

THE INDONESIA STORY



unite for
children

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UNICEF INDONESIA: MAKING EVERY CHILD COUNT



Ensuring the rights of every child to life, education, development, and protection is vital to a nation's growth and success. It is the duty of everybody, including parents and communities, civil society and private sector, media and academia, and particularly every government to respect, protect and fulfill children's rights. UNICEF works in more than 180 countries to make sure that the rights of all children, including those most marginalized and disadvantaged, are realized.

In Indonesia, UNICEF looks back at a history of more than 60 years of partnering with government and other institutions, reaching millions of children with development and humanitarian assistance. In response to the country's increasing capacities and economic growth, the areas of collaboration have gradually shifted from service delivery at community level towards more strategic policy engagement with government partners, both at national and sub-national level.

Today, UNICEF is working with institutions on generating knowledge and evidence to identify those children who are excluded from the country's overall progress; advocating for better policies and programmes for children; providing high level technical assistance to government and other partners; testing models and innovations that can offer solutions to long-lasting challenges affecting children; and forging partnerships and networks to advance children's rights. While the scope of the UNICEF programmes may have changed over time, the organization's core mandate has not: UNICEF is in Indonesia to make every child count.

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

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

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

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

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

Then, in 2004, the Indian Ocean Tsunami hit the province of Aceh. Nearly 230,000 people were killed — the majority of them women and children. UNICEF rushed in emergency relief supplies; took the lead in restoring water and sanitation facilities; provided psychological and emotional support for children; helped re-open schools; registered and traced separated children; and worked with partners to meet the health needs of the affected population.

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

Almost a decade after the catastrophe, Indonesia has emerged as one of the strongest economies in the region, achieving middle-income status with a per capita income of approximately \$4,000.

However, more than 130,000 children still die each year before their fifth birthday, most of them from diseases that can be easily prevented or treated.

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

More than one in three children is suffering from stunted growth, which reduces their chance of survival and hampers their physical development. Stunting is also associated with suboptimal brain development, which in turn affects the development potential of the whole country.

NARROWING THE GAP FOR INDONESIA'S CHILDREN

In a large and diverse country like Indonesia which is fast emerging as one of the strongest economies, children and young people play a key role in future development. Of Indonesia's population of some 237.6 million people (Census 2010), around 81.3 million – or one third - are children under the age of 18. With a fertility rate of 2.4 and a life expectancy at birth of 69 years, the country will continue to have a rapidly expanding child and youth population.

While focusing on economic growth, national policies need to pay equal attention to fulfilling the rights of its citizens and to ensuring social justice. The Millennium Development Goals (MDGs) raised the profile globally by pushing national governments and development partners to work towards significant improvements in the lives and welfare of women and children. Most of the MDGs in fact focus on progress for children, thus providing policymakers with a framework for the realization of basic child rights.

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

- The 2012 Bappenas-SMERU-UNICEF Child Poverty study for instance shows that around 44.3 million children are affected by poverty, living on less than two dollars per day.
- Children in the poorest households are twice as likely to die during their first five years of life when compared to children from the wealthiest households.
- Data on sanitation reveals that while 5% of the richest quintile practices open defecation, amongst the poorest quintile this figure is as high as 30%.

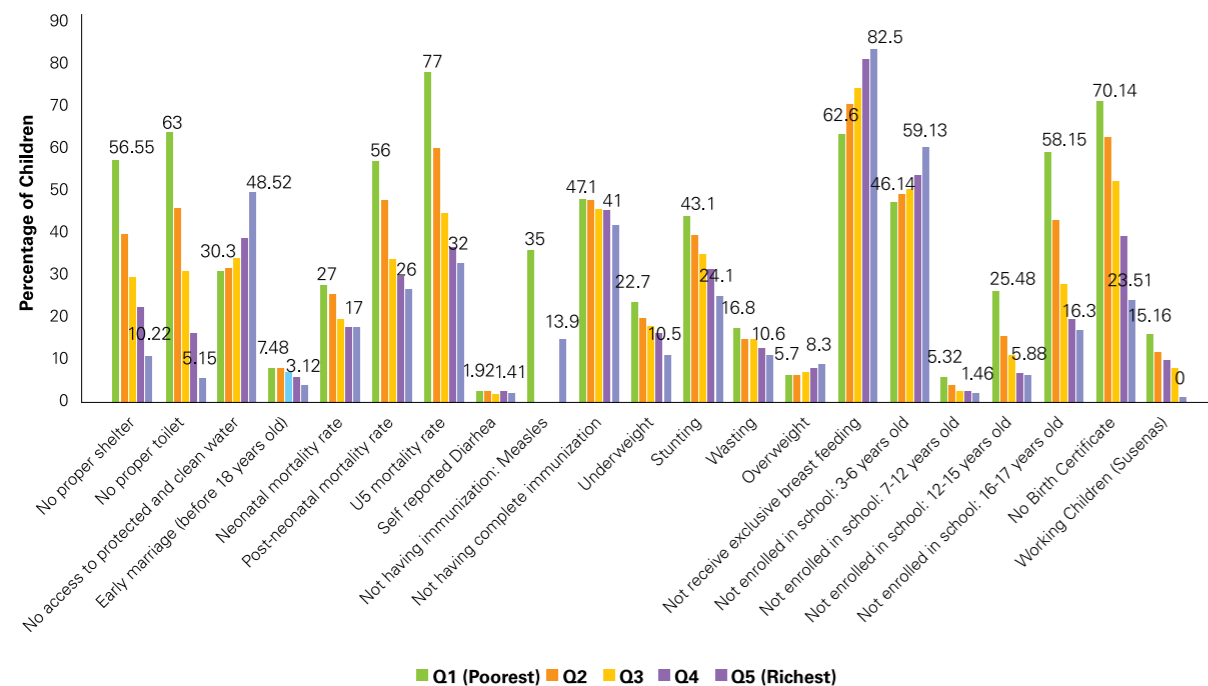


- And indicators on education show that among the age group of 13 to 15 year olds, children from the poorest households are 4 times more likely to be out-of-school than children from the richest families.

Government of Indonesia and other partners in identifying those children who are excluded from progress, thus protecting and advancing the rights of all children in Indonesia.

For UNICEF, every child counts. Progress towards the MDGs can only be sustained if all children benefit. To ensure that the MDGs can be achieved with equity, UNICEF supports the

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



Source: Child poverty and disparities in Indonesia: Challenges for inclusive growth; Bappenas/SMERU/UNICEF, 2013

DIFFERENT ROLES, ONE GOAL: RESULTS FOR CHILDREN

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

It is through producing credible and well-substantiated data, research findings, and evidence that persisting inequities can be brought to light. Generating such knowledge has become a cornerstone of UNICEF's support to the government. It enables institutions to better address the continued challenges faced by children in Indonesia.

the present situation of women and children in Indonesia, on the persisting challenges and inequities that are obstacles to sustainable growth and development, as well as on socio-economic trends that may influence children's future.

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

- **Implementation of the Multiple Indicator Cluster Survey (MICS) in Papua:**

Over the past years, UNICEF Indonesia

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

Studies and assessments focus on generating new data as well as on the analysis of existing data to create as broad a picture as possible on



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

- **Advocating for Child-Sensitive Social Protection in Indonesia:**

In recent years, in response to the evidence on child poverty and disparities, UNICEF has been engaging with key partners such as the Vice President's Poverty Acceleration Unit, Ministry of National Planning, and Ministry of Social Affairs among others to lobby for increased focus and inclusion of children's issues within the existing social protection frameworks of the country. The importance of social protection is now recognized as one of the key measures to reduce disparity and protect the vulnerable, especially children in need of additional support. UNICEF is providing technical assistance to strengthen the nutrition component of the country's largest Conditional Cash Transfer programme (PKH) to reduce stunting rates. It is also providing technical assistance

on the cash transfer component 'PKSA', which targets the most vulnerable children, to ensure its efficacy and sustainability. In addition, as a technical partner to the Ministry of Education, UNICEF continues to support partners to ensure that social protection measures reach a greater number of out of school children through strengthening the Bantuan Operasional Sekolah (BOS) programme

- **Indonesia Child Poverty Study:**

To raise awareness among government and other partners on how poverty impacts on the lives of children, UNICEF commissioned SMERU, a national research centre, to conduct in depth research on the nature and extent of child poverty in Indonesia. The first ever Child Poverty study which was published under the Ministry of Planning's guidance in early 2013 revealed that despite overall progress in reducing poverty, around



55.8% of children in Indonesia live in households with a per capita consumption of less than USD 2 per day. It further showed that only 18% of children were free from any of the six key dimensions of deprivation (education, child labour, health, shelter, sanitation, water). The risk of child poverty in Indonesia is much higher in rural areas— data shows that child poverty rates in rural areas are at 70% if we look through the lens of Purchasing Power Parity. It also revealed that the incidence of child poverty is highly associated with household characteristics, including the gender and education background of the household head, as well as the household size. This first-ever comprehensive study on child poverty in Indonesia provides evidence on the need for further inclusion of children in the national and subnational poverty reduction and social protection schemes.

The leadership and commitment secured from the Government of Indonesia to undertake and publish the results of this research as well as use it as the evidence base for planning in the area of social protection programmes further demonstrates the strong commitment to children and poverty reduction.

Quality and accurate data provide partners with critical knowledge to ensure better planning; resource allocation and programmes for marginalized children.

DIFFERENT ROLES, ONE GOAL: RESULTS FOR CHILDREN

UNICEF advocates for policies, laws, and programmes that strengthen the realization of children's rights in Indonesia

Children do not have a voice unlike many other interest groups who can lobby with parliamentarians, policymakers and other decision makers to defend their interests through negotiations. But nearly all government decisions; whether related to resource allocation, policy formulation, or social welfare affect the lives of children. As the UN organization with the mandate to protect and advance children's and women's rights, advocacy for child-friendly policies and programmes is therefore another key role for UNICEF.

Examples of successful lobbying include reforms on juvenile justice laws, the national initiative on de-worming and flour fortification and also the inclusion of HIV/AIDS awareness in school curricula in Papua:

- **Progressive Laws on Juvenile Justice:**

Each year in Indonesia, over 5,000 children are brought to the formal justice system as offenders. Almost 90% of these children end up behind bars even though most of

their offences are of a petty nature. As the only development partner providing comprehensive technical support to the Government on the reform of its juvenile justice system, UNICEF successfully advocated for improving the legal framework to strengthen the protection of children's rights. At the policy level, UNICEF's success with the Government also led to joint agreements between all relevant partners to support the reform process. As a result,



in early 2012, 50 children were released from correctional centres by a Presidential order; government funding was allocated for correctional facilities; and a 'Corrections Blue Print' was passed, providing policy directions for reform of the correctional system. In July 2012, after more than seven years of advocacy by UNICEF and government partners, the National Parliament passed the Juvenile Criminal Justice System Law No. 11/2012. Despite limitations, this law is a milestone in the judicial reform process and towards establishing a specialized Justice System for Children as mandated by international law. The Juvenile Justice Law brings major changes to the system and carries demanding preparatory requirements for the law enforcement agencies and related institutions so that the latter can effectively implement the Law when it comes into effect. Most importantly, the law increases the minimum age of criminal responsibility for 8 to 12 years.

- **National Standards on Flour Fortification:**

In 1998, the Ministry of Health issued a Decree that all wheat flour milled in Indonesia or imported should be fortified with vitamin and minerals including iron, folic acid, and zinc. Iron and zinc deficiency can have a negative impact on children's growth. Folic acid on the other hand prevents neural tube defects. In response to the Decree, the Ministry of Industry, in 2001, made the fortification of flour mandatory. In January 2008 however, following lobbying from flour importers, the mandatory National Standards Indonesia (SNI) was revoked. Capitalizing on its expert knowledge in child nutrition and referring to the minimal

costs of fortification, UNICEF convinced the government of the enormous return on investment of flour fortification leading to the reinstatement of the SNI in July 2008. Today it is mandatory that all wheat flour for human consumption in Indonesia is fortified. Most recently UNICEF has been advocating the government to further strengthen the regulations based on the revised 2009 WHO recommendations by changing the type of iron from electrolytic iron to ferrous sulphate or ferrous fumarate which are better absorbed by the body. It has been agreed that all millers will start to use the appropriate type of iron by the third quarter of 2013.

- **Regulation on HIV/AIDS Education in Schools:**

In Indonesia, one out of every five newly HIV infected people is below the age of 25 years. With only 1.5% of Indonesia's population, Tanah Papua accounted for over 15% of all new HIV cases in 2011. The 2011 Survey on Knowledge, Attitudes and Practices showed that very few in-school youth (12.6% in Papua and 1.67% in West Papua) and out-of school youth (4.5% in Papua and 0% in West Papua) had comprehensive knowledge about HIV/AIDS. Young people out-of school are more at risk with 51% of them in Papua and 44% of their peers in West Papua reporting that they have multiple sexual relationships and yet only 18% perceived themselves to be at risk of contracting HIV. Preventing the further spread of the virus among this age group through awareness raising and life skills training has been a priority for UNICEF. Hence UNICEF advocated with the Governor of Papua to ensure that schools

are engaged in playing a key role in the generation of awareness among young people. As a result, in 2011 the Governor made HIV/AIDS education compulsory throughout primary to higher secondary school. All district and provincial operational Education Plans now include allocations for HIV/AIDS life skills training (over US\$120,000 in 2012 from government resources). A recent assessment showed that over 75% of primary and junior secondary schools surveyed in targeted locations had knowledge on HIV/AIDS in their curriculum.



It is clear that children are most impacted by both positive and adverse governance and decision-making processes, yet their interests are often left undefended.

DIFFERENT ROLES, ONE GOAL: RESULTS FOR CHILDREN

UNICEF introduces innovations and new initiatives to address ongoing challenges affecting children's lives

In the present Country Programme of Cooperation signed between UNICEF and the Government of Indonesia, the importance of testing new models which can be scaled up and the need for providing innovative solutions to strengthen the quality of social services for children has been clearly delineated. Building on its experience in a number of countries, UNICEF is working on new approaches to ongoing and long-standing challenges affecting the lives of children, including in the areas of child and maternal health as well as water and sanitation:

- **Traditional Birth Attendants (TBA) and Midwives Partnership:**

For a long time, pregnant women (particularly in rural Indonesia), focused on support from traditional healers (*Dukuns*). The role of trained midwives was not considered critical, and many women did not get access to obstetric care. To date, every hour, a woman dies from giving birth or due to other causes related to pregnancy. In 2006, UNICEF initiated a programme

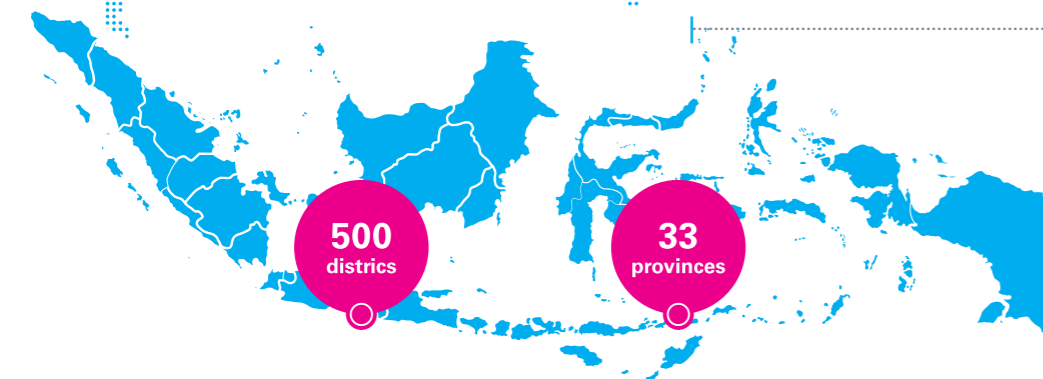
in Takalar (a district of South Sulawesi) linking Traditional Birth Attendants with Midwives. At that time, less than 50% of pregnant women in Takalar attended at least four sessions of Antenatal Care (ANC) as recommended and delivered their babies with the help of a Skilled Birth Attendant (SBA). With UNICEF, the District Health Office (DHO) of Takalar developed the Midwife-*Dukun* partnership, encouraging women to utilize the services of midwives while also involving TBAs. In 2007, in four focus health centres, all pregnant women were accompanied by TBAs when visiting a midwife. The partnership led to a fundamental cultural shift. While previously over 80% of pregnant women in Takalar gave birth at home, new data showed ANC coverage and the percentage of births in health facilities to be at almost 100%. The initiative was officially extended to additional health centres and sub-districts in South Sulawesi through a *Bupati's* (Head of District) Decree. Since 2010, the initiatives have been fully funded by the districts

(continued on page 16)

4th most populous country in the world

237.6 million
estimated population (2010)

Around **81.3 million** ARE children



every **3** minutes

somewhere in Indonesia, a child dies before his/her 5th birthday, (approximately 150,000 deaths every year)

4.5%

of Indonesians die before reaching the age of five, being affected by preventable diseases



2nd highest number in the world

58 million people defecate in the open



every **1** hour

a woman dies from causes related to pregnancy



3rd highest number

1.8 million are not fully immunized



only **59%** of children registered at birth



5th highest number

of stunted children, affecting 1 out of 3 children (36% of total U5 children)



2.3 million

children aged 7-15 years are out of school in Indonesia



52% of Indonesian children have no access to safe water



1 out of 5 person newly infected with HIV is younger than 25

NATIONAL FACTS AND FIGURES

A PICTURE OF DISPARITY



themselves. At present, a Local Law 2/2010 (PERDA) is being discussed for endorsement by the local parliament (DPRD) for provincial level scaling up

- **Scaling up Malaria Control and Elimination:**

The intensity of malaria transmission in Indonesia varies markedly, requiring innovative approaches for its control and eventual elimination. In eastern Indonesia, where 70% of Indonesia's malaria burden occurs, but where just 9% of its population lives, UNICEF works with the Ministry of Health to integrate Indonesia's traditionally run isolated malaria control programme with existing health programmes to reach remote populations most affected by malaria. By working with antenatal care and immunization services, malaria diagnosis, treatment, and prevention are being delivered in a way that synergistically improves all three programmes. Thanks to substantial support from the Global Fund for AIDS, TB and Malaria, this innovative programme is being scaled up throughout the most malaria-endemic regions of the archipelago, thereby improving the lives of mothers and children in impoverished rural communities. A similarly innovative approach is being used in western Indonesia, particularly in Aceh, where UNICEF is working with the Ministry of Health to eliminate the danger of malaria outbreaks by 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 that has eliminated the malaria parasite entirely



from one focus district – Sabang – and aims to eradicate malaria from the entire province by the end of 2015.

- **Open Defecation Free Island of Ende:**

As a very poor fishing community in the province of East Nusa Tenggara, the small island of Ende faced many challenges, including limited access to fresh water and proper sanitation. Open defecation was the norm with severe consequences such as a high incidence of diarrheal diseases. Starting in 2007, the local government and UNICEF, initiated the Community Led Total Sanitation (CLTS) programme to put an end to open defecation. Sanitation experts from the Ministry of Health facilitated a community dialogue to help people develop solutions to their problems. Communities first opted for rain water harvesting to ensure that each household got access to safe water, before focusing on changing key behaviours associated with defecation. Community facilitators and leaders, who had been trained by UNICEF on CLTS, spurred an

'ignition' moment of collective realization to help the community members understand how elements of faeces end up in their food and drinking water. This so-called "triggering process" aimed to generate a sense of shame and disgust, which in turn mobilized the community to take immediate action to end open defecation. The CLTS programme is a fundamental shift from the traditional supply-driven approach to a community-led demand-driven approach that primarily aims at behaviour change. Rather than focusing on latrine construction, CLTS puts emphasis on usage and empowerment of communities to collectively change their sanitation situation. Ende became Open Defecation Free (ODF). It is expected that this approach will contribute to reducing the burden of diarrheal diseases and their impact on the children of Ende.



Model programmes such as community case management of diarrhea, pneumonia, and malaria contributed to providing services to previously underserved populations and prompted government partners to develop regulations to enable their broader application in remote areas.

DIFFERENT ROLES, ONE GOAL: RESULTS FOR CHILDREN

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

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

- **Capacity Building of Health Workers:**

UNICEF has been the leading agency to support the government in strengthening the capacity of health and non-health workers for improved maternal nutrition and young child feeding practices. In 2006, UNICEF supported the government to locally adapt a UNICEF/WHO Breastfeeding Counseling Course for health workers. UNICEF piloted the training programme

in five districts, laying the foundation for a national scale-up. To date, approximately 3,000 counselors have been trained. These counselors can support pregnant women and lactating mothers in many parts of the country. The government plans to have at least one counselor in each health centre across the country by 2014. Similarly, in 2008 and in 2012, UNICEF supported the government in the adaptation of counseling courses for community health workers on Complementary Feeding as well as on Infant and Young Child Feeding. The course on Complementary Feeding has already been scaled up nation-wide, the module on Infant and Young Child Feeding will be expanded to a total of 12 provinces across the country by end 2013.

- **Strengthening a Systems Based Approach to Child Protection:**

In Indonesia, historically, policies on child protection did not have a comprehensive approach to the prevention of violations against children. To address this issue,

UNICEF supported the capacity building of national mid-level staff from line ministries by providing training on a systems-based approach to child protection. Initially conducted in Jakarta, the training was rolled out in 2011 to sub-national government partners (including parliamentarians) in the six provinces where UNICEF has field presence: Aceh, Central and East Java, South and West Sulawesi, and Nusa Tenggara Timur. Subsequently, child protection has been defined as a separate pillar in Indonesia's Medium Term Development Plan, the *Rencana Program Jangka Menengah Nasional (RPJMN)*, for 2010-2014 and in the sectoral strategic plans which are vital for ensuring that budgets are allocated to provide for comprehensive services on child protection. This is a monumental breakthrough, indicating momentum and political commitment from key decision makers.

- **Capacity Building on Sports for Development in the School Curriculum:**

In Indonesia, many children have limited opportunities to participate in sports. Although physical education (PE) is an integral part of school curricula, in reality it is often not implemented. Most PE teachers in Indonesia lack formal training; nearly 40% of them do not have any background in sports education. A 2011 UNICEF study on Knowledge, Attitudes and Practices on Sports revealed that many Indonesian schools cannot provide adequate quality lessons on PE and have limited sports facilities and equipment. Schools for children with special needs do not have a specialized PE curriculum, and teachers utilize regular



curricula instead. Through the initiative of the 'International Inspiration', a unique partnership between the British Council, UK Sport and UNICEF set up in the context of the London 2012 Olympic Games; Indonesia has been receiving monetary and technical assistance to support schools in providing sports opportunities for children. In 2012, UNICEF supported the launch of the Sports for Development initiative in four districts (Bone, Pasuruan, Subang, and Jakarta). Technical assistance was provided to 408 PE teachers and sports coaches. These sports practitioners are now providing regular sports, play, and recreational opportunities to over 37,000 children. Field visits and assessments are showing a positive change in school environments, with increased sports opportunities for, and greater participation of girls and children with disabilities. The outcomes of the pilot will serve as evidence for replication at scale and allow for better policies and resource allocations to be made to guarantee children's rights to sports.

DIFFERENT ROLES, ONE GOAL: RESULTS FOR CHILDREN

UNICEF works with local governments to ensure adequate utilization of resources to reach the unreached children and women

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

- **Community Based Education Information System (CBEIS) in Sulawesi:**

One constraint in the education sector has been the poor quality of data used to identify children who do not have access to or do not complete basic education. Government data is collected at the school level, providing information only about children who are in school, thus missing out the vulnerable children who are not attending classes. To address this gap, UNICEF in collaboration with the Centre of Education Data and Statistics developed the Community Based Education Information System (CBEIS) in Sulawesi, to address

community level data gaps, identify out-of-school children and their reasons for non-participation. In 2012, the Polewali Mandar district of West Sulawesi used the CBEIS data to find the children from poor families who dropped out of school. A total of 2,316 children, out of almost 3,600 in the district were identified and subsequently brought back to schools or admitted into non-formal education programmes through a "Return to School" (*Anak Putus Sekolah Kembali*



Bersekolah) campaign funded by the local government who provided for their uniforms, school equipment and transportation costs. The campaign inspired the central government to launch a similar movement across the country in November 2012. The CBEIS initiative has since been replicated in selected districts of Java, NTT, and Aceh, through exchange of technical expertise between these districts and Polewali Mandar. It is now being reviewed to assess its potential as a standardized tool for district planning in the education sector.

- **Cluster Island Approach to Maternal and Child Health (CIA) in Maluku Tengah Barat:**

With UNICEF's technical support, the governments of Maluku and Papua in Eastern Indonesia set up the Cluster Island Approach to address bottlenecks in terms of access to health services. The Cluster Island Approach allows authorities to better manage health systems in remote island districts. The CIA focuses on the establishment of selected health posts (*puskesmas*) as cluster centres in key locations which can serve as centres for referral of medical cases, particularly obstetric emergencies, for logistics as well as for orientation and training of new staff. The approach allows for district-wide integration of the broader Maternal and Child Health programme including interventions such as immunization as well as emergency response. The initiative was expanded to 11 districts in Maluku to ensure that each

district has at least one cluster centre by 2012. Maternity Waiting Homes (MWH) for at-risk mothers have been incorporated into the CIA to improve access of pregnant women to comprehensive obstetric care and prompt referral in case of complications. In Papua, the CIA is being implemented in the Jayapura district where homes have been set up at health posts that function as cluster centres.

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

DIFFERENT ROLES, ONE GOAL: RESULTS FOR CHILDREN

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

UNICEF believes that children and young people need to play an important role in the development of their societies and that they can act as powerful agents for change. A key component of UNICEF's work in Indonesia with its 80 million children and adolescents under the age of 18 is therefore creating opportunities for youth participation to ensure that the important voices of the country's future are not left out.

- **Advocacy for a Youth Policy in Papua:**

In 2012, to better understand the situation of young people in Papua and obtain comprehensive feedback from diverse partners, UNICEF undertook an extensive review of available documents, organized focus group discussions, and interviewed key stakeholders at the provincial and district level. The evidence revealed the need to develop a youth policy that addresses some of the key challenges being faced by young people in the province. Children and adolescents themselves played an important role in this process of knowledge

generation. Through existing forums and youth participation initiatives supported by UNICEF, young people in Tanah Papua have been advocating for their rights and needs and are keen to work with government and civil society to promote the provinces' advancement and success. The feedback and participation of young Papuans during the consultative workshops held in 2012 helped to validate data and information about the ongoing challenges and forms the basis



for the first high level policy consultation meeting that is to take place in June 2013 towards the drafting of Indonesia's first provincial youth policy.

- **Supporting Children to Adequately Express Their Opinions:**

Based on the findings of an evaluation of national child participation initiatives, UNICEF supported the Ministry of Women's Empowerment and Child Protection in establishing a National Children's Forum. The forum created opportunities for children and young people to present their concerns and suggestions at local and national level on development issue affecting their wellbeing. Through the child-friendly city/district framework, UNICEF provided technical support for the establishment of children's forums in Aceh Besar, Polewali Mandar, Sikka, Pematang, Brebes, Klaten, Situbondo, and Bondowoso. A mapping of existing mechanisms allowing for child participation throughout the country has been undertaken, to look at the strengths, weaknesses, opportunities and challenges of the existing child participation initiatives in Indonesia. In 2012, major efforts were undertaken to advocate for high level support to inclusive sports and physical education, with the support of young UNICEF advocates themselves.

- **Partnering with Children with Disabilities:**

Stephanie Handojo, Indonesia's Special Olympics' gold medallist, successfully represented young Indonesians as a torch bearer at the London Olympics under the International Inspiration programme.

Stephanie is a talented young girl with Down's Syndrome, who won a gold medal at the 2011 Special Olympics World Summer Games in Athens in the 50 metres Division F6 Breaststroke, which is one of many other gold medals she has claimed at other competitions. A strong spokesperson for children's rights, Stephanie with the support of UNICEF has met with several high level government partners including the Indonesian Minister of Youth and Sports, the Minister for Children and Women Empowerment, and the Minister of Social Affairs to advocate for the rights of every Indonesian child to enjoy their childhood; have the opportunity to participate and succeed, and to demonstrate that sports can enable young people of all abilities and backgrounds to grow, do well, and excel when they are adequately supported by adults.



DIFFERENT ROLES, ONE GOAL: RESULTS FOR CHILDREN

UNICEF forges partnerships and networks for children

To leverage resources, gain consensus, and push forward new ideas that benefit children in Indonesia, UNICEF engages in a variety of partnerships including with civil society organizations, the corporate sector, and individuals.

- **Partnership with Donors in Indonesia:**

The implementation of the cooperation programme between the Government of Indonesia and UNICEF is financed by voluntary contributions from individual, corporate, and bilateral donors. One source of funding is the group of more than 35,000 Indonesians who every month donate a certain amount of money to UNICEF. Another group are companies in Indonesia that either provide funds to UNICEF themselves or who encourage their customers to make voluntary contributions. Partnerships with bilateral partners such as Australia (AusAid), USA (USAID), New Zealand, and Norway have enabled UNICEF to implement some key initiatives in health and nutrition, education, HIV & AIDS, and child protection. Programmes are also supported by

other entities such as the Global Fund to fight AIDS, Tuberculosis and Malaria, by the Bill and Melinda Gates Foundation which focuses on community led total sanitation; by the World Bank which aims to strengthen the nutrition component of poverty-reduction programmes, or by GAIN which enhances universal salt iodization. UNICEF also partners with NGOs like Save the Children and Plan International in the areas of education, disaster-risk reduction and emergencies.

- **Children's Rights and Business Principles:**

Developed by UNICEF, the UN Global Compact and Save the Children – the Children's Rights and Business Principles are the first comprehensive set of guiding principles for private sector companies on actions they can take in the workplace, the marketplace and the community to respect and support children's rights. These Principles reinforce the importance of a child rights perspective within the realm of business and commerce. They combine existing standards, to fill gaps with related. A group efforts to the interaction

between business and children that is often overlooked as stakeholders of business. In Indonesia, UNICEF, the Indonesia Global Compact Network and Save the Children joined forces with the Ministry of Women's Empowerment and Child Protection (KPPPA) as well as other national partners in calling on the business community to put children's rights at the centre of the corporate social responsibility agenda. Following the launch in early 2013, the Indonesia Association of Child-Friendly Companies, supported by the Ministry, committed to play an important role in monitoring the implementation of the Principles in the country. UNICEF has been supporting the Ministry in developing regulations and guidance for the business community on how to become more child friendly.

- **Nokia Life Initiative Info Bidan:**

To push new boundaries through the effective use of technology for development, UNICEF established a partnership with the mobile phone company Nokia and the service provider PT XL Axiata to pilot Nokia Life's Info Bidan, an SMS based mobile phone application for midwives. This technology is particularly promising in Indonesia with its increasing ownership of cellular phones and broad coverage, even in remote places. In 2010, 62% of Indonesians regularly used a mobile phone. Half of about 115 million people living in villages now use cellular phones. Midwives while being front line providers of health care to pregnant women and children often only have limited capacity for their job. As face-to-face training often cannot be provided, mobile phone technology offers an interesting alternative. Based on a formative research that established midwives' knowledge and patterns of using

mobile technology, 180 text messages with key health information were developed. UNICEF technical orientation and ensured regular monitoring to assess how midwives actually reached out to pregnant women. UNICEF convened Nokia and the Ministry of Health as partners for this collaborative initiative – the first time that UNICEF brought together the public and private sector in a collaboration that addresses challenges to quality service delivery, by utilizing existing technology to address bottlenecks in access to knowledge in the public sector.



It is through strengthened partnerships: national, regional, and global that more can be achieved for children. It is collective support, solidarity, and action that will ascertain the rights of every child.

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UNICEF

Wisma Metropolitan II, 10-11th Floor,
Jl. Jend. Sudirman Kav. 31
Jakarta, Indonesia

Phone

+62 21 2996 8000

Fax

+62 21 571 1326

Website

www.unicef.or.id

