

Executive Summary

During 2013, UNICEF Indonesia continued to shift the emphasis of the programme to influence upstream policy and advocacy for the improvement of the status of women and children. UNICEF's policy advice and technical support to the Government of Indonesia is grounded on field-based evidence generated through model programmes at subnational level in all sectors. Staff presence in provinces and districts positions UNICEF to build capacity of subnational government to replicate successful approaches, improve monitoring, identify critical bottlenecks and assist in planning. UNICEF also continued addressing inequities, enhancing real-time monitoring and strengthening the gender component of all programmatic areas.

UNICEF support included the building of child protection systems and the implementation of central level laws at subnational level. Moreover, UNICEF supported evidence generation through a study on the prevalence of violence against children as well as the promulgation of a Presidential Regulation on Holistic Integrative Early Childhood Development, which provides the policy framework for expansion of early childhood development (ECD) services. Additionally, a replication strategy and monitoring mechanism for the UNICEF-supported water, sanitation and hygiene (WASH) in schools programme was endorsed and mainstreamed by the Government. The Scaling-up Nutrition (SUN) movement was launched by the President with UNICEF supporting the development of policy frameworks, amongst other areas of assistance. UNICEF's malaria and maternal and child health (MCH) programme continued to provide a wedge for health system improvements in remote areas of Indonesia.

UNICEF further supported health promotion efforts such as breastfeeding and hand washing. In 2014, UNICEF will increase its focus on enhancing the quality of services given that many programmes are showing inadequate progress despite increasing coverage.

UNICEF also continued to engage with existing social protection systems for the benefit of children. In this context, UNICEF supported an international conference on Child Poverty and Social Protection to share learning across countries.

In line with its core mandate, UNICEF engaged in emergency operations including in response to floods in Jakarta, as well as an earthquake in Aceh. UNICEF also supported capacity building in emergency preparedness and disaster risk reduction (DRR). DRR will be a priority for UNICEF multisectoral support in 2014 and additional funding is being sought to support this.

Despite significant fundraising efforts, the resources available to the Country Programme are dwindling. A total of US\$21.8 million Other Resources (OR) was raised (86 per cent of the annual OR ceiling) with almost half coming from bilateral partners and around a quarter from private donors in Indonesia. UNICEF conducted a number of staffing reviews to ensure best use of available resources and applied additional cost cutting measures.

A Mid-Term Review (MTR) of the Country Programme (2011-2015) was conducted and found that the programme is appropriate to the needs of women and children in Indonesia. In 2014, UNICEF and the Government of Indonesia will initiate the process of development of a new country programme, which will build on the findings of the MTR. The data and lessons from the situation analysis will also feed into the Government's

National Medium-Term Development Plan for 2015-2019 and the UN Partnership Development Framework (UNPDF) 2016-2020, both of which will be finalized in 2014.

Country Situation as Affecting Children and Women

Indonesia is the world's fourth most populous nation, with over a third (81.3 million) of the 237 million population aged under 18 years. Despite being a middle-income country, inequality is rising and many households are vulnerable to shocks that can push them back below the poverty line. With around 29 million people living below the poverty line and another 70 million highly vulnerable to falling into poverty in any given year, up to 100 million Indonesians (40 per cent of the population) are estimated to be either poor or near poor.

A study on child poverty published in 2012 by the Government and UNICEF, found that around 56 per cent of Indonesian children live in households with per capita consumption of less than US\$2 per day. Poor children were more likely to be found in urban areas, within female-headed and/or households with a lower level of education of the household's head. Poverty rates were higher in eastern Indonesia.

Indonesia is one of the most natural disaster prone countries in the world and has the 12th highest mortality risk from disasters [\[1\]](#). The National Disaster Management Agency (BNPB) recorded 1,387 disasters in 2013, affecting 3.5 million people.

Adolescents and young people make up more than 25 per cent of the total population in Indonesia. Early marriage is prevalent, with the 2010 *Riskesdas* (basic health research) reporting that 11.7 per cent of 15-19 year old females were married, and of those 15.8 per cent were pregnant at the time of the survey, whereas almost half (46 per cent) had given birth in the past five years.

While several Millennium Development Goal (MDG) targets have been achieved, including those related to literacy and tuberculosis, Indonesia is lagging behind on other child-related MDG targets, including those on poverty reduction (MDG 1), maternal mortality (MDG 5), comprehensive knowledge on HIV/AIDS (MDG 6), malaria (MDG 6), and access to safe drinking water and proper sanitation (MDG 7) [\[2\]](#).

Despite the prioritisation of providing access to education and the impressive gains made over the last decade, the quality of education has lagged and one of the bottlenecks identified is the low-level of qualification of many teachers: of the 3.3 million teachers, only 37 per cent have a four-year degree, which is to be the national standard by 2015.

Indonesia has made considerable progress in improving the health of its population over the last 20 years. However, geographic disparities in under-five mortality are striking [\[3\]](#), and remain over 70/1000 in six eastern provinces of West Nusa Tenggara, Central Sulawesi, Gorontalo, North Maluku, Papua and West Papua, exceeding the under-five mortality of the total poorest quintiles of Indonesia. Whilst the mortality rates in Java are generally lower, because of its high population these nonetheless translate into large numbers of deaths of women and children, an important consideration in targeting efforts.

The majority of childhood deaths (48 per cent) occur in the neonatal period. Addressing neonatal deaths is complex and requires quality around the clock services within easy access, but up to 58 per cent of districts in eastern Indonesia are lacking capacity to

manage obstetric and neonatal complications.

Apart from neonatal deaths the major causes of infant and child deaths are diarrhoea, measles, pneumonia, and injuries. Diarrhoea is still the main cause of death of children under five in Indonesia, claiming at least 30,000 lives every year. Despite a national policy environment that overwhelmingly favours facility-based treatment by physicians, 25 per cent of the population cannot access standard health service facilities.

The role of poor sanitation and hygiene practices and unsafe water in diarrhoea-related childhood death, illness or malnutrition is likely very high. The country is not on track to achieve the MDG sanitation target. Indonesia has 58 million people who practise open defecation, the second highest in the world (after India) [4].

Less than half the population (42.8 per cent) [5] has sustainable access to an improved water source, well below the 2015 target of 68.9 per cent. An additional 56.8 million people [6] would need to be reached in order to achieve the MDG safe water goal.

Recent maternal mortality estimates from the 2012 Indonesia Demographic and Health Survey (IDHS) of 359 deaths per 100,000 live births translates to approximately 10,000 women dying each year. Although there is a lack of precision around these estimates, they do point to insufficient progress and a likelihood that the MDG 5 target will be missed. Women in Indonesia face a lifetime risk of maternal death of 1 in 210, compared to 1/870 in Vietnam and 1/1400 in Thailand. The rates of maternal death are higher in the poorest provinces and among the poorest women and children.

The 2013 *Riskesmas* and 2012 IDHS show mixed progress for nutrition. The prevalence of stunting remains high at 37 percent, indicating no progress in the last six years, whereas exclusive breastfeeding in infants aged less than six months increased from 32 to 42 per cent and the coverage of adequately iodized salt increased from 62 to 77 per cent during the same period.

The HIV epidemic in Indonesia is still considered a concentrated epidemic, with high HIV prevalence among key populations at higher risk. However, the HIV epidemic in the provinces of Papua and West Papua is characterised as a generalised epidemic. Young people aged 15-24 years account for around 30 per cent of the key populations at higher risk [7]. Whilst young key-affected populations (YKAPs) have a relatively high HIV prevalence rate, services that directly reach them are very limited.

Following the signing of the revised Law on Juvenile Justice in 2012, the Government has been adapting related regulations to prepare for its entry into force in mid-2014. The Law uses principles of restorative justice for cases involving juveniles, including rehabilitation, and increases the minimum age of trial from eight to 12 years old.

Birth registration remains low in Indonesia, with an estimated 59 per cent of under-five children [8] being registered in 2011. Data on child protection in Indonesia remains limited. In response the Government committed US\$1.3 million to fund the country's first national study of violence against children, which was conducted in mid-2013.

[1] World Bank (2005)

[2] Bappenas 2012

[3] *ibid*

[4] WASH JMP 2013

- [5] Susenas 2010
- [6] ibid
- [7] NAC-UNICEF 2011
- [8] Susenas, 2011

Country Programme Analytical Overview

In 2013, UNICEF Indonesia reinforced its “upstream” programming focus by supporting evidence-based policy formulation and systems development, prioritizing areas where achievement of MDGs and other national goals are lagging.

UNICEF worked with partners to produce reports and studies, including a district-level Child Deprivation Index, Child Poverty Study, Teacher Absenteeism Study, review of out-of-school children and Multiple Indicator Cluster Surveys (MICS) for Papua and West Papua. These efforts contributed towards understanding the barriers and bottlenecks to achieving equitable coverage of quality child-centred social services.

In the area of child survival and development (CSD), the stagnation in progress of key indicators such as maternal and child mortality and stunting are being closely examined and monitored. Accountability and political commitment remain bottlenecks in the implementation of quality programmes. Access to services continues to be a challenge in eastern Indonesia and support is provided for interventions like community based treatment of childhood illnesses. In addition, demand side bottlenecks related to poor feeding and care practices compromise women and children’s nutrition status. Quality is recognized as a major bottleneck demonstrated by lack of reduction of maternal deaths despite increasing coverage of skilled birth attendance.

In the area of child protection (CP), children in rural areas and from the lowest income quintile remain vulnerable. UNICEF efforts focus on strengthening CP systems, including improving legal frameworks and policies, clarifying mandates and improving capacities of relevant agencies and access to services.

In 2014, UNICEF will focus on the development of the national strategy and action plan to address violence against children, including emphasis on social and behavioural change. Efforts will continue towards strengthening social welfare/social work reform including a comprehensive social protection system, use of indicators on child protection governance, and strengthening the birth registration system.

The MTR confirmed that the Education and Adolescent Development (EAD) programme remains relevant and effective in addressing bottlenecks to realising the right to education for the most disadvantaged children. Further strengthening of the multi-sectoral coordination in holistic integrative early childhood development (HI-ECD) and increased advocacy on addressing the barriers related to the enrolment in primary school and transition from primary to lower secondary schools was recommended.

UNICEF continued to promote behaviour and social change in order to address demand-side bottlenecks through the development of appropriate communication for development (C4D) strategies (e.g., to promote WASH and immunization), capacity building of partners and studies on social norms. Strategic partnerships were developed with Government and private sector to pilot innovative approaches, such as use of mobile technology for knowledge transfers.

Continued partnerships with research institutes and non-government organizations (NGOs) such as SMERU and BaKTI have strengthened UNICEF's role as a knowledge broker on child rights issues. UNICEF is establishing an Innovations Lab, to provide a digital platform for young people to share their ideas on social development challenges.

UNICEF continued to engage with existing social protection mechanisms for the welfare of women and children, such as the pilot of conditional cash transfer programmes towards reduction of stunting and developing models for enhancing linkages between UNICEF's social protection and child protection efforts.

Humanitarian Assistance

Indonesia is one of the most natural disaster prone countries in the world [\[1\]](#) and has the 12th highest mortality risk from disasters [\[2\]](#). UNICEF continued to ensure adequate preparedness to support emergency coordination and response. In 2013, UNICEF supported coordination among nutrition and WASH partners in response to national disasters including floods in Jakarta and an earthquake in Aceh province.

Members of the Ministry of Social Affairs (MOSA) Child Protection in Emergencies (CPiE) Rapid Response Team, established with UNICEF support, participated in these responses through advocacy, coordination, and the establishment of mechanisms for child protection.

In the two emergencies emergencies, there were attempts to use breastmilk substitutes (BMS), indicating the need to strengthen awareness among humanitarian actors on the dangers of BMS use. UNICEF acted to prevent uncontrolled donations and use of BMS by alerting the Ministry of Health (MOH), advocating with provincial and district Health Offices, informing donors on the dangers of BMS use in emergencies and mobilizing NGOs to monitor actions on the ground.

Following the Jakarta floods of early 2013, UNICEF facilitated the training of 200 Government staff and humanitarian actors in Jakarta province and five municipalities and equipped them with skills to provide complementary food for children through public kitchens.

[\[1\]](#) World Bank (2011) Disaster Risk Management Programs for Priority Countries.

[\[2\]](#) World Bank (2005) Natural Disaster Hotspots, A Global Risk Analysis

Effective Advocacy

Partially met benchmarks

In order to strengthen evidence-based advocacy for disadvantaged children, UNICEF developed a number of communication products to illustrate the impact of income, gender and location disparities on the opportunities for children to develop their full potential. These include knowledge products such as "The Indonesia Story" which describes how UNICEF contributes to achieving results for children in all programme areas through its upstream work. The products were shared at national and sub-national level with key Government and development partners as a business case for dedicated investment in policy reform.

In October 2013, the grand launch of the 1000 Days of Life Movement (1000 HPK) by the

President of Indonesia marked the official start of the Scaling Up Nutrition Movement (SUN) in Indonesia. This high-level endorsement came at a critical juncture, as the movement has been struggling to harness the commitment of all key sectors. UNICEF supported the development of advocacy material to explain the urgent need to address the country's very high burden of stunting and the purpose of 1000 HPK in mobilizing key stakeholders to act.

In its efforts to support stronger outreach to the most disadvantaged children, UNICEF together with the Ministry of National Development Planning (Bappenas) and the research agency SMERU, organized the first- ever International Conference on Child Poverty and Social Protection, in Jakarta. More than 100 participants from Governments, research institutes, NGOs, UN agencies and UNICEF discussed the contribution of social protection towards reducing child poverty and inequities. The recommendations will serve as inputs to the 2015–2019 National Medium-Term Development Plan (RPJMN). UNICEF also continued its collaboration with the Vice President's Poverty Reduction Unit to ensure that existing social protection mechanisms are effective in combatting child poverty, inequity and social exclusion.

The launch of the Children's Rights and Business Principles (CRBP), in collaboration with Save the Children and the Indonesian Global Compact Network as well as the Ministry of Women's Empowerment and Child Protection (KPPA) marked a shift in UNICEF's engagement with the corporate sector beyond resource mobilization towards influencing business practices in line with children's rights.

UNICEF also continued positioning children's issues with a focus on equity in the public domain using a mix of traditional and new media channels. Key achievements included the implementation of a digital communication strategy for social media platforms (Facebook, Twitter, and YouTube) that enabled UNICEF to engage effectively with the general public and more specifically with youth. This resulted in a more widespread online presence and a high level response rate by followers of 8 per cent to UNICEF's postings.

The launch of the State of the World's Children report on children with disabilities resulted in UNICEF's involvement in the development of a new National Action Plan for Persons with Disabilities (2014–2019). The campaign #ENDviolence against Children was launched together with key Government partners. It provides a basis for stronger collaboration on prevention and response programmes, while also engaging the "netizens" of Indonesia to become a part of the solution through a social media campaign.

Capacity Development

Mostly met benchmarks

Capacity building continued to be a major focus of UNICEF's work in Indonesia, especially at sub-national level. Following decentralization, autonomy in decision-making shifted to provincial and district level and in many instances government staff at these levels have limited technical and programme management capacities. UNICEF's presence at sub-national level is an area of comparative advantage among UN agencies and development partners and enables day-to-day interaction with government counterparts.

UNICEF supported capacity building for evidence-based planning and budgeting in a number of sectoral areas. This included the integration of the *Situation Analysis of Women and Children* or ASIA into the government's multi-stakeholder consultation forum

for development planning or *musrenbang* system. In Polman district of West Sulawesi province, the ASIA resulted in a child-focused district development workplan (or RKPD). Another example is the Child-Friendly City/District (CFC/D) initiative, which provides a framework for improved policy coordination at sub-national level. In addition, UNICEF's support in conducting the Multi-Indicator Cluster Survey (MICS) in Papua and West Papua was designed as a capacity building exercise for Central Bureau of Statistics (BPS) and the local governments alike.

In the area of child protection, UNICEF, in collaboration with the Ministry of Law and Human Rights, supported the drafting and testing of an integrated training manual for key pillars of the juvenile justice system in preparation for the enforcement of the new Juvenile Criminal Justice System Law, which will take effect in 2014. More than 20,000 cadets and officers working in Women and Children Units were trained.

Some 30 lecturers from the Bandung School of Social Work and member-universities of the Indonesian Association of Social Work Education were trained as trainers in child protection and child care by Griffith University (Australia) as part of the action plan to strengthen pre-service training on child protection and social welfare. A teachers training manual on positive, non-violent discipline was developed in Papua, and a TOT for facilitators was conducted to prepare for the roll-out of the training in 2014.

In the area of EAD, capacity building efforts included institutional strengthening for expansion of ECD services, improvement of learning achievement in primary schools and disaster risk reduction and emergency response preparedness. UNICEF also supported the development of the Community Based Development Information System to institutionalize the issue of out of school children into the Village Planning and action process.

In Child Survival and Development (CSD), UNICEF supported evidence-based planning and budgeting at district level in Papua. The approach involved the establishment and capacity building of a provincial team. The initiative started in three districts of Papua, was replicated in four additional districts in 2013, and three more will be added in 2014. District-level data are used to identify bottlenecks in the implementation of critical interventions and inequities in the distribution of services. UNICEF is working with Bappenas to plan the replication of evidence-based planning nationwide through integration into existing planning and monitoring mechanisms.

Communication for Development

Partially met benchmarks

The evidence base on key behaviours, attitudes and social norms was strengthened through several studies, including those on the causes of stunting and on school drop-out. All of the studies used both qualitative and quantitative methods and resulted in improved understanding of socio-cultural factors. For example, in addition to economic factors, the value placed on education by the communities is key to school drop-out, while many myths and misconceptions about nutrition result in stunting. Findings will be used to develop evidence-informed communication strategies, as was done in 2013 for reducing immunization drop-out, and reduction of stunting through the pilot of a Government conditional cash transfer programme - PKH Prestasi.

The communication strategy to improve routine immunisation was completed with full buy-in from MOH's Expanded Programme on Immunization (EPI) directorate and Centre

for Health Promotion. UNICEF continued to support the Government by providing technical assistance in developing key communication materials on EPI for the strategy implementation. Advocacy with Government counterparts is ongoing to repeat this in 2014 for reducing school drop-out. Preparatory work was completed for a study on knowledge, attitudes and practices (KAP) on open defecation and hand washing in eastern Indonesia. This study will form the evidence base for a communication strategy to reach the country's goals of achieving Open Defecation Free (ODF) status and improving key hygiene practices. Strategic partnerships were developed with Government and private sector partners to pilot the use of innovative mobile technology to strengthen the capacity of midwives. UNICEF and MOH undertook a joint review to provide an evidence base to make the Government's Clean and Healthy Lifestyle Programme (PHBS) more focused and strategic and for inclusion in its next five-year RPJMN. The recommendations included making fewer, simpler indicators that focus on results attributable to the programme.

Service Delivery

Mostly met benchmarks

UNICEF's role in service delivery in Indonesia is limited. Given the resources and technical capacity available in the country, UNICEF's comparative advantage lies in providing high level technical assistance in terms of upstream policy advice and advocacy. UNICEF's role has been to support innovative models or approaches to ensure that national policies – such as immunization, compulsory basic education, and birth registration – are translated to high coverage and quality of services at the sub-national level. The aim is to use these models to generate evidence and provide a basis for wider replication of successful approaches at an appropriate scale in this large country.

An example is UNICEF's ongoing support for the nutrition-focused Conditional Cash Transfer (CCT) pilot called *Program Keluarga Harapan* (PKH) Prestasi. The Government has implemented the flagship PKH CCT programme 2007 which has succeeded in improving the uptake of health and nutrition services by poor households, however, has had limited impact on their health and nutrition status. Hence, PKH Prestasi was developed to improve the quality of services provided to CCT beneficiary households in order to result in greater impact on improving the nutrition of pregnant women and young children.

Another example is the community-based Integrated Management of Childhood Illnesses (c-IMCI) approach supported by UNICEF in remote districts, to increase access to treatment of three common childhood killers—diarrhoea, pneumonia and malaria. The remoteness of these districts and many others like them in eastern Indonesia makes it difficult to attract and retain health care providers. Through partnerships with World Vision, ChildFund and Mercy Corps, UNICEF successfully coordinated the delivery of a package of child survival interventions, namely, breastfeeding support, diarrhoea and pneumonia case management and diagnosis of malaria through community health workers or '*kaders*'. Prior to this programme, only doctors were permitted to provide treatment for diarrhoea, pneumonia and malaria, particularly in the use of antibiotics. The success of this approach resulted in the adoption of a national regulation on c-IMCI that shifted policy to enable trained *kaders* to provide these much needed services in areas where there are no doctors.

In response to the low availability of ECD services, UNICEF, in cost-sharing partnerships with communities and local government, provided financial and technical support to

establish ECD centres in selected districts. More than 6,000 children are benefitting from these ECD services in Aceh, Central Java, East Java, West Sulawesi, South Sulawesi, and East Nusa Tenggara (NTT) provinces. In addition, UNICEF's technical support was catalytic in expanding such services to around 300,000 children in West Nusa Tenggara (NTB), East Java and Central Java provinces.

Although UNICEF's support to child protection does not directly focus on service delivery, efforts on capacity building and in addressing other bottlenecks have contributed to improving the quality of and access to services related to child protection. For example, capacity building for social workers aimed to improve the delivery of social welfare services to vulnerable children and their families.

Strategic Partnerships

Partially met benchmarks

In 2013, UNICEF further broadened its engagement with a variety of partners, including private sector, media, academia and faith-based organizations to further enhance the realization of children's rights in Indonesia.

A four-way strategic partnership was developed with Government and two private sector companies – Nokia and XL Axiata, the third largest mobile service provider in Indonesia – to implement a pilot of an SMS-based application to improve midwives' knowledge and counselling skills.

Following the launch of the Children's Rights and Business Principles initiative, UNICEF engaged with the Indonesia Association of Child Friendly Companies to promote the CRBP in Indonesia. As part of the roll out of the Principles, UNICEF built a partnership with Bank Central Asia to promote exclusive breastfeeding in the workplace.

UNICEF also continued to collaborate with KPPPA to strengthen the Government's Child-Friendly City/District initiative, supporting the establishment of child friendly networks in two additional districts. In 2014, UNICEF will conduct an assessment on the initiative to document lessons learnt.

In partnership with the Berkman Center for Internet and Society at Harvard University and the Ministry of Communication and Information Technology, UNICEF conducted a study on internet use by children and young people. The study is a component of the global Digital Citizenship and Safety Project to raise awareness around the optimal and safe use of information technologies by children.

Significant progress was made in forging partnerships to promote child-centred social protection and poverty reduction. These include collaboration with the National Team for Accelerating Poverty Reduction (TNP2K) in the Office of the Vice President, involving major development partners as well as academia and research institutes including SMERU.

UNICEF supported the design and implementation by the Government of a pilot aiming to enhance the impact on childhood stunting of the Government's CCT programme called *Program Keluarga Harapan* (PKH). This pilot, PKH *Prestasi*, focuses on improving the supply of health and nutrition services.

UNICEF formalized a partnership with Nahdlatul Ulama (NU), the largest Muslim organisation in Indonesia (with an estimated 30 million members) for advocacy and communication on health and nutrition through religious leaders. NU has a considerable network of leaders at the community level who can become agents of change to facilitate behaviour change and improvements in the nutrition of pregnant women and young children.

UNICEF initiated and guided efforts to strengthen the partnership on nutrition among sister UN agencies, including the World Food Programme (WFP), Food and Agriculture Organization (FAO) and the World Health Organization (WHO). The work undertaken in 2013 will help strengthen the effectiveness of the UN's support to the Scaling Up Nutrition Movement (SUN) in Indonesia.

UNICEF engaged closely with the United States Government Millennium Challenge Corporation in Indonesia, which is supporting a stunting reduction programme in 64 districts in 11 provinces.

The MTR found that the Country Programme would benefit from the development of an overall Partnership Strategy, which will be undertaken in 2014.

Knowledge Management

Partially met benchmarks

Linked to the Office's overall advocacy priorities, Knowledge Management (KM) supports the establishment of knowledge partnerships, generation of research, and knowledge dissemination in support of evidence-based advocacy.

At the national level, the UNICEF-supported programmes identified KM priorities relevant for their advocacy and capacity building initiatives, and for documentation and lessons learnt for scale-up and sharing. Guidelines and implementation strategies were developed to support key KM initiatives undertaken during 2013. Knowledge products such as documentation guides and clarification of key data used externally for advocacy purposes resulted in greater consistency in the use of data. To support advocacy and capacity building of partners and generate knowledge on the situation of child rights at sub-national levels, KM strategies for the UNICEF field offices were operationalized based on field office context and needs. For example, documentation of the ECD initiative in Aceh to support sub-national plans to scale-up ECD; generation of knowledge materials to support advocacy on youth and adolescent participation in Papua; and working with a strategic knowledge partner in Sulawesi to advocate for child rights with media, women's parliamentary caucuses and researchers.

Key policy advocacy priorities were determined at the onset, and to support these, UNICEF Indonesia produced a series of Issue Briefs and Summary Notes including those on the decentralization process in Indonesia; the need for youth policy in Papua; and the review of household surveys, among others. These knowledge products were used extensively with the media, sub-national partners, and CSOs working on social development and children's issues, which had not previously had access to evidence on issues like equity, child poverty and the challenges impeding progress on MDGs.

To support knowledge generation among the public, information on the situation of

children and equity in Indonesia was produced through infographics and “Frequently Answered Questions” and disseminated to partners, youth groups, media, research NGOs, etc. Increased interest, feedback and requests from youth groups, media, and universities confirmed the utility of such dissemination. For capacity building of sub-national partners, technical manuals were developed on scaling up WASH in Schools, and mainstreaming Sports for Development in Education.

Partnerships in support of knowledge generation were strengthened in 2013, through providing technical training on KM and on research methods on child rights to Indonesian researchers through SMERU, a key national research NGO, and JiKTI, the network for researchers in eastern Indonesia respectively. UNICEF together with the Ministry of National Development Planning (BAPPENAS) and the research agency SMERU, organized the first- ever International Conference on Child Poverty and Social Protection in Indonesia. UNICEF will build on the recommendations and advocate for increased social protection coverage to address child poverty. Through an existing partnership with BaKTI – eastern Indonesia’s largest and most reputable documentation and research NGO – knowledge dissemination on key issues affecting child rights in eastern Indonesia (which has the highest child poverty rates) was conducted with the region’s women’s parliamentary caucuses which led to increased demand for technical support to district authorities in their programme planning efforts, specifically for child protection and youth participation.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

To promote a human rights-based approach (HRBA) in programmes, evidence-based advocacy has been used systematically as an approach to ensure that knowledge on the situation of children highlights the disparities and inequities that affect children’s lives, including geographical and wealth differences, gender, and other factors such as disabilities. UNICEF supported the Ministry of Home Affairs to develop national guidelines for integrating the Situation Analysis for Women and Children (ASIA) – which incorporates bottleneck and child budget analysis – into the government’s system of multi-stakeholder consultation for development planning. The provincial governments of Central and East Java have used ASIA and the human rights-based approach to programming to develop five-year action plans for the implementation of the Child Friendly City/District initiative.

Likewise, programmes for strengthening the capacities of duty bearers for the provision of quality services emphasised remote areas such as Papua, Maluku and NTT – including reaching indigenous people in Papua. Advocacy efforts resulted in the promotion of restorative justice and diversion mechanisms for children in conflict with the law and the shifting of the programme paradigm towards family-based care for children in institutions.

UNICEF further partnered with institutions such as SMERU and BaKTI to secure higher visibility on research related to child rights and disparities in Indonesia. Also in partnership with SMERU, UNICEF organized the first ever International Conference on Child Poverty and Social Protection. UNICEF will continue its collaboration with the Vice President’s Poverty Reduction Unit and work with Bappenas to ensure that Indonesia advances child-sensitive social protection as an effective means of combatting child poverty, inequity and social exclusion.

Also at the national level, UNICEF advocated with the Government to ensure that the

Convention on the Rights of the Child (CRC) is taken as the fundamental framework in the drafting of the National Medium-Term Development Plan for 2015–2019, thus putting children at the centre of the development agenda.

Through the UN Human Rights Working Group in Indonesia, UNICEF was actively involved in providing inputs to country reports to the UN Human Rights Committee in responding to Indonesia's first report on the International Covenant on Civil and Political Rights and on the first report on the International Covenant on Social, Economic and Cultural Rights. In preparation for the deliberation of Indonesia's 3rd and 4th periodic reports on the Convention on the Rights of the Child in 2014, UNICEF further contributed to a response to previous Concluding Observations by the Committee on the Rights of the Child.

Gender Equality

Partially met benchmarks

An in-house gender review for the MTR confirmed that there was not sufficient articulation of the gender equity focus in various programmes. However, considerable gender-related work had been undertaken in the first half of the country programme to promote gender-sensitive policies and programmes. In particular, UNICEF Indonesia had mainstreamed gender equality in various analyses and information related to the status of boys and girls, and men and women, crucial to build evidence-based programmes and policies, and in changing social norms. A set of revised issue briefs – on maternal and child health and nutrition, water and sanitation, child protection, and early childhood education – which highlight the disparities faced by children in achieving the basic right to access these services, including gender disparities, were utilized for policy and programme advocacy and the strengthening of existing social protection initiatives.

The MTR revealed a need to look beyond gender parity in school enrolment. It also identified child marriage as one of the main bottlenecks for the achievement of MDG 3 targets for gender parity in tertiary education and on adolescents' empowerment. Men are deliberately targeted in counselling efforts towards optimum infant and young child feeding practices to address malnutrition, as well as to improve mothers' access to obstetric care services, and in initiatives on prevention of violence against children. Gender sensitivity was reflected in C4D activities for behaviour change strategies as well as in capacity building on social welfare and juvenile justice. The prevalence study on violence against children includes consideration on how violence impacts boys and girls.

Finally, the in-house MTR gender review proposed a formal gender evaluation of the country programme in 2014.

Environmental Sustainability

Partially met benchmarks

In any disaster, children are most at risk and every year, Indonesia experiences large and medium-scale disasters triggered by recurring natural hazards and environmental degradation, often due to climate change. Indonesia is the world's third largest greenhouse gas emitter, with 80 per cent of its carbon footprint attributed to the degradation of peat land and the logging of forests. The Government has shown strong commitment to reduce its carbon consumption by 26 per cent on its own and by a total of 41 per cent with support from the international community. The Government has also developed a National Action Plan on Climate Change Adaptation and Greenhouse Gas

Emission, which is mainstreamed into national development planning and budgeting.

In 2013, the UNICEF Office completed a Child-Centred Risk Analysis focusing on children's vulnerability in terms of risk of disasters from natural hazards (i.e. earthquakes, floods, landslides, drought, tsunamis, volcanic eruptions, etc.). This analysis guided the Office to focus on geography, rights holders, proper timing, and good approaches and outreach especially in hard-to-reach communities. Following the MTR, Disaster Risk Reduction/Climate Change Adaptation (DRR/CCA) has gained increased emphasis in the second half of the current Country Programme. Based on the child-centred risk assessment, the UNICEF programme clusters are expected to adjust their workplans in order to make them risk-informed and climate-sensitive.

The Country Programme has made good progress in generating evidence related to DRR and CCA for planning and advocacy. In addition, UNICEF supported the National Disaster Management Agency directly through providing technical assistance for a number of initiatives, including Table Top Exercises on Mentawai Megathrust, Incident Command System and Contingency Planning. UNICEF initiated discussions with the National Council for Climate Change and the National Disaster Management Agency on integration of DRR and CCA in selected provinces.

South-South and Triangular Cooperation

In the first three years of the Country Programme, UNICEF has facilitated several high level Government visits to other countries to share Indonesia's experiences in key policymaking processes. In 2013, the Coordinator of the National Team for the Acceleration of Poverty Reduction at the Office of the Vice-President presented the country's Fuel Subsidy Reform at an international conference on Social Protection in Amman. Indonesia's experience provided lessons learnt and ideas on how other countries could remove fuel subsidies and replace them by funding major social protection measures for the poor. The proposed reform has been adopted in Indonesia, and the savings are being used for a temporary unconditional cash transfer programme.

In another initiative on South-South Cooperation for Child Rights, UNICEF facilitated the participation of Indonesia's Deputy Minister of Human Resources and Culture and the Deputy Minister of Women's Empowerment and Child Welfare at the 2nd High-Level Meeting on South-South Cooperation held in New Delhi in October 2013. The meeting involved around 150 participants from more than 30 South-East Asian countries, UNICEF, and selected regional institutions to discuss the progress, experience and challenges faced by nearly 1.2 billion children in the region, with a particular focus on issues of Early Childhood Development, Adolescents and Urbanization. Indonesia issued a Presidential Decree on Early Childhood Development and will be moving forward with policies and programmes that support the care and education of all children (including children with special needs and orphaned children) and making specific investments in the early years of children's lives.

UNICEF organized capacity building initiatives for a senior official in the National Economic Research Institute (NERI) and UNICEF social policy staff from Lao PDR on decentralized planning and budgeting and strengthening data analysis. In Lao PDR, UNICEF is working closely with the NERI, which is mandated for policy research under the Ministry of Planning. During the capacity building exercise, the NERI-UNICEF team met with officials in Bappenas to learn how the Government of Indonesia undertakes development planning

at national and sub-national levels. UNICEF also provided an in-house briefing on various tools that were developed jointly with the government to support district-level analysis on the situation of women and children, evidence-based planning and budgeting, and child budgeting. It is expected that the NERI-UNICEF team will use the knowledge gained during their visit to develop similar tools adapted to their national context and identify solutions for strengthening evidence-based planning and budgeting in Lao PDR.

UNICEF Indonesia is an active member of the Asia Pacific Malaria Elimination Network (APMEN), which shares good practices in malaria control and elimination with other countries in the region. In 2013, UNICEF hosted a visit of six national malaria control programme managers from the Asia-Pacific region to its model district in Sabang, which eliminated malaria transmission. Lessons learned from Sabang were presented and extensively discussed at the annual APMEN meeting held in April 2013 in Indonesia.

Narrative Analysis by Programme Component Results and Intermediate Results Indonesia - 2070

PC 1 - Policy advocacy and partnerships for children

 On-track

PCR 2070/A0/04/001 PCR 1.1: By 2015, child disparity across all sectors will be reduced through evidence-based planning, policy and resource allocation at national level and in 5 focus provinces.

Progress:

Disparities and inequity persist in Indonesia with regard to the fulfilment of child rights. Evidence shows that children in eastern regions of Indonesia are proportionately at a disadvantage when compared to children in western regions. However, the concentration of population means that highest numbers of vulnerable children is to be found in western regions. Fulfilling the rights of both groups of vulnerable children requires different mix of policies and strategies. UNICEF programme is addressing enabling environment (policy, budgets and institutional mechanisms) bottlenecks affecting evidence-based planning, policy making and resource allocation for children. On evidence-based planning, Government and development partners have been provided with analysis and evidence of these disparities for influencing policy making and resource allocation to reduce child poverty and disparities, including updated issue briefs, secondary data analysis and reports of studies and evaluations of UNICEF-supported programmes and projects. UNICEF together with Government and SMERU (a think tank) also supported an international conference on Child Poverty and Social Protection. More than 100 participants presented key research from Indonesia and other countries on multidimensional child poverty and discussed how to leverage social protection systems to better impact on children's vulnerabilities. Government will use the recommendations from the Conference as inputs for developing the National Mid-Term Development Plan 2015-2019.

In order to improve use and demand evidence in local planning, UNICEF advocated and provided technical support to district and provincial level equity-focused situation analysis resulting in its integration into local development planning process (Musrenbang) in selected districts and provincial guidelines finalized. In addition, UNICEF's continued advocacy for modernizing and making child-friendly the main household surveys of Indonesia helped get under way a process led by Statistics Indonesia to update the annual household socio-economic survey (Susenas). UNICEF provided technical support to high level meetings bringing together key stakeholders to discuss scope.

UNICEF together with Government advanced the implementation of PKH Prestasi – a pilot programme integrating nutrition components in a Conditional Cash Transfer programme. The pilot is designed to strengthen capacities of health and non-health staff to deliver quality social services, to bring about behaviour change for addressing under nutrition and to increase the coverage of health and nutrition services for pregnant mothers and under-two children. If successful the pilot will inform poverty reduction and nutrition policies.

On resource allocations, a framework for implementing an engagement strategy for mainstreaming child budgeting into Government budget processes was finalized with UNICEF support.

 On-track

IR 2070/A0/04/001/001 IR: 1.1.1 By 2015, key policy makers and programme planners have access to updated data and knowledge on the situation of children and women.

Progress:

Government and development partners were provided with data and evidence on the situation of children and women highlighting existing disparities. The Papua and West Papua Multiple Indicator Cluster Survey (MICS) reports which provided the most comprehensive data for the selected six survey districts were disseminated widely. In addition, Government and development partners were provided with sectoral and thematic advocacy briefs resulting from further analysis of the MICS data which showed the level of disparities existing within and between the survey districts.

Policy makers at sub-national level were provided with the results of district and provincial situation analysis for uptake in the development of provincial and district development and action plans. Also, the national guideline for conducting the situation analysis/ ASIA for province/districts government that include the guideline for integrating it into the local level planning process were finalized with UNICEF technical and financial support. UNICEF also advocated with the Ministry of Home Affairs on the dissemination of the guidelines nationally using Government budget, and this will be followed up in 2014.

In addition, UNICEF's continued advocacy for modernizing and making child friendly the main national household surveys of Indonesia helped get under way a process led by Statistics Indonesia to update the annual Susenas. UNICEF's provided technical support and financial contribution towards high level meetings bringing together key stakeholders to discuss the scope of the updating process.

 On-track

IR 2070/A0/04/001/002 IR 1.1.2 By 2014 key policy makers and programme planners have access to evidence-based knowledge to influence design and implementation of child centred social protection.

Progress:

The main interventions in this result area included a nutrition-focused conditional cash transfer (CCT) pilot called PKH Prestasi and advocacy to Government. Under the pilot in 2013, the capacity of health and non-health workers was strengthened to implement the PKH Prestasi. About 43,500 pregnant women and 35,600 under-two children in pilot districts received micronutrient supplementation. Although the pilot has not yet been implemented fully, the Ministry of Social Affairs is already adopting the training of PKH community facilitators on health/nutrition and on child protection, in the national PKH programme. Moreover, local government in the pilot district of Brebes contributed their own government funds for 30 percent of the procurement of micronutrient sprinkles. The pilot was also acknowledged in the official launch of the national Scaling Up Nutrition movement in October. UNICEF facilitated these positive changes through brokering close partnerships between government ministries and bridging the evidence and experiences from subnational and to national Government. In addition, UNICEF formalized a partnership with Nadhlatul Ulama, the largest Muslim-based organization in Indonesia for spreading health and nutrition messages through religious leaders.

The primary challenge experienced in implementing the PKH Prestasi pilot was the delay and shortage of funding, which prevented full scale implementation. Efforts are underway to attain required funding for the next three years. A monitoring and evaluation framework was developed to ensure adequate evidence to inform the national policies concerning PKH; the monitoring tools are still being developed.

Internally, UNICEF strengthened cross-sectoral collaboration on social protection with the formation of a Social Protection Task Force. The mapping of social protection in Papua and Aceh provinces was completed. UNICEF facilitated South-South exchanges on fuel subsidy reform (Indonesia to Middle East and Northern Africa) and on development planning, budgeting and analysis (Lao PDR to Indonesia).

 On-track

IR 2070/A0/04/001/003 IR : 1.1.3 By December 2015, governments in 7 child friendly districts/cities (in Central and East Java) plus one City in NTB have strengthened policy and planning capacity to assess the situation of children, analyse related issues on survival, development, protection and participation of children and are willing to allocate sufficient funds to ensure that all children's rights are fulfilled and the East and CJ provincial governments replicate this process in at least five other selected districts/cities.

Progress:

Several pro child policies were issued during the year including:

- (a) A local law (*perda*) on Child Protection was issued in Central Java Province, Surakarta City, Klaten and Situbondo District. While in East Java Province, the Local Law is being reviewed by the parliament and is expected to be approved. A local law on education development was issued in Central Java Province, and one on exclusive breastfeeding in Klaten.
- (b) Three Governor/Mayor/Bupati decrees issued in eight selected districts on a wide range of issues related to children (CFC/D task force, child trafficking, centres for integrated services for victims of child abuse and violence, food and nutrition and domestic violence).
- (c) Central and East Java as well as NTB Provinces established a Child-friendly City/District task force and a province facilitator team which is supported by the Governor decree.
- (d) The Provinces also significantly increased their budget allocations to support the implementation of the CFC/D. Central Java and East Java Province produced a CFC/D Action Plan for five years (2013-2018) using a comprehensive and analytical human rights-based approach to programming and ASIA, while NTB Province is in process.
- (e) A Child Forum was established in all eight selected districts and in 99 Child Forum at the village levels. The Forum is aimed to enable children to participate in the entire process of managing CFC/D from planning to monitoring and evaluating all programme activities affecting their rights. The guideline on Child Participation in CFC/D implementation was finalized, orientated and ready to be used.

To strengthen the capacity of Advocacy Forums in seven selected districts, training on facilitation skills continued. The Advocacy Forums ensure continued commitment of government and community to implement the CFC/D approach through the following key agreed roles; facilitator, advocator, mobilizer, innovator, mediator and controller.

 Constrained

IR 2070/A0/04/001/004 IR 1.1.4 By 2015, policy dialogue and capacity building institutionalised between key knowledge partners and decision makers on children's issues.

Progress:

Together with the Government and SMERU, UNICEF supported an international conference on Child Poverty and Social Protection. More than 100 participants presented key research from Indonesia and other countries on multidimensional child poverty and discussed how to leverage social protection systems to have better impact on protecting children's vulnerabilities. The conference facilitated dialogue and exchange of experiences between researchers, policymakers, practitioners from various institutions (Government, research institutions, civil society and development agencies). An issue brief and proceedings containing research highlights and outcome recommendations will be issued in the first quarter of 2014, which the Government will use as inputs for developing the National Mid-Term Development Plan 2015-2019.

Through the strategic partnership with SMERU and the establishment of JPAI, a research and evaluation network for child rights and policy, UNICEF was able to expand its networks for generation and dissemination of evidence on key child rights issues. The JPAI Network has been established since 2011. However, progress on planned results in 2013 was quite low, as the facilitation is solely dependent on SMERU at this time. For example, only one out of the four planned workshops was conducted in 2013 due to competing priorities. They were reprogrammed for 2014. One policy brief on the child poverty situation and analysis was issued while another three policy briefs/working papers are underway and will be completed in 2014. UNICEF and SMERU are exploring alternative platforms and means for the network to interact using social media, which will be tested in 2014. In 2014, UNICEF will also explore capacity building of and partnerships with other academic institutions.

 On-track

IR 2070/A0/04/001/005 IR Programme Support, Social Policy and Monitoring

Progress:

UNICEF provided human resource support through this 'Intermediate Result' with the funds utilized in this IR to mainly help the organization contribute to the achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

 On-track

PCR 2070/A0/04/002 PCR 1.2 By 2015, political will to increase prioritization of children and women's rights in policies, programmes and resources strengthened as a result of strategic partnerships and improved knowledge management.

Progress:

The evidence base for behaviour and social change was strengthened through studies on causes of school drop out between Primary and Secondary School. Communication strategies were developed to address immunization drop out and stunting, the latter through PKH Prestasi. A first round pilot to strengthen midwives' knowledge through SMS messages was concluded.

The Child Friendly City/District initiative was supported through the establishment of networks in Sikka and Pasuruan, resulting in additional funds for ECD in Sikka.

A baseline study confirmed limited knowledge on child rights among stakeholders, which served as evidence for targeted communication outreach via traditional media as well as UNICEF's newly established social media platforms.

Evidence-based knowledge transfer and related advocacy were further strengthened involving various partners. Lessons learned on successful programming (WASH in schools, Sports for Development etc.) were documented. Knowledge on the situation of children was shared with key stakeholders.

 On-track

IR 2070/A0/04/002/001 IR 1.2.1. By the end of 2015, at national and sub national level, government partners' capacities, systems and resource allocations are enhanced to develop and implement evidence-based behaviour and social change communication strategies, prioritising the most vulnerable and marginalised groups.

Progress:

The evidence base on behaviour and social change on key behaviours was strengthened through several studies, all of which included gender issues. A qualitative study of socio-cultural factors contributing to school drop out between elementary and junior secondary school was conducted. It showed that, in addition to economic factors several socio-cultural factors, such as the value placed on education, also play a significant role in children not completing junior secondary school. Advocacy with the Ministry of Education, to develop and implement a communication strategy based on this study, is ongoing. To improve the counselling of pregnant women by midwives, the innovative one year SMS-based "Infobidan" pilot amongst 200 midwives in two districts, was completed. An endline study was conducted, that showed that the knowledge of the midwives, and the pregnant women under their care, had increased significantly over the baseline conducted before the pilot period. The way forward towards up scaling the project is under discussion with Government counterparts and partners. Print and film documentation was completed.

A review of the Ministry of Health's Clean and Healthy Lifestyle Programme was undertaken jointly by the Ministry of Health and UNICEF. The recommendations will be incorporated into the next RPJMN and include reducing the number and simplifying the indicators measured by the programme and making them more communication focused. To reduce immunisation drop out, a communication strategy was developed and technical support to implement it provided to Government counterparts. To improve behaviours resulting in stunting through the Government's conditional cash transfer programme, PKH Prestasi being piloted in two districts, formative research was conducted, and a communication strategy and innovative materials developed. To change social norms and behaviours related to hygiene and sanitation, a literature review and preparatory work for conducting a KAP study were completed.

 On-track

IR 2070/A0/04/002/003 IR 1.2.2 By 2015, child-friendly networks to advance efforts in meeting defined child rights indicators with a strong focus on addressing disparities are established, adequately resourced and active in at least six focus provinces, with the systematic and inclusive participation of all children and young people.

Progress:

Following the establishment of child friendly networks in 8 districts in 2012, UNICEF assisted and provided technical support for the establishment of child friendly networks in Sikka and Pasuruan. UNICEF encouraged and promoted The Family Welfare Programme (PKK) - a women's empowerment programme initiative led by the Bupati's wife - to play a centre role in the network. Through the child friendly network, children in selected villages in Manokwari received free birth certificates as an initial step towards expanding birth registration across the district. Meanwhile in Sikka, the network managed to secure additional funds for the ECD programme in nine villages from the Village Allocation Fund/ADD. In Pasuruan, the child friendly network advocated for the child friendly school initiative, which led to the development of child friendly school modules for all schools in the district. At the national level, UNICEF continued to provide technical support and advice to the Ministry of Women's Empowerment and Child Protection in strengthening the Child Friendly City/District initiative through its integration into the local development process. A national CFC/D Task Force was established through a decree by the Minister of Women's Empowerment and Child Protection, which aims to improve inter-ministerial coordination. In early 2014, UNICEF will conduct an assessment on the CFC/D initiative and document good practices and lessons learned to give recommendations to the Government of Indonesia on how best to expand the coverage of the CFC/D initiative as a means to enhance the implementation of the CRC at sub-national level.

 Constrained

IR 2070/A0/04/002/006 IR 1.2.3 By 2015, funds from private donors in Indonesia are supporting 25 per cent of the GoI/UNICEF Country Programme requirements, and private sector entities are actively engaged in upholding child rights through their business planning and activities.

Progress:

With the generous contributions of 37,000 Indonesian donors from the private sector, US\$5.8 million was raised to support implementation of the GOI-UNICEF 2012 programmes. UNICEF's diversified fundraising initiatives designed to address donor retention issues are face-to-face programme, customer fundraising initiative in the retail industry, out-bound telemarketing, monetizing digital engagement, building foundation for Direct Response Television advertisement programmes, introduction of direct debit as a mode of payment, and reshaping

corporate fundraising.

Donor retention remains a challenge. UNICEF is updating donor information and data through the Corporate Social Responsible (CSR) Market Research, the results of which will contribute in building the necessary skills around CSR in Indonesia.

In partnership with the Government, results for children supported by private sector contributions in 2013 included: reduction of stunting in Sikka, Klaten, Jayawijaya and Belu; strengthening child participation and child-friendly communities in Central Java and East Java; expansion of integrated malaria control to South Sulawesi and West Sulawesi.

 On-track

IR 2070/A0/04/002/008 IR 1.2.4 By end 2015 knowledge and understanding of child and women related equity issues amongst key stakeholders are enhanced.

Progress:

A baseline study conducted by UNICEF showed limited knowledge and understanding of child rights and equity issues among key stakeholders. The study was used as a baseline to help identify main information gaps among key stakeholder groups and to develop targeted communication outreach to address them. A key component in reaching out to different stakeholder groups was the development and implementation of a digital communication strategy on the use of the Office's newly established social media platforms (Facebook, twitter, YouTube) through which UNICEF engages with the general public and more specifically, youth. The website and the blog site were revamped as part of the new digital strategy and attracted additional visitors (113 per cent increase in social media followers and 242 per cent increase in number of web visitors compared to end 2012) as well as increased interaction with the general public (a 60 per cent increase in engagement rate from 5 per cent to 8 per cent through social media).

Media outreach and engagement were strengthened at national and local levels through media launches, press conferences and opinion editorials (four op-eds) in national media as well as through capacity building for journalists on child rights and ethical reporting, media workshops and regular briefings on key issues for national and international media contacts. Information on UNICEF programmes was regularly disseminated to national and international media through press releases (25 in 2013), and field visits to focus areas (Sabang, Banda Aceh, Sikka, Klaten, Brebes and Makassar), which resulted in increased media coverage on important children's issues such as the child poverty and sexual violence.

 On-track

IR 2070/A0/04/002/009 IR 1.2.5 By 2015, contribute to the knowledge management system at national and sub-national levels through collation, packaging and dissemination of best practices, lessons-learned and other programme development tools.

Progress:

The Knowledge Management function supported programmes on evidence-based advocacy, external knowledge transfer, showcasing of results, and documentation of lessons learned. Knowledge dissemination was completed to support advocacy for youth policy-making in Papua, leading to the West Papua governor calling multi-sector partners to come together to develop Indonesia's first provincial youth policy. Products included an Advocacy Brief on Youth Policy, which was also disseminated in other provinces like Sulawesi, and is being used as by Government partners for planning. To support scale-up of Community Based Total Sanitation in three provinces, a KM strategy was developed to document results and lessons learned and allow knowledge transfer for replication. To operationalize the 2012 strategy, products such as Issue Briefs on Sports for Development and a 'WASH in schools' package containing knowledge on implementation of WatSan programmes in schools, addressing technical issues, budgets and lessons learned were finalized. To ensure scale-up, advocacy workshops will be organized.

Through the dissemination of Issue Briefs, critical knowledge on the situation of Indonesian children was shared with women's parliamentary caucuses in Sulawesi province. These participatory workshops allowed parliamentarians to learn about existing challenges, opportunities for action and how UNICEF can support partners at sub-national levels. As a follow up, technical support on programmes like youth participation and child protection will be organized.

Finally, the KM function was largely enhanced during 2013 through the conceptualization of UNICEF Indonesia's Innovation Lab; a collaborative space that will allow young people to connect with different partners in social

development, share knowledge about their lives, opinions and challenges, and come up with creative solutions to address problems that affect them.

 On-track

IR 2070/A0/04/002/010 IR Programme support, Communication

Progress:

UNICEF provided human resource support through this 'Intermediate Result' with the funds utilized in this IR to mainly help the organization contribute to the achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

 On-track

PCR 2070/A0/04/003 PCR 1.3 By 2015, children and young people, boys and girls, are able to express their voices to influence policies and practices affecting their lives.

Progress:

A mapping of child participation initiatives in Indonesia was concluded and recommendations for the development of a national strategy were submitted to the Ministry of Women's Empowerment and Child Protection.

Children's fora in eight cities were supported to enhance youth participation in local decision-making processes, leading, among others to funding for a community radio station in Sikka.

The findings of a Study on Digital Safety which provides for a better understanding of children's utilization of online platforms will be disseminated in early 2014. Evidence generated through the study will serve as a basis for policy formulation.

In partnership with journalist associations, UNICEF engaged with national and local media outlets to open up more space for young people to express their opinion. A media award was revamped to strengthen the focus on equity issues.

 Met

IR 2070/A0/04/003/001 IR 1.3.1 By end 2013, young people are systematically engaged in the development process at national and sub-national level.

Progress:

Following undertaking a mapping of child participation initiatives in Indonesia, UNICEF provided a set of recommendations to the Ministry of Women's Empowerment and Child Protection/KPPA. The recommendations aimed at strengthening national child participation mechanisms across Indonesia. One of the key recommendations was the development of a national strategy on meaningful child participation. This has not yet been taken up by the Ministry. Therefore, UNICEF is planning to organize additional advocacy and to provide technical assistance in 2014.

Following the establishment of children's fora in 10 districts/cities in 2012, UNICEF facilitated organisational capacity building as well as training on child and youth participation in local decision-making processes for members of the forums in Sikka, Polewali Mandar, Brebes, Klaten, Pemalang, Situbondo, Bondowoso and Pasuruan. Subsequent to attending the capacity building activities, the children's forums in selected villages in Polewali Mandar voiced their need for better public transport to go to school, which has become one of the Government's priorities. The children's forum in Sikka managed to receive a grant and a building from the District Head of Sikka to set up a secretariat, which also became a studio for their community radio that broadcasts across the capital city of the district. To ensure sustainability of the initiative, UNICEF will focus on a training of trainers for child facilitators on participation in decision-making processes as well as on child and youth journalism, in early 2014. UNICEF promotes equal involvement of girls in every children's forum.

 On-track

IR 2070/A0/04/003/002 IR 1.3.2 By 2015, national media, and media in at least nine focus provinces, are routinely engaging children and young people to safely express and share their ideas and opinions and acquire knowledge of their rights.

Progress:

A UNICEF-supported study on Digital Safety, undertaken in collaboration with the Ministry of Communication and Information Technology and Berkman Center of Harvard University will be disseminated nationally in early 2014, and the evidence will provide better understanding on children and young people's engagement with digital platforms in Indonesia and evidence for policy formulation. The study showed that most Indonesian children use the Internet (79.55 per cent) and young people are interested in learning about Internet safety. Any campaign or programme designed to meet this need should be based on evidence and designed in collaboration with young people to ensure they are relevant.

UNICEF will work with the Ministry in 2014 to strengthen the existing National Plan of Action on Safe Media and the National Safe and Healthy Internet programme (*Insani*). Through the partnership with journalist associations such as the Alliance of Independent Journalists (AJI), and the Indonesian Journalist Association/*PWI* and its network across the country, UNICEF engaged with key national and local media outlets to encourage them to provide space for young people to express their opinion. The UNICEF - AJI media awards on child rights were revamped to focus on equity issues and empowering young people to voice their concerns and ideas. Several child friendly journalist networks in key focus provinces (South Sulawesi, NTT and Banda Aceh) have been identified for a possible collaboration with already established child forum networks.

PC 2 - Child survival and development

 On-track

PCR 2070/A0/04/004 PCR 2.1 : By 2015, children and women, especially the most vulnerable, benefit from improved access to and delivery of quality basic services such as nutrition, water, sanitation and hygiene, prevention of mother-to-child transmission, health, including in emergencies.

Progress:

The 2012 Indonesia Demographic and Health Survey data showed inadequate progress in reducing child mortality, with U5MR estimated at 40 per 1000 live births compared to 44 in 2007. Maternal mortality is even more concerning with MMR estimated at 359 per 100,000 live births in 2012 compared to 228 in 2007. Although MMR estimates lack precision, it firmly points to inadequate progress. There has not been any change in the national estimates for stunting between 2007 and 2013. Almost 17,000 children (0-14 years) are living with AIDS as of 2012 and the figure is expected to rise to 26,000 by 2016.

UNICEF efforts are designed to address policy, supply and demand bottlenecks affecting availability and access to quality health services.

UNICEF supported the launch of the Scaling Up Nutrition (SUN) initiative including the development of the policy framework, implementation guidelines, and Presidential decree and advocacy materials. UNICEF also supported the development of new Prevention of Mother to Child Transmission of HIV (PMTCT) guidelines, the EPI multi-year plan, pentavalent vaccine introduction guidelines and the ministerial regulation on c-IMCI. UNICEF has continued to support policies and guidelines related to Community-led Total Sanitation/*STBM* and WASH in schools.

UNICEF was an active participant in Indonesia's Country Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Indonesia Expert Advisory Group for Immunizations, the Health 4+ initiative (H4+) and the Technical Working Group for Immunization. Integration of malaria and HIV in pregnancy services, introduction of pentavalent vaccine and quality improvement assessment in maternal and new-born child health services are examples of joint activities undertaken.

At subnational level, UNICEF is addressing bottlenecks related to human resource capacity in selected provinces and districts. In Papua, UNICEF supported the establishment of a provincial team to support district level evidence-based planning to better prioritize interventions and allocate resources. This is now being implemented in seven districts and is being linked to health centre/*puskesmas* micro planning to improve delivery and quality of services. UNICEF provided technical support to the Government for the elimination of tetanus in Eastern Indonesia and the response to diphtheria outbreaks in East Java. In 2013, UNICEF with funding from the Bill and Melinda Gates Foundation initiated a programme aiming to reduce open defecation in eighteen disadvantaged districts.

An example of demand side interventions supported by UNICEF was the development of a communication strategy to improve uptake of EPI services. Finally, UNICEF continued to ensure preparedness to support emergency responses and maintained a stockpile of WASH supplies for 20,000 persons.

 On-track

IR 2070/A0/04/004/001 IR: 2.1.1 By June 2015, evidence-based advocacy and technical support in policy, guidelines, and strategy formulation at national and sub-national (selected focus districts) level contribute to increased emphasis on equity to reduce stunting, including ECD.

Progress:

UNICEF's programme is designed to address bottlenecks to reducing stunting. The SUN movement has increased national attention on stunting and the importance of maternal nutrition for both children and women in Indonesia. The Presidential Decree that formalizes the movement was signed in May 2013, and SUN was launched by the President in October. UNICEF provided technical support for the development of the policy framework, implementation guidelines, Presidential Decree and advocacy materials.

Following approval of Government Regulations on Exclusive Breastfeeding in 2012, UNICEF supported a study on violations of the BMS code which provides evidence on the extent of these violations, which can be used to track progress and inform enhancements in the regulations. Developing a system to monitor adherence to these regulations is a priority.

UNICEF also supported the development of technical guidelines and plans, including the national plan for control of iodine deficiency disorder, guidelines on vitamin A supplementation and the control of intestinal parasites. UNICEF supported the iodine component of the 2013 Basic Health Research (Riskesmas) survey which showed that coverage of adequately iodized salt had increased from 62 per cent to 77 per cent over six years. UNICEF continued to provide technical support to enhance legislation for salt iodization and wheat flour fortification. A UNICEF-supported assessment in 2013 highlighted major bottlenecks in nutrition human resource capacity and provided evidence for Government planning.

At sub-national levels, UNICEF's support to three districts is designed to provide evidence for leveraging resources and replication to other districts. UNICEF provided technical assistance for the development of provincial and district Food and Nutrition Action Plans. UNICEF's advocacy contributed to substantial increases in fund allocations for nutrition interventions, including nutrition-sensitive actions in other sectors, e.g., food security in Klaten. UNICEF will focus on documenting these initiatives in 2014 so that these experiences can inform scale-up of successful initiatives.

 On-track

IR 2070/A0/04/004/002 IR 2.1.2: By mid-2013, district budget increased by 20 per cent from baseline on selected effective nutrition interventions in selected district.

Progress:

UNICEF supported the establishment of a Provincial Food and Nutrition Action Plan in NTT. This is supported by a Governor's Decree and has led to the allocation of funds for priority activities. At district level, a District Food and Nutrition Action Plan was developed in Sikka and being followed by other districts.

The advocacy around these plans resulted in nutrition budget allocations from Government operational funds increasing in 2012 (compared to 2010) in Sikka (IDR 36,000,000 to IDR 235,000,000). In addition, community level participatory learning and action leveraged additional funds from village budgets.

UNICEF has supported the integration of Community Management of Acute Malnutrition and Infant and Young Child Feeding (IYCF) as a comprehensive package to address malnutrition. This programme shifts the management of severe acute malnutrition from inpatient care to greater community involvement in treating these children. The programme is still facing challenges in implementation and current efforts focus on strengthen monitoring and supervision to address these.

UNICEF also leveraged funds for malaria control (through the Global Fund) to contribute to prevention of stunting. UNICEF's holistic approach includes integrated planning for malaria, maternal health, and immunizations. The malaria focus ensures that remote villages are reached by the health system, with a synergistic effect on child nutrition and malaria.

The development of the district Community Led Total Sanitation (CLTS) regulation is ongoing. This will serve to ensure adequate district budgets to improve access to WASH. The CLTS approach was disseminated to 147 villages and five counties, funded by various sources (local government and NGOs). Open Defecation Free in five villages was promoted using local resources.

 On-track

IR 2070/A0/04/004/003 IR 2.1.3: By June 2013, technical capacity and advocacy for a multi-sectoral strategy contribute to the reduction of stunting by 3 per cent in 3 selected districts of Aceh province.

Progress:

UNICEF supported inclusion of stunting reduction interventions in Provincial MDG Action Plans, the Food and Nutrition Action Plan and the National Development Plan 2012-2017. UNICEF supported the integration of essential services delivered at Posyandu's (community health services).

UNICEF advocated for regulations expected to contribute to stunting reduction. They include CLTS (Aceh Timur); Malaria Elimination (Aceh Timur); competency-based midwife recruitment (Aceh Besar); Village Funds Allocation for Posyandu's (Aceh Besar and Timur).

UNICEF advocacy led to greater budget allocations for stunting reduction: the District Health Office in Aceh Timur allocated IDR 600 million from the Special Autonomy Fund/*OTSUS* in 2013, up from zero in 2011-2). The Aceh Besar Provincial Development Budget/*APBD* increased 35 per cent in 2013, compared to 2011. Health Centre microplanning contributed to doubling of the government operational funds utilization rate and contributed towards activities to reach underserved children in 32 sub-districts. District budgets for 2013 include micronutrients and albendazole.

Quality of services was addressed in three priority districts. Monitoring visits confirmed availability of essential supplies in Puskesmas and Posyandu's. Cold chain management and immunization tracking systems were established. Monitoring also observed Puskesmas midwives knowledgeable in integrated antenatal care (ANC), malaria management, IYCF counselling, immunization and CLTS. 100 per cent of suspected malaria cases were laboratory confirmed and malaria screening increased among pregnant women (65 per cent to 82 per cent). All Puskesmas have 2 midwives as IYCF counsellors to train cadres (community health workers) and low cost sanitation material is available in 2 sub-districts of Aceh Timur.

The Aceh Poltekkes integrated IYCF, immunization and CLTS into the pre-service curriculum for nurses and midwives. Expansion to private academies could impact skills of approximately 2,000 graduates/year.

UNICEF is building capacity of musrenbang facilitators in 48 sub districts (Aceh Besar and Timur) to include appropriate interventions into plans. In addition, a community social network was established to build improved latrines in Aceh Timur.

 On-track

IR 2070/A0/04/004/004 IR: 2.1.4 By September 2015, at selected districts level in Naggroe Aceh Darussalam (NAD), Central Java, NTT, Maluku, North Maluku, South Sulawesi, West Sulawesi, Papua, and West Papua, coverage of management of maternal and newborn life-threatening conditions are increased by 20 per cent from baseline.

Progress:

Recent data points to inadequate progress towards MDG 5. Moreover, the current met need for PMTCT and paediatric HIV services is 8 per cent and 15 per cent respectively. UNICEF programmes are designed to address bottlenecks in the achievement of MDGs 4 and 5.

UNICEF supported the development of new guidelines for maternal death surveillance and these are being piloted in two districts, Grobogan and Lombok Tengah. UNICEF also supported the revision of PMTCT guidelines which are being tested in Banten, West Java and West Papua with a view to eventual scale-up and integration with routine ANC services. At subnational level, UNICEF, with funds from the United States Agency for International Development (USAID), continued to support the cluster island approach to improve access, management, oversight and quality of maternal health services in remote islands in selected districts. This approach has been adopted for replication in all districts in Maluku Province using Government funds targeting 12 cluster hubs and 39 sub-clusters in the entire province and supported by a Provincial Regulation. The Maluku provincial strategic plan has also incorporated Maternity Waiting Homes (MWH), now replicated in six districts. UNICEF supported integration and quality improvement of data collected by the MNCH programs in Maluku through Routine Data Quality Assurance. Eight districts in Maluku have adopted an integrated approach to data collection. In North Maluku Province, UNICEF advocacy has resulted in the establishment of five additional MWHs in Tidore District. In Papua, UNICEF supported the development of a flying health care strategy to improve access to care. UNICEF is further supporting the Papua provincial team in developing mechanisms to monitor the approach. In Papua, UNICEF supported a systematic approach to Puskesmas micro-planning to enhance planning and quality of services.

In order to improve timeliness of data collection UNICEF supported an SMS-based reporting system for MNCH

indicators in Sorong district, West Papua.

 On-track

IR 2070/A0/04/004/005 IR: 2.1.5: By December 2015, equitable immunization system policies and strategies to support GoI achievement of international and national goals of vaccine preventable disease (polio, measles, rubella, maternal and neonatal tetanus) elimination and eradication goals as well as reduction of major killers due to VPDs of Under Five children are developed, approved and implemented.

Progress:

The UNICEF EPI programme is designed to address bottlenecks to delivery and uptake of EPI services. In partnership with WHO, UNICEF supported the development of the new multi-year plan 2014-2019.

To address demand side bottlenecks and increase the uptake of routine immunization, UNICEF led the development of an evidence-based national EPI strategic communication plan including the Pentavalent vaccine which was introduced nationally in July 2013.

UNICEF provided technical support to the first phase of Pentavalent vaccine roll-out in four provinces in 2013. In addition, Multilog temperature monitoring systems were installed in 16 provincial cold rooms covering approximately 80 per cent of vaccine storage capacity in Indonesia, to ensure quality temperature monitoring for vaccines to maintain their viability. In order to inform more effective delivery of quality vaccination services in an equitable manner, three studies were initiated in collaboration with the Centre for Disease Control. These included a study on missed opportunities in routine immunizations; a review of measles vaccination practices and a defaulter tracking study. These studies will provide evidence to inform future plans to enhance EPI services.

UNICEF also continued to support the Government in the Maternal and Neonatal Tetanus Elimination (MNTE) programme. Of the 18 remaining high risk districts for MNTE that need to conduct vaccination campaigns prior to MNTE certification, 16 districts have ongoing Tetanus Toxoid supplementary immunization activities while the remaining districts will commence campaigns before the end of 2014.

In order to understand community perceptions on immunization UNICEF is collaborating with the Ministry of Health and Ministry of Planning through the UN Global Pulse Lab on using big data from social media to detect potential risks of the immunization programme based on social media data. This innovation shows promise in monitoring community perceptions and if successful could be expanded to other areas of child survival beyond immunization.

 On-track

IR 2070/A0/04/004/006 IR: 2.1.6 By December 2015, 80 per cent pregnant women and children under age 5 in high endemic village areas are protected from malaria and benefiting from strengthened health system, evidence-based policy, supportive legislation and budget allocation responsive to local circumstance of malaria transmission, and Aceh province enter elimination phase as per WHO standard.

Progress:

UNICEF has continued support to remove bottlenecks in the delivery of quality malaria preventive and curative services in high malaria endemic districts in Eastern Indonesia. Coverage of key indicator such as effective treatment using artemisinin-combination therapies for all positive cases has exceeded targets in four or five target provinces for 'Malaria in Pregnancy' services. This consists of screening of pregnant women upon first ANC visit, provision of appropriate treatment and provision of a Long Lasting Insecticide-treated Net (LLIN). In addition, the UNICEF malaria programme has continued to be a success story in using a disease specific programme as a wedge to improve health system bottlenecks and also successfully leverage existing funds for replication and scale-up.

At provincial level, progress during the last year was particularly rapid in North Maluku and Maluku provinces, both of which have adopted UNICEF-pioneered models in non-target districts using funds from the Global Fund allocation. In West Papua, progress was good, with further integration of UNICEF malaria in pregnancy model under the umbrella of integrated ANC to include screening for HIV and syphilis. In Papua, progress was uneven, with continued progress in focus districts but weak adoption of models for replication by non-target districts. NTT remains the most challenging province, but even here coverage of interventions in target districts began to show improvement by the end of 2013.

 On-track

IR 2070/A0/04/004/007 IR 2.1.7: By mid-2013, one selected district of Aceh province enters malaria elimination phase as per WHO standard.

Progress:

Sabang municipality continued to have no indigenous local malaria transmission and the gains made during the preceding years were maintained. A second publication documenting the experience in eliminating malaria in Sabang is in preparation. UNICEF considers documentation of this success critical in replicating this model elsewhere in Aceh and to other malaria endemic provinces.

In Aceh, UNICEF continued to provide support to the provincial health office (PHO) and other malaria endemic districts with a view towards province wide elimination of malaria. UNICEF staff work through provincial authorities to encourage mapping of malaria cases for the entire province, with strategic investments in malaria elimination activities in the few districts which continue to export malaria to other districts, mostly via migratory workers. A key element in this effort is development of malaria surveillance in migrants, to ensure that interventions are consistent with epidemiological reality. An example is the reduction of malaria cases from the gold mine in Aceh Jaya thanks to active case detection facilitated by UNICEF and carried out by the District Health Office (DHO) and PHO. Several districts (Aceh Besar, Aceh Singkil) shifted from malaria control to malaria elimination mode in the province with reported malaria incidence based upon routine surveillance of less than 1 confirmed case per 1000 population per year.

Aceh remains a national model for malaria elimination, with UNICEF Aceh staff asked to advise the malaria programme in other provinces in the country, most recently South Sulawesi. As an active member of the Asian Pacific Malaria Elimination Network, UNICEF is able to contribute towards sharing good practices in malaria control and elimination in Indonesia with other countries in the region and thus enhancing South-South collaboration.



On-track

IR 2070/A0/04/004/008 IR 2.1.8: By June 2013, strengthened technical capacity in evidence based planning, budget allocation and monitoring contribute to improved access to and delivery of quality services such as health, nutrition, water, sanitation and hygiene, prevention of mother-to-child transmission including in emergencies in Papua and West Papua provinces and focused districts.

Progress:

Four districts (Jayapura, Jayawijaya, Yapen, Boven Digol) in Papua and two districts (Manokwari, Sorong) in West-Papua conducted evidence-based planning and budgeting to ensure equitable access to quality MNCH services. Participatory Learning and Action was conducted in three districts and results fed into the musrebang process. UNICEF's supported these processes and they contributed towards planning and resource allocations for key evidence based interventions for MNCH.

UNICEF supported the development of provincial and district policies and guidelines, such as malaria control plans in all malaria-endemic districts, the Provincial Food and Nutrition action plan and the provincial PMTCT policy and guidelines. These documents are expected to enhance the enabling environment for scale-up of basic health services.

Jayawijaya district, with UNICEF assistance, successfully piloted community case-management (CCM) of major childhood killers (diarrhoea, pneumonia and malaria) thorough *kaders*. Lessons learnt contributed to national guidelines on CCM and further scale-up in 13 districts involving the deployment of service providers to 39 remote villages using Government funds. UNICEF also supported capacity building of local staff to promote appropriate infant and young child feeding practices. Additionally, all Puskesmas' in Jayawijaya have staff trained to provide PMTCT services.

UNICEF also supported the provincial health office in improving coordination among stakeholders working on MNCH by establishing a Health Partner's Forum. UNICEF also supported the strengthening of the WASH working group/*AMPL Pokja* through institutional facilitators in six districts to scale-up quality hygiene and sanitation services. UNICEF Papua supported the field test of an innovative approach to monitor results and progress in reducing disparities in two districts in partnership with professional bodies and local government.



Constrained

IR 2070/A0/04/004/009 IR 2.1.9 : By 2015 National and sub national WASH policies and guidelines are available and implemented and regularly monitored for increase in equitable access and suitability in 7 targeted provinces and 28 districts to contribute to MDGs Goals including in 3districts from Aceh.

Progress:

UNICEF's programme continued addressing bottlenecks in achieving MDG WASH targets in 19 deprived districts of Eastern Indonesia, following the success of two UNICEF-supported districts in Nusa Tenggara Barat province in achieving the MDG targets for water.

Local government along with the Ministry of Public Works, MOH and Bappenas are scaling-up the rural WASH model programme/*STBM*, being supported by UNICEF with funding from the Bill and Melinda Gates Foundation. UNICEF directly supports 80,000 households in six districts in Papua, NTT and South Sulawesi to achieve open defecation free (ODF) status plus provides additional technical support to aid Government replication in an additional 220,000 households (in 12 additional districts). A literature review was completed and a KAP study designed to inform implementation of the programme. UNICEF support has also contributed to the roll out of an SMS-based monitoring system at provincial level in NTT which is being cascaded to district level. This approach will be replicated to two additional provinces in 2014. At subnational level, UNICEF's continued support focused on capacity building and support to coordination mechanisms.

Suboptimal sanitation coordination mechanisms pose a challenge. There is also a need for greater focus on demand generation for sanitation. UNICEF has supported the establishment of a system to analyse investments and expenditures in WASH. In addition, at subnational level, UNICEF supports the development of roadmaps and plans for implementation of STBM and advocacy for regulations prohibiting open defecation.

The way forward will involve finalization of a KAP to inform programme design, enhancement of monitoring mechanisms and also inputs into the development of the next RJPMM; UNICEF is advocating for STBM and school sanitation to be prioritized in these plans. UNICEF will also support the dissemination of the nationally accredited STBM training for community pre-triggering, triggering and post-triggering and sanitation marketing in target districts.



On-track

IR 2070/A0/04/004/010 IR 2.1.10 By 2015, Disaster Risk reduction, emergency preparedness and response are enforced and cluster accountability and responses at national and sub-national level are in accordance to principles of humanitarian action.

Progress:

UNICEF supported coordination among nutrition and WASH partners in the response to large national disasters during 2013, namely, the Jakarta floods, the Aceh earthquake and Mount Sinabung eruption. Through regular meetings, up to 20 WASH and nutrition cluster partners conduct capacity mapping and information sharing to enhance coordination and avoid duplication during emergency responses.

In all three emergencies, there were attempts to use breastmilk substitutes indicating the need to strengthen awareness among all humanitarian actors on the dangers of BMS use. UNICEF acted to prevent uncontrolled donations and use of breastmilk substitutes by alerting the Ministry of Health, advocating with the Provincial and District Health Offices, informing donors on the dangers of BMS use in emergencies and mobilizing NGOs to monitor actions on the ground.

Following the Jakarta floods, UNICEF supported training of 200 Government staff and humanitarian actors in Jakarta province and five municipalities and equipped them with skills to prepare and provide complementary food for children in emergencies through public kitchens. In collaboration with Red Cross, Government, Army, and NGOs, UNICEF built four model public kitchens in flood prone areas to demonstrate how these kitchens can prepare complementary food for emergency-affected children.

As a result of UNICEF's support to WASH emergency induction trainings and preparedness during 2013, 25 participants from Government, UN agencies and NGOs are equipped with skills and knowledge on nutrition in emergencies. Emergency preparedness for WASH interventions for 20,000 people continues to be in place including prepositioning of essential items.

With UNICEF support, Indonesia hosted the Global WASH Cluster meeting in Oct 2013. This global bi-annual meeting produced a review on WASH cluster performance and set priorities globally and provided an opportunity for Indonesia to showcase their emergency preparedness system.



On-track

IR 2070/A0/04/004/011 IR 2.1.11 By 2015 evidence based national and sub national policies and guidelines on School Sanitation available, implemented with equity and regularly monitor for sustainability in 7 targeted provinces and 28 districts to contribute to MDGs Goals (including 3 districts in Aceh).

Progress:

UNICEF, in partnership with Dubai Cares Foundation, supported six districts in Papua, West Papua, NTT and South Sulawesi to implement a comprehensive WASH in Schools model in 450 schools.

UNICEF's programme addressed bottlenecks to WASH access for an average of 200 children per targeted schools, for a total of approximately 90,000 children and their teachers benefitting from improved WASH facilities and training on hygienic practices. This model is being adopted for wider dissemination in neighbouring schools by Government and the nationwide scale-up strategy is outlined in the manual and advocacy brief, called '*It all starts at school*', produced with UNICEF support, and endorsed by the Ministry of Education (MoE). This programme enhanced sustained behaviour change efforts in hygiene (e.g. hand washing) and sanitation (e.g., the use of improved latrines) and increased access to improved latrines in the schools. As a result of advocacy by UNICEF and partners, the Government of Indonesia intends to include WASH in Schools as a priority for the upcoming RJPMN.

UNICEF contributed to evidence generation for WASH in schools via an external survey to cross-validate the impact of the programme in 60 schools in the targeted provinces. The survey showed progress on hand washing with soap but teachers remain critical in ensuring rapid change and particularly the consistent use of soap. The data and recommendations of the survey will be shared in the final WISE meeting in January 2014 and influence replication plans of the Government based on lessons learned.

UNICEF has prioritized gender parity throughout the course of the programme by emphasizing the importance of girls' access to toilets. Girls' access is still below boys' access and UNICEF is making efforts to address this gap through strong advocacy and technical support and to monitor progress towards gender parity using the Education Management Information System.

 On-track

IR 2070/A0/04/004/012 Milestones 2: By 2011, Government Regulation on Breastfeeding is passed

Progress:

UNICEF provided human resource support through this 'Intermediate Result' with the funds utilized in this IR to mainly help the organization contribute to the achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

 On-track

IR 2070/A0/04/004/013 IR 2.1.12 By December 2014, core child survival interventions especially in poorest districts are supported with policy, evidence-based planning, HR development strategy, implementation guidelines and monitoring for equity.

Progress:

UNICEF addressed bottlenecks to the equitable delivery of child survival interventions by supporting the development of a Ministerial Regulation on community-based IMCI implementation which was approved by the Minister of Health in December 2013. Following adoption and dissemination, this approach is expected to increase access to malaria, diarrhoea and pneumonia for children in remote parts of Eastern Indonesia where the lack of trained health providers presents a major bottleneck.

In partnership with Bappenas, MoH, University Gajah Mada and the University of Queensland, UNICEF continued to support evidence-based planning (EBP) for MNCH in Papua. Immediate results include better use of subnational data in identifying bottlenecks and barriers in the delivery of services and better prioritization and allocation of resources to address health system bottlenecks. UNICEF supported the establishment of a provincial EBP team which was endorsed by a governor's decree to provide credibility. The team comprising academia, PHO and Bappeda conducted evidence-based planning in the districts of Jayawijaya, Yapen, Boven Digoel, Jayapura, Paniai, Biak Numfor and Supiori. There remain weaknesses in capacity and supervision of staff responsible for collecting and maintaining data at district and province level. This is a major challenge given the importance of high quality data for the success of this approach.

UNICEF further linked EBP efforts with microplanning at health centre/Puskesmas for better quality of care in these facilities. Puskesmas microplanning is being supported in three districts in Papua (Jayawijaya, Jayapura, Biak Numfor) and two districts in West Papua (Manokwari, Fakfak). UNICEF has identified some potential entry points to mainstream the EBP approach into regular processes at subnational level and support its nationwide replication.

UNICEF also supported the PHO in Aceh to develop and implement integrated monitoring tools in districts of Aceh Jaya, Aceh Timur and Aceh Besar.

 On-track

IR 2070/A0/04/004/014 IR 2.1.13 By December 2013, at 130 of the poorest villages in Timor Tengah Selatan, Jayawijaya, Buru and Brebes districts, 50 per cent of children under five with diarrhoea coming to first-level care receive Oral Rehydration Salts (ORS) and Zinc.

Progress:

This component of the UNICEF programme is designed to model an approach to address supply bottlenecks in human resources by training community health workers (kaders) to treat common childhood illnesses in communities with limited access to qualified health providers. Across all targeted districts, 19,675 cases of common childhood illnesses were managed by kaders in 2013. Of these, 3,448 children were referred to health facilities. Among the cases managed, 83 per cent received breastfeeding counselling and 27 per cent received diarrhoea treatment with either ORS alone or ORS and zinc (depending on local policies).

An endline evaluation to assess the impact of the programme showed that despite statistically significant increases compared to the baseline, the target coverage has not been reached due to bottlenecks including suboptimal supervision of kaders. Further, the frequent rotation of supervisors limits continuity and quality with untrained personnel conducting supervision. Frequent training activities are therefore required to ensure standardization of supervision. A study on supervisory relationships and recommendations for improvement was undertaken in Timor Tengah Selatan district. The study recommended improvements in supervision tools and strengthening facility Integrated Management for Child Illnesses (IMCI) in order to institutionalise Community-IMCI (c-IMCI).

Supply bottlenecks included stock outs of ORS and Zinc in Timor Tengah Selatan. UNICEF will continue to support the improvement in logistics management to support c-IMCI services.

Data availability and quality remains a challenge including incomplete collection, lack of standardization, duplication between systems and lack of harmonization between c-IMCI and facility IMCI. With UNICEF support the Child Health Information System was established to address this and is operational in some areas. However, its integration with other data collection systems is yet incomplete. This along with training and capacity building in data collection and use will be a priority for UNICEF advocacy and technical support along with NGO partners such as ChildFund.

 Constrained

PCR 2070/A0/04/005 PCR 2.2 By 2015, families and communities will sustain positive behaviours resulting in improved health and wellbeing of children and women. (KRA 2, 3)

Progress:

This section complements IR's 2.1.1, 2.1.9 and 2.1.11.

UNICEF has supported Community-led Total Sanitation (STBM) programmes in 161 villages with 79 villages having been declared Open-defecation free during 2011/2. In 2013, UNICEF with funds from the Bill and Melinda Gates Foundation is supporting 18 districts to achieve Open Defecation Free status. UNICEF has contributed to the development and implementation of policy and regulation on STBM in these districts. In addition, UNICEF continued to support the promotion of hand washing with soap through advocacy and communication efforts at national and subnational level through WASH in schools activities (see IR 2.1.11).

The recent IDHS 2012 data estimates the national rate of exclusive breastfeeding at 42 per cent compared to 32 per cent in 2007. UNICEF continued to support the roll-out of counselling training on infant and young child feeding (IYCF) and maternal nutrition to reduce stunting, and successfully advocated for its inclusion in the intervention package supported by the Millennium Challenge Corporation in 64 districts. A session on locally appropriate actions that fathers can take to improve nutrition of their families was added to the package to address the gender dimension fully. Some 3419 health workers and community-based workers in Klaten, Sikka, Pematang and Jayawijaya Districts plus 1665 community-based workers in NTB Province were provided with knowledge and skills in promoting IYCF. However, progress is uneven and supportive supervision and monitoring were identified as gaps. A system for enhanced monitoring and supervision is being piloted in selected health facilities in Klaten district.

As result of a partnership with the World Bank on strengthening the nutrition component of the PNPM Generasi,

(a national community block grant programme) the nutrition components were integrated into the training materials for PNPM facilitators to promote communities to use the grant to address stunting.

 Constrained

IR 2070/A0/04/005/001 IR 2.2.1 By 2015, increased in health seeking, child feeding practices and wash behaviours in targeted populations of selected districts by: 1) At least an additional 5 per cent of 1a) children below six months of age will be exclusively breast-fed, 1b) children 6-23 months will receive appropriate complementary feeding, 1c) children 20-23 months will benefit from continued breastfeeding, 1d) pregnant women will receive at least 90 IFA/MMN tablets during pregnancy and, 2)) At least an additional 25 per cent of usage of improved sanitation facilities, 10 per cent of hand washing with soap and, 5 per cent households adopt water treatment and proper storage

Progress: This section complements IR's 2.1.1, 2.1.9 and 2.1.11.

UNICEF has supported Community-led Total Sanitation (STBM) programmes in 161 villages with 79 villages having been declared Open-defecation free during 2011/2. In 2013, UNICEF with funds from the Bill and Melinda Gates Foundation is supporting 18 districts to achieve Open Defecation Free status. UNICEF has contributed to the development and implementation of policy and regulation on STBM in these districts. In addition, UNICEF continued to support the promotion of hand washing with soap through advocacy and communication efforts at national and subnational level through WASH in schools activities (see IR 2.1.11).

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PC 3 - Education and adolescent development

 On-track

PCR 2070/A0/04/007 PCR 3.1 By 2015, children and young people especially from vulnerable groups are empowered and equipped with adequate knowledge, basic education and life skills to cope with challenges and opportunities.

Progress:

UNICEF continued to provide research evidence and advocate for addressing the barriers faced by the most marginalised children in fulfilling their rights to education. The Out of School Study revealed that children from the poorest quintile are four times more likely to be out of primary schools. However, household economic situation does not seem to be the only barrier. A qualitative study supported by UNICEF revealed that aside from economic reasons there are other factors that influence the decision to continue in school or not. There are "internal factors" such as perceptions, values and attitudes within the family that can motivate or constrain, as well as "external factors" which are more related to socio-cultural aspects in the larger environment that can be supportive or unsupportive to children's education, and which in turn shape these internal factors. Similarly, another study on "One roof schools" which serve the remote rural areas, revealed inconsistencies between policies and practices that compromise the access and quality of services provided by these schools. While these reports, have yet to be officially approved, the Government has taken initiatives to address the cost related barriers by increasing the quota for scholarship for the poor. UNICEF and the Government are discussing the development of a communication strategy to address the findings of the qualitative study in order to support the Government programme for universal twelve years education by 2020.

Continuous UNICEF lobbying and programmatic support have resulted in the strengthening of an institutional framework for the Education sector's response to HIV in Tanah Papua and led to increased commitment to address young key affected populations, through the draft National HIV/AIDS Strategic Plan, which will be completed in 2014. In 2013, the findings of a formative assessment conducted by UNICEF revealed a number of

barriers and bottlenecks in accessing prevention and treatment services for YKAPs. These findings provide relevant information for the development of appropriate strategies to target YKAPs. As Indonesia is one of only nine countries globally with a growing epidemic, the importance of addressing YKAPs in its national response is more crucial than ever.

 On-track

IR 2070/A0/04/007/003 IR 3.1.3 (Java): By 2013, retrieval programmes and policies are developed by district education offices (Klaten, Pemalang, Brebesin Central Java and of Pasuruan, Bondowoso and Situbondo in East Java).

Progress:

UNICEF, in partnership with sub-national education authorities in Central and East Java focused on setting a conducive policy environment framework to reduce inequities in accessing quality education. Analytical work on the gaps, barriers and bottlenecks for out of school children (OOSC) in Central and East Java was conducted in collaboration with academia and education authorities to better inform district education strategic planning officers on how to expand educational access and quality for vulnerable and excluded boys and girls. In addition, through a refined database tool for monitoring OOSC, the Community-Based Education Information System (CBEIS), UNICEF continued supporting sub-districts in monitoring access and retention of 13-15 year old adolescents in basic education. This analytical work, together with UNICEF's technical support, resulted in initiation of policies to reduce inequitable access issues and development of retrieval programmes (i.e. Back to School programmes) at local level and to an increased commitment from the Government to address children out of school.

Also, based on reliable data, UNICEF supported provincial education authorities on replication of programmes at a larger scale. For example, in order to strengthen its support on the provision of access to quality education, UNICEF, with the view of replication at scale, introduced the implementation of the school based management system in 15 junior secondary schools, which resulted in improved education quality and encouraged monitoring of children's school attendance through greater leadership and community participation.

 On-track

IR 2070/A0/04/007/004 IR 3.1.4 (NTT): By 2013 at least five districts in NTT issued Bupati's regulation or decree to revitalize the School Health Programme/*UKS* and achieve national Government's target on school-based management.

Progress:

UNICEF, in partnership with sub-national education authorities in NTT focused on setting a conducive policy environment framework to reduce inequities in accessing quality education. Following UNICEF advocacy and technical support, eight districts (Aloe, Sumba Barat, Sumba Tengah, Kota Kiang, TTS, Sumba Timur, Sikka and Belo) developed draft regulations "Patron Daerah" (Belo, Aloe and Sumba Timur) or issued regulations "Patron Bupati" on school-based management to expand access to quality education for vulnerable and excluded children. Resulting from these regulations was the adoption of transparent and participatory school management to all primary schools (public schools and Madrasah) in the districts; promotion of child-centred learning; active community participation; and also the provision of health services and healthy environment for children. In addition to this, education sector financial analysis has also been carried out in West Sumba. The results were disseminated and raised policy makers' awareness about the need for appropriate budget allocation to support access to quality education in an equitable manner.

Those aforementioned regulations are complemented by out-of-school children data generated through the CBEIS which UNICEF supported. Findings were presented to Government stakeholders, private sector and communities and following UNICEF advocacy, initiatives in the form of village level monitoring for OOSC, and partnerships with religious and informal leaders are some of the efforts that were taken to enable improved monitoring of children out of school at the community level, towards addressing the problem of school retention and drop outs.

UNICEF will provide further financial and technical support to support the dissemination of these disaggregated data and policies and their translation into districts' education strategic plans, budgets and monitoring tools. Increasing understanding of the benefits of completing quality basic education and on increasing the demand side starting from young people themselves to their parents and communities will also be critical for UNICEF in cooperation with sub-national education authorities.

 On-track

IR 2070/A0/04/007/005 IR 3.1.5 (Papua) By 2015, most disadvantaged children benefit from an increased access and retention in basic education.

Progress:

UNICEF, in partnership with provincial governments in Papua and West Papua and with grant contribution from Australia Aid Programme focused on strengthening education authorities' capacities to reduce inequities in accessing quality education. During this reporting period, UNICEF provided technical assistance to local education offices, parliaments, Bappeda offices, Yayasan, and local media to develop evidence-based planning documents and budgets focusing on reducing disparity in education. Policy documents such as Draft Twenty Year Papua Education Grand Design, provincial/district medium term development plans in the education sector, strategic plans/*renstra*, Renja for education offices as well as education NGOs, and two draft Education Perdas (West Papua and Mimika) are now available as a result. UNICEF played a catalytic role in facilitating the coordination of education activities supported by NGOs with the government education plans.

With UNICEF's technical and financial support, capacity development efforts have resulted in equipping education personnel with skills in budgeting, planning and financial management, that still however need to be translated into practice with continuous support. The support to teachers has led to some progress in urban areas, but a stronger focus and a revised strategy are necessary to reach rural and remote schools to overcome educational disparities. As regard to teachers' professional development, delivery mechanisms were reviewed and revised in a participatory manner to better reflect needs of teachers and principals in rural remote areas that experience the biggest gap in education. A review of the first phase of this partnership that was completed in June 2013 revealed the need for further work focussing on the rural and remote areas. Hence, UNICEF/Australia Aid Programme and Government of Indonesia are finalising an agreement for the next phase (2013-2017) of the programme with a stronger focus on reducing disparity and improving quality of education in the rural and remote areas. Two targets related to multi-grade teaching and mother language will be achieved under this new phase.

 On-track

IR 2070/A0/04/007/006 IR 3.1.6 By the end of 2015, targeted vulnerable adolescents have increased participation and access to health and education friendly services (National, Aceh, Papua, NTT, Java, and Sulawesi).

Progress:

UNICEF focused on bringing evidence to Government to invest in adolescent development considering young people represent more than 25 per cent of the total population. In 2013, UNICEF conducted an internal cross-sectoral adolescent and youth assessment to examine barriers and bottlenecks to increasing demand for and supply of youth-friendly policies and programmes. An adolescent strategy is being developed addressing adolescent issues in a multi-sectoral fashion for 2014-2015.

UNICEF, in cooperation with the Ministry of Health (MoH), UNFPA and WHO is supporting the revision of the national adolescent health strategy, which includes adolescent friendly health programmes previously piloted in Aceh province with the support from UNICEF.

UNICEF's ongoing technical support for flexible education programmes such as the one roof school to expand transition from primary to junior secondary education for small remote and rural areas is also likely to improve school to work transitions for young people.

In Tanah Papua, UNICEF begun a youth-led process to establish an adolescent and youth policy. The West Papuan Government committed in June 2013 to the development of a multi-sectoral policy for and with young people, which UNICEF is supporting.

The lack of expertise and/or formal training of many people charged with adolescent and youth policy and programming, poses a significant challenge to supporting youth initiatives. UNICEF is aiming at building the capacities of programmers and youth networks for advancing adolescent and youth development in Indonesia and is supporting the development of courses on Adolescent Development and Participation.

Evidence-based advocacy and technical support remain critical to place adolescents at the centre of the development agenda. To do so, UNICEF will strategically shift its support to adolescents to a horizontal programming across sectors. As such, based on the MTR findings, the adolescent related programming support will be mainstreamed, and integrated under existing IRs across the programme sectors.

 On-track

IR 2070/A0/04/007/007 IR 3.1.7. (Papua) By the end of 2015, young people in focus districts in Papua and West Papua have increased knowledge and skills for prevention of HIV and AIDS.

Progress:

Papua Province: 4 focus districts of Biak, Jayapura, Jayawijaya, Mimika; West Papua province: 3 focus districts of Manokwari, Sorong and Kota Sorong

UNICEF, in partnership with the provincial government of Papua and West Papua Provinces, focused on establishing a conducive policy environment framework for mainstreaming HIV/AIDS into the Education sector. The KAP survey, conducted by UNICEF in 2010 revealed that young people in and out-of-school have limited comprehensive knowledge of HIV/AIDS and studies indicate that unprotected heterosexual sex remain the main driver of the epidemic.

With UNICEF support, institutional frameworks for mainstreaming HIV/AIDS into the education sector were established through provincial regulations and policies. Localised Bupati Decrees mandating the implementation of HIV prevention and life skills education are complete for Jayawijaya, Mimika, Jayapura, Manokwari, and Sorong. The promulgation of remaining Decrees for Biak and Kota Sorong remains a priority for localised policy development, planning and budget allocation.

These agreed frameworks enabled UNICEF to support implementation by Government and civil society partners, focussing on capacity building interventions for education managers/teachers, development of life-skills teaching/learning materials for all education levels and out-of-schools settings (available to over 50,000 children/adolescents) to equip them with knowledge and skills to enable healthy decision-making.

UNICEF supported the Government to revise the materials to ensure their appropriateness and relevancy for rural/remote areas. These materials were piloted with teachers supported to build knowledge and confidence to use the revised participatory methodology. Considering the high numbers of adolescents not in-school, interactive and participatory learning materials were developed and a cohort of young people was trained to accelerate delivery of the programme in out-of-schools settings.

Advocacy and technical support remains critical to support Tanah Papua partners, particularly to ensure policy and regulations that affect children, adolescents and young people are supportive of HIV comprehensive knowledge and universal access to services and to support the Government in the replication to non-intervention districts. A final evaluation of the programme is scheduled for early 2014.



On-track

IR 2070/A0/04/007/008 IR 3.1.8 By the end of 2015, Young Key Affected Populations (YKAP) benefit from prevention and protection programmes and services to reduce their vulnerability to HIV and AIDS.

Progress:

UNICEF, in cooperation with the National AIDS Commission (KPA) is focusing on setting a conducive policy environment framework to address the needs of young key affected populations (YKAPs: young sex workers, young people using drugs, young men having sex with men, young transgenders). The analytical work carried out by UNICEF in 2013 revealed that YKAPs are at the centre of the epidemic. Findings highlighted that YKAPs have high rates of infection, but have the least access to information and services, with comprehensive knowledge being below 50 per cent.

In 2013, the findings of a formative assessment conducted by UNICEF revealed a number of barriers and bottlenecks in accessing prevention and treatment services for YKAPs. These findings provide relevant information for the development of appropriate strategies to target YKAPs. Efforts to that end will be pursued in 2014. Further to UNICEF advocacy along with other CSOs partners, KPA pledged to include YKAPs in the upcoming national strategic plan that will be finalised in 2014.

Further analysis of the socio-economic assessment of children affected by HIV/AIDS found limited socioeconomic/psychosocial impact on these children. This may be because most of these families are not living openly in their communities with HIV and are not treated differently. In cooperation with KPA, PLHIV networks and academia, efforts are being taken to conduct a mapping of support provided to children affected by HIV to get a clearer picture of their situation.

Evidence-based advocacy resulted in a nascent political commitment towards support for YKAPs but continuous advocacy and technical support remain critical to ensure that YKAPs are placed at the centre of the HIV/AIDS response. As Indonesia is one of only nine countries globally with a growing epidemic, the importance of addressing YKAPs in its national response is more crucial than ever.



On-track

IR 2070/A0/04/007/009 IR Programme Support, Education And Adolescents.

Progress:

UNICEF provided human resource support through this 'Intermediate Result' with the funds utilized in this IR to mainly help the organization contribute to the achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

 On-track

IR 2070/A0/04/007/010 IR 3.1.9 By the end of 2015, policies and strategies improved to support access to quality education for out-of-school children and children at risk of dropping out (National, Aceh, Java, NTB, and Sulawesi)

Progress:

In 2013, UNICEF continued to focus on setting a conducive policy environment framework to reduce inequities in accessing quality education. Further analytical work was conducted at national and sub-national levels on the magnitude, gaps, barriers and bottlenecks for out of school children. This analytical work has resulted in initiation of equity-focused policies and initiatives at local level and to an increased commitment from the Government to identify and address children out of school. The findings of the various analyses (expected early 2014) will also feed into the implementation of the 12 Years Universal Education and school grant policy improvement.

At subnational level, UNICEF continued its support to four districts in West Sulawesi to monitor access and retention of 13-15 year old adolescents in basic education, through expanding the Community-Based Development Information System (CBDIS) to identify inequities in education, in health and water, sanitation and hygiene. Following UNICEF advocacy, the CBDIS is funded by local government budget.

To assist the Ministry of Education and Culture in achieving School-Based Management (SBM) -responsibility and decision-making over school operations given to school and community - coverage in 90 per cent of schools by 2014, UNICEF provided further technical assistance to the finalisation of the national SBM Action Plan (including guidelines for implementation at provincial, district, and school levels) that will guide education partners to further expand education access and quality for vulnerable and excluded boys and girls. To facilitate further learning and capacity-building for relevant stakeholders to expand SBM coverage, UNICEF also continued its technical support to the SBM Resource Centre that is now fully operational.

In Aceh, following UNICEF advocacy efforts, the Governor issued a regulation to accelerate progress towards minimum services standards achievements. As a result, budget was allocated to the Ministry of Social Solidarity (MSS) in the 3 districts of Aceh Besar, Timur and Jaya.

 On-track

IR 2070/A0/04/007/011 IR 3.1.10 (NTT) By end of 2015, child participation rate in basic education in target districts is improved.

Progress:

Using the community based education data collected in 2011 and 2012 with UNICEF support, the Government adopted an evidence-base strategy to reduce the number of out-of-school children and provide them with expanded education opportunities. To that end, different approaches were adopted: scholarships, land donation by community members for building junior secondary school, and availing second chance education through vocational trainings for vulnerable children and adolescents (i.e. adolescent fishermen, street children). To support this process and based on prominent community values in NTT, UNICEF commissioned a research project to develop community engagement tools for reducing the number of out-of-school children. The tools will further support implementation of the strategies by overcoming barriers at community levels and will eventually contribute to increasing access to quality education.

For the School-Health Programme/UKS, UNICEF supported the professional development of 90 primary schools supervisors in Belu, Alor, TTS and Sikka so they have better capacity to support the implementation, monitoring and supervision of the programme across a range of themes in coordination with health centres. In 2013, following UNICEF's advocacy, the governor of NTT issued a decree for school-health programme together with the government of Sikka, Belu, and Sumba Timur that will allow for planning, budgeting and intersectoral collaboration from 2014.

 On-track

PCR 2070/A0/04/008 PCR 3.2 By 2015, improved Government and community- based organizations capacities at national and sub national levels for implementing a holistic early childhood development, strengthened legislation and increased budget allocations for achieving school readiness for children below 7 years age.

Progress:

Highest political commitment of Government of Indonesia to implement holistic early childhood development was expressed in the adoption of the Holistic-Integrative Early Childhood Development Presidential Regulation No.60 of 2013. The regulation defines the specific roles of related ministries responsible for the development of children aged 0-6 and also defines a mechanism for coordination of their activities. UNICEF provided technical assistance and financial support for wide consultations for the development of the Regulation. UNICEF also provided technical support to the sub-national governments in the development of related regulations and expansion of services. For example, NTB province issued a provincial regulation on HI-ECD in August 2013. Documentation of good practices in expanding ECD services for the most marginalised was completed in East Java, Aceh, Central Java, NTT and Sulawesi. These good practices were shared with other provinces and districts as an advocacy tool for further expansion of ECD services to the most deprived children. UNICEF is supporting the establishment of a National Resource Centre to promote the development of quality pre-schools. Ministry of Education data show that 96 per cent children aged 7 and below were enrolled in school in 2011. However, analysis of Susenas 2011 data showed that only 24 of six year old were enrolled in pre-school, whereas 47 per cent of 6 year olds were already enrolled in primary schools. As the primary school curriculum and pedagogy is not designed for six year old children joining school without adequate school readiness, the school experience can have detrimental impact on the young children's self-confidence.

 On-track

IR 2070/A0/04/008/001 IR 3.2.1 By the end of 2015, policy, guidelines and coordination mechanisms are improved to implement quality holistic-integrative early childhood development programme (National, Aceh, Java, NTB, NTT and Sulawesi).

Progress:

In 2013, UNICEF, in partnership with the Government of Indonesia continued working towards developing a conducive policy framework to promote integrated, multi-sectoral ECD programmes that unite health, nutrition, education and protection, guaranteeing all children a strong start to life; and expand access and improve quality of ECD programmes.

Under the leadership of the Ministry for Coordination of People's Welfare, a ground breaking Presidential decree on Holistic Integrated Early Childhood Development was endorsed in 2013 that will govern the coordination and resource mobilization from all relevant line ministries (Health, Education, Child Protection, Home Affairs and Planning) in support of HI-ECD at the local level, to which UNICEF provided technical support. To further support the implementation of the decree, UNICEF's technical assistance to Bappenas resulted in the endorsement and integration of budgeting guideline into the general guidelines of HI-ECD that will lead to a harmonization of plans and budgets across sectors at national and sub-national levels.

At sub-national level, UNICEF technical assistance and advocacy efforts resulted in the endorsement of a provincial regulation in NTB and in the drafting of similar regulations in Aceh province, Mamuju and Bone Districts. In NTT, HI-ECD was included in the local medium term plan. These sub-national regulations will allow the prioritisation of planning and budget allocation for HI-ECD and will remain a priority in 2014.

To improve school preparedness programmes' quality, UNICEF in cooperation with the Ministry of Education and Culture, took some initial steps towards establishing a National Resource Centre that should be operational in 2014. This centre will facilitate learning and capacity-building for relevant stakeholders to promote quality of early childhood education. Capacity-building interventions focused in Aceh on improving the quality of ECD services at community level, while on improving access for marginalized children in Surabaya.

 On-track

IR 2070/A0/04/008/003 IR 3.2.3 (Java): Public-private early childhood development partnership private partnership framework on early childhood development access for most disadvantage children developed in Brebes and Pemalang districts of Central Java and in Situbondo district of East Java province.

Progress:

As a result of UNICEF's lobbying efforts and technical assistance provided to Government counterparts, HI-ECD has become one of the priorities of the East Java and Central Java provincial governments, resulting in the adoption of a Governor's decree focussing on improving access to HI-ECD for poor children in East Java and the on-going inclusion of HI-ECD within the local education law in Central Java. These regulations form the legal basis for budget allocation and scaling-up implementation of HI-ECD in both provinces.

To overcome challenges of coordination, sectoral and fragmented implementation of HI-ECD, UNICEF supported the modelling of HI-ECD centres, in cooperation with the PKK (women organisations) and Provincial Education Offices in Situbondo district (East Java) and in Brebes and Pematang (Central Java). Following UNICEF's advocacy, the provincial government of East Java allocated more than 4 billion rupiah for HI-ECD implementation, and organized innovative and path-breaking cooperation with the private sector to support the expansion of the pro-poor HI-ECD programme in the province. As a result, the provincial PKK (women's organization) has committed to support the implementation of 10,000 HI-ECD centres throughout the province of East Java.

Continuous advocacy to Governors and Bupati's remains crucial to strengthen coordination towards integrated budgets for HI-ECD and issuance of appropriate policies and guidance on how to implement HI-ECD.

 On-track

IR 2070/A0/04/008/004 IR 3.2.4 (Makassar) By end of 2013, district decrees on pro poor, integrated and quality early childhood development expansion are endorsed in Polman and Mamuju in West Sulawesi .

Progress:

UNICEF, in partnership with provincial and district governments worked towards developing a conducive policy framework underscoring the importance of integrated, multi-sectoral ECD that include relevant components from the health, nutrition, education and child protection sectors, guaranteeing all children a strong start to life. UNICEF supported the modelling of HI-ECD in Mamuju district in West Sulawesi province with a strong support from the Governor. Following UNICEF'S advocacy, a governor's decree on HI-ECD was issued early 2012.

UNICEF provided subsequent technical support for the modelling of HI-ECD services in eight villages to ensure effective coordination and resource mobilization across different sectors (health, education, family planning). Resulting from this process: (i) the departments of health, education and family planning now provide their respective ECD services in a coordinated manner in one venue; (ii) funds were allocated from the department of planning to support the implementation of HI-ECD (incentive schemes for ECD cadres, cash for micro finance, procurement and building of infra-structure, logistics, and; (iii) an innovative micro-financing scheme for mothers with children of 0-6 years was introduced to boost the demand for ECD services.

In the district of Polewali Mandar in West Sulawesi, although there is no specific decree on HI-ECD, persistent discussions with the district education office resulted in a Local law (PERDA) # 6/2012 on Education being issued, which accommodates HI-ECD. Additionally, poor children are being identified for inclusion, according to data derived from UNICEF- supported CBEIS in both Polewali Mandar and Mamuju.

 On-track

IR 2070/A0/04/008/005 IR 3.2.5 (NTT): By end of 2013, a framework of pro-poor integrative-holistic early childhood development is developed and endorsed to improve school readiness and nutrition status of young children.

Progress:

UNICEF, in partnership with provincial and district governments supported the development of a conducive policy framework for education authorities to ensure children aged 0-6 are provided with equitable opportunity to access ECD. Following UNICEF advocacy and technical support, seven districts (West Sumba, Kota Kupang, Alor, Belu, Sikka, TTS and East Sumba) developed issued or drafted regulations for an expansion of the HI-ECD. These regulations demonstrate the commitment of the provincial government and constitute the legal basis for the development of the district's operational plans (including budgetary allocation) in providing Early Childhood Education services in an integrated and holistic manner, encompassing different sectors (health, religion, family planning, and infrastructure) and with the active involvement of communities.

UNICEF will provide further financial and technical support to ensure the translation of these regulations into districts' education strategic plans, budgets and monitoring tools. Of particular importance will be the technical guidance for operationalizing the HI-ECD with synchronised plans and implementation arrangements across sectors. Also, to ensure plans are equity centred, UNICEF will provide further support to generate evidence on school readiness and the inter-linked nutritional status of poor girls and boys.

 On-track

PCR 2070/A0/04/009 PCR 3.3 By 2015, improved education sector preparedness plans and strengthened Government and CSO response capacities to disasters and emergencies.

Progress:

The Preparedness and Response Framework, developed by BNPB, resulted in a gap in terms of capacity and comprehension in the education sector, especially from the Government, to prepare and respond to every disaster. However, since 2013 UNICEF has been advocating with BNPB to increase their knowledge on Education in Emergency (EiE) and how important not to lose child's rights and opportunities to receive education even though in emergency situation. The advocacy was also done to MoEC to take lead and leverage their resources toward DRR, preparedness and response coordination. The work resulted into the insertion of education cluster approach into BNPB National Framework on Preparedness and Response and the identification of technical focal point under MoEC Secretary General to start the routine coordination meeting for all level of education involving international agencies and NGOs.

Apart from the initiative at national level, education contingency planning was also developed in targeted areas/provinces/districts for the education office in each respective area. Whenever requested officially by Government of Indonesia, UNICEF supply in forms of school in the box kit, ECD kit, school tents, school sanitation kit and recreational kits were made available to respond to a disaster. Following up the supply distribution, capacity building on EiE and adequate proportion of DRR in school were also given in collaboration with education cluster members such as Save the Children and Plan International, and the WASH cluster. For example, early in 2013, 217 schools in Jakarta received short training on WASH and EiE along with the supply due to flood emergency.

 On-track

IR 2070/A0/04/009/001 IR 3.3.1 By the end of 2015, Government capacity is strengthened to produce education preparedness/contingency plans at national/sub-national in selected areas.

Progress:

In 2013, UNICEF continued its technical support in reviewing the Disaster Preparedness Plan in close coordination with the National Disaster Management Body to ensure education was mainstreamed in preparedness, response and rehabilitation/reconstruction phases. Advocacy efforts will remain a priority in 2014 to increase the commitment and ownership from Ministry of Education and Culture to ensure that child's rights to education are met during any emergency.

As a follow-up to 2012 and with UNICEF technical assistance, education contingency plans in Jakarta, Sukabumi district, NTT, East Java and South Sulawesi Provinces along with six districts from NTT Province were finalised involving the education office, planning office, and community. Their endorsement and insertion in local development plans will remain a priority in 2014.

For provinces that have not yet developed their provincial contingency plans (Aceh, Central Java and NTT Province), UNICEF supported the development of guidelines for disaster management of education sector in emergency situation. These guidelines will serve as standard operational procedures in organizing education response during emergency.

PC 4 - Child protection

 On-track

PCR 2070/A0/04/010 PCR 4.1. By 2015 all vulnerable children are progressively protected by a comprehensive and community-based child protection system (e.g. social welfare, police, and justice) especially in five focus provinces.

Progress:

Advocacy and technical support from UNICEF to the Government of Indonesia and selected provincial and district governments have served to strengthen child protection systems, with a number of achievements.

Provincial governments in Aceh, Central Java, South and West Sulawesi and NTT and two districts (Klaten and Surakarta City) have adopted sub-national laws on child protection systems, which will increase efficiency of prevention of and response to violence, abuse, and exploitation that will benefit more than 40 million children in those provinces. Following the adoption of the Juvenile Justice Law in 2012, implementing regulations including standard operating procedures in handling children in contact with the law were drafted. Moreover, more than 20,000 police officers were trained to handle children in conflict with the law since the roll out of the UNICEF-supported training manual was integrated in the regular police training starting 2012. An integrated training module was developed and tested, which will equip pillars of juvenile justice system with required knowledge and

skills to implement the new Juvenile Justice Law. Implementation of this law will benefit more than 5,000 children a year which without the law will be incarcerated.

The framework to strengthen family-based care and child protection system vis-a-vis social works was drafted with technical support from Griffith University which contributes to the current effort of the Ministry of Social Affairs to enforce its new programme paradigm on social welfare. Strengthening the capacities of social workers and managers on child protection became integrated part of the regular state-funded training implemented by MOSA. Pre-service capacity on child protection and child care was initiated through capacity building of the lecturers of the Bandung School of Social Work and other member-universities of the Association of Schools of Social Works facilitated by experts from Griffith University. Result from the Vulnerability Assessment to understand risks, barriers, and opportunities for family-based support models in six districts in partnership with PUSKAPA-University of Indonesia, Bappenas and the Government of Australia will provide the basis in developing an effective an effective social protection for child protection.

Almost 90,000 children from primary, junior and senior secondary schools were reached through the implementation of child friendly schools in 178 schools in five provinces. Guidelines are available and capacities established for prevention by community members through religious messages, increasing awareness of children and community members, in South Sulawesi and East Java and the positive discipline initiative in Papua.

 On-track

IR 2070/A0/04/010/001 IR 4.1.1. By 2014 child protection related laws and policies on system building are adopted at national and in four provinces.

Progress:

Following the adoption of provincial laws on child protection system in East Nusa Tenggara (2012), Central Java (2013), South and West Sulawesi (2013), and district laws in Klaten (2012) and Surakarta (2012) developed with support from UNICEF, the provincial governments of South Sulawesi and Central Java have moved forwards with drafting the implementing regulations through Governor's Regulation. The Draft Guideline on Developing System-based Child Protection Sub-National Law, developed by the Ministry of Women Empowerment with support from UNICEF, is ready to be adopted. The guideline will assist other provincial and district governments in developing comprehensive legal frameworks on child protection.

Following the adoption of the Juvenile Criminal System Law in July 2012, the Ministry of Law and Human Rights is leading the development of 6 government implementing regulations and 2 presidential decrees as called for by the law, which will in effect in 2014. The adoption of the regulations and decrees ensure that agencies responsible for justice for children follow internationally accepted standards.

National level support to review the implementation of the 2007 National Strategy on Universal Registration of under-5 Children and developing a new Strategic Plan for Universal Birth Registration was constrained. In West Sulawesi, a guideline to integrate the birth registration system was adopted in Polewali Mandar and Mamuju districts. Memorandum of Understanding to implement relation system on birth registration with education and health sectors was adopted in Polewali Mandar District. In Aceh Besar district, a draft assessment which includes the situation of birth registration rate as well as findings and recommendation on service delivery, funding, supporting policy, planning, implementation, monitoring and evaluation of birth registration schemes is ready to be finalized. An evaluation is underway on birth registration initiative in Surakarta City, Central Java, from which universal strategy for birth registration will be developed.

 On-track

IR 2070/A0/04/010/002 IR 4.1.2. By 2015 ministries and related institutions at national level and in five provinces have developed technical and implementing regulations and increased the capacity of human resources in line with the Juvenile Justice System Law and international standards.

Progress:

Modules for police training to handle children in conflict with the law, based on Law on Juvenile Criminal System, were integrated and rolled in regular police training since 2012, benefiting more than 20,000 cadets and police officers annually, particularly those working in Protection of Women and Children Unit. The Modules on child protection and training of 51 trainers were supported by UNICEF in 2012. The training will ensure that officers have the required capacity to implement the Law.

With UNICEF support, multi-sectoral integrated training modules to address children in contact with the law based on the Juvenile Criminal Justice System Law were drafted and tested to be finalized and rolled out in 2014 through a Presidential Decree.

The Directorate General of Corrections, Ministry of Law and Human Rights, with support from UNICEF, has led the development of regulations and standards for handling children in the correction system, which are required in order to implement the Juvenile Criminal System Law. The development of the standards for handling children in the correction system also follows a specific chapter on children, developed in 2012 with support from UNICEF, which will be integrated on the draft law on the correction system to be deliberated in 2014. A community-based restorative justice model will be piloted in Aceh, Central and East Java starting in 2014.



IR 2070/A0/04/010/003 IR 4.1.3. By the end of 2015 coordination on child protection are effectively implemented at the national level and in Central and East Java, Aceh, South and West Sulawesi, and East Nusa Tenggara.

Progress:

Clear and specific mandates and authorities for coordination on child protection by key government agencies - which will increase the effectiveness of child protection interventions - are stipulated in the local child protection laws in East Nusa Tenggara (adopted in 2012), Central Java (2013), South and West Sulawesi (2013) and districts of Klaten and Surakarta, Central Java (2012). The adoption of the laws follow the recommendations from the UNICEF and Bappenas-supported participatory mappings on child protection systems in six provinces (Aceh, East and Central Java, South and West Sulawesi, and East Nusa Tenggara) in 2011 in which strengths and gaps on child protection systems were identified. Provincial mid-term development plans in Central Java and South Sulawesi, making child protection a priority, follow the mapping recommendations. Indonesia's mapping experience was featured in UNICEF Global Webinar Series to strengthen child protection system. With technical assistance from FISCO and the UNICEF Regional Office, UNICEF Indonesia and Bappenas are undertaking the piloting of the "Governance Indicator Framework" to strengthen the results-based monitoring for child protection system. Preliminary recommendations to adapt and pilot the governance framework to monitor and measure child protection were developed, including further adaptation in the decentralized context. Bappenas is also taking the system-based approach to child protection as a framework in the development of the current background study for the RPJMN 2015-2019.



IR 2070/A0/04/010/004 IR 4.1.4. By the end of 2015 a strategy for strengthening child protection system into child and family welfare system established at national level.

Progress:

The Ministry of Social Affairs initiated steps to undertake the recommendations to further advance social work and child protection system in Indonesia including the establishment of a steering committee and a technical working group following the scoping undertaken by Griffith University. Preparations were undertaken to initiate area-based interventions on an integrated child protection and social welfare programme at national and in focus provinces of Central Java and South Sulawesi. Guidelines for Programme Kesejahteraan Sosial Anak (PKSA) exit strategy is being developed including the development of the family development sessions for PKSA beneficiaries.

The UNICEF-supported training materials for social workers on child protection were rolled out into regular Government-funded social work in-service training programme, benefiting more than 100 frontline social workers and managers in three UNICEF-supported areas alone. Further, following a training facilitated by UNICEF-supported team from Griffith University in 2013, 30 lecturers from MOSA-owned School of Social Work in Bandung and other universities under the Association of School of Social Work have skills as trainers on child protection and child care will strengthen the pre-service training.

UNICEF's support to Muhammadiyah, one of Indonesia's largest Islamic organizations, has improved the standard of care and supported transition of reintegrating children back to their families as reflected in the Decree issued by the Minister of Social Affairs. Once completed, the vulnerability assessment of children and families, carried out in 2013 in collaboration with the PUSKAPA-University of Indonesia, Bappenas and the Australian Government, will provide better understanding of the risks, barriers, and opportunities for Family-Based Support interventions in three provinces of Jakarta, Central Java and South Sulawesi.



IR 2070/A0/04/010/005 IR 4.1.5 By 2015 national strategy on violence against children prevention developed and tested.

Progress:

A pilot of child-friendly pesantren (Islamic boarding school), implemented by Institution for Religious and Philosophy Studies with support from UNICEF, indicated positive contribution in improving the care and protection of children in the pesantren, including reduction of violence and demonstrated improved interest in study and positive emotional qualities of children. Stakeholders including those in other provinces have benefited from the handbook on the implementation of child-friendly principles and from the documentation of the experiences in child friendly pesantren.

A web-based and social media campaign to stop violence against children generated 344 views in YouTube in 3 weeks, following the launching organized by Ministry of Women Empowerment and Child Protection, Ministry of Social Affairs, and Ministry of Information and Communication. The campaign will be expanded in 2014 to support dissemination of the violence against children survey conducted in 2013.

In South Sulawesi, a UNICEF-supported KAP study guided the strategies for prevention of inter-generational violence developed by the Provincial Office for Women's Empowerment and Child Protection including development of guidelines on violence against children prevention based on Islamic teaching, facilitator's manual parenting skills and children's awareness which were rolled out in the province. The provincial government of Aceh has updated data on violence against children in schools which serves as a baseline for developing a prevention strategy.

In Central Java, 35 trained facilitators and 16 trained peer educators on Child Abuse Prevention are now ready to strengthen the capacity of village community leaders and child forums to implement the development of child friendly villages in four districts. In Papua, positive discipline training has helped teachers in 20 UNICEF-supported pilot schools in three districts to learn an alternative way of corporal punishment and make positive relationship with the students.

 On-track

IR 2070/A0/04/010/006 IR Programme Support Child Protection

Progress:

UNICEF provided human resource support through this 'Intermediate Result' with the funds utilized in this IR to mainly help the organization contribute to the achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

 On-track

PCR 2070/A0/04/011 PCR 4.2. By 2015 decision-makers at national and sub-national levels have access to and utilize a comprehensive monitoring and data collection systems on child protection for policy, planning and budgeting purposes.

Progress:

With support of UNICEF and Bappenas, provinces in Aceh, East Java, Central Java, South Sulawesi, West Sulawesi, NTT identified gaps and recommendations to strengthen the child protection information management system in 2011 and utilized the result for programme planning and policy development. As a result of UNICEF's advocacy and technical support, the Government of Indonesia has completed data collection for the national prevalence study on violence against children in 2013, which will fill the gap on one of the data components of a Child Protection Information Management System: prevalence of child protection concern/issues. Once completed, the study will inform policies and programmes to prevent and response to violence against children in Indonesia, benefiting all children in Indonesia.

 Met

IR 2070/A0/04/011/001 IR 4.2.1. By end of 2014 key ministries at national and sub-national level have capacity to collect, compile, analyse and utilize child protection data for planning, policy development and budgeting.

Progress:

Following UNICEF-supported technical workshops and advocacy meetings, the Ministry of Social Affairs and Ministry of Women's Empowerment and Child Protection (MOWCP) together allocated US\$1.3 million for a Violence against Children Survey in 2013. With technical support from UNICEF and the Centers for Disease Control, the Government of Indonesia completed the adaptation of the questionnaire to the Indonesian context, development of the protocol, questionnaire and response plan in April 2013 and undertook data collection in August 2013. Once the analysis and report are completed in 2014, the study will provide information on prevalence of violence, risk and protective factors, impact of violence on health and help-seeking behaviour. It

will further better inform policies and programmes to prevent and respond to violence against children, including in the formulation of the mid-term National Medium Term Development Plan 2015-2019 and the revision of the 2010 – 2014 national action plan on prevention and response to violence against children.

The processes have also brought together key ministries and agencies (including MOSA, MOWCP, Statistic Office, and Bappenas) to work together and make collecting and using data on child protection as a priority. The experience has set new standard in conducting research on sensitive issues.

 On-track

PCR 2070/A0/04/012 PCR 4.3. By 2015 children are better protected from the immediate and long term impact of armed conflict and natural disasters.

Progress:

In general, the mechanism for Child Protection in Emergency (CPiE) is well-established and functional. The Rapid Response Team on CPiE of MOSA, which was established after UNICEF supported CPiE Coordination Training in November 2011 were assigned to various small to medium scale emergencies to coordinate responses on child protection in emergency, reaching more than 50,000 since December 2011.

Furthermore, UNICEF has strengthened the relationship between the Inter-Agency Sub Cluster on Child Protection, comprised of UN Agencies and NGOs, and the MOSA Ready Team. At sub-national level, capacity for preparedness and responses in Aceh have increased following the adoption of Preparedness and Contingency Plan for CPiE and establishment of trained provincial and district level Rapid Response Team, which increase the capacity to reach more than 1.7 million children (almost half are girls) in disaster-prone Aceh.

 Met

IR 2070/A0/04/012/001 IR 4.3.1. By 2013 the national child protection emergency preparedness and response mechanism is fully functioning at national and in 5 provinces.

Progress:

The Disaster Preparedness and Contingency Plan for Child Protection in Aceh was developed and finalised in 2013 with support from UNICEF. The Plan will guide effort to ensure that preparedness and responses are sensitive to child protection in emergency and will benefit up to 1.7 million children (almost half are girls) in disaster-prone province of Aceh. Members of the Rapid Response Team on Child Protection in Emergency (CPiE) both at national level (at the Ministry of Social Affairs/MOSA) and in Aceh (at provincial and district department of social affairs), who were trained in UNICEF-supported CPiE Coordination Training in 2011 or CPiE field workers toolkit in 2012, have responded to various nationally declared emergencies including the Jakarta flood 2013, Central Aceh Earthquake 2013, and Sinabung Eruption in 2013, benefiting more than 20,000 children. The Ministry of Social Affairs is planning to adapt the module on child protection in emergency developed with support by UNICEF and incorporate into a regular training conducted for social workers by MOSA's training centre.

PC 5 - Cross-sectoral costs

PCR 2070/A0/04/013 Costs cover coordination and management of the country programme in the country and zone offices, including supply and logistics, communication, planning, monitoring and evaluation.

 On-track

IR 2070/A0/04/013/001 IR 5.1 Support to programme implementation related to cross-cutting functions.

Progress:

UNICEF provided human resource support through this 'Intermediate Result' with the funds utilized in this IR to mainly help the organization contribute to the achievement of other IRs within the programme component, or across Programme components in the country programme of cooperation.

 On-track

IR 2070/A0/04/013/002 IR 5.2 Operating expenses in support of UNICEF operation in Indonesia

Progress:

Efficient use of financial resources to support programme implementation.

 On-track

IR 2070/A0/04/013/003 IR 5.3 Coordination, planning and monitoring

Progress:

The implementation of the Country Programme was effectively coordinated with programme clusters, field offices and key Government partners by the National Development Planning Agency (Bappenas) secretariat at central level and by the Ministry of Home Affairs (BANGDA) secretariat at sub-national level. Four provincial mid-year review meetings, two national midyear review meetings and two national annual review meetings on the 2011-2012 Multi Year Work Plan were successfully implemented in 2011 and 2012. The recommendation and follow up actions from these review meetings were consolidated and used to guide the development of the MYWP 2013-2014 during the working group (POKJA) meetings.

 On-track

IR 2070/A0/04/800/001 IR 1:Effective and efficient Governance and Systems:

Progress:

Strengthened Governance mechanisms and accountability for enhanced programme results and management efficiency. Enhanced positioning towards UN and donor community to sustain capacity to deliver planned results for children.

 On-track

IR 2070/A0/04/800/002 IR2: Effective and efficient management and stewardship of Financial Resources

Progress:

Processes, procedures, control and tools reviewed for enhanced programme performance.

 On-track

IR 2070/A0/04/800/003 IR3: Effective and efficient management of Human Capacity:

Progress: Enhanced management of human resources in support of improved programme delivery

 On-track

IR 2070/A0/04/800/004 IR 6.4 By 2015, funds from private donors in Indonesia are supporting 25 per cent of the Government of Indonesia/UNICEF Country Programme requirements, and private sector entities are actively engaged in upholding child rights through their business planning and activities.

Progress:

With the generous contributions of Indonesian donors from the private sector, latest estimate US\$5.9 million or IDR 61 billion was raised to support implementation of the GOI-UNICEF 2013 programmes. UNICEF's diversified fundraising initiatives in face-to-face programme, customer fundraising in the retail industry, out-bound telemarketing, and corporate philanthropic fundraising.

During the year, the country Office introduced the Children's Rights and Business Principles (CRBP), jointly developed by UNICEF, Save the Children, and UN Global Compact, involving more than 50 companies in Indonesia. Together with the Ministry of Women's Empowerment and Child Protection, UNICEF supported the establishment of the Indonesia Association of Child Friendly Companies comprising 20 major companies in Indonesia such as Astra International, Carrefour, and TUV Rheinland. Further promotion of the CRBP, UNICEF built partnership with Trisakti University post graduate programmes created interest among existing students to do a research on Corporate Social Responsibility (CSR) and Child's Rights in Indonesia. UNICEF also built partnership with Bank Central Asia in promoting exclusive breastfeeding in workplace to more than 50 employees in their headquarter office.

Results for children supported by private sector contributions include: reduction of stunting in Sikka, Klaten, and Jayawijaya; strengthening child participation and child-friendly communities in Jakarta; integrated malaria control in South Sulawesi and West Sulawesi; improving child survival in most deprived villages of Brebes, Buru

and Timor Tengah Selatan with community-based integrated management of childhood illnesses (C-IMCI) and Mother-Support Group (MSG); developing prevention model on violence against children in Central and East Java, South Sulawesi and Aceh; and scaling up and strengthening community approach to total sanitation and declaring villages as Open Defecation free villages.

Effective Governance Structure

The Annual Management Plan (AMP) developed early in 2013 year defined five key priorities, which were shared with the Office for clear understanding and adoption. UNICEF's Core Commitments for Children (CCCs) and response in emergency continued to be a priority, as Indonesia is an emergency-prone country.

The Mid-Term Review provided the opportunity to make adjustments to the Country Programme Management Plan (CPMP) and adjust some key roles, one of which was related to the emergency team that will report directly to the Representative from 2014. This will improve decision-making in relation to emergency operations and ensure proper lines of communication.

The Country Management Team (CMT) met throughout the year to review the management indicators and provide sound recommendations to the Representative, especially during the MTR process. The CMT's role during the MTR was to provide inputs, ensure the participation of staff from the different clusters/field offices and recommend the best approach for sound decisions. The Joint Consultative Committee (JCC) was also key in supporting the MTR in a participatory process.

The 2013 External Audit concluded in December presented a draft report with 18 recommendations, which were discussed. During the exit meeting, 12 observations were agreed upon with the auditors. While the Audit Report is expected to be issued by the end of the first quarter of 2014, the Office was proactive in addressing the weaknesses identified in the agreed observations and recommendations.

The Government of Indonesia continued to be engaged in the audit of Implementing Partners (IPs) receiving funds for programme implementation, which assists the Office to manage the risks associated with direct cash transfers (DCTs). However, the issuance of the Presidential Decree on fund channelling – the need for funds to be disbursed at central rather than provincial/municipal level – put a stop to DCTs as of July 2013. The means to disburse funds from central to sub-national level has not yet been agreed by the Government counterparts. The UN Resident Coordinator is following up with the parties involved and UNICEF continues to advocate to ensure funds can be disbursed for programme implementation.

Strategic Risk Management

The word "risk" is often used by management and staff in discussions, showing awareness and prompt willingness to mitigate risks. From time to time, the Chief of Operations reminds staff in all the UNICEF offices of the policy on internal controls and the mechanisms in place for measuring risk and also reporting in case there are unclear facts. Prompt action by management ensures confidence in the system.

The large disbursement in DCTs confirms attention to this area. The Office completed nine micro-assessments for new partners to ensure they had sound financial controls. Eighteen audits were performed by the Auditor General's Office and 49 spot checks were carried out. The selection of audits and spot checks was made based on a risk analysis, selecting partners that had received funds over US\$100,000 and that had not had an assurance exercise in the last two years.

With the introduction of the new regulation on fund channelling through national level, there has been no mechanism to disburse funds to IPs since July 2013. As a temporary measure, the Office undertook "direct implementation" for some activities, primarily through direct payment for training and meetings. Those were approved by the Deputy Representative on a case-by-case basis, with review and clearance by the Chief of Operations.

The Table of Authorities is reviewed regularly and the delegation letter issued in a timely manner to ensure that staff are aware of their roles and responsibilities.

Indonesia is prone to emergencies and the Emergency Unit is attentive to any natural disaster – in 2013 there were been floods, volcanic eruptions and some relatively small earthquakes. The Business Continuity Plan (BCP) was updated in April 2013 and a test conducted in December with positive results for communications by radio, satellite phone and BGAN. Transactions were tested in VISION remotely.

Evaluation

The Office developed the 2013 annual Integrated Monitoring and Evaluation Plan (IMEP) in February, which was monitored and updated on a quarterly basis throughout the year. Two evaluations were planned in the IMEP: an evaluation of the WASH programme in eastern Indonesia, and an endline evaluation of the 'Averting New HIV Infections among Young People in Papua and West Papua' initiative.

The WASH programme evaluation was completed according to plan. As an independent evaluation, it was managed by the Office's Monitoring and Evaluation Specialist. The process and quality of the evaluation was found to be good and the findings and recommendations have mostly been accepted by UNICEF. The draft findings and recommendations were presented by the evaluation consultant to stakeholders including Bappenas, the multi-sectoral Water and Sanitation Working Group, representatives from the Embassy of the Netherlands and UNICEF. The recommendations from the evaluation were taken up by the MTR, as well as by the newly-initiated WASH programme funded by the Bill and Melinda Gates Foundation. The evaluation management response was prepared and is being followed up.

The HIV endline evaluation is on track to be completed in the first quarter of 2014.

On national evaluation capacity strengthening, UNICEF initiated dialogue with Bappenas' Evaluation Directorate in 2013 with support from UNICEF's Regional Evaluation Advisor. An agreement was reached to develop a concept note on national evaluation systems and capacity development, based on which a needs assessment would be conducted.

The MTR recommended a change in the structure and accountability for evaluation. The evaluation function will be placed under a newly established Planning, Monitoring and Evaluation (PME) unit. This change in the structure is meant to ensure an effective evaluation function that can lead to improved quality of evaluations in Indonesia and in the region. In the new structure, the Chief of PME ensures technical guidance and quality control for evaluation, relying on external capacity provided by consultants and cooperating closely with the Regional Evaluation Advisor and Headquarters' Evaluation Office. The Chief of PME interacts with the Deputy Representative and the Programme Cluster Chiefs in developing the IMEP and ensures that evaluations are pitched at the

right level in terms of policy results for children. The Representative assumes overall accountability for evaluation and ensures it receives the attention needed by the CMT and that the management responses are followed effectively.

Effective Use of Information and Communication Technology

Data communications continued to use the IP-Sec connection for Lotus Notes and Vision SAP through a local internet service provider. With the frame relay backbone linking four field offices to Jakarta, cost-effective access by field users to Vision, Lotus Notes and other common applications was possible. Utilizing DHCP technology, which was successfully installed during the year, UNICEF staff can now easily plug their laptops into the network of any zone office they visit without the need for configuration.

By connecting the five field offices, video conferencing reduced travel costs and was used 56 times for CMT, programme or all staff meetings. Webinar and Skype connections also contributed to reducing staff movement and cost, and the ICT team has noted that use has greatly increased in 2013 compared with previous years.

As disruptions to key ICT operations are inevitable, the BCP/Disaster Recovery Plans for ICT together with Information Technology Operational Procedure manuals/documentation were constantly updated during the year, including implementing and testing of preventive measures to ensure that the Office could function as normal in the event of any major disruption or disaster.

For emergency purposes and for data communications, the Office has seven BGANs, spare Cisco switches and routers and other emergency kits strategically located in Jakarta and the field offices. Citrix access to major systems is active and was used regularly during the year. The IT BCP is incorporated in the Office wide BCP. One ICT staff member was seconded to support the Philippines emergency for two months and gained valuable emergency experience.

With regard to specific ICT for programmes, UNICEF together with some partners developed an Android phone based SMS system called DHIS 2 to collect maternal health related information from sub-district health facilities and submit this to the District Health Office. It is being piloted in Sorong District in West Papua, with positive impact reported so far.

The Office collaborates with the UN-wide group for HF and VHF communications which is coordinated and managed by UN Department for Safety and Security (UNDSS). The ICT working group that includes ICT staff from the UN agencies in Jakarta was active in meeting and sharing information and experiences.

The structure of the UNICEF ICT unit changed during the year with the implementation of 2012 structural recommendations. Consequently, the Other Resource (OR) funded ICT Specialist post (International Professional P3 level) could no longer be financed, which resulted in a unit reduced to two individuals (ICT Officer-National Officer B and Senior ICT Assistant-General Service 7).

Fund-raising and Donor Relations

UNICEF Indonesia submitted 16 donor reports with human interest stories, and the Country Office Annual Report. Due to the efficient internal monitoring and quality assurance system, the Office was able to submit all reports on time.

The Indonesia Country Office raised US\$21.8 million in Other Resources, which corresponds to 86 per cent of its annual OR ceiling of US\$25.5 million. Overall, the Office has mobilized US\$64.7 million (51 per cent) for the 5-year country programme OR ceiling of US\$127.5 million. No appeals were submitted in 2013.

Almost half of funds raised (49 per cent) in 2013 came from bilateral partners. Around a quarter (26 per cent) were generated from private donors in Indonesia (individuals and companies), while 5 per cent were contributed by UNICEF National Committees. Thematic funding amounted to 17 per cent, while another 3 per cent of the total income was Regular Resources (RR) set-aside funding.

Private sector fundraising within Indonesia plays an increasingly important role in funding UNICEF's programmatic activities in the country. In 2013, UNICEF raised IDR61.2 billion compared to IDR55.5 billion in 2012. The increase was less in US dollar terms (US\$5.9 million compared to US\$5.6 million in 2012) due to significant downwards fluctuation of the rupiah against the US dollar. Around 90 per cent of funds raised locally came from individual donors with the remainder being generated from the corporate sector. UNICEF Indonesia has approximately 40,000 regular pledge donors, who contribute on average US\$15 per month.

Out of total gross proceeds from local private fundraising, 66 per cent (US\$3.9 million) was allocated to the country programme, while 5 per cent (US\$296,000) was allocated to RR for global programming. Another 4 per cent (US\$236,000) was allocated to UNICEF emergency operations, both within Indonesia and in the Philippines. The remaining US\$1.4 million (25 per cent) was utilized to cover local fundraising costs.

Of total grants expiring in 2013 (US\$14.2 million) the Office was able to utilize 95 per cent (US\$13.5 million) for programme activities. Utilization of funds was monitored regularly, including during individual Programme Cluster meetings, based on the agreed Multi-Year Workplan with implementing partners. Monitoring of specific management indicators on expiring grants is part of the monthly and quarterly updates to the CMT, and included in the AMP 2013 performance indicators. Extension of grant duration is based on the agreement of the donor and finalized in a timely manner prior to the grant expiration date.

Management of Financial and Other Assets

The 2013 External Audit team leader rated the Country Office as a "good office". Eighteen draft observations were made and upon discussion 12 audit recommendations are expected to be finalized, on which the Office has already started to work.

The total expenditure of UNICEF Indonesia in 2013 was just under US\$30 million, a reduction of 16 per cent compared to the previous year (2012 expenditure US\$35 million). Approximately 80 per cent of the total expenditure represented staff costs (33 per cent), transfers to counterparts (33 per cent) and contractual services (12 per cent). The decrease in staff costs by US\$3.7 million compared to the previous year was based

on recommendations of the 2012 UNICEF Programme and Budget Review (PBR) submission. Transfers to counterparts also decreased by US\$4.3 million due to the introduction of new fund channelling regulations in mid-2013, which effectively stalled transfers to counterparts and reduced implementation in the second half of the year. An increase of 30 per cent in contractual services was observed as a result of the Office adapting to the middle-income concept of providing increased technical assistance.

While travel costs represent 5 per cent of the Office's total expenditure (US\$1.4 million), there was a decrease of 15 per cent compared to the previous year.

The CMT monitored indicators on a regular basis. The total amount of Regular Resources and Support Budget were spent as planned. The Office's overall utilization rate was 98 per cent of the total allocation (all funds). Managing expiring grants remains a challenge for the Indonesia Office, with the new fund channelling as a contributing factor. Funds that could not be spent amounted to approximately US\$522,000. The CMT requested the development of a Standard Operating Procedure for 2014 to ensure proper review by Cluster Chiefs to avoid any loss of funds in future.

The MTR was an opportunity to review the allocation of funding for posts for 2014 onwards. Out of 109 OR funded positions, in 2013, 15 had to be funded through Regular Resources bridging funds for six months or less, representing a total of US\$797,631.

The mid-year accounts closure exercise was an opportunity to "test" the year-end closure process, which went smoothly. The PPE was reviewed in July to ensure compliance and present the correct figures on the financial statement. A total of 1,525 items were recorded in VISION with a combined value of US\$3.4 million. While this review exercise was useful and assured the Office of the correct figure, there is a need for further review to adjust the "attractive items" based on the definition that those assets are considered portable and highly susceptible to theft. The Office has been re-tagging assets to be in line with VISION and to reflect the asset numbers. This was finalized for the Jakarta country office and in 2014 will be done in the field offices.

The DCT outstanding balance at the end of 2013 was US\$5.3 million, of which 20 per cent were outstanding between six and nine months, and 1 per cent for over nine months (US\$53,162). The Office continued its close monitoring of partners' implementation to ensure objectives are met.

Supply Management

The UNICEF Indonesia Office worked in close collaboration with local government authorities to ensure availability and local delivery of essential supplies. The total value of supply and logistics inputs to the delivery of Country Programme results in 2013 was US\$4.3 million, a decrease of 21 per cent from 2012 (US\$5.5 million). The procurement of goods represented 27 per cent of the total (US\$1.2 million) while procurement of services represented 73 per cent (US\$4.4 million). The Contract Review Committee met regularly and 36 cases were reviewed for procurement/services amounting to over US\$50,000, with no case rejected.

Approximately 70 per cent of local procurement was related to materials for the construction of school latrines. Some of the materials were provided to the districts of Soppeng and Takalar, which undertook the construction of 87 school latrines through

community participation. One service contract amounted to 40 per cent of the total contracting value and was related to fundraising services (approximately US\$1.2 million) whereas the remainder were smaller contracts for programme services.

UNICEF Indonesia continued its strategic partnerships for Early Warning Early Action by extended Memorandums of Understanding (MoU) with the Indonesian Red Cross Surabaya branch, Oxfam, and the Ministry of Public Works. A MoU with the Indonesian Red Cross branch in Banten is in process as part of the continuous effort to reduce warehouse storage costs. The two warehouses managed by the Office have US\$1.1 million of pre-positioned supplies for emergency response. Because of the pre-positioned supplies, the Office was able to provide timely assistance to the Philippines emergency by shipping 252 tents for victims of the Haiyan Typhoon.

In order to continue to increase efficiency and effectiveness of in-country logistics, the Long-Term Agreements (LTA) with the logistics companies Damco and DHL were extended.

Four joint field-monitoring visits were conducted with programme staff and Government to monitor the use of supplies and provide technical solutions to bottlenecks as part of Monitoring Results for Equity System (MoRES) Level 2 input-output monitoring.

Harmonization of UN common procurement was supported and strengthened by establishing a UN Common LTA for supplies and services, the UN Common Procurement Web Portal and UN Common Vendor Database. The engagement with the Ministry of Foreign Affairs to improve timely availability of Ready-to-Use Therapeutic Food (RUTF) in the country started in 2013 with the aim of conducting a UN Procurement Workshop with potential suppliers in early 2014.

The 2012 PBR recommended a change to the structure of the Supply Unit, as all positions were OR funded. Consequently, some existing staff were re-absorbed into new functions within the Supply Unit. However, funding for the positions is only available for six months in 2014. A need may arise to revise the structure of the Unit further in 2014 to adjust for the decrease in procurement.

Human Resources

The Human Resources (HR) unit, in collaboration with managers and supervisors, ensures the sections/clusters and the Office in general has the required mix of profiles, gender and geographic diversity. Hiring managers assess the competencies of their current team members when recruiting a new member to complement the existing team. Clusters assess their gaps and outsource the profiles needed for short-term results either through consultants or temporary appointments.

Structural adjustments were made in lieu of the Effectiveness and Efficiency initiative in rationalizing the Operations functions across all field offices and the country office through the March PBR and the submission of the Multi-Year Integrated Budget 2013–2017.

During the MTR exercise the Office reviewed its current structure against the results of the current Country Programme and recommended a few structural changes. The Office finalized the recruitment of the newly established International Professional posts, ensuring geographic diversity.

All staff, including field-based staff represented by the Chiefs of Field Offices, and the Staff Association contributed to reviewing and assessing the Office's performance and discussed their needs during the MTR. The Office conducted two coaching sessions: one for field staff and another for all CMT members including other supervisors. In addition, two senior national staff attended regional "Managing through Change" and "Supervisors as Coaches" trainings. The Office invested in staff learning and development activities to a cost of US\$101,115 in 2013.

The Office conducted a two-day Emergency Preparedness and Response (EPR) training with 26 staff members attending the training in Jakarta facilitated by regional colleagues in September. Monthly ERP and CCC meetings were conducted and the Early Warning Early Action website was updated every six months.

Five staff members were deployed to the Philippines to support the UNICEF emergency operation for Typhoon Haiyan, including the Representative as team leader under the Level 3 emergency response mechanism.

The Office also supported the emergency operation in Syria, deploying the Deputy Representative as Emergency Coordinator to Damascus as well as the Chief of the Aceh Field Office on an emergency field coordination assignment.

Three Peer Support Volunteers provide counselling to staff as required. The UNICEF Human Resources Manager is a member of the UN HR Working Group in Indonesia and participates actively in the common UN agenda for general HR issues, UN joint induction sessions, "UN Cares" briefings, anti-stigma campaign, "Time to care for our Health and Others", "Emergency Trauma", etc.

The JCC met three times during the year and meetings focused on staff well-being issues, including work/life balance, MTR and the office funding situation.

Frequent and open communication was essential, and ensured that the CMT and JCC responded openly to staff queries and concerns and that decision-making was a highly participatory and inclusive process. Involvement by the staff association in all committees and Office teams that dealt with the work environment and staff concerns also provided staff members with additional assurance that their voices were being heard. The Staff Association participated actively and contributed to the Multi-year Integrated Budget 2013–2017 submission and the MTR/PBR process.

Efficiency Gains and Cost Savings

UNICEF Indonesia continued to engage in reducing cost and improving efficiency.

In the 2012 PBR, the Office introduced a hub concept to reduce staff costs and improve efficiency. The savings were seen in the reduction of staff costs by 28 per cent compared to 2012: US\$9.7 million in 2013 against US\$13.4 million in 2012.

The use of video conferencing has also brought significant savings in travel costs, as the five field offices actively participated in meetings with the country office without having to travel. A 30 per cent reduction in travel costs was achieved compared with the previous year: US\$1.1 million in 2013 against US\$1.5 million in 2012.

Changes in AMP and CPMP

There are no major changes to the 2014 Annual Management Plan.

An adjustment will be made to the main objectives of the Operations team with a view to: i) reduce costs; ii) improve effectiveness and efficiency, and; iii) collaboration with other UN agencies. In this respect, it was agreed that the Deputy Representative and Chief of Operations would engage in more physical interaction with field offices to ensure that programmatic views and controls are in place and well understood by all.

UNICEF was once again invited to chair the Operations Management Team (OMT) for 2014, an important panel that improves efficiency amongst the UN Agencies in the country. The UN Country Team has also tasked the OMT to perform a review of the Common Services budget, including the contribution provided to the UNDSS Office, with a view to reducing cost.

The Indonesia Office will also require support from UNICEF's Division of Financial and Administrative Management (DFAM) as the current lease of the Jakarta office expires in December 2014. The Office has initiated contact with the management company to seek a cost adjustment for the next cycle and will seek guidance from DFAM in the first quarter of 2014.

Summary Notes and Acronyms

Notes – commonly used Bahasa Indonesian terms

Bupati - elected district head

Kader - community health worker

Musrenbang - multi-stakeholder consultation forum for development planning

Perda - local law

Pesentran - Islamic boarding school

Posyandu - community health service

Puskesmas - health centre

Renstra - strategic plan

Rifaskes - Health Facilities Research

Riskesdas - Basic Health Research

Susenas - National Socioeconomic Survey

Yayasan - Non-government/community-based organization

Acronyms

1000 HPK - 1000 Days of Life Movement

ACT - Artemisinin-based Combination Therapy

AJI - Alliance of Independent Journalists

ANC - Antenatal Care

APMEN - Asia Pacific Malaria Elimination Network

ASIA - Situation Analysis of Women and Children

BaKTI - Eastern Indonesia Knowledge Exchange

Bappenas - Ministry of National Development Planning

BCP - Business Continuity Plan

BMS - Breast Milk Substitutes

BNPB - National Disaster Management Agency

BPKP - Auditor General's Office

BPS – Central Statistics Bureau
C4D – Communication for Development
CBDIS - Community-Based Development Information System
CBEIS - Community-Based Education Information System
CCA – Climate Change Adaptation
CCM – Community Case Management
CCT – Conditional Cash Transfer
CFC/D – Child Friendly City/District initiative
c-IMCI – Community Integrated Management of Childhood Illness
CLTS – Community-Led Total Sanitation
CMT – Country Management Team
CP – Child Protection
CPAP – Country Programme Action Plan
CPiE – Child Protection in Emergencies
CPMP- Country Programme Management Plan
CRBP – Children's Rights and Business Principles
CRC – Convention on the Rights of the Child
CSD – Child Survival and Development
CSOs – Civil Society Organisations
CSR – Corporate Social Responsibility
DCT(s) – Direct Cash Transfer(s)
DFAM - Division of Financial and Administrative Management (UNICEF)
DHO – District Health Office
DRR – Disaster Risk Reduction
EAD – Education and Adolescent Development
EBP – Evidence-based Planning
ECD – Early Childhood Development
EiE – Education in Emergencies
EPI – Expanded Programme on Immunization
EPR - Emergency Preparedness and Response
HF – High Frequency
HIECD – Holistic Integrative Early Childhood Development
HR – Human Resources
HRBA – Human Rights Based Approach
ICT – Information, Communication and Technology
IDHS – Indonesia Demographic and Health Survey
IMCI – Integrated Management of Childhood Illnesses
IMEP – Integrated Monitoring and Evaluation Plan
IP – Implementing Partner
IYCF – Infant and Young Child Feeding
JCC – Joint Consultative Committee
KAP – Knowledge, Attitude and Practice
KM – Knowledge Management
KPA – National AIDS Commission
KPPA – Ministry of Women's Empowerment and Child Protection
LLIN – Long-Lasting Insecticide-treated bed net
LTA - Long-Term Agreements
MHA – Municipal Health Authorities
MICS – Multiple Indicator Cluster Surveys
MMR – Maternal Mortality Ratio
MNTE – Maternal Neonatal Tetanus Elimination

MOE – Ministry of Education
MOH – Ministry of Health
MoRES – Monitoring Results for Equity System
MOSA – Ministry of Social Affairs
MOU – Memorandum of Understanding
MOWCP - Ministry of Women's Empowerment and Child Protection
MTR – Mid-Term Review
MWH – Maternity Waiting Home
NERI – National Economic Research Institute
NGO – Non-Governmental Organization
NTB – West Nusa Tenggara Province
NTT – East Nusa Tenggara Province
NU – Nahdlatul Ulama
ODF – Open Defecation Free
OMT – Operations Management Team
OOSC – Out of School Children
ORS – Oral Rehydration Salts
PBR – Programme and Budget Review
PHBS – Clean and Healthy Lifestyle Programme
PHO – Provincial Health Office
PKH – Program Keluarga Harapan (conditional cash transfer programme)
PKK – Provincial Women’s Organization
PME – Planning, Monitoring and Evaluation
PMI – Indonesian Red Cross
Pokja AMPL – Water and Sanitation Working Group
RKPD – District Development Workplan
RPJMN – National Medium-term Development Plan
RUTF – Ready-to-Use Therapeutic Food
SBM - School-Based Management
SMERU – SMERU Research Institute
SPM – Social Policy Monitoring
STBM - Community-led Total Sanitation programme
SUN – Scaling Up Nutrition Movement
TNP2K – National Team for Accelerating Poverty Reduction
UN – United Nations
UNDP – United Nations Development Programme
UNDSS – United Nations Department for Safety and Security
UNFPA – United Nations Population Fund
WASH – Water, Sanitation and Hygiene
WHO – World Health Organization
YKAP – Young Key Affected Population(s)

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Multiple Indicator Cluster Survey in Papua	2012/003	Survey
2	Multiple Indicator Cluster Survey in West Papua	2012/004	Survey
3	Application of Info Bidan for Village Midwives	2013/001	Survey
4	Ex-post Evaluation of WASH programme	2013/002	Evaluation
5	An education sector response to Averting new HIV infections among Young people	2013/003	Review
6	Endline Survey Health of the Poorest Quintile Districts	2013/004	Survey
7	Endline Evaluation Survey of Education Assistance for Papua and West Papua	2013/005	Survey
8	Socioeconomic Assessment of Children Infected and Affected by HIV and AIDS in Indonesia	2013/006	Study

Other Publications

Lessons Learned

	Title	Document Type/Category
1	Malaria Elimination in Sabang, Indonesia	Lesson Learned