

Executive Summary:
PART 1. EXECUTIVE SUMMARY

In the history of Indonesia, 1999 was an unprecedented year, which saw a revolutionary national political transition and dramatic reform initiatives. But 1999 was also an extraordinarily difficult year for millions of children who suffered from malnutrition, preventable disease, and school drop-out, and who became victims of violence, exploitation and abuse. President Abdurrahman Wahid established a coalition government with major political parties in October. This, coupled with the successful national election in June, marked a major departure from the era of the “New Order” regime and signalled the return of a national sense of optimism and a more stable currency. The new government is, however, faced with growing demands for regional autonomy and independence. Decentralisation policies have responded with fairer revenue sharing patterns between the centre and periphery, and greater regional autonomy to the districts.

The new government is responding very positively to popular demands to address corruption, and promote transparency and good governance. Civil service reform was initiated and NGOs were embraced for their role in grass roots development. These are now amongst the leading forces for change in the country. But attempts to improve the plight of the millions of poor women and children have, until very recently, been overshadowed by economic adjustment and a lack of strong political and financial support. UNICEF has, however, managed to attract much attention to and gained wide recognition for the active role in advocating the causes of children amongst politicians, ministers and senior government officials and members of the leading civil society groups.

The devastation following East Timor’s independence referendum and the displacement of half a million Timorese, a now chronic situation of religious intolerance and conflict in the Moluccas, and the widespread violence and human rights abuses in Aceh, Jakarta, Irian Jaya and elsewhere have all led to increasing pressure for UNICEF to respond to emergencies.

In the second year of the Crisis Response Programme, UNICEF, government and civil society partners have attempted to maintain the access of poor women and children to basic social services. The major achievements include: the pioneering of community funds for safe motherhood; fighting water borne diseases through the village sanitation weeks; the provision of a micro-nutrient fortified complementary food to 260,000 infants; the establishment of child protection bodies in four provinces; technical support for the fortification of all wheat flour with iron and now zinc; and media campaigns and social mobilisation to prevent school drop-out and improve the quality of basic education. Underlying each of these achievements was a consistent effort at district and provincial levels with critical partners to provide data-driven advocacy for the policy and budgetary actions that can make a difference for children.

Human resources management was strained by the staffing and support needs of the emergency programmes and by the increase in supply operations. In addition, ProMS trouble-shooting, Y2K upgrading, building the operations capacity of field

offices, pursuing the audit recommendations, and ongoing actions to streamline workflow processes were all challenges taken up successfully by the operations section in 1999.

Programme achievements in 1999 would not have been possible without the generous financial support of USAID, AusAID, DFID, CIDA, the Governments of Sweden, Norway, and New Zealand, and the Australian and Japanese National Committees. Contributions for 1999/2000 reached a record US\$20 million. These enabled UNICEF to play a crucial role in ensuring the first call for children during the third year of the Indonesian crisis.

Document Text:

Part 2 Major Trends Affecting Children and Women

In 1999, the fabric of Indonesian society continued to be challenged by the effects of the economic and political crises that engulfed the region in mid-1997. For Indonesia, mired in its worst recession since the 1960s, the transition from Soeharto's 32-year "New Order" regime to a reformist government has been both rapid and arduous. The interim Habibie administration initiated a number of striking reforms in both political and economic arenas. Trade and the domestic economy are subject to deregulation and the financial sector to restructuring. In politics, some anti-corruption measures were introduced, and a process of decentralization and reorganization of the central government machinery has been launched. Free national elections were held in June 1999, followed by a hotly contested presidential election in the national legislature in October. The election results were shaped by a number of events such as the referendum in East Timor, the failure to prosecute Soeharto and the Bank Bali scandal, and these served to undermine the credibility of Habibie's government and its chances for re-election. Responding to popular demands for political transparency, greater government accountability, and wider regional autonomy, the last of the New Order government was swept away with the inauguration of a new administration and cabinet under President Abdurrahman Wahid and Vice-President Megawati Soekarnoputri. While this has moved the civil administration onto a much sounder footing for crisis recovery, Indonesia continues to experience a profound period of deep and wide-ranging political transition and great uncertainty.

Uncertainty has been the watchword for political, economic and social change in Indonesia in 1999. This uncertainty has created both threats and opportunities for children and women across the archipelago of 17,000 islands. It is estimated that Indonesia has a total population of 210 million. By end 1999, up to 50 million people or one fourth of the population is living in absolute poverty. By 2005, the population growth rate is projected to reach 1.4 per cent. In absolute terms, this means that Indonesia will add 3 million new citizens each year. The islands of Java and Bali are home to 60 per cent of the population, but represent only 7 per cent of the total land area of the country. In contrast, the eastern island chains support 21 per cent of the population, but account for 69 per cent of the country's land area. Urbanisation is proceeding at a rate of 4 per cent per year, and the most rapid urban growth is occurring outside the most urbanised provinces. Indonesia's cities are straining to provide housing, water and sanitation, education and health services for their 80 million citizens. This trend has been aggravated by the economic crisis,

which has shown a disproportionate impact on city dwellers and especially the urban poor. Indonesia is developing a chronic, urban poor.

Efforts to achieve the World Summit for Children (WSC) Goals in Indonesia show striking progress, as well as areas for renewed commitment. From 1986 to 1996, the infant mortality rate (IMR) and under five mortality rate (U5MR) declined from 71 to 52 deaths and from 103 to 71 deaths per 1000 live births, respectively. But regional disparities are considerable with U5MR ranging from 30 in Yogyakarta to 149 in West Nusa Tenggara.

Immunization coverage remains an urgent concern. In 1997 only 55 per cent of infants had received a full course of immunisation and only 54 per cent of mothers had received two tetanus toxoid injections. Diarrhoea and acute respiratory infections remain stubborn challenges. The prevalence of diarrhoea among children under five decreased from 12 per cent in 1994 to 10 per cent in 1997. Acute respiratory infections continue to be a major cause of early childhood illness, affecting 8 per cent of children under five, and account for an estimated 35 per cent of child deaths. Tuberculosis is a major concern. There are over 500 thousand new cases reported each year in the general population. The national prevalence of HIV/AIDS is still very low, but there are indications of change for the worse. In Irian Jaya, Riau, Bali and metropolitan Jakarta it is estimated that 2 to 3 per cent of commercial sex workers are HIV positive.

Maternal mortality remains high: 334 women die in childbirth for every 100,000 live births. The causes include poorly trained health personnel, lack of transport, late referral, and poor emergency care. Overall, one in every two births is attended by trained personnel, yet regional differences are huge with only 24 per cent of women using trained personnel in West Nusa Tenggara and Southeast Sulawesi. Fifty per cent of women and children aged 5 to 14 years continue to suffer from iron deficiency anaemia.

The nutritional status of children and women is a pressing concern. The high number of early marriages and poor maternal nutrition contribute to 1 in 10 babies being born with low birth weight. Malnutrition increases sharply for children aged 6 to 11 months and by the age of five, 30 per cent of children are malnourished. Blindness due to Vitamin A deficiency declined substantially to 0.3 per cent in 1992, but there is evidence that this trend may be in reverse. The incidence of goitre fell from 28 to 10 per cent between 1987 and 1998, and 80 per cent of households are now consuming enough iodised salt. From 1992 to 1998, the percentage of households with access to clean water and sanitation increased to 76 per cent and 65 per cent respectively. Despite this positive trend, there is a 25 per cent gap between urban and rural coverage rates, and in four provinces less than 1 in 2 households has adequate sanitation.

Over the past two decades Indonesians have attained significantly higher educational levels, and adult literacy in 1998 was 93 per cent for men and 85 per cent for women. Net enrolment in primary school has remained at over 90 per cent, while 52 per cent of children are enrolled at junior secondary school. Despite this, 6.4 million children aged 7–15 are out of school, and access to education is a major problem for many, especially girls from poor households.

More children are being pushed into exploitative and hazardous work as garbage scavengers, street peddlers, domestic servants and sex workers. Child exploitation is greatest in urban areas where 34 per cent of working children are labouring more than 35 hours a week, and 30 per cent of commercial sex workers are estimated to be under 18 years of age. Unstable homes, aggravated by the economic crisis, are pushing children onto the street and this has a strong bearing on factors related to the status of women, including early marriage, adolescent pregnancy and domestic violence. The education of these children also suffers as they are forced to drop out from school, to work and flee abusive homes. The lack of definition of what constitutes child abuse, inadequate enforcement of existing legislation and poor reporting systems all exacerbate the situation. No official figures are available for birth registration. In the prevailing economic and political climate children living in extreme poverty and children deprived of a caring family environment need special protection.

The major problems of children and women highlighted above share a number of common structural causes. Some, such as poverty, have been aggravated by the economic and political crises in Indonesia, and others such as flagging government budget allocations to the health and education sectors are more chronic. Each of the main structural causes of these problems will require renewed commitment and wider partnership with civil society, the private sector and with families and communities themselves to exact a change for children.

- Poverty: due to the crisis, up to 50 million people or 1 in 4 persons are living in absolute poverty. This represented a doubling of household poverty in two years, which was manifested in decreasing family expenditures on health care and education.
- Social Conflict: The democratisation process, a flowering of political debate and media freedom, increasing calls for fairer revenue sharing patterns, demands for greater regional autonomy and more transparent use of resources have all created a situation of instability. This has led to wider religious and ethnic conflict in different regions of the country. This conflict poses a threat to the survival, development and protection of children and women but also creates opportunities for UNICEF.
- Legal Framework: Weaknesses in the substance, structure and culture of the law in Indonesia continue to aggravate the situation of children and women. Legal loopholes and poor enforcement require renewed efforts, especially related to: abuse; sexual exploitation; hazardous child labour; the definition of childhood status; children in conflict with the law; adoption; gender bias in the law; and protection for children in emergencies.
- GOI Budget Allocations: Expenditures by the Indonesian central government on health and education lag way behind those of the country's ASEAN neighbours. In current terms, the GOI spent 8.4 per cent of the development budget on education in 1998/99, down from 11.5 per cent in 1989/90. Over the same period, health expenditures rose from 1.9 per cent to 3.4 per cent of total development expenditure. By contrast, Thailand and Malaysia each allocate over 20 per cent of central government expenditure to education and over 6 per cent to health.
- Bureaucracy and Civil Service Incentives: Indonesia supports one of the largest bureaucracies in the world accounting for two per cent of the population or 4.1 million persons, excluding the army and police. But the incentive and salary

structure does not ensure that quality services are delivered with a high degree of professionalism.

- **Family Caring Behaviours:** Families make decisions everyday about the care of their children. Sometimes these decisions may be harmful and not in the best interests of the child. Families and caretakers, including fathers and grandfathers, need access to key information that can make a difference for the care of their children. This information must begin to challenge many commonly held beliefs and taboos that surround breastfeeding, complementary feeding, good nutrition, immunisation, cognitive and emotional development, hygiene and sanitation. Most importantly, caretakers need to know when to seek help, as delay is among the main causes of child and maternal death.

- **The Status of Women:** Lack of care for girl children, adolescent females and women of reproductive age, and their under-utilisation of social services are key problems. Underlying causes are the low status of women and their lack of access to information and control of resources, together with cultural norms that exclude women from household decision making. Similarly, women are excluded from participating in consistent and accountable bottom-up planning processes at the family and community level.

In 1999, four key trends greatly influenced the situation of children and women:

1. Local Government Decentralisation and Fiscal Autonomy

Laws No. 22 on Local Governance and No. 25 on Fiscal Balance Between Central and Local Government were ratified in May 1999. The trend towards greater decentralisation of fiscal and administrative power will influence how policy and programmes for children and women are planned, funded and implemented. These two laws have created an environment of opportunity for genuine popular participation in agenda setting and resource allocation decisions. The ultimate test is whether the laws will enable more effective identification and recognition of the priority needs of the population, especially women and children. Another issue is whether the laws facilitate a more cost-effective use of public resources to meet the needs of vulnerable groups. The district, as the focus of decentralisation, will have more power and resources, and will be held accountable for their effective use. Key influences include:

- Districts will have full administrative and fiscal autonomy, including the power to determine the structure of local service departments.
- Districts will need to form alliances with local non-governmental and community-based organisations to support service delivery and advocacy efforts.
- Districts will emerge as stronger “political entities” with legislatures and autonomous development budgets. UNICEF must begin to develop advocacy strategies now for influencing these assemblies and their resource allocation decisions.
- Families and communities have a much larger role to play and need to be informed about their entitlements and about ways of making their voices heard by the district authority.
- Cooperation with the private sector is an emerging opportunity, and the range of activities should expand from simple sponsorship and funding, to the implementation of activities in concert with service delivery partners.

2. Wider Civil Society Partnership

Democratisation is ushering in a more open, less stringent society with greater freedom of expression and more meaningful opportunities for participation, by communities, non-governmental and community-based organisations. And while the logic of resource leverage justifies a central place for government in UNICEF-supported programmes, the array of organisations in civil society offer unique opportunities for new partnerships. Religious leaders, non-governmental and community-based organisations enjoy greater credibility than in the past. In various crisis response and social safety net programmes, NGOs take on key roles as implementers, communicators and “watchdogs”. To cement the trend three issues need to be addressed:

- Establishing transparent procedures for working with NGOs that clearly state rights, responsibilities and that maintain accountability.
- Identifying the mutual ground between NGOs and government service departments to ensure complementarity of inputs for agreed objectives.
- The capacity and financial sustainability of NGOs.

A significant step towards resolving these issues occurred in the first week of Abdurrahman Wahid’s Presidency when he met with 16 of Indonesia’s largest religious and secular NGOs to discuss an accelerated workplan for reform and crisis response.

3. New Conventions against Child Labour

The ILO conventions on the minimum working age and worst forms of child labour were ratified in October 1999. These fill a number of strategic legal loopholes concerning hazardous forms of child labour; child exploitation and protection; and institution building for child protection. But continued poor enforcement and weak sanctions, which are characteristic of the culture of the law in Indonesia, may subvert the spirit of the conventions.

4. Civil Conflict, Emergencies and IDPs

The flaring of religious, ethnic and nationalist conflict in Aceh, Maluku and Timor underscores the political uncertainty in Indonesia during 1999. At present, the number of internally displaced persons (IDPs) is estimated to be 415,000, with over 200,000 in West Timor. The potential for civil conflict remains high as many regions and groups express their demands for greater autonomy and a greater share of national resources. Economic disruption and social unrest will pose serious threats to the lives and well-being of children and women. Rapid response will require interventions such as provision of fortified complementary food, water and sanitation facilities, medical and educational supplies, and interventions to deal with psychosocial trauma.

Part 3 Country Programme Process, Planning and Implementation

3.1 Country Programme Overview

This year was the first year of implementing the Crisis Response Country Programme (CRCP) with its four special areas of programming focus. The primary aims of the CRCP are to enable families and communities to cope with the economic crisis, without becoming dependent on the temporary “hand-outs” that

characterise the Social Safety Net Programmes. In order to do this, UNICEF's support at the district level needed to be less government-oriented and rapidly implemented at the community level. UNICEF-supported activities also needed to be streamlined and integrated into the same areas to maximize impact.

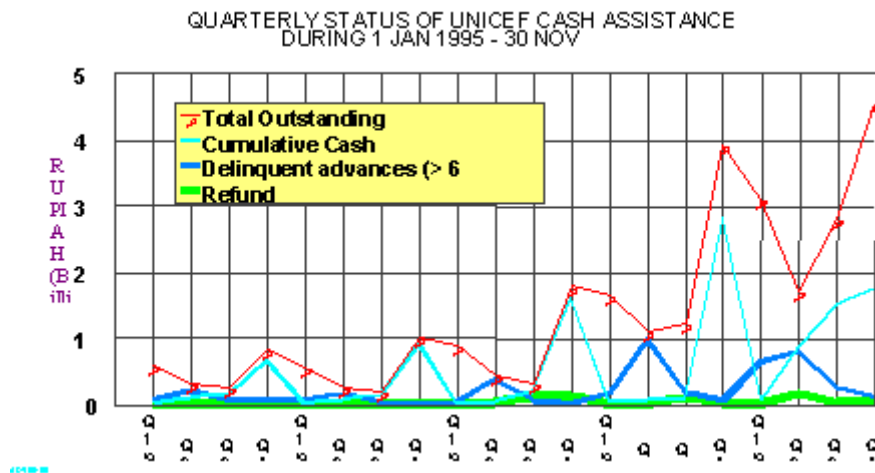
Against these aims, year-end self-assessment showed a mixture of results. While some activities such as the Complementary Food Initiative and Community Financing schemes in selected provinces were "delivered" rapidly to the village level, many crisis response initiatives could not be started until mid-year due to various factors, thereby defeating their rapid response intentions. Efforts to integrate interventions into the same set of districts and villages also showed mixed results. In all seven provinces where the CRCP was implemented, concentration of the CRCP interventions in the same locations was successfully introduced,

However, in many instances the integration of interventions remained elusive. For example, hygiene or ORS promotion activities were not systematically done in the same locations with the provision of water and sanitation facilities, and efforts to integrate communication and community level planning for Programming Area (PA) 1 (Community Self-help for MCH) and PA3 (Posyandu Revitalisation with the Complementary Food Initiative) were not very successful. In effect, the four Programming Areas developed and maintained their own channels of implementation and failed to coordinate at the sub-national level. This important lesson has been incorporated into the design of the next Country Programme for 2001-2005.

In terms of accelerating implementation, the concerted efforts across all the Field Offices and Programming Area teams in Jakarta to complete the 1999 district plans and proposals, disburse cash assistance and liquidate outstanding advances from 1998 paid-off with visible results. The graph on page 7 shows the quarterly status of UNICEF cash assistance from January 1995 to November 1999. For the first time in five years, current year implementation started with disbursements taking a sharp increase from the end of the first quarter. The past trend had always shown a start from the end of the third quarter. In effect, the implementation experience in 1999 has proven that the cycle of late disbursements and delinquent CAG the following year can indeed be broken with a disciplined and concerted effort by all concerned.

Implementation and budget performance has been relatively even across the programming areas with CDD-WatSan and Posyandu Revitalization taking the lead. This is due to their supply orientation. The Maluku programmes have been the most problematic due to the religious clashes which started in January which has suspended implementation. For an overview of the programme budget utilization in 1999, see the table on page 8.

Major New Initiatives and Key Results



- Broad-based advocacy with national and local leaders on the concept of “the lost generation” was used to promote greater societal action to avert the effects of the crisis on basic education, nutrition and health care. It gained wide political recognition.
- UNICEF’s initiative to promote “Sanitation Weeks” to accelerate an integrated CDD-WATSAN approach has been introduced as a National Sanitation Campaign.
- UNICEF’s call to “fast track” the Revitalisation of the Posyandu as a crisis response initiative for maternal and child nutrition and health, coupled with the Complementary Food Initiative (CFI), has become a high priority programme of the Government.
- In January, the fortification of wheat flour with iron now ensures that 95 per cent of all wheat flour and processed products in Indonesia have been fortified.
- There has been a clear increase in the level of cooperation with non-governmental organizations, at the national and local levels. This followed the 1998 MTR agreement by the government that enabled UNICEF to work directly with local NGOs. These initiatives included: East Timor’s special health programmes with Perdhaki (Christian Association) and East Java’s programme with the Nahdhatul Ulama (Moslem mass organization formerly led by the current President) on community savings schemes for maternal health.

Other initiatives introduced in 1999 which started to take shape or were delayed include:

- UNESCO-UNICEF pilot project on School-based management in 62 primary schools in three provinces. The experience from this initiative will be used for the design of interventions in the next Country Programme.
- Operational research in partnership with the Helen Keller Institute on Maternal Mortality and Low Birth Weight reduction with funds from the Turner Foundation was delayed due to the need to change the project site from West Timor to Lombok.
- Other initiatives called for by UNICEF Headquarters with regular resources (RR) or other resources (OR) allocated late in the year included the Low Birth Weight global effort and accelerated Vitamin A programme. These are being planned with

active involvement of national counterparts for implementation in 2000

Utilization status of Country Programme funds in 1999
In thousand US Dollars as of 7 December 1999

Programme	Funding Sources	Allocation Amount	Commitment		Est. Expenditures	
			Amount	%	Amount	%
Health	RR	580.8	556.3	94.3%	485.6	82.3%
	OR	3,530.5	3,375.7	95.4%	3,181.8	89.9%
	Sub-Total	4,120.3	3,932.0	95.2%	3,667.3	88.8%
Hurdion	RR	720.8	643.5	88.2%	642.1	88.0%
	OR	4,742.0	4,712.8	99.4%	4,673.3	96.4%
	Sub-Total	5,472.7	5,356.3	97.9%	5,215.4	95.3%
Water & Env. Sanitation	RR	740.5	713.3	95.2%	713.3	95.2%
	OR	773.6	591.0	76.4%	483.5	62.5%
	Sub-Total	1,523.1	1,304.4	85.6%	1,196.8	78.6%
Planning & Soc. Statistics	RR	1,074.2	1,021.0	95.1%	964.4	89.8%
	OR	-	-	-	-	-
	Sub-Total	1,074.2	1,021.0	95.1%	964.4	89.8%
Advocacy & Soc. Mob.	RR	920.4	928.7	100.9%	860.2	93.5%
	OR	1,131.0	816.0	72.1%	812.0	71.8%
	Sub-Total	2,061.3	1,744.7	84.6%	1,682.1	81.6%
Child In esp. difficult circumt.	RR	251.3	249.4	99.3%	243.7	97.0%
	OR	600.1	508.6	86.7%	442.3	64.1%
	Sub-Total	941.4	848.1	90.1%	686.0	72.9%
Capacity Building	RR	1,086.5	1,012.7	96.3%	1,860.1	216.6%
	OR	3,185.5	2,574.0	80.8%	2,304.7	75.2%
	Sub-Total	5,172.0	4,486.7	86.7%	4,264.8	82.3%
Cross Sectoral	RR	808.2	874.1	107.3%	868.8	106.7%
	OR	100.5	178.0	175.5%	170.4	169.5%
	Sub-Total	1,088.6	1,052.1	96.6%	1,039.2	95.5%
Emergency	RR	1,041.0	935.7	89.9%	800.8	76.8%
	OR	983.3	726.1	73.8%	316.0	32.1%
	Sub-Total	2,024.3	1,661.8	82.1%	1,206.8	59.6%
Country Prog	RR	8,240.7	7,835.6	95.0%	7,538.0	91.4%
	OR	15,237.2	13,572.3	89.1%	12,374.0	81.2%
	Total	23,486.0	21,407.9	91.1%	19,912.0	84.8%

The programming environment was fraught with uncertainties and disruptions, due to the enormous political and social unrest surrounding the transition from the Suharto era, to the democratic election of the National Peoples' Assembly and subsequent election of the new President and Vice President.

In addition, 1999 can be called the beginning of Indonesia's period of intense Emergency. This was manifested in the East Timor crisis that began in January 1999 with the announcement by then President Habibie to allow a self-determination vote and culminated in the violence and destruction that erupted in early September, and other outbreaks of religious, political or ethnically motivated violence and unrest in Aceh, Kalimantan, the Maluku Islands and Irian Jaya.

The capacity of government systems and services were also affected by the economic and social crises. Personnel became increasingly de-motivated by the budget cuts and unclear direction from the interim government. Unclear implementation guidelines from the Central Government for the Social Safety Net (SSN) programmes also added to the demotivation and confusion among responsible social services.

This confusion and preoccupation with the SSN programmes directly and adversely affected the planning and implementation of UNICEF-assisted programme activities at the provincial and district levels. However, this was quickly remedied by the second quarter as UNICEF Field Offices took on an active role in helping sort out SSN implementation issues and bringing forth the importance of community

empowerment as an integral part of crisis response.

Programme Planning for 2001-2005

In collaboration with the National Development Planning Agency (BAPPENAS) the country programme planning process for 2001-2005 was initiated in April 1999 with a situation analysis using a life cycle approach. Based on the preliminary results of the situation analysis a strategy paper was presented at the Strategy Meeting in August. The country strategy was bold in its efforts to address the sweeping political and socio-economic changes that have followed the fall of Suharto's regime. The strategy meeting was characterized by an unprecedented level of openness on the emerging political, social and economic liberalization.

The strategy paper presented a basis for the Country Note (CN), which was submitted to EAPRO. A working draft of the Master Plan of Operations (MPO) is now ready for consultations with government departments, local governments and civil society partners. The final draft MPO is expected at end March 2000. The Country Programme Recommendation and Integrated Budget will need to be prepared simultaneously for presentation to the Executive Board in September 2000.

3.2 Programme Area Reviews

Programme Area 1 (PA1): Community Self-Help for Maternal and Child Health.

A. Achievement in Relation to Objectives

In January 1999 a National Technical Team was established, led by the Directorate of Community Participation of the Ministry of Health Services with key government departments as members. The team met monthly in Jakarta, developing a comprehensive annual workplan in support of implementation, reviewing provincial and district progress and coordinating technical assistance.

A national workshop was conducted in Ujung Pandang in April 1999 in order to orient provincial counterparts to the new programme thrust to respond to the crises and to put into practice the strategy of family and community empowerment for MCH. Representatives from all UNICEF-assisted provinces together with NGO resource persons developed a manual on family and community empowerment for MCH and agreed on the plan of action for the year 1999.

The Information, Education and Communication (IEC) package for PA1 was developed and field-tested. Dissemination of the materials and training of trainers have already started and are expected to be completed by February 2000. A workshop on participatory monitoring and evaluation at community level was held in Central Java in September. Outputs included draft Participatory Monitoring and Evaluation Guidelines that will be presented to the National Technical Team for agreement and endorsement in early 2000. Further replication to other provinces will be a priority in 2000.

The 1999 activities reflected the strategic emphasis on helping poor families pay for

critical MCH services. Such activities include subsidised community saving schemes in Central Jawa (TABULIN) covering over 3,000 villages and West Jawa/South Selawasi (TABUMAS), support for community level problem analysis and action planning meetings and training for village institutions and leaders. A first field monitoring exercise was implemented in four provinces: monitoring teams assessed the implementation of PA1 activities in the field as well as the planning process, funding and outputs at the community level. The result was not encouraging, as it was found that most 1999 activities were delayed due to political events such as the national election and establishment of a new government. Poor management was also identified as a cause.

B. Constraints and Problems

Political distractions: a focus on management, monitoring and consistent implementation was difficult to promote among many counterparts amidst the many political and economic uncertainties. Implementation was delayed until mid-year.

Different interpretations of “empowerment”: implementation was delayed due to uncertainty about what types of activities could be implemented with UNICEF support. Counterparts had difficulties in proposing a consistent set of village-level interventions that matched local needs.

C. Action Needed

An orientation on the overall concept, strategy and objectives of PA1 will be undertaken for Chiefs of UNICEF field offices and key PA1 provincial counterparts in the new year. Orientation for the provincial and districts counterparts is scheduled as part of the field monitoring exercises for the first quarter of 2000.

Village-level IEC training using the new materials and modules will underline the rights of children and women to MCH services and increase community knowledge about maternal and child health. Training will emphasise the obligations of family and community members to take local action to improve the care of mothers and children and push for more local, innovative activities to address their specific needs.

Community resource mobilisation mechanisms: key issues relating to costs, community willingness to sustain local savings schemes, how the schemes can be used to increase access to MCH services and linkages with established government programmes under the social safety net all need to be addressed.

D. Potential Modifications

In 2000, the consolidated programme focus will not change, but information and communication to UNICEF field offices, provincial and district counterparts and through local channels to communities and families will be intensified. Three channels will be used:

- Improved monitoring at village and sub-district level will be emphasised to assess the results of the various village level interventions for increasing access to MCH services.

- As well as field observation and assessment, a special discussion session with the inter-sectoral Maternal and Child Survival Teams (MCSDP) teams will be arranged at province and district level. This will be used to communicate a consistent vision of the PA 1 and improve the assessment of field level constraints and problems.
- Participation by the PA1 technical team during provincial or district planning meetings will also be considered to improve programme communication and monitoring of progress.

Programme Area 2 (PA2): Control of Diarrhoeal Diseases and Water and Sanitation (CDD-WatSan)

The crises that have gripped the country since mid-July 1997 have resulted in a drastic decline in infrastructure investment including water and sanitation facilities. There has also been a shift from investment in development programmes to financing of welfare activities. A number of major water supply and sanitation projects reached completion this year, leaving UNICEF-supported activities as one of the major interventions with external assistance. In 1999 the CDD-WatSan programme covered 1300 villages in six provinces. It should be noted that the recently launched Health Paradigm 2010 of the GOI focuses on improved hygiene behaviours for disease prevention and health promotion.

A. Achievement in Relation to Objectives

There was a marked improvement this year in maintaining the schedule of implementation of UNICEF-supported activities. The lengthy planning process that caused chronic delays in transferring funds to implementing districts was reduced and construction activities commenced prior to the start of the rainy season. Key achievements in 1999 include the following:

Sanitation Weeks launched as National Sanitation Campaign

The UNICEF-supported Sanitation Weeks campaign has been implemented in approximately 30 districts during the year. The concept has now been adopted for the National Sanitation Programme, officially launched by the Vice-President on 12 November 1999. This is a significant achievement and the campaign will receive financial support under the 2000 national development budget. UNICEF provided ORS in support of the Sanitation Weeks for the provinces of West Java and East Nusa Tenggara. Other provinces are already self-sufficient.

Increased access to water and sanitation facilities

UNICEF support has been provided this year for construction of 66,286 family latrines, 113 school latrines, 336 hand washing facilities in schools, 2815 dug wells, 5 spring protection structures and 113 rain-water collectors. Some provinces, particularly West, Central and East Java, have demonstrated the role of community-based production centres to ensure easy access to latrine components, and motivating and assisting families to build their own latrines. In Central Java, 40 production centres are now operational. In East Nusa Tenggara (NTT) community-based production centres have not been established and NGOs have been used for the construction of facilities through provision of stimulants.

Extensive cooperation with NGOs

In NTT 19 local NGOs conducted WatSan improvement activities in eight districts and in West Java a local NGO has been entrusted with the development of a motivators kit and TOT for community motivation. In East Java a major community-based religious group (NU) and women's group (PKK) have served as the main executing agencies for village and subdistrict- based activities. Support has been provided by CIDA for baseline surveys and subsequent post intervention surveys to improve CDD-WATSAN monitoring by local NGOs in three provinces.

Hygiene promotion

Promotion materials produced in 1999 included: TV filler; radio spots; and school hygiene and sanitation booklets for students and teachers. Hygiene promotion continues to rely on community motivators, religious leaders and school teachers. In Central Java 900 community motivators were trained and some 6000 village representatives participated in village planning activities for WatSan improvement. Hygiene education is a major part of the integrated IEC programme launched this year for the UNICEF-supported crisis response programme.

Building skills

Intensive tailor-made training courses to improve management in water supply and sanitation were conducted with 19 key counterparts from 12 districts and central agencies. The training, conducted by IRC with support from a local NGO, Yayasan Dian Desa, focused on the use of a participatory approach in planning, implementation and monitoring

B. Constraints and Problems

Promotion of a self-help approach: efforts to achieve financial contribution to promote a self-help approach through reduced household incentives (stimulants) has met with limited success. This is due to deeply embedded perceptions among communities and government staff that construction of sanitation facilities always requires external assistance.

Targeting poor families: there is a continuing misunderstanding that stimulants can only be effectively used by better-off households who have the additional funds to complete their facilities. Greater efforts are required to address this issue through more intensive information and communication. Many of the new, simpler technology options should be promoted as affordable for the poor.

Sanitation as a priority: demand for water supply has continued to be much stronger than for sanitation. In some regions, CDD-WatSan programmes that put the emphasis on latrine improvement have not been well received by communities. Opportunities for district level government to undertake sanitation improvement through various crisis response programmes funded by external donors have not been taken up as priorities. WatSan in general continues to be neglected by decision makers at district level in favour of other activities such as roads and irrigation works.

Impact monitoring: in 1999 Health Ministry reported a reduction in the number of diarrhoea cases. However, in view of its reliability and the absence of another source of data, the accuracy of the report is somewhat doubtful.

C. Actions Needed

Community-based management will be promoted through participatory planning at community level, strengthening the role of sanitarians and implementing more intensive IEC and village-based monitoring activities. Improved diarrhoeal disease surveillance will be achieved through home visits by sub-district sanitation officers and greater collaboration with sub-district staff responsible for maternal and child health. Additional efforts at all levels are needed to support the new GOI Health Paradigm which focuses on the prevention of diarrhoeal diseases through improved personal hygiene and promotion of proper home care for sick children.

D. Potential Modifications

The same strategy will be pursued in 2000. The focus will continue to be on sanitation, promotion of hygiene behaviour through community motivators and schools, improving access to WES components at village level and provision of household incentives for low cost WatSan facilities. The village-level planning process will be modified to ensure better community involvement and promote greater participation in integrated IEC activities.

Area 3 (PA3): Posyandu Revitalization and the Complementary Food Initiative

A. Achievements in Relation to Objectives

The objective of PA3 is to strengthen the health, nutrition and child development component of Village Service Posts or Posyandu. This involves mobilising civil and community-based organizations to manage the Posyandu, particularly where access to basic services are still problematic, and to strengthen the inter-sectoral linkages to provide better institutional support to village-level implementation.

A central achievement of 1999 was to consolidate and begin to put into practice an approach to Posyandu Revitalization which is both crisis-responsive, and at the same time addresses the underlying problems for nutrition and health of women and children. Key elements of the approach are (a) restoring the “mother-to-mother” component of Posyandu, (b) introducing fortified complementary food, (c) strengthening the institutional capacity for village-level management through a “Village Board of Posyandu”, (d) increasing involvement of the Ministry of Home Affairs in addition to the line ministries of Health and Family Planning, and (e) creating a fund-raising mechanism for the volunteer cadres.

To institutionalize this improved approach, technical guidelines were developed and issued on 3 March as a decree from the Ministry of Home Affairs. Subsequently, intensive meetings to disseminate the revised guidelines were held at the national and provincial levels involving counterparts from the district, sub-district and village levels.

To build momentum, planning and review meetings with a wide cross-section of stakeholders were held in Semarang in July, and in Bogor in November. A new training programme for cadres was designed, giving special attention to the inter-personal communication between cadres and mothers, group discussions and home visits. Supporting materials were designed and the *Buku Kader*, the core material for cadre training, was updated. A total of 25,000 sets of flip charts and counselling cards, 11,000 poster-size versions of the growth monitoring card (KMS) and 32,500 copies of the updated *Buku Kader* were produced and distributed. In addition to being used in UNICEF-supported areas, these materials will be used by the Ministry of Health for cadre training in non-UNICEF provinces.

CORI, a professional private sector organization, was contracted to provide technical and ensure quality training of the cadre trainers. Using the improved programme, training has already been given to 1,387 trainers, and 9,800 cadres. A further 37,000 cadres are in the process of being trained. These cadres serve 7,000 Posyandu in 332 sub-districts of 70 districts in UNICEF's eight specially supported provinces.

In the Complementary Food Initiative (CFI) component of Posyandu Revitalization, 6.4 million 500 g sachets of a micronutrient-fortified complementary food, Vitadele, were provided in the course of the year to benefit 270,000 infants, including 9,000 infants among the East Timor refugees in West Timor. Guidelines were developed for the use of funds generated by the collection of the nominal fee of Rp.500 (\$US 0.07) per sachet of Vitadele.

To promote the image of the Posyandu, PERWANAL, a private sector company, was contracted to develop a national mass media campaign using television and radio spots. This will be launched in January 2000.

Three Indonesian universities are jointly undertaking a baseline survey of the performance of Posyandu in three provinces, West Sumatra, East Java and South Sulawesi. The protocol and data collection instruments are being shared with JICA, the British Council, and WHO in an effort to enhance inter-agency co-ordination in support of Posyandu Revitalization.

B. Constraints and Problems

Cadre training materials were late in being finalized. Printing and distribution of KMS and supporting materials was also delayed, but nonetheless completed before the end of the year.

Lack of funding to provide enough Vitadele to fully cover all villages lead to children receiving less than adequate supplies. Children 0-6 and 12-24 months of age were also fed Vitadele, in addition to the target age group of infants 6-12 months.

Poor level of commitment was observed in some districts and lack of capacity to safely store and distribute Vitadele. The logistical aspects of transportation and distribution were a major problem at the beginning of 1999, but were resolved to a

great extent by mid-year as a special sub-team for CFI was formed and six additional new staff hired specifically to ensure proper distribution.

C. Actions Needed

Timely fund-raising is needed to ensure steady provision of Vitadele and other supplies. The nutritional impact of Vitadele will be undertaken to demonstrate the improved growth and lower prevalence of anaemia that can be achieved if Vitadele is fed to infants during the critical 6-12 month period.

A re-fresher orientation will be conducted in some districts to achieve a better understanding of the principles of targeting and the drawbacks of non-observance. To complement the existing training modules on communications skills, specific practical recommendations about how to optimize infant feeding and care will be developed for parents.

A simple monitoring tool is needed for on-going monitoring of the degree of Posyandu revitalization. This could take the form of a check-list for spot-check visits of Posyandu, giving a “snap-shot” picture of the strengths and weaknesses of the operation of Posyandu.

D. Potential Modifications

Increased attention in Year 2,000 will be given to fully restore the mother-to-mother component of Posyandu. Posyandu became medicalised in the late 1980s, with the addition of immunisation and the presence of a health center worker that this necessitated. In terms of communication, many Posyandu became, at best, a communication point between mothers and health center staff. Posyandu should be revived as a medium for both health services, including immunisation, antenatal care and family planning, as well as a forum for mothers to learn from each other via cadres trained to share both their local, “mother’s wisdom” as well as state-of-the-art knowledge of preventative health, nutrition and child development. Greater involvement of the village mid-wife to support activities beyond Posyandu day, including home visits and mother-to-mother activity, will be considered.

The concept of a “Village Board of Posyandu” will be refined, tested and taken to scale. Existing boards are elected from the village and by the village to improve local ownership and management of Posyandu.

The target age range for Vitadele could be expanded from 6-12 months, to 4-24 months. There is also a need to ensure the continued availability of fortified complementary food, so that post-crisis, families will be able to purchase this in local markets at an affordable price.

One of the original aims of Posyandu Revitalization was to protect pregnant women and unborn children from malnutrition caused by the economic crisis. To date, few measures specifically for pregnant women have been put in place, except for the government’s distribution of local food supplements. To complement this programme, de-worming (where necessary) and multiple micronutrient supplements could be provided along with local foods equivalent to approximately 1,000

calories/day. De-worming of children 2-5 years of age in areas where there is high prevalence of parasitic infections, may also be considered. Efforts to incorporate psychosocial stimulation into Posyandu are also underway in order to promote the corporate programme of ECCD.

Programme Area 4 (PA4): Basic Education for All

A. Achievement in Relation to Objectives

The goal of the UNICEF supported programme for Basic Education is to contribute towards achieving nine compulsory years of basic education for all children. UNICEF support is directed at addressing the effects of the crisis and efforts to maintain the access and quality of basic education.

A study to assess the impacts of the economic crisis on education, conducted among 374 primary and junior secondary schools, revealed that the crisis has some impact on school enrolment and drop-out rate, but its magnitude is not as great as predicted. The impact is more severe in urban than in rural areas and the quality of learning in school is decreasing due to falling school revenues. The study findings have been presented to the public and relevant decision makers. The government has asked UNICEF to conduct a follow-up study to monitor further impact of the crisis. This second study, conducted among 600 schools, is now underway and the preliminary report is expected in January 2000. More comprehensive results are anticipated since this study includes a better sample of urban schools and additional variables.

In support of the scholarship and school block-grant programmes, implemented under the Indonesian Social Safety Net Programmes (JPS), the "Stay in School" advocacy and media campaigns have been successful in contributing to maintaining school enrolment and preventing more drop out. The advocacy campaign is part of a concerted effort among the government, World Bank, ADB, UNICEF and other donors to respond to the impact of the economic crisis on basic education. This crisis response programme has been awarded special praise by the World Bank as an outstanding programme to improve education performance.

UNESCO, UNICEF and the government are jointly conducting a pilot project on school-based management. The project aims to achieve better management and more effective and joyful learning by empowering schools through greater autonomy and increased community and government support. Started in mid-1999, in 62 primary schools in three provinces, training is now being undertaken of school personnel and community members.

The non-formal education (NFE) programmes for street and working children were started in early 1999. The programme is implemented by 13 NGOs and has reached 800 children in six provinces. Some NGOs have developed their own alternative curricula, while others are using a modified version of the government's NFE package. Reading, writing, mathematics, vocational skills, child rights and social skills, like living within a community, are all included.

In 1998, activities within the life skills programme included the development of modules for primary school teachers and tutors of NFE learning resource centres

(SKB). In 1999, modules for junior secondary teachers are being developed. The development of a life skills education programme with support of a micro-credit facility for NFE participants is underway. The research team in collaboration with relevant NGOs is now writing the drafts of conceptual model and learning materials for training. In the development of the model, close collaboration with experienced NGOs needs to be emphasized to ensure a good result.

As preparation for the next five-year UNICEF country programme (2001-2005), a situation analysis of school-age children has been undertaken at national and regional level. The document has received a positive response from all stakeholders. UNICEF, in collaboration with NGOs and particularly Church organisations, has conducted emergency education and psychosocial counselling programmes for primary and pre-primary school-age children in the refugee camps for East Timorese in West Timor. Thousands of children in the refugee camps need the emergency education programme. Started in November in more than 10 locations, the programme will be expanded. It is expected to last 3 to 6 months.

B. Constraints and Problems

Data Collection (Crisis impact survey): quantitative education studies using long, structured questionnaires suffer from difficulties in gathering reliable data from parents. The quantitative data from both the survey implemented in 1999 and the follow-up education survey planned for 2000 must be analysed and interpreted with care. Additional qualitative methods and surveys may need to be considered to improve the data collection process.

JPS scholarship and school block grant programme: the involvement of various government agencies with overlapping and often competing responsibilities has resulted in differing treatment in allocating resources between schools. Also parents, especially poor parents, have been confused about the purpose of the programme and their ability to access resources and assistance.

School-based management: teachers within the pilot project find difficulty in developing local initiatives. The centralised education system with its rigid rules and regulations does not encourage innovations in local content, methods, school management and relations with PTAs.

NFE initiatives for street and working children: coverage remains small compared to the great numbers of children who require assistance. Initiatives are also limited by the limited capacity of implementing partner NGOs. Interventions are mainly curative, making little attempt to tackle the underlying causes at family level which include poor caring behaviours, negative attitudes towards basic education, especially for girls, and poverty.

Life skills curriculum: existing modules are not appropriate to NFE resources centres, local staff needs and student interests. The life skills modules need radical re-development.

C. Actions Needed

In the future most data should be collected from schools (headmaster, teachers and documents) and less from parents. Qualitative data can be gathered from parents through other methods such as focus group discussions.

Improved coordination of the JPS programmes among the relevant donors and implementing partners needs urgent attention. More innovative methods of social mobilisation need to be explored to support the media campaign for education advocacy.

The pilot project for school-based management requires more consistent and regular assistance and supervision. The schools are involved with enthusiasm in taking the challenge of school-based management and putting into practice the idea of joyful learning, leading to child-friendly and effective schools. Community members and PTAs also need to be more involved and informed about the initiative.

To expand the coverage of the programme for street and working children, both central and local government should adopt and implement initiatives that have been developed jointly by UNICEF, NGOs and the government. Programmes should be linked with other initiatives aimed at improving the economic conditions of families. NGOs that suffer from staff limitations and low competency in planning and implementation of programmes can be supported with capacity building workshops.

Training modules for life skills education in a non-formal setting have to be re-developed

D. Potential Modifications

UNICEF support should focus on advocacy, the development or piloting of education models, and the conduct of research studies, rather than on the provision of direct services.

3.3 Ongoing Initiatives for Children and Women

Expanded Programme for Immunisation (EPI)

UNICEF-assisted EPI programme continued essential support for maintaining Universal Child Immunisation (UCI). Activities included polio eradication campaigns, school immunization months and measles campaigns in high-risk areas. District proposals were processed and funds transferred as scheduled. As a result of UNICEF support, the percentage of villages achieving UCI increased from 74% 1997/98 to 79% in 1998/99. With UNICEF's focus on TT campaign activities in high-risk villages (villages where TT coverage was low, or in villages where TBA practices have in the past lead to neo-natal tetanus) reported NNT cases decreased dramatically from 570 in 1997 to 138 NNT cases in 1998. However reported cases of measles amongst under-five children increased from 5,000 in 1997 to 7,668 cases in 1998 and the latest report from the Central Statistics Bureau contradicts the above-mentioned report of the Health Ministry (see Part 2 Major Trends Affecting Children and Women). When EPI coverage in East Timor dropped to 50% in mid-1999 (before the Referendum), UNICEF initiated a measles campaign in low coverage villages and incorporated ANC services in to the campaign. Following the

serious disruption of the health system caused by the violence in the area, UNICEF was asked to help Medecins Sans Frontieres to ensure the quality of EPI services and prevent measles outbreaks in Dili. In Belu city in West Timor, UNICEF collaborated with the District Health Office and Perdhaki. Perdhaki, with financial support from UNICEF, sent medical teams, essential drugs and equipment to IDP camps. In response to the crisis, UNICEF supplied auto-destruct syringes for the TT vaccination campaign with financial support from USAID. UNICEF continued to help translate lessons from EPI to support the Nutrition Directorate of the MOH to develop a communication strategy and IEC materials for the national Vitamin A campaign, in collaboration with Helen Keller International. In parallel to this, support efforts are being made to introduce administration of Vitamin A during routine EPI sessions. If this is proved to be a success, this will be adopted as a national strategy.

Micronutrient Fortification of Food

In January, the fortification of wheat flour with iron began on a national scale. Since then, 95 per cent of all wheat flour and processed products in Indonesia has been fortified. Trials for the fortification of flour with a premix containing zinc, iron, thiamin, riboflavin and folic acid were also concluded. A flour mill in Semarang became the first in the world to fortify wheat flour with zinc, iron and vitamins. The quality and acceptability of flour, bread and noodles presented no adverse effects, even after keeping up to 90 days. The results were presented during an international seminar organized by WHO and FAO in December 1999. However, in the food industry, zinc is still considered a contaminant rather than a nutrient and fortification of wheat flour has not yet been accepted as a standard by relevant government institutions. Technical assistance of experts from Codex Alimentarius will be sought and this is expected to change the Government's view on zinc fortification in 2000.

UNICEF's support for Universal Salt Iodisation (USI) focused on supporting the provincial intersectoral USI teams. Support took various forms including the provision of equipment and vehicles, and joint venture agreements with the private sector. Efforts at the provincial level have failed to stop the leakage of raw salt onto local markets and into inter-island trade routes. This is due to a serious lack of law enforcement. UNICEF will need to seek closer collaboration at the district level, and especially with the Bupati; a campaign for this is in preparation and will be implemented in 2000.

Early Childhood Care and Development (ECCD)

Although lack of early childhood development is thought to account for high repetition rates in schools (10 to 15 per cent in grades 1, 2 and 3), there is a general lack of recognition of the contribution that ECCD could make for human resources development in the country. Existing services, which serve only 17 per cent of children aged 4 to 6 years, are mostly urban and private and suffer from a lack of quality control and regulation.

UNICEF has continued to promote a vision of ECCD that encompasses nutrition, health, hygiene and psychosocial stimulation in a package of "caring behaviours" delivered in the home and community. UNICEF exchanged a Memorandum of

Agreement with the ADB to co-finance a technical assistance project for ECCD and to work together as partners in developing an ECCD project proposal. UNICEF also supported a team of four Indonesian professionals to participate in the ASEAN-ECCD Expert Group Meeting in Singapore in June 1999. The Country Note and the Country Programme Strategy Paper, 2001-2005 adopted findings and recommendations of the project in developing a country strategy for ECCD.

Child Protection

After the mid-term review in August 1998, child protection activities were divided between Basic Education for All (BEFA) and Ongoing Initiatives. Within BEFA, activities during 1999 for vulnerable groups have focused on non-formal education for street and working child through 13 NGOs in six provinces. These initiatives have reached approximately 800-1000 children and details are provided in the report section for Programme Area 4.

In 1999, UNICEF-supported child protection activities included: the consolidation and capacity building of the National Commission for Child Protection and four provincial Child Protection bodies; legal reform; “protection” needs assessments for vulnerable children in two districts of West Java and the slums of North Jakarta in collaboration with local government; and completion and wide dissemination of a recently completed UNICEF-supported qualitative study of child abuse in six provinces. This was followed by a one-week study visit to Malaysia by an interdisciplinary team to learn about child abuse prevention systems. Other key achievements in 1999 involved: collaboration with the local government and NGOs in East Java to combat child labour in eight selected districts; support for focus group discussions at community level to assess the underlying causes of child labour and school dropout in 370 villages; two “socialization” workshops on child labour and child abuse for 40 community-based organizations; and orientations on child rights for local employers associations. Collaboration with other NGOs and civil groups to promote child protection included: work with Plan International and the Ministry of Home Affairs to promote birth registration; and capacity building of national child protection experts by supporting their participation at regional and international technical meetings on child abuse and sexual exploitation.

In the area of HIV/AIDS, UNICEF has continued to support monitoring and outreach activities related to the peer education training implemented in 1998 for 400 truck drivers from six provinces. Peer education was also conducted in 11 Islamic boarding schools in three districts of South Sulawesi. Over 450 peer educators aged 13-17 years were trained in 1998/99 to reach some 1,500 students. A post training evaluation indicates that the numbers of students aware of the means of transmission and prevention of STD/AIDS almost doubled from 45 per cent to over 80 per cent.

Institutional Development for Child Protection

The UNICEF-supported National Commission for Child Protection and Child Protection Bodies (CPBs) in the provinces of North Sumatra, South Sulawesi, East and Central Java, have been able to make substantial progress, both institutionally and programmatically (see Annex B for details). Referral systems and hotline services have been established and are operational. Sensitive issues like child

prostitution, sale and trafficking of children, child abuse and child labour have been widely socialized through workshops, seminars, radio talk shows, newsletters and other educational materials. Qualitative research on child labour, sexual exploitation, and vulnerable children has been undertaken. Focus has also been on increased capacity building of the Child Protection Bodies. In addition to a five-day training for hotline operators, UNICEF organized training on Planning, Administration and Financial Management for newly recruited staff. Both the National Commission and the four CPBs are mainly funded by UNICEF. To ensure sustainability, they will begin seeking additional funds from the government and other donors. To assist them in this process, UNICEF has offered to host a donor coordination meeting in early 2000. Finally, UNICEF also supported an in-depth review of existing legislation on child protection issues and its consistency vis-à-vis the Convention on the Rights of the Child. It has resulted in major recommendations for a more comprehensive law on child protection, which will be drafted shortly.

Emergency Support

While the East Timor crisis has garnered much of the global attention, there have been several other emergency situations which needed to be addressed. From the outset, UNICEF Indonesia has maintained that assistance will be limited to those provinces where on-going UNICEF programmes existed and where UNICEF had a field presence. Hence, the outbreaks of unrest and violence in Aceh and Kalimantan, that resulted in displaced persons, were not responded to by UNICEF. The emergency situation in the Moluccas that has displaced over 80,000 people has also received limited intervention from UNICEF. This is due to the difficulties of placing staff in the area and the limited capacity of implementing partners. However, as the year progressed, it became evident that such emergencies were becoming the norm, and that overall contingency planning and emergency preparedness is needed for UNICEF to be able to respond to all major emergency situations regardless of location. Related to this, UNICEF successfully advocated for the establishment of a UN Inter-Agency Task Force on Humanitarian Affairs with the task of monitoring the situation throughout Indonesia which has been operational since May.

Emergency in East and West Timor

UNICEF Indonesia's response to the East Timor situation began in March 1999 when a special assessment team was sent to the province following the mass exodus of non-Timorese from the troubled territory in early 1999. As the social services began to deteriorate, special programmes were introduced in the health sector. A tripartite partnership between UNICEF, the remaining local government health services and Perdhaki (Christian Association) was initiated in June to augment health care through building the capacity of the 26 Church-run health facilities. A "Truce for Children" immunisation programme was also launched in June bringing together both sides of the conflict under the banner of a call for peace for children by the two Bishops. Two rounds of the special immunisation were implemented before the situation took a drastic turn after the 30 August ballot.

UNICEF also took part in Inter-Agency efforts to prepare contingency plans for possible scenarios in April and August. However, the first visit did not lead to any real plan and the second effort came too late. As such, despite all the early indications of a major and complex emergency, none of the UN Agencies were

prepared for the sudden and massive outbreak of violence.

Despite lack of prepositioned supplies and staff deployment plan, UNICEF Indonesia was able to respond quickly to the arrival of large groups of displaced families in West Timor with available stocks of Complementary Food in Kupang. By mid-September, the emergency team was in place in Kupang and opened a liaison office in Atambua. From the outset, it was decided that the West Timor emergency operations would be an Asian/Indonesian staff operation due to the anti-UN, anti-Australian and hence, anti-caucasian sentiments of the pro-integration militias.

While supporting the independent emergency operations in East Timor with administrative and supply procurement support as well as loaning two key national officers with East Timor experience, UNICEF Indonesia turned its focus on the West Timor emergency with limited staff deployment from the external emergency roster. The emergency assistance began in early October with non-food supplies that included: water containers, stoves, kitchen and family hygiene kits, tarpaulin/mats, and sarong/blankets. While all the UN agencies and the international NGOs complained of lack of access and insecurity, UNICEF staff in close cooperation with the local Church networks and local government, were able to visit and assist camps along the border. The first service intervention was the provision of the much needed water supply and environmental sanitation facilities.

The initial phase of non-food supply distribution developed into a more service-oriented child protection package with a measles vaccination campaign and deployment of mobile health teams. The education and psychosocial services took more lead time to prepare. The first 9 camp-based tent schools were operational by the third week of November. Twenty-five more are to be established in December. The camp presence will be critical for effective interventions for child protection which will need to be linked with others' services. Hence, efforts have been sustained to keep collaboration open with UNHCR and international NGOs. UNICEF has also taken the lead to coordinate several sectors both in Kupang and in Atambua. However, inter-agency coordination has been a major problem with UNHCR has kept an independent and aloof position despite its lead agency mandate.

The numbers of IDPs have steadily declined from the highest point of 280,000 in mid-October to about 180,000 in early December. The remaining IDP groups are primarily along the border areas in Belu district, which is the focus of UNICEF assistance. Support is also extended to affected local communities and will eventually be incorporated into the regular provincial programme for East Nusa Tenggara.

Emergencies in the Moluccas and Aceh

UNICEF participation in the joint UN-GOI mission to Ambon from 11-15 March 1999, resulted in the provision of limited assistance by UNICEF for the special nutrition requirements of children in refugee camps. A total of 9 MT of Vitadele was delivered to PKK for distribution to children aged 6 to 24 months. Further analysis of the situation has now prompted UNICEF to prepare for a more extensive emergency response programme in 2000.

As a result of UN Inter-Agency Task Force efforts, in November 1999 the UN Heads of Agencies nominated sub-group called the “Aceh Alert Group” to closely monitor the situation in Aceh and report regularly on preparedness to respond to possible humanitarian situations. The group is chaired by UNICEF.

Constraints

In most emergency situations, local resources, supplemented by limited international assistance, have been adequate to cover the needs of people affected by disasters in Indonesia. The major constraints have been the lack of effective coordination by both Government and the UN agencies. The UN Inter-Agency Task Force will attempt to address this problem and promote better assistance to the Government coordinating body as well as improved coordination with other international donors and NGOs.

Integrated Local Planning and Management (ILPM)

UNICEF supported integrated provincial and district planning and management processes to develop 1999 annual work plans. These work plans were used for requesting and disbursing UNICEF funds to support crises response interventions covering activities for maternal and child health, community-based activities, CDD/WatSan, Posyandu Revitalisation and Basic Education for All. To achieve more focused integrated local planning for the 2000, a series of orientations on the Logical Framework Approach were provided for all provinces. Although support was given to the provincial and district level coordination teams to prepare clear annual planning documents, disbursements funds and timely implementation of activities could not be achieved due to late submission of the documents.

The new GOI policies for fiscal and administrative decentralization have cemented the place of districts and villages as the front line for development planning and management. UNICEF support for capacity building measures at these levels must stress data-driven problem analysis for planning and a more effective monitoring of actual activities and outputs achieved.

Integrated Information, Education and Communication (IEC)

Guidelines for management of IEC activities were issued by the Directorate of Home Affairs to all Provinces in early 1999. On this basis, intersectoral IEC teams, as sub-teams of the MCSDP teams, were formed to implement coordinated IEC activities. At the central level, integrated IEC materials (flipchart and counseling cards) were developed for use by health workers in their interpersonal communication efforts. The training materials include a training manual for Posyandu cadres that contains sessions on conduct of home visits and group discussions and a community empowerment package which can be used by all programmes in their community development activities.

Monitoring and Evaluation

The annual plans of action for 2000 have been developed using a logical framework approach. Stressing the vertical, causal logic between activities, outputs expected

and their contribution to larger developmental objectives, as well as the horizontal logic of more concrete and measurable indicators, the logical frameworks have provided a clearer summary of the major interventions to be made in 2000. The project logical frameworks are a major input into the Integrated Monitoring and Evaluation Plan (IMEP).

The Integrated Monitoring Evaluation Plan (IMEP)

In the latter half of 1999, the office agreed on an overall concept and structure for the IMEP. It consists of five linked components, each with varying levels of responsibility that rest with the field offices and head office in Jakarta. The five linked components are:

National Goals: a national goal monitoring system has been established to track achievement of the World Summit for Children (WSC) goals. Updated on a monthly basis, the system tracks all 27 WSC goals.

Annual work-plan format: the agreed format includes a monitoring section, to be completed each quarter, containing information about achievements against the indicators, constraints, follow-up actions and a summary of the status of cash or supply assistance.

Advocacy tools: an index of district-level indicators to measure and compare the achievements of local government and chief executives.

Studies and evaluations: the need to assess the impacts of the country's economic crisis was a basic concern in the design of five out of eight studies in 1999. Details of all studies and evaluations are provided in Annex A.

As UNICEF inputs are relatively small compared with government budgets, there is a risk that UNICEF supported activities may get lost in the aggregate of activities implemented by government. To address this, the IMEP enables the monitoring of specific activities and outputs expected from UNICEF cash and supply assistance, as well as their contribution to broader goals for children at the district, provincial and national levels.

To operationalise the components of the IMEP, key activities in 2000 will include:

- Provision of technical assistance to all UNICEF field offices: this will emphasise the identification and measuring of concrete indicators for activities and outputs expected.
- Quarterly reviews and feedback to UNICEF field offices on their monitoring activities and results.
- Improved consolidation and review of evaluations and studies in order to share information with all field offices and assess the policy and programme implications.
- Strengthening district level systems of data collection and analysis for advocacy and planning.
- Development of a user-friendly data base system to meet planning; monitoring and advocacy needs.
- Development of new approaches for strengthening field level monitoring and evaluation.

Part 4 United Nations Reform

Although there have been frequent heads of agency meetings convened by the UN Resident Coordinator, these have focused almost entirely on specific security and emergency issues, such as East Timor and violence and demonstrations in Jakarta. There has been no progress made on developing a Common Country Assessment (CCA), although there is general agreement that this needs to be done. Programming cycles of the major funding agencies including UNDP, UNICEF and UNFPA are in harmony, with the next programme cycle commencing implementation in January 2001. This requires agency planning and programming to take place from mid-1999 to mid-2000 and the fact that a CCA has not yet been initiated means that it will be too late to provide added value and an UNDAF cannot be developed as a framework for the 2001-2005 programming cycle.

Progress has been made, however, in substantive, development-oriented inter-agency cooperation. A series of inter-agency retreats were convened in 1998 and another in early 1999 to prepare an Indonesia country team presentation to the Economic and Social Council (ECOSOC) of the UN. This took place in Geneva in July 1999 and was widely acclaimed by ECOSOC members. The retreats resulted in a strong common consensus on the nature of Indonesia's interlocking crises, on their causes, and recommended policies and strategies to "re-ignite" the economy and sustained human development. The World Bank Director has played a consistently supportive and collegial role in this process. There is a consensus that maximizing human potential should be given high priority along with the promotion of good governance, and promoting a more bottom-up, participatory and small-scale economic revitalisation. Most UN agencies have articulated a clear role for themselves within the context of this common assessment and analysis.

In 1999 substantial "bilateral" cooperation was achieved, especially with UNESCO, to promote school-based management, reduce school drop-outs and improve the quality of primary school learning. Other strategic inter-agency cooperation involved: WHO, the World Bank, and UNFPA to assess the impact of Indonesia's crises on Health; WFP, the World Bank, FAO, UNDP and OCHA to assess and deliver food aid; and promotion of greater NGO support to communities by UNDP and the World Bank.

Heads of agencies identified some key coordination constraints: differing organisational cultures - specifically agency procedures and regulations, levels of delegation, development versus humanitarian orientation, and geographical areas of focus; agency work receives greater priority than common agendas; bureaucratic formalities, particularly in relation to resource mobilisation; lack of financial inter-agency cooperation; and, too much need to focus on security issues.

Heads of agencies also identified a number of positive, supporting factors: the impacts of a multi-dimensional crisis offered scope for the entire UN system to channel resources for addressing common goals; a country team in place, especially during the May 1998 transition, forged a spirit of unity that has largely endured; convening three UN system retreats resulted in a detailed consensus on the nature of the crisis and suitable strategies for recovery; collegiality and a sense of idealism amongst UN system staff; a common mandate and focus on human development; and a positive role played by the Resident Coordinator to foster team spirit.

The existing UNICEF office lease expires in December 2001. Currently UN agencies are in dilapidated common premises, with the exception of the World Bank, UNHCR, WFP and UNICEF. Since the common premises are severely overcrowded, it is not a feasible option for UNICEF to re-join them upon expiration of the current lease. The situation in 2000 will be monitored and should there be any change in relation to common premises, appropriate action will be taken.

Part 5 Partnerships and Advocacy

5.1 Partnership and Advocacy in the New Political Paradigm

Changes in national leadership over the last two years have produced a new paradigm in which policy making, legal reform, resource allocation and programme management now involve a large array of stakeholders: governments, national and provincial legislatures, local governments, political parties, NGOs, the private sector and the media. The new decentralization and fiscal balance laws (Laws No. 22 and No. 25) have also brought about a need to undertake intensive advocacy at local levels involving the same array of stakeholders. Recognising the challenges and opportunities that this new paradigm offers, UNICEF has proactively reached out to the most influential elements of society, including political leaders and a growing number of NGOs, to promote the agenda for child and maternal survival, development and protection. A major theme of this agenda has been the need to address the impact of the economic and political crises on children, women and families and the emergence of a “lost generation” of unhealthy, malnourished and poorly educated children. This lost generation represents the largest challenge for Indonesian human resources development into the new millennium.

In 1999, UNICEF worked closely with the Indonesian Institute of Sciences (LIPI) to organise a series of meetings, workshops and seminars with leading members of civil society to focus attention on the effects of the crisis, and identify policies and programmes needed to address the rights and needs of children and women. A major initiative for influencing party platforms and policies of the new government was a UNICEF-organised seminar. Participants included leaders of political parties and intellectuals, such as Dr. Amien Rais, presently Chairman of the National Legislative Assembly (MPR), the highest policy making body of the government; Khofifah Indar Parawansa, the State Minister for Women’s Empowerment; and Dr. Mar’ie Muhammad, former Finance Minister and leading economist and reform figure. The seminar, broadcast simultaneously by five private television stations, produced a joint declaration committing the major political parties to give high priority to meeting the rights and needs of children and women within the broad guidelines for state policy and development programmes (GBHN). This was followed by successful advocacy efforts with the MPR to integrate human resource development, with particular attention to children and women, into the 1999-2004 GBHN. UNICEF in cooperation with the Indonesian Institute of Sciences (LIPI) is maintaining this momentum with intensive advocacy efforts for ensuring that the rights and needs of children and women are adequately reflected in the new national five-year development plan (REPELITA) set to begin in 2001.

UNICEF is also pursuing cooperation with the new government of President Abdurrachman Wahid on the implementation of the Convention on the Rights of the Child (CRC). The new State Minister for Human Rights signed a Memorandum of Understanding with UNICEF on 19 November (the day before the 10th anniversary of the CRC) covering orientation and training, networking with NGOs and for internet connections that will promote the realisation of child rights. Through this cooperation, reporting on CRC implementation will be improved, child rights violations will be monitored and greater legal protection for children achieved. With other Ministers including the State Minister for Women's Empowerment and line Ministers of Education and Health, UNICEF is advocating for increased resource allocations and more effective approaches for increasing access to basic services for children and women.

5.2 Collaboration with Civil Society Partners

Throughout 1999, UNICEF has continued to cooperate with a wide range of civil society partners - NGOs, academicians, professional organizations, the private sector and the media. Cooperation with religious NGOs has focused on three major organizations, namely Muhammadiyah, Nahdlatul Ulama and Perdhaki. As a part of efforts to mainstream these and other NGOs into the programme planning and implementation process, many are now members of the provincial and district maternal and child survival, development and protection (MCSDP) coordinating teams. Cooperation with other NGOs, individually or through the National Child Protection Commission and Child Protection Bodies in four provinces, has promoted CRC implementation and increased protection for vulnerable groups. UNICEF currently sustains cooperation agreements with over 20 NGOs at national and provincial levels for specific child protection activities. Among these NGOs are Yayasan Bahtera, LAAI, Gema Mandiri Bangsa, and Plan International.

UNICEF has played a key role in bringing together various stakeholders - government sectors, academicians, professional organizations and NGOs - to prevent child labour, provide services for street children, increase awareness about child abuse and provide trauma counselling services. By channelling funds from private companies including Sogo and Telkomsel to NGOs involved with child education such as Muhammadiyah, Doulos and Aulia, UNICEF has assisted in the provision of scholarships for primary and junior secondary school children who, otherwise, might have dropped out.

Cooperation with the Child Protection Body (LPA) was intensified in 1999. UNICEF supported the institutional development of the National Commission for Child Protection and of LPAs in four provinces through training their members in planning, administrative and financial management, as well as provision of hotline services. Support was also provided for developing referral systems, for networking with NGOs and other partners, and the publication of newsletters including "AYOM" in Jakarta and "Hakiki" in East Java. Technical support and some financial assistance was given to establish LPAs in three additional provinces, namely West Java, West Kalimantan and Jakarta.

University study centers and resource persons were mobilised to undertake studies and programme activities in birth registration, child abuse, complementary feeding

and Posyandu revitalization, and community and family empowerment as well as in the financial and administrative operations of the LPAs. A consortium of Muhammadiyah and Universities have incorporated MCSDP concepts into their curriculum and graduate field work.

In support of HIV/AIDS prevention programmes, UNICEF continued to work closely with DKT International, a leading international social marketing agency specialising in HIV/AIDS, to undertake peer education among long haul truck and bus drivers, a recognised high risk group. This is in cooperation with ORGANDA, the Indonesian Transport Association. Following training of 400 peer educators from seven provinces covering the major Sumatra-Java-Bali land routes in 1998, intensive communication activities were carried out in 1999. A programme assessment study by DKT showed significant increase of condom use among drivers.

Close collaboration has been maintained with international donor agencies such as the World Bank and Asian Development Bank, as well as the bilateral agencies AusAID, CIDA, DFID and NZODA. UNICEF is in full partnership with these donor organisations to implement key programme interventions such as the Back to School Campaign, Safe Motherhood and Early Childhood Care programmes as well as Emergency Programmes in East Timor. UNICEF's comparative advantages in the country have been recognized and this has prompted donors to seek UNICEF assistance to manage funds for crisis response and emergency activities.

5.3 Private Sector Development

UNICEF's call for the private sector to provide support to maintain school enrolment and prevent drop out received a very positive response. The private sector has shown great interest in preventing the emergence of a "lost generation" of unhealthy, malnourished and uneducated children. Many companies launched "We Care" campaigns, channelling contributed funds directly to UNICEF for crisis response programmes, or to NGOs identified by UNICEF for mutually agreed activities. Among the companies providing direct or indirect support in 1999 were: Tempo Pharmaceuticals; Sogo Department Store; Telkomsel Telecommunications; and Bank Universal, and most recently, as part of regional cooperation, with Procter and Gamble. The total amount of funds collected in 1999 from the private sector reached nearly US\$ 1 million. In 2000 UNICEF will also pursue cooperation with Unilever, Satelindo, Smart Telephone Card, Bank Mega, Asiana Wang Animation and Metropolitan Land.

In 1999, UNICEF initiated activities to mobilize the private sector to support communities in which they operate and earn. UNICEF is providing technical support for the training of volunteers of the Rotary Club as well as staff of Procter and Gamble in the management of community-based activities like the Posyandu. UNICEF has provided technical support to a major mining company, PT Timah, in the planning and management of a wide range of community development activities in the Pangkal Pinang district of South Sumatra Province. It is expected that through such support, UNICEF can expand the coverage of essential basic services for children and women with very little investment of regular resources.

In 1999, the sales of UNICEF greeting cards and gifts continued to play a major role in fund-raising and advocacy. By strategically selecting private sector companies, such as SOGO, Lee Cooper, Bank Universal, Lippo Financial Center and Nokia/Parasta, UNICEF cards and products received wider exposure and increased market share. This synergy with the private sector has also increased public awareness of child rights and UNICEF activities. Sales of UNICEF Greeting Cards to end October 1999 totalled 236,861 cards, not including Christmas campaign orders. These sales realised gross proceeds of Rp. 724,165,250 or US\$111,892 USD (at Rp 7000/US\$).

A UNICEF Volunteer Board (UVB), established in August 1998, has played a significant part in meeting Private Sector Division's 1999 sales target of Rp 1.5 billion or US\$215,000, and increasing the net contribution to programmes. In September 1999, UVB launched the first edition of its bi-monthly bulletin, UNICEF' KU.

5.4 External Relations

UNICEF's national ambassador, Mr. Rano Karno, a popular TV personality, completed his first year term in 1999. Mr Karno has supported immunization, safe motherhood and education programmes. His TV talk show "Aku dan Sahabatku" or "Me and My Friend with Rano Karno" focussed on key child and women's rights. It was broadcast in 13 episodes in mid-1999 and will continue in 2000. UNICEF has also been involved in a number of special events for children, including a Charity Night featuring 40 celebrities, to be broadcast by all TV stations to raise funds for the children of Maluku and Aceh. "The Lost Child Trilogy", a musical drama by the David Glass Ensemble for and with street children, raised funds for NGO street children programmes.

Media relations remain good. UNICEF's strong advocacy stance on key crisis-related issues like basic education and child nutrition resonated well with the media. Work being pursued for child protection, the East Timor emergency and the "lost generation" theme in particular resulted in high exposure, with interviews for international news organizations, as well as national and local media channels. UNICEF organised regular press briefings on the crisis response programmes as well as on the East Timor Emergency. Cooperation with the electronic media has been particularly strong, with major TV stations providing valuable broadcast time free to UNICEF-supported media campaigns. Radio stations such as Radio Bahana and Radio Pesona and magazines have supported a number of activities including interactive radio dialogues on protection issues for children and women. UNICEF has continued its cooperation with the Dr. Soetomo Press Institute to improve the quality of media reporting through training of selected journalists and writers on the major problems facing children and women in Indonesia today.

Part 6 Management and Operations

6.1 Management Excellence

This year three new field offices were opened, in Ambon, Jayapura and Dili. This increased the managerial demands on Programmes and Operations. The office in

Ambon suffered under the violent riots between Muslim and Christian factions and was forced to close its operations in July. Only in December could it re-open with one staff member. The office in Dili was opened in mid-May, the staff being loaned from the West Timor office in Kupang. After the Referendum of 30 August '99, this office was vandalised and burned by opposing militia groups. UNICEF staff had to be relocated under dramatic circumstances, with a total loss of their personal belongings.

The Country Management Team (CMT) members are appointed each year by the Representative, but always include the senior management staff and two delegates from the Staff Association. Meetings were held regularly every two months unless specific issues required immediate attention and call for an extra-ordinary meeting.

Operations work processes have been streamlined to better serve programme needs and programme delivery. A first step was to correct the use of annual blank ProMS travel authorisations by introducing electronic travel requests that are approved electronically by the supervisor. They are then "picked" up by the Administrative Assistant and Operations Officer respectively translating this electronic travel request and authorisation into a ProMS format. The responsibility to process travel claims was shifted from Finance to Administration in order to improve the monitoring of travels and claims. It was also decided to delegate the authority for the signing of all "obligations" to Operations, since its staff members are in a better position to attest to the correctness of documentation. This measure speeded up supply operations and the signing of special service agreements, since Operations staff are generally available while Programme staff are frequently attending meetings or on field trips. The work process of the Contract Review Committee was also revised to introduce electronic polling instead of meetings for straightforward cases. All required documentation is available for analysis and evaluation.

Year 2000 is the last year of the present programme cycle and therefore considerable effort was given during 1999 to the preparation of the next Country Programme Management Plan.

6.2 Information Technology Update

ProMS

The functioning of ProMS has improved considerably since the introduction of faster computers. UNICEF-Indonesia has invested funds and efforts to upgrade to Pentium II and III PCs. Problems still occur but the support offered by the Global ProMS Help Desk in NYHQ is in general very timely. If a problem cannot be solved immediately, "work around" solutions are offered. UNICEF Jakarta reported 97 problem cases and received 120 fixes and upgrades of which 21 were specifically for Indonesia. There were four cases when ProMS crashed due to false upgrades. A major problem is the delay between administrative and accounting instructions and the update of corresponding tables in ProMS (office and donor codes, person data). The same applies to the accuracy of the reports produced out of ProMS which carry corrupt or false data. To overcome this, field offices are required to use Cognos, but no training has been provided to design reports with this software. UNICEF Jakarta also carried out two training sessions for 20 new ProMS users, one in April and one in June 1999. The running of the ProMS Personnel and Payroll module as well as

the ProMS database is now awaited for the various zone offices.

IT Infrastructure and Management

The IT Officer joined UNICEF Jakarta in April but resigned end of September because of family reasons. This left the office with one Senior IT Assistant at GS-7 level and one IT Assistant at GS-5 level. This level of staffing is inadequate considering the number of PC users (presently 83 in Jakarta office and 42 in zone offices, and numbers are rising). Regarding hardware infrastructure, migration from hubs to switches backbone was completed in Jakarta and migration from ipx/spx to tcp/ip is gradually being done. Also achieved was the migration of the ProMS OS server from Netware to NT 4.0.

This year the LAN was audited to improve the overall system performance. All LAN physical parameters were measured against the requirement to have 100Mbps.

Y2 K

As per CF/AI/1999-010 on Y2K post-testing follow ups, upgrading with Y2K software began in Jakarta the first week of November. Y2K upgrading in Field Offices started at the end of October 1999 and is expected to be finished in early December 1999.

Internet

All offices have an internet connection. In the field offices all users are able to connect to the internet via a modem shared over the LAN, using only one account. But internet access is very limited in UNICEF Jakarta. Only a few PCs have access to the internet. These are the computers of the Representative, the Senior Programme Coordinator, IT room, Operations reception, and Library. The one in the Library is for common use, but is not too convenient.

Intranet

The UNICEF intranet has been found to be very useful. Operations section has been using it to access information on Exchange Rates, DSA, Circulars, ExDir, and IT support. Use of the intranet among other staff has been limited by the lack of internet access.

Messaging

The cc:Mail software provides is a very useful and reliable e-mail system. In September 1999, the Automatic Directory Exchanges (ADE) with NYHQ was activated to keep the addresses in the Public Mail Directory always updated. The ADE is also implemented with zone offices through UNICEF Jakarta as the cc:Mail Post Office Hub. To provide e-mail connection with external partners, more users have the short Internet address format (name@unicef.org). In the near future UNICEF plans to have its own cc:Mail internet gateway, to provide all staff with the internet e-mail address.

6.3 Human Resources

The year was a challenging one for the Human Resources Unit (HRU). In the beginning of 1999 key factors and roles in Human Resources management were identified as the basis for prioritising activities in support of programmes and the

whole office. Some of the key achievements were related to the improvement of the personnel tracking system, development of the Staff Development and Placement Board (SDPB) workplan, improvement of the recruitment system and process, and building the capacity of staff members through job related training sessions and workshops.

The HRU has been successful in setting up and implementing an internal system of mapping due-dates for personnel actions like within-grade increments, extensions and follow-up Pension Fund enrolments. 1999 was also the “Year of Recruitment”. As of November, there were more than 35 new recruits for regular and temporary posts in the Jakarta and Field offices. The HRU developed, improved and implemented a sound recruitment and selection system and process especially for TFTs. The recruitment tolls and forms were introduced and implemented in order to be able to select and attract good candidates for the posts. The HR Officer also went to the field offices to undertake recruitment processes and simultaneously train and build the capacity of the field offices to undertake their own recruitment for lower level posts. This is an essential part of office decentralisation and staff empowerment.

Another achievement in 1999 was the first use of the concept of core competencies as part of the recruitment process. The core competencies of the post were identified taking into consideration the terms of reference, the job description, responsibilities and the qualifications required. A computer test and clerical test were taken for the administration posts. The recruitment process played a very critical role in the appointment of staff or consultants. With regard to the emergency response in West Timor, UNICEF opened an operating base in Atambua and placed several temporary staff members there for a limited duration of time and under the operational control of the office in Kupang. Several SSAs contracts were issued for monitoring the situation of internally displaced people.

The workflow process and recruitment system of UNICEF Indonesia was shared and presented during the Regional Personnel and Human Resources workshop in Bangkok from 8-12 November 1999. It received a positive response from the other country offices in the EAPRO region of which some would like to use and adopt the system for their offices. The development and introduction of the SDPB on experimental basis was approved by DHR in April 1998. Throughout the year of 1998 the office continuously tried to improve its Terms of Reference in consultation with DHR and EAPRO. In early 1999 the Staff Development Workplan was designed and then endorsed by the CMT members in May. One of the main priorities is to prepare staff profiles for comparison with job profiles. This will serve as basis for staff training, succession planning and career development. The SDPB workplan was also shared with Mr. Thomas McDermott, Director of Human Resources, during his visit to Jakarta in October 1999. Given the shortage of resources and other high demands caused by the multiple crises in Indonesia, we were not able to launch the plan this year. The forthcoming CPMP for the 2001-2005 country programme is considered a good opportunity for establishing the mechanism of staff development and succession planning.

With regard to staff training, several group training sessions were conducted during this year as scheduled and approved by the Regional office and Head of office

including ProMS training in two batches, PPP Workshop and Supervisory Skills Training. For lack of time the team building training program and business presentation skills training were postponed until next year. As a continuation of the staff morale survey implemented in 1998, we are planning to conduct another staff morale survey at the end of the year 1999.

Given the repeated and violent demonstrations which occurred in 1999, it was decided to install electronically operated doors with a palm reading identification system. Unfortunately it took nearly eight months to have the system installed and working. Also, on several occasions, because of the central location of the UNICEF Jakarta office, staff were forced to vacate the building before “close of business” hours, to avoid being trapped by violent demonstrations in the downtown area.

6.4 Supply Issues

At the beginning of 1999, the Supply Unit provided support to the Jakarta office as well as sub-offices in Bandung, Semarang, Surabaya, Ujung Pandang and Kupang, adding Ambon and Jayapura in March and Dili in May. As stated, the Ambon office was temporarily closed, and the Dili office in East Timor is no longer under the management of UNICEF Indonesia. To cope with the emergency programme, UNICEF opened a temporary office in Atambua which the Supply Unit assisted with the emergency procurement for the hundreds of thousands of refugees in camps in West Timor. Support was also provided to UNICEF Darwin to deal with procurement for the rehabilitation of East Timor. For that purpose, temporary support from the Regional Office was received in the person of the Regional Supply Officer and the Supply Officer newly appointed to Myanmar.

Contrary to predictions before the crisis, demands on the Supply Unit have increased abruptly since 1997. During 1999, 418 supply requisitions were raised and 335 purchase orders issued with the total value of US\$5,994,032.

Rupiah transactions amounted to Rp.6,360,571,848 or US\$982,783 equivalent comprising:

<i>No.</i>	<i>Description</i>	<i>Amount (Rp)</i>	<i>Percentage (%)</i>
1.	Printing works	1,404,153,355	22.1
2.	Emergency programme in East Timor	428,057,000	6.7
3.	Emergency programme in West Timor	370,312,000	5.8
4.	Programme support local procurement	4,158,048,993	65.4

US Dollar transactions amounted to US\$ 5,011,249.79 comprising:

<i>No.</i>	<i>Description</i>	<i>Amount (\$US)</i>	<i>Percentage (%)</i>
1.	Vitadele baby food	2.627.700	52.4

	procurement		
2.	Offshore procurement	1.871.127,2	37.3
3.	Emergency offshore procurement	151.060,2	3
4.	Local procurement	361.362,39	7.2

6. 5 Audit Issues

Both the Internal Audit and United Nations External Audit of the Jakarta office were last carried out in 1998. The visit from the Office of Internal Audit (OIA) in April 1998 served as both a follow-up to the OIA 1997 Programme Audit and UNICEF Indonesia's 1997 Control and Risk Self Assessment report. The audit highlighted the satisfactory implementation of the 1997 audit recommendations, except in the management of cash assistance. In reference to the audit findings and recommendation in this area, the Jakarta office has carried out the following actions in 1999:

- Better disbursement of funds throughout the year and no large CAG transfers near the closure date for the 1999 accounts.
- Training of Government and NGO project leaders and treasurers on the "Basic guidelines in handling and managing of UNICEF cash assistance"; the guidelines cover the administration and financial procedures for Government proposals, receipt, fund management, bookkeeping and account settlement of UNICEF funds.
- Audited Government Counterparts in three provinces (Central Java, South Sulawesi and East Nusa Tenggara) out of nine provinces that have received intensive assistance from the office. The balance will be audited next year and return visits to the three will be conducted to assess follow-up of recommendations.
- Conducted regular reviews of financial documents maintained by counterparts and provided technical assistances to Government Treasurers about general accounting principles.
- Monitored the CAG status and prevented disbursements to counterparts with accounts outstanding for greater than six months.

Apart from the Internal Audit recommendations, management has also undertaken the following actions:

- Ensuring that the lowest travel fares for the office, especially for international air tickets, are being made available.
- Establishing a standard "travel check list" to improve monitoring of travel authorisations, advances, reports and settlements. In addition the office enforced the requirement of a "visa" clearance from the sub-office before travel authorisation.

The External Audit from October-November 1998 was more traditional, covering the programme areas and operations. With regard to their recommendations, the office has taken the following actions in 1999:

- Assigned additional temporary staff to the supply unit and developed a "supply monitoring list" for monitoring supply flows, the early identification of bottlenecks,

- the recording of Government receipts, and the evaluation of vendors/suppliers.
- Procured complementary food through a bidding process in compliance with established procedures.
 - Ensured that all travel claims are processed and paid immediately after the traveller's return date.
 - Centralized the responsibility for monitoring international travel reports.
 - Completed the bank reconciliation of 1996, 1997 and almost all 1998 PSD items.
 - Reduced the outstanding amount of accounts receivable to the PSD bank account.
 - Ensured the prompt accounting for revenue in compliance with financial rules.
 - Reduced significantly the inventory level of PSD products/cards.

The recommendation on the Ratification of the Standard Basic Cooperation Agreement is still outstanding, since the new Government has just been established in November 1999. However, Management will intensify its effort to have this Agreement ratified and enforced by the Government in time for the signing of the new MPO for 2001-2005. In the future, audit visits during November or near the closure of accounts should be avoided. During this period most programme and operations staff have a tremendous workload. As a result, staff cannot fully support the audit exercise.

UNICEF Indonesia
Annexes to the 1999 Annual Report

A. Studies and Evaluations

B. Innovations and Lessons Learned

E. C. Summary Table of Major Activities and Key Results in Programme Priority Areas

D. Questionnaire on UN Country Team

Annex A: Studies and Evaluations Implemented in 1999

Title:	Situation Analysis of STDS/AIDS in East Java and Its Impact on Women and Children
Subject areas:	<ul style="list-style-type: none"> · AIDS · Advocacy/communication/social mobilization · Health education · Poorest groups · Rural · Safe motherhood/TBAs · Urban · Women/girls
Objectives:	To obtain more qualitative data on the current situation of STD/AIDS in East Java
Type:	Study
Start date:	1 November 1998
End date:	31 March 1999

Status:	Completed
Participating institutions:	Faculty of Social and Political Sciences-University of Airlangga, Surabaya; Provincial Planning Agency
Cost (to UNICEF, estimated) of evaluation/study:	\$ 6,400
Main findings/Lessons learned:	<p>There are 50 STD/HIV recorded cases occur mainly in Surabaya and Malang. Most of the people are between 20 and 39, 30 are male and 20 are female. The women are on average younger than the men, and there are some cases of teenage girls testing positive.</p> <p>The data show a broad spread of profession, including truck drivers, students, dance teachers, prisoners, sex workers, and emigrant workers. Housewives are also in a very vulnerable position. The primary vector is unprotected heterosexual contact, though there are cases resulting from blood transfusions and unclean needles. Most studies to date have focused on prostitutes, so there is much more recorded about them. An important factor in all of the findings on the vectors and contributing conditions to HIV spread is poverty. It doesn't only help supply the sex industry with workers, it also inflates the importance of a web of services and economic dependencies on it. The sex industry attracts international business, all the more crucial during the current fiscal crisis.</p> <p>Poverty also engenders poor education, which not only makes it harder to assimilate what information about STDS they may encounter (and about sex in general), but also lowers in general people's ability to determine the course of their lives and to assert themselves.</p> <p>Survey of 120 truck drivers indicate almost no factual knowledge of HIV/AIDS and found 88% attesting to having sexual contact with many partners along the route and did not use condoms. It happens also to sailors. One survey out condom use at less than 10%, while most sailors had sex in each port they visited. Ship's medical supplies do not include condoms. Sex workers cannot effectively demand that a condom be used, as it would put them at a competitive disadvantage.</p> <p>Sexuality education, including specifics on condom use, is widely assumed to be socially unacceptable. Related social sanctions, embarrassment, and fear of ostracism also result in a relatively high proportion of STD sufferers attempting to treat themselves rather than seek medical help.</p> <p>Institutions that exist to provide medical help are</p>

	<p>plagued by poor communication and poor interdepartmental cooperation. Particularly in the countryside, health clinics, though existing, are frequently not qualified to handle STDS, especially HIV/AIDS. NGOs active in health issues tend to be territorial and highly dependant on the seasonal vicissitudes of funding agencies. They also suffer from low communication and cooperation, both with government agencies and other NGOs. Unlike Denpasar (Bali) or Jakarta, there are no NGOs that offer free testing in East Java.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> 1. Data collection must be renovated. This includes efforts to seek scientifically valid data on rates of infection in the general population as well as record keeping and dissemination. As an integral part of data collection, an effective guarantee of privacy must be instituted immediately. Blood supply screening must also be improved. 2. Support must be gathered for people testing positive or falling sick. Support must include financial aid not only for medical care, but to ensure the continued economic viability of the families involved, and must also include non monetary support in the form of counselling and advocacy. 3. efforts must be made to enlist the support of influential members of the community. In addition to mass media campaigns, respected community and religious leaders must be directly involved. Local practices are closely tied to such figures. Media and political figures should also be turned to the cause. Central goals should include eliminating stigma and taboo attached to HIV/AIDS. 4. Train existing health support staff. Medical personnel are far too ignorant of the causes, symptoms, and preventive measures associated with HIV/AIDS, which should be linked to birth control and general health and welfare issues. 5. Services must be brought to those served. In addition to approaching sex work communities, services need to be made available to transportation workers, prisoners, students, and trendy teenagers, as well as to areas outside of the cities. As above, such services should be integrated with other health services, such as birth control. 6. Education materials and training programs need to be tailored specifically to the groups targeted. This includes use of local languages and explicit illustration. Education must be specific and empowering (rather than merely prohibitive) to be effective.

	7. Think twice before attempting to close down prostitution areas. Aside from the futility of such a move, large segments of the economy depend on them, and disruption will worsen poverty. Also, street based sex workers show a higher incidence of STDS and greater poverty. Educational and support efforts are much more easily established in formal prostitution centres than underground.
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Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)

Title:	Focused Study on Child Abuse in Selected Provinces in Indonesia (Medan, Palembang, Semarang, Surabaya, Ujungpandang, Kupang)
Subject areas:	<ul style="list-style-type: none"> · CEDC · Child Rights · Rural · Urban · Women/girls
Objectives:	<ol style="list-style-type: none"> 1. To find out the extent /prevalent and gravity of the problem and under what circumstances they take place 2. To achieve a more accurate understanding of the terms in this cultural diversity of Indonesia 3. To make recommendations on appropriate child friendly policy changes, legal reform, interventions to handle child abuse effectively.
Type:	Study
Start date:	15 October 1998
End date:	15 April 1999
Status:	Completed
Participating institutions:	Ministry of Social Affairs
Cost (to UNICEF, estimated) of evaluation/study:	\$ 73,000
Main findings/Lessons learned:	<p>The main findings of the study are: types and patterns of abuse, locations and abusers, source of abuse, and supporting conditions for abuse to occur</p> <ol style="list-style-type: none"> 1. Semarang and Surabaya, two cities situated in Java island, have the highest rate of abuse to children, but in Semarang the rate is still higher than that in Surabaya. The lowest rate is in Kupang 2. Physical abuse gets higher rate than mental and

	<p>sexual abuse, while the cases of sexual abuse are the lowest.</p> <p>3. The abusers are mostly those who usually have close relationship with the children such as parents, friends, and teachers. At home the main abusers are the mother for mental abuse and the father for physical abuse. In public space, the stranger appears to be the most abuser to conduct abusive acts, which is more sexual abuse.</p> <p>4. Concerning with the source of abuse, it is obvious that the natural asymmetric relationship between children and adults serves as the foundation for inferior position of children.</p> <p>5. This imbalance relationship enables the adults to commit child abuse easily, especially when various interpretation and judgement culturally strengthen this imbalance and stimulate the abuses. The conditions that stimulate child abuse can be categorized into: cultural condition, social condition, and economic condition. Cultural condition that stimulate abusive acts to occur at home are certain perspectives about children (and gender) in the society, such as perception about the “real man” for boys, children must obey their parents, children are the parent’s asset. The custom of drinking “tuak”, the custom of gambling money, disharmonious husband-wife relationship, and poverty also stimulate abusive acts at home. Such condition at school is the perception that the teacher is educator who always knows the good way to educate children and never commits fallacy. The condition that stimulates abusive acts in public space is government regulations that have made the street children the loser and the convict. The perception that male and female children on the street have loose morals or mostly conduct criminal acts, also contribute to justify abusive acts in public space.</p> <p>6. Further interpretation of finding: the convention of children rights is still unknown among the community, there is the lack of the understanding about the process of the children’s growth and development, lack of affection-based education methods, lack of regulation and institution that care about children’s welfare, prevailing traditional perspective harmful for children, lack of assistance from institutions and religious leaders that can help families to handle their “internal” problems.</p>
<p>Recommendations:</p>	<p>1. Nationwide campaign on the Convention of Children Rights in many ways, through various kinds of media, by involving many parties.</p> <p>a) Socialization for right understanding on children rights based on religions and for the importance of</p>

- harmonious parents-children relationship
- b) Socialization for all parties in all sectors, for the understanding of child's growth process.
 - c) Socialization for the understanding /awareness of negative impacts from child abuse
 - d) The importance of socialization on gender equality at home.
 - e) Review on local customs that support child's growth and interest
 - f) Nationwide campaign on gradual restriction of child labours in dangerous sectors, and campaign on proper wages and types of job allowed for children.
 - g) Transforming society's negative perception towards children working in informal sectors, especially street children.
 - h) Promoting teaching and education without harshness, and education, which gives more emphasis on the improvement of child's awareness through the application of approach that give the child encouragement and self-esteem.
 - i) Training on child abuse for journalists.
 - j) Comparative studies to countries that are successful in dealing with cases of child abuse.
 - k) Involving political parties to put into their agenda policies and programs for child protection.
 - l) The importance of attention and involvement of religious and public figures in the efforts to overcome problems of child abuse
2. Social Institution and Service
- a) Establishment of Centre for Child Protection Studies, which involves many academic elements.
 - b) Establishment of Child Crisis Centre in each province
 - c) Empowerment of the existing social service institutions to provide child protection.
 - d) Pre-marriage training on parents' rights and responsibilities in education children
 - e) Training for public and religious figures on the importance of the Convention of Children Rights.
 - f) Empowerment of Family Welfare Education (PKK) to overcome problems concerning children and to provide information services and public education about the Convention of Children Rights.
 - g) Empowerment of Dasawisma (Neighbourhood Group consisting of approximately 10 households) to assist mothers to solve their family and children problems.
 - h) Establishment of community based organization by the mothers

- i) Establishment of “police are children’s friend” units to properly overcome children delinquency (combine with “women’s desk”)
 - j) Providing rehabilitation centres for child abuse victims and abusers.
 - k) Empowerment of “Social Security System” existing in the society to reduce or totally eliminate child abuse.
 - l) Organizing street children or those working in informal sectors to enjoy their rights and to be kept away from abusive act.
 - m) Advocacy of sectors relevant to child’s interest
 - n) Increasing the number of society members who have capability for critical thinking and attitude.
3. Education actions
- a) Inclusion of the Convention of Children Rights and CEDAW in the process of teacher education.
 - b) Inclusion of the CCR and CEDAW in the educational curriculum (from elementary level) and in the teaching process.
 - c) Eliminating abusive educational patterns
 - d) The need for centralization of punishment through counselling bureau for students who violate the rule.
 - e) Transforming ways to discipline students into more proper ways.
 - f) The need to formulate “Ethic Code for Teacher” completed with the instrument to implement the ethics.
 - g) Empowerment of Student Body (Junior and Senior High Schools) and Parents and Teacher Association to run control function toward the teacher or school.
 - h) Building a more dialogic relationship between teacher and student
 - i) Better screening in the recruitment process for new teacher
 - j) Changing remuneration policy for teacher (salary improvement)
 - k) Building networks of NGO, Student Body, and School to disseminate understanding on the Convention of Children Rights.
4. Law Actions:
- a) Formulating Laws of Child Protection
 - b) Ratification of ILO 138 into laws by the government
 - c) The need to immediately formulate Labour Laws mentioning the minimum age limit for a child to be allowed to work and the protection he/she deserves to get.
 - d) Compiling adat laws that enable to function to prevent abusive acts toward children
 - e) Setting up a system of reporting abusive acts toward children, which gives protection to the witness and

	<p>reporter.</p> <p>f) Recognition of rights of birth (materialized by the issuance of birth certificate as a substitute for identify card (KTP))</p> <p>5. Medical actions:</p> <p>a) Training for doctors on service procedures for child abuse victims</p> <p>b) Issuance of instruction from the association of Indonesian Doctors/Paediatrician to pay attention to, and record cases of child abuse victims more closely and carefully.</p> <p>c) Better and more detailed record of child abuse victims in hospitals/public health centres.</p> <p>d) Improvement for information and reproductive health services.</p>
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Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)

Title:	KAP Impact Assessment in the TABULIN Safe Motherhood Programme in Central Java
Subject areas:	<ul style="list-style-type: none"> · Advocacy/community/social mobilization · Health information systems · Primary health care (PHC) · Safe motherhood/TBAs · Women/Girls
Objectives:	To see and evaluate whether the TABULIN programme has affected the knowledge, attitudes and practices of the village decision-makers and beneficiaries and whether they are made aware of the importance of maternal care for the well being of the community after TABULIN is disseminated into the villages.
Type:	Evaluation
Start date:	15 July 1998
End date:	15 April 1999
Status:	Ongoing
Participating institutions:	PKK I; PMD I; Governor's office: Social-Politics Dept.: Provincial & District levels; community of Aribaya & Tlaga villages Banjarnegara; Karang Konang & Sembatur Agung villages, Pati
Cost (to UNICEF, estimated) of evaluation/study:	\$ 1,000

Main findings/Lessons learned:	N/A
Recommendations:	N/A

Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)

Title:	Improving Micronutrient Status of Adolescent Women Girls Project in East Java, Indonesia
Subject areas:	· Household food security/nutrition (HFS) · Safe motherhood/TBAs
Objectives:	To assess the impact of various strategies of improving iron and vitamin A nutrition in female adolescents.
Type:	Study
Start date:	15 January 1998
End date:	15 July 1999
Status:	Ongoing
Participating institutions:	USAID; Helen Keller International, Indonesia; Junior High School in Madura; Min. of Education and Culture
Cost (to UNICEF, estimated) of evaluation/study:	\$ 708,738
Main findings/Lessons learned:	N/A
Recommendations:	N/A

Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)

Title:	Impact of Zinc Supplementation on Child Growth
Subject areas:	· CEDC · Early childhood development · Growth monitoring/promotion
Objectives:	To evaluate whether zinc supplementation during young childhood (6-24 months) improves health and growth.
Type:	Study
Start date:	15 February 1997

End date:	15 December 1999
Status:	Ongoing
Participating institutions:	Trasher Fund; WHO; Universities; Ministry of Health
Cost (to UNICEF, estimated) of evaluation/study:	\$ 150,000
Main findings/Lessons learned:	N/A
Recommendations:	N/A

Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)

Title:	Study on Safe Injection Practices and ENT in Geographical Difficult Areas
Subject areas:	· EPI/vaccine preventable diseases
Objectives:	1. Increase the coverage of TT vaccination in cold chain unreached areas utilizing “uniject” (single doze disposable injection device) 2. Reduce using conventional cold chain system in remote areas 3. Promote the safe injection practices, to reduce side effect of injection vaccination 4. Formulate cost analysis in using “uniject” (single doze disposable injection device) as part of the routine immunization programme including the benefits
Type:	Study
Start date:	15 January 1997
End date:	15 April 2002
Status:	Ongoing
Participating institutions:	Becton-Dickinson Co.; Ministry of Health
Cost (to UNICEF, estimated) of evaluation/study:	\$ 40,500
Main findings/Lessons learned:	N/A
Recommendations:	N/A

Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)

Title:	Results Based Monitoring for CDD/WatSan Programme
Subject areas:	· CDD/ORT · Environment
Objectives:	To identify and field test appropriate indicators for use in the results based monitoring system
Type:	Study
Start date:	01 August 1999
End date:	01 June 2000
Status:	Ongoing
Participating institutions:	CIDA, AKL, UnHas, Muhammadiyah, Departments of Health, Public Works and Home Affairs
Cost (to UNICEF, estimated) of evaluation/study:	\$ 75,000
Main findings/Lessons learned:	N/A
Recommendations:	N/A

Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)

Title:	Impact of Chilli on Iodine Content in Salt (Isotop Study)
Subject areas:	· Vitamin A, IDD
Objectives:	See if iodine disappears from iodised salt
Type:	Study
Start date:	15 June 1999
End date:	15 December 1999
Status:	Ongoing
Participating institutions:	BATAN; Nutrition Research and Development Centre, Bogor.
Cost (to UNICEF, estimated) of evaluation/study:	N/A
Main findings/Lessons learned:	N/A

Recommendations:	N/A
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Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)

Title:	Baseline Study on Impact of Iron Fortified Wheat
Subject areas:	
Objectives:	Study impact of new fortification on iron status
Type:	Study
Start date:	15 November 1998
End date:	15 November 1999
Status:	Ongoing
Participating institutions:	Nutrition Research and Development Centre, Bogor and Seameo
Cost (to UNICEF, estimated) of evaluation/study:	N/A
Main findings/Lessons learned:	N/A
Recommendations:	N/A

Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)

Title:	Positive Deviance on Protein Calorie Malnutrition in two cities Jakarta & Bogor and rural areas in NTB
Subject areas:	<ul style="list-style-type: none"> · Growth monitoring/promotion · Health education · Household food security/nutrition (HFS) · Poorest groups · Urban
Objectives:	<ol style="list-style-type: none"> 1. To identify basic underlying factors of severe PEM occurrence as related to the positive deviance aspect. 2. To develop a survey method on positive deviance for addressing PEM
Type:	Study
Start date:	17 November 1999
End date:	15 January 2000
Status:	Ongoing

Participating institutions:	LIPI (Indonesian Institute of Sciences); Indonesian Nutrition Association/Academy of Nutrition.
Cost (to UNICEF, estimated) of evaluation/study:	\$ 46.800.
Main findings/Lessons learned:	N/A
Recommendations:	N/A

Annex A

Studies and Evaluation implemented in 1999 (January 1999 – December 1999)

Title:	Impact of the Economic Crisis on Basic Education: A Study in Ten Rural Districts in Indonesia
Subject areas:	<ul style="list-style-type: none"> · Poorest groups · Primary education · Rural
Objectives:	The main objective of this study is to measure the impact of the current financial crisis on internal efficiency among poor primary and junior secondary schools in rural areas.
Type:	Study
Start date:	15 July 1998
End date:	15 May 1999
Status:	Completed
Participating institutions:	UNESCO; Office of Research and Development, Min. of Education Culture
Cost (to UNICEF, estimated) of evaluation/study:	
Main findings/Lessons learned:	<ol style="list-style-type: none"> 1. There is a small but significant decrease in primary school enrolment (0.6%). Considering the past trend, the impact of the crisis on enrolment is about 1.8%. 2. The decrease in enrolment tend to be higher in semi urban areas 3. In Junior secondary school the decreases on enrolment is insignificant. 4. The crisis has affected negatively the teaching learning process in school and teachers welfare. 5. The drop out rates in rural school are higher than those in semi-urban school
Recommendations:	1. Campaigns and scholarship support should include not only students in primary school but should also be targeted to children whose entry as being delayed by

	<p>the crisis especially in semi urban areas.</p> <p>2. Special efforts should be met to prevent student from dropping out (from primary school) especially in rural areas.</p> <p>3. Scholarship program to be given especially to rural (junior secondary school) student who have high potential to drop out.</p> <p>In semi urban school scholarship need to be given for primary school graduate who academically capable to continue to JSS, but cannot afford to do so.</p>
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**Annex A Studies and Evaluation implemented in 1999
(January 1999 – December 1999)**

Title:	Posyandu Baseline Survey in Three Provinces: West Sumatra, South Sulawesi & East Java
Subject areas:	<ul style="list-style-type: none"> · Breast feeding · Growth monitoring/promotion · Primary health care (PHC) · Vitamin A, IDD
Objectives:	To assess the effectiveness of the Complementary Food Initiative and the baseline performance of Posyandu prior to Revitalization, in Three Provinces.
Type:	Study
Start date:	1 November 1999
End date:	31 January 2000
Status:	Ongoing
Participating institutions:	UNHAS, Andalas University & the Sekolah Pembantu Ahli Gizi, AUSAID & New Zealand, PKK, PMD, Dept. Health, Family Planning, Religious Affairs
Cost (to UNICEF, estimated) of evaluation/study:	\$ 50,000
Main findings/Lessons learned:	N/A
Recommendations:	N/A

**Annex A
Studies and Evaluation implemented in 1999
(January 1999 – December 1999)**

Title:	Impact of the Economic Crisis on Basic Education: A Study in Ten Rural and Urban Districts in Indonesia
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Subject areas:	<ul style="list-style-type: none"> · Poorest groups · Primary education · Rural · Urban
Objectives:	The main objective of this study is to measure the impact of the current financial crisis on internal efficiency among poor primary and junior secondary schools in rural areas.
Type:	Study
Start date:	15 October 1999
End date:	15 February 2000
Status:	Ongoing
Participating institutions:	Office of Research and Development, Min. of Education Culture; World Bank
Cost (to UNICEF, estimated) of evaluation/study:	
Main findings/Lessons learned:	N/A
Recommendations:	N/A

Annex A
Studies and Evaluation planned for 1999
(January 1999 – December 1999)

Title:	Complementary Food Efficacy Study
Subject areas:	Growth monitoring/promotion
Objectives:	Study impact of fortified baby food on infant anaemia and growth
Type:	Study
Start date:	15 November 1999
End date:	15 October 2000
Status:	Ongoing
Participating institutions:	Helen Keller International
Cost (to UNICEF, estimated) of evaluation/study:	\$ 190,000
Main findings/Lessons learned:	N/A
Recommendations:	N/A

Annex B: Innovations and Lessons Learned

Women's Empowerment in West Nusa Tenggara with the ANNISA Cooperative

In West Nusa Tenggara (NTB), and especially among the Sasak ethnic group, women have a subordinate place in society. A limited role in household decision making and a lack of consideration for their opinions and ideas, translates into a high level of dependency on men. Even their choice of a place and person to assist their births is a decision left to men and the extended family. This can have a grave impact on the protection and health of the mother and newborn. The low status of women is a basic cause of high maternal and infant mortality rates in the province. In Mataram, the capital of the province, the ANNISA cooperative has grown to include 860 women entrepreneurs. The goal of the cooperative is to empower women economically, and tie their success into social development initiatives such as functional literacy. ANNISA and UNICEF have collaborated to introduce two initiatives: a "life story" approach for improving literacy, and a credit scheme to ensure that women can pay for and receive the professional care they need during pregnancy and delivery.

The "life story" approach to functional literacy began with 80 newly literate women who wrote their life stories. These stories were then clustered into common themes addressing issues of pregnancy, nutrition, young childcare, and personal hygiene. Four story books emerged from the exercise, which were distributed to all ANNISA-supported functional literacy groups. Justifiably proud of their writing and their shared knowledge, the women of the ANNISA cooperative used their "life story" approach to expand literacy beyond the teaching of reading and writing to include self analysis and problem analysis at the family and society level.

The credit scheme for women increases their "bargaining power" in the process of choosing a place and person to assist their pregnancy and delivery. UNICEF provides seed capital for the credit scheme. There are two credit models. The first provides credit for economic activities at a low interest rate of 1 per cent per month. The second model provides credit for ante-natal and delivery services only at 1 per cent per month, to be paid back within 1 year. This year the credit scheme is operating in Sedau and Bengkel. A total of 32 pregnant women now meet weekly. The group is facilitated by ANNISA workers to discuss issues related to safe pregnancy and delivery. Village midwives are involved in the meeting every month to provide ante-natal care to the women. In Sedau, several new mothers continue to participate in the group meetings to share their experiences and discuss care for their young children.

Mobilising Action for Children and Women: The Experience with the Parliament and Political Parties in East Nusa Tenggara

Politics in Indonesia are changing rapidly. Key transformations underway relate to increasing demands for transparency and more public involvement in policy decisions. Under the new administrative decentralisation and fiscal autonomy laws, political parties and provincial and district parliaments will have more powers and a

much larger role to play in determining policy and budget allocation priorities. This increasing responsibility carries with it much greater obligations to realise the rights of children and women.

In East Nusa Tenggara (NTT) UNICEF, local government and NGOs initiated a quick response to these developments. A one-day discussion was held on the role of local parliaments in promoting development programmes for children and women. Participants included: local government counterparts, political parties, universities, women's organisations, youth organisations, NGOs, and religious foundations. Panellists were selected from the political parties holding key positions in the provincial legislature. Using a 'talk show' setting, the discussions were exciting and challenging and provoked feedback from audience members. The event was also covered by local radio, television, and newspapers.

The outcomes of the one-day event were six signed commitments to enhance development policy and programmes for women and children in NTT. The core commitment was to improve collaboration and communication among the various civil society and government interests in order to increase budget allocations for health, education, water and sanitation, and nutrition initiatives. More discussion is necessary and the commitments will need consistent follow-up and promotion to make a change for children. But UNICEF in NTT is confident that the seed planted during the one day discussion will be translated into strategic commitments for children in the five year development plans (REPELITADA) to be developed at provincial and district level.

Going to Scale with Community Action Programmes for Safe Motherhood: Some Lessons from Central Java

Tabulin (Tabungan Ibu Bersalin), is a maternal health programme that was initiated with UNICEF support in Central Java in February 1998. Tabulin was originally conceived as a community savings scheme for pregnant women. It enables women to have access to critical maternal health services including: ante-natal and post-natal care visits, deliveries assisted by health professionals, transportation and lodging costs when referred, and free obstetric emergency care treatment for the poor. To reach as many children and women of poor families as fast as possible, Tabulin and the complementary feeding initiative (CFI) in Central Java continued to use a social mobilisation strategy through existing government channels, including those of the Family Welfare Movement (PKK). As the result, the Tabulin scheme has reached 2,961 villages in 12 selected districts and the CFI has reached 34,455 infants aged 6-12 months in 1,576 villages in nine districts. It has been demonstrated that the information, education and communication (IEC) activities and materials, and the Tabulin mechanism have enabled villagers to identify the problems of women and children and develop local action plans to improve maternal and child health. Since mid-1999 some districts have been exploring ways to use the Tabulin community funds to support local nutrition initiatives for malnourished pregnant women and children, and provide financial support to prevent children of poor households from dropping out of school.

To measure the outputs and outcomes of the Tabulin programme is a major

challenge in 2000. Monitoring and evaluation of UNICEF supported programmes in Central Java is still weak. Recognizing that the results of UNICEF-supported programmes are affected by a lack of synergy among the four programme areas, efforts have been made to ensure convergence of activities in the same locations. The idea of merging the Tabulin and Posyandu Revitalization programmes has been pursued, starting with the development of a “merge” guideline now ready for review and adoption. The community funds, the IEC, the management and the organizational structures are all areas of overlap and potential synergy for the two programme areas.

To ensure maximum results, Central Java has also taken the lead to initiate a participatory monitoring and evaluation (PME) mechanism to be tested in 12 villages in three districts in 2000. The PME will strengthen the “community ownership” aspect of Tabulin and Posyandu revitalisation. Partnerships have also been formed with NGOs like the Nahdhatul Ulama, Muhammadiyah and Yayasan Soegijopranata. These local NGOs and religious institutions are instrumental in strengthening community participation in monitoring efforts. In Central Java, UNICEF assistance in 2000 will focus on promoting successful models of the Tabulin programme to encourage local governments and legislatures to expand the programmes without external financial assistance.

Village Cash Reserves for Safe Delivery in East Java

Reserves of cash are a luxury for villagers. In extreme cases the lack of ready cash may prevent families from seeking the services they need for their sick women and children. Maternal and perinatal audit discussions in East Java revealed that delayed referral of woman with obstetric emergencies is caused by a lack of cash. A bleeding pregnant woman is powerless; meanwhile her husband is still negotiating with relatives to get the money he needs to take her to hospital. An accessible village cash reserve is essential for immediate referral and access to emergency care services. During informal discussion with villagers, it emerged that the safest place to keep cash reserves were with the religious boarding schools or Pesantren in each village. In East Java, 39 Pesantren were selected to join a pilot initiative to provide village cash reserves or Dana Abadi. Each Pesantren was given a permanent block grant of Rp 10 million or \$125 USD to support emergency referral and services. Conditions to be agreed by the Pesantren before the block grant was awarded included:

- The village midwife provides a recommendation to the Pesantren concerning the eligibility of a family to borrow money;
- The Pesantren is expected to manage the cash and collect contributions from families to sustain the fund;
- The Pesantren must inform the community about the funds and conditions for access.

After eight months of implementation, 250 families borrowed money from the village cash reserves, and 186 used it to cover safe delivery fees. Interest is forbidden in the Pesantren cash reserve scheme, and instead Pesantren receive donations. Out of 39 Pesantren, only one has cash reserves below the Rp 10 million mark due to donations to poor families. The remaining Pesantren have sustained

their funds at Rp 10 million. Total donations vary between Rp. 400.000 to Rp 1.9 million. Beneficiaries have indicated that loans are still too small for income generating activities but sufficient for safe delivery fees without surgery.

The Dana Abadi village cash reserves are strategic and cost effective. First, they increase access to safe delivery services for poor families; second, they provide a low cost source of credit for small self-help activities; and third, the Dana Abadi funds are being sustained. It has been agreed that the Rp. 10 million block grant should not be reduced but increased with voluntary contributions from the community. Managed by the Ulama as head of the Pesantren, the funds also have a high level of credibility and high loan repayment rate. Despite these achievements, there were a number of weaknesses. First, the Pesantren depends heavily on the health system to identify households with pregnant women. Strong ties need to be maintained between the Pesantren and Health Department, and where these fail, the system may falter. Pesantren management is another potential problem. Credit management and maternal health are not the Pesantren's main business. Additional support for credit management and access to information about health care issues will be essential for going to scale with the initiative in other Pesantren in the province.

Institution building for Child Protection

The National Commission for Child Protection is an independent institution with a multi-disciplinary board comprising of representatives from Government, NGOs, academia, private sector and media. It was established with UNICEF support through a democratic process in 1998. Since then, independent Child Protection Bodies or Lembaga Perlindungan Anak (LPAs) have also been established in four provinces: North Sumatra, South Sulawesi, East and Central Java. In October 1999, UNICEF supported the establishment of LPA West Java and in December 1999 of DKI Jakarta.

UNICEF played a crucial role in the process to establish a viable independent Child Protection Body, including technical and financial support as well as playing a bridging role between the government and NGOs, overcoming the ambivalence felt on both sides over collaborating to provide adequate protection for children. UNICEF also lobbied for a democratic and transparent process, ensuring the involvement of all partners in the preparation and development of the Institute's statute.

The mandate of the National Commission and the provincial Child Protection Bodies is to protect children from all forms of abuse and violations of their rights. They also plan and implement pilot initiatives to empower families and communities to enable them to understand the causes of violence, abuse and neglect, and to prevent the occurrence of violations of children's rights.

The key functions include: advocacy and lobbying; receiving and monitoring complaints about child rights violations; representing the interest of children in court; referral of children – rehabilitation and reintegration; research; influencing policies and legislation; disseminating information and monitoring the implementation of the Convention on the Rights of the Child. UNICEF provides

technical and financial support to selected activities of the National Commission and the four LPAs in South Sulawesi, North Sumatra, Central and East Java.

Some of the innovative key activities that have been implemented – with UNICEF support - by the Child Protection Bodies are:

- Bringing violations of child rights to the attention of the government, policy makers and the public. For example, LPA South Sulawesi protested against a child abuse incident at a primary school, by sending strong letters of complaint to the police and Ministry of Education urgently requesting sanctions against the involved teacher.
- Referral systems established and hotline services operational. Cases of sexual exploitation, including rape and incest, drug abuse, physical abuse and teenage pregnancy were reported by more than 200 children (between 4-18 years). Children in conflict with the law (mainly theft) are being referred to legal aid organizations or assisted by LPAs directly
- Sensitive issues like child abuse, child prostitution, sexual abuse, sale and trafficking of children have been socialized with the public, government, policy makers etc. More than 1,450 government and NGOs officials, academics etc. have attended workshops and seminars organized by the LPAs. More than 4,000 children have participated in events in which they were able to express their views.
- Investigation and research: members of the National Commission and journalists travelled to Aceh, Pontianak (West Kalimantan) and Kupang (East Nusa Tenggara) to undertake small investigative research on the situation of children in refugee camps. Articles were published in newspapers and newsletters. Research on sexual abuse and child labour has also been undertaken.
- Orientations for journalists and regular meetings with the media have been conducted. More than 80 articles in national and local newspapers reported on LPA-supported activities. Almost all LPAs have their own quarterly newsletter or bulletin and (weekly) talk shows on the radio.
- Development of community-based mechanisms on monitoring and reporting violations of child rights in selected districts.

UNICEF's focus has also been on increased capacity building of the LPAs. In addition to a five-day training for the hotline operators, UNICEF organized a training on "Planning, Administration and Financial Management" for newly recruited staff. A training module and two manuals on how to manage and operate a hotline service were developed. A resource handbook is currently being developed to operate an office more effectively and efficiently.

UNICEF currently provides funds for full-time staff for one year for both the National Commission and the four provincial LPAs. Since the National Commission and the provincial LPAs are mainly funded by UNICEF, they will need to ensure sustainability by seeking additional funds from the government and other donors. UNICEF is also considering expanding support to other provinces, especially in those provinces already receiving UNICEF support for other programme areas.

Annex C:

Summary Table of Major Activities and Key Results in Programme Priority Areas

COUNTRY: Indonesia

YEAR: 1999

PROGRAMME PRIORITY AREA	THE MAJOR ACTIVITIES UNDERTAKEN DURING THE YEAR	KEY RESULTS ASSOCIATED WITH UNICEF COOPERATION	OPPORTUNITIES, CONSTRAINTS, RESOURCE AND SUPPORT NEEDS
<p>Reducing under-5 mortality, morbidity and disability rate.</p>	<p><i>CDD-Watsan</i> 1. National Awareness Campaign. 2. A Study on Monitoring System Improvement. 3. Development of hygiene promotion tools both at central and regional level. 4. Skills building: a tailor made training programme for key district counterparts facilitated by IRC and Yayasan Dian Desa. 5. Sanitation improvement and promotion of hygiene behaviour and ORT knowledge in 1302 villages in 6 provinces. 6. Ensure availability of ORS at the village level</p>	<p><i>CDD-Watsan</i> 1. Sanitation weeks 2. The Sanitation Weeks campaign, initially conducted in the Unicef supported districts, has now been declared a national programme. An official launching ceremony by the newly elected Vice President was held on 12 Nov. Unicef has been heavily involved in the advocacy and dissemination of the national policy relating to this campaign to the provinces. 3. In cooperation with CIDA, a study has been initiated in the 3 CIDA supported provinces. A baseline survey was conducted in 12 villages by 3 local NGOs. Follow up surveys are planned for April 2000 4 & 5. Improved access to sanitation</p>	<p><i>CDD-Watsan</i> 1. The <u>fund-raising to pay airtime of TV media</u> has been difficult to promote as it is considered inappropriate during the economic crisis. 2. Most districts have not developed a strategy for hygiene promotion at the community level in their 1999 CDD-Watsan district planning 3. The program has had to respond to emergency needs in several districts, particularly in <u>NTT</u>, due to the emergence of sites for internally displaced people. 4 & 5. The new Health Paradigm launched by the GOI will present ample opportunities to promote hygiene and sanitation as pre-requisite for health prevention and promotion that have become the focus of the paradigm. 6. In line with the new paradigm of health where prevention and promotion is more important than curative approach, we need to support promotion of personal hygiene. 7. Since the surveillance involving sanitarian who goes door to door at the</p>

		<p>facilities through establishment of community based production centres and construction of family latrines</p> <p>6. Sanitation week including promotion of hygiene behaviour have been implemented in UNICEF's assisted districts especially in West Java, Central Java, East Java and South Sulawesi.</p> <p>7. The first procurement of ORS for W. Java had been completed and the second ORS procurement process for NTT is still under process. The rest of Unicef assisted provinces have enough number of ORS form GOI budget.</p>	<p>village level.</p>
	<p><i>Maternal and Neonatal Health</i></p> <p>1. Support to maintain Universal Child Immunization (UCI) status in selected areas including mopping up activities to ensure the protection level in the community (polio vaccination</p>	<p><i>Maternal and Neonatal Health</i></p> <p>1. Number of UCI villages increased from 74.4% last year to 78.9% this year and also in all UNICEF assisted province except South Sulawesi. Mopping up activity</p>	<p><i>Maternal and Neonatal Health</i></p> <p>1. Despite the managerial capacity of the counterpart on planning and strategy development, the economic crisis creates postponement of several activities. Supports from donors are welcome to ensure that each child get his/her rights to be</p>

	<p>sweeping) in villages with low polio-3 coverage.</p> <p>2. Support Improvement of Coverage in Non-UCI areas (Low polio 3 coverage is one of two indicators for non-UCI areas) including support to improve TT vaccination status in high risk areas.</p> <p>3. Local / Provincial Government ensures allocation of funds to strengthen Acute Flaccid Paralysis (AFP) surveillance.</p> <p>4. MOH allocate funds to ensure safe injection practices by procuring auto-destruct syringes.</p> <p>5. Support to strengthen the development of communication strategy for ARI control.</p>	<p>completed with the coverage above 90% in 52 high risks for polio.</p> <p>2. National coverage of TT2+ for pregnant mothers slightly decreased from 80.4% in 1998 to 77.4% this year since some pregnant mothers received TT during TT campaign in high risk villages and the time interval for booster dose has not been enough.</p> <p>3. Issuance of Decree from DG of Bangda to allocate Local funding (APBD) for AFP surveillance.</p> <p>4. The central government procures audio-destruct syringe for measles campaign in high risk areas.</p> <p>5. The Integrated Management of Childhood Illnesses (IMCI) approaches are disseminated to other district and provinces.</p>	<p>protected against immunizable diseases.</p> <p>2. The high spirit of the surveillance staffs after the previous 2 years of success tend to decrease.</p> <p>3. Prolonged economic and political crisis until the 3rd quarter of the year, affected the availability of funds.</p> <p>4. Our support for ARI control programme is reduced due to crisis response programming.</p>
	<p><i>Vitamin A supplementation</i></p> <p>1. Advocacy and policy development for expanding the</p>	<p><i>Vitamin A supplementation</i></p> <p>1. The new target expansion policy has been adopted</p>	<p><i>Vitamin A supplementation</i></p> <p>1. The networking of Posyandu is not fully revitalised. This</p>

	<p>target to include most vulnerable groups: infant 6-11 months and postnatal mother.</p> <p>2. A national campaign to accelerate the coverage of Vitamin A capsules. This campaign aims at reaching universal supplementation of Vitamin A, with particular attention to the new target; infants 6-11 months and postnatal mothers. The current coverage declined to less than 50%.</p>	<p>by the Government.</p> <p>Being a new product, UNICEF supplied for the first time the total national requirement for the lower dose capsules intended for infant 6-11 months (4.5 million) and distributed for the first time in the August 1999 round.</p> <p>2. An acceleration strategy has been developed to include mass media campaign, social mobilisation through health provider and local community organisation (PKK/NGOs). An effort to improve the monitoring system was also included. The development of the communication materials has been initiated through hiring a professional agency. The mobilisation of health providers particularly midwives and vaccinator to serve the community demand has been</p>	<p>situation has hindered universal coverage of this supplementation particularly among the young infants and postpartum mothers.</p> <p>2. The poorest population of the urban areas, especially young children and pregnant & lactating women appear to be worst affected by the economic crisis. The delivery system does not reach these poor areas. A special development is needed to reach this disadvantaged population.</p>
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		initiated at the end of this reporting period. Government has ensured sufficient supply of capsules for all targets.	
	<p><i>Posyandu revitalization</i></p> <p>1. Consolidation of new approach into the practice of Posyandu Revitalization</p> <p>2. Development of Training Module and IEC supporting materials on posyandu management and interpersonal communication skills for Posyandu Cadres.</p> <p>3. Training of cadres using the improved training programmes.</p> <p>4. Provision of Complementary Feeding (Supply). CFI sub-team was formed and 6 additional staffs were recruited to ensure proper distribution of the <i>Vitadele</i>.</p> <p>5. Development of guidelines for the use of funds generated by the collection of nominal fee per sachet of <i>Vitadele</i>.</p> <p>6. Development of Mass Media Campaign to</p>	<p><i>Posyandu revitalization</i></p> <p>1. The new approach is adopted into the technical guideline and institutionalised by issuance of Decree by Ministry of Home Affairs, and disseminated to all heads of intersectoral agencies, provincial and district heads.</p> <p>2. 12,500 copies of the up-dated “Buku Kader”, 2,700 sets of flip charts & counselling cards, 1,000 posters sized version of Growth Monitoring Chart were produced and distributed. This material will also be used by MoH for cadres training in non-UNICEF’s provinces.</p> <p>3. 1,387 trainers of trainers were trained & 9,800 cadres have been trained. 7,000 are</p>	<p><i>Posyandu revitalization</i></p> <p>1. Posyandu Revitalization through CFI has been seen as a very straightforward and attractive program to support in this current crisis situation in Indonesia. The program does not only focus on revitalizing Posyandu as community-based institution but in a way will empower community to help themselves. Substantive support through program management, training, supervision and monitoring are requirements to ensure that the community themselves would be able to take more responsibilities /role in the future.</p> <p>2. Lack of funding to provide enough <i>Vitadele</i> to fully cover all villages has led to children getting less than they should.</p> <p>3. In addition to the target age group of infants 6-12 months, both children 0-6 and 12-24 months of age are also fed “<i>Vitadele</i>”. Most mothers do not understand the logic of feeding the seemingly</p>

	<p>elevate the image of Posyandu, increase participation in Posyandu activities and enhance appreciation of its service.</p> <p>7. Preparation of baseline survey of the performance of Posyandu in 3 Provinces, West Java, East Java and South Sulawesi.</p>	<p>in the process of being trained.</p> <p>4. Approx. 6.4 millions of 500 g sachets of <i>Vitadele</i> were provided to benefit approx. 270,000 infants.</p> <p>5. Guidelines distributed, but use of funds not uniform across region</p> <p>6. A private advertising agency was contracted for the Mass Media Campaign. The launching is planned for January 2000.</p> <p>7. The survey protocol is developed.</p>	<p>well-nourished looking infants.</p> <p>4. In some districts, there is a need to strengthen the level of commitment on the part of the local government, the warehouse capacity to safely store <i>Vitadele</i>, and the distribution of <i>Vitadele</i> from districts to the villages.</p>
<p>Reducing maternal mortality</p>	<p><i>Support the development of a “Mother Friendly” environment.</i></p> <p>1. Support the development of Tabulin (Pregnant Mother Saving Scheme) a community self-help mechanism to mobilize and manage resources at the village and sub-district level for maternal and neonatal health care.</p> <p>2. In collaboration with sub-component 10 and 14 develop new approaches to improve husband’s</p>	<p><i>Support the development of a “Mother Friendly” environment</i></p> <p>1. The two models above have been adopted and expanded by the Government to other provinces/districts .</p> <p>2. Improved accuracy & quality of services for women in delivery in Unicef selected areas.</p> <p>3. Printing of posters signed by MUI and</p>	<p><i>Support the development of a “Mother Friendly” environment</i></p> <p>1. The National policy for directly support the community to overcome poverty through Social Safety Net program is very helpful. However this program could create dependency instead of promoting community self-help.</p> <p>2. Supplementary fund to support activities for improvement of nutritional status of pregnant women would be useful to prevent bleeding during delivery and low birth weight</p>

	<p>role on Safe Motherhood through special communication efforts targeted towards husbands.</p> <p>Increase professional training among birth attendants and increase coverage and impact of district-level safe motherhood projects.</p> <p><i>3. Unicef support to the training of MCH professionals during this reporting period focussed at evaluating the WB/GOI Village Mid Wife saving skill training.</i></p> <p><i>4. Create awareness in the community of safe motherhood and availability of services.</i></p> <p><i>Quality assurance in maternal health and strengthening audit of maternal deaths</i></p> <p>5. Support the Audit Maternal Perinatal (AMP) system/processes technically and financially in Unicef selected areas.</p>	<p>Religious Affairs for NTB and East Java, on “Husband’s Roles”</p>	
Improving	1. The education	1. The advocacy	<u>Constraints:</u>

<p>access to and quality of education</p>	<p>advocacy especially through media campaigns at national level and social mobilization in 10 provinces.</p> <p>2. Continue the advocacy & social mobilization using “new messages” as follow up of the 1st phase campaign.</p> <p>3. The study on the impact of the economic crisis in basic education, involving 374 primary and junior secondary schools in 5 provinces.</p> <p>4. Repetition of study (no.3) using larger number of schools (578) including schools in urban areas.</p> <p>5. Situation analysis on school years (early childhood to basic education or from 0 to 15 years old) which is used for the development of new country programmes for the years 2001 to 2005.</p> <p>6. A pilot study on school based management in 62 primary schools in 3 provinces.</p> <p>7. Non Formal Education for street and working children through 13 NGOs in 6 provinces.</p> <p>8. The development of life skills</p>	<p>has been regarded as successful in increasing awareness of the people on the importance of schooling, and in gaining support on education from most stakeholders. It has been substantiated with the evaluation study. The crisis response program, in which the education advocacy is an important element, has been awarded a praise by the World Bank as one of the most successful programs of this kind.</p> <p>2. The advocacy through media campaigns and social mobilization as a follow up program is still under way.</p> <p>3. The results of the first phase study are published. The major findings shared among policy makers and education practitioners for their consideration in the programming.</p>	<p>1. In the context of school campaign funded by Unicef, the government provided scholarship for economically poor children through the Social Safety Net program. However, disbursement of scholarship and block grants was delayed and somewhat did not arrive in time.</p> <p>2. Enforcement of deregulatory measures has been weak and schools interpreted the directives on the deregulatory measures differently from what was intended.</p> <p>3. Monitoring of enrolment, dropout and school participation took longer time than initially thought.</p> <p>4. A lack of coordination among institutions dealing with the response crisis program, including the media campaigns.</p> <p>5. In regard to the crisis impact study, reliable data from parents are difficult to get due to their low level of education.</p> <p>6. In regard to the school based management project, it is not easy to change the behaviour of educational personnel after experiencing a centralized education system for a long time.</p> <p>7. NGO commitment to providing services is</p>
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	<p>education program (healthy life) for school children and NFE program participants.</p> <p>9. The development of life skills education program (micro credit system) for NFE program participants.</p> <p>10. The emergency education and psychosocial counselling program for the primary and pre-primary school age children of the refugees from East Timor residing in temporary camps in West Timor.</p>	<p>4. The study is still under way.</p> <p>5. Situation analysis has been conducted and the result is used as the basis in preparing the Country Strategy Paper.</p> <p>6. The pilot study on school based management in primary schools is under way. The training of trainers and training at some school clusters have been completed. The project has received wide and strong support from relevant parties including local government institutions, school supervisors, headmasters, teachers, and parents or community members.</p> <p>7. 800-1000 street and working children in the 6 provinces are being reached in towns and peri-urban areas with NFE, incl. RRR, lifeskilss, vocational skills and simplesharing schemes. The 13 NGOs implementing the</p>	<p>high involves innovative activities. However, their coverage is limited vis-à-vis the magnitude of the problem; focus on curative not preventive or targeting ... level. Capacity and technical skills weak among some NGOs; do not link with government services and sustainability a problem (funding sources)</p> <p>8. In regard to the life skills education program on healthy life, the design of module development for schools cannot be used for NFE learning resource centres.</p> <p>9. In regard to the development of micro credit system, there is little experience among government officials to develop such a program, and similar endeavours (income generating learning groups) in the past have failed to achieve satisfactory results.</p> <p>10. The life time of the emergency education program for the refugees from East Timor is uncertain which makes it difficult to plan the program. Coordination among relevant parties dealing with the program is difficult. Condition of the refugees' children to participate in the program is not conducive (health, nutrition, actual</p>
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		<p>NFE programs for street and working children have been able to develop their own alternative education curricula to suit the local needs and resources.</p> <p>8. Modules of the life skills education program (healthy life) have been produced for teachers of primary schools and tutors of NFE learning resource centres.</p> <p>9. The life skills education program (development of micro credit system) is still under way.</p> <p>10. The emergency education and psychosocial program is now under way in 10 locations. The children are taught 3Rs.</p>	<p>academic achievement). Their language and culture which are different from the teachers' will create problems.</p> <p>11. Opportunities and the new government have created opportunities, which will lead to a more decentralized policy, democratisation, transparency in management, and free press which in turn encourage the implementation of school-based management (greater school autonomy), demand for school accountability, better community support for school, clean governance, and better informed society.</p>
<p>Reducing the exploitation , abuse and harm of children</p>	<p><i>Combating child labour and achieving basic education for children 6-15 years old in E. Java</i></p> <p>1. Briefing to 8 district planning bureaus on the proposed inter sectoral child labour/basic</p>	<p><i>Combating child labour and achieving basic education for children 6-15 years old in E. Java</i></p> <p>1. District-level proposals prepared on activities to identify potential</p>	<p><u>Opportunities/Constraints</u></p> <p><i>Combating child labour and achieving basic education for children 6-15 years old in E. Java</i></p> <p>1. Difficult to achieve common understanding of the program objectives among involved parties (governments, NGOs,</p>

	<p>education programs.</p> <p>2. Systematic recording of the capacity and resources of suitable NGOs and community-based organizations.</p> <p>3. Socialization of child labour program with employers associations at districts level in East Java.</p> <p>4. Focus-group discussion conducted by province and district level teams with communities on school drop out/child labour issues as a “bottom-up” process.</p> <p>5. Orientation of CBOs in child labour issues.</p>	<p>dropouts and the nature of the problems that will allow them to pursue preventive actions in greater depth with family, community and relevant sectors including education authorities.</p> <p>2. Development of simple guideline on how to conduct focus group discussion.</p> <p>3. Completed in 8 selected districts.</p> <p>4. Completed in 370 villages in 8 selected districts. Findings and recommendations being compiled.</p> <p>5. 40 CBOs from 8 selected districts oriented in child labour issues.</p>	<p>employer’s association)</p> <p>2. Child labour has been until recently considered as sensitive issue, but not any longer.</p> <p>3. Link between child labour with Ministry of Education is not yet understood and apparent to other sectors i.e. only Ministry of Manpower seen as responsible for child labour issues.</p> <p>4. Indonesia has ratified the ILO’s convention no. 138 on Minimum Working Age as Law no.20/1999; can be advocated with relevant CRC articles</p> <p>5. There are several (mainly non-religious) NGOs working in the area of child labour, and religious NGOs are potential partners especially for changing community perceptions about child labour.</p>
			<p>6. Interest and understanding varied. Employers’ Association afraid of being “blamed” for child labour phenomena.</p> <p>7. Good potential to develop networking for provision of ..., monitoring and reporting of child labour cases and other forms of child rights violations.</p> <p>8. Issues conveyed to the grass roots level are still difficult to be understood in order to facilitate common</p>

			<p>understanding.</p> <p>9. Children still perceived as parents' possessions, need for consistent and strong efforts to raise awareness. Policy ... guidelines for ... follow-up not in place.</p> <p>10. Situation now conducive to wider debate and discussion of parental and adult responsibilities/obligation and children's rights.</p> <p>11. Issues of explosion, marginalization and discrimination clearly raised and starts to be recognized by government.</p>
	<p><i>Child Abuse</i></p> <p>1. Focussed study of child abuse in 6 provinces of Indonesia.</p> <p>2. Study visit to Malaysia of interdisciplinary team to learn about formal and informal mechanism for child abuse prevention.</p> <p>3. Orientation of 40 CBOs in East Java in child abuse.</p> <p><i>Others</i></p>	<p><i>Child Abuse</i></p> <p>1. Completed in March 1999. Seminar conducted to discuss findings. Attended by over 100 participants from government, NGOs and professional associations.</p> <p>2. Visit completed (8-14 November 1999). Team incl. Doctors, criminologist / lawyer, NGO, police, Social Affairs, MOH and Child Protection Body officials.</p> <p>3. 40 CBOs from 8 selected</p>	<p><i>Child Abuse</i></p> <p>1. Good understanding achieved of how reporting and interventions and services for child abuse prevention are coordinated between Police, Hospitals and Social Welfare Ministry, also role of media and NGOs as a "watch dog".</p> <p><i>Others</i></p> <p>2. Findings will be strategically used to lobby easier access of</p>

	<p>1. Promoting awareness of universal birth registration collaboration with Plan International and Ministry of Home Affairs.</p> <p>2. Conducting needs assessments of vulnerable children in collaboration with local authorities and NGOs.</p>	<p>districts in East Java trained in identifying monitoring and reporting child abuse at family and community level.</p> <p><i>Others</i></p> <p>1. Technical seminar (30 people) and national workshop (100 participants) (September) conducted with government and NGOs. Study findings by UNICEF and Plan International presented. Plan of Action formulated to be implemented 2000 onwards.</p> <p>2. Completed in 2 districts of West Java which form part of greater Jakarta and in North Jakarta slum. Findings to be socialized with local government and partners.</p>	<p>marginalized families and children to mainstream services; to develop capacity of NGOs in service delivery to communities.</p>
	<p><i>Implementing Special Protection Measures for Children & Mainstreaming Child Rights in Indonesia</i></p> <p>1. Advocacy campaigns in the</p>	<p><i>Implementing Special Protection Measures for Children & Mainstreaming Child Rights in Indonesia</i></p> <p>1. More than</p>	<p><i>Implementing Special Protection Measures for Children & Mainstreaming Child Rights in Indonesia</i></p> <p>1. Establishment of “independent” CPBs took much longer than anticipated due to the</p>

	<p>area of child rights and protection (seminars, policy discussions, publications, newsletters/bulletins, leaflets, radio talk shows)</p> <p>2. Establishment of hotline services and referral systems</p> <p>3. Research on sexual exploitation in North Sumatra, data base on vulnerable children in South Sulawesi and East Java</p> <p>4. An in-depth review of existing laws and legislation on child protection vis a vis the Convention on the Rights of the Child as well as the formulation of new and revised legislation)</p> <p>5. Capacity building of Child Protection Bodies - CPBs (training for hotline operators and a training on planning, administration, financial management).</p> <p>6. Strengthen networking among Child Protection Body and NGOs, Government etc.</p> <p>7. Support to the establishment of CPB in West Java, DKI Jakarta and South Kalimantan).</p>	<p>1500 government representatives, journalists, NGOs, CBOs, academics, police have attended workshops, seminars etc.</p> <p>2. More than 75 articles in national and local newspapers reported on CPB's activities</p> <p>3. More than 5,000 children participated in events and expressed their views</p> <p>4. Operators have been trained. Referral systems operational. More than 150 cases of abuse have been reported. Cases being handled by CPS or referral partners</p> <p>5. Training module and manual on Planning, Administration Finance developed. Training conducted.</p> <p>6. Draft Law on Child Protection developed</p> <p>7. Child Protection Bodies established in DKI Jakarta, West Java, and South Kalimantan</p>	<p>nature of consultative and participatory process facilitated by UNICEF, to bring together many different partners including GOI, NGOs, professional organization, legal aid institutions, academic, etc</p> <p>2. To ensure sustainability, CPBs will need to seek additional funds. UNICEF has offered to host a donor meeting</p> <p>3. More priority should be given to capacity building of CPBs (Board and staff)</p> <p>4. CPBs will have to continue looking for new partners, strengthen existing partnerships etc.</p> <p>5. Consider expanding support for CPBs to other provinces, especially in UNICEF selected provinces</p>
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<p>Improving young people's health and development</p>	<p>1. "Peer education program" on STDs/HIV/AIDS prevention among female and male students in 12 religious (Islam) boarding school" in South Sulawesi. 2. Peer education programme for street children in Semarang (Central Java). 3. Qualitative study of the situation of STD/AIDS in East Java by University of Airlangga, Surabaya (East Java). 4. Mobile Child Health Education Programme. 5. STD/AIDS prevention among transport workers (outreach programmes, monitoring visits to 94 transport companies, peer education, dissemination of information).</p>	<p>1. a. During approx. 11 months, 36 students have been trained as peer educator who subsequently educated more than 360 peers. b. 50 volunteers were trained as peer group facilitators and they together educated around 212 street children on HIV/AIDS issues. 2. Volunteers provided informal education and counselling to street children in Semarang. 3. Major findings: - though officially reported cases are low, it does not reflect the numbers affected or at risk; low level of awareness about STDs/AIDS among bureaucracy and general public; existing interventions undertaken mainly by a few NGOs among high risk behaviour groups especially Commercial Sex Workers (CSWs). 4. Poor communities,</p>	<p><u>Constraints</u> 1. The economic crisis has further reduced official priority given to STDs/AIDS prevention although the vulnerable groups such as street children, low-income families, school dropouts, etc has increased. 2. NGOs are the most appropriate channels for reaching high-risk behaviour groups however, their coverage remains very limited. 3. Links between Government and NGOs including those involved in AIDS prevention activities still remains ambivalent due to perceived differences in approaches and solution. <u>Opportunities</u> 4. NGOs facilitate the piloting of innovative approaches which have the potential to be more widely expanded. 5. More transport companies asked for training for staff. 6. The activity be expanded to other high risk target groups (sailors).</p>
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		<p>street children, orphanages and schools received education on life skills related issues including reproductive health, STD, HIV/AIDS in an entertaining way.</p> <p>5. More than 20.000 transport workers have been educated.</p>	
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QUESTIONNAIRE ON UN COUNTRY TEAM

1. Did the UN Country Team meet regularly in 1999? YES NO

2. Did the Country Team have a jointly developed and approved Workplan?

Partly – not in detail YES NO

3. Did the Country Team agree on a budget for coordination and approve items and activities within this budget?

YES NO

4. Did the Resident Coordinator fairly represent the UN system:

ALWAYS GENERALLY INFREQUENTLY

5. Did the Resident Coordinator provide leadership to the Country Team:

ALWAYS GENERALLY INFREQUENTLY

6. Did the UNICEF Representative have a PER task related to UNCT work?

I don't have a PER (D-2) YES NO

7. Identify 2 – 3 factors that have helped the UNCT to work well:

- 1. Good personal rapport amongst agency chiefs*
- 2. Shared analysis/consensus on problems facing Indonesia*

8. Identify 2 – 3 areas where improvements or changes are needed next year:

- 1. Better distinction between role of Resident Coordinator and UNDP Resident Representative*
 - 2. Better workplanning*
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