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United Nations Children's Fund

Executive Board

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Revised country programme document

Indonesia

Summary

The Executive Director presents the revised country programme document (CPD) for Indonesia for final approval by the Executive Board. At the annual session of 2005, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been revised, taking into account, as appropriate, comments made by delegations during that session, and a summary results matrix has been added.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2006 on a no objection basis, unless at least five members have informed the secretariat in writing, by 9 December 2005, of their wish to bring the country programme before the Board.

Basic data[†]
(2003 unless otherwise stated)

| | |
|--|-----------------|
| Child population (millions, under 18 years) | 78.0 |
| U5MR (per 1,000 live births) | 41 |
| Underweight (% , moderate and severe, 2002) | 26 |
| Maternal mortality ratio (per 100,000 live births, 1998/2002) | 310 |
| Primary school enrolment (% net, male/female, 2000, 2001/2002) | 88/87, 93/92 |
| Primary school children reaching grade 5 (% , 2000/2001) | 89 |
| Use of improved drinking water sources (% , 2002) | 78 |
| Adult HIV prevalence rate (% , end 2003) | 0.1 |
| Child work (% , children 5-14 years old) | 4 |
| GNI per capita (US\$) | 810 |
| One-year-olds immunized against DPT3 (%) | 70 |
| One-year-olds immunized against measles (%) | 72 |

[†] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Indonesia has made progress in many of the Millennium Development Goals, notably, reducing poverty and improving education and literacy. Progress lags in other Goals, such as reducing child malnutrition and improving maternal health and access to safe water. Huge disparities are a challenge: the under-5 mortality rate (U5MR) varies dramatically across provinces, from 23 to 103 per 1,000 live births. Following decentralization, implementing national laws, policies and standards across the 440 districts in 33 provinces is another challenge, as are weak capacities for planning and service delivery in many districts.

2. Seventy-six per cent of under-5 deaths occur in the first year of the child's life, and half the infant deaths occur in the perinatal period, and this highlights the need to improve antenatal and delivery services for women. Immunization coverage varies widely. Polio cases re-emerged in 2005, for the first time since 1996 with 236 cases confirmed in the first nine months; measles outbreaks are not uncommon; and newborns and women in one fifth of all districts are still at risk of maternal and neonatal tetanus. Malaria affects up to 20 per cent of the population in the east. Underweight prevalence among children under 5 has declined nationally but exceeds 40 per cent in the east and is higher among boys than among girls. Stunting and wasting remain high, at about 34 and 16 per cent, respectively.

3. Exclusive breastfeeding rates remain low (40 per cent), due to traditional practices with the early introduction of foods, challenges of modernisation and increasing numbers of mothers in the workplace. Though 73 per cent of households consume adequately iodized salt (up from 64 per cent in 2000), 58 million people are still at risk of iodine deficiency. Subclinical vitamin A deficiency remains a public health problem. Anaemia rates are high among pregnant and reproductive-age women (40 and 28 per cent, respectively). Attendance of deliveries by skilled health personnel has increased (72 per cent in 2004, from 64 per cent in 2000) but one quarter of births still rely on traditional birth attendants. Maternal mortality at 307/100,000 remains well over double East Asia's average rate of 110/100,000.

4. The Government's second Millennium Development Goals Progress Report (2005) shows that 46.6 % of households still do not have water sources that are at least 10 metres away from excreta disposal sites. Hygiene practices are often poor.

5. Indonesia's nine-year compulsory basic education policy comprises six years at primary and three at junior secondary level. Its implementation since 1994 has led to near-universal primary education enrolment, but junior secondary enrolment is still only 65 per cent (2004). More work is needed to improve the quality of education, reduce inefficiencies and geographical disparities and increase access to early learning activities for children of pre-school age, as well as promoting the rights of all children to complete nine years of basic education and providing livelihood opportunities for girls of secondary school age as a primary strategy for preventing child labour and exploitation (including trafficking).

6. Indonesia has a low prevalence of HIV/AIDS among the general population but high prevalence among certain groups, mainly injecting drug users and sex workers, and in some provinces. According to UNAIDS, the country stands on the brink of a major epidemic in 2005. Discrimination and ignorance are major barriers: in 2003, a third of all women and a fifth of men aged 15-24 years had never heard of HIV/AIDS.

7. About 60 per cent of children under 5 do not have birth certificates. More than 3 million children work in hazardous occupations. At least one third (about 70,000) of all sex workers are under 18 years of age. Some 100,000 women and children are trafficked annually. Around 5,000 children are in detention or prison; 84 per cent of those sentenced are placed with adult criminals. Other issues of concern are child abuse and the special vulnerability of children and women in conflict- or disaster-affected communities.

8. Indonesia has recently strengthened national policies and legislation to safeguard children's rights, such as the 2002 Child Protection Law; the 2003 Basic Education Law; the 2004 Sentani Commitment to fighting HIV/AIDS, and the 2002 National Plans of Action on combating the worst forms of child labour, eradicating commercial sexual exploitation of children and eliminating trafficking in women and children. The National Programme for Indonesian Children 2015 (PNBAI) was launched in 2004. The Committee on the Rights of the Child in 2004 welcomed the Government's proposal in the second periodic report to withdraw reservations from certain articles of the Convention on the Rights of the Child; commended Indonesia's progress in promoting child rights; and urged ratification of the Optional Protocols to the Convention and action to address the situation of children affected by conflict, drug abuse, trafficking and sexual and economic exploitation.

9. The massive tsunami that struck Aceh and North Sumatra provinces on 26 December 2004 killed some 220,000 people, displaced many more, and destroyed infrastructure and services. Several earthquakes have since affected the area. The Government and its partners, with generous support from the international community, are undertaking recovery efforts within the framework of the Government's Aceh and Nias-North Sumatra Rehabilitation and Reconstruction Plan.

Key results and lessons learned from prior cooperation, 2001-2005

Key results achieved

10. Most of the 41 assisted districts made significant budget allocations for the cooperation programme, 21 districts adopted legislation enforcing free and compulsory birth registration, and 13 adopted legislation enforcing salt iodization. Support to polio

eradication campaigns reached all children under 5 in 2002. Maternal and neonatal tetanus elimination activities reached 80 per cent of reproductive-aged women in high-risk districts. The cold chain system was strengthened in 17 per cent of all health centres in Indonesia. Improved maternal and child health services in West Java, Papua and Maluku reached 80 per cent of pregnant women in target areas and were maintained even during periods of unrest. Training and supplies for growth monitoring of children and antenatal care were provided to 15,000 village health posts (*posyandu*) across nine provinces. An improved *posyandu* model, incorporating early childhood development (ECD), was adopted by local governments. Support to the national programme to eliminate iodine deficiency disorders led to an increase of 9 per cent over four years in consumption of iodized salt and higher gains in programme focus provinces (e.g., 43 to 60 per cent from 2000 to 2003 in South Sulawesi). Vitamin A coverage increased by 15 per cent in programme focus districts. Improved water supply and sanitation facilities benefited 667,000 people in four provinces. The Fighting HIV/AIDS Programme, adopted at the mid-term review (MTR), educated 62,000 young people on HIV/AIDS prevention, built peer educators networks, and supported national policy development on preventing mother-to-child transmission (PMTCT) and youth-friendly voluntary counselling and testing (VCT) services.

11. The Creating Learning Communities for Children (CLCC) programme of the Government, UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO), promotes effective learning processes, transparent school management, and active involvement of communities. The programme expanded from 79 schools in 2000 to 1,326 schools by 2004, reaching some 240,000 children. National and local governments expanded the approach with their own budgets to cover an additional 427,000 children in 77 districts, and the 2003 National Education Law incorporated CLCC principles. With UNESCO and other partners, the programme also supported Education for All (EFA) initiatives to track children's school attendance. In child protection, the programme contributed to developing new laws and policies; strengthened institutional capacity; demonstrated community-based approaches to prevent exploitation and trafficking of children and promote child-friendly legal procedures; formed private-sector alliances to provide young people at risk with alternative livelihood skills; and introduced measures into the health and education systems to detect and report child abuse.

12. To help conflict-affected communities in the Malukus, Aceh and West Timor, the programme provided essential health supplies to 250,000 internally displaced persons (IDPs); emergency education supplies to 130,000 schoolchildren; and safe water supply and sanitation facilities for 56,000 schoolchildren, 260,000 IDPs and 30 health centres. Support in the first four months to the Government's recovery efforts in Aceh and North Sumatra achieved the following results: more than 1 million children vaccinated against measles and given vitamin A; health and hygiene supplies delivered for some 200,000 people; safe water provided to 103,000 IDPs; sanitation facilities provided for 53,000 people; learning materials provided for half a million children; the majority of children back in school; and more than 16,000 children registered and receiving psychosocial services and assistance to track families. UNICEF also supported the development of the Government's reconstruction plans in education, health, water and sanitation.

Lessons learned

13. The MTR and other evaluations showed that the strategies of model development and evidence-based advocacy, backed up by policy support, have generally worked well, leading to the replication and expansion of successful approaches by the Government and development partners. Examples include initiatives on CLCC, safe motherhood, ECD, birth

registration, salt iodization, and child protection. However, some approaches failed and were phased out at the MTR. The lesson learned is that successful models are those adapted to the local context, affordable by local governments, understandable to communities, and having demonstrable and clear benefits for children.

14. Another lesson learned relates to the weakness of monitoring and evaluation at the start of the programme. Not enough attention was paid to establishing baselines and strengthening data systems. While the strategy of relying primarily on existing Government data systems is sustainable, **future support will need to focus on strengthening such systems due to, *inter alia*, incomplete coverage, inadequate reporting and a weak vital registration system. Some of these immediate challenges of decentralization are not unique to Indonesia. Attention will be directed to developing replicable approaches that yield improved data for decision-making for local governance and monitoring MILLENNIUM DEVELOPMENT GOALS, building on national systems to address gaps at sub-national levels in data collection, management and use.**

15. Weak local capacities and systemic weaknesses, including in human resources, held up planned activities and impeded progress. Counterparts were stretched to the limit by too many activities supported by different partners, often implemented before capacities were adequately built. External partners will, therefore, need to support harmonised sector approaches led by the Government.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

| <i>Programme</i> | <i>Regular resources</i> | <i>Other resources</i> | <i>Total</i> |
|-------------------------------------|--------------------------|------------------------|----------------|
| Health and nutrition | 5 000 | 28 750 | 33 750 |
| Water and sanitation | 500 | 13 500 | 14 000 |
| Education | 3 900 | 27 500 | 31 400 |
| Fighting HIV/AIDS | 1 500 | 18 750 | 20 250 |
| Child protection | 2 350 | 6 250 | 8 600 |
| Communication | 2 800 | 1 250 | 4 050 |
| Planning, monitoring and evaluation | 2 950 | 4 000 | 6 950 |
| Cross-sectoral costs | 7 500 | - | 7 500 |
| Total | 26 500 | 100 000 | 126 500 |

Note: This table does not include additional funds devoted to the Aceh-North Sumatra components as contributions to the earthquake and tsunami flash appeal.

Programme preparation process

16. Programme preparation in 2004, guided by the MTR findings and coordinated by the National Development Planning Agency (*Bappenas*), involved the Government, UNICEF, development partners, civil society and non-governmental organizations (NGOs). Revisions in 2005 incorporated post-tsunami recovery support. From 2002, UNICEF led the United Nations Task Force supporting the Government's Millennium Development Goals report, a basis for the Country Programme's situation analysis and the Common Country Assessment

(CCA). The CCA, which was co-chaired by UNICEF and the United Nations Population Fund (UNFPA), and the United Nations Development Assistance Framework (UNDAF), which was co-chaired by the World Food Programme (WFP) and the United Nations Development Programme, began in 2004 with Government and NGO participation. The CCA/UNDAF took into account the recommendations of the Committee on the Rights of the Child and other treaty bodies, while the Government-UNICEF programme of cooperation addressed specific issues raised by the Committee. The UNDAF was **finalised** in May 2005 at a Joint Strategy Meeting with the Government.

Goals, key results and strategies

17. The country programme's goals are to support the Government in fully realizing child rights and achieving PNBAI goals and Millennium Development Goals. The country programme expects to achieve these key results: (a) a significant contribution to the PNBAI targets of reduced maternal mortality, child mortality and child malnutrition (to one third of 2001 levels); (b) **scaled-up efforts to contribute to the 2015 PNBAI targets for safe water supply and adequate sanitation**; (c) the reduction or prevention of HIV/AIDS transmission among children and young people; (d) a substantial contribution to the national goal of nine years of quality basic education for all children; (e) protection for increased numbers of children from abuse, exploitation and violence, including in conflict- and disaster-affected areas; and (f) substantial progress made towards creating a rights-based environment for children and women. The programme components will use the following strategies:

(a) **A human rights-based approach and promoting gender equality** are foundational to the Programme's work in *reducing disparities* and reaching the Millennial Goals. The Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) provide guiding and normative frameworks for the programme's advocacy and actions. Efforts will focus on building a long-term commitment, resources and assistance to the most vulnerable and marginalised groups, especially women and girls, recognising that extraordinary measures are sometimes required to reach them. The frameworks, for example, will guide the integration of child participation into programme design and implementation, especially in child protection; resolution of issue of long-term care for separated children; and the leveraging of district resources for children and women. **Rights-based and disparity-reduction** involves developing the capacities of communities, local governments and other duty bearers; promoting the collection and use of disaggregated data; and focusing on the most vulnerable women and children.

(b) **Increased attention to the rights of adolescents** recognises adolescence as a period of critical capacity development and heightened vulnerability, especially for girls. Areas of emphasis will include: assuring continued access to education and the development of vocational skills; life skills education in such areas as preventing the transmission of HIV/AIDS, peace building, and human rights; improved access to nutrition for adolescent women; building voices and becoming active community participants and resources. The programme will also direct particular attention to those adolescents at risk for abuse, exploitation and trafficking, as well as those in contact with the law or detained in justice systems alongside adult offenders.

(c) **Model development and evidence-based advocacy**, which has worked well, will be continued to leverage resources for children and women. Both serve a broader strategy of the *generation and use of knowledge*, including good practices and lessons learned. Recommended practices should be substantiated by evidence and successfully replicated in multiple settings. "Piloting" is also a significant strategy for developing models, which test

the effects of planned policy changes and new interventions, providing valuable evidence for policy dialogue and scaling-up. A multi-layered geographic approach to implementation comprising programme focus districts, provinces and national components will vary by intervention. District- and community-level actions will be backed up with support to provincial and national levels for policy development, monitoring and norm setting, and for promoting effective initiatives nationwide. Selection criteria for programme focus districts and provinces will include: (i) the needs of children and women; (ii) the convergence between sectoral programmes; (iii) the intervention's potential impact; (iv) the commitment of local leaders; and (v) complementarities with other development partners.

(d) **A more comprehensive and systemic institutional capacity- development approach** will be promoted (rather than training in isolation) in support of *developing national, provincial and district capacities to meet accountabilities for children's and women's rights*. This will entail the development and strengthening of a range of relevant policies, legislation and institutions through reform and review processes, which are transparent, participatory and responsive to the fulfilment of needs of children and families, as well as explicit efforts directed at systems development, service delivery and skills acquisition. The province's role in supporting district initiatives will be strengthened, so monitoring and technical support continue once external assistance is withdrawn. Institutional capacity development will also support the transition to sector-wide approaches (SWAp), and mainstreaming approaches that work.

(e) **Enhanced capacity for rapid response to emergencies** will be ensured through preparedness and coordination. In Aceh and North Sumatra, the programme will support the Government in fully restoring and improving social services for women and children in line with national standards, and in promoting and expanding proven approaches. *The tsunami programming approach has been mainstreamed into four main programme components within this document and the related Country Programme Action Plan for 2006-2010.*

Relationship to national priorities and the UNDAF

18. The goals and strategies of the programme fit within the PNBAI and the Government's Medium-Term Development Plan 2004-2009, including its National Poverty Reduction Strategy. The programme's child protection component fits with Indonesia's National Plans of Action on child labour, commercial sexual exploitation of children, and trafficking of women and children. Its decentralized components in health, education and the monitoring of the Millennium Development Goals support the Government's decentralization reforms and Indonesia's Millennium Campaign led by civil society. The post-tsunami recovery components fit within the Government's Aceh and Nias-North Sumatra Rehabilitation and Reconstruction Plan. The health, education, water, sanitation and HIV/AIDS; child protection; and planning, emergency and communication components feed, respectively, into three UNDAF outcomes of strengthening human development to achieve the Millennium Development Goals; protecting the vulnerable; and pro-poor democratic governance.

Relationship to international priorities

19. The PNBAI, which guides the cooperation programme, reflects the 2002 *World Fit for Children* declaration. The reporting process for Indonesia's Millennium Development Goals also provided much of the analysis and critical thinking for the country programme. *The new country programme fully supports all five focus areas of UNICEF's Medium-Term Strategic Plan 2006-2009: (1) Young Child Survival and Development; (2) Basic Education and Gender Equality; (3) HIV/AIDS and Children; (4) Child Protection: Preventing and*

Responding to Violence, Exploitation and Abuse; And (5) Policy, Advocacy and Partnerships for Children's Rights. The relationships between these focus areas and the following programme components are further described in the Country Programme Action Plan 2006-2010 and the Summary Results Matrices.

Programme components

20. The **health and nutrition programme** focuses on maternal and newborn mortality, micronutrient deficiency and child malnutrition, and vaccine-preventable diseases, with special attention paid to the recent resurgence of polio and measles. **Maternal health programmes will focus particularly on the health and nutrition of adolescent girls and newlywed women, with the incorporation of HIV/AIDS, Family Planning and STD education in extended programme areas.** In the **Health Project's** focus areas, the expected results are the following: 90 per cent of reproductive-age women have access to complete antenatal care, 85 per cent to basic emergency obstetric care, and 80 per cent to comprehensive obstetric and newborn care; and 60 per cent of households have access to malaria-prevention measures in highly endemic areas. Nationally, the programme aims to ensure that 80 per cent of children are fully immunized against vaccine-preventable diseases. **Particular priority will be placed upon the eradication of polio.** Emphasis will be placed on the health system, building the capacity of district health leaders to advocate for, plan and manage their programmes and to train staff. The programme will also improve services at referral level as well as referral mechanisms and information and logistics systems; support training and community education; and provide supplies. National programmes on malaria and immunization will also be supported.

21. The **Nutrition Project** expects to contribute to the following results: (a) appropriate policies on a balanced, adequate diet for children and women are developed and disseminated; (b) nationwide, 80 per cent of children under 5 and 60 per cent of post-partum women receive timely doses of vitamin A; (c) in health project areas, at least 60 per cent of children are exclusively breastfed for six months, 80 per cent of children aged under 10 years are dewormed and 80 per cent of reproductive-age women are dewormed, as appropriate, and receive iron supplementation; and (d) 90 per cent of households nationwide consume adequately iodized salt, with a substantial increase achieved in the 43 districts with household consumption below 40 per cent. Improvements resulting from the health project's system focus will facilitate the nutrition project's revitalization of *posyandu*, community and village health worker education, iron supplementation, vitamin A supplementation and deworming. The project will also support actions and technical assistance to enhance iodized salt consumption. The expected results of the **Primary Health Care Services and Supplies Project** and the **Nutrition Improvement Project for Aceh-North Sumatra** are similar but also include **the reconstruction of key facilities**, a restoration of maternal and child health services to national standards and a nutrition surveillance system capable of detecting and managing severe malnutrition. The programme's major partner will be the Ministry of Health, its local offices, community structures and NGOs.

22. The **water and environmental sanitation (WES) programme** will seek convergence with health and education programmes and contribute to the following results: (a) strategies and plans to meet the Millennium Development Goals and national targets are fully formulated and implemented; and (b) in 30 selected districts, at least 70 per cent of the population have access to safe water supply (a source more than 10 metres away from excreta disposal sites) and adequate sanitation facilities and have improved hygiene awareness and practices. **Both results will be addressed through the national Water and Environmental Sanitation Project.** The expected result for the **Aceh-North Sumatra Water**

and Environmental Sanitation Project is that at least 80 per cent of the population in selected districts have access to safe water supply and adequate sanitation facilities and have adopted improved hygiene awareness and practices. The programme will support policy development, capacity-building, participatory hygiene promotion and the rehabilitation or reconstruction of appropriate facilities. The Aceh project will also provide supplies to rebuild institutional capacities and operational support to local water suppliers until service-charge recovery is reinstated. The programme's major partners will be the Ministries of Health, Public Works and Home Affairs, their local offices, communities and NGOs.

23. The **education programme** addresses the need to improve the quality of basic education, improve access to junior secondary education, and reduce subnational disparities. The **EFA Planning and Policy Support Project** aims to ensure that comprehensive EFA plans and budgets are developed and implemented nationally and in selected provinces and districts and that appropriate life-skills education (including on HIV/AIDS, hygiene, child protection) is mainstreamed into national curricula. EFA support will include the demonstration of community-based education information systems to track children's education and to enrol older children in school.

24. The **Early Childhood Development and Learning Project** aims for the following results: (a) minimum quality standards and policy guidelines for an integrated and comprehensive ECD programme are applied; and (b) in selected focus areas, young children 2-6 years of age have increased access to community-based ECD and learning activities and their parents have increased knowledge of ECD. This project will support policy development, expand proven and affordable community-based ECD models, and use participatory assessments of child-rearing practices in different cultures to guide parental education.

25. The **Mainstreaming Good Basic Education Practices Project** targets the following results: (a) expanded numbers of primary school children (7-12 years old) enjoy an improved quality of learning in a **scaled-up** CLCC approach; and (b) good basic education practices that improve access and/or learning outcomes for children have been mainstreamed in selected districts and provinces. This project will **expand** the CLCC approach at primary level through advocacy, training and integration into in-service and pre-service teacher training institutions and district planning processes. The project will also map all good practices in Indonesia's basic education system and strengthen district capacities to plan, implement and manage proven good practices. Area selection for the ECD project and CLCC expansion will favour convergence with other programmes, while the mainstreaming of good practices will prioritize districts committed to the approach.

26. The **Basic Education Aceh-North Sumatra Project** will support the Government in restoring and improving basic education and ECD services in the two provinces through school rehabilitation and reconstruction and the application of child-friendly standards, such as well-ventilated learning spaces, safe play spaces and access for disabled children. The programme's major partners will be the Ministries of National Education and Religious Affairs, their local offices, and civil society organizations.

27. The **fighting HIV/AIDS programme** addresses the need to prevent and reduce the spread of HIV transmission among young people and pregnant women. **The HIV Prevention Among Young People Project** aims to contribute to the following results: (a) 80 per cent of young people aged 13-15 years in school, as well as those aged 15-24 years out of school in selected provinces, including high-risk groups, are equipped with skills and information to prevent HIV/AIDS and drug use; and (b) appropriate policies on HIV/AIDS prevention among young people are developed and applied. The project will expand proven life-skills

education approaches, through junior secondary schools and community-based peer educators, and support policy and curricula development in such provinces as Papua, West Irian Jaya and East Java.

28. The *PMTCT-VCT Project* aims to ensure that: (a) 80 per cent of pregnant women in selected provinces have access to PMTCT services; and (b) 70 per cent of youth, especially high-risk groups, in the same provinces have access to youth-friendly VCT. This project will support the Government to expand and promote VCT from the current 60 to 300 health facilities and provide procurement services for antiretrovirals funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

29. The *Care and Support of HIV-affected Children and Families Project* aims to have appropriate policies and guidelines on care, support and treatment for HIV-affected children and their families developed, promoted and applied. The first two projects will be implemented in provinces defined as high priority by the National AIDS Commission and will converge with UNICEF-assisted health and education programmes. The programme's major partners will be the Ministries of Health, National Education, Religious Affairs and Social Affairs as well as the National AIDS Commission, NGOs and universities. Within the UN, coordination among cosponsors is led by UNAIDS at national level. UNAIDS represents all cosponsors in the National AIDS Commission. Co-sponsors such as UNICEF, UNESCO, WHO and UNFPA also work closely with the Commission in a sub-group on young people and HIV/AIDS (chaired by UNFPA), which provides the mechanism in the Commission for coordination of life-skills education. In addition Ministry of National Education (MoNE) through its National Centre for Physical Quality Development (focal point for LSE in MoNE) brings together key stakeholders on LSE in which UNICEF, UNESCO and UNFPA among other government ministries and NGO counterparts meet twice yearly to share information and issues of concern in LSE,

30. The **child protection programme** will address problems related to abuse, exploitation and trafficking of children and the low rate of birth registration. The *Protection from Exploitation, Violence, Abuse and Neglect Project* expects to contribute to the following results: (a) measures are implemented to protect children from, and respond to, sexual and economic exploitation and trafficking, abuse and violence; (b) a child-sensitive justice system is implemented at the national level, and child offender cases in selected provinces are diverted from the formal justice system to alternative child-sensitive procedures; and (c) durable solutions prioritizing family-based care are found for children without primary caregivers. The project will provide policy and legislative support at national level, and support selected provinces and districts in implementing district- and community-based models that prevent, reduce and respond to child rights violations or promote restorative justice for child offenders. *As a strategy to strengthen the policy and legislative frameworks, the project aids the implementation of the National Plans of Action on child labour, trafficking, and commercial sexual exploitation of children, as well as the Child Protection law, by supporting the development of provincial and district level laws and action plans, as well as by increasing awareness of existing laws and policies amongst a wide range of stakeholders (government partners, law enforcers, NGOs, media, parents, and children).*

Partnerships with the private sector will be expanded to support vocational training linked to livelihood opportunities for young people at risk. Measures to detect, report and refer cases of abuse and violence against children and women will continue to be mainstreamed into existing social services. The project will also support registration and tracing systems for children without primary caregivers, and assist local governments and organizations to

support and monitor families fostering children. Selection criteria for districts include convergence capability with the education programme and the district's high incidence of, and potential impact on, the targeted issues.

31. The expected results for the *Birth Registration Project* are the following: (a) at least 85 per cent of children under one year old registered in selected districts; and (b) a universal and compulsory birth registration system is developed at national level. The programme will support the promotion and implementation of appropriate laws and guidelines and build national and district capacities to improve birth registration systems and increase registration. The *Child Protection, Reunification and Psychosocial Recovery Project for Aceh-North Sumatra* prioritizes family tracing and reunification, family-based care systems, and psychosocial support. The programme's main partners include Government ministries across a wide range of sectors, their provincial and district branches, NGOs and civil society partners.

32. Within the **communication programme**, the *Rights-Based Environment for Children and Women Project* will contribute to the following results: (a) the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and other international human rights instruments are promoted and monitored; (b) national and subnational policies and legislation on children and women are coherent and appropriate; and (c) increased numbers of young people participate in decisions affecting the young people's lives. The programme will support capacity-building for media and young people; promote pro-child rights media programming; support events and campaigns on Millennium Development Goals and children's and women's rights; support the mapping, review and development of appropriate policies and legislation; promote increased district budget allocations for children and women; and support annual awards for youth leadership and writing. *The Public Information/Advocacy Project for Aceh-North Sumatra* will promote children's and women's rights in the tsunami-affected areas and disseminate information on UNICEF-assisted activities. The programme's key partners include several Government ministries, NGOs, civil society organisations and the media.

33. The **planning, monitoring and evaluation programme** will ensure effective planning, monitoring and evaluation of the country programme within the UNDAF and support the Government in national planning processes through its closely-related *Planning Monitoring and Evaluation Project*, which will provide technical support to the whole Country Programme. The *Millennium Development Goals Monitoring Project* calls for developing replicable approaches for improving local information systems, with a view to sustained capacity development for producing and using disaggregated data corresponding to key MILLENNIUM DEVELOPMENT GOALS during the period 2006-2010 to improve social services. Efforts will address current limitations with the reliability and systematic production of data for development planning. UNICEF will support this work in full partnership with the Central Bureau of Statistics (BPS), Bappenas and the relevant line ministries in order to identify gaps and issues in MILLENNIUM DEVELOPMENT GOAL monitoring. Instruments for MILLENNIUM DEVELOPMENT GOAL monitoring at district level will be developed and refined during a consultative process that places emphasis upon simple, results-based systems, which build on national systems, are sustainable and avoid the duplication of efforts. While data from national surveys will be used to the extent possible, the appropriateness of using these surveys for district data will need to be evaluated on a case-by-case basis, as, in various instances, national authorities still are not able to obtain reliable district level data on key MILLENNIUM DEVELOPMENT GOAL indicators from the existing surveys and methods. *The Emergency Preparedness and*

Response Project will support stockpiling of essential emergency supplies and capacity-of counterparts.

34. **Cross-sectoral costs** will support the core costs of the country office and 12 zone offices. The zone offices are essential for monitoring activity and for advocacy with local governments, communities and other stakeholders to leverage resources for children and women.

Major partnerships

35. Working through the UNDAF, the Government-UNICEF country programme will continue cooperation with many partners: the World Health Organization (WHO) and UNFPA in maternal and child health; with the World Food Programme in nutrition; with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Asian Development Bank in education; with the Joint United Nations Programme on HIV/AIDS, UNESCO, UNFPA and WHO in combating HIV/AIDS; with the International Labour Organization in combating child labour; and with the World Bank in water and sanitation. Partnerships will be strengthened with the private sector in Indonesia and with the National Committees for UNICEF in several countries. Partnerships are expected to continue with the Australian Agency for International Development, Canadian International Development Agency, European Commission, France, German Agency for Technical Cooperation, Italy, Japan, Netherlands, New Zealand Agency for International Development, Norway, Swedish International Development Agency, United Kingdom Department for International Development and United States Agency for International Development. Policy dialogue and coordination with development partners will be sought, including through the Consultative Group on Indonesia and its working groups on health, education, justice and poverty reduction.

Monitoring, evaluation and programme management

36. UNICEF will work with the Government, including the Central Statistical Agency, and the United Nations country team to monitor Millennium Development Goals progress and monitor the situation of children and women. Support to decentralized data systems will promote disaggregation of data and targeting of the poorest. Programme monitoring and evaluation will focus on establishing baseline data, preparations for which began in 2005; monitoring indicators for key results; and evaluating progress. In short, UNICEF will build on national systems to address gaps at sub-national levels in data collection, management and use, consistent with a focus on capacity development to address disparities and support for a human rights based approach to programming.

36. For situation-monitoring, UNICEF will work with the Government, including the Central Statistical Agency, and the United Nations country team to monitor Millennium Development Goals progress and the situation of children. Support to decentralized data systems will promote disaggregation of data and targeting of the poorest. Programme monitoring and evaluation will focus on establishing baseline data, preparations for which began in 2005; on monitoring indicators for key results; and on evaluating progress. Programme coordination, management and reviews will be ensured at the national level by *Bappenas* and the Ministry of Home Affairs, and at provincial and district levels by teams for maternal and child survival, development and protection, which comprise local government agencies, UNICEF and NGO representatives. The Government's Aceh and Nias Rehabilitation and Reconstruction Agency will coordinate the contribution of UNICEF and its partners to recovery efforts.

Summary Results Matrix: Government of Indonesia-UNICEF Country Programme 2006-2010

| UNICEF MTSP Focus Area & Key Result | Key Results Expected in this Priority Area Baseline Estimates for these Results | Key Progress Indicators | Means of Verification of Results | Major Partners, Partnership Frameworks & Cooperation Programmes | Expected Key Results in this Priority Area will contribute to: |
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| <p>YOUNG CHILD SURVIVAL AND DEVELOPMENT</p> <p>Key Result Area 1: Scale up high impact health and nutrition interventions.</p> <p>Key Result Area 2: Improved family and community care practices that impact on young child survival, growth and development</p> <p>Key Result Area 3: Increased access to,</p> | <p>In Selected Provinces, Districts and Sub-Districts:</p> <p>1. 80 percent of children fully immunized against vaccine-preventable diseases <i>2004 baseline estimates: 58% DPT3 (2002); 77% measles</i></p> <p>2. 80 % of households in programme areas with high endemicity use malaria prevention measures. <i>2000 baseline (under 5s): 32% national only (2000).</i></p> <p>National: 3. 80% of all children under five and 60% of post-partum women receive appropriate and timely doses of vitamin A; coverage level is sustained. <i>2004 baseline: 64% U5s; 43% post partum</i></p> <p>4. 90% of households consume adequately iodized salt nationally, with a substantial increase in the 43 districts with under 40% household iodized salt consumption; coverage level is sustained. <i>2003 baseline: 73% national, < 40% in 43 districts).</i></p> <p>In Selected Provinces, Districts and Sub-Districts:</p> <p>5. 80% of children under 10 years of age and reproductive-health aged women receive appropriate and timely deworming treatment; coverage level is sustained. 6. 80% of reproductive-health aged women receive appropriate and timely doses of iron; coverage level is sustained.</p> <p>In Selected Provinces, Districts and Sub-Districts:</p> <p>7. The number of families utilizing appropriate breastfeeding practices has increased by 50%;</p> <p>8. The number of families with access to services and essential resources that contribute to child survival, growth and development has increased by 25%</p> <p>9. 90% of pregnant women have access to complete antenatal care; coverage level is sustained. <i>2003 baseline estimate: national 64%</i></p> | <ul style="list-style-type: none"> ◆ Measles, DPT3, OPV3 and HepB3 immunization coverage rates; No. of confirmed polio cases; Neonatal tetanus at birth coverage rate; # of districts reaching 80%; ◆ % of households in areas of high endemicity with insecticide treated nets (ITNs) ◆ Vitamin A coverage rates among under-fives and post-partum women ◆ % of households consuming adequately iodized salt (national and within 43 target districts) ◆ Deworming rates among children under the age of ten years and women of reproductive age ◆ Iron coverage rates among women of reproductive age ◆ % of infants exclusively breastfed (<6 mos) ◆ % of households that are reached by programs supporting parenting for child development (including health, nutrition, development and safety) ◆ 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 checkup by a trained or skilled provider within 3 days ◆ % of basic and comprehensive EmOC per 500,000 population ◆ % of population using an improved water source (more than 10 metres away from excreta disposal site); % population using an improved basic sanitation facility; % of households with improved hygiene practices | <p>Susenas (annual)* Household surveys 2005, 2008, 2010**</p> <p>Government annual reports</p> <p>Susenas (at least 2006, 2009, 2010)*</p> <p>Govt. annual reports, programme reviews</p> <p>Govt. annual reports and programme reviews</p> <p>Household surveys 2005, 2008, 2010**</p> <p>Susenas (yearly)*</p> | <p>MoH, MoPW, MoHA and other govt institutions, communities, NGOs, funding partners</p> <p>MOH and other government institutions; communities</p> <p>MoH ; other govt partners WHO. CDC Atlanta</p> <p>MoH ; other govt partners, NGOs communities USAID & other funding partners.</p> <p>MoH, WHO Natl. breastfeeding</p> | <p>(1) UNDAF expected outcome on support provided to MDG implementation and achievement;</p> <p>(2) MDG 4: Reduce the 1990 under-five mortality rate by two-thirds by 2015,</p> <p>(3) MDG 5: Improved Maternal Health (Target 6: Reduce the maternal mortality ratio by three-quarters, between 1990 and 2015);</p> <p>(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);</p> <p>(5) MDG 7: Ensure Environmental Sustainability (Target 10: Halve, by 2015, the proportion of people without</p> |

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| <p>and use of, safe drinking water and basic sanitation</p> <p>Key Result Area 4: In declared emergencies, every child is covered with life-saving interventions (as per Core Commitments to Children in emergencies (CCCs).</p> | <p>10. 85% of women of reproductive age have access to basic emergency obstetric care; coverage is sustained <i>2004 baseline: 72% national; 68% programme provinces</i></p> <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 <i>Baseline: Safe water 50% national, 49% programme prov. (2002); sanitation 67% national, 62% programme provinces(2004).</i></p> <p>In Aceh and North Sumatra:</p> <p>12. Essential health care services in Aceh and North Sumatra re-established and sustained, including well-functioning services for emergency obstetric and newborn care, immunization, malaria treatment, nutrition supplies, monitoring and surveillance.</p> <p>13. 80% of households in selected districts in Aceh and Nias have water and sanitation services. <i>2005 post-tsunami baseline: Negligible</i></p> <p>In other emergency and post-conflict situations:</p> <p>14. Fully implement the CCCs for young child health, nutrition and water, sanitation and hygiene in declared emergency situations.</p> | <ul style="list-style-type: none"> ◆ Measles, DPT3, OPV3 and HepB3 coverage rates ◆ % of households in highly endemic areas use ITNs ◆ % of declared emergencies where rapid assessment for H/N CCCs is conducted within first 30 days; <ul style="list-style-type: none"> ◆ % of declared emergencies in which such interventions as immunization, micronutrient supplementation, emergency health kits, ORT, etc. are utilized; % of affected household/population affected with a minimum safe drinking water supply | <p>Govt. annual reports, programme reviews</p> <p>Household surveys 2005, 2008, 2010**</p> <p>Susenas (yearly)*</p> <p>Susenas (yearly)* Susenas (yearly)*</p> | <p>advocacy groups</p> <p>MoH and other govt institutions, Other funding partners</p> | <p>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</p> |
| <p>FOCUS AREA 2. BASIC EDUCATION AND GENDER EQUALITY</p> <p>Key Result Area 1: Improve children's developmental readiness to start primary school on time, especially marginalized children.</p> <p>Key Result Area 2: Reduce gender and other disparities in relation to increased access, participation and completion of quality basic</p> | <p>In Selected Provinces, Districts and Sub-Districts:</p> <p>15. The % of children who are developmentally ready to start school on time increased. <i>2003 Baseline 3-6 years of age, nationwide, 22.6%; programme provinces: 25.2%, urban 34%, rural 19%</i></p> <p>National: 16. An enabling policy environment created for comprehensive ECD that includes national standards for monitoring development readiness in ECD programmes. 2005 Baseline estimate: No comprehensive ECD policy</p> <p>17. 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. <i>Baseline (2002): NER in primary education: 92.7%; NER in JSS 61.7%; PS completion rate 74.4%, JSS completion rate 46.8%</i></p> <p>National and in Selected Provinces and Districts:</p> <p>18. EFA plans and budgets developed and implemented nationally and in selected provinces/districts.</p> | <ul style="list-style-type: none"> ◆ # and % of children 3-6 years of age provided with access to community-based ECD services (boy/girl); ◆ Integrated, comprehensive ECD policy with national standards for monitoring developmental readiness adopted at national level. <p><i>By boy/girl:</i> NER and GER (for primary, junior and senior secondary schools); PS and JSS completion rates; Transition rate from PS to JSS.</p> <p><i>By selected district:</i> % of schools with adequate water and hygiene facilities; # of provincial/district plans and budgets developed and implemented.</p> <p><i>In CLCC schools (by boy/girl):</i> 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</p> | <ul style="list-style-type: none"> ◆ Programme annual reviews ◆ Programme annual reviews; ◆ Government annual reports <ul style="list-style-type: none"> ◆ Susenas, MoNe ◆ Government annual reports ◆ Student achievement test scores: boys/girls** ◆ Susenas, MoNe ◆ Annual reviews | <ul style="list-style-type: none"> ◆ MoNE/preschoolLocal institutions, communities, NGOs ◆ MoNE, MoH, Frontier for Health, NGOs, govt. and community organizations ◆ MoNE, MoRA, other govt institutions, CSOs, NGOs, AusAID, NZAid, Citibank ◆ MoNE, MoRA other govt institutions, CSOs, NGOs. ◆ UNESCO, ADB AusAID, NZAID Citibank ◆ MoNE, ADB, EC ◆ UNOPS, BBR, | <p>(1) UNDAF expected outcome on support provided to MDG implementation and achievement;</p> <p>(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-5);</p> |

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| <p>education.</p> <p>Key Result Area 3: Improve educational quality and increase school retention, completion and achievement rates.</p> <p>Key Result Area 4: Restore education in emergencies and post-conflict situations, and help safeguard education systems against the HIV/AIDS pandemic</p> | <p><i>2004 baseline estimate: Government has adopted a nine year compulsory education policy.</i></p> <p>National: 19. 2,000,000 schoolchildren (boys & girls) enjoy an improved quality of learning through a scaled-up/ mainstreamed CLCC approach. <i>2004 baseline estimate: 667,000 children (including 427,000 with government budget in CLCC schools)</i></p> <p>In Selected Provinces and Districts:</p> <p>20. Good basic education practices that improve access and/or learning outcomes for children are mainstreamed into districts in 8 provinces. <i>2004 baseline: scattered instances</i></p> <p>In Aceh and North Sumatra:</p> <p>21. Education and ECD services in Aceh and North Sumatra re-established and sustained, including child-friendly schools, quality education practices, quality teaching and learning materials, ECD programs and parent training. <i>2005 post-tsunami baseline estimate: 1,582 or 25% of schools damaged or destroyed; 2,245 or 13% of teachers/school staff missing or dead.</i></p> <p>22. In Other Emergency and Post-Conflict Situations: CCCs for Education in declared Emergencies and post-conflict situations fully implemented.</p> | <p>scores; # of districts planning and implementing selected basic education practices; # of districts and provinces allocating funding for best educational practices</p> <p>% 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> <p>◆ % 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> | <p>◆ Standardized tests 2008, 2010</p> <p>◆ Programme annual reviews</p> <p>Programme annual reviews</p> <p>Donor reports</p> <p>Sit reports</p> <p>Donor reports</p> | <p>NGOs, MoNE, MoRA, major donors</p> <p>◆ MoNE, MOH, MoRA and others as applicable</p> | <p>(4) MDG 8: Develop a Global Partnership for Development; (5) Convention on the Rights of the Child (Articles 28, 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 most vulnerable and disadvantaged); (8) Education for All (EFA Dakar Goals, except for adult literacy)</p> |
| <p>FOCUS AREA 3. HIV/AIDS AND CHILDREN</p> <p>Key Result Area 1: Reduce number of paediatric HIV infections; increase proportion of HIV-positive women receiving ARVs, increase proportion of children receiving treatment for HIV/AIDS.</p> <p>Key Result Area 2: Increase the proportion of children made vulnerable by</p> | <p>National: 23. Comprehensive PMTCT national implementation plan (2006-2010) adopted which lays foundation for the accelerated expansion of PMTCT coverage and training resources. 2005 Baseline: No national plan for PMTCT yet exists</p> <p>National and In Selected High Prevalence Provinces:</p> <p>24. Improved access to and management of ARVs and related supplies with procurement service support to Indonesian Government for ARVs funded by Global Fund (GFATM). <i>2005 Baseline: National supply of ARVs is in early planning phase, pending ARV readiness assessment</i></p> <p>In Selected Provinces, Districts and Sub-Districts:</p> <p>25. 80 % of pregnant women have access to information about the prevention of mother to child transmission. <i>2005 Baseline: No systematic baseline information exists</i></p> <p>National: 26. A national situational analysis on children made vulnerable by HIV/AIDS conducted. <i>2005 Baseline: No national sitan exists</i></p> <p>National: 27. Capacity of duty-bearers such as national and regional governments, local service providers, families and</p> | <p>◆ PMTCT implementation plan adopted at the national level</p> <p>◆ # of high-prevalence provinces with reliable ARV supply chain; % of HIV+ women of reproductive age treated with ARVs</p> <p>◆ % of pregnant women with access to PMTCT primary prevention services</p> <p>◆ National situational analysis conducted and disseminated; Policies and guidelines on children made vulnerable by HIV/AIDS developed and utilized;</p> <p>◆ National monitoring and evaluation system developed and utilized; # and category of duty-bearers trained on community coping mechanisms for children made vulnerable by HIV/AIDS</p> | <p>◆ PMTCT implementation plan</p> <p>◆ Programme annual reviews</p> <p>◆ Baseline and impact surveys, 2008, 2010**</p> <p>◆ Govt annual reports</p> <p>◆ Situational analysis report</p> <p>◆ Government annual reports</p> <p>◆ Programme annual reviews</p> | <p>◆ MoH, BKKBN, YPI, MoWE, WHO, UNFPA and UNAIDS</p> <p>◆ MoH, Spiritia Foundation, Pokdisus and YPI</p> <p>◆ MoH, BKKBN, UNFPA, WHO</p> <p>◆ MoSA, NAC, Save the Children UK and USA</p> <p>◆ MoSA, NAC, Spiritia, UNAIDS, Save the Children UK and USA</p> <p>◆ BKKBN, MoNE, MoRA, MoSA, MoH, NAC, UNFPA, UNESCO, UNAIDS, UNFPA, UNESCO, WHO, IHPCP and</p> | <p><i>Expected results in this focus area will contribute to:</i></p> <p>(1) UNDAF expected outcome on support provided to MDG implementation and achievement;</p> <p>(2) MDG 6: Halt by 2015 and begin to reverse the spread of HIV/AIDS (priority goal);</p> <p>(3) Progress in MDG 6 will in turn contribute to MDG 1, 2, 3, 4 and 5.</p> |

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| <p>HIV/AIDS receiving quality family, community and government support.</p> <p>Key Result Area 3: Reduce adolescent risks and vulnerability to HIV/AIDS by increasing access to and use of gender sensitive prevention information, skills and services.</p> | <p>communities to care for, support and protect children made vulnerable by HIV/AIDS strengthened</p> <p>National: 28. National policy developed for adolescents and HIV/AIDS prevention, including reproductive health and drug abuse.</p> <p>In Selected Provinces and Districts: 29. 80 % of young people aged 13-15 years in school and 15-24 years out of school are equipped with skills and information to prevent HIV/AIDS, drug abuse and use. <i>Baseline estimate: 27% Papua (2004). E Java 20%(2003)</i></p> <p>In Selected Provinces and Districts: 30. 70% of youth have access to youth-friendly voluntary, confidential counselling and testing sites (VCT). <i>2004 baseline estimate: 60 VCT in 14 provinces; % youth having access: negligible</i></p> | <p>◆ National policy on young people and HIV/AIDS adopted and monitored; % of young people (male/female) able to name at least 3 modes of HIV/AIDS prevention; % receiving LSE or peer education (male/female); # of VCT sites implementing youth friendly services; # people (male/female) using VCT services; % of youth (male/female) with access to VCCT services</p> | <p>◆ Baseline and impact surveys, 2008, 2010**</p> <p>◆ Government annual reports</p> | <p>ASA/FHI</p> <p>◆ MoNE, UNAIDS, UNFPA, district and provincial governments, community leaders</p> <p>MoNE, MoH</p> | |
| <p>FOCUS AREA 4.</p> <p>CHILD PROTECTION: PREVENTING AND RESPONDING TO VIOLENCE, EXPLOITATION AND ABUSE</p> <p>Key Result Area 1: Government decisions are influenced by increased awareness of child protection rights and improved data and analysis on child protection. Key Result Area 2: Ensure effective legislation and enforcement systems and improved protection and response capacity to protect children from</p> | <p>National: 31. 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. <i>Baseline: Negligible data available. No systematic monitoring and reporting mechanisms in place.</i></p> <p>In Selected Provinces and Districts, including in Aceh and North Sumatra: 32. 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. <i>Baseline: 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>In Aceh: 33. Child protection issues are integrated into the implementation of the reconstruction and peace building in Aceh. <i>Baseline (2005): Child protection issues not yet integrated into foregoing.</i></p> <p>National: 34. National legislation in line with international standards related to children affected by armed conflict is implemented. <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> <p>In Selected Provinces and Districts: 35. Child-friendly and gender-sensitive procedures are developed within the formal justice system to better protect children as offenders, victims</p> | <p>◆ Disaggregated baseline data by age and sex on key child protection issues available; Monitoring system developed and implemented at national level; # of provinces/districts where monitoring systems on abuse and exploitation are implemented</p> <p>◆ Optional Protocol on the Sale of Children, Child Pornography and Child Prostitution ratified; # of national plans and policies developed on child protection issues; # of districts/provinces adopting local legislation on trafficking, sexual and economic exploitation, abuse & violence against children; # of vocational skill training programme for young people conducted with partners (including private sector, government and NGO partners)</p> <p>◆ # of districts/provinces which develop referral, reporting and reintegration system to respond to exploitation, abuse and violence; # of districts/provinces with an active children's forum; # of cases prosecuted versus those reported: (boys/girls); # of children provided with psychosocial support (boys/girls);</p> <p>◆ Action plan and monitoring mechanisms developed and utilized; Key child protection indicators developed and adopted; # of children benefiting from rehabilitation and reintegration strategies; Optional protocol ratified; National legislation amended in line with international standards; # of local regulations adopted on protection of children affected by armed conflict</p> <p># of law enforcers trained on child-friendly and gender-sensitive procedures for children whether as offender, victim or witness; # of provinces/districts where</p> | <p>◆ Programme annual reviews</p> <p>◆ Govt annual reports</p> <p>Situational Reports</p> <p>◆ Programme annual reviews</p> <p>◆ Govt annual reports</p> <p>◆ Situational and monitoring reports</p> <p>◆ Programme annual reviews</p> <p>◆ Government annual reports</p> <p>Programme annual reviews</p> <p>Government annual reports</p> <p>◆ Situation Analysis</p> <p>◆ Programme annual reviews</p> <p>◆ Programme</p> | <p>◆ MoWE, MoSA, at national and sub-national levels other govt institutions, NGOs, civil society and funding partners</p> <p>MoWE, MoSA, national/ and sub-national; other govt institutions, NGOs, CSOs, funding partners</p> <p>MoWE, MoSA, other government institutions at provincial and district levels, NGOs and civil society partners</p> <p>MoH, MoHA, Central Bureau of Statistics, Ministry of Women's Empowerment, Consortium on Collaboration, GTZ, Plan International</p> | <p>(1) UNDAF expected outcome on protecting the most vulnerable from abuse, exploitation and discrimination;</p> <p>(2) Millenium 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</p> |

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| <p>violence, exploitation and abuse, including exploitative child labour.</p> <p>Key Result Area 3: Better protection of children from the impact of armed conflict and natural disasters (as per CCCs)</p> <p>Key Result Area 4: Children and families identified as vulnerable are reached by key community and government services aimed at reducing their marginalization.</p> | <p>or witnesses. An integrated monitoring system and community-based restorative justice mechanism developed in selected districts and provinces. <i>Baseline 2005: Integrated justice system which ensures greater protection for children who come into contact with law doesn't exist.</i></p> <p>National: 36. 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. <i>Baseline 2005 Some standards, policy and legislation in place (Child Protection Law and Policy on Separated Children, but still inadequate, esp. alternative care mechanisms).</i></p> <p>National: 37. Registration, tracing and reunification systems for children separated from their families developed. <i>Baseline 2005: Systems not yet established.</i></p> <p>In Selected Emergency-Affected Provinces and Districts, including Aceh/North Sumatra:</p> <p>38. Registration, tracing and reunification programmes for children separated from their families actively utilized. <i>Baseline: Registration, tracing and reunification ongoing, long term solutions needed</i></p> <p>National and by selected province/district, including Aceh/North Sumatra: 39. 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. <i>Baseline estimates (under 5s): 40.3% national; 41.8% programme provinces (2004); -21 districts adopted BR legislation (2005).</i></p> | <p>community-based restorative justice mechanism is implemented; # of provinces/districts where an integrated monitoring system is implemented; Existence and utilisation of the comprehensive system for alternative care, including standards, policies and legislation; Social welfare system strengthened.</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. ◆ # of boys/girls without primary care givers provided with alternative family-based care; # of boys/girls reunified with families; ◆ % of boys/girls under 1 year old registered with a birth certificate; # of districts having adopted local legislation on free-of-charge birth registration | <p>annual reviews</p> <ul style="list-style-type: none"> ◆ Programme annual reviews ◆ Susenas 2004, 2007, 2010* ◆ Programme annual reviews | | |
| <p>FOCUS AREA 5. POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN'S RIGHTS</p> <p>Key Result Area 1: Collect and analyze strategic information on the situation of children and women.</p> <p>Key Result Area 2:</p> | <p>40. Support the compilation of up-to-date data, information and knowledge on children and women;</p> <p>41. Support the disaggregation of data to reflect existing disparities and indicators to focus on marginalized populations and emergency populations;</p> <p>43. Establish a knowledge bank facilitating access to data on violations of children's rights</p> <p>44. Support the promotion and timely monitoring of the CRC and CEDAW.</p> <p>National and in Selected Provinces and Districts:</p> <p>45. Continue to foster an enabling policy, legislative and budgetary environment that gives high priority to the rights of</p> | <ul style="list-style-type: none"> ◆ National household survey data collected in preceding 5 years covering at least 70% of key indicators and based on established variables for disaggregation; DevInfo used at national level and emergencies for monitoring and reporting; Knowledge management system established and in use; Mechanism for CRC/CEDAW monitoring and reporting operational; No. of partners contributing to the submission of CEDAW report ◆ % increase in budgetary allocations and support facilities to address major issues affecting women and children (budget analysis); # of districts producing disaggregated data on key MDGs; # of districts using disaggregated data for planning social services; # of national and sub-national policies promoting reforms adopted; # of districts with good progress on social | <ul style="list-style-type: none"> ◆ National household surveys ◆ DevInfo reports ◆ Knowledge mgmt system reports ◆ CRC/ CEDAW database ◆ Situation reports ◆ National and sub-national plan documents and reports ◆ District | <ul style="list-style-type: none"> ◆ BPS, MoNE, MoH, MoHA, Bappenas, Subnational Govts, CIDA ◆ BPS, MoNE, MoH, MoHA, Bappenas, Subnational Govts, CIDA, BRR ◆ MoWE, MoSA, MoHA, Bappenas, Subnational Govts ◆ MoWE, MOFA, National Commission for Human Rights, NGOs, media ◆ BPS, MoNE, MoH, | <p>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</p> |

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| <p>Research and policy analysis on children and women.</p> <p>Key Result Area 3: Policy advocacy, dialogue and leveraging.</p> <p>Key Result Area 4: Enhanced participation by children and young people.</p> | <p>children and women within a framework of decentralization.</p> <p>In Selected Provinces and Districts:</p> <p>46. Improved, replicable approaches to strengthening local capacities for monitoring key MDGs are in place and disaggregated data are produced and used from these systems to support decentralized social service planning.</p> <p>47. 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> <p>48. Knowledge gaps are identified, research and position papers/publications developed on themes and emerging issues and concerns of marginalized children and women.</p> <p>49. A sustainable forum to promote child and youth participation is created.</p> <p>50. 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> | <p>indicators studies and best practices identified; # of thematic papers and publications emphasizing related concerns; # of joint publications with partner UN agencies and IFI's;</p> <p>◆ Policies adopted establishing national and local fora to promote child and youth participation; National child and youth forum established; No of local/sub-national/national mechanisms for sustained engagement of children and young people in policy development and/or programme implementation.</p> | <p>government and provincial project reports</p> <p>◆ Policies</p> <p>◆ Best practices study(ies)</p> <p>◆ Papers</p> <p>◆ Publications</p> <p>◆ Policy</p> <p>◆ Forum agenda/minutes/resolutions</p> <p>◆ Charter</p> <p>◆ Annual program and project reviews, donor reports</p> | <p>MoHA, Bappenas, Subnational Govts, CIDA</p> <p>◆ BPS, MoNE, MoH, MoHA, Bappenas, Subnational Govts, CIDA</p> <p>BPS, MoNE, MoH, MoHA, Bappenas, Subnational Govts, WB,CIDA,UNDP, UNIFEM, ILO, UNESCO</p> <p>MoWE, National Child Protection Commission (KPAI), LPA, NGOs</p> <p>MoNE, MoWE, MopNE, MoH, CSOs, NGOs</p> | <p>accorded the opportunity to express them freely); Article 4 (state parties commit to "undertake all appropriate legislative, administrative and other measures to implement of rights recognised in Convention); Article 2 (non-discrimination); also Articles 13 (right to freedom of expression), 15 (right to freedom of association) and 17 (right to access to information/media)Millennium Declaration; CEDAW</p> |
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