plan, implement, monitor and deliver equitable quality essential newborn services. 2. Government and partners at national and subnational levels have strengthened capacity for the prevention, control and elimination of major childhood illnesses, particularly those resulting from vaccine-preventable, communicable diseases and due to climate and environmental factors.</td>
<td>MoH, Ministry of Home Affairs (MoHA), Bappenas, civil society organizations (CSOs), United Nations partners, universities, subnational government</td>
<td>2 159 24 734 26 893</td>
</tr>
<tr>
<td></td>
<td>2. Percentage of fully immunized children aged 12 to 23 months B: 57.9% (2018) T: 90% (2024)</td>
<td>RISKESDAS/ SUSENAS/ Indonesia Demographic Health Survey (IDHS)</td>
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<td>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</td>
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| 4. An increasing proportion of children across the life cycle, especially the most disadvantaged, have access to learning in quality, resilient, safe and inclusive environments. | 1. School completion rates: (1) Primary  (2) Junior secondary  (3) Senior secondary  
B: (1) 92%, (2) 82%, (3) 62% (2018)  
T: (1) 95%, (2) 90%, (3) 76% (2024) – RPJMN target  
2. Programme for International Student Assessment (PISA) scores: (1) Reading  (2) Mathematics  
B: (1) 371 (2) 379 (2018)  
T: (1) 396 (2) 388 (2024) – RPJMN target | SUSENAS  
PISA | 1. National and sub-national governments and partners have improved capacity and mechanisms to implement effective strategies and programmes that provide quality learning opportunities for out-of-school children and prevent students from dropping out of school.  
2. National and subnational governments and partners have enhanced capacity and mechanisms to improve children’s basic literacy and numeracy skills in safe and inclusive learning environments. | Bappenas, MoHA, Ministry of Education and Culture (MoEC), Ministry of Villages, Ministry of Religious Affairs, CSOs, private sector, BPS, universities, United Nations partners, subnational government | 2 159 23 341 25 500 |
| 5. Children are progressively empowered and protected from violence, exploitation, neglect and harmful practices by functioning, quality child protection systems and positive social norms at national and sub-national levels including in humanitarian settings. | 1. Proportion of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services  
B: 10% (2018)  
T: 20% (2025)  
2. Proportion of children under 5 years of age whose births have been registered with a civil authority  
B: 72% (2019)  
T: 100% in five selected focus provinces (2025) – RPJMN target | SUSENAS, Population Administration Information System (SIAK) database | 1. National and sub-national governments and stakeholders have improved knowledge, capacity, data and clear accountability to enact and implement gender-responsive, inclusive and evidence-based laws, policies and budgets on child protection.  
2. Children including those with disabilities have strengthened capacity including digital literacy and safety, and opportunities to develop, access and utilize information for enhanced protection from violence, exploitation and child marriage. | Bappenas, MoEC, Ministry of Social Affairs (MoSA), Ministry of Women’s Empowerment and Child Protection, MoHA, CSOs, private sector, child protection sub-cluster | 2 159 13 841 16 000 |
<p>| 6. Children and adolescents benefit from evidence-based planning and public | 1. Percentage of children living in poverty according to (a) national monetary poverty line and (b) | SUSENAS | 1. Government has improved capacity to formulate and implement effective plans for children with sufficient fiscal | MoSA, Bappenas, National Board for Disaster Management | 2 159 17 841 20 000 |</p>
<table>
<thead>
<tr>
<th>UNICEF outcomes</th>
<th>Key progress indicators, baselines (B) and targets (T)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
<th>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>expenditure, reliable data, and an expanded universal social protection system that accounts for environmental risks and disasters.</td>
<td>national multidimensional poverty line</td>
<td>space, with meaningful participation of children and adolescents in decision-making processes affecting their rights and welfare, including environmental rights.</td>
<td>2. Government has improved capacity to implement effective child-focused, shock-responsive and gender-responsive programmes to protect all children from social, climate and environmental risks.</td>
<td>(BNPB), Ministry of Finance, Social Security Administration (BPJS), business associations, Coordinating Ministry for Human Development, subnational governments</td>
<td>RR: 606 OR: 21,554 Total: 31,160</td>
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<td>B: (a) 11.8% (2019) (b) 65% (2017) T: (a) 9% (2024) – RPJMN target (b) N/A</td>
<td>State budget (APBN) / Regional / Sub-national budget (APBD)</td>
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<td>2. Gross domestic product (GDP) share of public spending for social protection, health and education</td>
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<td>B: 6% GDP (2019) T: 8% GDP (2025), with a clear identification of fiscal resources allocated to children.</td>
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<td>7. Programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children in development and humanitarian settings.</td>
<td>1. Percentage of management and programme priority indicators (KPIs) meeting green scorecard targets on an annual basis</td>
<td>Insight 1. UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes. 2. UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders.</td>
<td>Bappenas, MoHA, BNPB, CSOs</td>
<td>9,606 21,554 31,160</td>
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<td>B: 75% (2019) Tt: 100% (2025)</td>
<td>Insight 2. Percentage of OR funds allocated against planned amount</td>
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<td>2. Percentage of OR funds allocated against planned amount</td>
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<td>RR: 22,560 OR: 124,393 Total: 146,953</td>
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<td>B: 0% (2020) Tt: 90% (2025)</td>
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