COMPENDIUM OF GOOD PRACTICES
to support achievement of Sustainable Development Goals for Children in Indonesia

2021
COMPRENDIUM OF GOOD PRACTICES

to support achievement of Sustainable Development Goals for Children in Indonesia

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FOREWORD

Indonesia, together with leaders from 193 countries, made a global promise during the UN General Assembly in 2015: Over the next 15 years they would strive to make the world a better place. The 17 Sustainable Development Goals (SDGs) they agreed on address the main challenges we are facing today, including poverty and inequity, hunger and disease, violence and climate change. Agenda 2030 shines a laser focus on children and puts a strong emphasis on equity: the development goals are only reached if they are achieved for all children, everywhere.

Investments in early interventions will take advantage of crucial phases of brain development and help to ensure that all children can develop to their full potential and support the growth of a prosperous society.

Indonesia has already seen impressive progress towards the SDGs, although the pandemic risks significant setbacks in several areas for children, including on child immunization, attainments in education and nutritional status of children. As a middle-income country and a frontrunner on the SDGs, the Government of Indonesia and UNICEF have worked together to monitor progress of those SDG targets and indicators that are most important for children in Indonesia, and design new and innovative programmes that help accelerate achievement of SDGs for children at national and subnational level.

This SDG good practice compendium – a first of its kind - includes 36 good practices that have been implemented by national and subnational Government authorities with support from UNICEF across Indonesia, to accelerate SDG progress for children in the areas of SDG 1 (no poverty), SDG 2 (zero hunger), SDG 3 (good health and well-being), SDG 4 (quality education), SDG 5 (gender equality), SDG 6 (clean water and sanitation), SDG 16 (peace, justice, and strong institutions), and SDG 17 (partnerships to achieve the Goals).

We are hopeful that this Compendium serves as an inspiration, and that it can be used as a resource at subnational level in the planning efforts aimed at accelerating SDG progress for children, leaving no child behind.

May 2021

Debora Comini
Country Representative, Indonesia
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<tr>
<th>Abbreviation</th>
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<td>AB</td>
<td>Aksi Bergizi - adolescent nutrition programme</td>
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<td>Bappeda</td>
<td>Badan Perencanaan Pembangunan Daerah - Regional development planning agency</td>
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<tr>
<td>BKKBN</td>
<td>Badan Koordinasi Keluarga Berencana Nasional – National family planning coordination board</td>
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<td>BPS</td>
<td>Badan Pusat Statistik – Statistics Indonesia</td>
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<td>BOK</td>
<td>Bantuan Operasional Kesehatan – Health operational assistance</td>
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<td>BAZNAS</td>
<td>Badan Amil Zakat Nasional - National alms agency</td>
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<td>CBA</td>
<td>Cash-Based Assistance</td>
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<tr>
<td>COVID-19</td>
<td>Coronavirus Disease</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>DHO</td>
<td>District Health Office</td>
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<td>DRR</td>
<td>Disaster risk reduction</td>
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<td>HI-ECD</td>
<td>Holistic and Integrated Approach to Early Childhood Development</td>
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<tr>
<td>FSM</td>
<td>Fecal Sludge Management</td>
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<td>IFA</td>
<td>Iron Folic Acid</td>
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<td>IMAM</td>
<td>Integrated management of acute malnutrition</td>
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<td>IE</td>
<td>Inclusive education</td>
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<tr>
<td>IMCI</td>
<td>Integrated management of childhood illness</td>
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<td>KPM</td>
<td>Keluarga penerima manfaat – Household beneficiary</td>
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<td>LSE</td>
<td>Life Skills Education</td>
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<td>Madrasah</td>
<td>Islamic-based school</td>
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<td>MCH</td>
<td>Maternal and child health</td>
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<td>MoEC</td>
<td>Ministry of Education and Culture</td>
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<td>MoWECP</td>
<td>Ministry of Women Empowerment and Child Protection</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoSA</td>
<td>Ministry of Social Affairs</td>
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<td>NTA</td>
<td>Nusa Tenggara Barat – West Nusa Tenggara</td>
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<td>NTT</td>
<td>Nusa Tenggara Timur – East Nusa Tenggara</td>
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<td>ODF</td>
<td>Open Defecation Free</td>
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<td>OJT</td>
<td>On-the-job training</td>
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<td>OSC</td>
<td>out-of-school children</td>
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<tr>
<td>O &amp; M</td>
<td>operational and maintenance</td>
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<td>PEO</td>
<td>Provincial Education Office</td>
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<td>PKH</td>
<td>Program Keluarga Harapan – Family-based conditional cash transfer</td>
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</tbody>
</table>
PKBM : Pusat kegiatan belajar masyarakat - community-based learning institution
PKSAI : Pusat kesejahteraan sosial anak integratif - integrated child welfare service
POCQI : Point of Care Quality
Puskesos : Pusat kesejahteraan sosial - village-based social welfare centre
P2P : Pengendalian dan Pemutusan Penyakit - Diseases Prevention and Control
QI : Quality improvement
Riskesdas : Riset kesehatan dasar – Basic health research
SIPBM : Sistem informasi pembangunan berbasis masyarakat - community-based development information system
SNPHAR : Survei Nasional Pengalaman Hidup Anak dan Remaja – National survey of children and adolescent’ life experience
SOP : Standard operating procedure
Susenas : Survei sosial ekonomi nasional - National socioeconomic survey
STBM : Sanitasi Total Berbasis Masyarakat – community-based total sanitation
WASH : Water, Sanitation and Hygiene
WHO : World Health Organization
WINS : Water sanitation and hygiene in schools
ZIS : Zakat, Infak, Sedekah – Mandatory and voluntary alms
GOAL 1
NO CHILD SHOULD LIVE IN POVERTY
End poverty in all its forms everywhere

KEY FIGURES:

12% of children & 9.8% of adults live in poverty

2 in 3 children suffer from multidimensional poverty

16 million children received a family cash transfer in 2019

EQUITY MATTERS:

Only 1% of people with disabilities access a social protection programme

35% of children in Papua live in poverty, compared to 6% for DKI Jakarta

1

9.8%

of adults

1

2

3

4

5
Reduce child poverty, vulnerability and inequality

WHAT CAN BE DONE TO ACCELERATE PROGRESS?

• Ensure all children benefit from high quality social protection efforts, including during emergencies.
• Strengthen monitoring of progress on reducing child poverty and multidimensional child poverty to inform policy and action at the national and sub-national levels.
• Integrate disaster-risk management and climate change adaptation into social protection systems.

GOOD PRACTICE

Delivering results for children through locally funded social protection programme

Gerakan untuk Anak Sehat (Geunaseh) was launched in 2019 as a locally funded social protection programme to address maternal and child malnutrition in Sabang, Aceh Province. Geunaseh aims to avert the health problems caused by child malnutrition through a social protection scheme that supports households to keep children healthy. Mandated by a 2019 regulation, Geunaseh was designed to promote the vision of ‘welfare city’, in line with national priorities.

Cash-based assistance is provided directly to households with children aged from 0-6 years who have a birth certificate and live in Sabang or whose name is included on the family card of parents residing in Sabang. Beneficiaries can withdraw IDR 150,000 (USD 10) per month from a local bank. Geunaseh was first piloted in Sabang, making it the only city in Indonesia with social protection programmes that cover children from 0-17 years old.

Summary of the Approach

Key Results Achieved

• The programme had reached more than 5,227 children as of June 2020.
• Possession of a birth certificate had risen from 92 per cent to 98 per cent by November 2019, representing an average 7 per cent increase in all villages.
• Children’s visits to community clinics increased from 62 per cent in August 2019 to 92 per cent by July 2020.

Lessons Learned and Replication

• The success of this locally funded social protection programme was due in part to the decentralized nature of development planning and budgeting in Indonesia.
• Requiring a birth certificate to obtain social assistance motivates parents to legally record their children’s birth. This fulfils children’s rights to a nationality and helps the government to improve population data.
• A Geunaseh roadmap for the next five years was being developed in late 2020 to ensure the programme’s sustainability.
## Lombok cash-based assistance: from earthquake to COVID-19

### Summary of the Approach

The provision of emergency cash-based assistance (CBA) to children affected by a disaster was UNICEF’s response to a severe earthquake that hit West Nusa Tenggara Province in mid-2018. Because the earthquake had a profound effect on families’ income and livelihoods, CBA sought to address the immediate needs of affected families with children up to six or seven years of age, pregnant women and breastfeeding mothers. The programme later expanded to other affected districts.

UNICEF also carried out policy advocacy and conducted capacity strengthening of the local government, advocating for standard guidelines on cash transfers. With the outbreak of COVID-19, steps were taken to ensure safe cash distribution. During the two periods of CBA implementation, two studies were conducted (‘Qualitative study of emergency multi-purpose cash assistance’ and ‘Remote COVID-19 Insights’) to better capture evidence on related to emergency cash transfer assistance.

### Key Results Achieved

- Around 4,500 households in North and East Lombok Districts received cash-based assistance
- More than 65 per cent of cash assistance was spent on the purchase of basic services and essential goods (e.g., transportation to health facilities and school enrollment) that benefitted children.

### Lessons Learned and Replication

- In the post-disaster context and particularly during recovery, CBA is preferable until markets return to normalcy.
- The unconditional, multi-purpose and flexible nature of CBA helped beneficiaries to fulfil basic needs for a range of goods and services.
- Children received the most benefits from the cash assistance. Targeting children as key beneficiaries proved to be a successful strategy, encouraging parents to prioritize their children’s needs.
31% of children under five years is stunted\(^1\)

Over 2 million children are severely wasted\(^2\)

Nearly 2 million children are overweight\(^3\)

One third adolescents and youth aged 15-24 years are anemic\(^4\)

Only half of all babies are exclusively breastfed during their first six months of life\(^5\)

In 3 provinces, more than 30% children are stunted\(^6\)
## WHAT NEEDS TO BE DONE?

- Reduce the triple burden of malnutrition in children, adolescents, and pregnant women, especially stunting, wasting, anaemia, and overweight
- Promote exclusive breastfeeding of infants under 6 months of age
- Feed the right foods - in quantity and quality - to children from 6 to 24 months to ensure optimal growth and development

## WHAT CAN BE DONE TO ACCELERATE PROGRESS?

- Step up efforts to deliver evidence-based essential nutrition interventions at scale and with quality
- Promote the integrated management of acute malnutrition.
- Support maternal and adolescent nutrition interventions to step up efforts in preventing stunting, wasting, anaemia and overweight

### GOOD PRACTICE

Scaling up the adolescent health and nutrition programme “Aksi Bergizi” in West Nusa Tenggara

<table>
<thead>
<tr>
<th>Summary of the Approach</th>
<th>UNICEF piloted <em>Aksi Bergizi</em> (AB) in 48 schools in Lombok Barat District of West Nusa Tenggara (NTB) Province from January 2018 to March 2020. The government decided in February 2020 to scale it up to all junior, senior and religious schools across 10 districts. AB sought to address the triple burden of malnutrition (especially anaemia and obesity) through pioneering work on adolescent nutrition. It combines three evidence-based nutrition interventions: weekly iron folic acid (IFA) supplementation, an integrated nutrition education and social behavioural change communication to improve adolescents food intake and physical activity patterns. AB is implemented at schools. A training-of-trainers produced a pool of facilitators from the School Health and Hygiene Promotion (UKS) Advisory Committee, including the regional development planning office. Facilitators then delivered training to teachers and members of adolescent peer support groups assigned to implement the programme.</th>
</tr>
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</table>
| Key Results Achieved | - By February 2020, 80 per cent of participating schools had implemented the complete AB package.  
  *Generasi Emas NTB* (GENTB), a provincial programme dedicated to stunting reduction, facilitated training for 22 local facilitators, funded by the local government.  
  The head of Lombok Barat District issued a regulation on AB, and the District Education Office developed a roadmap for scaling it up through a ‘sister schools’ approach. |
### Lessons Learned and Replication

- The governments of Central, South and Southeast Lombok Districts allocated funds to scale up the programme in 2020.
- Linking programme into the local policy agenda through GENTB helped to secure political commitment, a place on the policy agenda and budget allocation.
- The ability to lead and develop a roadmap and to manage budgets, activities and procedures is essential to ensure timely programme delivery.

### Maintaining adolescent nutrition services during the COVID-19 pandemic

#### Summary of the Approach

Initiated in 2018, *Aksi Bergizi* (AB) seeks to address the triple burden of malnutrition among adolescents, focusing on anaemia prevention, and promoting healthy eating behaviours and physical activity targeting 62 schools in Klaten District of Central Java. Prior to implementation, technical guidance was developed as a capacity building instrument for 124 teachers and 46 district facilitators.

The COVID-19 pandemic has forced the programme to make two major adjustments. In mid-March 2020, when schools were instructed to institute home learning due to the pandemic, all three components were quickly adapted. Firstly, IFA supplements were distributed in co-operation with a COVID-19 village task force to all adolescent girls, whether they are in school or out of schools. Secondly, the adolescent health literacy component was shifted to the remote learning modality.

#### Key Results Achieved

- Almost 60,000 adolescent girls (both in and out of school) received IFA supplements during the pandemic – 18.3 per cent higher than the pre-pandemic target.
- Nearly 1,200 students completed literacy sessions through home learning.

#### Lessons Learned and Replication

- The national government has agreed to scale up the AB programme under School Health and Hygiene Promotion (UKS) nationwide in 2021.
- Adaptation to an online mechanism for capacity building of health and non-health service providers could significantly reduce the budget but would require robust mentoring.
- The availability of school health efforts facilitators to drive the programme is key to achieving multi-sector coordination.
- Policy at the sub-national level is critical to programme implementation.
Scaling up the life-saving integrated management of acute malnutrition approach in East Nusa Tenggara

<table>
<thead>
<tr>
<th>Summary of the Approach</th>
<th>Integrated management of acute malnutrition (IMAM) combines both facility-based and community-based outpatient treatment service for children with severe wasting. A pilot study was conducted in Kupang district in 2015-2018 to demonstrate that children with non-complicated severe acute malnutrition (SAM) could successfully be treated at home through the community-based management of acute malnutrition. Following the successful local evidence generation proving the effectiveness of IMAM, a roadmap for scaling up IMAM and standard procedures in districts across East Nusa Tenggara (NTT) were developed, with strong advocacy and technical assistance to ensure that the national convergence action for stunting prevention (Aksi Konvergensi) was included in NTT’s medium-term development plan for 2018–2023. In addition, a provincial task force on stunting was established in 2019, with IMAM included as one of its innovative programmes.</th>
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<tbody>
<tr>
<td>Key Results Achieved</td>
<td>• Severe wasting treatment is one of 25 composite indicators of stunting in East Nusa Tenggara and in its stunting re-education strategic plan. • Village funds are used to support stunting prevention and severe wasting treatment mandated by the district.</td>
</tr>
<tr>
<td>Lessons Learned and Replication</td>
<td>• Linking programmes to the local policy agenda was necessary to ensure buy-in for adoption of the IMAM programme. • Strengthening community support is needed to increase knowledge and awareness about SAM through different platforms. • Family welfare programme of East Nusa Tenggara has scaled up IMAM in 22 villages across 22 districts/city.</td>
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</table>
GOAL 3
NO MOTHER OR CHILD SHOULD DIE OF PREVENTABLE CAUSES
Ensure healthy lives and promote well-being for all at all ages

KEY FIGURES:

177 mothers died during childbirth in 2017 (per 100,000 live births)

83% of population is covered by national health insurance

65% of one-year-old children received all essential vaccinations in 2017

Neonatal mortality is 15 per 1,000 live births, 80% of which happened in the first week

EQUITY MATTERS:
In 6 provinces, at least 40 infants die in every 1,000 live births

23% children under five years died for every 1,000 live births in 2019
WHAT NEEDS TO BE DONE?

- Protect all children from vaccine-preventable diseases
- Reduce maternal mortality and end preventable deaths of newborns and children under 5 years
- Reduce impact of air pollution on children’s health

WHAT CAN BE DONE TO ACCELERATE PROGRESS?

- Support the delivery of quality maternal, neonatal and child health and nutrition services.
- Improve immunization systems and increase demand for complete immunization.
- Scale up services for the prevention and treatment of HIV, syphilis and malaria.
- Address geographic gaps in maternal and child health.
- Invest more in preventing, controlling and eliminating vaccine-preventable and communicable diseases.
- Increase investment to strengthen health systems

GOOD PRACTICE

Polio outbreak response in Papua

Summary of the Approach

After being declared polio-free in 2014, Papua reported three polio cases in January 2019. The Ministry of Health responded by conducting outbreak response immunization in Yahukimo District, the centre of the outbreak. The second phase of the response, consisting of polio supplementary immunization activities and surveillance, was implemented in all districts throughout 2019.

UNICEF supported the Government’s polio outbreak response, initially in Yahukimo and then in 15 other districts/cities. To reach 95 per cent immunization coverage among children younger than 15 years of age, the following strategy was devised:

- UNICEF supported mobilization of teams and logistics, including in hard-to-reach and conflict-prone areas; provided consultants to help improve microplanning and cold chain management; trained healthcare workers and church cadres; and introduced Rapid Pro and ONA platform as monitoring and evaluation tools.
- UNICEF supported social mobilization activities through social media and other platforms targeting communities, church leaders, security forces, youth, scout movements and professional organizations.
- UNICEF conducted advocacy to initiate Papua Health Advisory Group and advocacy with church and tribal leaders and developed and distributed information and education materials.
### Key Results Achieved
- By December 2019, over 95 per cent of an estimated 900,000 children had been vaccinated during the second round of the response, by far the highest immunization coverage in Papua’s history.
- In Yahukimo, the government-led operation successfully reached 62 landing spots and 466 village service points.
- The capacity of district immunization managers and officers was strengthened, including on electronic reporting and surveillance systems.

### Lessons Learned and Replication
- UNICEF and implementing partners committed IDR 6 billion (USD 410,000) to support 15 districts in 2020 to fund service points, procure cold chain equipment and facilitate training.
- Systematic sharing of the strategy and its implementation triggered buy-in, since the effectiveness of the social mobilization strategy was acknowledged by Papua provincial government and adopted for the COVID-19 response.
- Social mobilization in culturally diverse and conflict-prone areas is successful due to its careful attention to local contexts and effective utilization of various media platforms.

### Improving the quality of integrated management of childhood illness at primary health facilities through efficient on-the-job training and routine supervision

**Summary of the Approach**

In late 2018 Indonesia’s Ministry of Health (MoH) adopted a UNICEF-supported pilot effort to improve the quality of integrated management of childhood illness (IMCI) through on-the-job training (OJT) in Aceh Jaya District and Langsa City, followed in 2019 by Singkil and Simeulue Districts.

A series of cascade trainings was conducted to produce master trainers and mentors to facilitate OJT for healthcare workers at sub health center (pustu) and village midwife clinic (polindes) for three months using 17 MoH modules. Provincial master trainers and a district health officer supervised the overall process using pre- and post-testing from the MoH guidelines as the basis for certification.

The District Health Office coordinated monthly data collection on IMCI services. A WhatsApp group was formed to facilitate communication, technical consultation and reminders to submit monthly data. An evaluation was conducted in late 2019 at community health centres, pustu and polindes.

Advocacy targeting leaders of community health clinics was conducted to ensure internal supervision and the availability of health equipment and medicine. Some clinics went further by providing incentives for neonatal home visits using the IMCI approach.

### Key Results Achieved
- 28 health officers were trained as master trainers and IMCI supervisors and 103 mentors from 49 health centres were trained to deliver OJT to 304 village midwives and nurses from pustu and polindes.
- During just one year, the number of visits by children under five to health centres increased by 32 per cent.
- The proportion of diarrhoea cases receiving oral rehydration solution increased by 40 per cent over 18 months of project implementation.
Lessons Learned and Replication

- In 2020 scaling-up continued in four districts: Nagan Raya, Pidie, Gayo Lues and Aceh Selatan.
- OJT for IMCI can be performed online, without the need for classroom training, to reduce costs.
- Routine supervision with standard tools motivates health workers to improve the quality of their service.

Optimizing the triple elimination programme (HIV, syphilis, and hepatitis B) through private services in districts and cities

### Summary of the Approach

Implementation of the triple elimination programme in East and Central Java is part of Indonesia’s national programme on HIV, syphilis, hepatitis B, and maternal and child health (MCH). Prevention services are integrated into services for MCH, family planning and adolescent health at all levels, including at private healthcare institutions.

UNICEF collaborates with Airlangga University to support the provincial government and five districts/cities in East Java (Surabaya City, Malang City, Malang, Jember and Banyuwangi) in implementing the triple elimination programme. The objectives are to engage private service providers, to strengthen coordination between the MCH and Diseases Prevention and Control (P2P) units at local health offices, and to increase the capacity of health workers.

Expectedly, increased access to service providers and timely interventions will contribute to the prevention of mother to child transmission. Women who access MCH services are provided with information on the three diseases, and pregnant women accessing the service are required to undergo testing at least once as part of their antenatal care visit. Pregnant women who test positive must be treated with standard procedures and attend follow-ups. The programme can also reduce morbidity, disability, and mortality caused by the three diseases among mothers and children.

### Key Results Achieved

- Increased capacity of health workers and improved facilities, including from private service providers, to implement the triple elimination programme.
- Enhanced participation from private service providers at district level in the triple elimination programme.
- There is an increase in the quality of maternal and child health services according to standards.

### Lessons Learned and Replication

- A replication workshop inviting representatives from all districts/cities in Central and East Java Provinces was scheduled for 2020 but was postponed due to the COVID-19 pandemic.
- The programme can serve as a reference point for local governments, health workers and other stakeholders implementing programmes to eliminate mother-to-child transmission.
- Strong commitment and enhanced cross-programme partnerships in districts/cities also contributed to participation of private service providers and the overall improvement in the handling of the triple elimination programme.
## Improving the quality of care for mothers and newborns in hospitals through the adoption of point of care quality improvement

| Summary of the Approach | UNICEF and the Indonesian Public Health Association piloted Point of Care Quality Improvement (POCQI) in West Lombok and East Lombok districts in 2019. Introduced by the World Health Organization (WHO), this methodology was designed to improve maternal and newborn health services. Hospital selection was based on an assessment using WHO tools, focusing on hypothermia and asphyxia as the main causes of newborn deaths in Indonesia, along with placenta retention during childbirth.

POCQI focuses on system improvement and is affordable, since no additional resources are needed. The main component is capacity building. In each hospital a Quality Improvement (QI) team was formed among staff at maternal and neonatal units. Provincial facilitators were trained and assigned to coach hospital QI teams.

The hospital QI teams were then tasked to develop a POCQI project with clearly defined outputs and outcomes for an 11-month duration. Throughout project implementation, the team conducted continuous self-assessments to record progress and identify challenges. A provincial team monitored and supervised the whole process. |
|---|---|
| **Key Results Achieved** | • Within 11 months, newborn hypothermia and placenta retention cases had decreased by 8.84 and 12.42 per cent, respectively.
• No death occurred due to hypothermia and no maternal death occurred due to postpartum haemorrhage or retention of the placenta.
• Increased quality of early initiation in delivery rooms, as shown by zero re-admissions due to late postpartum haemorrhage or retention of the placenta. |
| **Lessons Learned and Replication** | • By October 2020, replications were ongoing in six hospitals in West Lombok, one hospital in Central Lombok and one hospital in East Lombok.
• POCQI is continuously used by QI teams on maternal/neonatal units and is being introduced to other units in district hospitals.
• Hospital management showed commitment through careful oversight of project implementation, organizing team celebrations and facilitating project documentation for purposes of knowledge-sharing. |
Accelerating malaria control in highly endemic villages through community engagement and utilization of village funds

### Summary of the Approach
Mapping activity to assess malaria endemicity was organized in highly endemic areas within geographical/administrative boundaries, such as a sub-district or island. A field team consisting of provincial and district health officials and health centre staff was deployed to identify potential breeding sites and local customs or habits that could result in malaria transmission in Maluku Barat Daya District. The activity was conducted jointly with community and religious leaders. Transect walks provide an opportunity to assess local knowledge about malaria’s host-vector-environment and provide information on linkages. A village meeting was conducted to discuss findings. Leaders were asked to present a village map and identify potential breeding sites and challenges. Bottom-up solutions were formulated, including use of the Village Fund, which can legally be used for malaria control activity.

In addition, a memorandum of understanding was developed between the District Health Office and the community’s Village Empowerment Office to accelerate malaria control efforts.

### Key Results Achieved
- Annual parasite incidence in the district declined from 14.09 per cent in 2017 (highly endemic) to less than 1 per cent in 2019 (moderately endemic).
- 27 participants from seven villages on Damer Island participated in the activity, leading to strengthened cross-sectoral commitment to malaria control and elimination as a result of increased knowledge and ownership.

### Lessons Learned and Replication
- The approach was adopted by an association of Catholic health workers (PERDHAKI) in its malaria intervention programme.
- Key to the success was a targeted approach in a highly endemic area to identify local problems and develop a solution based on local input and needs.
- A clear division of tasks enhanced the effectiveness of coordination and collaboration between stakeholders.
GOAL 4
EVERY CHILD SHOULD BENEFIT FROM EFFECTIVE AND INCLUSIVE LEARNING ENVIRONMENTS

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

KEY FIGURES:

95% of children complete primary school

85% of children complete lower-secondary

4.2 million children do not attend school

Only 38% of children attend non-compulsory early child development programmes

EQUITY MATTERS:

Only 56% of children with disabilities complete primary school

Only 29% of children reach minimum proficiency in Mathematics and 30% in reading
### WHAT NEEDS TO BE DONE?

Expand 12-year compulsory education by addressing barriers to improved access and quality of early learning, including for children with disabilities.

### WHAT CAN BE DONE TO ACCELERATE PROGRESS?

- Reduce the number of out-of-school children, especially those from poor households, rural areas and with a disability.
- Deliver quality education services and build an inclusive learning environment, with a focus on inclusion of out-of-school children, expansion of quality early childhood education and improving teaching and learning of basic literacy and numeracy among girls and boys.
- Provide quality learning opportunities for out-of-school children and prevent children from the most disadvantaged groups from dropping out of school.
- Improve access to and quality of early childhood education to achieve young children’s holistic development.
- Improve the learning outcomes and wellbeing of children during their primary school years.

### GOOD PRACTICE

**Back-to-school movement: multi-stakeholder initiative to address out-of-school children in West and South Sulawesi**

**Summary of the Approach**

District authorities acknowledged that out-of-school children (OOSC) is a priority issue in their planning documents and action plans, and launched a ‘Back to School Movement’, a flagship programme that invites the participation of a wide range of stakeholders. A decree on village-based data systems was enacted, instructing village governments to adopt the community-based development information system (SIPBM) as a platform for targeting, planning and monitoring.

UNICEF helped integrate SIPBM into local systems through a series of trainings for officials and operators. SIPBM records individual-level information, such as reasons for school drop-out and families’ socio-economic background, verified by Community Forum for Education. The data is used by local authorities to develop interventions.

A wide range of advocacy in target villages produced several local interventions. Village Funds were used to bring children back to school. In Welado village children’s school attendance was made a condition for receiving social assistance. The government allocated funds to Dungkait village to establish and manage its own community-based learning institutions (PKBM).
### Key Results Achieved

- Annual school returnees in Bone and Talakar numbered approximately 3,000 and 1,800 children, respectively.
- In Mamuju, 84 per cent of all OOSC returned to school or PKBM.
- SIPBM was adopted as the sole data platform for an integrated system connecting village and district authorities.

### Lessons Learned and Replication

- Replication is underway; the 2020–2023 action plan has been enacted through Governor Decree Number 71/2020 on the acceleration of the handling of out of school children.
- Targeting is key to outreach to OOSC, SIPBM plays a crucial role through data collection and targeting.
- Consultation with local communities is important for identifying different types of vulnerable groups that are often overlooked during data collection.

### Improving early-grade literacy in rural and remote schools

This education programme initiative was developed for remote and rural areas in Papua and West Papua Provinces to test sustainable approaches to improving learning outcomes in early grade literacy.

The pilot targeted 120 schools using two models, depending on the school’s accessibility. Model A, for rural and remote schools, combined school-based cluster training with supervision by mobile training teams. Model B, designed for extremely isolated schools, relied on in-school on-the-job training by experienced mentors.

Pillar 1 was designed to respond to challenges related to low capacity among teachers and to help school principals with planning and utilization of their schools’ operational funds.

Pillar 2 was implemented at the government and system level, emphasizing planning and budgeting support through activities such as raising awareness among parliamentarians and education officials and disseminating evidence of the model’s effectiveness.

### Summary of the Approach

- Changes in teacher behaviour and classroom practices: 55 per cent more classrooms have reading corners and 35 per cent of schools are using newly adapted lesson plans.
- Improvement in grade 2 and 3 students: The number of non-readers declined by 36 per cent, while reading comprehension rose by 12 per cent.
- Evidence generated by the programme is being used by governments in target districts to implement strategies to improve early-grade literacy.

### Key Results Achieved

- By 2020 advocacy and technical support on planning and budgeting to district government officials had contributed to the replication of the programme in Supiori and Mamberamo Tengah Districts and new schools in the intervention districts.
- Regular nationwide literacy assessment is needed to provide data on students’ literacy achievement.
- A major obstacle to progress is the high absenteeism rate among teachers and head teachers.
**Holistic and integrative early childhood development - from policy to practice: an approach that works**

<table>
<thead>
<tr>
<th>Summary of the Approach</th>
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<tbody>
<tr>
<td>UNICEF supports interventions promoting a holistic and integrated approach to early childhood development (HI-ECD) in Kupang District, targeting 100 centres across 24 sub-districts. The programme focuses on strengthening services, improving both standards and parenting practices and engaging communities. Teacher training was conducted to enhance understanding of the 2013 national curriculum on early childhood education, including achievement and development standards. To create an enabling environment, teachers are supported via a mentoring system involving mentors, centre managers, village heads and communities. Cluster meetings are held to plan activities, discuss issues, practice skills and gain new knowledge. A self-assessment tool and standard procedures were created to better reflect progress. To increase their engagement, parents and community members receive support to create school committees and parent-teacher associations.</td>
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<table>
<thead>
<tr>
<th>Key Results Achieved</th>
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<tbody>
<tr>
<td>• Improved environment: 93 per cent of HI-ECD centres improved their sanitation facilities and the accessibility of toilets.</td>
</tr>
<tr>
<td>• Better class management: 100 per cent of teachers prepare weekly development and daily lesson plans.</td>
</tr>
<tr>
<td>• 82 per cent of HI-ECD centres are financially supported by Village Funds.</td>
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<table>
<thead>
<tr>
<th>Lessons Learned and Replication</th>
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<tbody>
<tr>
<td>• The Ministry of Education and Culture can support districts to create and implement a HI-ECD task force through its office for early childhood development and education. In provinces, the Ministry can facilitate links with provincial education offices (PEO) to create a provincial level HI-ECD task force, since PEO is unauthorized to do so.</td>
</tr>
<tr>
<td>• Some indicators from the programme’s self-assessment tool were incorporated into the national accreditation system (Sispena 2018). This tool also allows HI-ECD communities to take a critical look at their own programmes.</td>
</tr>
</tbody>
</table>

# Modelling the inclusion and participation of children with disabilities in a decentralized education system

South Sulawesi Province committed to inclusive education (IE) in 2011 through the issuance of a decree by the governor, followed by district head decrees in some regions, including Bone and Pangkajene Kepulauan (Pangkep). The IE programme is coordinated by a multi-sectoral working group. But despite the policy commitment, ensuring access for every disabled child remains a challenge. Most enrol in special schools for the disabled, and regular schools are unlikely to admit them due to a lack of the required competencies and facilities.

In this context, UNICEF supported IE working groups to implement three inter-linked strategies: policy advocacy to gain high-level support, capacity building for teachers and school management and an awareness-raising campaign. UNICEF also supported district governments’ attempts to improve data collection on children with disabilities in pilot villages. Various campaign activities were conducted, including a sports event for children with disabilities in Pangkep and promotion of inclusive education involving religious leaders in Bone.

## Summary of the Approach

- South Sulawesi Province committed to inclusive education (IE) in 2011 through the issuance of a decree by the governor, followed by district head decrees in some regions, including Bone and Pangkajene Kepulauan (Pangkep). The IE programme is coordinated by a multi-sectoral working group. But despite the policy commitment, ensuring access for every disabled child remains a challenge. Most enrol in special schools for the disabled, and regular schools are unlikely to admit them due to a lack of the required competencies and facilities.

## Key Results Achieved

- Over 25,500 students (48.3 per cent female) benefitted from the adoption of inclusive teaching methods.
- 619 teachers were trained on inclusive education, including: identification of forms of disability, teaching practices and classroom management.
- Working groups produced an overall IE strategy detailing inter-sectoral activities and a coordination strategy to ensure alignment with medium-term development planning.

## Lessons Learned and Replication

- Replication in 2021 is being discussed with the South Sulawesi government; three districts were nominated for targeting: Takalar, Maros and Bulukumba.
- The comprehensive strategy requires a monitoring and evaluation framework.
- A systematic approach can be more effective than ad hoc approach to collecting data on school-aged children with disabilities in villages or households.
GOAL 5 🌍
EVERY CHILD SHOULD HAVE EQUAL ACCESS TO OPPORTUNITIES, REGARDLESS OF GENDER
Achieve gender equality and empower all women and girls

**KEY FIGURES:**

1 in 3 women experience physical and/or sexual violence

2 in 3 children aged 13-17 experience one or more forms of violence during their lifetimes

1 in 9 women married before age 18

**EQUITY MATTERS:**

1 in 5 girls and 1 in 3 boys experience physical violence

1 in 11 girls and 1 in 17 boys experience sexual violence

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GOOD PRACTICE

**WHAT NEEDS TO BE DONE?**

Eliminate harmful practices, all forms of violence, and discrimination against all women and girls

**WHAT CAN BE DONE TO ACCELERATE PROGRESS?**

- Strengthen regulations, institutions and the rule of law to address all forms of violence against children.
- Expand opportunities for children to access services that can protect them from violence, exploitation and child marriage.
- Empower children in digital literacy and safety.
- Promote positive social norms in communities to end all forms of harmful practices.
- Strengthen stakeholder coordination at the national and sub-national levels to address violence and discrimination against women and girls.

Reducing child marriage through life skills education in schools and strengthening the school-based health platform

BERANI is a joint project between UNICEF and the United Nations Population Fund that employs a multi-sectoral approach in support of government efforts to eliminate child marriage. Piloting began in May 2019 in Bone, South Sulawesi, a district that has a 25 per cent child marriage prevalence, the highest in the province and more than double the national average.

The two main goals of the project are to ensure that children have access to education and to address gender and social norms that lead to child marriage. Its strategy was designed based on the life-skills education (LSE) framework. LSE in the areas of sexual and reproductive health, menstrual hygiene management and child marriage forms the core framework of the programme, which has three main components:

- LSE and school-based counselling for adolescents at 12 pilot schools
- Improving parents’ knowledge and skills, targeting Women’s Prayer Groups
- Changing the attitudes of community members, particularly religious and community leaders.

Summary of the Approach
### Key Results Achieved

- Over two years, nearly 5,000 children in pilot and replication schools participated in LSE programmes.
- 25 district trainers and 60 teachers received LSE training during the first year and refresher training during the second year.
- Seven agreements on programme expansion were reached between schools and community health centres.

### Lessons Learned and Replication

- District education offices and religious affairs offices selected 14 schools for replication and allocated funds accordingly; the initial 12 pilot schools have committed to continuing LSE training.
- LSE modules are included in the school curriculum at 12 pilot schools as a two-hour per week subject, based on a District Education Office decree.
- A key factor behind the successful implementation of LSE for adolescents was strong commitment by local governments, through issuance of circular letter, school principals and teachers.
GOAL 6
EVERY CHILD SHOULD HAVE ACCESS TO CLEAN WATER AND SANITATION
Ensure availability and sustainable management of water and sanitation for all

**KEY FIGURES:**

12% of the population has access to **safely managed drinking water**

16% of schools has **no water services**

35% of schools has **no sanitation services**

28% of schools has **no hygiene services**

7% of population has access to **safely managed sanitation**

9.4% population practicing open defecation

**EQUITY MATTERS:**

Four provinces in Java account for almost half the population that **practices open defecation**.
### WHAT NEEDS TO BE DONE?
- Eliminate practice of open defecation
- Expand access to safely managed water and sanitation
- Improve WASH response in emergency

### WHAT CAN BE DONE TO ACCELERATE PROGRESS?
- Support a national community-based total sanitation programme and shift social norms to reduce open defecation.
- Promote gender responsive WASH programming in communities, healthcare facilities and schools.
- Advocate for universal sanitation coverage and improved water quality and safety.
- Improve WASH emergency response to better address information management, risk assessment, gender mainstreaming and contingency plans.
- Strengthening participation of non-state actors, including community and private sector.

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### GOOD PRACTICE

**WASH in schools and healthcare facilities in a disaster recovery programme**

**Summary of the Approach**

Responding to the earthquake that struck Central Sulawesi in 2018, UNICEF together with CARE Indonesia implemented WASH interventions at damaged schools and healthcare facilities as a step toward fulfilling children’s right to clean water, sanitation and hygiene in Palu City and nearby Sigi and Donggala.

Working closely with local authorities, the programme was conducted in 50 schools and three health centres at the sub-district level from March 2019 through February 2020, featuring the following activities:

- Training students on menstrual hygiene management, health and hygiene promotion and enhancing the role of the school health unit
- Capacity building and establishment of a peer-to-peer health education programme (known as Little Doctors).
- Rehabilitation of and building toilets to ensure a healthy learning environment in schools.
- Construction of child-friendly hand-washing facilities to improve appropriate handwashing practices among students
- Development of standard operating procedures for maintaining WASH facilities.

**Key Results Achieved**

- New toilet facilities in nine schools and renovated latrines at 41 schools including child-friendly handwashing facilities, resulting in almost 7,400 students gaining access to basic WASH facilities.
- Zero open defecation among students from 8.2 per cent prior to the intervention.
- 97 per cent of students regularly uses the handwashing station.
Lessons Learned and Replication

- Optimal involvement of the village chief and the community near the school is necessary to ensure a sense of shared ownership of the programme.
- The design of handwashing and toilet facilities should engage children and school stakeholders, to accommodate their needs and ensure optimal usage.
- The availability of WASH facility SOP and WASH Committee is required to ensure the sustainability of WASH in school infrastructures.

WASH Innovative Financing for the Poorest

Summary of the Approach

West Nusa Tenggara (NTB) Province initiated efforts to eliminate open defecation in 2013, but by April 2021, only 64 per cent of all villages had been certified as open defecation-free (ODF). An opportunity to accelerate the programme emerged when the Indonesian Ulama Council (MUI) issued a ruling (fatwa) allowing the use of funds mobilized through mandatory contributions and voluntary donations (ZIS) to help fund sanitation facilities for the poorest.

The fatwa paved the way for collaboration between regional planning authorities (Bappeda) and BAZNAS NTB, representing Muslim charities. In 2017 a joint plan was developed to improve access to sanitation and the housing stock. District-level BAZNAS’s partnered with the drinking water and environmental health working group, district health offices, health centres and village stakeholders. These actors conducted field assessments to verify the eligibility of beneficiaries and supervised the construction of latrine facilities.

UNICEF provided technical assistance to Bappeda and the working group; encouraged local governments to adopt this financing innovation; and supported capacity building, monitoring and evaluation and the drafting of replication guidelines.

Key Results Achieved

- 654 uninhabitable houses were renovated and equipped with decent latrines, benefitting over 7,500 people.
- Participation in the programme expanded from six to 10 villages over the last three years.
- BAZNAS’ contributions continued to grow from IDR 3.7 to 4.5 billion (USD 253,000 – 308,000) between 2017 and 2019.

Lessons Learned and Replication

- The programme has been replicated in Sumbawa, East Lombok, Mataram City, North Lombok and West Sumbawa with UNICEF cross-learning efforts.
- UNICEF received a statement of appreciation from the governor of NTB Province in 2019 for its contribution to poverty-reduction through support for this programme.
- This innovative financing model was selected as a best practice in advocacy and horizontal learning in South Sulawesi in February 2019.
**Strengthening the community-based total sanitation (STBM) implementation by utilizing cultural norms**

<table>
<thead>
<tr>
<th>Summary of the Approach</th>
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<tbody>
<tr>
<td>UNICEF supported a programme to eliminate open defecation (Stop Ta’i Wewar) and promote safe sanitation management in East Sumba and Southwest Sumba Districts. UNICEF provided technical assistance to the local government – particularly on campaigns and advocacy, capacity building and community empowerment – to accelerate efforts to achieve an open defecation free (ODF) district. Several advocacy strategies were employed targeting district, sub-district and village governments, including support for the drafting of districtwide regulations aligned to the government-sponsored ‘Stop Ta’i Wewar’ movement. Applying a culturally appropriate approach, the movement engaged traditional and religious leaders to enforce several local norms. For example, households without latrines were sanctioned, and a local church published a collection of sermons promoting ODF. UNICEF also appointed and nurtured influential figures, such as heads of village and sub-district as champions. Lastly, teams were formed to conduct village campaigns and monitor the actual use of available latrines.</td>
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<table>
<thead>
<tr>
<th>Key Results Achieved</th>
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<tbody>
<tr>
<td>• The number of ODF village in target districts rose from 27 to 47 villages.</td>
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<tr>
<td>• Local governments facilitated collaboration between community health centres and village governments to utilize available funds for basic sanitation and ODF programmes.</td>
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<td>• In Southwest Sumba, achieving ODF status is now a target of the draft medium-term development plan.</td>
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<thead>
<tr>
<th>Lessons Learned and Replication</th>
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<tbody>
<tr>
<td>• East Sumba allocated IDR 1.7 billion (USD 116,000) Health Operational Fund (BOK) or IDR 7.5 million (USD 512) per village, while Southwest Sumba allocated annual funding of IDR 60 - 70 million (USD 4,100-4,700) to sustain and scale up the programme.</td>
</tr>
<tr>
<td>• Programmatic and financial collaboration between district health offices, community health centres and village governments are crucial to accelerating ODF implementation and ensure quality output.</td>
</tr>
<tr>
<td>• Sharing of success stories with a wider audience during knowledge exchange forums serves to motivate other villages for active participation, resulting in scaling-up.</td>
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## Twinning programme: horizontal learning for fecal sludge management (FSM)

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<tr>
<th>Summary of the Approach</th>
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<tr>
<td>The twinning programme is a horizontal learning programme designed to close capacity gaps between districts in South Sulawesi and East Java Provinces. The programme uses a mentor-mentee approach in a defined and agreed timeframe. Mentors are cities or districts with expertise in innovation that are potential centres of excellence and can serve as reference points on fecal sludge management (FSM). Mentee districts attend a capacity building programme to improve their knowledge and expertise. The objective is to accelerate the dissemination of FSM knowledge, skills and technology by passing it on to mentees through an intense and highly focused learning programme guided by more experienced mentor districts. UNICEF’s role is to pair participating cities/districts and facilitate systematic learning sessions between them. Pairings and specific topics were agreed based on the results of diagnostic studies. For example, one mentor-mentee pairing focuses on institutional improvements, while another is focused on operations and maintenance.</td>
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<tr>
<th>Key Results Achieved</th>
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<tbody>
<tr>
<td>• Parepare City achieved technical and non-technical improvement at its plant.</td>
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<tr>
<td>• Pinrang District completed significant technical and institutional improvements.</td>
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<td>• Palopo District trained a standalone sanitation operator from its public works office.</td>
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<tr>
<th>Lessons Learned and Replication</th>
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<tbody>
<tr>
<td>• The significant improvements of FSM require comprehensive technical and non-technical support at all levels (i.e. facility to institutional arrangement level).</td>
</tr>
<tr>
<td>• The Water and Sanitation Working Group served as an effective coordination platform. Strong support from decisionmakers is essential, as some fundamental improvements require that funding be considered in upcoming annual government plans and budgets.</td>
</tr>
</tbody>
</table>
GOAL 16

NO CHILD SHOULD LIVE IN FEAR

Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

**KEY FIGURES:**

1 in 5 children aged 13–15 are *bullied in school*¹

1 in 3 children in conflict with the law are *detained by the formal criminal justice system*²

11 million children *do not have a birth certificate*³

More than 500,000 children are living in institutional care⁴

**EQUITY MATTERS:**

Children from poor households are *twice as likely as others not to be registered*⁵
<table>
<thead>
<tr>
<th>WHAT NEEDS TO BE DONE?</th>
<th>WHAT CAN BE DONE TO ACCELERATE PROGRESS?</th>
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</thead>
<tbody>
<tr>
<td>Reduce all forms of violence against children and women everywhere, including in schools, at home and in public spaces.</td>
<td>Increase the supply of quality child protection services for the most at-risk and vulnerable children and their families – from early detection, to case management and referral.</td>
</tr>
<tr>
<td>Promote detention as a last resort and provide access to justice for all children in conflict with the law.</td>
<td>Make birth registration a condition for participation in social protection programmes.</td>
</tr>
<tr>
<td>Provide free birth registration for all children.</td>
<td>Reduce violence against children and harmful social norms in all settings; promote positive gender norms.</td>
</tr>
<tr>
<td>Raise the minimum age of criminal responsibility from 12 to 14 years.</td>
<td>Integrate skills for protecting children in emergencies into existing training programmes and systems for the social welfare workforce.</td>
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<tr>
<td>Address school bullying by promoting positive discipline and inclusive education.</td>
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**GOOD PRACTICE**

**Birth certificate for all: Innovations to improve birth registration systems**

**Summary of the Approach**

UNICEF supported civil registry offices in Makassar and Gowa to improve birth certificate coverage among marginalized groups and disadvantaged children, using an outreach strategy based on age and geographic location. Analysis of population data resulted in the selection of 15 sub-districts with extremely low coverage as priority areas, and teams were dispatched to deliver the service in each location.

Collaboration with NGOs facilitated outreach to children in institutions, with disabilities, in conflict with the law and with leprosy. To reach specific age groups authorities collaborated with relevant institutions, such as community health centres and hospitals for new-borns, integrated health centres for children younger than five and schools for children aged 6-18.

An online system was developed to connect civil registry offices with participating hospitals and health centres. Each partner institution assigned a person and provided necessary equipment. Parents received a birth certificate and identity card for the new-born before leaving the hospital.
### Key Results Achieved

- Birth registration coverage increased 36.5 per cent in Makassar and more than 50 per cent in Gowa between 2016 and 2019.
- Over 50 staff at partner institutions were trained to operate the online civil registration system.
- Possession of birth certificates enhanced the eligibility of marginalized groups to access government-funded health and social protection programmes.

### Lessons Learned and Replication

- Makassar’s civil registry office utilized the programme to improve its recording of deaths.
- A collaborative approach to expanding birth registration coverage allowed for more effective partnerships with the various institutions, including unlikely actors such as the navy and the police.
- Standard operating procedures at civil registry offices have become more client-oriented and proactive.

### Improving the wellbeing and protection of school children through bullying prevention

#### Summary of the Approach

UNICEF supported South Sulawesi’s government to prevent bullying and promote a safe school environment, using the Roots approach. Roots is an adolescent-driven anti-bullying intervention model developed jointly with government, universities, youth and community groups.

Comprehensive Roots modules for junior high school students (aged 12-15) were piloted in four schools in Makassar and Gowa beginning in 2017. Students selected agents of change among themselves, using influence in social networks as the primary criterion. These agents attended 15 weekly training sessions to learn more about the issue, understand the different forms of bullying and develop strategies to address it.

Training activities were facilitated by implementing partners and Child Forum. Teachers were invited to attend capacity building sessions on positive discipline. Upon completion of the training, ‘Roots Day’ was celebrated, encouraging participants to reflect on and share their experience. The event was closed with reaffirmations of schools’ commitment to halt bullying.

#### Key Results Achieved

- 40 agents of change participated in 15 sessions of Roots training, and over 3,500 students were involved in Roots Day celebrations and anti-bullying declarations.
- Bullying decreased by 29 per cent and bullying victimization decreased by 20 per cent.
- 10 teacher facilitators were trained to handle bullying incidents using positive discipline.
### Lessons Learned and Replication

- South Sulawesi’s Women’s Empowerment and Child Protection Office trained an additional 20 facilitators and replicated Roots in Makassar, Maros, Gowa, Luwu Timur and Bulukumba.
- In 2019 Makassar’s Education Office allocated IDR 70 million (USD 4,786) to train 20 teachers at five schools and replicate Roots in two schools, involving 50 agents of change.
- Strengthened coordination with the DEO and involving teachers as facilitators will ensure programme sustainability.

### Increasing access to social welfare and protection services for vulnerable children and families

#### Summary of the Approach

In collaboration with the Ministry of Social Affairs, UNICEF supported integrated child welfare service (PKSAI) development and implementation in the areas of: integrated services, a working mechanism, institutional arrangements, human resources and data management. The services provided were intended to improve linkages between child protection, family support services and social protection programmes. UNICEF provided technical assistance to develop standard procedures, train social workers and establish partnerships with referral services.

The model was initiated in 2015 and piloted in several locations including Tulungagung in East Java (2015), Klaten and Surakarta in Central Java (2016), and Gowa in South Sulawesi (2016). Since then it has expanded to include 111 districts/cities nationwide.

In East and Central Java, effective coordination required a network including police, hospitals, academic centres for gender and child studies, legal aid institutions and faith-based organizations. In South Sulawesi, an important innovation was to strengthen village-level social welfare centres (Puskesos), initially designed as a referral service for social protection programmes, enabling them to serve as PKSAI service hubs.

#### Key Results Achieved

- Between 2016 and 2020, PKSAI at the four locations handled over 2,000 cases.
- A mechanism was developed to link early detection and early response in villages.
- An evaluation in 2018 showed improvement of PKSAI performance in terms of service availability, organizational structure, human resources, data management system.

#### Lessons Learned and Replication

- The success of PKSAI implementation is largely determined by institutional readiness, multi-sectoral coordination, and commitment by local authorities.
- In 2020, Gowa’s district social affairs office began to replicate collaboration between PKSAI and Puskesos in five villages.
- Accurate data helps to plan and monitor programme development at the village level.
GOAL 17
STRENGTHEN THE MEANS OF IMPLEMENTATION AND REVITALIZE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT

Everyone has a role to play in advancing the SDGs

KEY FIGURES:

1 integrated online SDG Dashboard is built to support SDG planning and monitoring at national and subnational level.

9 partnership agreements between private sector and sub-national governments are established.

4 pillars are envisioned to promote participation of adolescent group in development planning and Public Private Partnership platform: Health, Education, Economic Empowerment, Environment

EQUITY MATTERS:

Only 19 of 34 provinces have a SDGs Action Plan.
**GOOD PRACTICE**

**Strengthening sub-national government to effectively engage with business and achieve results for children**

<table>
<thead>
<tr>
<th>Summary of the Approach</th>
<th>UNICEF has supported the District Development Planning Board (BAPPEDA) of Aceh Singkil to engage more effectively with the private sector to achieve better results for children by:</th>
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<tr>
<td></td>
<td>• Utilizing child rights and business principles to develop awareness and build the case for involvement by businesses.</td>
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<td></td>
<td>• Improving young peoples’ participation by including adolescent groups in the analysis and planning of a corporate social responsibility (CSR) framework.</td>
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<td></td>
<td>• Using GIS mapping overlay analysis to identify overlaps between children’s conditions/key deprivations and business locations.</td>
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<tr>
<td></td>
<td>• Developing technical guidance (handbook/notes/tools) for the Planning Board and Corporate Social Responsibility Forum on conducting participatory engagement, aligning priorities and monitoring and evaluation.</td>
</tr>
</tbody>
</table>
### Key Results Achieved

- 20 adolescents were involved as representatives in the first phase of activity, making it possible to have a child-focused and inclusive CSR Forum. Until end of December 2020, more than 50 adolescents are trained for Adolescent Development and Participation (ADAP) whereas 20 adults, representing officials from sub-national government and businesses, trained as adolescent facilitators on how to work with adolescent

- The Child Forum holds a strategic position in the CSR forum structure, advocating for actions that are in children’s interest.

- 9 MoU signed between sub-national government and companies as result of public–private partnerships

### Lessons Learned and Replication

- In December 2020, UNICEF has received request from other district to replicate the assistance: Meulaboh City in Aceh Barat and one district in North Sumatra as they aim to achieve Child-Friendly District/City status.

- Adolescents were key stakeholders in planning, designing and monitoring and evaluation aimed at improving the effectiveness of the CSR structure. Encouraging involvement by adolescents in nearby villages and engaging employees’ children can make programmes more child inclusive.

- Evidence generated for business to understand their adverse impact on children are critical to build strong case.

- Business need intensive technical assistance to help them improve their business process and commitment to district development.

- Use of GIS mapping from the start allowed for more accurate assessment of potential correlations between key deprivations and business’ impact on communities and the environment.

- Knowledge-sharing at the sub-national level was possible due to collaboration with the development planning agency and the association of district governments.

- Alignment between budgeting period of government and businesses, as it may fall in different period such as calendar year and fiscal year. For business to budget and include development priorities, missed the budgeting window will lead to business unable to execute their commitment or plan.
# Adolescent Empowerment and Disaster Risk Reduction (DRR)

## Summary of the Approach

A programme was launched in six selected locations in East Nusa Tenggara, Central Java, Lampung, and Central Sulawesi to build the capacity of adolescent girls and boys to be better prepared before, during and after an emergency. Using the Adolescent Kit for Expression and Innovation, adolescents mapped potential risks, developed stories on the pressing issues that affect them and presented them at community events, village council meetings and school events. They also spearheaded innovative solutions for these issues and engaged with policymakers and community members to mobilize the resources needed for those solutions. Building on this experience, the Ministry of Education and Culture (MoEC) is strengthening adolescent participation in conducting assessments in safe schools. Additionally, capacity-building support is being provided to the Ministry’s Emergency Response personnel to better equip responders to implement adolescent-specific activities in affected areas.

## Key Results Achieved

- Skills and competency building among adolescents.
- Adolescents regarded as positive member of society.
- Village and district leaders agreed to include adolescents in planning processes.
- Inclusive DRR process
- 88% of adolescents reported increased confidence to speak up.
- The Adolescent Kit has been integrated within the UNICEF-supported LSE curriculum for junior, senior and vocational high schools, including madrasah. The teacher training component is available on www.gurubelajar-lse.simpkb.id

## Lessons Learned and Replication

- Bandar Lampung City and Pringsewu District allocated budget to Child Forum to scale-up the programme in 2018.
- The Adolescent Kit methodology is used in emergency responses such as Central Sulawesi earthquake and Mt. Agung eruption.
- Investment in facilitator capacity building is critical
- Investment in the enabling environment is also critical to ensure adolescents can not only feel empowered, but also take action.
- Platforms for adolescent participation are available in Indonesia but vary greatly in terms of providing real opportunities for adolescents to meaningfully participate.
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4. Ibid.
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1. BPS, Susenas, 2018.
2. Ibid.
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5. Ibid.

SDG 6
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