THE INDONESIAN STORY
“EVERY CHILD – NO MATTER WHERE SHE OR HE LIVES – HAS AN EQUAL RIGHT TO A HEALTHY, SECURE START IN LIFE”

– Anthony Lake –
UNICEF Executive Director

UNICEF Indonesia:
Making Every Child Count

Today, UNICEF is working with institutions on generating knowledge and evidence to identify those children who are excluded from the country’s overall progress; advocating for better policies and programmes for children; providing high level technical assistance to government and other partners; testing models and innovations that can offer solutions to long-lasting challenges affecting children; and forging partnerships and networks to advance children’s rights.

Ensuring the rights of every child to life, education, development and protection is vital to a nation’s growth and success. It is the duty of everybody, including parents and communities, civil society and private sector, media and academia, and particularly every government to respect, protect and fulfill children’s rights. UNICEF works in more than 190 countries to make sure that the rights of all children, including those most marginalised and disadvantaged, are realised.

In Indonesia, UNICEF looks back at a history of more than 50 years of partnering with government and other institutions, reaching millions of children with development and humanitarian assistance. In response to the country’s increasing capacities and economic growth, the areas of collaboration have gradually shifted from service delivery at community level towards more strategic policy engagement with government partners, both at national and sub-national level.
While the scope of the UNICEF programmes may have changed over time, the organization’s core mandate has not: UNICEF is in Indonesia to make every child count.

When UNICEF began its work in Indonesia in 1948, the focus as in many other countries after the Second World War was on emergency assistance. At that time, the island of Lombok was hit by a severe drought and UNICEF provided support in preventing a famine.

In 1949, the first official cooperation agreement was signed with the Republic of Indonesia to build a milk kitchen in Yogyakarta, the seat of the new government at that time.

In 1969, the Government of Indonesia launched its first Five Year Development Plan. UNICEF and other UN organisations like the World Health Organization provided technical assistance.

Over the following decades, UNICEF was involved in a greater range of programme areas to help improve the situation of women and children. In the 1990s, for instance, UNICEF started collaborating with the government in developing projects to strengthen female literacy and women’s labour force participation.

By 2000, the cooperation between Indonesia and UNICEF had been further expanded, geographically reaching 65 per cent of the country’s population.

Then, in 2004, the Indian Ocean Tsunami hit the province of Aceh. Nearly 160,000 people were killed — the majority of them women and children. UNICEF rushed in emergency relief supplies, took the lead in restoring water and sanitation facilities, provided psychological and emotional support for children, helped re-open schools, registered and traced separated children and worked with partners to meet the health needs of the affected population.

The Tsunami response has to date been one of the largest emergency and recovery operations in UNICEF’s history.

A decade after the catastrophe, Indonesia has emerged as one of the strongest economies in the region, achieving middle-income status with a per capita income of approximately $3500 (World Bank 2013).

However, according to different estimates around 190,000 children still die each year before their fifth birthday, most of them from diseases that can be easily prevented or treated.

The country has the world’s second highest number of people without access to a latrine who therefore have to defecate in the open, thus increasing the risk of diarrhoea, a major child killer.

More than one in three children is suffering from stunted growth, which reduces their chance of survival and hampers their physical and cognitive development. Stunting is associated with suboptimal brain development, which in turn affects the development potential of the whole country.
In a large and diverse country like Indonesia which is fast emerging as one of the strongest economies, children and young people play a key role in future development. Of Indonesia’s population of some 250 million people, around 84 million – or one third - are children under the age of 18.4 With a fertility rate of 2.65 and a life expectancy at birth of 69 years for men and 73 years for women, the country will continue to have a rapidly expanding child and youth population.

While focusing on economic growth, national policies need to pay equal attention to fulfilling the rights of citizens and to ensuring social justice. The unfinished agenda of the Millennium Development Goals (MDGs) requires national governments and development partners to bridge inequities and make significant improvements in the lives and welfare of women and children. Moving into Post 2015, the UN’s Sustainable Development Goals (SDGs) put larger emphasis on countries to address inclusive growth, human rights and sustainable development.

In order to produce results on the MDGs, outcomes must be equitable across the population, benefitting all children. However, in Indonesia, overall progress at national level often masks huge disparities. Too many children still remain unreachied.

The 2012 BAPPENAS-SMERU-UNICEF Child Poverty study for instance shows that around 44.3 million children are affected by poverty, living on less than two dollars per day.

- Children in the poorest households are more than three times as likely to die during their first five years of life when compared to children from the wealthiest households.7
- Data on sanitation reveals that while 0% of the richest quintile practice open defecation, amongst the poorest quintile this figure is as high as 61%.8
- Despite progress since 1990, there is still an unacceptably high number of women dying in child birth. The result of the 2012 IDHS (359/100,000) is substantially higher than the modelled global estimates and higher than the 2007 IDHS estimates.
- Indicators on education show that among the age group of 13 to 15 year olds, children from the poorest households are 4 times more likely to be out-of-school than children from the richest families.9
- In Indonesia, around 25 per cent of girls are married before their 18th birthday; one of the highest rates in the East Asia and Pacific region.10

All Indonesia’s children have the right to health, quality education, dignity and the opportunity to fulfill their potential.

For UNICEF, every child counts.

Investments in Indonesia’s children are investments in Indonesia’s future.

To ensure that the unfinished agenda of the MDGs can be achieved with equity, UNICEF champions Indonesian children’s rights and uses its expertise and commitment to support the Government of Indonesia and other partners in identifying those children who are excluded from progress, thus protecting and advancing the rights of all children in Indonesia.

## Differences in living standards between rich and poor in Indonesia: Family income determines children’s opportunity to grow up healthy, learn and be protected from exploitation

![Differences in living standards between rich and poor in Indonesia](image)

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Different Roles, One Goal:

RESULTS FOR CHILDREN
UNICEF generates information and knowledge on the situation of children in Indonesia

It is through producing credible and well-substantiated data, research findings and evidence that persisting inequities can be brought to light. Generation of knowledge has become a cornerstone of UNICEF’s support to the government. It enables institutions to better address the challenges faced by children who are excluded from the overall progress.

UNICEF provides technical assistance for research initiatives on the situation of children and women to ensure that the quality of the studies meets international standards. UNICEF also helps local research organisations to get access to government partners to ensure that the evidence they produce is reaching the right audience. To facilitate research on children’s issues, UNICEF supported the establishment of the first network of researchers and evaluators working on children’s issues (JPAI), bringing together researchers, policy makers and others.

Studies and assessments focus on generating new data as well as on the analysis of existing data to create as broad a picture as possible of the present situation of women and children in Indonesia, of the persisting challenges and inequities that are obstacles to sustainable growth and development, as well as of socio-economic trends that may influence children’s futures.

Examples of UNICEF’s work in the area of knowledge generation include:

- **Implementation of the Multiple Indicator Cluster Survey (MICS) in Papua:**
  Over the past years, UNICEF Indonesia has been working closely with government institutions like BPS (National Institute of Statistics), on household surveys such as the Multiple Indicator Cluster Survey in six districts of Papua and West Papua. Household surveys require huge investments, both financial and technical. The data from the Papua MICS, which was launched in December 2012 both nationally and sub-nationally, revealed huge disparities between the provinces and districts on indicators such as child mortality, access to quality education and HIV/AIDS. It confirmed that high child mortality usually correlates with the lack of access to water and sanitation, with malnutrition and with a low level of education of mothers. The data is expected to be utilized for the district level planning and budgeting process in Papua.

- **Advocating for Child-Sensitive Social Protection in Indonesia:**
  In recent years, in response to the evidence on child poverty and disparities, UNICEF has been engaging with key partners such as the Vice President’s Poverty Acceleration Unit, Ministry of National Planning, and Ministry of Social Affairs among others to lobby for increased focus and inclusion of children’s issues within the existing social protection frameworks of the country. The importance of social protection is now recognized as one of the key measures to reduce disparity and protect the vulnerable, especially for girls and boys in need of additional support. UNICEF is providing technical assistance to strengthen family support provided to beneficiaries of the country’s largest Conditional Cash Transfer Programme (PKH) in the area of nutrition. In addition, UNICEF is supporting the review of the effectiveness of the current social protection system to simplify and integrate the different social protection measures while strengthening their child poverty reduction impact.

- **Indonesia Child Poverty Study:**
  To raise awareness among government and other partners on how poverty impacts on the lives of children, UNICEF is working with SMERU (a national research centre) on providing in-depth information on the nature and extent of child poverty in Indonesia. The 2012 SUSenas shows that using the national poverty line, 15% of children compared to 12 % of the general population are poor, with children in rural areas more affected than in urban areas (18% compared to 11%). Across Indonesia’s provinces, child poverty rates vary considerably from 35% in Papua to just 6% in Bali. The national poverty line, roughly USD 1 a day adjusted for differences in cost of living, is very low for a middle income country like Indonesia. Using a higher poverty line of USD 2 a day shows the high degree of vulnerability and poverty in families with children with 49% of all children growing up in households with less than USD 2 per person per day. At this higher poverty line there is little difference between urban child poverty rates (47%) and rural child poverty rates (50%). In addition, the number of urban children in poverty has remained the same between 2009 and 2012 (20 million), while the number of poor children in rural areas decreased from 26 to 22 million. The child poverty analysis also shows that the incidence of child poverty is highly associated with household characteristics, including the gender and education background of the household head, as well as the household size. The results of this research form the evidence-base for working with the GOI on strengthening child poverty reduction strategies, especially the reach and effectiveness of social protection.
Children do not have a voice unlike many other interest groups who can lobby with parliamentarians, policymakers and other decision makers to defend their interests through negotiations. But nearly all government decisions, whether related to resource allocation; policy formulation or social welfare affect the lives of children. As the UN organization with the mandate to protect and advance children’s and women’s rights, advocacy for child-friendly policies and programmes is therefore another key role of UNICEF.

Examples of successful policy advice include reform of the juvenile justice legislation, the national initiative on de-worming and flour fortification and also the inclusion of HIV/AIDS awareness in school curricula in Papua.

**Progressive Laws on Juvenile Justice:**

Each year in Indonesia, over 5,000 children used to be brought to the formal justice system as offenders. Almost 90% of these children end up behind bars even though most of their offences are of a petty nature. As the only development partner providing comprehensive technical support to the Government on the reform of its juvenile justice system, UNICEF successfully advocated for improving the legal framework to strengthen the protection of children’s rights. As a result, in early 2012, 50 children were released from correctional centres by a Presidential order; government funding was allocated for correctional facilities; and a ‘Corrections Blue Print’ was passed, providing policy directions for a reform of the correctional system. In August 2014, after more than seven years of advocacy by UNICEF and government partners, the new Juvenile Criminal Justice System Law No. 11/2012 came into force. Despite limitations, this law is a milestone in the judicial reform process and towards establishing a specialised Justice System for Children as mandated by international law. The Juvenile Justice Law carries
demanding preparatory requirements for the law enforcement agencies and related institutions and most importantly, the Law increases the minimum age of criminal responsibility from 8 to 12 years. Importantly, the law is already having an impact on the lives of children. When the law came into effect, hundreds of children were released from detention and by end September 2014 only 6 remained in prison for civil crimes in the entire country.

- **National Standards on Flour Fortification:** In 1998, the Ministry of Health, issued a Decree that all wheat flour milled in Indonesia or imported should be fortified with vitamins and minerals, including iron, folic acid and zinc. Iron and zinc deficiency can have a negative impact on children’s growth. Folic acid on the other hand prevents neural tube defects. In response to the Decree, the Ministry of Industry, in 2001, made the fortification of flour mandatory. In January 2008, however, following lobbying from flour importers, the mandatory National Standards Indonesia (SNI) was revoked. Capitalizing on its expert knowledge in child nutrition and referring to the minimal costs of fortification, UNICEF convinced the government of the enormous return on investment of flour fortification leading to the reinstatement of the SNI in July 2008. Today it is mandatory that all wheat flour for human consumption in Indonesia is fortified. Most recently UNICEF has been advocating with the government to further strengthen the regulations based on the revised 2009 WHO recommendations by changing the type of iron from electrolytic iron to ferrous sulphate or ferrous fumarate which are better absorbed by the body. It was agreed that all millers would start to use the appropriate type of iron by the third quarter of 2013.

- **Regulation on HIV/AIDS Education in Schools:** In Indonesia, one out of every five newly HIV infected people is below the age of 25 years. With only 1.5% of Indonesia’s population, Tanah Papua accounted for over 15% of all new HIV cases in 2011. The 2011 Survey on Knowledge, Attitudes and Practices showed that very few in-school youth (12.6 per cent in Papua and 1.67 per cent in West Papua) and out-of school youth (4.5 per cent in Papua and 0.0 per cent in West Papua) had comprehensive knowledge about HIV/AIDS. Young people out-of school are more at risk with 51% of them in Papua and 44% of their peers in West Papua reporting that they have multiple sexual relationships and yet only 18% perceived themselves to be at risk of contracting HIV. Preventing the further spread of the virus among this age group through awareness raising and life skills training has been a priority for UNICEF. Hence UNICEF advocated with the Governor of Papua and West Papua to ensure that schools are engaged in playing a key role in the generation of awareness among young people. As a result, in 2011 the government made HIV/AIDS education compulsory throughout primary to higher secondary school. Seven districts and provincial operational Education Plans now include allocations for HIV/AIDS life skills training (over US$120,000 in 2012 from government resources). A recent assessment showed that over 75% of primary and junior secondary schools surveyed in targeted locations had HIV/AIDS prevention in their curriculum.
UNICEF introduces innovations and new initiatives to address ongoing challenges affecting children’s lives

The importance of testing new models which can be scaled up and the need for providing innovative solutions to strengthen the quality of social services for children is a clear priority for UNICEF worldwide. Building on experiences from a number of countries, UNICEF Indonesia is working with young people, to develop new approaches to ongoing and long-standing challenges affecting the lives of children.

Starting up an Innovations Lab: In order to make best use of the rapid technological developments at the beginning of the 21st century, UNICEF has embarked on introducing innovations as one of its key cross-cutting programme strategies. Indonesia has enormous potential in this regard with half its population being under 25 years of age. Social media has really taken off in Indonesia like hardly in any other country, with social networking, twitter, and blogging being preferred modes of communication amongst adolescents and youth. Indonesia represents one of Facebook’s top 5 markets. Twitter is also extremely popular in the country, with 29 million users. This made it an ideal context for reaching out to the wide adolescent and youth population via social media platforms. Thus to reinforce its engagement with adolescents and youth, UNICEF established an Innovations Lab at the end of 2013. The Lab focuses on connecting with young people, encouraging them to contribute and participate in shaping the present and the future of their environment, society and country. One key start-up initiative of the Lab is U-Report Indonesia (@UReport_id). Through U-Report UNICEF engages systematically with young people (under 25) through weekly opinion polls using a Twitter-based platform. The young respondents express their opinions and respond to a variety of questions posed by UNICEF and partners covering a range of topics that have an impact on the lives of adolescents and youth, including violence against children, early marriage (with approximately one in every four girls being married off before they are 18 years of age), opportunities for education, and livelihoods among others. Participation does not cost any money and in return the adolescents and youth receive information and knowledge that helps create awareness about these topics; their voices are incorporated within development debates; and also, their responses and solutions are taken by UNICEF to relevant government and civil society partners as advocacy messages for further action.

Scaling up Malaria Control and Elimination: The intensity of malaria transmission in Indonesia varies markedly, requiring innovative approaches for its control and eventual elimination. In eastern Indonesia, where 70% of Indonesia’s malaria burden occurs, but where just 9% of its population lives, UNICEF works with the Ministry of Health to integrate Indonesia’s malaria control programme, which traditionally had been run separately with existing health programmes to reach remote, most-affected populations. By working with antenatal care and immunization services, malaria diagnosis, treatment, and prevention are being delivered in a way that synergistically improves all three programmes. Thanks to substantial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, this innovative programme is being scaled up throughout the most malaria-endemic regions of the archipelago, thereby improving the lives of mothers and children in impoverished rural communities. A similarly innovative approach is being used in western Indonesia, particularly in Aceh, where UNICEF is working with the Ministry of Health to eliminate the danger of malaria outbreaks by eradicate the parasite itself. In this case, UNICEF facilitated collaboration with communities, the private sector (especially tourism), and public health facilities to build a rapid and effective surveillance system towards eliminating the malaria parasite from 12 focus districts and aims to eradicate malaria from the entire province by the end of 2015.
IN ONE GIRL’S RECOVERY, AN ISLAND’S TRIUMPH OVER MALARIA

When Adelia’s fever simply did not go down, she was tested for the second-most-common malaria parasite – malaria vivax. That was in 2011. Thanks to immediate and effective treatment, Adelia, who is now 9 years old, managed to recover fully. But many others before her were not so lucky.

“On Sabang island, basically everyone had malaria at one point in their lives. We were so used to it,” Adelia’s mother, Rahmawati, explains. “But when it happens to one of your own children, I must say, I was terribly worried.” At one point, Batee Shok, the village Adelia and her mother call home in Aceh province, broke all records, with the highest number of malaria cases to be registered in a single village in Sabang.

Adelia was not yet born when the Indian Ocean tsunami hit Aceh province in 2004 and triggered a massive post-disaster response in the region, but the groundwork on implementing the malaria interventions that would one day save her life was soon to begin.

“After the tsunami, there was an increase in malaria cases in Sabang,” recalls Dr. Titik Yunarti, Head of Communicable Disease Control in the district health office. “In 2008, we started working with UNICEF to eliminate malaria.”

Financial and technical support from UNICEF catalyzed greater government investment in controlling malaria and in enhancing health systems – and budget allocations from the local government have steadily increased. Reporting has improved among hospitals and private physicians, as has more rapid investigation of reported cases. In addition to political commitment and community engagement, strict malaria surveillance by the local health department was essential. The local health office included each malaria case in a database, providing information on all possible aspects that may have influenced a person’s risk of exposure, including where he or she lived and whether there were habitats of Anopheles mosquito larva nearby.

These efforts yielded enormous success. Since 2011 Sabang had been malaria free, with Adelia having suffered the last case of indigenous malaria among Sabang’s 30,000 inhabitants.

Since then, any imported case of malaria has been detected in time, as witnessed in mid-2014 when a single imported case of malaria was detected by the surveillance system, demonstrating the robustness of the system in Sabang.

In Sabang, community volunteers, trained by UNICEF, play a vital role in preventing spread of the disease. The volunteers go door-to-door to check on the health of residents and ask whether they are using their insecticide-treated bed nets correctly. A first line of defence against malaria, the nets are distributed by the local government with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The volunteers also collect blood samples. Though the task has earned them the nickname “Dracula,” testing for malaria is critical to identify active cases of the disease, initiate timely treatments and prevent its further spread.

“I want malaria to be eliminated from my island,” says volunteer Srikayanti of Sabang. “It’s ridiculous; no one should die from a mosquito bite, especially no child.”
Every 3 MINUTES somewhere in Indonesia, a child dies before his/her 5th birthday, (approximately 190,000 deaths every year) 16.

31% under 5 show symptoms of fever, an indicator of malaria and other acute infections 20.

Almost 2 OUT OF 10 births are not attended by a skilled health worker27.

54 MILLION people defecate in the open18.

1 in 25 children die before age 5 29.

1 IN 3 CHILDREN UNDER 5 IS STUNTED21.

31% of children aged 7-15 years are out of school in Indonesia23.

41% of households do not use improved sanitation facilities23.

Almost 98% of children aged 7-12 attend primary school25.

Children from the poorest households are more than twice as likely to be underweight than those from the wealthiest families.36.

4% of households do not use improved sanitation facilities36.

Urban households are almost twice as likely to have access to improved sanitation than rural households34.

Children from the poorest households are four times more likely to be out of school than children from the wealthiest families36.

Indonesia has more than 20,000 new HIV cases every year17.

Children from the poorest households are more than TWICE AS LIKELY to be involved in child labour compared to children in urban areas.40.

Around 25% of girls are married before their 18th birthday30.

40% OF CHILDREN aged 13-15 years report being attacked at school35.

35% of Indonesian children have no access to safe water24.

1 in 9 children dies before the age of 5 in three Eastern provinces30.

More than 33% of children are not fully immunised30.

1 in 3 children die before age 5.

Less than 67% of children under 5 are registered at birth21.

1 in 10 children are married before their 18th birthday15.

Every 30 MINUTES a woman dies from causes related to pregnancy22.

1 in 20 people newly infected with HIV is younger than 1525.

54 MILLION people defecate in the open18.

 Almost 2 OUT OF 10 births are not attended by a skilled health worker27.

2nd highest number in the world

More than 33% of children are not fully immunised30.

5th highest number in the world

Almost 2 OUT OF 10 births are not attended by a skilled health worker27.

5% of stunted children, affecting 1 OUT OF 3 CHILDREN

(Total 7% of total U5 children)36.

2.3 MILLION children aged 7-15 years are out of school in Indonesia23.

2nd highest number in the world

54 MILLION people defecate in the open18.

Less than 67% of children under 5 are registered at birth21.

1 OUT OF 20 people newly infected with HIV is younger than 1525.

7% of children aged 5-17 are involved in child labour29.
Novianti Atanaw, 7, was one of the last children in her village to get a latrine at home. She lives in the seaside village of Fungafeng on Alor island in Nusa Tenggara Timur province (NTT). She and her family members used to get up each morning and scramble down the slope behind their house to the beach below to defecate. All that changed when Agnes Gale, a local health worker who specialises in sanitation and hygiene, visited the village. She demonstrated how faeces could contaminate water and food. The family realised they needed to build and use a latrine to keep themselves healthy. Working with the district health office, UNICEF trained Agnes and 9 other sanitarians in Alor on how to use SMS text messages to monitor sanitation in the villages. Now every time Agnes makes a visit to Fungafeng, she notes what kind of sanitation each household is using – open defecation, a shared latrine, a semi-permanent latrine or a permanent latrine. She sends the information via SMS text message to a central database where it’s picked up by district health staff. They use the data to plan ahead and allocate resources to places where sanitation is still a problem. The triggering sessions and the follow up monitoring seem to be having an effect on health in Fungafeng. There used to be an outbreak of diarrhoea in the village every year, but Agnes says that’s not happening anymore.
Different Roles, One Goal: RESULTS FOR CHILDREN

UNICEF provides high-level technical assistance to partners to improve the quality of social services for children.

Despite good progress towards realizing children’s rights, challenges with regards to the quality of social services in sectors such as health, education and social protection persist in Indonesia. One of the bottlenecks is the varied capacities of service providers to ensure quality services. This is particularly the case at sub-national level where there is often a shortage of social and health workers and where the technical capacity of staff in many cases is limited. UNICEF supports the government in providing trainings and strengthening national policies and guidelines related to capacity building to achieve better results for children.

Capacity Building of Health Workers: UNICEF has been the leading agency to support the government in strengthening the capacity of health and non-health workers for improved maternal nutrition and young child feeding practices. UNICEF’s support began with the successful introduction of training courses for health workers, including the Breastfeeding Counselling Course and Complementary Feeding Counselling Course. Since 2012, UNICEF has focussed its attention on building the capacity of community health workers (CHW) in order to increase the access of caregivers to information and counselling. The Maternal Nutrition and Infant and Young Child Feeding (IYCF) Counselling Course was developed in 2012, and has been rolled out to over 4500 CHW in 16 districts with UNICEF support. In addition, UNICEF has successfully advocated with local governments, non-government organizations, and the Stunting Reduction Programme, supported by the Millennium Challenge Corporation, to expand the coverage of the course to a further 20 districts by the end of 2014. Tools and mechanisms for supportive supervision have also been introduced so that newly trained CHW are provided with on-the-job support and mentoring by trained health workers following their initial training.

Studies, research and feedback from government counterparts reveal the need to transfer technical knowledge to a range of partners including parents, communities, religious authorities, social and health workers, so that there is improved capacity amongst government counterparts to deliver quality services.

Strengthening a Systems Based Approach to Child Protection: In Indonesia, historically, policies on child protection did not have a comprehensive approach to the prevention of violations against children. To address this issue, UNICEF supported the capacity building of national mid-level staff from line ministries by providing training on a systems-based approach to child protection and conducted several mapping initiatives at provincial level which have led to dedicated child protection regulations and budget at local levels. Technical advice and policy advocacy from UNICEF have resulted in ongoing reforms for child protection system development in Indonesia. New laws and policies are in place to protect children, such as the Presidential Decree on Preventing Child Sexual Abuse and the Juvenile Justice Law. Innovative monitoring and evaluation indicators have been defined to track progress for children and UNICEF supports a number of pilot model programmes to prevent and respond to child protection violations. Family based care advocacy is a particular priority in view of the large number of children living in institutions in Indonesia. UNICEF, together with the Government of Indonesia, is conducting an independent evaluation of the systems building approach in the country and its impact on children’s protection from violence, exploitation and abuse.

Capacity Building on Sports for Development in the School Curriculum: In Indonesia, many children have limited opportunities to participate in sports. Although physical education (PE) is an integral part of school curricula, in reality it is often not implemented. Most PE teachers in Indonesia lack formal training; nearly 40% of them do not have any background in sports education. Schools for children with special needs do not have a specialized PE curriculum, and teachers utilize regular curricula instead. Through the initiative of the “International Inspiration”, a unique partnership between the British Council, UK Sport and UNICEF set up in the context of the London 2012 Olympic Games; Indonesia has been receiving monetary and technical assistance to support schools in providing sports opportunities for children. In 2012, UNICEF supported the launch of the Sports for Development (S4D) initiative in four districts (Bone, Pasuruan, Subang and Jakarta). Technical assistance was provided to PE teachers and sports coaches. These sports practitioners are now providing regular sports, play and recreational opportunities to over hundreds of primary and secondary schools. The 2013 process documentation of the S4D initiative revealed positive changes in school environments, with increased sports opportunities for, and greater participation of girls and children with disabilities in the districts where the project was initiated. Dissemination of the knowledge and lessons learnt from the initiative will now serve as evidence for replication at scale and allow for better policies and resource allocations to guarantee children’s rights to sports.
The Sports for Development programme suggested games and sports that special needs children and other students could play together.
UNICEF works with local governments to ensure adequate utilization of resources to reach the unreached children and women

As part of its support to the decentralization process in Indonesia, UNICEF’s five field offices (Banda Aceh, Surabaya, Kupang, Makassar, Jayapura) together with the national office in Jakarta are analysing context-specific bottlenecks towards an improved enabling environment for children, helping to strengthen supply of and access to services, and addressing socio-cultural norms that may be harmful to both girls’ and boys’ overall development.

Cluster Island Approach to Maternal and Child Health (CIA) in Maluku Tengah Barat: With UNICEF’s technical support, the governments of Maluku and Papua in Eastern Indonesia set up the Cluster Island Approach to address bottlenecks in terms of access to health services. The Cluster Island Approach allows authorities to better manage health systems in remote island districts. The CIA focuses on the establishment of selected health posts (pokusmas) as cluster centres in key locations which can serve as centres for referral of medical cases, particularly obstetric emergencies, for logistics as well as for orientation and training of new staff. The approach allows for district-wide integration of the broader Maternal and Child Health programme including interventions such as immunization as well as emergency response. The initiative has expanded to more districts in Maluku, ensuring that each district had at least one cluster centre. Since then, maternity waiting homes (MWH) for at-risk mothers have been incorporated into the CIA to improve access of pregnant women to comprehensive obstetric care and prompt referral in case of complications. The CIA is being implemented in Papua also, where homes have been set up at health posts that function as cluster centres.

Community Based Education Information System (CBEIS) in Sulawesi: One constraint in the education sector has been the poor quality of data used to identify children who do not have access to or do not complete basic education. Government data is collected at the school level, providing information only about children who are in school, thus missing out the vulnerable children who are not attending classes. To address this gap, UNICEF in collaboration with the Centre of Education Data and Statistics developed the Community Based Education Information System (CBEIS) in Sulawesi, to identify out-of-school children and their reasons for non-participation. In 2012, the Polewali Mandar district of West Sulawesi used the CBEIS data to find the children from poor families who dropped out of school. A total of 2,316 children, out of around 3,600 out of school children in the district were identified and subsequently brought back to schools or admitted into non-formal education programmes through a “Return to School” (Anak Putus Sekolah Kembali Bersekolah) campaign funded by the local government who provided for their uniforms, school equipment and transportation costs. The campaign inspired the central government to launch a similar movement across the country. The CBEIS initiative has since been replicated in selected districts of Java, NTT and Aceh.

In order to translate national policies and pro-child priorities to local development plans, it is necessary to work with district and provincial governments, particularly towards the formulation of district strategic plans (Renstra), regulations (Perda), policies, budgets, and sectoral/unit annual work plans and guidelines on service delivery.
Tolaka and Lima walk to school for an hour through grasslands and forests.

There’s a chill in the air and the sun is barely up when 8-year-old Tolaka and her sister Lima, 7, leave home for school at 6am. It takes them an hour to walk to class from the thatched hut they share with their mother, close to the banks of the River Biliem, in Papua’s Kurima sub district. The route takes them over flooded grassland and along woodland tracks sticky with mud to SD Advent Maima primary school. “I’m used to walking so I don’t get tired at all,” says Tolaka.

Tolaka’s mother, Dimika Satai, knows how important it is that her two daughters get a good education. She attended the same school as a child but was forced to leave when her parents told her it was time for her to marry. “If the girls go to school, they’ll be able to do anything they want in the future. I’d like them both to work in an office,” she says. Nevertheless, sometimes it can be hard to motivate the children for the long walk to school. UNICEF Indonesia is working with District Education offices in Papua and West Papua to ensure children in the provinces get a good quality primary education. The aim is to create safe, healthy and inspiring environments for the children to learn in. At SD Advent Maima, UNICEF training has encouraged the teachers to introduce a number of changes. In the lower grades, the teachers use singing and games as teaching methods. This is more fun and participatory for young children. The older children line up outside their classrooms each morning and the teacher quizzes them about the previous day’s lessons before they are allowed into the classroom. Their classes are also more interactive. “The new approach has encouraged the children to come to school,” says head teacher Anie Joyce Nirupu. “There has been a real improvement in attendance. When they have to work with a new teacher who isn’t used to these methods, the children don’t have the same relationship with them.”
Different Roles, One Goal:
RESULTS FOR CHILDREN

UNICEF creates spaces for children and adolescents to express their concerns and participate in development processes

UNICEF believes that children and young people need to play an important role in the development of their societies and that they can act as powerful agents for change. A key component of UNICEF’s work in Indonesia includes working with children and adolescents under the age of 18 and creating opportunities for youth participation to ensure that the important voices of the country’s future are not left out.

Advocacy for a Youth Policy in Papua: To better understand the situation of young people in Papua and obtain comprehensive feedback from diverse partners, UNICEF undertook an extensive review of available documents, organized focus group discussions and interviewed key stakeholders at the provincial and district level through 2012 and 2013. The evidence revealed the need to develop a youth policy that addresses some of the key challenges being faced by young people in the province. Children and adolescents themselves played an important role in this process of knowledge generation. Through existing forums and youth participation initiatives supported by UNICEF, young people in Tanah Papua have been advocating for their rights and needs and are keen to work with government and civil society to promote the provinces’ advancement and success. The feedback and participation of young Papuans during the consultative workshops helped to validate data and information about the ongoing challenges and formed the basis for the first high level policy consultation meeting that was convened by the Governor of West Papua in June 2013 towards drafting Indonesia’s first provincial youth policy. Following this consultation, the local government has started consultations with partners including UNICEF, to finalize the draft policy for endorsement.

Global Design for UNICEF Challenge: The “Design for UNICEF Challenge” was a concept that was initiated in 2012 by UNICEF’s Innovation team in New York in order to leverage the enthusiasm and creativity of design students locally in United States with UNICEF’s institutional expertise and resources – all within an open learning space against specific problem sets and guided by UNICEF’s key innovation principles. In essence, the Challenge is an academic competition that engages students in developing innovative solutions to pressing development problems. The success of these partnerships led UNICEF to expand this idea to other country offices and universities located outside of the United States, which grew to become the largest academic competition that UNICEF has supported to date. UNICEF Indonesia is one of the countries where this challenge was introduced, with partnerships being formalized with two of the country’s top design institutes, the Agricultural Institute of Bogor and the Bandung Institute of Design. Built within the timeframe of one semester, the principle goal is to encourage students to develop a product or service concept that will impact longstanding challenges such as low rates of birth registration, open defecation and youth involvement in disaster risk reduction programmes.
To leverage resources, gain consensus, and push forward new ideas that benefit children in Indonesia, UNICEF engages in a variety of local, regional and global partnerships including with civil society organizations, the corporate sector and individuals.

**Partnership with the Private Sector in Indonesia:**
UNICEF is supported by many individuals and corporations in Indonesia who help the organization deliver results for children. An important source of income are the more than 40,000 regular donors in the country who contribute a certain amount of money every month to UNICEF.

Equally important is the support provided by companies such as BCA Bank, Unilever Foundation, Bank Muamalat and Indonesian retail chains like Alfamaret and Indomaret. UNICEF also engages with corporations in non-financial partnerships that help businesses to support child rights. The UN Global Compact, Save the Children and UNICEF jointly developed the ‘Children’s Rights and Business Principles’ that provide a comprehensive framework for understanding and addressing the impact of business on the rights and wellbeing of children. In Indonesia, the Indonesia Global Compact Network, Save the Children and UNICEF joined forces with the Ministry of Women’s Empowerment and Child Protection (KPPPA) and other national partners, calling on the local business community to put children’s rights at the centre of their corporate social responsibility agenda. Following a national launch in 2013, the Indonesia Association of Child-Friendly Companies (APSAI), supported by the Ministry, committed to play an important role in monitoring the implementation of the Principles in the country. In supporting further roll-out, the Indonesian Global Compact Network, Save the Children and UNICEF Indonesia are focusing particularly on tourism and retail industries.

**Partnership with Bilateral Donors and NGOs:** Partnerships with bilateral partners such as the governments of Australia (DFAT), New Zealand, Norway and USA (USAID) have enabled UNICEF to implement some of its key initiatives in sectors like health and nutrition, education, HIV & AIDS and child protection. Programmes are also supported by other entities such as the Global Fund to fight AIDS, Tuberculosis and Malaria, by the Bill and Melinda Gates Foundation which focuses on community led total sanitation; by the World Bank which aims to strengthen the nutrition component of poverty-reduction programmes, or by the Global Alliance for Improved Nutrition (GAIN) which enhances universal salt iodization in Indonesia. UNICEF also partners with international NGOs like Save the Children and Plan International in the areas of education, disaster risk reduction and emergencies.

**Training of Midwives - The Info Bidan Initiative:**
in 2013 UNICEF established a partnership with the mobile phone company Nokia and the service provider PT XL Axiata for a pilot project to improve maternal and child health care in rural areas through the use of mobile phone technology. In Indonesia, midwives (bidans) are front line providers of health care to pregnant women and children. However, many have limited capacity and lack technical information required for their job. Conventional capacity development...
efforts like face-to-face training are not always cost-effective but mobile phone technology offers an interesting option as it overcomes challenges of geographical access etc. Adapting the Nokia Life mobile phone application, UNICEF developed text messages which it sent out to a test-group of 200 midwives during the pilot phase. UNICEF convened Nokia and the Ministry of Health as partners for this collaborative initiative – the first time that UNICEF brought together the public and private sector in a collaboration that addresses challenges to quality service delivery, by using existing technology to address bottlenecks in access to knowledge in the public sector. Since the findings of the pilot revealed positive results, UNICEF is scaling up the initiative to reach more than 20,000 midwives in Central Java in partnership with the local midwives association (IBI) and others. In order to overcome the limitations of SMS technology, UNICEF will now also use multiple platforms, including mobile apps and social media (Facebook and Twitter).