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PART 1. EXECUTIVE SUMMARY

The economic and political crisis that engulfed Indonesia in 1998 has made it an intensive year of change and adjustment for the Country Programme and the Country Office. The coincidence of the Mid-Term Review being due this year matched perfectly with the need to make adjustments in response to the crisis. The crisis has also led to opportunities in improving programme implementation efficiency through better focussing of UNICEF's resources and energies as well as in developing new partners. The highlights of achievements and constraints (3 each) related to the four primary accountabilities of Country Offices and Representatives are:

A. Country Programme Process (planning and implementation).

Achievements:

- Re-alignment of the Country Programme from the 3 Component and 14 Sub-Component structure to focussing on 4 Programming Areas and 3 Supporting Activities (and continuation of 4 specific activities). The Crisis Response Programme exemplifies how a country programme can maintain its long term objectives and apply its best lessons learned to act quickly and address new challenges and acute problems at the family and community level.
- The launching of the Rapid Response Complementary Food Initiative in early 1998 was one of the first programme initiatives paving the way for the subsequent Social Safety Net programmes of the government funded by the Bretton Woods institutions and bilateral donors.
- The family and community empowerment mechanisms developed through the community based activities of the Safe Motherhood became the central cross-cutting strategy for the Crisis Response programme. This is now UNICEF's main advocacy message to counter the current tendency to push down cash aid in the name of Social Safety Net and "rescue" assistance without looking to strengthen traditional coping mechanisms of the family and community.

Constraints:

- The perpetual cycle of trying to "catch up" with the government planning which is ahead of UNICEF's due to the difference in financial years continued to plague smooth programme implementation as massive year end disbursements leading to outstanding advances slow down the next year's disbursements. However, a concerted effort was made in 1998 to try to break this cycle which is already showing positive results.
- ProMS was not only a major operational constraint (see below) but one which seriously hampered programme officers ability to actually perform their primary function of programming with counterparts. Because of the design which requires that all ProMS processing be performed by programme officers and the management (with a very limited role for support staff who could at least undertake "form filling" data entry), it tied down professional staff to their desks. This short-sighted flaw in the design needs to be urgently addressed.

- While decentralization of programming responsibility to the field offices has been an achievement (see below under Operations and Management), programme implementation was affected by the “mid-way” phenomenon. Field Offices which are now stronger professionally are still not at full technical capacity for real decentralization in terms of transferring the authority and control. Further decentralization of assistance to the district level has also resulted in a tripling of transactions (from 1,002 in 1996 to 1,707 in 1997 and 2,566 in 1998).

B. Leadership and Representation

Achievements:

- Established UNICEF as the topmost respected independent policy and strategy advice on child survival, development and protection throughout the country i.e we have aimed to become “politicised” in what is an extremely “political” country at present.
- Achieved very high media coverage and interest plus access to and credibility with, all leaders in Government and Civil Society including the donor community which contributed to almost doubling SF contributions in 1998 as compared to 1997.
- Reoriented the country programme away from “top down” to bottom-up and made it potentially highly cost effective.

Constraints:

- Rapidly declining GR in the face of a rapidly deteriorating situation for women and children is not understood by our counterparts. A failure to reverse the negative GR trend has been a substantial “missed opportunity”.
- The over-bureaucratization; excessive process orientation and systems focus of UNICEF forces far too much time to be spent on internal management to the detriment of our main task of promoting children and women’s rights.

C. Performance Monitoring

We do not understand what should be incorporated here.

D. Management and Operations

Achievements:

- Decentralizing programming to the provincial level, an objective of the MPO which has taken several years of pursuit is now bearing fruit as the 5 Field Offices show how UNICEF’s presence at the sub-national level can truly leverage government and non-government action towards the World Summit for Children goals.

- Team Approaches which had been tried out for several years primarily for short term output oriented purposes were effectively institutionalized as the main implementation structure for the crisis response programme planning and implementation. Since the existing structure hampered cross-sectoral implementation, Programming Area Teams formed from across the sections have shown positive results in quickly planning the details of the crisis response programme.
- Close working relationship between the Staff Association and Management continues to be a strong feature of the Country Office. The crisis and its impact on staff purchasing power became a rallying point for joint action to address the problem. Staff representation in management was not only through the Joint Consultative Committee but also in the Country Management Team and in the constitution of major committees and teams such as the Staff Development and Placement Board (SDPB) and the Country Programme Management Plan (CPMP) preparation teams.

Constraints:

- ProMS software and hardware problems compounded by the requirement to continue with GFSS delayed programme cash disbursements and put an enormous strain on the Finance section staff who had to work 12-hour days for most of the year.
- The efforts made in 1997 to “down size”, which are not commensurate with workload and demands of the crisis situation, as well as almost annual CPMP submissions have affected staff morale. However, a recently conducted Staff Morale survey showed that individual staff motivation remains generally high.

PART 2. MAJOR TRENDS AFFECTING CHILDREN AND WOMEN

1998 – a year of tumultuous change – a year that will go down in Indonesia’s history as one that brought in new hope in political freedom as well as great suffering for millions of Indonesians. The monetary crisis, which hit the country in July 1997, deepened into an economic, social and political crisis by early 1998. The student led demonstrations, which then sparked off widespread riots, resulted in the abrupt end of President Soeharto’s 32-year regime in May 1998.

Political Situation: The Reform Cabinet under the new leadership of former Vice President B.J. Habibie has since continued to face economic, political and social turmoil. While international aid has poured in to help alleviate the social impacts of the crisis, the economic crisis has persisted given the political uncertainties. The long standing close relationship of President Habibie with former President Soeharto taints public acceptance of the new government despite its efforts at distancing itself from the previous regime and its proclaimed efforts at “reform” of Corruption, Collusion and Nepotism. However, no real opposition leader or party has emerged to offer an alternative to the people. With elections now scheduled for June 1999, the proliferation of political parties (more than 100 at last count) demonstrate that the newly found political freedoms also contribute to continued unrest apart from the persisting economic crisis and its effects on the quality of life of millions of Indonesians.

Evolution of Debt Burden: The vulnerability of the economic system which had been overlooked during the boom years was the ultimate ‘Achilles heel’ that brought it down. The debt burden of the private sector loans grew between 1992 and 1997 cornering 85% of the increase in external debt. Foreign investors were eager to lend to a country with low inflation, a budget surplus and an abundant and relatively well-educated labour force, good infrastructure and a relatively open trading system. However, the average maturity of the credit extended to Indonesia’s private sector declined sharply in the last few years and most of the private foreign borrowing was unhedged leaving the Indonesian corporations particularly vulnerable to external changes.

The country’s banks were not able to absorb the deterioration of their portfolio with the rapid currency depreciation as numerous banks had been under capitalized and even insolvent well before the crisis. The decision in late 1997 to close 16 banks (in compliance with IMF stipulations) triggered panic withdrawals and in turn led to creditors refusal to confirm letters of credit drawn on Indonesian banks. Liquidity shortages, which had long been a problem, became acute plummeting the foreign currency deposits. Thus by early 1998, the monetary crisis – “krisis moneter” or “KrisMon” became a “KrisTal” or “krisis total”.

Economic Trends: The collapse of the exchange rate – from Rp.2,500 (to USD 1) in mid-1997 to Rp.18,000 in early 1998 and now “stabilizing” around Rp. 8,000 by late 1998 – is one of the largest depreciations globally in the post-World War II era. The most immediate effect of the exchange rate depreciation was a decrease in domestic demand and a decline in investment (due to less money available from external creditors and most of what was available being needed to service the external debts). Driven by the rapid depreciation, inflation soared to 85% as compared to only 5.1% in the previous year. The average GDP growth of 4.7% in 1997 masked a

sharp deceleration during the last two quarter of the year. By the first half of 1998, GDP fell by 12.2% and the World Bank projects (**Indonesia in Crisis- A Macroeconomic Update**) that it is likely to fall by 10-15% in FY 98/99 and remain stagnant in 99/00.

Impacts on Children and Women: In this climate of change and unrest, the trends affecting children and women are difficult to pinpoint other than to state with one clear certainty that the positive trends in social development indicators will be taking a nose dive this year and into the foreseeable future. Prior to the on-set of the economic crisis coupled with the effects of the long drought and forest fires in late 1997, there was a sense of confidence in the continuation of the overall positive trends in all the key social indicators. Progress toward achieving the 6th Five Year National Development Plan (Repelita VI) and World Summit for Children global goals appeared to be on track with continued concerns in the areas of Protein Energy Malnutrition (PEM), Sanitation, Maternal Mortality and in the regional disparities across the archipelago.

While up-to-date data and information on the current situation of women and children are not yet available, there is disturbing anecdotal and qualitative information on the effects of the crisis. The comparison between the results of the Human Resource Development surveys of September 1996 with December 1997 showed some decline in school participation rates among 7-15 year olds (from 90% to 87%) and a slight increase in malnutrition among under 5 year olds (from 35% to 36%). What has been alarming was a finding in assessing records in a major hospital in East Java which showed a significant increase in severe malnutrition cases among children aged 0 to 13 years, from 14 in 1996 to 47 in 1997 and 75 cases in 1998 (January to July only). This massive deterioration in nutritional status in very young children has been corroborated by other studies. There is additional data indicating a rise of 60% in Indonesia's Maternal Mortality Rate and in the incidence of childhood diarrhea by 60%. Micronutrient deficiencies appear to have increased dramatically.

The Government's modest estimates indicate that about 8% of primary school students (2.34 million children) and 13.5% of junior secondary students (1.3 million) are at risk of dropping out with an additional 400,000 primary school graduates unlikely to continue onto junior secondary school. Field investigations by the World Bank and other missions as well as direct observation by UNICEF staff confirm that there are clear increases in drop out and attendance with other broad impacts on the education system.

Trends in Poverty Rate: The World Bank estimates that the incidence of poverty could increase from 10.1 percent of the population in mid-1997 to 14.1% in 1999 (about 29 million people). On the other hand, the Indonesian Central Bureau of Statistics estimates a much higher level of nearly 80 million or 40% of the population. ILO estimates that 66% of Indonesia's total population will be below the poverty line by end 1999. The combined effects of increased un- and under-employment, poverty and high inflation are already causing serious effects on the poorest families and are also a major cause for concern regarding social and political stability.

Decentralization: There was a reverse trend of decentralization in decision making over the resources. The central government is allocating resources with little participation of local government and this was justified by the need to respond to the crisis in a prompt fashion and to avoid misappropriation of funds. This trend was observed in the National Development Planning Agency's planning of rescue packages to lay social safety nets for the poor. As part of the the Social Safety net schemes village level services providers (for e.g. village midwives and schools)

received block grants directly from the central government bypassing local government units. However it is doubtful whether this initiative and trend will be sustained without support and commitment of local government and involvement of communities. The fall of President Soeharto and subsequent emergence of new powers demanding government accountability had but a limited effect over the way Indonesian bureaucracy at all levels functions. New powers are demanding accountability at government offices and services units such as schools and health centres and placing pressure on those units to be more responsive to people's demand. Attempts have also been made to formulate legislations regulating fiscal decentralization and further advancement of decentralization.

Social Sector Reforms and Policy Changes: With the deepening of the crisis and subsequent change in the government in May 1998, there have been significant shifts in many spheres of government policy in the past few months. In late 1997, work initiated for the preparation of the next Five Year National Development Plan (Repelita VII) was suspended as efforts concentrated on the development of Social Safety Net programmes. The subsequent social sector "rescue" policy focussed on priority given to food security (availability of 9 basic items), labour intensive employment creation (Padat Karya) and preserving critical social services to protect the health, nutrition and education status of the poor. The "rescue" period is estimated to extend into 1999 with subsequent shifts in phases into "recovery", "stabilization" and ultimately back on track to "development". The length and duration of these phases and their respective mode of government action have yet to be determined. In the meantime, the government has announced that more emphasis will be given to the social sectors with greater allocations to the sub-national levels. A major problem however remains very low actual disbursement of funds in the social sector related to problems of Governance described below.

The recently launched Social Protection Sector Development Programme (SDSDP) with ADB assistance which is being taken to scale with funding made available from various sources (including the IMF loan package) illustrates the "rescue" policy of the Government. Funds are being directly channeled through the banking and postal systems to Schools, Health Centers and village midwives, by passing the normal budgetary processes and local government structures.

As a new government with a Reform agenda, there have been clearly more liberal civil rights policy moves (freeing of almost all political prisoners) with increased openness to human rights and civil participation in governance and development. There are clear opportunities for increased promotion of women's and children's rights as well as for more direct partnerships with non-governmental organizations. However, the Reform government of President Habibie, with just over 6 months in power, have yet to define clear policy changes across the sectors. With continued uncertainties on the duration of their tenure (elections are to be held in June 1999), the Reform Cabinet remains understandably cautious in their respective sectoral initiatives.

Trends in External Assistance and Consultative Group Meeting: There has been a marked surge in the levels of external support to Indonesia's multiple crises, most notably in the social sectors to protect and ease the human suffering of the poor. Various appeals for aid have been made by the UN agencies (World Food Programme for USD 88.2 million in food aid and UNFPA for USD 34 million in contraceptives and USD 6 million for blood transfusions) and over USD 7.9 billion has been pledged at the Consultative Group for Indonesia in July 1998.

As noted in the CGI meeting, donors are responding to address the country's problems and the government's budgetary shortfalls in the following ways:

- providing additional quick disbursing support to augment the budget
- waive/re negotiate requirements on counterpart financing
- free up cost savings to be reallocated to high priority programmes where possible
- review project portfolio to identify undisbursed funds in project which are no longer relevant or desirable.

The World Bank approved a USD 1 billion adjustment loan in July and expects to lend an additional USD 2 billion over the coming year with additional new project loans in Education, Urban Poverty Alleviation and Kecamatan (Sub-district) Development. The Asian Development Bank has also approved over USD 300 million for the Social Protection Sector Development Programme in Health, Nutrition and Education. Other major donors responding to the crisis situation in the social sector include USAID, CIDA, AusAID, the governments of Japan, Norway, Denmark and Singapore.

Apart from the additional resources made available by all the donors, large and small, all donor assistance have undergone reviews and re-programming in order to ensure that all available resources are best targeted towards addressing the negative effects of the crisis. With increased donor support for direct assistance programmes, particularly the massive inputs of the World Bank, ADB and IMF, UNICEF assistance in the 9 provinces was also adjusted according to the organization's comparative advantage and to complement the Social Safety Net programmes of the government. (See *Implications for Country Programme*)

Governance: The economic, political and social crisis that has gripped Indonesia during 1998 has had a serious negative impact on good governance. The systemic problem corruption has not been effectively tackled and with inflation outstripping salary increases the morale and motivation of front line workers, such as teachers and nurses has diminished. Government's implementation capacity has thus diminished this year. The general public continues to have little faith that the rule of law is being upheld. Security incidents have escalated rapidly and Governments ability to effectively deal with them is limited. Human rights including child rights continue to be abused. The political stability of Indonesia has dramatically worsened on 1998 and there is a widespread sense of bewilderment and future uncertainty amongst the general public.

Participation of civil society in governance: Governance in Indonesia has for the past 30 years been dominated by the Executive Branch of the Government, with very little, if any, participation of civil society. Civil society has in fact been mostly been organized to serve the government, with various non-governmental organizations, professional organizations and community-based organizations being herded into government controlled umbrella organizations.

With the new reformation era, however, the role of civil society has gained strength, and government control has loosened to a very large degree. Various professional and community organizations have sprung up which has broken the monopoly of the government organized organizations. Anti-corruption and human rights watchdog organizations like Corruption Watch, Gempita, and Kontras have been established while more than 100 new political parties have been established. With greater respect being paid to human rights and people's participation, the role

of civil society in governance has become stronger. Various inter-sectoral committees and bodies now include both government and NGO representatives, while the call for a more representative Parliament and People's Legislative Assembly is gaining ground.

There is concern, however, that events are developing almost out of control, particularly under the present weak government, and efforts are being made by all sides to prevent the potential for anarchy which has occurred in some areas. But the stronger role of civil society in governance seems to be irreversible and will continue to become stronger in the years ahead.

Issues in Children's and Women's Rights: Implementation of the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), both of which Indonesia has ratified, has been mixed. While significant progress has been achieved in the last year in implementation of CRC, CEDAW has not fared as well.

While existing laws cover areas on child welfare (1979), juvenile justice (1997) and child labour (1997), the lack of proper implementation regulations for each of these laws has continued to hamper their effectiveness in their actual application. Moreover, these laws do not comprehensively cover new and emerging areas of child protection such as sexual abuse, domestic violence and child trafficking. An additional complication is the range of "minimum age" definition in laws (marriage, work, legal liability, sexual consent, voting rights) pertaining to children. Indonesia, in view of its diversity, also recognizes customary and religious laws, which in many cases, especially at community level, tend to be more frequently used than civil law. These too are not all necessarily consistent with the CRC. CEDAW, which has been law since 1984 in Indonesia, also lacks implementation regulations, which has affected its application.

For CRC, further efforts in legal reform to harmonize Indonesian laws with the provisions of the CRC has been undertaken. UNICEF supported the drafting of a Law on Child Protection and of Government Regulations on Child Protection and on Child Neglect. Within this process, UNICEF is also supporting an intersectoral government team to undertake an assessment of all laws affecting children and develop recommendations for improvements and enactment of new laws. In institution building, a national Child Protection Body (Lembaga Perlindungan Anak – LPA) was established in late 1997. The LPA is an independent advocacy, monitoring and case management body and has prominent members from government, NGOs, legal aid, academic world, private sector and the media. As such it represents real progress towards good governance in Indonesia, and UNICEF has played a major role in its establishment.

For CEDAW, UNICEF has provided limited support to the Office of the State Minister for the Role of Women on implementation of the Convention and in following through on the Fourth World Conference on Women. Apart from dissemination of both the Convention and the results of the World Conference, UNICEF supported a national workshop and inter-sectoral working groups in developing the strategies and plans for action to address the issues related to the girl child. The Plan of Action for the Girl Child will be launched on Women's Day, 22 December.

Implications for the Country Programme: Based on the situation and trends outlined above, by late 1997 it became indisputable that UNICEF needed to respond quickly to help alleviate the impact of the crisis. At the beginning of the year, a Rapid Response Complementary Feeding Initiative was launched to provide low cost complementary food for infants 6-12 months.

However, by the second quarter it was realized that a much more comprehensive crisis response would be needed. Hence, the opportunity of 1998 being the Mid-Term Review year was used to completely re-align the Country Programme (CP) as a crisis response programme for 1999-2000 – the last 2 years of the current MPO period. Thus, the re-aligned CP was prepared in a record time of 4 months and approved at the October Mid-Term Review Meeting.

The re-alignment is based on the original goals, objectives and principles of the MPO. The pursuit of the major goals of reducing MMR, IMR, U5MR, PEM and achieving USI and WES coverage as well as the principles of decentralization, leveraging larger resources and community empowerment are to be sustained in an effort to focus on a limited set of key strategies and programming areas. These pulled together the 14 Sub-components (projects) into 4 Programming Areas and 3 Supporting Activities with 3 limited activities continued for the sake of goal achievement and commitments (which could not be sidelined).

The distinctive thread running through the crisis response programme is a cross-cutting strategy of directly supporting Family and Community Empowerment. Coping with the crisis starts at the family and community levels and ways to support and empower them will need to be enhanced utilizing the existing programme mechanisms. The focus of the crisis response programme will be on helping families and communities cope with the effects of the crisis on the health, nutrition and education of those most vulnerable.

- i. **Community Self-Help Actions for Maternal and Child Health** will ensure access to Primary Health Care Services from the perspective of “affordability” by those most in need with linkages established to the primary health care frontline services.
- ii. **Control of Diarrhoeal Diseases and Water Supply and Environmental Sanitation (CDD-WATSAN):** greater impact can be attained by integrating efforts to address disease and mortality reduction with the service delivery of WES and with special attention to the element of affordability.
- iii. **Revitalization of the Posyandu network with Complementary Food Initiative as an input:** the posyandu (integrated services post) as an outreach vehicle of the health and nutrition programmes is a valuable and critical asset which needs to be revitalized. The focus will be on the under 2 year old children and pregnant women and strengthening the linkages with the front line health services.
- iv. **Basic Education for All:** maintaining the 1997 enrolment levels and preventing drop-outs from basic education will be given high priority focussing on the most vulnerable groups such as girls in poor households, street and working children.

Apart from the four programming areas outlined above, **three support activities** will also be addressed. These are:

- i. **Integrated Crisis Response Local Planning and Management:** The 4 programme areas must be planned in an integrated manner linked to local government planning and programme management for SSN measures.
- ii. **Integrated Communication and Civil Partnerships:** All 4 programming areas require an essential input in the form of an integrated communication package using a range of channels from interpersonal, traditional to mass media. The role of non-governmental

and community-based organizations and professional associations is ever more critical to protect the most vulnerable groups from the negative impacts of the crisis.

- iii. Integrated Monitoring and Evaluation:** In order to better plan and design and adjust interventions, effective information and data gathering and analysis systems need to be strengthened or reactivated and made more up-to-date. On-going activities in partnership with BPS and LIPI will be made more responsive to information needs for crisis response.

With the exception of some important programme areas outlined below, which need sustained efforts to reach major goals as well as to honour commitments to donors, all other programme activities and general capacity building process support at the local government levels will be suspended until further review of the situation at the end of 1999.

Programme activities to be continued: Given the need to sustain efforts towards key goals, maintain support to important institution-building initiatives and to look towards the future in developing the next Country Programme (2001-2005), the following four activities will be continued throughout the crisis period.

1. Universal Salt Iodization (USI) for Iodine Deficiency Disorders (IDD) and Food Fortification.
2. The Child Protection Body or Lembaga Perlindungan Anak (LPA).
3. Sustaining basic, routine Immunization activities to ensure Universal Child Immunization (UCI).
4. The development of an integrated approach for Early Childhood Care and Development (ECCD) is a critical part of Programme Development for the next country programme.

The situation of the country and implementation experience will be reviewed at the end of 1999 to make necessary adjustments for the activities for the year 2000.

PART 3. COUNTRY PROGRAMME PROCESS/PLANNING AND IMPLEMENTATION

The year has been fluid roller coaster of intensive activity. The routine preparation process for the Mid-Term Review, which started in late 1997, were compounded by coping with the political situation and responding to the economic and social crisis. The MTR preparation was a bottom-up process starting with Provincial Reviews in 7 provinces along with 3 major evaluations in Safe Motherhood, Demand Creation for Universal Salt Iodization and the Local Planning mechanisms under Capacity Building. Midway through the year, the preparations had to suddenly shift gears to re-align the Country Programme. In the meantime, the implementation of the agreed 1998 workplans had to proceed with additional initiatives and special focus on the activities most responsive to community needs.

A. Country Programme Overview

Programme implementation during 1998 maintained its course despite the massive political and social upheavals. Apart from the external environment and the intensive preparations for the Mid-Term Review, the year was accentuated by a series of new elements, which had both positive and negative affects on programme implementation. First was a major new donor coming forth with approximately USD 9 million over 3 years. The agreement signed with AusAID in early 1998 to fund Safe Motherhood programme activities in 3 provinces meant that UNICEF could finally honour its MPO commitment to extend coverage to the remaining 2 provinces of Irian Jaya and Maluku and give priority attention to Eastern Indonesia. The starting up of new programmes and efforts to establish provincial presence took up considerable staff and management time.

Another donor-related aspect was a direct outcome of the crisis situation where many bilateral agencies sought viable channels for their crisis assistance to Indonesia coupled with UNICEF/Indonesia's high visibility as an effective and efficient programme "delivery" agency. Major new supplementary funds were received for the Rapid Response Complementary Food Initiative which had to be implemented with direct UNICEF involvement right down to the district level in logistical arrangements and orientations.

A second area of attention arose from the Office's findings of the "How Are We Doing" Task Force and Control Self Assessment (undertaken in 1997). Both these exercises as well as the Internal Audit of 1998 highlighted the need to address a long standing and cyclical problem of high disbursements at year end with high outstandings and low utilization for most of the subsequent year. The 1998 Internal Audit report rated the management of cash assistance as "unsatisfactory" due to weak oversight of counterparts and observed that cash assistance is disbursed "at the last possible moment".

Based on an analysis of the problem, efforts were made by all programme staff to clear up the outstanding accounts and to speed up preparation of proposals for early release of 1998 funds. However, some systemic problems could not be immediately addressed, especially the commitment to tie release of UNICEF funds with the Government budget cycle. Due to the difference between the financial calendars of the Government (April to March) and UNICEF (January to December) and the complex and long process of planning with local governments, there is a very short window for the disbursement of UNICEF funds.

Despite the difficulties, disbursements picked up by the second quarter breaking the trend of past years' where they started only by the third quarter. The Office also adopted a policy to control/stem the tendency to "push" out cash advances at the end of the year with the understanding that it could be at the detriment of showing a high utilization rate for one year. However, the utilization rate by closure of accounts showed that GR was at 81% which is still an acceptable level. However, utilization of SF was low (41%) due to new funds received only in October (for the Complementary Food Initiative) and the slow start up of activities under the AusAID funding in the two new provinces. Disbursements were also seriously affected by the software and hardware problems encountered with ProMS which delayed processing of both cash and supply assistance (see Part 6 under ProMS implementation) in the last 2 months before the year end accounts closure.

1998 is also marked by the fact that 4 out of the 5 Field Offices were finally fully staffed with 3 professionals each. This is a near achievement of the long term vision to strengthen field implementation and attain the MPO objective of full decentralization with 80% of funds planned and utilized at the sub-national level. With stronger field presence, the nature of programme implementation changed considerably with Field Offices increasingly "calling the shots". The clear process of decentralization is evidence by the trends in financial disbursement. In 1995, the bulk of the funds continued as in the previous MPO to be disbursed to the national level. By 1996, 35 % of the total funds were disbursed to the provincial and district levels and by 1997 this increased to 45% and 48% in 1998 with the bulk of it going directly to the district level. (Please note: the calculation for 1998 excludes the complementary feeding initiative funds, which was a national level emergency response). However, the implications are that programme management at the Field Office/provincial level will become more critical and a balance will be needed to ensure focussed coverage of a manageable number of districts in each province.

The year also marked the move away from the 3 Component structure of the country programme (Service Delivery, Advocacy and Social Mobilization and Capacity Building) which was officially endorsed at the MTR. While the initial analysis for this internal change was done for the 1997 CPMP submission (revised 1998-1999 budget), the actual details to justify the need for the change were obtained from the evaluations done for the MTR. Also, the need to re-align the country programme for crisis response finally sealed this mid-course programme structure change.

Thus, the year has been a fluid one full of external turmoil and internal adjustments. The detailed Programme Reviews by each Sub-Component which is meant to be under Part 3 B. is annexed as item E for the sake of brevity of the main report. The following activities are the programme highlights of the year:

- The Rapid Response Complementary Food Initiative which was started with limited coverage in 9 districts in 3 Java provinces is now going to scale not only by supplementary funds made available to UNICEF but by replication through "rescue" Social Safety Net funding made available by the Asian Development Bank, the World Bank and the IMF.
- The Revitalization of the Posyandu (integrated service outposts) system which had long been on the cards as an important vehicle for community level service delivery needing attention has now been accorded high priority by the Government. This is a direct result of UNICEF's persistent advocacy and the priority prominence given to it as one of the 4 Key Programming Areas of the UNICEF Crisis Response Programme.

- The family and community empowerment mechanisms developed through the community based activities of the Safe Motherhood programme such as the TABULIN (community savings for maternal health care/safe delivery) in Central Java and the Model Village programme in South Sulawesi have now become the central cross-cutting strategy for the Crisis Response programme. This is now UNICEF's main advocacy message to counter the current tendency to push down cash aid in the name of Social Safety Net and "rescue" assistance without looking to strengthen traditional coping mechanisms of the family and community.
- The re-entrance of UNICEF into the field of Primary Education as part of the response to the crisis is built on UNICEF's comparative advantages in mass media communications and social mobilization. The "Aku Anak Sekolah" (I am a student/school child- also referred to as "Back to School") mass media campaign was organized and launched in a record time of 3 weeks!
- Capitalizing on the current climate of reform and civil participation in the political and social arena, UNICEF has signed Memorandum of Understanding agreements with 4 major religious NGOs with vast community based networks. This direct partnership between UNICEF and NGOs is an indication of the increased openness of the government. The details of the parameters of collaboration are now being worked out at the sub-national level to join hands in responding to the crisis at the community level.

B. Programme Reviews (See Annex E)

C. Monitoring and Evaluation

The Control Self-Assessment (CSA) Audit in 1997 correctly pointed out the inherent weakness of the Country Programme in monitoring and evaluation. Programme monitoring was basically limited to financial utilization monitoring and goal monitoring of the larger picture of country trends. Evaluations have also not been systematically planned or undertaken. This weak area persisted through 1998 as events overtook efforts to strengthen and develop an Integrated Monitoring and Evaluation Plan. However, as a first step towards taking up this issue as a priority area, UNICEF-Indonesia undertook three major evaluations during 1998 as part of the Mid-Term Review process. The evaluations of the Safe Motherhood Programme, the sub-national planning mechanism (called PUA-PIA) and Demand Creation Activities in support of Universal Salt Iodization revealed positive features and areas for improvement.

The Safe Motherhood Evaluation aimed to identify the outputs of the project and, where possible, its longer-term outcomes and potential for sustained impacts at national and local levels; to analyze the development, management and contextual factors which appear to be influencing the effectiveness and efficiency with which the project is realizing these results and to recommend changes to strengthen the progress toward its goals.

The evaluation was based on data collected largely from the perspectives of UNICEF staff and their GOI and other counterparts, donors and some beneficiaries. Most of the data was qualitative given the scarcity of the quantitative information which is in turn a function of weak monitoring systems and short time lines of most project activities. Ultimately the project should

be able to measure numerical targets such as increases in Ante natal care (ANC) visits, professionally assisted births and achievement levels in technical-management capacities of health providers.

There was no disaggregation of data by gender in the project, beyond some limited indication of an increase in the number of women attending community assessment meetings and training. While women are the ultimate beneficiaries, men are also a target since they are often key players in counterpart bureaucracies and institutions.

The evaluation pointed out the difficulties of the cross-component structure and integrated action:

“The fundamental problem appears to be one of incongruence between ends and means: of seeking to conceive SM as an integrated whole, while causing it to be planned, delivered and budgeted on the basis of discrete sub-components. It is a situation which provides little reason to initiate, and does little to enable, collaborative action...To the contrary, it may work against joint action as, quite logically, emphasis is placed on ensuring the internal coherence, effective delivery and timely results of each sub-component.”

The evaluation’s insights to the fundamental problems of the cross-component and integrated approach of the Country Programme design clearly was addressed in the Mid-Term Review, in addition to the need to address the country’s current crisis situation. On the positive side, it noted that the Field Office and decentralized programming with local governments offered real opportunities for the pulling together of all the different sectoral efforts. While actual implementation is still sectorally done, the planning and coordination is being accomplished as an intersectoral activity.

The PUA-PIA evaluation aimed to measure the extent to which PUA/PIA, the process of planning utilized by UNICEF and GOI has been able to achieve its objectives as a management approach for social sector planning. The evaluation was conducted from February to May 1998 by a team composed of representatives from the National Development Planning Agency and Directorate for Regional Development, Department of Home Affairs and an external consultant contracted by UNICEF.

The desk review included numerical data resulting from the PUA/PIA process, with a focus on the three sample provinces (West Java, Nusa Tenggara Barat and South Sulawesi) and the two financial years of PUA/PIA operation to date. The main achievements of this planning process at the provincial and district levels was that it had improved inter-sectoral coordination in planning, increased local innovations and appears to have succeeded in leveraging regional funds for the maternal and child survival, development and protection (MCSDP) programmes. The down-side was that it had not improved the government’s complex and lengthy “bottom-up” planning process as the UNICEF-assisted PUA/PIA planning remains a parallel process. On the contrary, the government planning system has affected the management of UNICEF funds. The long period involved in planning and awaiting the approval of the government budget leaves a narrow window for implementation in the UNICEF financial year.

The third evaluation, on the demand creation efforts for Universal Salt Iodization, reviewed two different channels – through the primary school system and the mass media. It aimed to assess the effectiveness and impact of the “Agar Anak Pintar” mass media campaign, to ascertain the level of awareness, knowledge beliefs, salience and credibility of the message among target audience, to determine the cost effectiveness of the media mix used by the

campaign and to assess the effectiveness of the UNICEF-PGRI (Indonesian Association of Teachers) collaboration in developing an information and education program on IDD.

The evaluation of the Mass Media Campaign included a desk study followed by a series of in-depth interviews with members from the target audience residing in Jakarta, Nusa Tenggara Barat and East Java. The eighty-four respondents represent the government, health service providers, the NGO community, mass media, salt manufacturers and retail distributors.

The evaluation of the School Based Program was conducted in four provinces with high prevalence of IDD. The provinces selected represent two supposedly *effective* local PGRI (E. Java and South Sulawesi) and two supposedly *less effective* local PGRI (Nusa Tenggara Barat and South East Sulawesi). Face to face interviews were conducted with 208 principals, 288 teachers, 912 pupils and 576 parents in areas exposed to the training.

The evaluation indicated that both the massive teacher training programme and the mass media campaign had limited impact on demand creation (among the different target audiences, the latter being decision makers) and in repositioning iodized salt in association with intelligence rather than with goiter-cretinism. The evaluation findings confirmed that efforts are now in the right direction with the revision of the USI strategies towards ensuring availability of iodized salt through support and control measures for the salt industry.

PART 4.

UNITED NATIONS REFORM

The Heads of UN Agencies (UN Country Team/UNCT) have formed an increasingly cohesive group over the past year. Two retreats were held in early March and in mid September for the UNCT which were very successful in achieving a detailed consensus on the nature of Indonesia's crises; impact on human development and poverty and the various levels of causes of the problems. There is a strong common view on appropriate overall policies and strategies that could best enable Indonesia to overcome its crises, with UN system support.

Individual UN organizations are re-aligning and re-focussing their programmes and most agencies have in addition supported the creation of a special facility called the UN support facility for Indonesian recovery (UNSFIR). This facility will further promote an integrated UN system response to the crisis and further cement and detail a common UN strategy for the country's social and economic recovery.

Some UN system wide discussion has taken place in the 2 retreats and in the regular Heads of UN agencies meetings on policy analysis in selected key areas including "the lost generation (Health, Nutrition & Education)"; poverty, human rights, food policy and governance. This assessment and analysis together with the on-going and planned UNSFIR work will serve as a solid basis for developing the UN Development Assistance framework (UNDAF) for Indonesia. It is, however, as yet unclear as to when Indonesia will be required to embark on an UNDAF whilst preparations for the 2000-2005 country programme will be complete by September 1999.

The Resident Coordinator system works well in Indonesia. In that, the Resident Coordinator has excellent people skills and has been able to engender a strong team spirit amongst all members of the UN country team. The May 14-20 security problems in Jakarta helped cement the strong team spirit that currently exists. Another positive factor is that there have been only very few transfers of Heads of Agencies over the past 2 years.

The UNICEF Representative acts as Resident Coordinator, a.i. in the frequent absences of the Resident Coordinator. UNICEF has contributed US\$20,000 to coordination activities of the UN system in 1998. In addition, UNDP contributed USD 100,000 for the UNICEF supported Complementary Feeding Initiative. UNESCO and UNICEF have cooperated operationally in the "Back to School" Campaign, ILO and UNICEF are working on Child Labour Programmes in East Java, WHO and UNICEF are working together in Safe Motherhood and EPI. The UNICEF Representative look over the Chair of the UNAIDS Theme Group on 1 November 1998. The programme cycles of UNDG (UN Development Group) Executive Committee agencies are harmonized and have been so since 1990.

Most UN agencies with the exception of WFP, UNIC and UNICEF occupy rather cramped common premises provided by Government. UNICEF has rented its own premises since 1985 and has since 1996 been able to reduce the total rent by more than 50%. It is not practicable to move to common UN premises for the foreseeable future. Government is not able, for financial reasons, to provide a large enough building. The existing UN building is full and understandably agencies don't want to leave it because it is rent-free. Government would greatly appreciate the UN leaving the building so that they could get it back. Common pouch and mail services are in place as are common travel services. A UN system security coordinator was appointed early October with each UN agency contributing a share of his salary. Some donors, especially Denmark are interested in UN Reform and we believe they are quite impressed by the positive cooperation amongst UN agencies demonstrated in Indonesia.

PART 5. ENHANCING PARTNERSHIPS/ADVOCACY FOR CHILD RIGHTS

Collaboration with Programme Partners: In addition to the Government counterparts UNICEF cooperates with a variety of NGOs, academicians, professional organizations, the private sector and media. During 1998 the cooperation with twenty-four religious NGOs under the Maternal and Child Survival Development and Protection (MCSDP) Project through the Ministry of Religious Affairs shifted from direct assistance to a more consultative basis. UNICEF also expanded its cooperation with three major NGOs to promote the Convention on the Rights of the Child and activities to protect the rights of vulnerable groups. UNICEF also played a key bridging role between the GOI and the NGOs as demonstrated in the launching of the Child Protection Body (LPA).

A major breakthrough during 1998 was the signing of Memorandum of Understanding with the two Muslim and one Christian nation-wide NGOs in the country---Muhammadiyah, Nahdlatul Ulama and Perdhaki---for direct cooperation in crisis response programmes. Similar agreements with Pelkesi and the Child Protection body (LPA) are due to be signed shortly. At the sub-national level, the UNICEF sub-offices have led the way in strengthening cooperation with local NGOs, and it is expected that UNICEF will collaborate closely with the provincial branches of the LPA.

Several leading universities have supported UNICEF's action research efforts and served as resources for various other activities. In 1998 UNICEF continued its collaboration with the University of Indonesia (Jakarta), Atmajaya University (Jakarta), Gajah Mada University (Yogyakarta), University of Airlangga (Surabaya) and North Sumatra (Medan) to raise awareness regarding the Convention on the Rights of the Child. This cooperation has also been instrumental in the process to establish the Child Protection Body (LPA).

UNICEF continued to work with the Transport Owners Association (ORGANDA), a private sector organization, and supported HIV/AIDS peer education among bus and truck drivers. As a result of this collaboration four hundred peer educators from seven provinces were trained during 1998 covering the major Sumatra-Java-Bali land route and support communication materials were developed and provided to the peer educators.

UNICEF continued to support the Journalists Club for Children, which helped provide greater exposure of children's issues in the media and organized media seminars on Maternal and Child Survival Development and Protection (MCSDP) issues.

Collaboration and Advocacy with External Partners: To accentuate the serious effects of the current crises on children and women, UNICEF has undertaken targetted advocacy of influencers and senior policy-makers including leaders like Dr. Emil Salim(former minister and leading economist), Megawati Soekarno and KH Abdurrachman Wahid. Advocacy efforts aimed at the Ministry of Manpower resulted in a pilot project on child labour in East Java, and at the Ministry of Justice to expedite legal reform efforts. Collaboration with the National Development Planning Agency (Bappenas) which, in the past has been limited to preparation of the MPO and periodic programme reviews, was intensified to include technical support for key crisis response programmes in nutrition and education.

Advocacy and closer collaboration has also been initiated with international donor agencies like the World Bank and Asian Development Bank, particularly in key programme interventions like the “Back to School” Campaign and development of Early Child Care and Development programmes.

Collaboration for Resource Mobilization: UNICEF-Indonesia met the challenge of a declining General Resources ceiling with an 85% (\$6.78m - \$11.79m) increase in Supplementary Funds from 1997 to 1998. The Rapid Response Complementary Food Initiative funded by Australia, the United Kingdom, Canada, Norway and others and the Safe Motherhood Programme funded in 3 provinces by Australia account for this dramatic increase. Other donors include the Governments of New Zealand, United States and Sweden, as well as the National Committees for UNICEF from several countries. This increase in supplementary funding has been a critical factor in UNICEF’s response to the current economic, political and social crisis that has embroiled the nation.

The private sector division has also met with great success, it hopes to raise over \$66,000 from a coin bank project in collaboration with SOGO Department Stores and American Express Bank. Despite the current economic situation, the GCO is likely to surpass its revenue targets. Further efforts have been inhibited by the lack of a government permit for public fundraising, which is still being sought from the Ministry of Social Affairs.

Advocacy: Advocacy for the cause of children made significant gains in the past year, particularly in light of the ongoing economic crisis, which has put children, women and families at a great disadvantage. UNICEF supported rapid assessments and situation analyses on the impact of the crisis on children and women have greatly influenced government and donor thinking on how to deal with the crisis. UNICEF actively advocated - through meetings, workshops and the media - on the danger of Indonesia experiencing a “lost generation” due to the impact of the crisis on the health, nutrition and education of children as well as the resulting increase in the number of street and working children, which has become a theme echoed by government and society leaders alike. UNICEF’s programme realignment received wide support from both government and non-government circles and particularly donor countries and organizations, which as a result of high level advocacy, are providing increasing amounts of supplementary funds to UNICEF.

UNICEF’s advocacy role was particularly effective in the area of child protection and was advanced by research by prominent academicians on children in especially difficult circumstances, civil registration and child abuse. This research combined with the long awaited establishment of a truly independent Child Protection Body (LPA) generated wide concern and calls for more concerted action to address the problems of street children, child labour and child abuse in the country.

External Relations: UNICEF appointed its first national ambassador, Mr. Rano Karno, a very popular TV celebrity who has been supporting UNICEF in its immunization, safe motherhood and education campaigns. The national ambassador has been active in promoting children’s issues as well as in the sales of UNICEF greeting cards.

UNICEF's position as a key policy advocate and the success of its own programmatic crisis response resulted in high media exposure for the organization. Press interviews were conducted with international news organizations like BBC, CNBC, ABC, Reuters, STAR-TV, NZTV-3, Sydney Morning Herald, The Washington Post, The South China Morning Post as well as national media.

While cooperation with a Journalists Club for Children continued UNICEF also initiated a collaboration with a leading journalists' training institute, the Dr. Soetomo Press Institute, to promote the Convention on the Rights of the Child and issues facing children in especially difficult circumstances.

PART 6 MANAGEMENT AND OPERATIONS

General Management Issues : UNICEF-Indonesia has further expanded its role as a regional and global “flagship office” for the Management Excellence Programme (MEP) during the year, thereby seeking to capitalize on the major investments made by the office in 1996 and 1997.

1998 has, however, been dominated by the economic crisis that began in late 1997 and the consequent need for UNICEF to rapidly formulate a concerted response to new and highly challenging circumstances. This situation has very clearly siphoned some energies away from further advancing the MEP process, as staff have instead had to grapple with the issues of how best to re-align programmes to benefit those families most in need of assistance.

The re-alignment process was facilitated by the office’s proven experience with reaching objectives through the work of intersectoral task forces and teams. During the year, inter-sectoral teams rapidly developed the strategies and technical content for the four new thrusts of programme re-alignment. These preparatory teams proved they had the experience and flexibility required to break the mould of “business as usual” and address newly prioritized needs.

1998 also saw further progress with the office’s decentralization process that has centered on strengthening the staffing and managerial capacities of field offices. The re-assignment of Jakarta based posts to the field has continued, with transferred staff generally adapting well to their new working situations and the new opportunities presented thereby.

With the advent of the economic crisis, these strengthened field offices played an integral role in implementation and monitoring of UNICEF’s Crisis response Programme. This comparative advantage over other donors and UN organizations established UNICEF’s credibility with its partners and—together with the UN Resident Coordinator System – has given UNICEF the lead role in crisis-response re-programming of external assistance, a role which appears to have been greatly appreciated by the Government.

In terms of internal management, an informal survey of the Country Management Team (CMT) members indicates that all consider the CMT to be operating usefully, although there were perceptions that the team’s meetings were insufficiently participatory and also that too many major management decisions were being taken outside the meetings. Despite the existence of Terms of Reference, some members felt these to be too generic to properly delineate the mandate of the CMT, over which there consequently remained some uncertainties. There was also a widely-shared perception that the CMT was insufficiently linked with the MEP process, which was seen by some as having been in a state of drift since the whole office had received its training in mid-1997. The issue of how committed UNICEF generally remained to MEP also seemed in some doubt, particularly given the lack of recent directives or other documents from the regional office or HQ in its regard.

Information Technology Update – ProMS Implementation: Certainly there have been measurable gains in efficiency and accountability through the streamlining of work processes as required for ProMS, but the software itself has proved slow and very time-consuming to operate. This is especially the case given the limited capacity of the LAN system currently in use and the fact that secretaries have not been trained in ProMS. As a consequence, programme officers are entering all their own data at a high opportunity cost, in terms of foregone

opportunities to network with other organizations and programmes, as well as to monitor and evaluate the programme implementation for which they are responsible. Ironically, the unwieldiness of the software and the long periods of time involved in accessing folders to check data has meant that staff are generally checking less and less, thereby jeopardizing the very “accountability” that the system was set up to provide. In addition the dual operation of ProMS and GFSS has doubled the burden on the staff of the finance section. The HQ help desk has done a good job, but the 12-hour time difference with New York makes it difficult.

The Jakarta PROMS team members continued to serve as SWAT team leaders and facilitated training in Laos, Myanmar, Kampuchea, Thailand, Papua New Guinea and Vietnam.

Human Resource Improvement: The year has been a challenging experience for the personnel function in Indonesia with the effects of the economic crisis, security and staff downsizing all having an impact on staff. The serious economic crisis with hyperinflation leading up to the May riots with the subsequent evacuation of international staff and dependants, has affected everybody especially locally recruited staff. The continued uncertainty of the security, political and economic future of the country remains major concerns for all. Attempts to respond to the economic situation have resulted in salary increases for local staff, payment of bonuses and an increase in the post adjustment. The usual complaint of “too little, too late” response by the UN system was frequently heard during the year.

The office continued to experience staff downsizing as a result of the 1997 CPMP exercise. This has proved somewhat ironic given that the economic crisis has required acceleration in programme activities with a resulting need for additional human resources. In addition, the expected efficiencies with the introduction of PROMS have not been realized, in fact, this has become the principal constraint in our operations during 1998 and now necessitates the reintroduction of two Senior Programme Assistant posts in 1999.

The Jakarta office has continued to try to innovate new ideas in the personnel area during the year. A professional Human Resources officer was recruited and will start developing Human Resource capacity during 1999. The development and introduction of the **SDPB (Staff Development and Placement Board)** on an experimental basis was approved by DHR in April 1998 and the office has improved the Terms of Reference for the Board throughout the year, in consultation with DHR and EAPRO.

1998 has been a transition year for staff training which marked a break with the customary system whereby the Staff Training Committee, on the basis of office priorities, reviews training needs at the individual and group levels, thereafter submitting its recommendation to the Representative.

Since the beginning of the year, responsibility for staff training has passed to the experimental Staff Development and Placement Board (SDPB), which includes the staff training focal point and the human resource development officer amongst its members. The aim is to better integrate staff training with the office work-plan, overall performance management and career development, including the stated objectives and aspirations of staff members themselves.

Before this system can be implemented, the SDPB is required to further develop its human resource development capacity, in addition to carrying out its placement responsibilities. The emergency situation in Indonesia served to deflect energies away from this task, with the

appointment of an HRD officer also coming too late in the year for this new system to become operational.

The end-result is that there has been little staff training except for a very limited amount of mainly programme-based training as mutually agreed between supervisor and supervisee. Group training events originally planned for the year—using regional funds—did not materialize, largely as a result of the economic crisis and the new programming focus that had to be rapidly developed and sustained within the office.

At the initiative of senior management, a confidential questionnaire-based study was conducted in October in an attempt to gauge the impact of the year's events and the internal working environment on **staff morale**. The survey was confidential and generated very open responses from the just over half of the total staff who completed questionnaires.

The survey suggests that while staff did feel both happy and proud to be working for an organization with UNICEF's mandate and indeed more than two thirds of staff responded high morale, there was some dissatisfaction with some supervisory relationships and the way decisions were perceived to be taken within the office. To the voices against excessive bureaucracy and hierarchy were added specific complaints about time wasted through using the newly introduced and highly ponderous ProMS software. Although such factors militated against organizational motivation, the study clearly suggested that personal motivation levels remained generally high, at least amongst those sending in completed questionnaires.

The results of the **staff morale survey** were shared at the workplanning retreat and recommendations in response to the survey were presented at the Joint Consultative Committee and have been approved by the Country Management Team. These recommendations include: further analysis of the surveys, share design and findings with Regional Personnel Officer, institute a monthly happy hour and establish a counseling team that allows for confidential communication between the staff members. In addition, the Representative will undertake coaching and counseling with staff members who may require improvements in their management style.

The UNICEF-Indonesia **Staff Association** has played a key role in highlighting staff concerns especially in light of the crisis. SAC meets with senior management through the Joint Consultative Committee as well as with the overall Country Management Team. It has been instrumental in establishing a voluntary charity fund to support worthy causes that come to the attention of staff members.

Supply Issues: With the launching of the Crisis Response Programme the Supply function has taken on a renewed importance in 1998. The procurement value of purchase orders placed by UNICEF Indonesia increased from US\$142,205 in 1997 to US\$878,695 in 1998 for 69 local and 4 offshore procurements including procurement for two additional new field offices in Maluku and Irian Jaya. More than half of the above amount was spent for procurement of low-cost complementary food for the Rapid Response Complementary Feeding Initiative launched in April 1998.

The Supply Division provided valuable and timely support to the country programme with local procurement and offshore procurement. While UNICEF Indonesia has liaised with both the Supply Division in New York and Copenhagen, its work with the Regional Office has been limited to date. However, it is expected that going forth the technical support from the

Regional Office will be critical to the smooth function of Indonesia's expanded Supply function over the next few years.

While preliminary discussions on procurement services for essential supplies have been conducted with counterparts explaining practical procedures involved in procurement services, no final transaction has been concluded.

Audit Issues: The Jakarta office has experienced visits from both Internal Audit and United Nations External Audit, during 1998. The visit from the Office of internal Audit in April 1998 served as both a follow-up to the Office of Internal Audit (OIA) 1997 Programme Audit and UNICEF, Indonesia's 1997 Control and Risk Self Assessment which had been supported by OIA.

The audit highlighted the good progress the Jakarta Office has made in the area of control and good practices but also noted continuing weaknesses in the area of cash assistance management. In reference to this there is agreement that the office has been affected by the introduction of ProMS which has taken significant amounts of staff time and resources during the year and continues to be an unreliable, time-consuming operation. Nevertheless, the Internal Audit report provided useful guidance for the office in the areas of cash assistance, programme activities and accountability and will provide a good basis for further review of activities in 1999.

The 5-week audit by the United Nations Board of Auditors during October-November 1998 was a more traditional type of Audit activity covering the areas of programme and operations. The three-person team also undertook a five-day field trip to Eastern Java. While the final report is still awaited, the exit meeting and review of audit observations indicate no serious persistent issues of concern. Several activities and breakdown in following procedures were highlighted by the Auditors but these tended to be one-off incidents here the explanations of the circumstances was accepted by the team and /or events actually happened in 1997 or earlier. We look forward to receiving the final report as a useful tool for Work Planning review in 1999.

ANNEX A: STUDIES AND EVALUATIONS 1997/1998

YEAR	SEQ	TITLE	TYPE	PARTICIPANTS	START DATE	END DATE	STATUS	DIV.	PROJECT
1997	15	Maternal Postpartum Vitamin A Supplementation, Increased intake of Vitamin A-Rich Foods and Early Childhood Survival in Central Java	S	Min. of Health; CIDA; Helen Keller, Micronutrient Initiative; Diponegoro University	14-Aug-95	31-Mar-98	?	SD - NUTRITION	Mortality Reduction
1998	3	Study on Commercial Sexual Exploitation	S		15-Feb-98	15-Dec-98	Cancelled	ASM - SMA	Increased Protection of Vulnerable Groups
1998	6	Evaluation on MCSDP Village Model	E		15-Sep-98	15-Mar-99	Cancelled	CAPACITY BUILDING - SCCB	Community Capacity Building
1998	1	Role and Perception of BDD (Community Midwives)	S	University of Indonesia	15-Jan-98	15-Aug-98	Cancelled	SD - HEALTH	Maternal and Neonatal Health
1998	7	Support Training and Post-Training Evaluation	E	Min. of Health	15-Feb-98	15-Dec-98	Cancelled	SD - HEALTH	Health - CDD/ARI
1998	9	Assessment of the Quality of Obstetric Care Services at the District and Sub-district Levels	E		15-Apr-98	15-Oct-98	Cancelled	SD - HEALTH	Maternal and Neonatal Health
1998	11	Possible Inhibitory Effects of Simultaneous Administration of Zinc and Iron on Their Absorption and Body Status	S	IAEA; Min. of Health; national Atomic Power Board; International Atomic Energy Agency (Austria)	15-May-98	15-Dec-98	Cancelled	SD - NUTRITION	Proper Maternal and Infant Feeding Practices
1997	10	Survey on Vulnerable Children	S	BPS; Local Statistic Offices; Min. of Social Affairs; Bappeda; Universities; LIP; NGOs	1-Sep-97	31-Aug-98	Completed	ASM - PSS	Goal Monitoring
1997	13	Situation Analysis of Children in Especially Difficult Circumstances	S	Atmajaya University; NGOs	1-Jun-97	31-Jan-98	Completed	ASM - SMA	Increased Protection of Vulnerable Groups
1998	4	Qualitative Assessment on Child Labour in 3 Districts in East Java	S	BPS; Airlangga University	15-Feb-98	15-Jun-98	Completed	ASM - SMA	Increased Protection of Vulnerable Groups
1998	5	Desk Analysis of Status of Civil and Birth Registration	S		15-Apr-98	15-Aug-98	Completed	ASM - SMA	Increased Protection of Vulnerable Groups
1998	16	Situation Analysis of Child Labour and Problem of Basic Education in East Java	R	Airlangga University; Bappeda TKI.	Mar-98	Oct-98	Completed	ASM - SMA	Increased Protection for Vulnerable Groups
1997	17	Rapid Training Needs Assessment on Area-Based Management	S	Min. of Home Affairs	1-Apr-97	31-Jul-97	Completed	CAPACITY BUILDING - PDMS	Provincial and District Management Support
1998	12	Assessment of the Area-Based Annual Planning and Budgeting Process	S	Min. of Home Affairs; Provincial & District Planning Agencies	15-Jan-98	15-Mar-98	Completed	CAPACITY BUILDING - PDMS	Provincial and District Management Support
1997	9	Study on Health Systems Decentralization in Indonesia	S	Liverpool School of Tropical Medicine; Min. of Public Works	8-Sep-97	28-Feb-98	Completed	CAPACITY BUILDING - SCCB	Sub-District and Village Level Management Support
1997	11	Micro Study/ Extended SD Cohort Analysis	S	Min. of Education and Culture	1-Sep-97	15-Jan-98	Completed	CAPACITY BUILDING - SCCB	Capacity Building

YEAR	SEQ	TITLE	TYPE	PARTICIPANTS	START DATE	END DATE	STATUS	DIV.	PROJECT
1997	12	Macro Study on the Decentralization of Primary Education	S	University of Indonesia (PAU-UI)	15-Aug-97	15-Jan-98	Completed	CAPACITY BUILDING - SCCB	Capacity Building
1997	8	Serology Survey to Measure Antibody Against Diphtheria and Tetanus among School Children	S	Min. of Health	1-Jul-97	15-Dec-97	Completed	SD - HEALTH	Health - Expanded Programme Immunization
1997	3	Assessing the Impact of Programmes on Food Security	S	Min. of Agriculture	1-Aug-97	1-Mar-98	Completed	SD - NUTRITION	Nutrition/Household Food Security
1997	4	Review of the Institutional Food and Nutrition Surveillance System for Monitoring HHFS	S	IPB	1-Aug-97	1-Feb-98	Completed	SD - NUTRITION	Nutrition/Household Food Security
1997	5	Identification of Indicators and Variables as well as Target Groups and Regions which are Food Insecure	S	IPB	1-Aug-97	1-Feb-98	Completed	SD - NUTRITION	Nutrition/Household Food Security
1997	7	Food and Nutrient Intakes of Infants and Young Children in Purworejo, C. Java: Secondary Data Analysis	S	Gadjah Mada University	11-Jun-97	31-Jul-97	Completed	SD - NUTRITION	Nutrition, Maternal & Infant Feeding
1998	15	Evaluation of the Effectiveness of a Mass Media Campaign and School Teachers Campaign to Reach USI	E	KIWANIS; SURINDO;	Mar-98	Sep-98	Completed	SD - NUTRITION	Food Fortification - Salt Iodization
1997	1	Review of the Effectiveness and Benefit of the Community Working Group in the Community WES Activity	E	Min. of Health	1-Feb-97	30-Jun-97	Completed	SD - WES	Water and Environmental Sanitation
1997	2	Evaluation on the Use of FRP Molds	E	Min. of Public Works	1-Jul-97	31-Jan-98	Completed	SD - WES	Water and Environmental Sanitation
1997	18	Study on Various Approaches in the Community Based Projects in the Water Sanitation Sector	S	Bappenas; UNDP; World Bank; ITB	15-Dec-97	15-Jun-98	Completed	SD - WES	Water & Environmental Sanitation
1998	2	Study on Child Abuse	S	Min. of Social Affairs	15-Oct-98	15-Apr-99	Ongoing	ASM - SMA	Increased Protection of Vulnerable Groups
1998	17	Situation Analysis of STDS/AIDS in East Java and its Impact on Women and Children	S	Airlangga University	Nov-98	Mar-99	Ongoing	ASM - SMA	Increase Protection for Vulnerable Groups
1998	8	Village Level IMCI (Integrated Management of Childhood Illness) Survey	S	Min. of Health	15-Feb-98	15-Apr-98	Ongoing	SD - HEALTH	Health - CDD/ARI
1998	13	Study on Safe Injection Practices and ENT in Geographical Difficult Areas	S	Becton - Dickinson Co.; Min. of Health	May-98	Apr-02	Ongoing	SD - HEALTH	EPI - Elimination of Neonatal Tetanus
1998	14	Evaluation of Life Saving Skills Training for Village Midwives in Central and East Java	E	CIDA supplementary funds; Min. of Health; School of Medicine-Indonesia University.	Sep-98	Jan-99	Ongoing	SD - HEALTH	Maternal and Neonatal Health
1997	6	Multi-site Assessment of the Adequacy of Complementary Feeding in Indonesia	S	Min. of Health; 6 universities	1-Mar-97	1-Mar-98	Ongoing	SD - NUTRITION	Nutrition, Maternal & Infant Feeding
1997	14	Impact of Zinc Supplementation on Child Growth	S	Trasher fund; Universities; Min. of Health; WHO	1-Feb-97	31-Dec-99	Ongoing	SD - NUTRITION	The Impact of Zinc and Iron Supplementation on Young Child Health
1997	16	An Impact of Zinc Supplementation on Maternal & Neonatal Infection and Prematurity	S	Gadjah Mada University; CIDA	1-Jan-96	31-Dec-98	Ongoing	SD - NUTRITION	Safe Motherhood

YEAR	SEQ	TITLE	TYPE	PARTICIPANTS	START DATE	END DATE	STATUS	DIV.	PROJECT
1998	18	KAP Impact Assessment in the TABULIN Safe Motherhood Programme in Central Java	E	Dr. Nico Kana & team; PKK I; PMD I	Jul-98	Apr-99	Ongoing	SD - NUTRITION	Safe Motherhood/TABULIN
1998	10	Improving Micronutrient Status of Adolescent Women Girls Project in East Java, Indonesia	S	Helen Keller International Indonesia; USAID; Junior High School in Madura; Min. of Education and Culture	15-Jan-98	15-Dec-98	Ongoing	SD - NUTRITION	Proper Maternal and Infant Feeding Practices

ANNEX B INNOVATIONS AND LESSONS LEARNED

Strategy Development for the Family Welfare Movement (PKK)

The Revitalization of the Posyandus (village integrated service post) is an integral component of the UNICEF-GOI Crisis Response Programme. There are approximately 250,000 Posyandus throughout Indonesia, most of them managed by The Family Welfare Movement (PKK) volunteers, therefore the Posyandu cadres are expected to play a central role in this crisis response programme. Given the high dropout rates and low morale of these front-line community workers, it is critical to re-energize them to undertake an essential set of community activities.

UNICEF has undertaken policy advocacy and supported the process of reformulating the strategies and programmes of the PKK to ensure effective implementation of the GOI-Crisis Response Programme. UNICEF supported a national meeting attended by rural and urban PKK cadres, village as well as sub-district heads. The conclusions and recommendations of this meeting were endorsed by a national consultation meeting of the PKK and include:

- Improve the capacity of the PKK to design and plan programmes based on local needs and focussed on increasing family well-being, with adequate funding from Village, Provincial and National Development Budgets.
- Integrate sectoral programmes to ensure effectiveness and reduce the cadres' workload.
- Reduce drop-out among cadres by providing economic support from sectoral budgets.
- Direct transfer of Presidential Instruction funds for the village PKK for community-based social development activities aimed at increasing family welfare.
- The village Development Budget should allocate funds for social development activities implemented by the PKK.

An evaluation of the PUA PIA Planning Mechanism

To translate the five-year provincial programme cooperation into annual activities the GOI and UNICEF implemented an area-based annual planning and budgeting process. This is linked to the government bottom-up planning mechanism through the annual area-based, bottom-up planning and budgeting process (called P5D). The annual planning process involves the development of a set of proposed activities (Paket Usulan Area or PUA) and a set of approved activities representing the annual plan (Paket Informasi Area or PIA) to which the government and UNICEF agree to commit funds for its implementation. The PIA is the basis for UNICEF to release funds to support project activities. The activities contained in both the PUA and the PIA are based on the five-year MCSDP (maternal and child survival, development and protection) programme strategies that are synchronized with the government and UNICEF priorities for the year.

An external evaluation of the bottom-up planning process concluded that it adds considerable value to the district and provincial planning processes, but there is a missing link between bottom-up or participatory planning processes at the village level and the planning processes at district and provincial level. The process succeeded in mobilizing regional funds and contributed to local innovations, however, these innovations are limited to the level of activities, and had no policy impact. In addition, the process had no impact on efficiency and effectiveness of government and UNICEF fund use. At the provincial level there is a lack of coordination among sectors providing key technical support to the districts.

To implement UNICEF's Crisis Response Programme the existing planning process has been simplified and streamlined to a shorter timeframe and a limited number of interventions.

Rights-Based CIE

Integration of training and CIE activities, as envisioned in the country programme was extremely difficult since the sectoral agencies are reluctant to give up control of their particular budgets for training or CIE. Hence, the Rights-Based CIE Package was developed by UNICEF in collaboration with an intersectoral government team to help educate the village community about children's and women's rights. This innovative tool - the first globally - aims to raise the community's consciousness of their rights and obligations without using legalistic jargon. It uses pictures and stories from everyday experience to stimulate group discussion and raise consciousness on the following issues : What is a Child, Child Rights, Rights and Obligations, Rights to Health, Education, Participation and Expression or View and Protection and Village-level Programmes – within the context of CRC & CEDAW. At the end of the sessions, it is expected that the discussion group participants will agree to organize as a group to more effectively participate in village development activities. It is envisioned that community members will be empowered with the knowledge and attitudes to enable the fulfillment of the rights to survival, development, protection and participation for their children and themselves. However, in order for efforts at the village level to be effective, support and facilitation is necessary at the sub-district, district and provincial levels.

Complementary Feeding Initiative

One of the key components of the Crisis Response Programme is the **Rapid Response Complementary Feeding Initiative (CFI)**. Working through the village integrated service post (Posyandu) as the service delivery mechanism, the objective of the Complementary Food Initiative is to provide 75 g per day of micronutrient-fortified complementary food to infants and young children between 6 and 24 months of age. UNICEF launched the program with US\$180,000 from General Resources and thereafter generated approximately US\$3 million in supplementary funding, including \$AUS 1 million from AusAID, 1.25 million sterling from DFID of the United Kingdom, and other donations from Canada, Norway, UNDP, and a private US corporation.

In 1998, 2.9 million 500 g packets of the complementary food were distributed to benefit approximately 120,000 children for a duration of six months. Based on estimates of reductions in malnutrition and mortality recently developed by Laura Caulfield of John Hopkins University, the initiative is estimated to have spared between 8,400 and 12,000 children from malnutrition; in the "Best-Case-Scenario", CFI would have spared 24,000 children from malnutrition and saved 1,300 lives.

Two Indonesian organizations and Helen Keller International conducted independent monitoring of the programme. A total of 1,420 households were studied from 36 randomly selected villages in Java; 80% had heard about the programme, and at least 60% had received the food; 73% of target babies were fed the food 2 or more times per day, and 43% were given the appropriate portion size. The results of this monitoring indicated scope for improvement in 1999 in terms of certain aspects of programme design, management at village level, coverage and targeting at household level, and a need to strengthen the face-to-face communication between Posyandu volunteers and parents in order to optimize infant feeding practices, including the use of local foods. Monitoring and evaluation will continue in 1999 in order to measure the impact of

the programme in terms of curtailing growth-stunting and preventing a resurgence of severe malnutrition due to the economic crisis.

TABULIN - Community Savings Scheme for Maternal Health

Originating as a community savings scheme for pregnant women, Tabulin is a complete maternal health-based programme that succeeded in motivating the community to fully utilize the already-existing but under-utilized maternal health services in a step-by-step process, strengthening the roles of the village midwives for the community to receive adequate maternal care. It is a preventive approach for full maternal health care coverage, which succeeded in incorporating sustainability and community participation, with a multi-sectoral approach to reduce the relatively frequent maternal deaths occurring in Central Java.

TABULIN uses a coupon system that provides the minimum maternal health care needed (Ante and post natal check-ups, delivery assisted by health professionals, transportation and lodging cost coverage when women are referred to hospitals in emergencies) all at minimal affordable fees, eliminating the cost barrier deterring the middle- to lower-income families from receiving maternal care and seeking timely obstetric help when needed. The scheme is based on *gotong-royong* (mutual community support) where the non-poor supports to cover for the poor. The Central Java TABULIN experience has been taken up as the basis for the National Crisis Response Programme Area I for "Community Self-Help for Maternal and Child Health."

Village Development Strategy for Safe Motherhood and Maternal Health Financing

In Indonesia a pregnant women dies every 20 minutes due to complications during delivery, late referral to hospital and poor caring practices. In order to address the community level problems causing poor maternal care, UNICEF and the Local Government in South Sulawesi have developed a community participation and action process. UNICEF resources are used as block grants to support immediate actions for women at the village level. In 1997-1998, local actions tended to focus on providing village transport for emergency referral; incentives for Traditional Birth Attendant (TBA)- midwife cooperation; and ensuring every pregnant women completed 4 ante-natal checks and used a midwife during delivery. While this safe motherhood strategy has been successful in increasing community ownership and demand for health services, several problems have emerged:

- It is difficult to institutionalize and sustain community participation methods through government departments. The result is often a flat or "mechanized" process, and reforming the power relationships for true "participatory" facilitation may be too ambitious and beyond local capacity. Improving consultation and problem analysis with levels of input by community groups may be more appropriate
- Financing mechanisms to increase demand for maternal health services at village level have also had mixed results. Social credit and insurance systems are both misunderstood and rarely trusted. It is necessary to broaden these credit systems to cover family health as well as small scale productive ventures. The time needs for communicating these systems and

possible duplication by other safety net programmes may make them inappropriate for short term crisis response efforts.

Unicef-Private Sector Cooperation

Efforts to iodise and curb leakage of raw salt in South Sulawesi and the eastern provinces have led to producer agreements between private sector companies, local government and UNICEF. Under the agreement UNICEF support to procure additional iodisation equipment is matched with a private sector commitment to purchase, iodise, package and market all raw salt production, and a local government commitment to enforce iodated salt legislation and monitor raw salt production.

Increasing cooperation with private sector companies and interests raises some difficult issues for UNICEF programmes of cooperation with government. Several key issues include:

- encouraging government to include private sector companies as full partners in situation analysis and programme development;
- establishing clear boundaries for UNICEF involvement where private sector interests conflict with government ones or where situations of monopoly could arise; and
- development of “social contracts” as a condition for UNICEF involvement in private sector government agreements.

Globally, more needs to be done to establish a set of “best practice” guidelines for UNICEF cooperation with the private sector and document success stories and lessons learned.

Social Mobilization through Religious leaders in East Java

As UNICEF –Indonesia moves from a hardware to a software approach in WES, it has been very successful in promoting behaviour change for healthy living through its social mobilization efforts targeting religious leaders in East Java. The guidelines for promoting a set of good behaviours for healthy living (including household waste disposal, opening windows, ventilating kitchens, use of latrines, and water handling practices) were developed in the context of teachings from the Quran and Sunnah in the nation with the largest Muslim population in the world. These guidelines have been endorsed by the two major mass appeal religious NGOs (Nahadatul Ulema and Muhammadiyah) as well as the local government and are communicated through the ulemas and religious motivators. Such an approach could be replicated with church-based organizations or other religious organizations in areas with different religious communities.

Functional Literacy for Women in the Eastern Provinces

The eastern provinces of East and West Nusa Tenggara have some of the lowest female literacy rates in Indonesia. UNICEF with supplementary funding from the Government of New Zealand supported the development of functional literacy programmes in close collaboration with the village community and local NGOs.

Currently over 3,000 women are enrolled in 210 functional literacy learning groups. The learner groups use the “Whole Sentence Method” which focuses on sentences and concepts as opposed to learning the alphabet thus making the learning locally relevant. UNICEF also supported the development of locally relevant learning materials based on the experiences of the learners. For instance, an essay contest among all women learners was conducted in East Nusa Tenggara

(NTT). It was judged by the learners themselves and the 20 winning stories will be reproduced for use as part of literacy reading materials in other functional literacy groups.

In West Nusa Tenggara (NTB) the local NGO implementing the project helped combine some of the functional literacy groups with a savings/credit scheme for emergency obstetric care. Currently 55 women (pregnant or child bearing age) participate in this scheme at the cost of \$40 per beneficiary. The functional literacy activities have also led to the development of networks *among* NGOs from the two provinces.

**ANNEX D- COUNTRY PROGRESS REPORT ON IMPLEMENTATION OF 1998-2000
PROGRAMME PRIORITIES**

COUNTRY: INDONESIA

PERIOD COVERED: 1998

OVERALL SUMMARY REPORT

**SUMMARY OF THE PRIORITY FOCUS AREAS IN WHICH THE COUNTRY
PROGRAMME IS PARTICIPATING WITHIN PRO/98-003**

PRIORITY FOCUS AREA	NO.	PROG/PROJ CODES
- Support to Polio Eradication	1.11	YH211/I-H02
- Support to Measles Control Activities	1.2	YH 211/I-H02
- Improve environmental sanitation in urban areas	1.6	YW 213/7-W03
- Support to improved access to safe water	1.7	YW 213/7-W03
- Support the development of a B. “Mother Friendly” environment	2.1	YH 211/I-H06
- Increase professional training among birth attendants and increase coverage and impact of district-level safe motherhood projects	2.2	YH 211/I-H06
- Food and nutrition supplementation	2.3	
- Quality assurance in maternal health and strengthening audit of maternal deaths	2.4	YH 211/I-H06

**THE MAJOR OVERALL ACTIVITIES AND ACHIEVEMENTS IN THIS
REPORTING PERIOD ON PRO/98/003 WERE:**

- The second step in polio eradication, after successful national immunization days (NID), the set-up of an Acute Flaccid Paralysis (AFP) surveillance system has been achieved.
- During the reported period, a total of 13,950 dug wells, 1320 rainwater collectors, 335 spring protection structures and 117,000 family latrines have been built through provision of stimulants.
- During 1998, a major achievement has been the consolidation and expansion of interventions aimed at decreasing the cost of preventive and emergency obstetric care for the pregnant village woman. This has been done through community saving schemes and involvement of strong community based religious organizations, as well as provision of block grants to ensure availability of transportation during an obstetric emergency.
- Launching by H.E. Habibie, President of Indonesia of the multi-media “Back to School” Campaign in June 1998.

MAJOR ACTIVITIES PLANNED DURING THE NEXT 6 MONTHS ARE:

- Low polio 3 coverage is one of two indicators for non-UCI areas. UNICEF will provide operational costs to improve the coverage in non-UCI villages as direct assistance to the village level, as part of the Crisis Response Programme.
- Sanitation Campaign that will take place as Sanitation Weeks with the first two campaigns planned for March and June 1999
- Develop mechanisms for mobilization and management of resources for Maternal and Child Health at the village and sub-district level and strengthen its linkage with health services.
- As part of the Back to School Campaign, province wide social mobilization in East Java and East Nusa Tenggara through local radio and other mobilization activities by school committees and NGOs.
- Nationwide school enrolment registration campaign in March 1999 to promote school readiness (ready with enough textbooks, desks and chairs, teachers) and child readiness (parents prepared to send children to school)

THE MAJOR ISSUES RAISED BY THIS REPORT FOR THE ATTENTION/INFORMATION OF THE RO AND/OR HQ ARE:

- A perceived constraint for the function of the saving schemes was the sudden upsurge of huge short-term loans from ADB channeled through the health service system for provision of obstetric services free to poor women. This could potentially jeopardize the willingness of the target group to participate in more long-term savings schemes.
- The Back to School national campaign has the potential to be an overarching programme of partnership network amongst donors, private sectors, NGOs, communities, religious organizations and government. Therefore technical assistance from the Brazilian experience will be useful.

INDIVIDUAL PRIORITY FOCUS AREA

Actions to Reduce Under 5 Mortality, Morbidity and Disability Rates

1. THE MAIN OBJECTIVE/TARGET IN THIS FOCUS AREA FOR 1998-2000

1.1 Achieve high immunization coverage

- The polio eradication objective is to free the world from polio by the year 2000, as stated in the World Summit for Children (WSC). To achieve this, the Government of Indonesia (GOI) conducted National Immunization Days (NIDs) for three consecutive years (1995-1997) and is now strengthening the Acute Flaccid Paralysis (AFP) surveillance system.

1.2 Measles Reduction

- The objective is to achieve the WSC goal of reduction of 90 per cent of measles cases compared to before the start of EPI. UNICEF supported improvement of measles coverage in non-UCI villages.

1.3 Neonatal Tetanus Elimination

- The objective of Neonatal Tetanus (NNT) elimination is to achieve the WSC goal of a maximum 1 NNT case per 1,000 live births. Due to limited budget, the GOI decided to prioritize Tetanus Toxoid (TT) vaccination for child bearing age women in high risk villages (i.e. villages with NNT cases and low TT coverage).

2. KEY STRATEGY AND PARTNERS FOR THIS FOCUS AREA

Key Strategy

Logistics preparedness (including vaccines and cold chain system)
Social and resources mobilization.

Partners

Ministry of Health (MOH) at the Central level and Provincial Health Office
Centers for Disease Control, Atlanta
Becton-Dickinson

3. MAIN ACTIVITIES/ACHIEVEMENTS IN THIS REPORTING PERIOD

- The National Immunization Days coverage was very high because of an effective collaboration with local government, which led to a successful social mobilization effort and the private sector's financial support. UNICEF Jakarta contributed with technical advice, social mobilization support, mobilization of funds, and procurement services through UNICEF Copenhagen for funds from CDC Atlanta and Rotary International for procurement of Oral Polio Vaccine.
- UNICEF has supported strengthening the AFP surveillance and has mobilized funds from CDC Atlanta to support mopping up in areas where AFP cases were found or the AFP surveillance system was not functioning well, low polio3 coverage/non-UCI areas, and slum areas where the polio virus might still remain.
- As committed by four Ministers (Religion, Health, Education, and Internal Affairs) The School Immunization Month (SIM) was conducted to ensure that all females leaving primary school have received 5 doses of Tetanus Toxoid (TT) vaccination, which will provide them life long protection against tetanus and their future children protection against neonatal tetanus. UNICEF supported dissemination of information at central level in collaboration

with the Ministry of Education the School Health Directorate, operational costs in selected districts, and provided Tetanus Toxoid (TT) cards.

- UNICEF has supported the preparation phase with development of guidelines, operational costs, TT cards, and mobilization of funds from a private company for TT card printing.
- UNICEF collaborated with Becton Dickinson (autodestruct syringe producer) to conduct a five year operational study in three districts to ensure safe injection practices by health providers and improve awareness of decision-makers.
- Supported operational cost from supplementary funds for preparation and implementation of mopping-up in 58 sub-districts in 20 out of 27 provinces.

5. MAJOR ACTIVITIES PLANNED DURING THE NEXT 6 MONTHS

1. **Support Mopping up Activities**

- To ensure the protection level in the community, UNICEF will support polio vaccination sweeping before March 1999 in low polio3 coverage villages.

2. **Support Improvement of Coverage in Non-UCI areas**

- Low polio 3 coverage is one of two indicators for non-UCI areas. UNICEF will provide operational costs to improve the coverage in non-UCI villages as direct assistance to the village level, as part of the Crisis Response Programme.

**6. ESTIMATED EXPENDITURES FOR THIS AREA SINCE JAN 1998: US\$ 492,300 ___
OF WHICH: GR \$91,800 ___; SF \$400,400 ___. MAIN DONORS FOR SF: United States**

**7. ESTIMATED FUNDS REQUIRED FOR MAIN ACTIVITIES NEXT 6 MONTHS:
US\$ 115,000**

8. **OTHER KEY INPUTS REQUIRED FOR MAIN ACTIVITIES:**

- Technical assistance for integrated education and communications (IEC) and advocacy for fund raising and temporary staff to enter financial data into the computer and prepare documents required for transfer of funds.

9. **CONSTRAINTS AND OPPORTUNITY**

- During the economic crisis, the GOI budget was frozen twice. At a UNICEF initiated donor meeting The National Development Planning Agency has committed to mobilize funds from the World Bank, ADB and OECF (Overseas Economic Cooperation Fund) loans to support EPI activities.
- EPI is still a top priority in the Country. The commitment from the decision-makers in the MOH is still very high, as this intervention is cost effective and a direct assistance type of support, which is appropriate during this crisis.

MONITORING PROVISIONS AND ANY EVALUATIVE ACTIVITIES PLANNED

- Monitoring on safe injection practices will be done as planned in the project proposal submitted to Becton-Dickinson.

1.6 Improve environmental sanitation in urban areas

YW 213/7-W03

1.7 Support to improved access to safe water

YW 213/7-W03

1. THE MAIN OBJECTIVE/TARGET IN THESE FOCI AREAS FOR 1998-2000

- To promote better hygiene behavior, ORT (Oral Rehydration Therapy) knowledge and home care of diarrheal diseases;
- To increase water supply and sanitation coverage, with priorities to family latrines, in rural areas, particularly among poor households in rural areas;
- To ensure availability of ORS at village level

2. KEY STRATEGY AND PARTNERS

Key Strategy

- To enhance CIE activities through strengthened roles of community motivators;
- To promote school sanitation and hygiene promotion to teach children of the importance of hygiene behaviour as well as a means to reach communities;
- To promote technologies that are simple, affordable and doable by the families themselves
- To increase sanitation coverage through special efforts such as Sanitation Weeks;

The main partners are:

- Department of Health (Directorates of Water Health Care, Environmental Sanitation, Direct Communicable Diseases and Centre for Health Education)
- Department of Public Works (Directorates of Programming and Technical Guidance and Development)
- Department of Home Affairs
 - Directorate of Programming
 - Directorate of Village Infrastructure
- Department of Education and Culture
- Centre for Physical Fitness and Recreation

NGOs and PKK at central as well as regional levels

3. MAIN ACTIVITIES/ACHIEVEMENTS IN THIS REPORTING PERIOD

- Realignment of programme into CDD-WATSAN (Control of Diarrheal Diseases-Water and Sanitation) to have a greater impact on reduction of mortality and morbidity due to diarrheal diseases
- During the reported period, a total of 13,950 dug wells, 1320 rainwater collectors, 335 spring protection structures and 117,000 family latrines have been built through provision of stimulants.
- Local initiatives in promoting a community-based approach have been strongly encouraged as an important part of the efforts to achieve the national WES goals. There has also been closer collaboration with NGOs through the establishment of a mechanism to channel

assistance directly to NGOs. This has resulted in a higher enthusiasm among the NGOs to participate in the programme and several NGOs have developed programmes to strengthen the government's efforts in sanitation improvement, including school sanitation.

- In the efforts to promote the construction of do-it-yourself type latrines, FRP (fibreglass reinforced plastic) molds for constructing dry latrines have been developed. These were adopted by government agencies for use in the projects beyond the UNICEF supported areas

4. MAIN CONSTRAINTS OR SHORTFALLS IN RELATION TO OBJECTIVE

- **Limited capacity of government counterparts to facilitate community-based activities**

5. MAIN ACTIVITIES PLANNED FOR NEXT 6 MONTHS

- Sanitation Campaign that will take place as Sanitation Weeks with the first two campaigns planned for March and June 1999
- A Study on Monitoring System Improvement
- Training on hygiene and sanitation for key counterparts and WES focal points

6. ESTIMATED EXPENDITURE THIS AREA SINCE JAN. 1998 : US\$ 1,322,000. of which GR : US\$ 560,000 and SF : 762,000. Main donors for SF are CIDA, SIDA, New Zealand, Japan and United Kingdom

7. ESTIMATED FUNDS REQUIRED FOR MAIN ACTIVITIES NEXT 6 MONTHS

Total US\$ 850,000 of which: \$700,000 available (GR/SF)

8. ANY OTHER KEY INPUTS REQUIRED FOR MAIN ACTIVITIES IN THIS FOCUS AREA

- Technical support for monitoring system development : CIDA, one International and one national consultants
- Training facilitators : IRC (International Resource Centre for Water and Sanitation), the Netherlands

9. OTHER KEY ISSUES FOR THIS FOCUS AREA:

- The Sanitation Weeks that are planned for the UNICEF-supported districts may be expanded to be a nation-wide activity as already stated by central level counterparts.
- The establishment and operation of production centres at all sub-districts will be crucial for the success of the Sanitation Weeks as well as the attainment of the Programme objectives.

10. MONITORING PROVISIONS AND ANY EVALUATIVE ACTIVITIES PLANNED

- A monitoring tool for the CDD-WatSan Programme will be developed by the Technical Team. As mentioned above, a comprehensive exercise to improve the monitoring system will also be implemented in cooperation with CIDA. Evaluation will be conducted upon completion of each of the Sanitation Weeks.

INDIVIDUAL PROGRESS REPORT FOCUS AREA

Actions to Reduce Maternal Mortality

2.1 Support the development of a “Mother Friendly” environment

1. THE MAIN OBJECTIVE/TARGET IN THIS FOCUS AREA FOR 1998-2000

- Protect access of the poor and other vulnerable groups to essential MCH services and enable communities to be self-reliant.

2. KEY STRATEGY AND PARTNERS FOR THIS FOCUS AREA

- Develop community based self-help mechanisms to effectively utilize resources and generate additional sustainable resources.

Partners

Department of Home Affairs

Ministry of Health

National Development Planning Agency

Family Welfare Movement (PKK)

NGOs

3. MAIN ACTIVITIES/ACHIEVEMENTS THIS REPORT PERIOD

- An important policy developed at central level, actively supported by UNICEF, is the Gerakan Sayang Ibu (GSI) or Mother Friendly Movement. A major aim of GSI is to make each district accountable for its maternal deaths through the available political and administrative systems. The GSI has provided impetus and ensured political backing for development of innovative community based approaches to the management of maternal complications.
- During 1998, a major achievement has been the consolidation and expansion of interventions aimed at decreasing the cost of preventive and emergency obstetric care for the pregnant village woman. This has been done through community saving schemes and involvement of strong community based religious organizations, as well as provision of block grants to ensure availability of transportation during an obstetric emergency.

4. MAIN CONSTRAINTS OR SHORTFALLS IN RELATION TO OBJECTIVE

- A perceived constraint for the function of the saving schemes was the sudden upsurge of huge short-term loans from ADB channeled through the health service system for provision of obstetric services free to poor women. This could potentially jeopardize the willingness of the target group to participate in more long-term savings schemes.

5. MAIN ACTIVITIES PLANNED/FORESEEN FOR THE NEXT 6 MONTHS

- This priority focus area will be incorporated in the Programming Area # 1: Community Self-Help for Maternal and Child Health, Activity number 3: to develop mechanism for mobilization and management of resources at the village and sub-district level and strengthen its linkage with health services.

6. ESTIMATED EXPENDITURE THIS AREA (for all maternal health activities)
SINCE JAN 1998: US\$ 1,094,400 OF WHICH: GR \$272,800 SF \$821,700.
MAIN DONORS FOR SF: CIDA and AusAID

7. ESTIMATED FUNDS REQUIRED FOR MAIN ACTIVITIES (for all maternal health activities) IN NEXT 6 MONTHS USD \$ 2,500,000

2.2 Increase professional training among births attendants & increase coverage and impact of district-level safe motherhood projects

1. THE MAIN OBJECTIVE/TARGET IN THIS AREA FOR 1998-2000

- Increase the percentage of deliveries assisted by trained health personnel to 80 per cent.

2. KEY STRATEGIES AND PARTNERS FOR THIS FOCUS AREA

Key Strategy

Support obstetric care and communications skills training for primarily village midwives. Enhance the collaboration between traditional birth attendants (TBA) and village midwives. Involve and educate the community in safe motherhood.

Partner

- Ministry of Health

3. MAIN ACTIVITIES/ACHIEVEMENTS THIS REPORT PERIOD

- Incentives to families and TBAs to encourage the use of village midwives.
- Apprenticeship programs for TBAs at health centers and TBA participation in community MCH and health center meetings.
- **Training of village midwives in emergency obstetric care, general MCH and communication skills.**
- **Support to supervision of village midwives and TBAs.**

4. MAIN CONSTRAINTS OR SHORTFALLS IN RELATION TO OBJECTIVE

- **The TBA is still preferred in many rural settings and it is difficult to change traditions and beliefs.**
- The cost of health services has been recognized as an important contributing factor to the preference of traditional methods and delays in referral of emergency obstetric cases.

5. MAIN ACTIVITIES PLANNED/FORESEEN FOR THE NEXT 6 MONTHS

- Ensure that the supported saving schemes in the new programming area # 1: Community Self-Help for MCH will provide for the additional costs of the services of a village midwife, and obstetric emergency referral and hospital care.
- Also, through the new programming area #1 create awareness in the community of safe motherhood and availability of services.

7. ANY OTHER KEY INPUTS REQUIRED FOR MAIN ACTIVITIES IN THIS FOCUS AREA

- Strengthen and sustain the village midwife by continuing to support improvement of the relationship between TBA and village midwife through incentive schemes and inviting the TBA to community and health sector meetings.

10. MONITORING PROVISION & ANY EVALUATIVE ACTIVITIES PLANNED

- Ongoing evaluation of Life Saving Skills training, which will continue into year 1999.

2.4 Quality assurance in maternal health and strengthening audit of maternal deaths

1. THE MAIN OBJECTIVE/TARGET IN THIS FOCUS AREA FOR 1998-2000

- Ensure all maternal deaths are detected, analyzed and information provided the community by the Maternal and Perinatal Audit (AMP) system.

2. KEY STRATEGIES AND PARTNERS FOR THIS FOCUS AREA

- Improve the AMP system by monitoring and providing technical assistance. - Ministry of Health

3. MAIN ACTIVITIES/ACHIEVEMENTS THIS REPORT PERIOD

- Functional AMP systems in the UNICEF supported provinces.

4. MAIN CONSTRAINTS OR SHORTFALLS IN RELATION TO OBJECTIVE

- **When maternal and neonatal deaths are detected and analyzed by the health services, information about cause and actions to be taken seldom reaches beyond the health sector.**

5. MAIN ACTIVITIES PLANNED/FORESEEN FOR THE NEXT 6 MONTHS

- Support the AMP system technically and financially.

INDIVIDUAL PROGRESS REPORT FOCUS AREA

Focus Area No. 3.3 Actions to improve the quality of education and of the learning environment

1. THE MAIN OBJECTIVE/TARGET IN THIS FOCUS AREA FOR 1998-2000

- To maintain the school participation rate at the same level as in 1997.1998 school year. This means maintaining gross enrolment rate at 112% at the primary level and at 68% at the secondary level.

2. KEY STRATEGY AND PARTNERS FOR THIS FOCUS AREA

- Promote school participation in crisis years of 1998 – 2000 through mass media and social mobilization
- Inform the parents and school age children of availability of scholarships and block grants and ways to obtain them.
- Inform parents and school age children of deregulatory measures taken by the Government to alleviate the financial burden amongst the poor children
- Frequent TV spots through five TV channels to create positive environment for school participation and follow through with local radio programmes and social mobilization activities to persuade individual parents and school age children and seek cooperation of the members of the school committees and community leaders
- Keep the issue of school participation high on the agenda of the crisis response programmes and solicit cooperation of potential donors in support of the campaign

3. MAIN ACTIVITIES/ACHIEVEMENTS DURING THIS REPORTING PERIOD

- Back to School Campaign: TV spots (4): 60 seconds per spot, 2 spots, five times a day, seven times a week for three months (Phase 1), for two months (Phase 2)
- Launching by H.E. Habibie, President of Indonesia of the back to School Campaign in June 1998
- Development and distribution of a communication package to all (27) provincial governments
- Development and distribution of a booklet with frequently asked questions and answers to every school committee members in selected schools in two provinces of East Java and East Nusa Tenggara.
- Development of a local radio programmes involving 30 local radio stations in East Java and East Nusa Tenggara
- Issuance of Minister's direct mail to 170 primary schools and 30 junior secondary schools.

4. MAIN CONSTRAINTS OR SHORTFALLS IN RELATION TO OBJECTIVES.

- Disbursement of scholarships and block grants delayed and did not arrive in time for decision making
- Enforcement of deregulatory measures has been weak and schools interpreted the directives on deregulatory measures differently from what was intended.
- Monitoring of enrolment, dropout and school participation took longer time than initially thought.

5. MAIN ACTIVITIES PLANNED/FORSEEN FOR THE NEXT 6 MONTHS

- Province wide social mobilization in East Java and East Nusa Tenggara through local radio and other mobilization activities by school committees and NGOs
- National-wide enrolment registration campaign in March 1999 to promote school readiness (ready with enough textbooks, desks and chairs, teachers⁰ and child readiness (parents prepared to send children to school)

6. ESTIMATED EXPENDITURES THIS AREA SINCE JANUARY 1998

- US\$600,000 of which US\$300,000 was **from GR** and US\$300,00 was **from SF**. The donor was AusAID.

7. ESTIMATED FUNDS REQUIRED FOR MAIN ACTIVITIES NEXT 6 MONTHS

- **Total of US\$500,000 of which GR - US\$50,000 and SF – US\$450,000. Currently available: US\$50,000.**

8. ANY OTHER KEY INPUTS REQUIRED FOR MAIN ACTIVITIES IN THIS FOCUS AREA

- Technical assistance from Brazil (SF) and the Philippines (SF)

9. OTHER KEY ISSUES (OPPORTUNITES, CONSTRAINTS) IN THIS FOCUS AREA

- The “Back to School” national campaign has the potential to be an overarching programme of partnership network amongst donors, private sectors, NGOs, communities, religious organizations and government. Therefore, technical assistance on the Brazilian experience will be useful.
- The Philippine model of the annual enrolment campaign was adopted for implementation in March 1999.
- There are many constraints but the major ones are those related to the education system, which include lack of incentives for teachers, lack of school autonomy, corruption, collusion and nepotism and lack of receptive minds in the system for innovation.

10. MONITORING PROVISIONS AND ANY EVALUATION ACTIVITIES PLANNED.

- An assessment of Phase One of the Campaign is currently underway to track and trace the messages sent through mass media. This assessment does not address the social mobilization efforts. The 1999 enrolment campaign will also be evaluated.
- A built-in monitoring system for Phase 2 of the campaign is under discussion with the Ministry of Education, that will ensure monthly reports on enrollment rates and the status of scholarships and block grants are disseminated to the public.

ANNEX E PROGRAMME REVIEWS

Service Delivery Component Sub-component 01

Programme Name: Health
Project Name: Maternal and Neonatal Health

Programme Code: YH 211
Project code: I-HO6

Project Final Objective

The overall objective is to reduce the maternal mortality ratio (MMR) from 425 in 1993 to 225 per 100,000 live births by 1999. Sub-objectives include: to increase the percentage of deliveries assisted by trained health personnel to 80 per cent, and for 90 per cent of pregnant women to have at least four complete antenatal care (ANC) visits.

Achievements

- The **latest MMR estimate 334** from the National Household Health Survey in 1995 indicates a slowly but steadily falling MMR.
- **Midwife assisted births have increased** from 34 per cent in 1994 to 40 per cent in 1997 according to the 1997 Demographic and Health Survey (DHS-97).
- **70 per cent** of pregnant woman conduct **four or more ANC** visits (DHS-97).

Constraints

- Great difficulties to get accurate MMR estimates and there are huge regional variations.
- **Four of five births are delivered at home**, with the clearly lowest 41 per cent in Jakarta (including 21 per cent in midwife's home) to 90 per cent or more in several provinces including the UNICEF assisted province of West Java (DHS-97).
- **On average 54 per cent of births are assisted by a traditional birth attendant**, with a variation of only 9 per cent in Jakarta to some 70 percent or more in of the UNICEF assisted provinces West Java, West Nusa Tenggara and Maluku. In East Timor 57 per cent of deliveries are assisted by a relative (DHS-97).

Priority Actions to Overcome Constraints

Strengthen and sustain the village midwife by supporting **collaboration between the traditional birth attendant (TBA) and village midwife** through incentive schemes, supportive supervision, apprenticeship programs and participation in health sector meetings.

Strategy Modifications in 1999

More emphasis will be put on **community self-help mechanisms** to mobilize and manage resources at the village and sub-district level for maternal and neonatal health care.

Service Delivery Component Sub-component 02

Programme Name: Health
Project Name: Expanded Programme on Immunization

Programme Code: YH 211
Project code: I-HO2

Project Final Objective

Achieve and sustain UCI in all villages, eradicate polio, eliminate neonatal tetanus, reduce measles morbidity by 90 per cent and mortality by 95, and reduce diphtheria morbidity by 90 per cent and achieve a case fatality rate of less than 10 per cent.

Achievements

- Reported **immunization coverage** figures for 1997/98: BCG – 98 per cent, DPT3 – 90 per cent, polio4 – 85.5 per cent, measles – 92 per cent, TT2 – 78 per cent, HB3 – 65 per cent.
- No confirmed wild polio virus case since 1995.
- The second step in polio eradication, after successful national immunization days (NID), the set-up of an **Acute Flaccid Paralysis (AFP)** surveillance system has been achieved.

Constraints

- Only 55 per cent of all children 12-23 months have been fully immunized against the six principal EPI target diseases.
- The monetary crisis lead to a temporary stop in Government of Indonesia (GOI) budget disbursements, which in turn lead to a halt in routine immunization activities.

Priority Actions to Overcome Constraints

The donor community was alerted and GOI is committed to use funds from the World Bank, ADB and OECF loans for EPI.

Strategy Modifications in 1999

The late 1998 introduction of a school **immunization month against tetanus** will continue to be supported, to ensure a life long protection against tetanus and protection against neonatal tetanus for all newborns.

Service Delivery Component Sub-component 03

Programme Name: Health
Project Name: Control of Diarrhoeal Diseases and Acute Respiratory Infections (CDD and ARI)
Programme Code: YH 211
Project code: I-H04

Project Final Objective

Reduce under-five mortality due to pneumonia by one third and to reduce under-five mortality due to diarrhea by one fourth.

Achievements

- 94 percent of mothers of children under five have knowledge about oral rehydration therapy (ORT) for treatment of diarrhea (DHS-97).
- Seven of ten children with cough and rapid breathing and more than half of children with diarrhea are taken to a health facility (DHS-97).
- Shift in the MOH from a sectoral orientation of the two program areas (ARI and CDD) to an integrated approach to childhood illness.
- Translation to Bahasa Indonesia of simplified Integrated Management of Childhood Illness (IMCI) guidelines and orientation of village midwives in their use in selected districts in 5 UNICEF assisted provinces.

Constraints

Despite intensive training of health workers, health facility surveys through the years show that only a **small portion of ARI and diarrhea cases are correctly managed.**

Strategy Modifications in 1999

The UNICEF crisis response strategy is a **community oriented program approach.** The emphasis will be more on community education on childcare rather than support to service delivery.

Stronger emphasis on diarrheal disease prevention through a close collaborative effort between CDD and Water and Sanitation - latrine construction, ORT, IEC and social mobilization.

Service Delivery Component Sub-component 04

Programme Name: Nutrition
Project Name: Maternal and Infant Feeding

Programme Code: YN212
Project code: 4-N01

Project Final Objective

The overall objective is to improve dietary practices of women at reproductive age and to assure that mothers exclusively breast-feed their 0-4 month old children as well as give nutritionally adequate feeding.

C. Achievements/Lessons Learnt

The year began with UNICEF providing the services of three top-level policy advisers (Dr. Reynaldo Martorell, Dr. George Beaton and Dr. Malden Nesheim) to the National Planning Board to make policy recommendations for the formulation of the Seventh Five-Year Indonesian Development Plan. In the wake of the change in government, the Seventh Five-Year Plan was never finished but the recommendations of these senior-level policy advisers were very timely in helping pave the way for the Indonesian officials to make policy-level changes and initiate the **Rapid Response Complementary Food Initiative (CFI)**. As described in Annex B, the objective of CFI was to **contribute to Posyandu Revitalization** by making available through the Posyandu an affordable, micronutrient-fortified complementary food for children between six and 24 months of age, in selected districts worst affected by the current economic crisis.

Beyond its impact as a crisis response, CFI was a major programme achievement because it reflects an **important policy change on behalf of the Ministry of Health**, to allow the promotion of micronutrient-fortified complementary foods as part of the multi-faceted strategy to reduce childhood malnutrition. Until now, the government has largely promoted local, home-prepared foods, i.e. non-fortified. Another important achievement of the Complementary Food Initiative was that a local company (PT GIZINDO of INDOFOODS) developed a new, lower-cost product, "**Vitadele**" which is expected to become available on the commercial market in 1999 at a lower price than currently available products. The **Government of Indonesia** has developed plans to take the Complementary Food Initiative to **scale nationally** with funding from the IMF/ADB-supported Social Safety Net Programme, and through a World Bank-funded Early Childhood Development programme.

Since its launch in April of 1998, the Rapid Response Complementary Food Initiative has generated **US\$3 million in supplementary funding** to deliver **2.9 million 500 g packets** of the complementary food to children between 6 and 24 months in selected districts of seven provinces. The Initiative is estimated to have spared a minimum of between 8,400 and 12,000 children from malnutrition; in the "Best-Case-Scenario", CFI would have spared 24,000 children from malnutrition and saved 1,300 lives, based on recent estimates by Laura Caulfield of the impact of improving complementary feeding on growth stunting and mortality rates (1999, In Press). Independent monitoring by two Indonesian institutions and Helen Keller International was conducted in 1,425 randomly selected households of 36 villages; the results are summarized in Annex B.

In 1999, field trials of the impact of **iron and zinc supplementation** on growth stunting and morbidity in infancy were continued in four sites in Indonesia. Results from these trials are expected in mid 1999 and will be used to decide whether zinc should be added to the government's current iron syrup preparation.

The University of California at Davis analyzed the anthropometric data from a multi-site study of 4,200 infants in 1999. The results confirmed that, in Indonesia, most babies grow normally until almost six months of age (despite very poor rates of exclusive breast-feeding). However, growth faltering starts sharply at six months and continues to 24 months of age with most of the damage occurring before 18 months of age. The percentage of under-weight children rises from 2% at 1 month of age to 56% at 18 months of age. **These results were a key input in achieving consensus within government that specific focus should be given to children under two years of age in order to prevent malnutrition of pre-school age children.**

An **evaluation** was also conducted of the **School Feeding Program** as a service delivery mechanism on to which other crisis-response interventions could be "piggy-backed." Results are expected by February of 1999.

Service Delivery Component Sub-component 05

Programme Name: Nutrition
Project Name: Household Food Security (HHFS).

Programme Code: YN212
Project code: 5-N01

Project Final Objective

To promote Household Food Security in poor areas in order to increase macro-nutrient food consumption and prevent micro-nutrient deficiency for women and children

Achievements

During 1998 the sub-component concentrated on finalizing reports of three studies: An Analysis of Regional and Household Food Security; A Review of Data and Institutional Arrangements for Monitoring Household Food Security; and An Assessment the Impact of Various Programs on Food Security. **The studies undertaken thus far lay the foundation for the development and implementation of an operational strategy. The next step, according to the Country Programme design, is to develop plans of action to improve HHFS. However, the drought followed by the economic and political crisis has changed the requirements of programme response.**

Constraints

- Delays in disbursement of Social Safety Net funds for the Timely Warning Information System (TWISS) (See Strategy Modifications below).
- A newly established Government forum of ministries and local government seems to replicate the efforts of the National Technical Team for Household Food Security.

Strategy Modifications in 1999

With the current crisis situation, the issues of Household Food Security have reverted back to a more broad-based community or regional food security problem. Hence as approved in the MTR the Sub-Component did not proceed with the next action planning stage. Instead, the findings and output of the studies completed have been utilized in re-establishing the defunct Timely Warning Information Surveillance System (TWISS) as part of the crisis response programs.

Service Delivery Component Sub-component 06

Programme Name: Nutrition
Project Name: Food Fortification

Programme Code: YN212
Project code: 6-NO5

Final Project Objective

To support the reduction of micronutrient deficiencies through improving existing food fortification initiatives of Government, especially salt with iodine, subsequently to explore new possibilities for food fortification with vitamin A and iron.

Achievements

Salt iodization

The consumption of adequately (>30 ppm iodine) iodized salt increased for the fourth consecutive year from 50% in 1995 to 65% in 1998. On the other hand, the consumption of raw non-iodized salt increased 5% in just one year to its 1995 level of 20%. This information is available from the annual Socio-Economic Survey (SUSENAS) that was initiated by UNICEF in 1995. This survey provides an opportunity for face-to-face promotion of iodized salt and was strengthened this year with the printing of an IDD calendar.

Province specific programming was strengthened with a management training organized by the Ministry of Health (MOH) in February with participation of a multisectoral team from the most at risk provinces and UNICEF field staff. Jakarta based staff served as the main course facilitators and gave intensive follow up to the field offices.

In April 1998, an article appeared in Medika, the Journal of Medicine in Indonesia, concluding that all iodine in salt was lost after mixing with chili and shrimp paste. Therefore, "Government's effort to control Iodine Deficiency Goitre by iodizing table salt will be futile if cooking habits are not modified." Two study protocols were developed to investigate the theory that the iodine is in fact not lost but can not be detected by the analytical methods used.

In April, the independent consultancy firm Surindo Utama was contracted to perform an in-depth evaluation of the effectiveness of a mass media campaign and teacher's training for IDD. This evaluation was part of the preparation for the Mid Term Review. UNICEF got sponsorships of more than US\$ 200,000 for Public Service Advertisement quadrupling its US\$50,000 investment. Nevertheless, the campaign had not reached its objective to reposition "intelligence" rather than "goitre" as the main focus for the importance of iodized salt. Although not conclusive, it is generally perceived that the messages were too complicated and the choice of mass media was not adequate to reach influencers. The training of school-teachers to do testing of salt in the school had a less than expected coverage (33%). This could be because the inclusion of salt testing is voluntary and not part of the student curriculum. Of those that received training, only 27% actually performed the salt testing due to lack of test kit or supporting

material. On the other hand, the fact that 44% of parents mentioned their child as the source of information on iodized salt is very encouraging.

Constraints

Currently there is no routine salt quality system in place. Sample collection is opportunistic depending on the release of funds from central level. The system is divided over three different institutions without strong central management that can put all the pieces together. Moreover, the free circulation of raw salt in consumer markets is not addressed (despite being the focus of the management training). Consumption of raw salt went up 5% and without active law enforcement based on local regulations achievement of the goal of USI could be in jeopardy.

Wheat flour fortification

While both Government and industry have agreed on wheat flour fortification with iron, there is no consensus yet on the use of a more complete mix of iron, zinc and vitamins. UNICEF brokered additional support from MotherCare to procure iron and fortification can start before the end of 1998. In the mean time, trials will be conducted to evaluate the impact of multiple fortification on product quality (bread, noodles) and health benefits. Unfortunately, the sharp price increase will make wheat less affordable to many people.

Service Delivery Component Sub-component 07

Programme Name: Water and Environmental Sanitation
Project Name: Water and Environmental Sanitation

Programme Code: YW 213
Project Code: 7 WO3

Project Final Objective:

To assist GOI in increasing and sustaining “Total Sanitation Coverage” to 60% of all families in rural areas and 90% of families in urban areas in selected provinces.

Achievements

- Realignment of programme into CDD-WATSAN (Control of Diarrheal Diseases-Water and Sanitation) is likely to have a greater impact on the reduction of mortality and morbidity due to diarrheal diseases
- Advocacy for inclusion of Water and Environmental Sanitation activities in the GOI Crisis Response Programme has been fruitful. The National Planning and Development Board (BAPPENAS) used the papers developed by UNICEF to obtain Presidential commitment to sanitation improvement as part of the crisis response. In addition, the proposed Sanitation Campaigns to be conducted as part of the crisis response have been well accepted both at the central and regional levels.
- Local initiatives have been strongly encouraged as an important part of the efforts to achieve the national WES goals. The following are some examples of local initiatives:

In *East Java*, community-based organisations including religious organisations and the Family Welfare Movement (PKK) effectively mobilized communities in 8 districts to undertake sanitation improvement efforts. (Please See Annex B for details) Cooperation with Family Welfare Movement (PKK) made possible as a result of intensive advocacy with the provincial PKK leaders enabled community members, especially women, to participate in the programme planning and development process.

In *West Java*, UNICEF support for community and religious groups has helped increase the coverage of latrines. These efforts include production of less expensive mud molds for latrine bowls by community and religious groups, community self-help credit schemes for families to construct latrines and *Sarasa* (sanitation promotion programme involving Muslim scholars) activities to implement the Clean Friday Movement.

In *South Sulawesi* the local government has cooperated with village banks in extending loans to families who wish to build latrines. The province has also demonstrated initiatives in the school sanitation and hygiene programme (through the core school system in which one “model” school is supported in order to be able to coordinate activities for the other schools within a designated area).

In *West Nusa Tenggara* support was provided to develop locally initiated sanitation clinics that aim to promote health centres to be more pro-active in dealing with environmental sanitation and health behaviour problems. Sanitation clinics, developed as a unit within Community Health

Centres and managed by community volunteers, serve as places of referral for follow up actions to be taken at houses of patients who have been diagnosed with water and sanitation related diseases. This support also serves to boost the self esteem of Sanitarians who tend to feel that their role is not sufficiently recognized.

- While the important role of NGOs has long been recognized in the WES programme, efforts to involve them have not always been fruitful due a high degree of reluctance among government agencies. This year agreement has been reached at the central level to address the issue as demonstrated by the establishment of a mechanism to channel assistance directly to NGOs. This has resulted in a higher enthusiasm among the NGOs to participate in the programme. Several NGOs in East Java, East Nusa Tenggara, East Timor and South Sulawesi developed programmes to strengthen the government's efforts in sanitation improvement, including school sanitation.
- In an effort to promote the construction of "do-it-yourself type latrines," FRP (Fibreglass Reinforced Plastic) molds for constructing dry latrines were developed. So-called Sanplats have been adopted by Public Works for use in the projects beyond the UNICEF supported areas.
- During the reported period, a total of 13,950 dug wells, 1320 rainwater collectors, 335 spring protection structures and 117,000 family latrines have been built through provision of stimulants.
- A Study to review the experience of using the community-based approaches was conducted in 20 villages in the provinces of West Java and South Sulawesi. The Study was designed and carried out by RWSG-EAP (Regional Water and Sanitation Group for East Asia & the Pacific) in collaboration with the Centre for Regional and Urban Development and Research of the Bandung Institute of Technology. A comprehensive report has been prepared and will be discussed with relevant counterpart agencies at the central and provincial levels.

Constraints

- ***Inadequate monitoring and reporting system: Field monitoring to the supported areas has continued to be limited. Reports prepared by districts are not disseminated on a regular basis let alone be analyzed to serve as data for further planning. Overall qualitative monitoring of activities implemented in the fields needs to be strengthened. A specific effort to address these issues will start early next year with assistance from CIDA***
- **Insufficient capacity to facilitate community-based activities:** within the context of crisis response greater efforts are required to ensure that the programme benefit the most vulnerable members of the communities. Efforts to reach out to them, including CIE activities, require intensive facilitation. Stronger cooperation among the various programmes and agencies and more preparedness to utilize the role of NGOs is required particularly at the provincial and district levels. However, the government's capacity particularly at the district level have been further stretched with the extensive programmes that have been introduced by the Government as part of the crisis response. The limited capacity at the district level has also delayed implementation of activities, which require special efforts such as integration with women's illiteracy groups in the eastern provinces.

Strategy Modifications in 1999

- **Implementation of CDD-WatSan Programme as a crisis response:** One of the major activities will be a Sanitation Campaign that will take place as Sanitation Weeks to be organized 3 times each during the next two years

Advocacy and Social Mobilization Component

D. Sub-Component 08

Programme Name: Planning and Social Statistics
Project Name : Goal Monitoring

Programme Code: YT214
Project Code: 8-T01

Project Final Objective:

The overall objective of this sub-component is to improve the quality and cross-sectional integration of MCSDP data collecting systems across the sectors and across different levels of decision-making. Additional emphasis is given to promote the inter-sectoral and inter-regional dissemination of issue centered analyses among the users of MCSDP related data in co-operation with the Central bureau of Statistics (CBS), selected line ministries and national research institutions. The identification of gender, and rural-urban, disparities and the analysis of gender-related issues constitute integral parts of this sub-component.

Achievements

In response to the drought and the economic and political crisis that ensued the sub-component has re-focussed its efforts to the assessment and monitoring of the crisis and its impact on Indonesia's women and children.

The National Situation Analysis on Sustainable Human Development in Indonesia was finalized and the main findings have been presented during several seminars on the assessment of the crisis. It covers the following five target group clusters:

- A. **Towards a Self-Reliant, Responsible and Productive Youths: Providing better opportunities for education, employment and self-expression**
 1. Adolescents (15 - 21 years)
 2. Girl Children and Female Adolescents (10-19 years)
 3. School-age Children (6 - 14 years)
- B. **Towards Better Early Childhood Development: Laying the Foundations for the Future**
 4. Toddlers, Underfives, and Pre-schoolers (12-71 months)
 5. Infants (0-4 months / 5-11 months) and Lactating Women (15-49 years)
- C. **Towards Safer Womanhood: Supporting Safe Motherhood Initiative and Women's Participation in Development**
 6. Pregnant & Parturient Women (15-49 years) and fetes, neonates (0-28 days)
 7. Couples & Women at Reproductive Age (15-49 years)
- D. **Senior Citizenship**
 8. Elderly
- E. *Towards Community Empowerment: Improving community-based services and local self-help initiatives*
 9. Household and Community (all ages, male and female)

In 1997 the sub-component supported data collection for a **social sentinel site system to monitor the crisis at the village level** which covered 100 village-sized settlements comprising urban and rural areas. The annual Socio-Economic Survey (SUSENAS) core questionnaire was applied to random household samples in each village. In a sub-sample of villages the core questionnaire was supplemented by a modified version of the SUSENAS health/nutrition/education/sanitation module. This survey provides good baseline data about the

household situation before the crisis. Following the crisis a one-day workshop with GOI counterparts from all the major sectors identified variables and indicators for quarterly, semester and yearly monitoring of the households post-crisis, with a special focus on Health and Nutrition, Education, Labor Force/Migration, Criminality and Poverty. Based on this the first set of data was collected in August, 1998 and a seminar was held to conduct the data analysis and a rapid assessment. The second data collection will be carried out at the beginning of December. The rapid assessment will be the reference for the workshop on "People's Empowerment through Optimizing the Social Safety Net" coordinated by the Center for Indonesian Research and supported by sub-component 09.

A **survey on street children in Bandung** was carried out as a joint venture of the Central Bureau of Statistics, the local government of West Java, NGOs, the Gaja Mada University and Panjaran University. Quantitative and qualitative data were collected concerning the background and situation of the street children. The reports comprising quantitative and qualitative information are available. The second part of the survey of vulnerable children, i.e. vulnerable children at home was postponed due to the crisis situation.

The web-site prototype for an **Integrated Information System on Sustainable Human Development** has been installed at the Central Bureau of Statistics and at the Center for Indonesian Research. The national level technical team for the sub-component consolidated the indicators to the risk factors and data from the Socio-Economic Survey and 100 villages will be transferred into the Information System. The web-site will be launched at a seminar on Information Management System in December 1998.

Constraints/lessons learnt

- The crisis monitoring required special support to the counterparts in defining the appropriate variables and indicators, which are sensitive to changes in the community due to crisis. Constraints were encountered in guiding this process due to staff shortage in the section.
- Due to time-constraints on both sides – counterpart and section - the web-site prototype on Sustainable Human Development did not receive the needed attention for its development.
- There is a need to establish an inter-disciplinary team to support the central Bureau of Statistics in developing analytical frameworks for surveys and rapid assessments.

Major Activities planned for 1999

- Present and discuss the results of the National Situation Analysis with relevant sectors in order to provide input for the next GOI planning
- Review the implementation of the survey of street children in order to develop a survey protocol for dissemination in other cities.
- Review the feasibility of the survey of vulnerable children at home
- Support data collection and analysis of the crisis monitoring in the 100 villages
- Develop management guidelines for the Integrated Information System on Sustainable Human Development

Advocacy and Social Mobilization Component

E. Sub-Component 09

Programme Name: Planning and Social Statistics

Project Name: Social Analysis Development

Project Final Objective:

The overall objective of this sub-component is to promote the dissemination of development analyses concerning qualitative information of the situation of women and children in Indonesia, across the sectors and across different levels of decision making. Emphasis will be placed on:

1. Documentation and increased utilization of existing Maternal and Child Survival, Development, and Protection (MCSDP) related qualitative research findings and approaches.
2. Improved cross-sectoral co-ordination and management of qualitative MCSDP research efforts.
3. Cross-sectoral dissemination of qualitative MCSDP related research findings
4. Promotion of MCSDP related appropriate qualitative research methods

Achievements

During 1998 the sub-component focused on the assessment of the impact of the crises on the situation of women and children and the development of a "Social Safety Net." A series of workshops - Rapid Assessment of the Crisis, Identification of Crisis Intervention, Social Safety Net Development and People's Empowerment through Optimizing "Social Safety Net" – made recommendations for corrective actions in the following **major priority areas**:

- declining agricultural production and **shortages in food availability**
- threatened **health and nutrition status of women, children, and the elderly** (with rising mortality and morbidity rates),
- disadvantaged **youths**, and **children in need of special protection** (with rising drop-out rates, increasing trends in child-labour, child-neglect, child-abuse, early marriage, child prostitution, HIV/AIDS, and juvenile delinquency)

A multi-disciplinary special task force of experts from different sectors and research institutions was established to further define the Social Safety Net concept and its application. It is expected that policy recommendations presented to the GOI to help develop the Social Safety Net will have implications beyond the crisis and help ensure Sustainable Human Development and Family Prosperity in the long term.

The Center for Indonesian Research identified areas for qualitative research following the risk factors as outlined in the **Conceptual Framework on Sustainable Human Development**. A meta-indexing of research related to MCSDP has been carried out in UNICEF's selected provinces and will link up with the quantitative information collected by the Central Bureau of Statistics. In addition a simple SHD adequate Thesaurus was constructed which relates quantitative indicators with respective available bibliographic information and research abstracts.

Constraints/lessons learnt

- There is a need to advocate and facilitate an intensive link between the quantitative data collection with qualitative research in order to carry out a holistic situation analysis.

- The organization of the workshops related to the crisis response required additional guidance and support to the counterparts, which had to be minimized due to staff constraints.

Major Activities planned for 1999

- Develop the operational design for the qualitative data collection of the 100 village exercise as a monitoring of social changes due to the influence of the crisis
- Develop research design on social organizations and their role for children
- Conduct a desk-review on traditional strategies in coping with crises
- Formulate policy recommendation for “Social Safety Net” Development

Advocacy and Social Mobilization Component

F. Sub-Component 10

Programme Name: Advocacy and Social Mobilization

G. Project Name: Social Mobilization and Advocacy

Programme Code: YT215

Project Code: 10A01

Project Final Objective

To generate societal awareness, understanding and support for the values upheld by the CRC and CEDAW, and for WSC/Repelita goals for children and women.

Achievements

The sub-component **developed and implemented two national campaigns during 1998 – Safe Motherhood and Back to School**. These efforts have generally succeeded in building a conducive social climate for the achievement of MSCDP (Maternal Child Survival Development and Protection) goals, and fostered collaboration with government and civil society.

The **Indonesian Minister of Education attributed the Back to School Campaign as the reason for the less than projected school drop-out (2.5 million as opposed to projected 6 million)**. Featuring UNICEF ambassador/popular TV personality Rano Karno, the Campaign helped put education on the national agenda, with many companies, organizations and individuals eager to make their own contributions towards its solution. Particular interest was generated by the idea that children who have to work to contribute income to their families should attend enough school to avoid placing their futures in jeopardy. Sub-national social mobilization activities were orchestrated by the advertising agency that had originally promoted the highly successful family planning programme in Indonesia.

The **Safe Motherhood Campaign** was limited in terms of media exposure, but was able to generate local government and community support for the Mother Friendly Community, with 50% of sub-districts having become mother friendly and providing support to poor pregnant and birthing women.

Cooperation with 24 religious NGOs as a continuation of the Child Survival Project with the Ministry of Religious Affairs continued, but only on a consultative basis through the organization of regular communication and consultative fora. Recognizing their large support networks, a Memorandum of Understanding for direct cooperation was signed with three large NGOs - Muhammadiyah, Nahdlatul Ulama, Perdhaki - and a government-sponsored marriage council staffed by volunteers that serves as a good intervention point for providing education on safe motherhood and early child care. These NGOs will be integrated into the MCSDP Team at national and sub-national levels and thus be directly involved in the planning, implementation and monitoring of activities in the crisis response programme areas.

Sub-Components 10 and 11's, joint advocacy efforts with Government and NGOs on **legal protection and institutional development for child protection** succeeded in creating greater awareness and initiating real measures for child protection in Indonesia. The establishment of a child Protection Body is detailed Annex B

The second Indonesian Report on implementation of the **Convention on the Rights of the Child (CRC)** to the UN Committee on Child Rights is currently under preparation. Efforts to promote the CRC and CEDAW have helped make both these conventions a key reference point in the development of laws and regulations, as well as policies and programmes for children and women. Apart from being included in the Broad Guidelines of State/Government Policies, CRC implementation is also part of the National Plan of Action for Human Rights agreed to between the Government of Indonesia and the UN Commission on Human Rights.

Efforts to integrate **Life Skills/Facts for Life education** in the national education system included development of a standard textbook and accompanying teachers' guides on health education for primary schools. In addition training modules and training materials developed for headmasters and teachers will be disseminated to religious schools as well as Non-Formal Education programme activities.

Constraints/Lessons Learnt

- The success of mass mobilization efforts is dependent on: the sectoral departments involved; the support of the local government system and the management capacity at the local level.
- While the Ministry of Home Affairs supported direct cooperation with NGOs and instructions to that effect were sent to Provincial Planning Boards, there is still ambivalence both within the local governments and within UNICEF on implementing the MOU. Agreement still needs to be reached on the exact mechanisms for NGO membership in the MCSDP Teams and on direct transfer of funds at sub-national level.
- Despite increasing awareness of child protection issues among government officials, there is a need to develop the inter-linkages with the principal actors of child protection. There is also a need to build the capacities of institutions involved in child protection issues.
- While awareness of the importance of CRC is quite high, CRC/CEDAW are not an integral part of MCSDP programme planning itself, and increased in-house efforts need to be made to mainstream CRC/CEDAW.
- Life skills education needs to become an integral part of teacher training and incorporated into the related curriculum subjects. Life skills education must also modules on reproductive health and high risk behaviours, like drug abuse, violence sexual behaviour and HIV/AIDS.

Advocacy and Social Mobilization Component

H. Sub-Component 11

Programme Name: Advocacy and Social Mobilization

Project Name: Increased Protection for Vulnerable Groups

Programme Code: YS 216

Project Code: 11-S01

Project Final Objective

1. Through research and policy analysis to determine the extent and nature of the problem and identify gaps, problems and opportunities
2. Create/increase wide awareness of key policy/decision-makers and key sectors of civic society of the nature of the issues/problems and of their potential roles in addressing it.
3. Develop specific mechanisms and modalities for translating commitments into effective efforts and linking these with government programmes

Achievements

Research & Policy

Completion of a Situation Analysis on Children in Need of Special Protection in collaboration with Ministry of Social Affairs and Atmajaya University. Key factors that emerged in the analysis included: the urgent need for reliable quantitative and qualitative data on the more complex and sensitive areas of child protection such as child abuse in order to formulate appropriate policies, laws and interventions; the need for a relevant, accessible and affordable education system that serves the needs of poorer families and eventually becomes a vital preventive factor in reducing the vulnerability of children against various forms of exploitation; a supportive child-friendly legal framework; and capacity building of institutions and organizations (government and non-government) with mandates to protect children.

Completion of a study on birth registration in 4 selected provinces (Greater Jakarta, E. Java, W. Kalimantan and N. Sulawesi) that analysed the functioning of the present system including its accessibility and utilization by communities, the perceptions of it from the perspective of the implementers (government officials) and users (community); current gaps and opportunities to achieve universal registration of children; the potential role of community-based organizations in raising local-level awareness of its importance; and identification of sectoral roles in strengthening the system and its outreach.

Completion of two studies on working children and achieving basic education in East Java. The first was a desk analysis of existing province-specific literature on child labour and existing government programmes that have the potential to accommodate interventions to eliminate it. The second is a qualitative survey of working children in 3 selected districts in the province and focussed on perceptions of families, teachers, religious leaders and children themselves about work and education. These studies helped formulate an intersectoral provincial plan of action with local government inputs and involvement to combat child labour and achieve basic education for all.

Completion of four detailed province-specific inventories in W. Java, C. Java, E. Java and N. Sumatra, of government and non-government institutions implementing child protection and development activities. These will form a basis for networking/developing a

child protection referral system in provinces that have branches of the newly established Child Protection Body.

The start of a focussed qualitative study on child abuse in six selected provinces (N. Sumatra, S. Sumatra, C. Java, E. Java, S. Sulawesi, NTT) that will study the nature, magnitude and causes of diverse situations and forms of child abuse ranging from mental, physical, sexual and benign in a variety of settings. Recommendations for tackling cases or situations of child abuse in a coordinated way and identifying roles or responsible “actors” will be undertaken with inputs from an interdisciplinary advisory team and through channels like the Child Protection Body, professional associations, relevant government sectors and NGOs.

CNSP

The main areas of institutional development in child protection this year took place in the formal establishment of the Child Protection Body (LPA) through the Ministry of Social Affairs in March 1998. (Please see Annex B for details). UNICEF has actively supported this entire process over the past two years. During 1998, UNICEF funded a Project Officer, two full time LPA staff positions and the rental for the LPA office premises. While the government has allocated counterpart funding, this support has become necessary in light of the current economic crisis. UNICEF’s role is considered by many partners as pivotal in building bridges between the government and NGOs, both of whom tend to remain ambivalent of each other - but whose involvement remains crucial to different but complementary dimensions and functions of the LPA.

To date, UNICEF has supported various activities to increase public awareness and mobilize public opinion in the area of child rights and protection including workshops for journalists, workshop/seminar/trainings on children in conflict with the law, the CRC and sex education. As part of this process, journalists are also being supported in undertaking investigative research on issues such as child abuse, violence in the family, etc. that are already emerging through ongoing studies. In addition, UNICEF is working with experienced NGOs to develop training manual and guidebooks to support the proposed hotline services.

A key aspect of the present strategy development is to optimize and support the mandate of the LPA and its provincial branches to become the main umbrella for undertaking a variety of child protection initiatives, including the follow-up of selected recommendations resulting from different research efforts (such as the studies on birth registration and child abuse) at national and provincial levels. This is expected to build institutional capacity over time and provide the requisite “models” for establishing LPAs in other provinces over the longer term..

Strategy development is also taking place in the area of child labour in East Java. In the past year UNICEF’s sub-office in the province collaborated with local government to reach a better understanding of child labour and the need to address it more proactively through an intersectoral plan of action.. The two recent studies supported by local government through a local university has provided adequate qualitative data to identify the kind of interventions needed - especially those focussing on the family and community. Local government commitment is reflected in the commitment of funds in 1999 to support selected activities in the recently formulated intersectoral Plan of Action. Teachers, religious leaders, local NGOs, PKK, communities and families are identified as key actors in tackling the school drop-out problems (leading to child labour) in more diverse and innovative ways, including identifying potential school drop outs, providing credit facilities and motivational activities, among the most vulnerable families.

Other CNSP activities have been undertaken in Bandung through UNICEF-W. Java where street literacy modules (reading, writing, arithmetic, socialization and CRC awareness) more suitable to the needs of street and working children have been developed in collaboration with a local street children's NGO and the provincial government, with inputs from the sectors. While the original plan was to link up the use of the modules with selected government programmes focussing on vulnerable families and relevant community-level activities, the economic crisis has compelled a change in strategy. The short-term (crisis-related) objective in the remainder of the country programme is to support the wide expansion of the module among street children NGOs in other provinces in order to directly reach the increasing number of school drop outs through non-formal education combined with other creative and empowering activities.

STDs/AIDS prevention

The existing collaboration with ORGANDA - the national transport association - has continued into 1998. As of August this year, local NGOs trained 200 of the total 400 bus drivers from 7 provinces as peer educators. Monitoring has already been completed of the peer education activities. Wide distribution of innovative CIE materials including playing cards, an audio-cassette with popular folksongs interspersed with AIDS prevention messages, telephone guide book, stickers and comic books was undertaken at bus terminals, AIDS NGOs and transport companies. Phase Two activities starting in November will focus on outreach activities along the main transportation routes and follow-up visits to those companies participating in the training. A comic book on safer sex practices for long distance drivers is being developed. The use and impact of CIE materials and its impact on drivers and the general public will be monitored

UNICEF also supports peer education in reproductive health with local NGOs, targeting street and out-of-school youth. In W. Java, the activities have combined relevant information on STD/AIDS prevention and building up assertive life skills for vulnerable groups of girls and boys that address real-life situations of violence and risk among adolescents. This approach was initially pioneered in Jogjakarta for school children (also supported by UNICEF) and adapted for a different target group in W. Java, in an effort to go beyond the conventional CIE dissemination and behavioural change activities. In S. Sulawesi, 150 students in Islamic boarding schools have been trained as peer educators to reach approximately 2000 fellow students. The use of participatory methodology including games, and Focus Group Discussions were used to socialize key messages on reproductive health/AIDS. Regular mechanisms within the schools (social meetings, classes and competitions) are being identified as channels to ensure sustainability of the peer education process itself.

Constraints:

The establishment of the LPA as a credible institution took much longer than anticipated, which in turn delayed the activities planned and expenditures. Similarly, the child labour programme in E. Java also took over a year for the preliminary ground work.

The economic crisis has considerably reduced the availability (i.e. leveraging) of counter budgets in most provinces for government social development programmes through which protection issues would be addressed. This has also affected budgets for funding LPA branches in the 4 provinces and future expansion.

The focus on returning to basic programming areas as part of UNICEF's response to the crisis, could possibly detract from giving child protection issues similar priority. Increasing

evidence shows that in such situations, the conventional family safety net suffers and poor families resort to pulling children out of school to contribute to the family income - working in dangerous conditions or involving high-risk behaviour (commercial sex, early marriage). Crisis conditions may also exacerbate situations of child abuse.

Opportunities:

The crisis has sharply raised the plight of vulnerable groups such as street and working children and the need to focus on early preventive action such as maintaining school enrolment and completion, timely identification of potential drop-outs, and the pro-active involvement of communities in protection efforts. Major donors are interested in supporting a range of child protection activities.

The reform era has encouraged wider public recognition (including the government), and involvement of the NGO sector in channeling assistance and reaching vulnerable families and children. UNICEF needs to optimize this. This conducive environment in turn has influenced the consolidation of the Child Protection Body and its branches, with strong NGO inputs and participation.

Capacity Building Component Sub-Component 12

Programme Name: Capacity Building
Project Name: Provincial and District Management Support

Programme Code: YC 217
Project Code: 12-C64

Project Final Objective

To strengthen local government capacity in planning, coordinating and monitoring and evaluation of sectorally-determined activities to achieve Repelita VI (6th Five Year Development Plan) targets in the nine priority provinces. The sub-component is designed to respond to the recognized deficiencies in local government capacity in planning and coordination that hamper the effective implementation of social development programmes. The sub-component seeks to put into operations the CP strategies supporting the decentralization efforts of the government.

Achievements

The sub-component supported the 1998 annual planning process to translate the five-year provincial strategies to achieve MCSDP goals into activities and budget through the process known as PUA/PIA. The draft plans were adjusted mid-year in response to the crisis and the revised plans were finalized and implemented starting in September. An evaluation of the annual planning process in the seven provinces was conducted in order to determine its effectiveness as a management support to the provincial programme cooperation. (See Annex B for details on Evaluation findings). Based on the recommendations of this evaluation and in response to the need for quick action under the present crisis situation, the PUA/PIA process has been shortened and streamlined to have a longer implementation period starting in 1999.

In 1998 the government replicated the preparation of **situation analysis for mothers and children (ASIA)** in all provinces and districts to help improve regional social sector development plans. The ASIA process strengthens the human resources development of the next five year development plan and helps promote inter-sectoral collaboration and integration for MCSDP (Maternal Child Survival Development and Protection) in local development planning. UNICEF support for this replication included training and orientations for 55 facilitators, 130 inter-agency representatives of the provincial government, While the GOI supported training/orientations for district inter-agency teams in all provinces and on-going development of ASIA at provincial and district levels. The output of this activity will serve as an input into the preparation of the next multi-year provincial/district development plans. However during the current crisis, the process of developing ASIA in the provinces and districts can serve as an advocacy tool to promote the concerns of vulnerable women and children.

The Guidelines for Management of **Integrated Communication-Information-Education (CIE)**/ activities field tested in 1997 were finalized by the central-level inter-sectoral team. Experience in developing the Guidelines showed that integration of CIE activities is difficult to achieve because the sectors are reluctant to share budgets for CIE. Thus, the Guidelines will not ensure operationalization of integration. Considering the crisis programme, printing and dissemination of the Guidelines were postponed. It was decided that direct technical support, would, instead, be provided to the provinces in planning their specific integrated CIE activities. This is a more effective strategy to ensure integration at the province, district, sub-

district and village levels and directly responds to the low capacity for CIE planning at the local levels.

In order to strengthen management capacity of the inter-sectoral MCSDP Coordination Teams, an **Area-based Management Training Module** was developed and field tested in a simulated training activity in South Sulawesi. The plan was to conduct training using the finalized module among provincial and district teams in the UNICEF-assisted provinces. However, the programme realignment due to the economic crisis resulted in the decision to postpone management training activities to give way to interventions that would directly benefit village level communities. This decision was facilitated by the realization that training by itself will not strengthen management capacity. In order to be effective, training must be complemented by other interventions like better systems, procedures and supervision.

The GOI-UNICEF-UNDP Tripartite Project in Social Sector Planning was initiated based on the similar aims of the UNICEF provincial programmes and that of UNDP which happened to be in the same 9 provinces. Aiming to develop innovative approaches to strengthen social sector planning within the context of multi-sectoral regional development, the project has suffered from delays in implementation (started in late 1996), operationalizing the implementation guidelines and in field coordination among the three cooperating agencies. However, in provinces with strong consultants working closely with the UNICEF field offices, there have been positive contributions to the planning processes beyond the immediate circle of MCSDP programmes.

With the onset of the monetary and economic crisis, the objectives of the project will be reviewed in terms of its role in support to the planning and programming of the government social safety net programme in the priority provinces.

Capacity Building Component Sub-Components 13 and 14

Programme Name : Community Organization and Development
Project Name : Community Capacity Building

Programme Code : YC 217
Project Code : 13 14 – CO

Project Final Objective :

To empower community institutions, community groups and families to analyze and address problems related to MCSDP and to bring about behavioral changes for maternal and child care in the family and community and greater utilization of MCSDP related services; and, to increase the demand for the services through strengthening the bottom-up planning process.

Achievements

Originating as a community savings scheme for pregnant women, TABULIN is a complete maternal health-based programme that succeeded in motivating the community to fully utilize the already-existing but under-utilized maternal health services. In Central Java, the Tabulin fund has been expanded from 126 villages to 987 villages reaching 17,766 pregnant women. The fund is used to pay for ante-natal, delivery post-natal care and emergency transportation costs in case of referral to hospital for emergency obstetric care. The government provides emergency obstetric services free of charge. Similar schemes are beginning to be implemented in other UNICEF priority provinces. UNICEF in cooperation with the local government provides seed capital and supports the development of schemes, orientations of district and sub-district facilitator/managers, orientation of village facilitators and kaders, provision of seed money, support for monitoring and supervision, production of guidelines, coupons and orientation materials.

Several initial steps have been taken to implement the Posyandu (village integrated service post) Revitalization component of the Crisis Response Programme 1998-2000. UNICEF sponsored several meetings to seek a common understanding and agreements on strategies to revitalize Posyandu. UNICEF funded a rapid assessment of the current situation of Posyandu, conducted policy advocacy and provided technical assistance to the leaders of the PKK in redefining its strategies and programmes to better address the needs of poor families in this time of crisis. Based on these inputs, the Family Welfare Movement (PKK) is currently in the process of reformulating its strategies and programmes to support implementation of the UNICEF-GOI Crisis Response Programme.

I. Community Participation

In 1998 the community participation methods implemented in selected 'model' village were expanded to cover additional villages. The elements of a 'model' village include

- a) assessment and analysis of local problems affecting maternal and child health by community groups, particularly women groups;
- b) more effective targeting and delivery of basic services, emphasis maternal and child health care and water and sanitation
- c) continuous local actions against the problems which cause maternal and child mortality.

In South Sulawesi, the 'model' village has been expanded to cover 24 new villages in 6 districts thus making a total number of 40 villages in 10 districts. Community proposals based on the assessment and analysis process have received block grants from District Development Budget (APBD II) and UNICEF.

In East Java, a different kind of participatory approach – based on community consultations at the planning stage - has been applied in 350 villages. In this province the focus of local actions is on water and sanitation with UNICEF providing seed capital in the form of material for latrine to poor families.

J. Education Initiatives

UNICEF-Indonesia supported two studies on primary education during 1998 "Tracking Cohort Survival of Primary Students" and "Impact of Indonesia's Economic Crisis on Basic Education". The Cohort Survival Study revealed that primary school passage of the same cohort was as low as 49 % in the stipulated 6 years, 65 % in 7 years and only 69 % in 8 years. Although data are still under analysis, interim results of the Impact Study showed some disturbing trends – low enrolment and high transfer in and out of schools, even within the one month of the new school year. A repeat study on the same schools is to be conducted on a sample basis to see the trend so as to provide firmer ground for projection of enrolments, drop-out as well as a student transfer.

UNICEF is cooperating with the GOI, World Bank and the Asian Development Bank to develop integrated Early Childhood Care and Development projects. In relation to these projects, UNICEF is providing technical assistance in the areas of health, nutrition and psychosocial development targeted at children in the 0-8 age group.

K. Constraints

- It is difficult to institutionalize a quality participation process, starting from the families and community groups, in the existing bottom-up planning process. The Assessment-Analysis-Action (Triple A) process conducted by community groups is not yet integrated into the Village Planning Exercise therefore, the final village work plans have not drawn sufficiently on the results from the community, but tend to reflect the opinions of sub-district staff.
- The understanding of provincial and district officials and skills of sub-district officials in problem analysis of maternal and child problem and the concept of family and community empowerment is still weak.
- Ongoing coordination difficulties among key service sectors such as health, water and sanitation, community development impede integration of services at the village level.
- The village has limited resources and capacity to decide on the utilization of village block grants.

L. Strategy Modifications in 1999

The GOI Social Safety Net programmes in response to the crisis has brought substantial funds to the sub-district and village but the capacity of those levels in the planning of activities is limited. The GOI-UNICEF crisis response Programme will complement the Government's Social Safety Net (SSN) programmes with a central crosscutting strategy to directly support Family and Community Empowerment.

ANNEX F

ENGLISH AND INDONESIAN GLOSSARY

English Glossary

ADB	Asian Development Bank
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune Deficiency Syndrome
AMP	Maternal and Perinatal Audit System
ANC	Ante-Natal Care
APEC	Asia-Pacific Economic Community
ARI	Acute Respiratory Infections
ASM	Advocacy and Social Mobilization
AUSAID	Australia Agency for International Development
CDD	Control of Diarrhoeal Diseases
CEDAW	The Convention on the Elimination of All Forms of Discrimination Against Women
CEDC	Children Especially in Difficult Circumstances
CIDA	Canadian International Development Agency
CIE	Communication, Information and Education
CP	Country Programme
CRC	The Convention on the Rights of the Child
CSD	Child Survival and Development
DHS	Demographic Health Survey
EAPRO	East Asia and Pacific Regional Office
EFA	Education for All
EPI	Expanded Programme on Immunization
FRP	Fibre-reinforced Plastic
GCO	Greeting Card Operation
GDP	Gross Domestic Product
GFSS	Global Field Support System
GOI	Government of Indonesia
GR	General Resources
HBS	Hospital-Based Surveillance
HFS	Health Facility Survey
HIV	Human Immuno-Deficiency Virus
HKI	Helen Keller International
HRD	Human Resources Development
ICPD	International Child Development Centre
IDD	Iodine Deficiency Disorders
ILO	International Labour Organization of the United Nations
IMR	Infant Mortality Rate
KAP	Knowledge, Attitude and Practice
MCSDP	Mother and Child Survival, Development and Protection
MCH	Maternal and Child Health
MDG	Mid-Decade Goal

MMR	Maternal Mortality Rate
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MOU	Memorandum of Understanding
MPO	Master Plan of Operations
NFE	Non-Formal Education
NGO	Non-Governmental Organization
NNT	Neonatal Tetanus
OAM	Office of Administrative Management
OECF	Overseas Economic Cooperation Fund
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PEM	Protein Energy Malnutrition
PRA	Participatory Rural Appraisal
PSFR	Private Sector Fund Raising
SF	Supplementary Funding
SOWC	State of the World's Children
SSA	Special Service Agreement
TSH	Thyroid Stimulating Hormone
TT	Tetanus Toxoid
UCI	Universal Child Immunization
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific & Cultural Organisation
UNICEF	United Nations Information Centre
UNSFIR	United Nations Support Facility for Indonesian Recovery
U5MR	Under-Five Mortality Rate
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States for International Development
USI	Universal Salt Iodization
WES	Water and Environmental Sanitation
WHO	World Health Organization
WSC	World Summit for Children
WSSD	World Summit for Social Development

Indonesian Glossary

ANTEVE	Private television station in Indonesia
ASIA	Analisa Situasi Ibu dan Anak [= Analysis of the Situation of Mother and Child]
BANGDA	(Direktorat Jendral) Pembangunan Daerah [= (Directorate General) Regional Development of the Department of Home Affairs]
BAPPEDA	Badan Perencanaan Pembangunan Daerah [=Provincial level Development Planning Agency]
Bappenas	Badan Perencanaan Pembangunan Nasional [=National Development Planning Agency]
Bidan (di desa)	(Village) Midwife
BPS	Biro Pusat Statistik [Central Bureau of Statistics]
Dharma Wanita	Association of Wives of Civil Servants
DNIKS	Dewan Nasional Indonesia untuk Kesejahteraan Sosial [The Indonesian National Council for Social Welfare]
Dukun	Traditional Birth Attendant
GSI	Mother Friendly Movement [Gerakan Sayang Ibu]
Gerakan Jumat Bersih	Clean Friday Movement
IDAI	Ikatan Dokter Anak Indonesia [=The Indonesian Pediatric Association]
IDT	Inpres Desa Tertinggal [=Funds Allocated by Presidential Instruction of Improving Quality of Life of the Poorest Villages]
Inpres	Instruksi Presiden [=Presidential Instruction]
Kader	volunteer community worker
Kantor Menko Kesra	Office of the State Minister Co-ordinator for People's Welfare
KepMen	Keputusan Menteri [Ministerial Decision/Decree]
KepPres	Keputusan Presiden [=Presidential Decision/Decree]
LIPI	Lembaga Ilmu Pengetahuan Indonesia [=The Indonesian Institute of Sciences]
LKMD	Lembaga Ketahanan Masyarakat Desa [=Village Community Resilience Committee or Village Development Council]
MI	Madrasah Ibtidaiyah [=Islamic Primary School]
MUI	Majelis Ulama Indonesia [=The Indonesian Supreme Council of Islamic Scholars]
PDI	Partai Demokratik Indonesia [=Indonesian Democratic Party]

PERSI	Persatuan Rumah Sakit Seluruh Indonesia [=The Indonesian Hospital Association]
PERINASIA	Kumpulan Perinatologi Indonesia [The Indonesian Association of Perionatology]
PIN	Pekan Imunisasi Nasional [=National Immunization Days]
PKBI	Persatuan Keluarga Berencana Indonesia [=National Family Planning Federation]
PMD	(Direktorat Jenderal) Pembangunan Masyarakat Desa, Departemen Dalam Negeri [=Directorate General for Rural Development, Ministry of Home Affairs]
Posyandu	Pos Pelayanan Terpadu [=Village Integrated Service Post]
PPPI	Persatuan Pengusaha Periklanan Indonesia [=The Indonesian Advertising Association]
PPWT	Program Pengembangan Wilayah Terpadu [=Integrated Area Development Programme]
PRSSNI	Persatuan Radio Siaran Niaga Indonesia [=The Association of Private Radio Stations]
P3MD	Perencanaan Partisipatif Pembangunan Masyarakat Desa [=Participatory Planning of Village Community Development]
Rakerda	Rapat Kerja Daerah [=District Planning and Review Meetings]
Rakercam	Rapat Kerja Kecamatan [=Sub-district level planning and evaluation meeting]
Rakernas	Rapat Kerja Nasional [=National Working Conference]
Repelita	Rencana Pembangunan Lima Tahun [=Five Year Development Plan]
SD	Sekolah Dasar [=Primary School]
SKRT	Survei Kesehatan Rumah Tangga [=National Household Health Survey]
Susenas	Survei Sosial-Ekonomi Nasional [=National Socio-Economic Council]
TVRI	Televisi Republik Indonesia [=Television of the Republic of Indonesia]
UDKP	Unit Daerah Kerja Pembangunan [=Sub-district Management and Coordination System for Development Programmes]
YKAI	Yayasan Kesejahteraan Anak Indonesia [=Indonesian Child Welfare Foundation]
YPS	Yayasan Pariwara Sosial [=Social Advertising Agency]