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INCOME 21
It is my pleasure to introduce our Annual Report for 2012 and share with you how we have used our funds to make a real difference in the lives of children in Indonesia. The year was an exciting continuation of our journey to help the most vulnerable, in partnership with the Government of Indonesia, other organizations and – most importantly – with you, our donors and supporters.

Indonesia has continued to make tremendous progress to lift its vast population out of poverty and distribute the fruits of progress among all citizens. However millions of children and women are still being left behind in the country’s rise to middle-income status and there is still much to be done.

For example, the country still has the second highest number of people who have to defecate in the open because they do not have a proper toilet. Indonesia has the third highest number of un-immunized children and the fifth highest number of children suffering from stunted growth, which severely impacts their ability to develop their full physical and mental potential. Whether a child lives or dies, goes to school or is protected from abuse depends to a large extent on where they live, how poor their family is and even whether they are a girl or a boy.

UNICEF is committed to narrowing the gaps between those who already enjoy the fruits of recent progress and those who are still excluded. We do this by working with the government and others to better understand the situation of children in Indonesia; to advocate for better policies, laws and programmes that strengthen children’s rights in Indonesia; to introduce innovations that solve the on-going challenges affecting children’s lives; to help improve the quality of social services for children; to work with local governments to reach the unreached; and to create space for children and adolescents where they can express their concerns and participate in solving the issues that affect them.

I would like to thank the Government of Indonesia, our partners and particularly you, our donors for the tireless work and support we receive as together we put children first. Children matter, because they are the future of the world we dream of.

If you want to learn more, visit: www.unicef.org/Indonesia or become a fan of our Facebook site: www.facebook.com/UNICEFIndonesia. You can also follow us on Twitter: twitter.com/UNICEFIndonesia. We would love to hear from you!
ABOUT INDONESIA

Indonesia is in many ways considered a success story in the Asia and Pacific. The country has gone through major political, social and economic changes over the past 15 years, emerging as a vibrant and stable democracy and the largest economy in Southeast Asia. Since its recovery from the 1998 economic crisis, which plunged millions of its people into poverty, Indonesia has become a middle-income country with a per capita income of around US$ 4,000.

Poverty reduction among the 237.6 million Indonesians has also been impressive. The proportion of the population living on less than US$1 a day fell from 20.6% in 1990 to 5.9% in 2008. However, half of Indonesians do not have more than US$ 1.75 a day to live on. Living very close to the poverty line makes this population group extremely vulnerable to external shocks that can easily push them back into poverty. And child poverty in Indonesia is even greater than adult poverty, affecting 44.3 million children or more than 50% of all children1.

These figures show that not everyone has been able to reap the benefits of Indonesia’s transformation, and children are particularly affected. The highest rates of deprivation can be found in East Indonesia while the largest numbers of children suffering from the consequences of poverty and exclusion are concentrated in East, Central, and West Java, where more than half of Indonesia’s population lives.

One such area of uneven development is child and maternal survival. Indonesia’s maternal mortality rate has improved since 1997, albeit slowly, but it is still three times that of Vietnam and six times that of China or Malaysia2.

In the capital, Jakarta, the vast majority of women (97%) give birth with skilled assistance compared to only a third (33%) in Maluku. Access to, and quality of, maternal and neonatal services need to be strengthened, to prevent these needless deaths3.

A child is at greater risk of dying when malnourished, and the data shows that there has been little improvement in addressing the condition, especially among the poor4. Access to safe drinking water, adequate sanitation, and good hygiene is also critical to child survival, yet Indonesia needs to reach another 56.8 million people with clean water by 2015. Greater investments are required in many areas of the water and sanitation sector, including stronger coordination of partners, capacity building of district-level governments, and better community awareness of hygiene practices that protect children from diseases.

Another threat to children and women’s health is Indonesia’s HIV epidemic, which is one of the fastest growing in Asia. Almost 10 people die of AIDS-related diseases every day, and in 2008 an estimated 200,000 children and young people were living with HIV, with seven children getting infected with HIV every day. Young people were also responsible for close to a fifth of new HIV cases in 2011, pointing to the need for prevention strategies and programmes for this vulnerable group.

Early childhood development (ECD) provides disadvantaged children a more equitable start in life through healthy pregnancy, skilled birth delivery, early post-partum care and early stimulation. It is therefore a critical component in UNICEF’s refocus on equity. ECD programmes help reduce the social and economic disparities and gender inequalities

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1 Child Poverty and Disparity in Indonesia: Challenges for Inclusive Growth, preliminary findings, SMERU 2012
2 Indonesia DHS 2010
3 Riskesdas 2010
4 Child Poverty and Disparity in Indonesia: Challenges for Inclusive Growth, preliminary findings, SMERU 2012

Progress towards achieving the Millennium Development Goals (MDGs) has been significant. According to the latest government report, four of the 35 indicators most directly associated with the welfare of women and children have been met and 20 are on track to be achieved.

BUT: 150,000 children still die each year before their fifth birthday.
that divide societies and perpetuate poverty and are preferable to costly remedial action. In Indonesia, young children enrol in early childhood education late (most around age 5 to 6), and pre-schools and community programmes offer diverse services that are unequal in quality. It is necessary to address these gaps by involving communities in monitoring children’s school attendance, by providing ‘second chance’ education to children who have missed out on formal schooling and by increasing government spending on ECD.

In order to grow and learn, children need to live in safety and security. Indonesia has made steps to build a legal and policy environment to protect children from violence, abuse, neglect, and exploitation. There is, however, still an over-reliance on rehabilitating survivors, rather than preventing violations in the first place. To improve child protection, Indonesia needs to strengthen prevention efforts, improve capacities of social workers at all levels of government, and provide outreach services to children who are most at risk.

In education, Indonesia has made remarkable progress towards the MDGs on universal primary education and gender equality. However, there are still 2.3 million children aged 7–15 not in school. Central, East, and West Java, where most Indonesians live, account for 42% of the country’s out-of-school children.
UNICEF has been supporting children and women in Indonesia since 1948, when the island of Lombok was hit by a severe drought and UNICEF helped to prevent a famine. Today, UNICEF is working with the Government of Indonesia and its partners to address another major challenge for children and women – that of increasing inequity in access to basic social services and outcomes in health, nutrition, education, and child protection in the context of a middle-income country.

Through its five areas of work, the UNICEF country programme for 2011–2015 focuses on narrowing inequalities for Indonesia’s children. Key strategies to achieve this involve advocating for child rights, strengthening the capacities of systems and government institutions, scaling up best practices and emergency preparedness and response. In addition to working at national level, targeted support is provided to government programmes in the 14 provinces with the worst child and maternal statistics (see map on the previous page). These provinces are home to 165.5 million people, of whom 52 million are children.
RESULTS
OF OUR WORK

CHILD SURVIVAL AND DEVELOPMENT

• Prioritizing child nutrition

Malnutrition, in particular stunting, is a major public health problem in Indonesia. To address the challenge, UNICEF supported a number of initiatives in 2012 to create a conducive national environment for nutrition. This included rolling out the Scaling Up Nutrition (SUN) movement and supporting the development of a regulation on exclusive breastfeeding, a national plan to control iodine deficiency disorders, guidelines on preventing and controlling intestinal parasites, and guidance on multi-nutrient supplementation of women and child in Klaten, Central Java. Community management of acute malnutrition and infant and young child feeding were merged into a holistic package to address malnutrition, while child nutrition and malaria control were addressed together to prevent stunting.

• Reaching children and women with high impact health services

In addition to nutrition, other high impact health interventions were supported nationally and on the ground. With UNICEF support, the Cluster Island Approach, which integrates maternal and child health services across groups of remote islands, was modelled in Maluku Tengah Barat. The initiative was expanded to 11 districts in Maluku province. Maternity waiting homes for at-risk pregnant mothers were also incorporated into the initiative.

Advances were also made in Community Case Management (CCM) of major childhood diseases in Papua, where CCM was replicated through the Flying Health Care programme in eight districts, and nationally through the development of national community-based integrated management of childhood illness guidelines, using lessons learned in the field.

Also key to saving children’s lives is to ensure that families have access to quality immunization services. In 2012, UNICEF partnered with the government and others to conduct studies and assessments to review Indonesia’s Expanded Programme for Immunization, through which children under five are vaccinated from preventable childhood diseases like measles. These included, among others, the measles programme review and an assessment of on-going vaccination services. The findings of these studies have helped to develop better strategies on how to deliver vaccines, Vitamin A and other services in remote, hard-to-reach areas.

The government, with UNICEF support, continued to work on removing obstacles to malaria prevention and control services in highly endemic districts in Eastern Indonesia, notwithstanding challenges of geographical access and quality of services. In contrast, in Western Indonesia, particularly in Aceh, UNICEF is working with the Ministry of Health to eliminate the danger of malaria outbreaks by eradicating 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 to eliminate the malaria parasite entirely.

• Providing the basics of life

Without clean water, proper sanitation and hygiene, all interventions UNICEF supports in health, nutrition, and education would be undermined. In 2012, UNICEF assisted 19 out of 25 deprived districts in Eastern Indonesia, to achieve the MDG targets for water and sanitation. Local governments have scaled up the rural water, sanitation and hygiene (WASH) model demonstrated by UNICEF under national programmes such as Community Led Total Sanitation (CLTS), an initiative that involves communities to achieve adequate sanitation for all at the village or district level. District authorities in all 25 target districts developed WASH strategic plans and budgets following advocacy and technical support from

In 2012 Malaria was eliminated in the Sabang municipality of Aceh province. This ground-breaking achievement won an award from the President of Indonesia and was internationally recognized as a model of best practice that can be replicated throughout Indonesia and around the world.
UNICEF: These plans were approved by provincial authorities and are being implemented. Work also started on scaling up a model to improve access to clean water and proper sanitation in urban slums.

As a result of intensive advocacy by UNICEF and partners, the government declared WASH in schools as one of its priorities. WASH in schools guidelines was developed to standardize practice in this field.

- Changing attitudes and behaviours

Attitudes and behaviours in daily life have perhaps the single greatest influence on people’s health, and thus ultimately the lives of families and children. In Indonesia, ensuring key life-saving practices such as exclusively breastfeeding of babies in the first six months of life, hand washing with soap and taking a sick child for medical treatment quickly, remain a major challenge. Promoting behaviour change in these areas is therefore on top of UNICEF’s priority list. In 2012, government and NGO health workers and midwives were trained on nutrition counselling in Klaten (Central Java) and Sikka (Nusa Tenggara Timur). A strategy to improve public demand for, and coverage of, immunization was developed in partnership with the Ministry of Health. And in the area of sanitation, UNICEF also supported community training on CLTS to eliminate open defecation. CLTS programmes were implemented in 161 villages with the support of UNICEF, and 79 villages were declared ‘open-defecation free’ by the end of 2012.

EDUCATION AND ADOLESCENT DEVELOPMENT

- Addressing inequities in access

Despite overall high primary school enrolment rates, an Out-of-School Children study conducted jointly by the Ministry of Education, UNESCO and UNICEF in 2011 revealed that 2.5 million children aged 7–15 were still not in school, with most of them dropping out during the transition from primary to junior secondary school. In 2012, UNICEF, in partnership with the Ministry of Education and Culture and other partners, focused on developing an appropriate policy environment framework to bring missing children back to classrooms. This was achieved by conducting analyses on gaps, barriers and bottlenecks in education access in Central and East Java. The analytical work helped local education authorities to standardize practice in this field.

- Greater community participation in school management

UNICEF provided technical assistance to district partners to implement school-based management, which gives the community, school principals, and educators greater leadership in running their schools. The approach helped schools to improve their planning and budgeting to expand educational access and quality for vulnerable and excluded boys and girls. In addition, by improving data collection to monitor children who were not in school, using a Community-Based Education Information System, UNICEF supported sub-districts to monitor access and retention of 13–15 year old adolescents in basic education.

- Delivering comprehensive early childhood development

Less than a third of the 30 million children aged 0–6 in Indonesia have access to ECD programmes, with the majority of those not served living in rural areas and coming from poor households. UNICEF, in conjunction with the government, worked towards developing a comprehensive policy framework to implement the different interlinked components of ECD. These components include care, early stimulation, early learning, nutrition, health (including access to safe water and sanitation), HIV and AIDS, and protection in all situations from pregnancy through the transition from home to schools. Under the leadership of the Ministry for Coordination of People’s Welfare, a path-breaking Presidential Decree on ECD was drafted in 2012 and is expected to be endorsed in 2013. It will guide the coordination of and resource mobilization quality ECD programmes that address the different aspects of early childhood in an integrated manner from all relevant line ministries. To support this process, UNICEF provided technical assistance to the government at national, provincial and district levels in drafting and introducing regulations, as well as supporting them in preparing national budgeting guidelines to guide the implementation process.

- Working with young people

Adolescents and young people are also a priority for the government and UNICEF; given that they make up a quarter of Indonesia’s population. A 2012 situation analysis of 10 to 24 year-olds revealed that they have limited access to youth-friendly social services, are not aware of their entitlements to social assistance, have low levels of knowledge on how to prevent HIV and on sexual health, and struggle with violence and alcohol abuse in schools and communities. To promote adolescent development.
development, the Ministry of Health, in cooperation with UNICEF, UNFPA and WHO, strengthened the adolescent-friendly health programme (AFHP). Standard operating procedures and monitoring and evaluation tools were developed, and the AFHP was piloted in Aceh. The impact of HIV on young people was also addressed in the provinces, through a newly developed institutional framework for the education sector’s response to HIV.

In partnership with the provincial government of Aceh, UNICEF conducted a rapid assessment of existing policies and programmes across sectors that address youth issues, towards gathering evidence and data on the situation of Papuan youth.

CHILD PROTECTION

- Tying the knots together

Building an effective child protection system involves several interlocking components such as supportive laws and policies, social welfare, justice, data systems, and promotion of positive behaviour change in communities.

To build a stronger legal and policy framework, sub-national laws, which are consistent with system building on child protection, were adopted in two districts (Surakarta and Klaten) and drafted in three provinces (South and West Sulawesi, Nusa Tenggara Timur). District mid-term development plans that make child protection a priority were adopted in Klaten and Surakarta.

- Building capacity in child protection

To familiarize the police with the Law on Juvenile Justice, a training manual was finalized in 2012 and a team of police trainers formed. The training programme will be rolled out across the country in 2013. Standard operating procedures in handling children in contact with the law were drafted and will guide the police, social workers, and penitentiary and probation officers in providing standardized services to minors who have been detained or arrested.

The social welfare system benefitted from a move to integrate training on child protection into the in-service training programme for social workers. The practice of social work in relation to child protection was strengthened with technical assistance from Griffith University in Australia, and a national pilot started in Central Java and South Sulawesi provinces to develop an Indonesia-specific social work model that takes family-based care of children as the entry point.

SOCIAL POLICY AND MONITORING

- Generating evidence

With a staggering 44.3 million Indonesian children living in poverty, reducing social disparities is imperative. UNICEF collaborated with a number of partners in 2012 to tackle the high levels of child poverty. A strategic partnership with SMERU, a leading national research institution working on poverty issues, was established to facilitate the generation and use of evidence in mainstreaming children’s issues into poverty reduction policies and programmes in Indonesia. This partnership cemented UNICEF’s access to recent data on children and equity, as well as its reach to various stakeholders and its influencing abilities.

A number of studies and analyses were finalized in 2012 and disseminated to policy makers and planners, providing them with quality and recent evidence on disparities affecting children. The Multiple Indicator Cluster Survey (MICS) in six districts in Tanah Papua generated up-to-date data on children’s and women’s indicators and inequities. Further to this, UNICEF started to produce policy briefs on key MDG issues which are being used for advocacy interventions towards the government and other partners.

- Social protection

To promote the reduction of stunting as part social protection programmes, UNICEF supported the introduction of an additional nutrition component to the government’s conditional cash transfer Program Keluarga Harapan (PKH Prestasi).

This programme is being piloted in two districts – Sikka and Klaten. Attempts to use the umbrella of the PKH programme to reduce stunting were made through improved coordination between government ministries and partners, capacity building to improve the quality of services and behaviour change communication for families to adopt improved nutrition practices for their children.

In 2012, UNICEF provided advocacy and technical support to strengthen Indonesia’s child protection system. Of significance was the signing of the progressive Law on Juvenile Justice (Law 11/2012). The new law increases the minimum age of criminal responsibility from 8 to 12 years.
COMMUNICATION, RESOURCE MOBILIZATION AND PARTNERSHIPS

UNICEF’s achievements in health, nutrition, education, child protection, and social policy are supported by robust work in communication, resource mobilization, and partnerships for child rights.

• Engaging with the public

During the year, UNICEF Indonesia was able to engage more actively with the general public on children’s and women’s rights through its newly created Facebook and Twitter accounts. To improve media outreach, journalists were trained on child rights, and regular briefings were held with key media partners. A study was started to assess the knowledge and attitude of key stakeholders on child rights. This will provide a baseline that UNICEF can use to measure the effectiveness of its communication programme.

• Strengthening capacity for behaviour change

The capacity of national and sub-national government partners on behaviour and social change communication was built through the participatory development of evidence-based communication strategies on the health and well-being of children and women, such as infant and young child feeding, routine immunization, and HIV. UNICEF was also able to leverage resources and obtain organizational commitment from government partners to carry out social mobilization campaigns on some of these issues.

• Technology for development

To support the government in improving community access to quality basic health services, UNICEF in partnership with the Health Promotion Centre of the Ministry of Health (PROMKESI), Nokia and XL (an Indonesian mobile service provider), piloted the use of a SMS-based application for mobile health, involving 200 midwives in two districts. Messages on critical issues relating to maternal, infant, and child health were sent to these midwives to increase their knowledge and improve their counselling capacities. The evidence generated from this pilot project will inform health policy makers on how best to apply this technology to scale up the intervention at sub-national levels.

• Knowledge management

UNICEF launched a series of knowledge management activities in 2012 and disseminated products on child rights in Indonesia via social media, media trainings and workshops with children. These include a documentation of the community-based education information system in Sulawesi; consolidation of existing data on the situation of youth in Papua to inform the development of a provincial youth policy; audio-visual documentation of a Sport for Development project in four provinces, to be used as an advocacy tool for influencing district governments to mainstream sport within the educational curriculum; and the production of issue briefs to influence government partners on policy making for children.

• Building child-friendly communities

In 2012, UNICEF helped to set up child-friendly networks, comprised of key government agencies, parliamentarians, community leaders as well as business and children’s representatives, in seven districts through the government’s Child Friendly City/District Initiative. This programme helps authorities create communities that actively care for and work in partnership with children. As a result of advocacy efforts by the networks and UNICEF, children’s health, nutrition and education issues were integrated into annual development plans and budgets in these districts.

• Promoting child participation

Child participation was enhanced through the establishment of the National Children’s Forum. The forum has become a national child participation mechanism that represents and channels children’s voices into the development process. Further to this, UNICEF supported and facilitated the establishment of children’s fora in eight districts through the Child Friendly City/District framework.

The ‘Indonesia Youth Online’, a desk review to map the digital landscape of Indonesia, was completed and published. The recommendations from this review formed the basis of the UNICEF-supported study on Digital Safety with the Ministry of Communication and Information Technology and the Berkman Center at Harvard University. Once completed in 2013, it will provide a better understanding on how children and young people use digital platforms in Indonesia – information that can be used to direct policy formulation to ensure safe access to these rapidly expanding media.

Also, UNICEF has been working with the Alliance of Independent Journalists (AJI) and its network across the country, to ensure that media channels/publications are providing regular opportunities for young people to express their opinions. The UNICEF-AJI media awards on child rights were revamped in 2012 to focus on equity issues and empowering young voices.
UNICEF can do nothing without funding. The large majority of our income in Indonesia is from donations, so we are extremely grateful to every partner who makes our work possible. We would like to thank all the governments, corporations and individuals listed below that have provided generous contributions. Together we are truly making Indonesia a better place for children.

**INCOME SUMMARY 2012**
CORPORATE PARTNER TESTIMONIAL

"As part of the Indonesian society, Indomaret together with its consumers were called to help the millions of Indonesian children who are still living malnourished and in need of early childhood education.

This partnership was made possible through the cooperation with UNICEF as the credible international organization. We greatly appreciate and are grateful for the participation of Indomaret’s consumers and to UNICEF for becoming the channel of the donation.

May the good collaboration be further strengthened for the better life of the Indonesian children."

Wiwiek Yusuf
Marketing Director PT Indomarco Prismatama (Indomaret)