

Indonesia 2006 – 2010

I. Progress on key indicators

Indicator	Value	Year	Value	Year
Child population (millions, under 18 years)	78.0	2003	74.5	2008
U5MR (per 1,000 live births)	41	2003	41	2008
Underweight (% , moderate and severe)	26	2002	18	2007
Maternal mortality ratio (per 100,000 live births)	310	1998/2002	230^a	2007
Primary school enrolment (% net, male/female)	88/87, 93/92	2000, 2001/2002		
Primary school attendance (% net, male/female)			86/84^b	2006
Survival rate to last primary grade (%)*	89	2000/2001	83	2008
Use of improved drinking water sources (%)	78	2002	80	2008
Use of improved sanitation facilities (%)			52	2008
Adult HIV prevalence rate (%)	0.1	2003	0.2	2007
Child labour (% , children 5–14 years old)	4	2003	4^c	2001
GNI per capita (US\$)	810	2003	2,010	2008
One-year-olds immunized with DPT3 (%)	70	2003	77	2008
One-year-olds immunized with measles vaccine (%)	72	2003	83	2008

*Baseline data refer to primary school children reaching grade 5.

a The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths is 420 per 100,000 live births.

b Survey data.

c Indicates data different from standard definition.

II. Progress on key MTSP indicators 2006 – 2010

Focus Area I – Young child survival and development

- Medium-term budget/expenditure framework includes quantified targets for scaling up high impact health and nutrition interventions.

Focus Area II – Basic education and gender equality

- Education sector plans fully include specific measures to reduce other disparities;
- Quality standards for primary education based on “child-friendly schools” or on similar models adopted.

Focus Area III – HIV/AIDS and Children

- HIV/AIDS education integrated into the national curriculum at the secondary level partially or fully.

Focus Area IV – Child Protection from violence, exploitation and abuse

- Policies established on the provision of alternative care for children, in line with international standards.

Focus Area V – Policy Advocacy and Partnerships for Child Rights

- Institutionalized mechanisms for the sustained involvement of children and young people in policy development, policy review and/or programme implementation established at the local level partially or fully.

CONSOLIDATED RESULTS REPORT

Country: Indonesia

Programme Cycle: 2006 to 2010

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
FOCUS AREA 1. YOUNG CHILD SURVIVAL AND DEVELOPMENT				
Focus Area Linkages	<i>Expected results in this focus area will contribute to: (1) UNDAF expected outcome on support provided to MDG implementation and achievement; (2) MDG 4: Reduce the 1990 under-five mortality rate by two-thirds by 2015, (3) MDG 5: Improved Maternal Health (Target 6: Reduce the maternal mortality ratio by three-quarters, between 1990 and 2015); (4) MDG 6: Combat HIV/AIDS, malaria and other diseases (Target 8: Have halted by 2015 and begun to reduce the incidence of malaria and other major diseases); (5) MDG 7: Ensure Environmental Sustainability (Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation); (6) MDG 8: Develop a Global Partnership for Development; (7) World Fit for Children (WFFC) Plan of Action: Promoting Healthy Lives.</i>			
Key Result Area 1: Scale up high impact health and nutrition interventions.				
Health/ Nutrition	In Selected Provinces, Districts and Sub-Districts: 1. Increase and sustain to at least 80% full immunization coverage in selected provinces, districts and sub-districts.	Indicator: <ul style="list-style-type: none"> • Sustain 80% full immunization coverage in all districts • At least 80% full immunization coverage where coverage is low • Polio eradication by 2009, MNTE by 2010, and 90% of Measles cases reduction by 2010 (from year 2000 base) • Increase and sustain the proportion of reproductive-aged women receiving appropriate and timely doses of iron and TT immunization to more than 80% 	Three surveys (University of Indonesia EPI coverage Survey 2008; DHS 2007, and RISKESDAS Health Survey 2007) were conducted in Indonesia. Collectively these three surveys have given a better understanding on the status of the EPI programme specifically the un-immunized children in the country as to ' where, how many and why are they are not immunized. ' Data from various coverage surveys indicate that access to the programme as measured by BCG / DTP1 coverage is quite good, but the major problem that remains is the drop out. Infants who start their primary vaccination do not complete the full series as evident by a 20 per cent drop from BCG to DTP3 (RISKESDAS Survey) and an 18 per cent drop in DTP1 to DTP3 (DHS 2007). These, in absolute numbers contribute to around 1 million children annually. The RISKESDAS survey found that the country has 46.2 per cent of children fully vaccinated (all six antigens by one year of age) 45.3 per cent of children are partially vaccinated and 8.5 per cent of children are never vaccinated.	A number of positive steps have been taken by the GOI to accelerate routine EPI: (1) A Ministerial Decree has been issued on acceleration of EPI coverage in Indonesia, (2) A technical guideline has been drafted to provide guidance to districts/provinces to identify areas where un-reached children are through a mapping exercise, (3) GOI has committed to provide all additional vaccines and logistics needed for this acceleration activity, (4) GOI has also directed the provincial and district governments to allocate local funds to cover operational costs for these activities, and (5) UCI targets have been revised in the new Health Policy 2010-2014

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Health/ Nutrition		<p>Baseline: 2004 baseline estimates: 58% DPT3 (2002); 77% measles</p> <p>Status: Admin. Data 2009: 93.4% DPT3, 92.5% Measles Risksedas 2008: 67.8% DPT3, *1.6% Measles</p>	<p>Polio free status maintained since February 2006</p> <p>Indonesia has reduced Measles mortality by 90% as of 2009</p> <p>MNTE : High risk districts reduced to 10 , Phased validation starts in June 2010 and likely to finish by end of 2011</p> <p>TT 2 + protection = 73.3 %</p>	<p>In 2009-2010, an initial phase of EPI acceleration activities was initiated in 5 provinces of Java Island which has the largest number of un/ partially vaccinated children, with development of detailed action plan for acceleration of EPI coverage, with mapping of areas, number of children and reasons for low coverage. Under this effort, 95,773 new children were fully immunized. 10 new provinces are targeted in 2010.</p>
Health/ Nutrition	<p>In Selected Provinces, Districts and Sub-Districts:</p> <p>2. Increase and sustain to 80% the # of households using malaria prevention measures in programme focus areas with high endemicity.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> 70% of pregnant women and children routinely sleep under insecticide treated mosquito nets in selected provinces and districts in eastern Indonesia and Sulawesi. 70% of malaria infections are properly diagnosed and treated in selected provinces and districts in eastern Indonesia and Sulawesi. Routine and effective control of malaria vectors is established in selected districts in eastern Indonesia and Sulawesi. At least one district in Aceh moves to malaria pre-elimination phase as defined by WHO. <p>Baseline: 2000 baseline (under 5s): 2% ITN national only (2000)</p> <p>Status: Admin. Estimate: 38% LLTN</p>	<p>ITN use target for pregnant women achieved in districts of South Halmahera, Jayapura, Alor, and Kupang. Substantial progress made throughout eastern Indonesia with GFATM funding. Expansion to Sulawesi has begun in 2010.</p> <p>Malaria infections properly diagnosed and treated in Jayapura and South Halmahera Districts, as per targets. Substantial progress made throughout eastern Indonesia with GFATM funding. Expansion to Sulawesi has begun in 2010.</p> <p>Routine vector control established in South Halmahera District in North Maluku.</p> <p>Sabang District in Aceh has entered pre-elimination phase for malaria elimination.</p>	<p>Facilitating factors include excellent working relationship with MOH and WHO. Constraints are lack of trained personnel at district level, difficult and remote terrain, and variable political commitment at district level.</p>

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Health/ Nutrition	National: 3. Increase and sustain the proportion of under-fives receiving appropriate and timely doses of vitamin A to	<p><u>Indicator:</u> Vitamin A coverage rates among under-fives and post-partum women</p> <p><u>Baseline:</u> <i>2004 baseline: 64% U5s; 43% post partum</i></p> <p><u>Status (2009):</u> <i>83% U5s; 63% post partum</i></p>	<p>There is an improvement of vitamin A capsules coverage of vulnerable groups. It is likely that support provided to improve the capacity of health staff to conduct micro-planning for Vit A programme has contributed to the enhancement of the coverage.</p> <p>The release of guidelines on 'Management of Vitamin A Supplementation: A Guide for Health Workers' has certainly help the health workers at province, district and <i>puskesmas</i> level to improve their knowledge on the VAS programme management.</p>	<p>The reliability of demographic data is still a challenge to the management of the vitamin A coverage. Hopefully, the census actually ongoing will provide better estimates of population figures and thus, help to improve the planning of vitamin A programme and its coverage.</p> <p>Budget allocation to the purchase of vitamin A capsules is not always sufficient at district level. Yet, it is expected that advocacy at district level will help at improving the appropriateness of the budget allocation for vitamin A programme activities.</p>

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Health/ Nutrition	<p>National:</p> <p>4. Increase to at least 90% and sustain the number of households which consume adequately iodized salt nationally, with a substantial increase in the 43 districts with under 40% household iodized salt consumption.</p>	<p>Indicator: Red districts in the UNICEF-supported provinces (<40%) improve to yellow (40-70%) (<i>as per the colour coded map</i>)</p> <p>Baseline (2003): <i>73% of households consumed adequately iodized salt (national), < 40% in 43 districts).</i></p> <p>Status (2007): 62.3% (<i>national</i>)</p>	<p>Overall access to iodized salt has improved to 92%, and the proportion of households consuming non-iodized salt has been reduced from 14,1% to 8% between 2003 and 2007. However, the quality of iodization has deteriorated, as evidenced by an increase in proportion of inadequately iodized salt from 13% to 29%.</p> <p>In Rembang district, in 2005, only 55.3% households were consuming adequately iodized salt. Through multi-pronged strategy that includes social enforcement, law enforcement and improving quality of salt production, the coverage is improved to 71.4%. This achievement has been well documented. The results demonstrate how the program continues with a little support from UNICEF.</p>	<p>The poor absorption of farmer salt remains a challenge for USI. This is due to the lack of incentives for salt processors/producers to absorb this salt. Yet, some alternatives have been identified to overcome that challenge such as providing technical support to the large producers in reviewing their business plan in order to ensure that there will be an economic benefits to absorb the salt of small and medium farmers and producers. Advocacy on the importance of USI of big producers will also be helpful.</p> <p>The legal enforcement of salt iodization regulation remains another challenge. This is due to the low political commitment and weak or non-existent institutional and coordination frameworks. It is expected that the National Salt Committee now established will help at focusing on USI through its advocacy to high-level political decision-makers.</p> <p>Rembang success story will be used to advocate for USI at all levels.</p> <p>Approaches to achieve iodized salt coverage also have to be contextually developed. As such, the generic salt production initiated in Lombok and Bima islands are promising though supply of reagent seems to be a problem.</p>

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Health/ Nutrition	<p>In Selected Provinces, Districts and Sub-Districts:</p> <p>5. Increase and sustain the proportion of children under 10 years of age and reproductive-health aged women receiving appropriate and timely de-worming treatment to 80%.</p>	<p>Indicator:</p> <p>Increase and sustain the proportion of children under 5 years of age receiving appropriate and timely de-worming treatment to 80% in selected CHANSYS pilot areas (Sikka, Belu, Lombok Tengah)</p> <p>Baseline: Not available</p> <p>Status: Lombok Tengah district: 99% (2007), 92% (2009) for children 2-5 years old; Sikka district: 74% (2007), 87% (2008), 86% (2009)</p>	<p>MoH has adopted national policy for deworming of children aged 2-5 years old with albendazole.</p> <p>Policy for deworming of pregnant women has not been established.</p>	<p>Data on prevalence of worm infestation at all levels (national, province and district) is not readily available to guide planning and targeting of the deworming.</p>

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Health/ Nutrition	<p>In Selected Provinces, Districts and Sub-Districts:</p> <p>6a Increase and sustain the proportion of reproductive-health aged women receiving appropriate and timely doses of iron to 80%.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • National policies on adolescent nutrition and pregnancy nutrition endorsed by 2010 • National policy and guidelines on treatment of malnutrition updated by 2009 • 50% of severe acute malnutrition cases (weight-for-height <-3SD) detected and treated in selected areas • Increase and sustain the proportion of pregnant women receiving appropriate and timely doses of iron to 80% in selected provinces, district and sub-districts. <p>Baseline:</p> <ul style="list-style-type: none"> -No national policy on adolescent nutrition and pregnancy nutrition - National policy and guidelines on treatment of malnutrition not up-to-date - No data on the rehabilitation of severe cases of malnutrition available. <p>Status:</p> <ul style="list-style-type: none"> - In Lombok Tengah: 84,5% (2008) and 71,1% (2009) of women have received MMN tablets - Lombok Tengah district: 5 (2008) and 0 cases (2009) of severe malnutrition have been rehabilitated - Sikka district: 51 (2008) and 11 (2009) of severe malnutrition have been rehabilitated - Belu district: 67 (2008) and 141 (2009) of severe malnutrition have been rehabilitated - Belu district: 67 (2008) and 141 (2009) 	<p>No national policy on adolescent nutrition and pregnancy nutrition has been endorsed</p> <p>Guidelines on rehabilitation of severe cases of malnutrition are not finalized although they have been reviewed.</p> <p>The available data refer to the number of cases that have been detected and treated.</p>	<p>The RPJMN 2010-2014 highlights the need to improve nutrition of pregnant women. This may help at developing a policy on pregnancy nutrition.</p> <p>The treatment of severe cases of undernutrition among children 6-24 months is a priority for the government (as stated by the ministerial decree 741). Yet, the screening needs to be improve to detect more cases. Actually, the screening is performed at posyandu level. Consequently, only children who attend the posyandu have a chance to be detected.</p>

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	6b Increase births attended by skilled birth attendants to 80%, in at least 80% of all the focus districts supported by UNICEF	<ul style="list-style-type: none"> 80% of districts have 80% births attended by SBA. <p>Baseline: <i>Births attended by skilled personnel: 66% (IDHS 2002-03)</i></p> <p>Status: <i>Births attended by skilled personnel: 73% (IDHS 2007)</i></p> <p><i>In 2009, births attended by skilled personnel is 84.12% at the National level according to the Ministry of Health, routine reported data.</i></p>	In 2009: Only 15 out of 28 selected districts (54% of districts) reached the 80 % target of births attended by skilled personnel.	According to DHS there are still considerable numbers of deliveries by traditional birth attendance. In UNICEF districts midwife TBA partnership has been an approach to promote delivery by skilled attendance. The partnership although supported widely by the government, still needs to be translated into local law.
Key Result Area 2: Improved family and community care practices that impact on young child survival, growth and development.				
Health/ Nutrition	In Selected Provinces, Districts and Sub-Districts: 7. Sustainable increase by at least 50% the proportion of infant breastfeeding exclusively for the first six months of life, in selected provinces, districts and sub-districts.	<ul style="list-style-type: none"> % of infants exclusively breastfed (<6 months) <p>Baseline (2007): 35% (Belu district), 53% (Sikka), 23% (Klaten), 72% (Lombok Tengah)</p> <p>Status (2009): 43% (Belu district), 70% (Sikka), 43% (Klaten), 77% (Lombok Tengah)</p> <ul style="list-style-type: none"> National policy and Plan of Action on IYCF endorsed by 2009. <p>Baseline: No policy available on IYCF</p> <p>Status: An IYCF strategy has been finalized.</p>	The improvement of exclusive breastfeeding in the selected districts has been achieved through the provision of training on breastfeeding counselling and through the implementation of mother support groups at community level. The establishment of local policies and legislation has also contributed to the results as well as the implementation of the Baby-friendly Hospital initiative (Belu District).	The documentation of the Klaten success to improve breastfeeding practices has highlighted that strong commitment of the head of district, a multi-level marketing approach and the implementation of a local legislation are key elements to enhance breastfeeding rate. The WHO training module on breastfeeding counselling has been adopted by the MoH.

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Education and Health/ Nutrition	<p>In Selected Provinces, Districts and Sub-Districts:</p> <p>8. Increase by at least 25% the number of families with access to monitoring, information, preventive health services and essential resources that contribute to child survival, growth and development.</p>	<p><u>Indicator:</u></p> <ul style="list-style-type: none"> • % of households that are reached by programs supporting parenting for child development (including health, nutrition, development and safety) <p><u>Baseline:</u></p> <p><u>Status:</u></p>	N/A	

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Health/ Nutrition	<p>In Selected Provinces, Districts and Sub-Districts:</p> <p>9. Increase to 80% of the number of pregnant women who have access to complete antenatal care.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • Complete antenatal care coverage rates • % of pregnant women receiving TT2 <p>Baseline:</p> <p><i>Complete antenatal care coverage rates: national 64%</i></p> <p><i>% of pregnant women receiving TT2 : 51% (IDHS 2003)</i></p> <p>Status:</p> <p><i>% of women who received complete antenatal care: 66%</i></p> <p><i>% of women receiving TT2:49.7% (IDHS 2007)</i></p>	<p>In 2009, in 18 out of 28 selected districts reached the target of 80% complete antenatal care coverage.</p>	<p>The change reported in the districts range from a fall of 17% from 86% in 2006 to 72% in 2009 in Subang to a rise of 67% from 54% in 2006 to 90% in Sumba Timur which has a committed government with good budget allocation for MNH and a stable HR base.</p> <p>Jayapura reached the target of the fourth antenatal visit.</p> <p>Although antenatal coverage was seemingly higher, quality of care remained to be a challenge. Reviewing and strengthening of the standard midwifery practice is initiated.</p> <p>Antenatal care services provided by the private midwife should also be included in the ANC coverage data at all levels at the same time improving the quality of services of private midwives.</p> <p>Use of Local area monitoring and tracking has proven to enable midwives to monitor their service coverage and quality as well as individual care.</p>

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Health/ Nutrition	<p>In Selected Provinces, Districts and Sub-Districts:</p> <p>10. Increase to 90% the number of pregnant women who have access to basic emergency obstetric care.</p>	<p><u>Indicator:</u></p> <ul style="list-style-type: none"> % of pregnant women who have access to basic and comprehensive EmOC per 500,000 population in selected districts <p><u>Baseline:</u> <i>2004 baseline: 72% national; 68% programme provinces (unknown source)</i></p> <p><u>Status:</u> <i>In 2009, Proportion of pregnant women with complication who are treated : 41,81% at the national level (reported data, Ministry of Health)</i></p>	<p>According to the Ministry of Health 2009 routine data, the % of pregnant women with access to BEmONC/CEmONC:</p> <p>West Java - Sukabumi: 8% Central Java - Banjarnegara, Wonosobo and Rembang: 100% East Java - Tulungagung: 59%, Probolinggo: 62% and Bondowoso: 77 % Banten - Pandeglang: 70% and Lebak : 48% South Sulawesi - Bone: 66 % West Sulawesi - Polewali: 74 % Maluku - Buru: 24%, MTB: 19% and Ambon: 19% North Maluku - Tidore: 32%.</p>	<p>Data for proportion of pregnant women with complication who are treated in BEmONC/CEmONC facilities is incomplete or not available at national, provincial and district levels.</p> <p>Hospitals and providers do not have clear standard operational procedures, guidelines and protocols for managing obstetric and newborn complications.</p> <p>Geographic and cultural barriers of access to emergency and referral care still exist at the rural and remote communities.</p>

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Water/ Sanitation	<p>In Selected Provinces, Districts and Sub-Districts:</p> <p>11. Increase to 70 % of households the population which has access to a safe water supply and adequate sanitation facilities in programme focus areas in 30 districts</p>	<p>Indicator:</p> <p>% of population using an improved water source (more than 10 metres away from excreta disposal site)</p> <p>% population using an improved basic sanitation facility</p> <p>% of households with improved hygiene practices</p> <p>Baseline: <i>Safe water 50% national, 49% programme prov. (2002); sanitation 67% national, 62% programme provinces(2004).</i></p> <p>Status:</p>	<p>The work under this section was integrated and consolidated under the next key results (no 12)</p>	<p>Please see the constraints and facilitating factors in the key result below.</p>

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Water/ Sanitation	<p>In Selected Provinces, Districts and Sub-Districts:</p> <p>12. Improved hygiene practices and access to safe water and sanitation in about 180 villages in 25 districts directly benefiting about 320,000 people</p> <p>Improved hygiene practices and access to water and sanitation among students and teachers of 500 primary schools in 25 districts and 5 urban areas</p> <p>Improved hygiene practices and access to water and sanitation among 70,000 slum inhabitants of five cities/ towns</p>	<p>Indicator:</p> <p># people using an improved safe water, # people using an improved basic sanitation, # household with an improved hygiene practice, # primary school access improved water, sanitation and hygiene practice, # people using an improved drinking water in five cities, # people using an improved sanitation in five cities, # household with an improved hygiene practice in five cities,</p> <p>Baseline: <i>Safe water 50% national, 49% programme prov. (2002); sanitation 67% national, 62% programme provinces(2004).</i></p> <p>Status:</p> <p><i>48% of rural population of the project area in 25 districts have improved access to safe water</i></p> <p><i>65% of the rural population targeted have access to basic sanitation and improved hygiene practices.</i></p> <p><i>45.5 % of the selected schools have improved access to water and sanitation and hygiene facilities</i></p> <p><i>20% of the people in 5 cities have received improved water and sanitation and hygiene facilities and practice healthy behaviours.</i></p>	<p>153,334 people (38.333 people) 211.000 people 211.000 people</p> <p>240 schools equipped with water and sanitation facilities</p> <p>Approx. 20.000 people</p> <p>Approx. 20.000 people</p> <p>Approx. 20.000 people</p>	<p>Need to Increase the number of villages and schools to reach the targeted population in the 25 districts</p> <p>Counterparts low capacity on implementation project based on time frame</p> <p>Good strategy on STBM (Community based total sanitation) from MoH</p>

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Key Result Area 4: In declared emergencies, every child is covered with life-saving interventions (as per Core Commitments to Children in Emergencies (CCCs)).				
Health/ Nutrition	<p>In NAD and North Sumatra:</p> <p>13. Re-establish and sustain essential health care services in NAD and North Sumatra, including well-functioning services for emergency obstetric and newborn care, child health, immunization, malaria treatment, nutrition surveillance and intervention.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • Complete antenatal care coverage rates • % of pregnant women receiving TT2 • % of births attended by skilled health workers • % of newborns and % of mothers who received a check up by a trained or skilled provider within 3 days • % of basic and comprehensive EmOC per 500,000 population • Measles, DPT3, OPV3 and HepB3 coverage rates • % of households in highly endemic areas use ITNs <p>Baseline: .2005 post-tsunami baseline estimate: Negligible</p> <p>Status: 2009 Aceh Provincial Health Profile Complete ANC coverage = 81.80% TT2 in pregnant women = 64.38% % births attended by SBA = 85.25% % newborns who received a check up by a skilled provider within 3 days = 66.85% % mothers who received a check up by skilled provider within 3 days = 58.80% % Measles = 79% % DPT – HB 3 = 77% % Polio 3 = 82% % households in highly endemic areas use ITNs = N/A % basic comprehensive EmoC per 500,000 population = N/A</p>	<p>In general:</p> <ul style="list-style-type: none"> • Increased access to public health care facilities (pre, ante and post natal) • Increased coverage of routine immunization though some antigens are reported lower than national targets • Decreased prevalence of infectious diseases and vaccine preventable diseases • Improved surveillance system using more comprehensive tools 	<p>Constraints:</p> <ul style="list-style-type: none"> • Lack of allocated budget for health and nutrition programme and management of data • <i>In absentia</i> of village midwife especially in remote area to provide services • Availability and sustain supplies to provide health care services (vaccine, ADS, bed net, midwifery kit, etc) <p>Facilitating factors:</p> <ul style="list-style-type: none"> • Advocacy and communication skill for health care provider • Carry out Health & Nutrition campaign (i.e Free Malaria, Measles, Polio and EBF) to reach National targets • Engage Behaviour change approach → personal, family and community empowerment • Increase community demand (knowledge, health care seeking, compliance and satisfaction)

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Health/ Nutrition Water/ Sanitation	In other emergency and post-conflict situations: 14. Fully implement the Core Commitments to Children (CCCs) for young child health, nutrition and water, sanitation and hygiene in declared emergency situations.	<p>Indicator:</p> <p>% of declared emergencies where rapid assessment for H/N CCCs is conducted within first 30 days;</p> <p>% of declared emergencies in which such interventions as immunization, micronutrient supplementation, emergency health kits, ORT, etc. are utilized.</p> <p>% of affected household/population affected with a minimum safe drinking water supply</p> <p>Baseline N/A</p> <p>Status: <i>Assistance reached the population affected by emergencies in an efficient and timely manner.</i></p>	<p>2006- Yogyakarta/Central Java Earthquake HH survey to oversee the infant feeding practices and food donations, and implementation of NiE interventions (IFE and 40hours BF training, vitamin A supplementation with measles campaign, distribution of sprinkle for U-5 children and multiple micronutrient tablets for pregnant and lactation mothers.</p> <p>2007- Jakarta Flood Distribution of micronutrient sprinkle and zinc tablets</p> <p>2009 – West Java Earthquake Distribution of IFE Tool Kit Distribution of non Food Items (hygiene kits and jerry cans)</p> <p>2009 – West Sumatera Earthquake Distribution of IFE toolkit and IFE and 40 hours breastfeeding counselling training. No BMS uncontrolled flow in the affected area. Distribution of 40.000 hygiene kits and 20.000 jerry cans of 20 litres capacity each. Installation of 10 water bladders and 6 generators to ensure the delivery of water in cities. Construction of semi permanent water and sanitation facilities in 43 temporary schools.</p>	<p>No official request from the government that slow down the response</p> <p>Activation of the Cluster Approach at the global level which eased the overall response.</p>

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Water/ Sanitation	In NAD and North Sumatra: 15. Re-establish water and sanitation services in selected districts in NAD and North Sumatra for 80% of households.	<p>Indicator:</p> <ul style="list-style-type: none"> • % of population using an improved water source (more than 10 metres away from excreta disposal site) • % of population using an improved basic sanitation facility • % of households with improved hygiene practices • % of population live in areas with solid waste management services <p>Baseline: N/A</p> <p>Status: <i>63.4 % population has access to improve water supply based (BPS).</i></p> <p><i>60.7% population has access to improved sanitation based (BPS).</i></p> <p><i>57% households with improved hygiene practices</i></p> <p><i>34.7% population have access to solid waste management</i></p>	<p>63.4 % population has access to improve water supply based.</p> <p>60.7% population has access to improved sanitation based.</p> <p>62% people use latrines 16% hand washing 93% boiling water</p> <p>34.7% population have access to solid waste management</p>	<p>Limited allocation of local Government budget on WASH</p> <p>People's knowledge on the importance of hand washing with soap is low while open defecation practises are high</p>

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FOCUS AREA 2. BASIC EDUCATION AND GENDER EQUALITY				
Focus Area Linkages	<i>Expected results in this focus area will contribute to:</i> (1) UNDAF expected outcome on support provided to MDG implementation and achievement; (2) MDG 2: Achieve Universal Primary Education (By 2015, all boys and girls are able to complete a full course of primary schooling); (3) MDG 3: Promote Gender Equality and Empower Women (Prevalence of underweight children under-five); (4) MDG 8: Develop a Global Partnership for Development; (5) Convention on the Rights of the Child (Articles 28 and 29); (6) World Fit for Children (WFFC) Plan of Action: (7) Provide a Quality Education (Expand and improve comprehensive early childhood care and education for girls and boys, especially for the most vulnerable and disadvantaged children); (8) Education for All (EFA Dakar Goals, except for adult literacy).			
Key Result Area 1: Improve children's developmental readiness to start primary school on time, especially marginalized children.				
Education	1. Increase the % of children who are developmentally ready to start school on time.	<p>Indicator:</p> <ul style="list-style-type: none"> % of children 2-6 years of age provided with access to community-based ECD services (boy/girl). <p>Baseline: 2-6 years of age, nationwide: 22.6%; programme provinces: 25.2%, urban 34%, rural 19%</p> <p>Status 2009: GER ECD 53.72%</p>	<p>The current (2009) status of statistic on ECD enrolment rate has no breakdown between urban and rural rates.</p> <p>This GER could be achieved due to massive campaign and funding support from Ministry of National Education down to village level that enabled establishment of community based and holistic and integrated ECD service which are affordable for parents in enrolling their children to the centres.</p>	<ul style="list-style-type: none"> In terms of investment, ECD is not considered as a program that showing feasible results in a short time. Therefore the focus of education programme is still from basic to junior secondary education where the government has determined them as compulsory and free. The marginalized children who live in rural and geographically difficult areas still have very limited access to holistic integrated ECD service.
Education	National: 2. Contribute to the creation of an enabling policy environment for comprehensive ECD that includes national standards for monitoring development readiness in ECD programmes.	<p>Indicator:</p> <ul style="list-style-type: none"> Integrated, comprehensive ECD policy with national standards for monitoring developmental readiness adopted at national level. <p>2005 Baseline estimate: No comprehensive ECD policy</p>	<p>The holistic and integrated ECD service for children aged 0-6 initiated by UNICEF has been adopted since 2007 through policy development not only by the Ministry of National Education but also by other relevant ministries (i.e. health, religion, women empowerment, social welfare, national family planning, community welfare coordination) under the leadership of national planning and development board (BAPPENAS).</p>	<ul style="list-style-type: none"> Ministry of Home Affairs (MoHA) would like to take single lead on establishing holistic and integrated ECD service due to the health post institution owned by MoHA and it caused discord with other ministries.

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Education		<p>Status 2009: Comprehensive ECD policy has been issued in the form of National ECD Strategic Policy issued by Bappenas in 2008 and Holistic ECD Implementation Guideline issued by Bappenas in 2009.</p>	<p>After one year preparation and formulation, ECD national strategy and policy guideline were issued in 2008 and 2009 respectively.</p>	
Key Result Area 2: Reduce gender and other disparities in relation to increased access participation and completion of quality basic education.				
Education	<p>National:</p> <p>3. Proportion of school-aged children out of school reduced and transition rates to post-primary education and training increased in partnership with Ministry and selected provincial and decentralized district government offices</p>	<p>Indicator:</p> <p><i>By boy/girl:</i></p> <ul style="list-style-type: none"> • NER and GER (for primary, junior and senior secondary schools); • PS and JSS completion rates; • Transition rate from PS to JSS. <p><i>By selected district:</i></p> <ul style="list-style-type: none"> • % of schools with adequate water and hygiene facilities <p>Baseline (2003): NER in primary education: 93.257%; NER in JSS 66.3%; PS completion rate 74.7%, JSS completion rate 48.8%</p> <p>Status (2009): NER in primary education: 95.14%; NER in JSS 73.62%; PS completion rate 84.20%, JSS completion rate 93.23%</p>	<p>CBEIS which has been developed and piloted in 7 target districts in 7 provinces since 2006 in collaboration with the centre for education statistic, Balitbang, MoNE, was adopted by MoNE as part of Education Management Information System (EMIS) in 2009. While the programme is usually piloted only in some sub-districts within one district, in 2007 the programme has been implemented district wide in Polman of West Sulawesi. The data collected was used as basis to design local government program to return drop out children to school. The local government of Klaten (Central Java) in 2008 also allocate budget to implement the programme district wide.</p> <p>Since the early years of programme collaboration, the Ministry of National Education has also allocated budget to implement the programme in non-UNICEF districts, such as Buleleng in Bali and Kuningan in West Java.</p>	<ul style="list-style-type: none"> • Many areas do not have community-based data which result in difficulties to track out of school children. • The implementation of a programme like CBEIS requires intensive technical assistance, good vision from the local government, and adequate human resource capacity at the local level, which are still major constraints of the programme implementation to date.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Education	<p>National and in Selected Provinces and Districts:</p> <p>4. EFA plans and budgets developed and implemented nationally and in selected provinces/districts.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> # of provincial/district plans and budgets developed and implemented. <p><i>2004 baseline estimate: Government has adopted a nine year compulsory education policy</i></p> <p>Status 2009: Government has implemented a nine year compulsory education policy.</p>	<p>EFA Forum has been established in all provinces in Indonesia and has become the government programme. The forum conducts regular coordination meeting at province and national level to help ensuring the achievement of EFA goals, especially in the area of planning, monitoring, and reporting. Two EFA guidelines have been produced by the Ministry of National Education in 2008 which provide guidance for the management of EFA Forum and the reporting, monitoring and evaluation of EFA.</p>	<ul style="list-style-type: none"> The government is still facing considerable challenges to address the gap in EFA achievement, especially in areas with geographical difficulties like eastern part of Indonesia. Timely and valid data are not always available although regular M&E system (e.g. school data) has been established for long time. Decentralization has its own challenge since during this era many districts and provinces consider have no obligation to send their data to the central level.
Key Result Area 3: Improve educational quality and increase school retention, completion and achievement rates.				
Education	<p>National:</p> <p>5. Expand to 2,000,000 the number of schoolchildren (boys & girls) who enjoy an improved quality of learning through a scaled-up/ mainstreamed CLCC approach.</p>	<p>Indicator:</p> <p><i>In SBM / CLCC schools (by boy/girl):</i></p> <ul style="list-style-type: none"> NER and GER (for primary, junior and senior secondary schools) PS and JSS completion rates PS drop out and repetition rates Transition rate from PS to JSS Achievement test scores <p><i>2008 baseline estimate: 800,000 children (including 592,850 with government budget in SBM / CLCC, MGP-BE supported schools)</i></p>	<p>The number of 1,700,000 children is actually a number at one point in time since in terms of accumulative achievement the programme has covered almost 1,650,000 children. This is because the SBM programme has been replicated or expanded by local governments or other partners to many non-target areas.</p>	<ul style="list-style-type: none"> The government regulations on SBM have not been supported by adequate implementation and monitoring and evaluation road map which make consistent and appropriate SBM implementation in many areas is still a challenge. Generally weak government systems of M&E at local level to assess quality improvements Quick turn over of policy makers at local level and wrong interpretation on 'free education' result in lack of understanding of & support for the SBM programme.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Education		<p>Status 2009: <i>almost 1,700,000 children (including 1,034,000 with government budget in SBM / CLCC, MGP-BE supported school).</i></p> <p><i>MGP-BE monitoring and evaluation (test conducted in 2009) results gathered in 2010 for 12 districts in 6 provinces:</i></p> <p>Completion rates PS: Boys 2008 99%, 2010 99.5%; Girls 2008 99.5%, 2010 99.7%. JSS: Boys 2008 97.9%, 2010 98.7%; Girls 2008 98.6%, 2010 99.1%.</p> <p>Dropout rates PS: Boys 2008 1%, 2010 .05%; Girls 2008 .5%, 2010 .3%. JSS: Boys 2008 2.1%, 2010 1.3%; Girls 2008 1.4%, 2010 .9%.</p> <p>Repetition rates PS: Boys 2008 7.3%, 2010 5.9%; Girls 2008 3.5%, 2010 3.6%. JSS: Boys 2008 .8%, 2010 1%; Girls 2008 .3%, 2010 .5%.</p> <p>Transition rates From PS to JSS: Boys 2008 91.3%, 2010 97.3%; Girls 2008 92.3%, 2010 97%. From JSS to Senior Secondary Level: Boys 2008 53%, 2010 80%; Girls 2008 64%, 2010 82%.</p>	<p>The achievement in terms of government budget allocation to maintain and sustain the programme implementation also has significant improvement. For example, in 2010 the local government of Jayawijaya in Papua allocates almost IDR 800 million to replicate SBM to other schools. Advocacy efforts are continuously done in order to encourage all local governments to implement SBM in their respective area. Similarly, high budget allocations provided across MGP-BE target districts and in Province of Riau and Lampung.</p> <p>Monitoring results in schools covered by MGP-BE programme show good improvement for most indicators. Noteworthy improvements appear in the transition rates both at PS and JSS levels. In 2008 the transition rates from PS to JSS was 91.3% and 92.3% for boys and girls respectively, while in 2010 the rates increased 6% (97.3%) for boys and 4.7% (97%) for girls. Transition rates from JSS to Senior Secondary Education also increased. In 2008 the transition rate was 53% and 64% for boys and girls respectively, while in 2010 the rates increase by 27% (80%) for boys and by 18% (82%) for girls. All school levels also showed small percentage decreases in student dropout rates.</p> <p>Capacity of Education Practitioners increased in MGP-BE target schools = 7,000+, non-target schools = est 16,000 (total 23,000) and institutionalization of good practice via Dinas Renstra and local Perda</p>	<ul style="list-style-type: none"> Weak community advocacy skills for promoting quality education and ensuring children's access Commitment and support from school principals and pengawas important factor for applying new approaches in schools and promoting quality improvement and access

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Education	<p>In Selected Provinces and Districts:</p> <p>6. Good basic education practices that improve access and/or learning outcomes for children have been mainstreamed into 12 districts in 6 provinces.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • # of districts planning and implementing selected basic education practices; • # of districts and provinces allocating funding for best educational practices <p>Baseline 2008:</p> <ul style="list-style-type: none"> • 0 of districts planning and implementing selected basic education practices; • 0 of districts and provinces allocating funding for good educational practices <p>Status 2010:</p> <ul style="list-style-type: none"> • 12 districts planning and implementing selected basic education practices through Dinas Pendidikan Renstra and several districts through introduction of supporting legislation such as Perda and SK Bupati • 12 districts and provinces allocating funding for best educational practices through Dinas Pendidikan Renstra and several districts through introduction of supporting legislation such as Perda and SK Bupati • 2 Provinces developed plans and budgets for replicating good practice to non-target districts (Riau and Lampung) 	<p>The last monitoring result shows that in 2010 all of the 12 target districts of MGPBE programme have implemented selected basic education practices according to their needs. The implementation of these practices was supported by allocation of budget from the local governments. In addition to success implementation in the 12 districts, the provincial government of Riau (i.e. Dinas Pendidikan and Depag) is also allocating budget for wider replication of good practice in the province. Several districts in Province of Gorontalo, Riau and Lampung are in planning stages to allocate funds to good practices and replication based on further evidence-based advocacy with local officials.</p> <p>Many of these good practices now being institutionalized through Dinas Renstra which are outlining strategic plans including a rights based approach for children that will strengthen institutional capacities at local levels to ensure children's access to quality education.</p> <p>Planning guidelines developed and being finalized.</p> <p>Evidence based replication guidelines developed and being finalized</p> <p>Education Finance guidelines for achievement of MSS at school level developed and being finalized</p>	<ul style="list-style-type: none"> • Insufficient community access to information on education opportunities, policies and children's rights • Low levels of coordination among government agencies at district level • Weak institutional capacities/resources at local level to support quality improvement initiatives • Fears of high cost for replicating school-based trainings • Strong evidence-based advocacy at local level demonstrating quality improvement has been key to replication of good practice to non-target schools also demonstrating affordability • Study tours and VIP monitoring by key officials in policy making realm • Leadership commitment by school principals and policy makers at local levels proven important for replication • Capacity development support for institutions at local level proving crucial for ensuring national policies are implemented at district and school level

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Key Result Area 4: Restore education in emergencies and post-conflict situations, and help safeguard education systems against the HIV/AIDS pandemic				
Education	<p>In NAD and North Sumatra:</p> <p>7. Re-establish and sustain education and ECD services in NAD and North Sumatra, including child-friendly schools, quality education practices, quality teaching and learning materials, ECD programs and parent training.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • % of tsunami-affected boys/girls with safe learning/ play spaces • % of tsunami-affected boys/girls with "child-friendly" schools • % of tsunami-affected boys/girls in school with adequate water supply and sanitation • % of affected schools in tsunami-affected areas reconstructed, rehabilitated with trained teachers and adequate supplies • % of tsunami-affected boys/girls with improved access to learning materials, textbooks and improved teaching practices/CLCC <p>Baseline:</p> <p>2005 post-tsunami estimate: 1,582 or 25% of schools damaged or destroyed; 2,245 or 13% of teachers/school staff missing or dead.</p>	<p>Emergency</p> <ul style="list-style-type: none"> • 235 temporary/semi-permanent schools constructed benefiting 21,150 children; • 861,100 children received emergency education supplies. <p>Reconstruction of child-friendly schools in affected areas:</p> <ul style="list-style-type: none"> • 345 permanent child-friendly-schools constructed and fully furnished, benefiting 71,611 children. <p>Quality education:</p> <ul style="list-style-type: none"> • Capacity of 9,067 teachers and school principals in delivering quality education enhanced, and • Capacity of 352 school committees for participatory school management enhanced <p>ECD:</p> <ul style="list-style-type: none"> • 122 ECD centres established and fully furnished and 1,244 cadres trained, benefiting 20,868 children <p>Nias: programme completed by 31/12/2009:</p> <ul style="list-style-type: none"> • Government commitments and budget allocation for sustaining and replicating the quality education and ECD programmes reached 	<ul style="list-style-type: none"> • Poor slope stability, swamps, and stones, or limited space in several constructions sites; • Construction of one CFS had to be cancelled upon government request; • Quality & timely delivery of supplies and logistics in accessing sites in rural and remote areas; • Compliance with earthquake resistant standards slowed down construction; • Highly competitive construction market has resulted in price increases and delays; • Poor capacity and racketeering of local contractors, lack of skilled local manpower, occasional hostility of the local communities as well as high turnover of implementing partners' staff; • Time-consuming negotiations at local level to solve issues between contractors and communities; • Capacity and high turn-over of governments' officials.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Education		<p>Status2009:</p> <ul style="list-style-type: none"> • 16% of tsunami-affected boys/girls with safe learning/ play spaces • 12.18% of tsunami-affected boys/girls with “child-friendly” schools • 12.18% of tsunami-affected boys/girls in school with adequate water supply and sanitation • 21.8% of affected schools in tsunami-affected areas reconstructed, rehabilitated with trained teachers and adequate supplies • 46.72% of tsunami-affected boys/girls with improved access to learning materials, textbooks and improved teaching practices/CLCC 		
Education	<p>8. In Other Emergency and Post-Conflict Situations:</p> <p>Fully implement the Core Commitments for Children in Emergencies (CCCs) for Education in declared Emergencies and post-conflict situations.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • % of children affected by emergency who have access to safe learning/ play spaces • % of affected schools reopened, replaced or made operational with trained teachers and adequate supplies <p>Baseline:</p>	<p><u>West Java:</u></p> <p>UNICEF provided 250 school tents to provide temporary learning space for about 20,000 primary school children. About 4,000 children have been provided with learning materials through provision of 80 school in a box.</p>	<p><u>West Java:</u></p> <p>The quality of some of the school tents was not so good so that they needed some repair before they could be used properly. Fortunately the Education Office in West Java had a team who had technical expertise in repairing the tents. The earthquake in West Java was not declared as a national disaster by the government which made international community's could not take action to provide emergency response right away.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Education		<p>Status (2010):</p> <p><u>West Java:</u> Earthquake in West Java on 2 September 2009 affected over 130,000 children from 2,179 severely damaged schools. Temporary learning space was provided for about 20,000 students using 250 school tents.</p> <p><u>West Sumatera:</u> Earthquake in West Sumatera on 30 September 2009 has affected over 141,000 students from schools with 4,730 classrooms being damaged. Temporary learning space were provided for over 27,000 children using school tents.</p>	<p><u>West Sumatera:</u> Over 27,000 children resumed learning in the second week after the disaster. About 2,500 vulnerable children received basic learning materials and 124 teachers benefited from the school in a box package. Over 1,500 pre-school children benefited from ECD materials, while over 13,000 children received psycho social support.</p>	<p><u>West Sumatera:</u> Many Education Cluster members did not have emergency supplies to support the emergency situation; Local NGOs were not active in the Education Cluster coordination. The Education Cluster has functioned relatively well, and the emergency response was provided promptly to make schools to be re-opened within two weeks time; Close involvement of the local government from early stage of emergency response to post emergency phase was an element of success in the emergency mission in West Sumatera. The government provided funding to provide temporary classrooms to facilitate better transitional strategy in education emergency.</p>
FOCUS AREA 3. HIV/AIDS AND CHILDREN				
Focus Area Linkages	<i>Expected results in this focus area will contribute to: (1) National HIV and AIDS Strategic Plan (2007-2010); (2) UNDAF expected outcome on support provided to MDG implementation and achievement; (3) MDG #6: Halt by 2015 and begin to reverse the spread of HIV/AIDS -- Progress in MDG 6 will in turn contribute to MDG 3, 4 and 5.</i>			
Key Result Area 1: Provide PMTCT information to 80% of pregnant women. For pregnant women who are HIV positive, the target is to enable 60% to have access to ARV prophylaxis				
Fighting HIV/ AIDS	<p>National and participating areas in the select districts in East Java, Papua, West Papua and Medan</p> <p>1. Increased access to HIV, PMTCT and pediatric AIDS information by pregnant women.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> 80% of all pregnant women in the participating areas in the select districts in East Java, Papua, West Papua and Medan will have access to HIV, PMTCT and pediatric AIDS information. 60% of HIV-positive pregnant women and HIV-positive children have access to ART services. 	<p>Technical and financial support for coordination and planning resulted in the development of a strategic plan for PMTCT for 2009 – 2014 and national guidelines. This plan is currently being costed, which will be the basis for resource mobilization from government and international funding sources.</p>	<p>Lack of capacity of medical providers</p> <p>Lack of integration of PMTCT services (including the opt-out policy) into ANC in provinces with a generalised epidemic, like Papua and West Papua.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Fighting HIV/ AIDS	2. Increased coverage of PMTCT and pediatric AIDS services for HIV positive pregnant women and children.	<ul style="list-style-type: none"> • A costed national plan of action for comprehensive PMTCT is developed and used to guide mobilization of financial and human resources to expand PMTCT coverage in high HIV prevalence settings. • M&E framework developed and used to monitor implementation of the plan of action for PMTCT at the national level; particularly in East Java, Papua and West Papua. • Standard Operating Procedure (SOP) on PMTCT and pediatric AIDS developed and implemented in East Java, Papua and West Papua. • Interactive and competency-based training modules on PMTCT and pediatric AIDS developed, disseminated and used in East Java, Papua and West Papua to develop capacity of service providers. <p><u>Baseline:</u> 2008 database of the MOH, NAC and UNGASS report on coverage of services; Coverage data from the health facilities in the participating areas</p> <p><u>Status 2010:</u></p> <ul style="list-style-type: none"> • 100% of pregnant women had access to HIV, PMTCT and pediatric AIDS information in UNICEF supported ANC centres • 61% of HIV-positive pregnant women and HIV-positive children had access to ART services in UNICEF supported ANC centres 	<p>Training modules for health care providers on Provider Initiated Testing and Counselling of HIV (PITC), standard workflow procedures for referral ARV hospitals and monitoring tools and indicators were also developed and made available to provincial and district department of health to improve the capacity of medical providers in supported provinces.</p> <p>The piloting of the integration of PMTCT services into ANC clinics were conducted in the following areas: Medan city covered 4 ARV referral hospitals and 4 community health centres; East Java covered 8 districts with 5 referral hospitals and 32 community health centres; Papua covered 1 district and 7 community health centres; West Papua covered 1 city and 5 community health centres. All pregnant women in these ANC clinics were provided with PMTCT and pediatric AIDS information.</p> <p>HIV positive pregnant women and HIV positive children had access to ART in the referral ARV hospitals in selected project sites .In 2009, the ARVs prophylaxis for pregnant women and their babies were provided as follow, as reported by MOH: in Medan: 11 (73.33%), in Kota Surabaya: 27 (100%), in Jayapura: in Kota Sorong: 10 (90%).</p> <p>Continuing technical and coordination support has also resulted in enhancing technical knowledge (management of ARV, prophylaxis, ante and post natal care, etc) of service providers at the reference hospital for PMTCT services, which improved the quality of services provided.</p>	<p>Lack of budget allocation to PMTCT, although there is an increased commitment from central and local authorities that needs to be translated into action.</p> <p>Finally, the development of the strategic plan and the costing methodology will enable the development of provincial and district costed action plans.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Fighting HIV/ AIDS	<p>3. Improved procurement and supply chain management of ARVs and HIV-related supplies at the national level in high prevalence provinces.</p>	<ul style="list-style-type: none"> • PMTCT action plan available at national level • M&E framework available • SOP on PMTCT and Paediatric AIDS available • Training modules on PMCT and Paediatric AIDS available • Latest research/technical updates on PMTCT and pediatric AIDS prepared and disseminated to policymakers at the national level and in East Java, Papua, West Papua and Medan, and service providers in East Java, Papua, West Papua and Medan. <p><u>Baseline:</u> No forum for experience sharing on PMTCT</p> <p><u>Status:</u> PMTCT Task Force established to enhance coordination</p> <ul style="list-style-type: none"> • Plans of action for procurement and supply chain management of ARVs and HIV-related supplies at the national and in high prevalence provinces are developed and used to increase availability and access of ARVs and HIV-related supplies. <p><u>Baseline:</u> 2007 National ARV and HIV-related procurement and supply chain management assessment</p> <p><u>Status:</u> ARV and PSM plans available</p>	<p>A PMTCT Task Force at central level was established and acted as an exchange of best practices and lessons learnt forum. Various renowned PMTCT practitioners were invited to share their experiences</p> <p>Plan of action for PSM is currently available at the national level. The efforts are lead by the CHAI/Clinton Foundation, with some technical inputs from UNICEF. UNICEF also procured on an emergency basis ARVs in 2007.</p>	<p>The establishment of the task force had enabled improved coordination for PMTCT.</p> <p>Limited technical expertise in handling PSM.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Key Result Area 2: Increase access for children infected and affected for proper protection, care, support and treatment				
Fighting HIV/AIDS	<p>National and in participating areas in the select districts in East Java, Papua, West Papua</p> <p>4. Greater availability of and access to comprehensive protection, care and support services for children and families affected by HIV and AIDS in East Java, Papua and West Papua</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • Number of children and families affected by HIV and AIDS in participating areas in East Java, Papua and West Papua who receive comprehensive services. • National situational analysis on children and families affected by HIV and AIDS is conducted and the findings used to develop policy, strategy and costed plans of action to guide policy and programming, and mobilization of financial and human resources to expand protection, care and support services for children and families affected by HIV and AIDS, particularly in East Java, Papua and West Papua. • Demonstrative models for protection, care and support for children and families affected by HIV and AIDS are conducted in East Java, Papua and West Papua. <p>Baseline: 2007 Situation Analysis of Children and Families affected by HIV and AIDS.</p>	<p>An assessment on children and family affected by HIV and AIDS was carried out in 14 districts in seven provinces. The findings from the assessment will guide development of demonstrative projects in select sites in four provinces. This information will be the basis for the development operational plans of action for a comprehensive response to children and family affected by HIV and AIDS, as well as other orphans and vulnerable children at the provincial and national levels.</p>	<p>The involvement of the Ministry of Social Affairs has accelerated the support provided to children and families living with HIV/AIDS</p> <p>Taking note that more attention needs to be devoted to support to PLHWA and their children, the new national Strategic Plan 2010-2015 is emphasizing the matter.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Fighting HIV/AIDS		<p>Status:</p> <ul style="list-style-type: none"> • 12.99% children and families affected by HIV and AIDS in participating areas in East Java, Papua and West Papua received comprehensive services. • National situational analysis on children and families affected by HIV and AIDS conducted • Findings of the situation analysis lead to the inclusion of children and families affected by HIV/AIDS into existing social protection programmes from the Ministry of Social Affairs 	<p>With support from UNICEF, the Ministry of Social Affairs was appointed as the focal point for children affected by HIV in collaboration with KPA. MoSA will coordinate activities at National level and Dinas Sosial at provincial levels (include all line ministries and related NGOs/INGOs). Budget to be allocated from MoSA and Dinas Sosial Resources.</p>	
Key Result Area 3: Increase young people's access to life-skills based HIV prevention education and HIV and reproductive health services				
Fighting HIV/AIDS	<p>National and in and participating areas in the select districts in East Java, Papua, West Papua</p> <p>5. Increase young people's access to HIV-related prevention and services information in East Java, Papua and West Papua</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • 80% of young people aged 13-15 years in school and 15-24 years out of school in the participating areas in East Java, Papua and West Papua have been reached with HIV-related prevention and services information. • Increased proportion of young people who have accurate HIV knowledge (UNGASS definition). • National strategy and costed plans of action, particularly in East Java, Papua and West Papua, are available to guide mobilization of financial and human resources to expand coverage of HIV-related prevention and services information for young people. 	<p>Over 200,000 young people were reached with HIV information in East Java, Papua and West Papua through HIV/AIDS life-skills in and out of schools. In addition, HIV and AIDS syllabi and modules were developed and integrated into biology for Islamic junior high schools in NAD province. Currently, <i>268 junior high schools in focused districts in Papua and West Papua</i> are implementing HIV&AIDS and Life Skills Education. This translates to 45% coverage of junior high schools in Papua and West Papua. Government's guidelines for the teaching of HIV&AIDS in schools have been issued in Papua province. The process of developing HIV/AIDS syllabi and teachers and learning materials is also on-going in Papua and West Papua provinces.</p>	<p>Lack of M&E framework for the HIV life-skills curriculum</p> <p>Lack of conceptual framework for the out-of school HIV&AIDS peer education programme</p> <p>Lack of programming tools for most-at-risk adolescents</p> <p>Increased commitment from national and local authorities to respond to HIV/AIDS, although societal taboos make it oftentimes difficult to address the issue of HIV/AIDS openly, especially among young people.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Fighting HIV/ AIDS		<i>Baseline:</i> Coverage data from schools and health facilities in participating areas in East Java, Papua and West Papua.	<p>In Papua and West Papua provinces, an improvement from 70% in 2003 to 89% in 2007 of the proportion of young people (13 – 15 years) in school who are aware of HIV was recorded. Also a decrease in the proportion of young people who ever had sexual intercourse from 11% in 2003 to 3% in 2007 among in-school youth; and from 55% to 35% among out-of school youth were reported.</p> <p>A team led by the National AIDS Commission, with technical support from UNICEF, collected and analyzed secondary data on young people's risk behaviour and their vulnerability to HIV. The age- and sex-disaggregated data has been a valuable contribution to advocate for stronger more focused response and greater resource allocation. This information was a key resource for the development National Strategy for Children, Youth and HIV. This latter strategy is now fully incorporated into the National HIV/AIDS Strategic Plan 2010-2015.</p>	
Fighting HIV/ AIDS		<p>Status:</p> <ul style="list-style-type: none"> • 89% of young people (13 – 15 years) in 45% of junior secondary schools have been reached with HIV-related prevention and services information in Papua and West Papua • 14.30% of young people have accurate knowledge of HIV • Increased allocations of financial resources to respond to HIV/AIDS epidemic among women and children in East Java, Papua and West Papua 	<p>The programme also carried out budget analysis and intensified evidence-based advocacy for effective resource allocation for HIV among children, women and young people at the national, provincial and district levels. This strategy is consistent with the government's decentralization of the fiscal and administration systems. It also responds to the technical assistance needs of the country as it moves towards MIC status.</p>	

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Fighting HIV/ AIDS			These investments led to greater attention for a stronger HIV response among children, young people and women at the national, provincial and district levels. They also led to allocation of resources by policy makers at national and provincial levels towards a systematic introduction of comprehensive services for children and women.	
Key Result Area 4: Enhanced participation by children and young people.				
Communica- tion Child Protection Education HIV/AIDS	8. A sustainable forum to promote child and youth participation is created.	<ul style="list-style-type: none"> • Policies adopted establishing national and local fora to promote child and youth participation • National child and youth forum established <p><u>Baseline</u> Nil</p> <p><u>Status:</u> 37 children forums at district and provincial level in 5 provinces established.</p>	<ul style="list-style-type: none"> • UNICEF has supported the establishment of children's forums at District and Provincial level in collaboration with local partners and counterparts 	Local government support and commitment in resources is still low but developing

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
	<p>9. Children are actively engaged in policy development and programme implementation and participate in groups and events within programme components of high relevance to children, adolescents and youth.</p>	<ul style="list-style-type: none"> No of local/sub-national/national mechanisms for sustained engagement of children and young people in policy development and/or programme implementation <p><u>Baseline</u></p> <p><u>Status:</u></p>	<ul style="list-style-type: none"> Yearly child participation forums in the form of Young Writer and Young Leadership Initiatives established. Since they were established, hundreds of children/ adolescents have taken part in both annual events which have become a platform for children to voice their concerns and aspirations to decision makers and the public. An average number of 2000 children participate in the annual events in 33 provinces. Media literacy initiatives were developed for children and their caregivers through the introduction of media literacy curricula for 6,000 students in 35 schools. This included the production and distribution of 48,000 booklets on reviews of children's TV programming on a quarterly basis for caregivers, educators and children. It also involved media education training for 140 teachers from 35 schools 	<ul style="list-style-type: none"> The effectiveness of these events to facilitate child participation needs to be evaluated to avoid the vents becoming merely a formality for child participation. In order to make the events more sustainable, the contribution and involvement of the government needs to be improved. To ensure the sustainability of the media literacy programme, advocacy to the Ministry of Education and Local Education authorities need to be conducted so that the media literacy can be adopted as part of the local content in the school curricula. Coordination with MONE needs to be enhanced.

* Susenas: National Socio Economic Surveys implemented yearly. The survey each year has a standard component (called Core) which is the same every year, and a non-standard component (Module), which is the same every 3 years. Birth registration and salt iodization are Module components, implemented only every 3 years. Advocacy and/or funding is needed if the non-standard component is desired in the years in between.

** Surveys or evaluations implemented specifically by the Cooperation Programme to measure programme results.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
FOCUS AREA 4. CHILD PROTECTION: PREVENTING AND RESPONDING TO VIOLENCE, EXPLOITATION AND ABUSE				
Focus Area Linkages	<ul style="list-style-type: none"> Expected results in this focus area will contribute to: (1) UNDAF expected outcome on protecting the most vulnerable from abuse, exploitation and discrimination; (2) Millennium Declaration (Section VI – Protecting the Vulnerable and Section V – Human Rights, Democracy and Good Governance); (3) UN Convention on the Rights of the Child and its optional Protocols; (4) World Fit for Children (WFFC) Plan of Action: Protect Against Abuse, Exploitation and Violence. 			
Key Result Area 1: Government decisions are influenced by increased awareness of child protection rights and improved data and analysis on child protection.				
Child Protection	<p>1. Government has the capacity to systematically monitor and report on all forms of violence, abuse and exploitation of children and to use the data generated in decision-making.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> Availability of instruments for comprehensive monitoring and evaluation Availability of child protection programme data that are disaggregated by age and gender Monitoring system developed and implemented at the national level and in selected provinces/districts through the integrated service units. # of provinces/districts where monitoring systems on abuse and exploitation are implemented <p>Baseline: Negligible data available. No systematic monitoring and reporting mechanisms in place.</p> <p>Status: Partially achieved, efforts to establish a systematic monitoring and information system on child protection have only been piloted in few provinces/districts. This initiatives needs to be further strengthened and documented for scaling up.</p>	<ul style="list-style-type: none"> Child Protection Information Management System (CPIMS) is currently being developed in partnership between UNICEF-Bappenas-University of Indonesia. Data have been obtained through various research and studies conducted. Disaggregated data on gender and age can be extrapolated through the database on case management mentioned below. Database on case management on women and child victims of abuse and exploitation developed in four pilot provinces. Three districts, one each in West Java, Central Java and South Sulawesi implemented monitoring system on abuse and exploitation. 	<p>Facilitating factor:</p> <ul style="list-style-type: none"> Awareness and commitment of key stakeholders to establish data and information system on child protection <p>Constraints:</p> <ul style="list-style-type: none"> Absence of a government “clearing house” to compile and collect data periodically. Regular demographic surveys preclude child protection related information, resulting to difficulty on determining prevalence data needed for policy and programme planning.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Key Result Area 2: Ensure effective legislation and enforcement systems and improved protection and response capacity to protect children from violence, exploitation and abuse, including exploitative child labour				
Child Protection	<p>In Selected Provinces and Districts, including in NAD and North Sumatra:</p> <p>2. Policies, legislation and measures that prevent, protect and respond to sexual and economic exploitation and trafficking, abuse and violence against children, including in conflict- and disaster-affected situations, are strengthened and implemented.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • Optional Protocol on the Sale of Children, Child Pornography and Child Prostitution ratified; • # of national laws, plans or policies developed and finalized on child protection issues; • # of districts/provinces adopting local legislation/policy on trafficking, sexual and economic exploitation, abuse and violence against children in line with international standards and national legislation; • # of districts/provinces with developed referral, reporting and reintegration system to respond to exploitation, abuse and violence; • # of districts/provinces with operational community monitoring and child/youth participation <p>Indicator:</p> <ul style="list-style-type: none"> • # of children's forum involved in policy making process and peer education. • # of children provided with recovery/rehabilitation support (boys/girls) • # of schools/pesantren/institutional care/detention centres adopting the 	<ul style="list-style-type: none"> • An academic paper drafted as a basis for policy discussion and public consultations on upgrading the status of the UN CRC and on legal drafting for the ratification laws incorporating the two optional protocols into national law drafted. • Ten¹ national laws, plans and policies relevant to child protection adopted. • 5 districts and 5 provinces in UNICEF-supported districts and provinces adopted local legislation/policy on trafficking, sexual and economic exploitation, abuse and violence against children • Eight-UNICEF supported provinces developed referral, reporting and reintegration system to respond to exploitation, abuse and violence • Five districts in 4-Unicef supported provinces developed operational community monitoring. • 37 children's forum at district and province levels in 5-UNICEF supported provinces developed, actively conducting peer education. • Girls: 1,848; Boys: 966 provided with recovery and rehabilitation support in six-UNICEF supported provinces. 	<p>Facilitating Factors:</p> <ul style="list-style-type: none"> • There has been an improved commitment of the government on child protection. This is evidenced through progress made on policy framework and structure developed. Additionally, there has been a gradual shift on the programme paradigm towards system building on child protection. <p>Constraints:</p> <ul style="list-style-type: none"> • Lengthy process towards the adoption of laws, policies and implementing regulations. • Limited budgetary allocation for child protection which is insufficient to enforce and implement laws and policies. • The fact that responsibility for child protection spans over a number of ministries presents challenges, As

¹ The adoption of the foregoing mentioned laws and policies is not all directly attributed through GOI – UNICEF collaboration. However it is mentioned here to provide an overall picture of the policies adopted during this period of collaboration. These laws and policies are: 1) Law No. 23/2006 on Population Administration; 2) Law No. 21/2007 on Anti Human Trafficking; 3) Law 11/2009 on Social Welfare; 4) Government Regulation No. 9/2008 on Procedure and Mechanism of Integrated Services for Witness and/or Victims of Human Trafficking; 5) Presidential Decree No. 69/2008 on Task Force for Prevention and Response to Human Trafficking; 6) Presidential Instruction No. 1/2010 on Accelerating Implementation of Development Priorities; 7) Coordinating Minister Decree No. 25/2009 on NPA on Anti Trafficking & Sexual Exploitation of Children; 8) Minister of Women's Empowerment and Child Protection Decree No. 1/2009 on Standard Minimum of Services for Response, Rehabilitation and Repatriation for Victims of Trafficking; 9) Minister of Women's Empowerment and Child Protection Decree No. 1/2010 on Standard Minimum of Service for prevention and response on Gender-based Violence; 10) Minister of Women's Empowerment and Child Protection Decree No. 2/2010 on NPA on Prevention and Response to Violence against Children.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
		<p>principles on prevention of violence against children</p> <ul style="list-style-type: none"> Standards for child-friendly schools/pesantren/institutional care/detention centres developed. <p>Baseline: <i>Limited availability of measures that systematically prevent, protect and respond to sexual and economic exploitation and trafficking, abuse and violence against children.</i></p> <p>Status:</p> <ul style="list-style-type: none"> Good progress has been achieved on policy work but need more effort to translate those policies into practice especially at sub-national level. Some good models of comprehensive child protection services developed in selected districts. 	<ul style="list-style-type: none"> 44 schools, 6 pesantren and 7 institutional care centres developed pilot initiatives on prevention of violence against children Standards for child-friendly schools/pesantren/institutional care/detention centres drafted and tested. 	<p>the division of responsibilities and authority is sometimes unclear.</p> <ul style="list-style-type: none"> Technical capacity of service providers particularly of adequately trained social workers at community level remains low

Key Result Area 3: Better protection of children from the impact of armed conflict and natural disasters (as per Core Commitments to Children (CCCs))

<p>Child Protection</p>	<p>In NAD:</p> <p>3. Child protection issues are integrated into the implementation of the reconstruction and peace building in NAD.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> Child Protection Strategic plan for NAD 2010 – 2014 together with budgetary allocation guidelines developed and applied by relevant sectors for annual program planning; Provincial Department of Women's Empowerment has capacity to engage in advocacy, policy development and inter-sectoral coordination. Provincial Department of Social Affairs has the capacity to co-ordinate and implement service delivery to children at risk of 	<ul style="list-style-type: none"> Child Protection Strategic plan for Aceh 2011 – 2020 is under development and being taken into account by Provincial Planning Board as an input to the Mid-term program planning; Provincial Department of Women's Empowerment and Child Protection has initiated an ad-hoc Secretariat to organize the advocacy, policy development and inter-sectoral coordination. Provincial Department of Social Affairs has initiated an an-hoc committee to co-ordinate and implement service delivery to children at risk of violence, 	<p>Facilitating factors:</p> <ul style="list-style-type: none"> Establishment of the structure within the local government - the Provincial Department of Women's Empowerment and Child Protection mandated in coordinating child protection. Presence of sub district social workers. Availability of integrated services accros all districts <p>Constraints:</p> <ul style="list-style-type: none"> Limited capacity of service providers including staff
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UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
		<p>violence, abuse and exploitation</p> <ul style="list-style-type: none"> • # of children received services and # of cases handled by the Social Welfare Department • # of children benefiting from rehabilitation and reintegration strategies; <p><i>Baseline (2005): Child protection issues not yet integrated into the planned implementation of the Peace Agreement Plan.</i></p> <p>Status:</p> <ul style="list-style-type: none"> • Substantial experiences and lessons learned derived from Aceh fed into national policy development. • Given the unique status of Aceh and available resources, most programme advocated have been scaled up at provincial level. 	<p>abuse and exploitation</p> <ul style="list-style-type: none"> • 352 children received services and 43 cases handled by the Social Welfare Department • 120,000 children in Aceh benefitted from rehabilitation and reintegration strategies. 	<p>turnover.</p> <ul style="list-style-type: none"> • Internal capacity within capacity versus budget availability
<p>Child Protection</p>	<p>National:</p> <p>4. National legislation in line with international standards related to children affected by armed conflict is implemented.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • Optional protocol on children affected by armed conflict ratified. • National legislation harmonized in line with international standards of the Protocol on Children Affected by Armed Conflict • # of local regulations adopted on protection of children affected by armed conflict <p><i>Baseline (2005): While Child Protection Law addresses issue of child soldiers, more thorough legislation on children affected by armed conflict is needed. Optional protocol is signed but not ratified.</i></p>	<ul style="list-style-type: none"> • An academic paper served as a basis for policy discussion and public consultations on upgrading the status of the UN CRC and on legal drafting for the ratification laws incorporating the two optional protocols into national law drafted. • Child Protection regulation adopted in Aceh province incorporate a chapter on protection of children affected by armed conflict 	<p>Constraints:</p> <ul style="list-style-type: none"> • The justification of the presence of the Child Protection Law, advocacy for the ratification of the Optional Protocol on Children Affected by Armed Conflict becomes debatable.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
		<p>Status: The legal drafting for the ratification laws incorporating the two optional protocols into national law has been concluded by the Ministry of Law and Human Rights and sent to the Office of the President for his endorsement prior to deliberation in the parliament</p>		
Child Protection	5. Emergency Preparedness and Response Programme within child protection and broader protection cluster developed	<p>Indicator:</p> <ul style="list-style-type: none"> • Government and key NGOs have capacity and skills to address child protection issues in emergency • Refresher training for inter-agency task force conducted annually. • Protection cluster contingency plan developed and updated periodically and preparedness plan developed and implemented. <p>Status: Emergency preparedness and contingency plan in place which needs to be updated.</p>	<ul style="list-style-type: none"> • Child Protection integrated in the Emergency preparedness and contingency plan of the Protection Cluster; 25 organizations from government, UN agencies, civil society/NGOs developed joint-tools and approaches for inter-agency Child Protection rapid assessment. • 100 hundred members of the inter-agency national task force and MOSA Training staff and 100 government staff in East Java trained on Child Protection in Emergency; A Toolkit on Child Protection in Emergency as well as an E-learning/CD-ROM were developed and disseminated. • Emergency preparedness and contingency plan of the Protection Cluster developed. 	<p>Facilitating factors:</p> <ul style="list-style-type: none"> • Most members of the Protection Clusters are child-focused organizations making it easier to develop consensus when necessary. <p>Constraints:</p> <ul style="list-style-type: none"> • Staff turnover among the cluster members

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Key Result Area 4: Children are better served by justice systems which ensure greater protection for them as victims, witnesses and offenders.				
Child Protection	<p>In Selected Provinces and Districts:</p> <p>6. Child-friendly and gender-sensitive procedures are developed within the formal justice system to better protect children as offenders, victims or witnesses and an integrated monitoring system and community-based restorative justice mechanism developed in selected districts and provinces.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • # of law enforcers trained on child-friendly and gender-sensitive procedures for children whether as offenders, victims or witnesses; • Child protection integrated into the Police training curriculum. • # of child-friendly facilities developed in law enforcing institutions in particular Police facilities; • # of provinces/districts where community-based restorative justice mechanism is implemented • Number of cases of children being diverted from the formal justice system <p><i>Baseline 2005: Integrated justice system which ensures greater protection for children who come into contact with the law whether as offender, victim or witness, not yet in existence.</i></p> <p>Status: Partially achieved. Good initiatives undertaken need to be strengthened and institutionalized.</p>	<ul style="list-style-type: none"> • 1,670 law enforcers at national level in selected provinces trained on child-friendly and gender-sensitive procedures for children whether as offenders, victims or witnesses. • An E-learning/CD-Rom on child protection for Police Officers developed and disseminated; Diversion Guidelines for Police adopted. • Two child-friendly court rooms were established, one each in Aceh and in West Java; Through the issuance of directive from the Head of National Police, Women and Children's Desks have been established in all Police Offices down to district level in Indonesia. • Four districts, two each in NTB and Central Java piloted the community-based restorative justice mechanism. • 15 cases in West Java 	<p>Facilitating factor:</p> <ul style="list-style-type: none"> • Law enforcing agency is centralized. Advocacy at national level directly trickle down all over the country. <p>Constraint:</p> <ul style="list-style-type: none"> • Varied priority of law enforcing agencies.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Key Result Area 5: Children and families identified as vulnerable are reached by key community and government services aimed at reducing their marginalization.				
Child Protection	<p>National: 7. A comprehensive system for the alternative care of children without primary caregivers developed, including standards, policies and legislation, and integrated into the social welfare system.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> • Existence and utilisation of the comprehensive system for alternative care, including standards, policies and legislation. • # of children without primary caregivers receive social support; • Policy and guidelines on alternative care developed; • # Social workers at the national level and selected provinces that have skills and capacity to implement the policies, and standards as well as effectively monitor vulnerable children • # of children in alternative care provided with community and family-based support <p><i>Baseline 2005: Some standards, policy and legislation in place (Child Protection Law and Policy on Separated Children, however still inadequate, esp. alternative care mechanisms).</i></p> <p>Status: Partially achieved. There is a need to strengthen family-based approach as oppose to institutionalization which has been the common practice.</p>	<ul style="list-style-type: none"> • Government regulation on comprehensive system for alternative care drafted. • 135,014 children received social support through the Ministry of Social Affairs. • Draft Ministerial Decrees and guidelines on alternative care and family-based care were developed. • 1,785 social workers at national level and in selected provinces trained on family and community-based care. • 540 children in 7-pilot orphanages will be facilitated with permanency care plan. 	<p>Facilitating factor:</p> <ul style="list-style-type: none"> • Improved commitment towards shifting paradigm in social welfare as reflected in the national priority and within the Ministry of Social Welfare. <p>Constraints:</p> <ul style="list-style-type: none"> • Inadequate and shortage of trained/professional social workers at all levels.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Child Protection	<p>National:</p> <p>8. Registration, tracing and reunification systems for children separated from their families developed.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> Existence of a registration, tracing and reunification program managed by national and local governments and service providers that incorporates best practices. <p>Baseline 2005 : <i>Systems not yet established.</i></p> <p>Status: Partially achieved. Need to develop system on a registration, tracing and reunification based from the Aceh experience.</p>	<ul style="list-style-type: none"> A database on separated children and children re-united maintained in Aceh; a registration and tracing tool developed and agreed upon by child protection agencies; a directive from the Director General of the Ministry of Social Welfare issued emphasizing family reunification in the event of any emergency situation. 	
Child Protection	<p>In Selected Emergency-Affected Provinces and Districts, including NAD/North Sumatra:</p> <p>9. Registration, tracing and reunification programmes for children separated from their families actively utilized.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> # of boys/girls without primary care givers provided with alternative family-based care and receive social support (from the Government) # of boys/girls reunified with families. <p>Baseline: <i>Registration, tracing and reunification ongoing, long term solutions needed</i></p> <p>Status: Fully achieved, in the context of Aceh/Nias. Experience from Aceh has been used as a reference in dealing with emergencies in other provinces.</p>	<ul style="list-style-type: none"> 120,000 children without primary care givers in Aceh and Nias received social support from the government. 2,549 separated children were reunified 	<p>Facilitating factor:</p> <ul style="list-style-type: none"> Inclusion of vulnerable children/families on the overall social protection programme of the government. <p>Constraints:</p> <ul style="list-style-type: none"> Periodic monitoring required to assess the status of children who were reunified.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and Facilitating Factors
Child Protection	<p>National and by selected province/district, including NAD/North Sumatra:</p> <p>10. A universal and compulsory birth registration system developed at national level and at least 85 per cent of children under one year old registered in selected districts.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> 85% under 4 years children registered at birth and have birth certificates (boys/girls) 400 districts/cities adopted and implementing local legislation on free-of-charge birth registration. 3 districts/cities (Sikka, Surakarta, and Aceh Besar) developed models on comprehensive birth registration system which are used to inform national policy and strategy. <p>Baseline: estimates (under 5s): 40.3% national; 41.8% programme provinces (2004); 21 districts adopted BR legislation (2005).</p> <p>Status: Partially achieved. Need to translate policies into reality particularly to all the districts that have adopted regulation on free of charge birth registration</p>	<ul style="list-style-type: none"> 56.4% under 4 years children registered (Susenas 2007) 385 districts/cities adopted and implementing local legislation on free-of-charge birth registration. Three districts cities developed models on comprehensive birth registration. (Sikka: “partnership between civil registrars and community midwives”; Surakarta: “utilization of birth registration card to as an incentive to access public services”; and Aceh Besar: online service on birth registration at sub-district level. 	<p>Facilitating factor:</p> <ul style="list-style-type: none"> Improved political commitment as shown on the increasing number of districts issuing policies on free of charge birth registration. <p>Constraint:</p> <ul style="list-style-type: none"> Absence of a national population administration data system makes it difficult to determine the impact of interventions on birth registration rates across the country. Accessibility of birth registration needs to be decentralized and requirements for birth registration needs to be simplified..

* Susenas: National Socio Economic Surveys implemented yearly. The survey each year has a standard component (called Core) which is the same every year, and a non-standard component (Module), which is the same every 3 years. Birth registration and salt iodization are Module components, implemented only every 3 years. Advocacy and/or funding is needed if the non-standard component is desired in the years in between.

** Surveys or evaluations implemented specifically by the Cooperation Programme to measure programme results.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
FOCUS AREA 5. POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN'S RIGHTS				
Focus Area Results Linkages	<i>Expected results in this focus area will contribute to:</i> UN Convention on the Rights of the Child; Article 42 (principles and provisions of the CRC are to be made widely known to children and adults alike); Article 12 (the child who is capable of expressing his or her own views shall have the right and be accorded the opportunity to express them freely); Article 4 (state parties commit to “undertake all appropriate legislative, administrative and other measures for the implementation of rights recognised in the Convention); Article 2 (emphasis on non-discrimination); also Articles 13 (right to freedom of expression), 15 (right to freedom of association) and 17 (right to access information/media); Millennium Declaration; CEDAW, particularly Article 2 (principle of discrimination).			
Key Result Area 1: Collect and analyze strategic information on the situation of children and women.				
Planning, Monitoring Evaluation	1. Up-to-date data are compiled providing information and knowledge on children and women	<p>Indicator:</p> <ul style="list-style-type: none"> • Agreement on global standard key indicator definitions • % of key indicators produced timely for monitoring the situation of mother and children at national and sub-national level, including the MDGs indicators, using the global standard of indicators definitions. <p>Baseline: 2006: There were neither standard indicators definitions nor agreement among different sectors, and organizations within them.</p> <p>Status: 2010: A common set of global 60 MDGs indicators are now available, which provides accurate, timely commonly-agreed and action-oriented data and information to promote laws, policies, programmes and informed decision making and resource allocation.</p>	<p>Strategic information on the situation of children and women is available and disseminated regularly, internally and externally, in collaboration with the Central Statistics Office, through government led surveys, UNICEF-assisted District Health Survey in Aceh, district situation analysis (ASIA), and MDGs monitoring. Sectoral studies from annual IMEP provide important information related to children and women. New partnerships with universities and think tanks have been created to produce more data related to child poverty and disparity.</p> <p>Strategically, the MDGs indicators monitoring has increased national and sub-national attention on the need and benefits of a sound statistical management, with the use of standard indicator definitions, data flow, and data analysis which follow international standards. The increased knowledge and government capacity has resulted in the increasing attention and use of information for planning for children and women in respective local areas.</p>	<p>Indonesia has a wealth of data from government-led surveys such as the National Socio-Economic Survey, Demographic Health Survey, Basic Health Survey and other surveys conducted by sectoral line ministries; however, data that is disaggregated, reliable, timely and reports to the international standard indicators is still not readily available, leaving gaps in the situation analysis on children and women. The capacity of counterparts at national and sub-national level is also uneven. Strengthening statistical capacity is a critical factor.</p> <p>An attempt to introduce a new concept of policy framework analysis or institutional capacity and vulnerability gap analyses in the 2010 Situation Analysis of Children and Women faces a big challenge. This is evidenced by the slow implementation of the Situation Analysis conducted by an Indonesian university, from which several problems occurred caused by low capacity and unfamiliarity of the subject matters. Strengthening data analysis capacity of national institutes is another important factor for the new country programme.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
Planning, Monitoring Evaluation		<p>At the national level, 45 of 60 (75%) MDGs indicators are produced and updated timely for the national MDG report.</p> <p>25 of 60 (42%) MDG indicators are produced for the Country Report Indicators (CRINGs) to update the organization's global statistical databases on the situation of children and women.</p>	<p>Programmatically, MDGs databases are well managed in 5 pilot districts of South and West Sulawesi provinces. The databases contain standard indicators definitions, functioning data flow management system, and can produce district profiles needed for local situation analysis to support planning and monitoring purposes. At the national level, data are used for reporting on key indicators related to the achievements of MDGs, CRINGs and other international reports.</p>	
	<p>2. Disaggregated data provide information on existing disparities and marginalized populations and emergency populations</p>	<p><u>Indicator:</u></p> <ul style="list-style-type: none"> • DevInfo operationalised at national and selected districts to monitor the situation of mothers and children and the MDGs. <p><u>Baseline:</u> 2006: DevInfo database did not exist at national and sub-national level. Also there was little awareness of better data management while using DevInfo, particularly on indicator selection and formulation, consistency and sustainability of data collection, data quality, and regular data processing.</p>	<p>In line with the Government's decentralization process, since 2006 UNICEF supported the compilation of up-to-date data, information and knowledge on children and women through the use of DevInfo to monitor MDG indicators throughout the nation to a district level, as well as to monitor emergency response (the Yogyakarta earthquake). From then on, DevInfo was introduced as monitoring tool for government institutions, UN bodies, and NGOs, of which quality is varied.</p>	<p>Database development has to be put in the context of data flow and data management system improvement. DevInfo can be used as a tool to encourage and stimulate this process, but cannot be considered an end result in its own right. Planning for database development, and often other initiatives, should include a clear definition of the indicators, i.e. how the indicators will be measured and calculated so that the data can produce meaningful results.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
<p>Planning, Monitoring Evaluation</p>		<p>Status: 2010: DevInfo databases are functioning in 5 pilot districts of South and West Sulawesi. A DevInfo database is established and updated regularly in one directorate in Bappenas. A national one-stop database using DevInfo and an online database on social indicators using web-based DevInfo are established at the Central Statistics Office. There has also been significant increase in the use of DevInfo in sectoral databases such as Aceh-Nias Info, MCH-Info, EFA-Info, CBEIS, and Community Based Development Information System (CBDIS).</p> <p>All other districts in South and West Sulawesi plus another 31 provinces, not participating in the MDGs monitoring project, have the guidelines for use as training or reference materials to assist the local governments in improving the database system.</p>	<p>Related, the sub-national capacity has been strengthened in collecting and analyzing strategic information on the situation of women and children as well as monitoring the programme progress through MDGs monitoring. The MDG project districts are applying the standard statistical methodology and maintaining/updating information in the district databases as a baseline in development planning. As well, they have applied web-based DevInfo in producing online database and standard statistical software packages for statistical data processing and analysis. Polman district at sub-national level and the Central Statistics Office at national level have established online database prototypes using web-based DevInfo, which can be accessed through http:// mdgs-info.bps.go.id/.</p> <p>Districts interested in replicating the activities are encouraged to learn from the package and also seek assistance from the trained facilitators. At the national level, the results of the project in supporting the district planning process have been widely disseminated in 2010 to formalize the replicating process of the model to the local governments.</p>	<p>Further, demand for reliable and disaggregated data must be created from the decision makers and line ministries. Continued advocacy appears to be required at this level to introduce the databases and the concept of poverty monitoring, to promote their importance, and to advocate the use of data and analysis in evidence-based planning. This is a prerequisite to enable focused attention on addressing the rights of the most vulnerable.</p> <p>As a cross-sector database, the implementation of DevInfo is often hampered by the sector ego and a weak coordination between sectors. An advocacy at the high level government agency is needed to ensure collaboration.</p> <p>It is also a challenge to institutionalize DevInfo in the government system for sustainability</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
Communi- cation	3. Support the promotion and timely monitoring of the CRC and CEDAW.	<p>Indicator:</p> <ul style="list-style-type: none"> • Mechanism for CRC/CEDAW monitoring and reporting operational • No. of partners contributing to the submission of CEDAW report <p>Baseline</p> <ul style="list-style-type: none"> • No mechanism for CRC monitoring and reporting • Limited number of partners contributing to the CRC/CEDAW report <p>Status:</p> <ul style="list-style-type: none"> • Mechanism for CRC monitoring and reporting is operational <p>Greater number of partners involved including CSO's at national and sub-national levels</p>	<ul style="list-style-type: none"> • Support was provided to the government in developing periodic report of the CRC through workshops with child rights focal points at provincial and national levels, to gather inputs from various stakeholders and to disseminate the CRC reporting requirements so that the government develop the report in a consultative manner, The Government's capacity in developing periodic report was enhanced. • Laws affecting children and women were mapped and analysed through "Legal Mapping" study. The outcome of the study was disseminated and deliberated among key stakeholders in a roundtable workshop. • Annual Journalistic Award on Reports on Children Issues has been established in collaboration with Independent Indonesian Journalists' Alliance. Every year, an average of 200 entries were submitted. 	<ul style="list-style-type: none"> • A further delay in the submission of Indonesia's periodic report to the Committee on the Rights of the Child. • Lack of effective coalition of child rights advocates affects coordination of advocacy activities for child friendly laws and regulations. Weak capacity and coordination in the development of the Government's periodic report on the implementation of the CRC also raised concerns among child rights organizations on the accuracy, reliability and overall quality of the report.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
Key Result Area 2: Research and policy analysis on children and women.				
Planning, Monitoring Evaluation	National and in Selected Provinces and Districts: 4. Policy, legislation and budgetary allocation increasingly demonstrate Government's commitment and priority attention to the rights of children and women within a framework of decentralization	<p><i>Indicator:</i></p> <ul style="list-style-type: none"> • % increase in budgetary allocations and support facilities to address major issues affecting women and children <p><i>Baseline:</i> 2006: Budget allocation for women and children was reflected in the National Development Plan and Local Development Plan, but information was not analysed</p>	<p>In line with the 2008 MTR recommendations, the progressive decentralization of Indonesia, and as outlined during the 2009 Strategic Moment of Reflections, UNICEF has refocused its programme directions and gradually moved towards policy engagement. The first phase Child Budget analysis initiated in the last quarter of 2009 at national and selected provinces provided a snap shot of how government commitment has been translated into child related policy and budgeting. Strategically, it represented a first time ever effort for child budget analysis in Indonesia as well as the first time UNICEF pursued a partnership with Ministry of Finance.</p>	<p>A sound situation analysis of government policy making and budget allocation will provide a strong foundation for evidence-based advocacy for planning and budgeting that gives priority to those most vulnerable and disadvantaged. Such an approach is important given Indonesia's highly politically driven decentralization process and the critical decision making role assigned to governors and local parliaments who possess limited knowledge on statistics. Creating demand from the highest level for disaggregated data on the situation of women and children, particularly at the decentralized level, is a determinant factor for successful policy formulation, legislation, budget allocation and monitoring of the achievements of children and women's rights in Indonesia.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
<p>Planning, Monitoring Evaluation</p>		<p>Status: 2010: New initiatives have been created to strengthen the policy and child budgeting, including the development of Indonesia specific Social Policy strategy, which guide the social policy work in the country, the Child Budget analysis, the drafting of a Knowledge Management action plan, the documentation of good practices and lessons learnt, and the exploration of strategic engagement with parliamentarians. Information on sectoral contributions to policy and budget allocation for children issues is also available through a policy mapping.</p> <p>Concrete evidence of leveraging commitment and budget allocation remains to be further explored</p>	<p>As a result the Governmental Reference Panel advised and requested UNICEF to continue supporting the Government in the second phase in two main areas, i.e. technical capacity building and pro-child evidence based advocacy. These recommendations are in line with UNICEF key result areas on research and policy analysis on children and women, with special consideration of child poverty and disparities, social budgeting, social protection, decentralization, migration, and legislative reform and also with key result on policy advocacy, dialogue and leveraging for children.</p> <p>Advocacy and dialogue takes place regularly between UNICEF and government on evidence based policy and budget allocation for children, on replication and sustainability of the programme/ projects. These have been made possible through staff enhanced capacities, as well as networking, partnership and leveraging of existing resources within the Indonesia country office and other country offices, and amongst other partners, including with government, United Nations agencies, national 'think tanks' and research institutions.</p>	

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
<p>Planning, Monitoring Evaluation</p>	<p>In Selected Provinces and Districts:</p> <p>5. Standard statistical approaches for monitoring key MDGs are in place and disaggregated data are produced and used to support decentralized social service planning.</p>	<p>Indicator:</p> <ul style="list-style-type: none"> # of districts adopting the developed statistical approaches in producing disaggregated data on key MDGs indicators; # of districts using disaggregated data for planning social services <p>Baseline: 2006: No district was using MDGs data for planning. Also no coordinated efforts existed towards consistent monitoring of key MDGs indicators at district level and below, or capturing, analysing and managing data related to them.</p> <p>Status: 2010: Five pilot districts in South and West Sulawesi use disaggregated data for planning social services, i.e.</p> <p>Takalar: MDGs data used in the District Poverty Reduction Strategy resulted in a budget allocation increase for poverty reduction from 6% in 2007 to 19% in 2008</p> <p>Polman: MDGs data were used in revising strategic planning for education in 2008-09</p> <p>Bantaeng: MDGs data led to district government allocating funds of RP 1 billion (approx.US\$ 111,730 – April exchange rate) per village for poverty reduction in 2009.</p> <p>Bone: MDGs data were used in the 2008-2013 District Medium Term Development Plan</p> <p>Mamuju: The district used the MDG data for local budget allocation in the district poverty reduction programme in 2009.</p>	<p>Described as a “revolution” for data collection, analysing and use in Indonesia, the MDGs monitoring has driven and supported the development of systems to monitor district level progress, or the lack of it, towards MDGs. It has increased the demand for local level data and analysis, and to develop political commitment to support and use the empirical, evidence-based output. In the project areas, district level authorities now have reliable district and sub-district data, based on MDGs indicators, to help plan and target social services. The MDGs monitoring is cross-sectoral and this project has provided an effective system to monitor the impact of multi-sectoral pro-poor policies and programmes.</p> <p>Advocacy, and the enrolment of district level stakeholders, has been key of the success. One widely promoted fundamental idea was that data management systems were being strengthened rather than created. Another was that ownership of the systems resided with local counterparts, and that local funding would be sought to sustain them. A third was that data was not being collected for its own sake, but in order to provide empirical evidence to support improvements in the quality of social services.</p> <p>The use of data by sectoral institutions at the local level has increased, and standard datasets are now collected across different sectors. At the national level, MDGs monitoring has had further positive effects. It is anticipated that further positive linkages will be created between different sectors, and between similar sectors in different regions.</p>	<p>In the overall context of decentralization, greater authority has been designated to sub-national governments especially over resource management and basic social services delivery for children and women. National averages and aggregations are acknowledged to be misleading, especially in a country as large and diverse as Indonesia, and cannot be used for development planning or poverty monitoring. Susenas (national socio-economic survey), implemented yearly by the Central Statistics Office provides a major source of data for most MDGs indicators, and a mechanism for monitoring many of them at national level, but they did not produce reliable disaggregated data for monitoring at district level, nor any estimates for levels below the district, such as sub-district or health centre. District authorities were therefore unable to track indicators, even if they wished to conduct evidence-based planning and resource allocation in order to improve social services. Similarly, national authorities did not have reliable district level data to guide resource transfers from the centre to districts. Decentralization, however, offers the opportunity to improve social services by aligning local decision-making service delivery with local needs and affordability, and for implementing local innovations funded by district budgets.</p> <p>Institutional cross-sector linkages which have been developed need to be further pursued to enhance sustainability.</p>

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
Key Result Area 3: Policy advocacy, dialogue and leveraging.				
All Programmes	6. National and sub-national policies/legislative options and recommendations on children and women are defined and adopted based on human rights principles and best practices.	<p>Indicator:</p> <ul style="list-style-type: none"> # of national and sub-national policies promoting reforms adopted # of districts with good progress on social indicators studies and best practices identified <p>Baseline: Baseline was not available at time of CPD preparations.</p> <p>Status: UNICEF engaged in policy development/enhancement across the sectors and at national and subnational level. UNICEF has documented many good practices in all sectors including a 2010 collection of 24 good practices/lessons learned.</p>	Especially since the MTR, UNICEF has been focusing more on upstreaming and policy engagement. Considerable efforts have been made to enhance staff capacity in these key areas of HRBAP, social policy, budgeting and good practice/KM. In addition, Social Policy Strategy was developed in 2009. UNICEF has been engaged across the sectors at national and subnational level in various policy related processes. In addition, UNICEF has enhanced its focus on evidence-based work and good practice collection and documentation across the country and provinces where it has a presence.	
All Programmes	7. Knowledge gaps are identified, research and position papers/publications developed on themes and emerging issues and concerns of marginalized children and women.	<p>Indicators:</p> <ul style="list-style-type: none"> # of thematic papers and publications emphasizing related concerns # of district situation analysis conducted using human rights based approach and providing information on the marginalized children and women 	The office is guided by a newly developed Social Policy Strategy and policy mapping of activities undertaken by different programmes, which has facilitated further engagement on policy upstream work, greater information sharing, avoiding duplicate efforts and ensuring complementarities of related work performed by different sections of UNICEF. Knowledge on the situation of children and women has increased in collaboration with the government related agencies, national research institutes,	UNICEF should seek to enhance collaboration among all programmes and with the relevant government ministries to increase the systematic sharing of knowledge gained widely among and across sectors and to use experience learned strategically. Evaluations and studies should be based on the need to fill the data gap with a purpose to determine as systematically and objectively as possible because it is indeed the credible findings that can influence an intervention, strategy or policy. Emphasis should be placed on filling knowledge gaps in policy-related issues.

UNICEF MTSP Focus Area (2006-2009)	Key Results Expected in this Priority Area Baseline Estimates for these Results	Key Progress Indicators	Description of Results Achieved	Constraints and facilitating factors
All Programmes		<p>Baseline: 2006: There was no information on thematic papers and publications</p> <p>Status: 2010: Four new thematic papers are produced and in process, including : 1 completed -- Children and Migration in Indonesia ; and 3 in process - Impact of Climate Change on Children in Indonesia; Policy Paper on the Impact of Global Financial Crisis of Children in Indonesia; and Child Poverty Study</p> <p>By 2010, 41 district situation analysis (ASIA) reports are available. Of those, 16 use HRBAP approaches, two of which are successfully integrated into the local planning system:- one in the Child Friendly city initiative in Solo municipality, Central Java, and the other with the MDGs monitoring project initiative in Polman district, West Sulawesi.</p>	<p>universities and think tanks, as well as through new UNICEF sectoral researches in the IMEP. For example, the research on Children and Migration in Indonesia completed in 2009 has provided information that warrants attention and further studies for better understanding in this area. A child poverty study being commissioned to a national research institute will serve as initial effort to provide holistic assessment of children living in poverty, and whose rights have not been fulfilled.</p> <p>Integrated ASIA/MDGs monitoring in pilot districts has provided concrete evidence in participatory development planning, monitoring and evaluation and also decentralized planning for children and women, which was grounded on the data and information generated from respective local areas using a human-rights based approach. In view of the success, the Government has expressed interest to replicate successful MDG/ASIA packages and has issued a Directive to all districts nationwide to integrate the process in <i>Musrenbang</i> (sub-national planning) with local government budgets. Technical assistance will be from national and provincial governments. This is an area of critical importance that UNICEF should further pursue considering the decentralization and middle-income country status of Indonesia.</p>	<p>UNICEF should also seek to improve HRBAP in the planning process through support of increasing rationalisation of the district situation analysis, especially by linking it to policy development, such as regional <i>Renstras</i>, and <i>Musrenbang</i>. An opportunity already exists with the district development process starting from capacity analysis of rights holders and duty bearers to the participatory approach to bottom-up planning and policy making. In this regard, ASIA should be not be considered as a stand-alone project but as an initiative to advocate for child friendly budgets and to promote deeper understanding and application of HRBAP for children and women within a broader development agenda. Over the longer term, efforts should be made to mainstream HRBAP in the Government planning process.</p>