



## **TOWARDS A GOLDEN FUTURE:** Integrated Package of Essential and Accelerator Services for a Thriving Generation in Indonesia

### Summary

This policy brief outlines critical areas for advancing child well-being in Indonesia within the framework of the Sustainable Development Goals (SDGs) and the 2045 vision for *Golden Indonesia (Indonesia Emas)*. While Indonesia has made commendable strides, particularly in reducing child mortality and stunting, significant challenges persist in immunisation, education, and child protection. Inequalities in child well-being outcomes are evident across gender, geography, and wealth levels, with children from poorer households facing compounded risks. Without addressing these challenges, Indonesia's vision for a resilient and prosperous future is at risk. While budgets, policies, and programmes directed towards reducing poverty and improving outcomes in health, nutrition, and education, effective service delivery is hindered by coordination challenges along with fiscal and administrative constraints at the sub-national level. An integrated approach that enhances effectiveness, efficiency, and accelerates child well-being outcomes is essential to overcoming these barriers.

Building on global evidence on accelerators for child well-being, including cash transfers and parenting programmes, this brief proposes a strategic integration of multiple accelerators. It draws on existing priority programmes such as village fund (*Dana Desa*), conditional cash transfers, and the Free Nutritious Food Programme (Program Makanan Bergizi Gratis—focused on addressing the multifaceted risks faced by children across the life cycle. Enhanced targeting, streamlined delivery, and stronger links to community-based health, education, and child protection services provide a pathway to significantly improve nutrition, health, education, and protection outcomes.

**The recommendations underscore the importance of cohesive intersectoral cooperation and sustained investment.** By scaling effective models and bridging remaining gaps, Indonesia can meet its SDG targets and realise the vision of *Indonesia Emas*, nurturing a generation of well-supported, resilient children.

## Golden Aspiration, Rocky Roads: Challenges in Advancing Child Well-being in Indonesia

**The Government of Indonesia has established a long term development plan of Golden Indonesia (*Indonesia Emas*) 2045.** The vision, continuously reflecting Sustainable Development Goals (SDGs), aspires to positioning Indonesia among high-income nations with a projected Gross Domestic Product (GDP) per capita reaching USD 30,300, reduced poverty, and cultivating human potential for a resilient Indonesia (Law on RPJP 2025 – 2045).

**Despite setbacks from the COVID-19 pandemic—such as temporary school closures, reduced healthcare access, and diminished household income—recovery has been strong.** Infant mortality had already dropped significantly to 17 deaths per 1,000 live births, stunting rate has been halved to 22 per cent, primary school enrolment nearing universal levels at 98 per cent, and gender parity in education achieved (BPS; Kementerian Kesehatan RI, 2023; World Bank, 2020).

**Yet, challenges remain.** Nearly 1 in 11 Indonesians (9 per cent) and 1 in 8 children (12 per cent) still live below the national poverty line (BPS, 2023). Dropout rates increase by more than three-folds (from 7 per cent to 22 per cent) as children progress higher from junior to senior secondary school while educational outcomes show critical gaps, with only 4 to 6 out of every 10 students achieving basic literacy and numeracy skills (BPS, 2023; Kementerian Pendidikan, Kebudayaan, Riset dan Teknologi, 2023). Progress in reducing mortality rates is overshadowed by low immunisation coverage, with fewer than 1 in 3 children (35.8 per cent) aged 12–23 months have received all basic antigens (Kementerian Kesehatan, 2022). Children with disability are left behind their peers in school participation, access to healthcare, and wealth (UNICEF, 2023). Inequalities are rampant across various sectors (health, education) and across gender, wealth, and geographic lines.

**Alarmingly, violence against children continues to be a pervasive challenge that demands urgent attention.** Despite of the progress, one in fourteen (7 per cent) girls married before

the age of 18 and more than half (55 per cent) of girls experience female genital mutilation (FGM)<sup>1</sup> (BPS, 2023; KPPPA, BPS, LDUI, UNFPA, 2022). Children in half households (49 per cent) in Indonesia ever experienced physical punishment and/or psychological aggression; and more than one third (37 per cent male; 39 per cent female) young people between the age of 18 – 24 ever experienced violence during their childhood (BPS, 2023; KPPPA & BPS, 2021). Further, 1 in 6 children under five (17 per cent) remain unregistered, leaving them vulnerable to exploitation and limiting their access to essential services (BPS, 2023). Mental health problems have become a widespread concern, with 15.5 million adolescents had a mental health problem and close to 2.5 million with mental disorder (Center for Reproductive Health, University of Queensland, & Johns Hopkins Bloomberg School of Public Health; 2022).

**Frequent natural disasters also continue to impede development progress in Indonesia.** In 2023 alone, 5,400 natural disaster events affected nearly 8.5 million people, of which more than one-third were children. Climate-related disasters predominated, with nearly all disasters in Indonesia classified as hydro-meteorological event, with increased risks in the coming years (BNPB, 2024; Cazabat, et al., 2023).

**The social and economic burden of unmet child well-being needs is substantial and poses a risk to realising SDGs and, subsequently, *Indonesia Emas* 2045,** hinder achieving high income country status. Given the persistent challenges facing children in Indonesia—ranging from health, educational disparities to natural disasters—it is clear that achieving the vision of *Indonesia Emas* will require more than traditional approaches. The complexity and scale of these issues call for a shift in direction while continuously prioritise child well-being as foundation to national development. By rethinking and enhancing current interventions, the government can address these pressing needs more effectively and make substantial progress toward both Sustainable Development Goals (SDGs) in 2030 and *Indonesia Emas* 2045.

<sup>1</sup> 21.3% based on WHO FGM/C criteria; 33.7% symbolic. Percentage of daughters of women between the age of 15 – 49 who live in the same household and ever experienced female genital mutilation. See KPPPA, BPS, LDUI, UNFPA. (2022). *The State of Women in Indonesian 2021: Result of Indonesian National Women's Life Experience Survey (SPHPN) 2021*.



Infant mortality ↓ 17  
Under 5 mortality ↓ 20



Immunisation (all antigens) 36%  
Incomplete 57%  
Zero dose 14%



Stunting ↓ 22%  
Wasting ↑ 9%  
Underweight ↓ 16%



Vitamin A supplement 82%



Participation in organised learning (one year before primary school age entrance) ↑ 96 %  
Primary: Net participation rate ↑ 98% Out-of-school ↓ 0.7%  
Junior secondary: Net participation rate ↑ 81% Out-of-school ↓ 6.9%  
Senior secondary: Net participation rate ↑ 63% Out-of-school ↓ 21.6%



#### Basic literacy and numeracy skills

Primary school ↑ 62 % and ↑ 47%  
Junior secondary school ↑ 59 % and ↑ 41%  
Senior secondary school ↓ 49 % and ↑ 41%



Child marriage before the age of 15 ↑ 0.5% Birth registration (under 5) ↑ 83%  
Child marriage before the age of 18 ↓ 7%



Household with children who experience physical punishment and/or psychological aggression ↓ 49%



#### Childhood violence (before the age of 18) among young people 18 – 24

Any violence ↓ 37% (male) ↓ 39% (female)  
Sexual violence ↓ 4% (male) ↓ 7% (female)  
Physical violence ↓ 16% (male) ↓ 7% (female)  
Emotional violence ↓ 31% (male) ↓ 35% (female)

## Paving the Path: Foundational Steps Towards Indonesia Emas

Children, who make up more than one-third of Indonesia's population, have always been a part of the nation's development agenda including the long-term development plan for 2025–2045. Various policies and strategies guide the fulfilment of children's rights in Indonesia, including the Policy on Child-Friendly Cities/Districts (2021) and the National Strategy on the Elimination of Violence against Children (2022). Several non-binding policies rolled out but included and the National Strategy on Stunting Prevalence Reduction (2021). Several non-binding strategies and action plans support child right agenda include the National Strategy on Communication of Immunization, the National Strategy to Accelerate Stunting Reduction, the National Action Plan for Stunting Reduction (*Rencana Aksi Nasional Pengurangan Stunting, RAN PASTI*),

and the National Strategy on the Prevention of Child Marriage (*Strategi Nasional Pencegahan Perkawinan Anak, Stranas PPA*).

National budgets (*Anggaran Pendapatan dan Belanja Nasional, APBN*) are directed toward fastening economic transformation through, among others, the elimination of extreme poverty (Law on APBN 2024), translates to significant allocation for social protection programmes, including the Conditional Cash Transfer (CCT) Aspiring Family Programme (*Program Keluarga Harapan, PKH*) that targets 10 million households and vulnerable groups. The PKH conditionalities require beneficiaries to ensure school attendance for children, attend regular health check-ups (prenatal and postnatal care for mothers, growth monitoring for young children), complete vaccinations for children, and participate in family development sessions focused on health and parenting education. Compliance with these



conditions is mandatory to continue receiving support, aiming to improve health, education, and well-being outcomes for families. Other social protection programmes include Smart Indonesia Programme (*Program Indonesia Pintar, PIP*, given to school-age children from the poorest 25 per cent of households) and Non-Cash Food Assistance (*Bantuan Pangan Non-Tunai, BPNT*, targets food insecure families). Village Funds (*Dana Desa*) has been implemented since 2015 to strengthen the decentralisation of basic services to sub-national governments, increase community participation, and reduce poverty, with specific priorities align with SDG 1 (free from poverty) SDG 2 (without hunger), SDG 3 (healthy and prosperous), SDG 5 (gender equality), and SDG 16 (peaceful and just villages). The most recent National Budget Law (UU APBN 2025) earmarks the allocation of *Dana Desa* to support the reduction of extreme poverty, strengthening of climate crisis adaptation, improving promotive action and provision of village-scale basis health services including to address stunting, and up to 15 per cent can be allocated to reduce extreme poverty through cash-grants to beneficiaries (Law on APBN 2025; Regulation of MOF, 2024). *Dana Desa* can also be used for promotion and provision of village-based health services, including to prevent stunting, and for food security (Regulation of MOF, 2024).

**Beyond the reduction of poverty, the Government's commitment to advancing**

**child and family well-being is evident in the establishment of services nationwide.** Those include Village-level Integrated Health Post (*Pos Pelayanan Terpadu, Pos Yandu*) that has become a valued frontline for maternal, newborn, and child health (MNCH), Community Health Centres (*Pusat Kesehatan Masyarakat, Puskesmas*), compulsory twelve-year education since 2015 and the recent enhancement of mental health surveillance and referral systems that link *Puskesmas* and schools reflects a forward-thinking response to growing adolescent mental health needs. The Free Nutritious Meals programme (*Program Makanan Bergizi Gratis*) that starts in 2025 aims to enhance the health and cognitive development of Indonesian children by providing free nutritious meals. Prevention and response to violence against children and women have been expanded through Community-based Integrated Child Protection (*Perlindungan Anak Terpadu Berbasis Komunitas, PATBM*) and Children's Fora (*Forum Anak*) as well as the local service centres for protection of women and children (*Unit Pelaksana Teknis Perlindungan Perempuan dan Anak, UPTD PPA*) and Family Learning Centres (*Pusat Pembelajaran Keluarga, PUSPAGA*), further reinforce this support network, providing services including parenting to at risks and child victims.

**To ensure that social protection programmes achieve their objectives of reducing vulnerability and poverty, several feasible improvements**

are necessary. Those include: Improving beneficiary data managements and enhancing the targeting mechanism by expanding the coverage of the Integrated Social Welfare Data (*Data Terpadu Kesejahteraan Sosial*, DTKS), facilitating administrative database linkages, integrating geographic information systems, aligning disbursement to the need of beneficiaries, linking to other services (such as partnering with *Puskesmas* to provide nutrition education alongside BPNT distribution), increasing beneficiary awareness, and enhancing local government capacity. Specifically, social protection programmes should take the composition of the household into account (World Bank, 2019; Dewi, et al; 2023; UNICEF, 2024).

Through a range of policies, programmes, and services focused on child well-being, the Government has laid a solid foundation to achieve the SDGs and fulfil the vision of *Indonesia Emas*. Selecting key accelerators and integrating implementation to the right target beneficiaries can help bring these goals within reach.

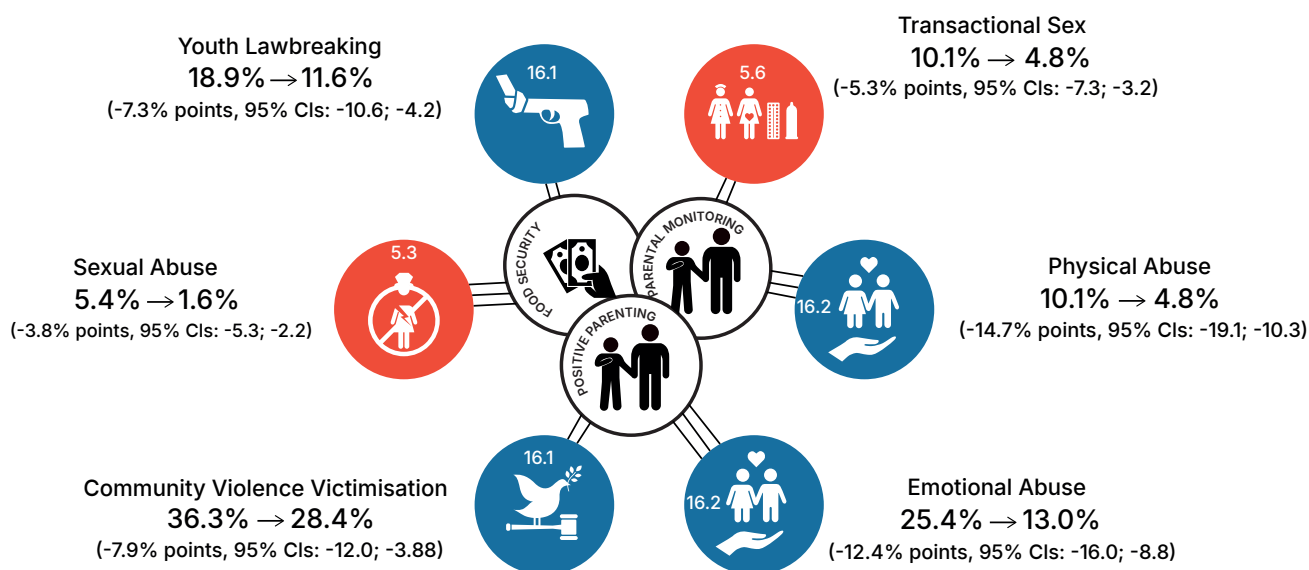
## Accelerating in the Rocky Roads

Growing evidence from research by the **Accelerate Hub**, a research consortium based at the University of Oxford, confirm SDG accelerators and shows that a combination of

**robust interventions can accelerate gains across multiple SDGs for children and adolescents.**<sup>2</sup>

Parenting support was associated with good mental health, no high-risk sex, no violence perpetration, no community violence, and no emotional or physical abuse. Cash transfers were associated with HIV care retention, school progression and no emotional or physical abuse. Safe schools were associated with good mental health, school progression, no violence perpetration, no community violence, and no emotional or physical abuse. A combination of two or more accelerators showed cumulative positive associations, suggesting accelerator synergies of combination provisions (Cluver, L.D., et al., 2019).

Several studies show that cash transfer serve as a key accelerator that relevant across various life cycles. The outcomes are multiplied when cash transfers are combined with one or two interventions relevant to the life cycles. A cross-sectional study involving children and younger adolescents (5-15 years) and caregivers affected by HIV, attending community-based organisations in South Africa and Malawi, indicates that receipt of combined cash and good parenting, when compared to cash grant receipt alone, has positive effects on nutrition-related child outcomes (child-reported non-hunger, child non-stunting and parental report of sufficient food ) (Sherr, L., 2020).



Graphic 1. From Cluver, L.D., Orkin, F. M., Campeau, L., Toska, E., Webb, D., Carlqvist, A., & Sherr, L. (2019)

<sup>2</sup> Information about Accelerate Hub can be accessed on <https://www.acceleratehub.org/about-the-accelerate-hub/>

Another study based on the same groups/ interventions shows that while individual interventions yield positive results, experiencing a combination of two interventions was associated with higher probability of positive child outcomes. Further, experiencing all three accelerators was associated with better child outcomes, compared with any of the individual factors by themselves with substantial improvements noted in child education outcomes (Mebhrahtu, H., 2022).

**Global evidence also shows that combined interventions also increase cost efficiency** (Rudgard,W.E, et al., 2024). The combination of interventions helps create a platform for dialogue across ministries and bring consensus on policy and financing. By financing integrated, cross-sectoral strategies, efficiency can be improved, and progress towards achieving the SDGs can also be accelerated (Desmond, C., et al, 2024).

**Indonesia can learn from several accelerator programmes in the regions, including the Pantawid Pamilyang Pilipino Programme (4Ps),** a conditional cash transfer (CCT) programme targeting low-income families in the Philippines. CCT 4Ps has demonstrated positive impacts on health, nutrition, education, and household welfare. The programme has increased awareness and use of family planning, improved antenatal care and skilled birth attendance, and enhanced children's access to health services. It has also contributed to higher school enrolment and attendance among older children, increased household income, and reduced food insecurity (Phillipine Institute for Development Studies, 2020). A culturally adapted parenting intervention delivered as part of a CCT

4Ps programme may be effective in sustaining reductions in violence against children in low- and middle-income countries (Lachman,J.M., at al, 2021).

**In Indonesia, the conditional cash transfer PKH brought a positive impact on the welfare of beneficiary households and access to primary healthcare services,** with notable improvements include increased prenatal and post-natal visits, vaccinations, and contribution to a reduction in child marriage (Alatas, V., 2021; Priebe, J.,et al,2023). Cash-transfer programme for students (PIP) demonstrated reduced risk of school dropout among poor and vulnerable students at the primary school level in 2019, junior high school level in 2019 and 2021, as well as high school level in 2021, even though it was not consistent across education level and years (Samalo,N.A., 2023); and voucher-based Food Assistance (BPNT) increased expenditure and enhanced food security (Hidayat, F. & Hanri, M., 2023). *Dana Desa* has contributed to poverty reduction, improved child nutrition outcomes, and strengthened community empowerment (Wulandari, D., et al, 2024; Handra, H, 2022).

**Recognising challenges in fiscal capacity and coordination, the Government of Indonesia should prioritise improving the delivery of proven and promising accelerators.** These accelerators should be combined and targeted at the same households or children within the same areas. Rather than introducing new interventions, the government can leverage existing strategies, priorities, and programmes to maximise impact.



## Small Paths to Highway: Accelerating from the Villages towards Indonesia Emas

Children in Indonesia face a spectrum of risks that vary with age, therefore, it is essential to implement age-specific yet interconnected accelerating services that respond effectively to different vulnerability and risks. Interventions should be tailored to each life stage while ensuring continuity across ages. Community-based and village-level initiatives under the implementation of *Dana Desa* must serve as a foundation and one of the accelerators.

Through *Dana Desa*, community-level identification, registration, and targeted support should be improved, alongside activities to alleviate poverty, reduce stunting, and enhance health service access. Key activities include providing nutritious food to vulnerable children and mothers, mobilising village cadres through *Pos Yandu* for campaigns, counselling, and nutrition and health monitoring, as well as upgrading village-level water, sanitation, and hygiene (WASH) facilities. *Dana Desa* should be utilised to bridge gaps in the targeting of PKH and other social protection programmes, ensuring that the most disadvantaged households—along with children, adolescents, and caregivers with disabilities—receive the support they need.

To maximise impact, *Dana Desa* should be combined with other accelerators, particularly cash transfer programmes such as PKH, PIP, and voucher-based BPNT. Child- and adolescent-sensitive targets should be clarified and expanded, with indicators focusing on improved nutritional status (reduction of stunting, wasting, underweight), enhanced health outcomes (reduction of child mortality, increasing coverage of basic immunisations, prenatal and postnatal visits), increased birth registration, and increased school enrolment.

Family development sessions—another crucial accelerator—should be strengthened to incorporate education on health, nutrition, gender, child care, positive parenting, and caregiver well-being, and should be universally available at the community level. Participation in these sessions should be a condition for PKH recipients, with a specific focus on engaging male caregivers. Combined with PKH and PIP cash transfers, these sessions should aim to reduce

family and community violence, lower rates of child marriage and risky behaviours, and address mental health issues.

Lastly, the *Program Makanan Bergizi Gratis*, which aims to provide nutritious meals to school children, stands as additional accelerator for reducing hunger among students, contributing to enhanced cognitive function and academic performance, as well as boosting enrolment rates and lowering dropout rates, particularly among vulnerable. *Program Makanan Bergizi Gratis* should be recognised as a vital component of Indonesia's social protection system, reinforcing and enhancing the effectiveness of existing education and health initiatives.

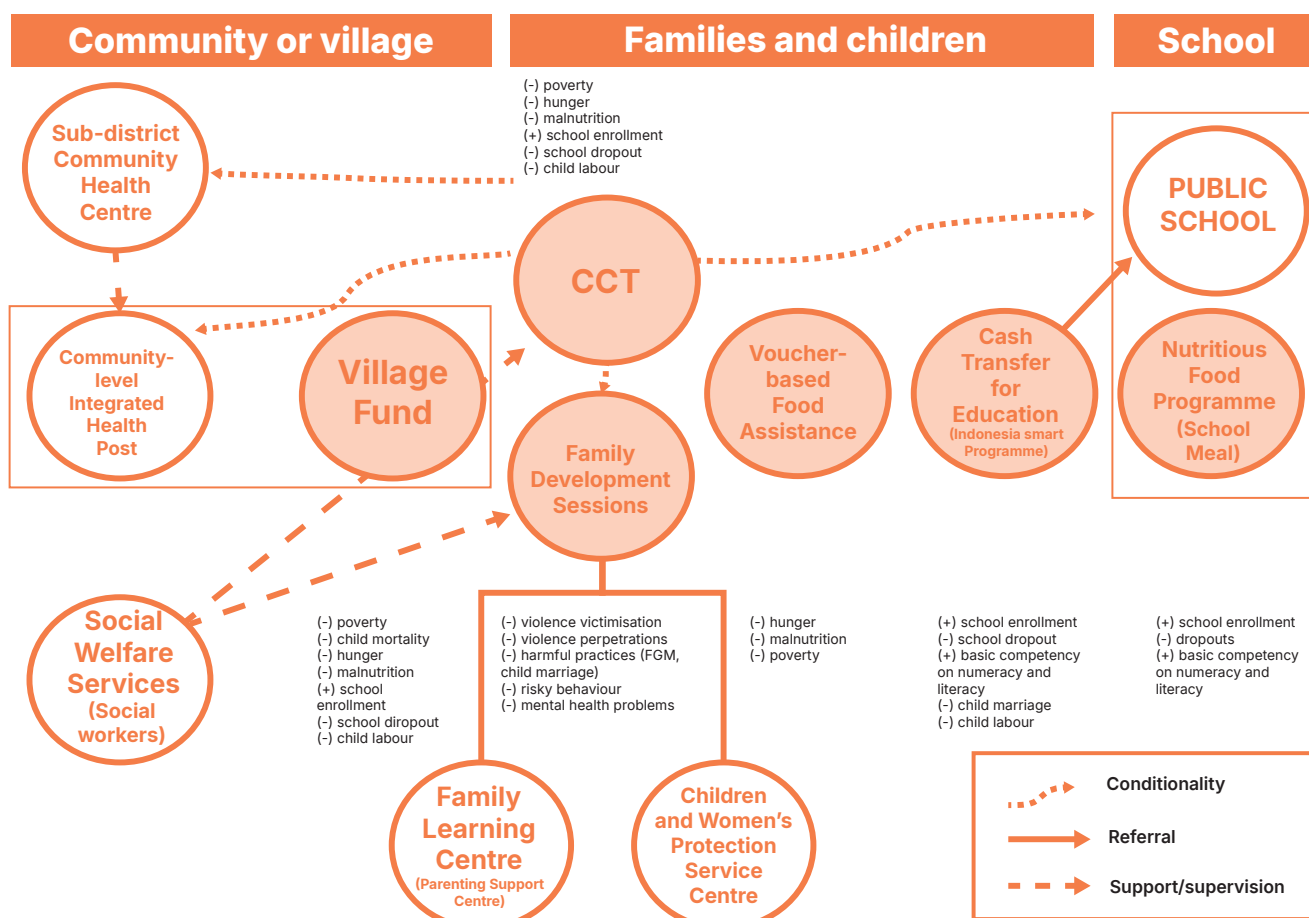


The accelerators above, that mostly address demand-side (the beneficiaries) should be supported by supply-side (provision of services). Social workers and para-social workers must be equipped to monitor and supervise PKH delivery. Building on their roles in Family Development Sessions, they should work with village cadres to identify and support at-risk children, adolescents, and families, referring them to services at *Puskesmas*, PUSPAGA, and UPTD PPA for health, psychosocial, and protection support. Frontline workers from these centre-based services should provide supervision to village cadres and facilitators and responding promptly to referrals.

With various overlapping coordination mechanisms in place, assigning a dedicated body

to deliver, monitor, and evaluate these combined accelerating interventions is essential. The mandate could rest with the Stunting Reduction Acceleration Team (*Tim Percepatan Pengurangan Stunting, TP2S*). At the village level, the community dialogue (*musyawarah desa*) and planning, monitoring, and evaluation by the Village Councils (*Badan Permusyawaratan Desa, BMD*) forms the cornerstone of *Dana Desa* implementation and village-based services. To ensure transparent, effective activities and service delivery, participation of *PKK* cadres, *PATBM* cadres, and members of *Forum Anak* is crucial.

By combining several accelerators (*Dana Desa*, cash transfers, family development sessions, and *Program Makanan Bergizi Gratis*) that align with diverse objectives and target various age groups with sectoral services, the government can address a range of child rights issues, including nutrition, health, education, child protection, and mental health. This integrated approach enhances the potential to achieve multiple well-being outcomes and accelerates progress towards several SDG targets and *Indonesia Emas 2045* vision.



Graphic 2: Proposition for Integrated Package of Essential and Accelerator Services for Child Wellbeing

## Driving the Route to Indonesia Emas

The following recommendations build on the existing interventions and their required improvements, drawing a "Golden Route" to enhance efficiency, maximise impact, and ensure

that all children can thrive as part of Indonesia's future. Successful implementation will require engagement of relevant ministries and national agencies as well as national and sub-national stakeholders (provincial and district governments, development partners)



## Recommendations for National Ministries/Agencies

1. **The Ministry/Agency of National Development Planning (*Kementerian Perencanaan Pembangunan Nasional/BAPPENAS*)** should lead in the development of a guideline on the implementation of Integrated Package of Essential and Accelerator Services for Child Well-Being, and prioritise evaluation and documentation of processes and lessons learned of the implementation of Integrated Package of Essential and Accelerator Services.
2. **The Ministry of Village and Development of Remote Areas (*Kementerian Desa dan Pembangunan Daerah Tertinggal – KemendesPDT*)** should prioritise and expand capacity building of village apparatus in planning, implementing, and evaluating *Dana Desa* programmes and funds and ensure that SDG and child-specific targets are comprehended and national prioritisations are adhered. KemendesPDT should also ensure that community members, including children, adolescents, women, and children/caregivers with disabilities participate meaningfully in the planning, monitoring and evaluation through village dialogues (*musyawarah desa*) and the Village Councils (*Badan Pemusyawaratan Desa*)
3. **The Ministry of Social Affairs (*Kementerian Sosial, KEMENSOS*)** should improve targeting for Beneficiary Groups (*Kelompok Penerima Manfaat, KPM*) and ensure that social workers, para social workers, and CCT PKH facilitators have the capacity to facilitate and supervise proper identification and registration of beneficiaries KEMENSOS should also prioritise and expand capacity building programme that target social workers and para social workers.
4. **The Ministry of Home Affairs (*Kementerian Dalam Negeri, KEMENDAGRI*)** should strengthen the capacity of the sub-national government in implementing multi-sectoral coordination. The coordination should improve effectiveness and efficiency in delivering various programmes and services.
5. **The National Nutrition Agency (*Badan Gizi Nasional, BGN*) and its sub-national agencies** should ensure that the school-focused *Program Makanan Bergizi Gratis* is delivered as part of Integrated package of essential and accelerator services instead of as a stand-alone and agency-specific programme.
6. **Sectoral ministries such as KEMENSOS, Ministry of Health (*Kementerian Kesehatan, KEMENKES*), Ministry of Women's Empowerment and Child Protection (*Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, KPPPA*), and Ministry of Basic Education (*Kementerian Pendidikan Dasar, Kemendikdas*)** should prioritise and

ensure that capacity building of local service providers and disbursement of sectoral fund (such as Specific Allocation Fund or *Dana Alokasi Khusus*). The capacity building and disbursement of sectoral fund should prioritise agreed priority districts where integrated package of essential and accelerator services are rolled out. Those ministries should also jointly agree, develop and disseminate guidelines and standard operating procedures (SOPs) for multi-sectoral referrals to address issues related to children (and women). The guidelines and SOPs link the accelerators with centre-based services (Puskesmas, PUSPAGA, UPTD PPA)

Additionally, the Office of the Vice President's National Team for Reduction of Poverty (*Tim Nasional Percepatan Penanggulangan Kemiskinan, TNP2K*) and the Team for Accelerating Stunting Reduction (*Tim Percepatan Pengurangan Stunting, TP2S*) should agree and use comprehensive targets and indicators instead of maintaining the existing two thematic focuses and ensure that data of beneficiaries is integrated in the Integrated Social Welfare Data (*Data Terpadu Kesejahteraan Sosial, DTKS*).

### Recommendations for Sub-National Governments

1. Municipality/District Government (*Pemerintah Kota/Kabupaten*) should build on and strengthen existing multi-sectoral coordination mechanism focusing on the delivery of services instead of establishing a new coordination mechanism. Local Government should also set and adhere a minimum benchmark for budget for the operation of services (*Pos Yandu, Puskesmas, PUSPAGA, UPTD PPA*) and for community-based groups such as community-based integrated child protection mechanism (*Perlindungan Anak Terpadu Berbasis Masyarakat, PATBM*).

### Recommendations for Development Partners and Non-Government Organisations

1. Donor agencies and other development partners should advocate piloting and rolling out Integrated Package of Essential

and Accelerator Services, support KPPN/ BAPPENAS, the Poverty Reduction Team and the Stunting Reduction Team, and sectoral ministries in developing, piloting, and disseminating multi-sectoral guidelines and initial operational capacity building; support the national ministries and priority sub-national governments in improving multi-sectoral coordination as well as and monitoring and evaluating mechanisms; and support the design (and, if needed) the implementation of the process and impact evaluation of Integrated Package of Essential and Accelerator services.

2. Non-government organisations (NGOs) and civil society organisations (CSOs) can play a role in supporting Municipality/District Governments in strengthening the multi-sectoral coordination mechanism; provide district level technical support in the design, implementation, monitoring and evaluation of Integrated package of essential and accelerator services; and pilot village-based Integrated package of essential and accelerator services.



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