

# **Indonesia**

## **Country programme document 2011-2015**

The draft country programme document for Indonesia (E/ICEF/2010/P/L.27) was presented to the Executive Board for discussion and comments at its 2010 second regular session (7-9 September 2010).

The document was subsequently revised, and this final version was approved at the 2011 first regular session of the Executive Board on 11 February 2011.

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*Basic data†*

*(2008, unless otherwise stated)*

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Child population (millions, under 18 years)	74.5
U5MR (per 1,000 live births)	41
Underweight (% , moderate and severe, 2007)	18
Maternal mortality ratio (per 100,000 live births, 2007)	230 <sup>a</sup>
Primary school attendance (% net, male/female, 2006)	86/84 <sup>b</sup>
Survival rate to last primary grade (%)	83
Use of improved drinking water sources (%)	80
Use of improved sanitation facilities (%)	52
Adult HIV prevalence rate (% , 2007)	0.2
Child labour (% , children 5-14 years old, 2001)	4 <sup>c</sup>
GNI per capita (US\$)	2 010
One-year-olds immunized with DPT3 (%)	77
One-year-olds immunized against measles (%)	83

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† More comprehensive country data on children and women can be found at [www.childinfo.org/](http://www.childinfo.org/).

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

<sup>b</sup> Survey data.

<sup>c</sup> Indicates data different from standard definition.

## **Summary of the situation of children and women**

1. The Republic of Indonesia, a nation comprising an archipelago of about 17,000 islands, has considerable ethnic, religious and linguistic diversity and an overall high degree of pluralism, tolerance and stability. It is not only the world's fourth most populous nation but also the country with the largest Muslim population. Its population (232 million)<sup>1</sup> increases by approximately 3 million each year, with a total fertility rate of 2.4 and life expectancy at birth of 69 years, creating a demographic window of opportunity for Indonesia to invest in youth.

2. Indonesia submitted its second periodic report to the Committee on the Rights of the Child in February 2002, followed by a supplementary report in March 2004. Many of the concluding observations on the second report have been addressed, while the combined third and fourth periodic report, which was due in October 2007, has yet to be submitted.

3. Since 1998, Indonesia has undergone major political and socio-economic transformations, emerging as a vibrant democracy with a decentralized Government and greater social openness and debate. Indonesia is already one of the most decentralized countries in the world, with almost 500 provincial, district and city governments being the decision makers for the majority of all governmental matters. According to the World Bank 2007 Indonesia Public Expenditure Review, nearly 40 per cent of public spending is undertaken at the local level; this represents a level

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<sup>1</sup> Indonesian population projection 2009.

of fiscal decentralization higher than the Organization for Economic Cooperation and Development average.

4. Between 2004 and 2008, Indonesia consolidated democratic institutions and returned to political and macroeconomic stability. The country has largely recovered from the 1998 economic crisis, when millions of its citizens were in poverty and Indonesia regressed to low-income status. Indonesia is once again one of the world's emergent middle-income countries, with a nominal gross domestic product (GDP) of \$2,271 in 2008.<sup>2</sup> Since 2002, Indonesia's real GDP has grown at 5 per cent to 6 per cent annually, and the country succeeded in maintaining a 4.5 per cent growth rate in 2009, making it the third best performing economy in the world, despite the global financial crisis. Indonesia has kept inflation under control and has a strong balance of payment. These achievements can be credited to prudent fiscal management and sound macro-economic and trade/investment policies as well as a strong local market.

5. However, Indonesia is struggling to translate the opportunities from its political and socio-economic transformation into sustainable human development, particularly for children. Inequalities are rising (Gini index 39.4<sup>3</sup>) and while poverty levels decreased, from 23 per cent in 1997-1998 to 14.2 per cent in 2009, more than 40 million people live on \$2 or below per day, a figure nearly equal to the total in all of the rest of East Asia, excluding China.<sup>4</sup> Many Indonesian households cluster around the \$1.55 per day national poverty line and numerous non-poor are vulnerable to poverty in the face of various shocks.

6. Despite good progress in many sectors, there are still a number of child-related indicators in which Indonesia is seriously lagging behind and where special attention is required.

7. The maternal mortality rate of Indonesia has improved slowly, from 334 per 100,000 live births in 1997 to 230 per 100,000 live births in 2007 — currently three times that of Viet Nam and six times that of China or Malaysia. The 2007 Indonesia Demographic Health Survey reports skilled health personnel attend only 72 per cent of births. While infant mortality decreased (from 68 per 1,000 live births in 1991 to 34 per 1,000 live births in 2009) and under-five mortality declined (from 79 per 1,000 live births in 1991 to 44 per 1,000 live births in 2009), malnutrition rates are high: 28.7 per cent of children below the age of five are underweight. Stunting rates have increased in recent years despite reductions in poverty. Though more accessible, health care quality is unreliable; inefficiency results in significant out-of-pocket spending and increased inequities.

8. Despite good progress towards universal primary education (97 per cent in 2009 compared to 94 per cent in 2004), achieving gender parity in enrolment rates in primary and secondary schools, and improvements in learning achievements recorded in the 2003 and 2006 Programme for International Students assessments, transition rates from primary to secondary school are still low (79 per cent). Only 55 per cent of children from low-income quintiles are enrolled in junior secondary

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<sup>2</sup> Based on World Bank threshold for country classification.

<sup>3</sup> A low Gini coefficient indicates a more equal distribution, with 0 corresponding to complete equality, while higher Gini coefficients indicate more unequal distribution, with 1 corresponding to complete inequality.

<sup>4</sup> *Indonesia Public Expenditure Review*, World Bank, 2007.

schools. For primary and junior secondary levels, just 55 per cent and 73 per cent of teachers, respectively, possess minimum qualifications required by the Ministry of National Education.<sup>5</sup> In addition, although approximately 70 per cent of education expenditure is at the subnational level, it is mostly non-discretionary routine spending, with the majority of the development budget still spent by the central Government.

9. Only 36 per cent of rural areas have access to sanitation. An estimated 70 million people still defecate in open spaces, and access to water supply remains a challenge for the poorest. Eighty per cent of the rural poor and 59 per cent of the urban poor do not have access to septic tanks, and less than 1 per cent of all Indonesians have access to piped sewage services, the lowest percentage in the region and among comparable countries. There is low public awareness of the adverse impacts of inadequate sanitation systems or the potentially huge benefits of improving them. Indonesian policy dictates that basic sanitation is the responsibility of private households, even though the national health and environmental costs of inadequate sanitation are substantial, especially in cities.

10. The country continues to face child protection challenges. Violence is found in schools, on the streets, in the workplace and in institutions, such as orphanages and detention centres. A recent UNICEF-supported study on the quality of care in child care institutions, conducted by Save the Children and the Ministry of Social Affairs, indicates that an estimated 5 million children live in 7,000 childcare institutions, even though 94 per cent of them have one or both surviving parents and extended family members. Girls under 18 comprise one third of women trafficked for sex work, a result of lack of policy and low public awareness around issues such as birth registration, justice for children, abuse, neglect, trafficking, child labour and children living and working on the streets. In 2007, a gender study carried out by UNICEF in Papua showed that cases of violence against girls and women are generally not reported to the police. Law 23/2004 on domestic violence, effective since 2005, is neither known by the rural population nor enforced by the justice system. This is largely because provincial and district regulations on how to respond to domestic violence have not yet been passed.

11. Increasing new HIV infections in Indonesia make the epidemic one of the fastest growing in Asia, although the aggregate national prevalence is as low as 0.2 per cent. At the end of 2009, about 333,200 people were estimated to be living with HIV, 25 per cent of them women.<sup>6</sup> Data indicates that every year 3,000 to 5,000 people die of AIDS in Indonesia — almost 10 people per day. Most of these deaths are preventable through earlier diagnosis and timely treatment. In 2008, HIV/AIDS affected an estimated 200,000 children across Indonesia, with seven new HIV infections among children every day. Although the epidemic in Indonesia is concentrated among high-risk populations, it has become a generalized epidemic in Papua and West Papua provinces. A province-wide, population-based survey conducted in 2006 estimates adult HIV prevalence at 2.4 per cent, reaching 3.2 per cent in the remote highlands and 2.9 per cent in less-accessible lowland areas. Among 15 to 24-year-olds, HIV prevalence was 3 per cent.<sup>7</sup>

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<sup>5</sup> *Investing in Indonesia's Education*, World Bank, 2007.

<sup>6</sup> Country report on the follow up to the declaration of commitment on HIV/AIDS (UNGASS), 2008-2009, National AIDS Commission, Republic of Indonesia, 2009.

<sup>7</sup> Ministry of Health Indonesia and Central Bureau Statistic, 2007.

12. Considerable disparities exist for most child-related indicators across and within provinces. The poverty rate is 15.7 per cent in Java/Bali and 38.7 per cent in more remote Papua. Although poverty incidence is higher in eastern Indonesia and remote areas, most of Indonesia's poor live in the densely populated western regions of the archipelago. For example, while the poverty incidence in Java/Bali is relatively low, the island is home to 57 per cent of Indonesia's total poor, compared to Papua, with only 3 per cent. In Java, the average distance of a household to the nearest public health clinic is 4 kilometres, compared to 32 kilometres in Papua. The infant mortality rate (IMR) in the Nusa Tenggara Timur (NTT) Province is 80 per 1,000 live births, four times the IMR in Bali. Disparities across socio-economic groups show under-five mortality rates as high as 77 per 1,000 live births among the poorest households, compared with 22 per 1,000 live births among wealthiest households. Some 66 per cent of the poorest quintile in Java/Bali has access to improved water, compared to 35 per cent in Kalimantan and 9 per cent in Papua. About 50 per cent of rural poor have access to an improved source of water, compared with 80 per cent of urban poor.

13. Climate change has been acknowledged as a major threat to the future of Indonesia. Indonesia is the world's third largest greenhouse gas emitter, with 80 per cent of its carbon footprint attributed to the degradation of peat land and the logging of its forests. Indonesia is one of the most vulnerable countries to natural disasters. As a result of climate change, natural disasters are likely to get worse. Mudslides and floods occur yearly in Indonesia. Sitting along an active tectonic plate, the country is prone to high levels of seismic activity. The massive December 2004 earthquake and tsunami devastated large parts of the country's Aceh province in Northern Sumatra, leaving around 200,000 Indonesians dead or missing and hundreds of thousands without a home. Emergency response represents a consistent draw on national financial resources.

14. Indonesia's main constraint to addressing the remaining challenges faced by children is not a lack of financial resources. World Bank sectoral expenditure reviews show that inadequate local technical and administrative capacity hinders translating available resources into better development outcomes for children. For instance, while the National Program for Community Empowerment (*PNPM-Mandiri*) and other social protection schemes — such as Operational Aid for Schools Programme (*BOS*), School Health Programme (*UKS*), Rice for the Poor Programme (*RASKIN*) and the Social Safety Net on Health (*Jamkesmas/Jamkesda*) — focus on poverty and disparity reduction with national and subnational governments accessing considerable resources, inadequate evidence-based planning, budgetary allocations and absorption capacity affect the realization of the rights of the most vulnerable and socially excluded.

15. The transfer of greater political and administrative authority to district governments has brought governance closer to the people, along with resources to carry out new functions. However, each local government has its own prerogatives, affecting legal and policy enforcement as well as decision-making processes and upscaling and replicating of programmes. Commitment at the national level does not necessarily translate to the subnational level, where there are also problems of capacity, including absorption of nationally allocated resources.

16. The 2010 to 2014 National Medium-Term Development Strategy (RPJM) shows the Government's increasing commitment to address socio-economic development and institutional challenges, providing opportunities to development

partners to support this phase of transformation and second generation reforms. Failure to address these reforms will create a middle-income trap, with stagnant poverty levels, persisting disparities, depleted natural resources and rising threats to social cohesion.

17. The continued transformation of Indonesia depends on tackling organizational and institutional issues. For UNICEF, supporting those changes means shifting from a project-oriented approach to a systemic approach, offering targeted technical assistance to local and national institutions to develop capacity for evidence-based planning and resource allocation, implementation, and monitoring and evaluation for programmes that address child disparity and poverty and provide quality social services to vulnerable and disadvantaged populations.

## **Key results and lessons learned from previous cooperation, 2008-2010**

### **Key results achieved**

18. Under the child protection programme, UNICEF helped develop the 2007 Law on Human Trafficking and the adoption of 33 subnational laws on child protection. The same programme provided support to (a) revise the Juvenile Justice Law; (b) finalize the National Plan of Action on elimination of violence; and (c) adopt Law 23 on Population Administration and universal and free birth registration in 2006 as well as the strategic Universal Birth Registration Plan by 2011.

19. In 2007, Indonesia adopted Law 24 on Disaster Management, providing urgently needed framework for a coordinated approach to emergency preparedness and response. While capacity to implement the new law remains uneven across the provinces, the framework has already proven effective in the two most recent earthquakes in West Java and North Sumatra in September and October 2009, respectively.

20. In February 2008, with support from UNICEF, the World Health Organization and other development partners, Indonesia was declared polio free. Efforts continue to control malaria in 11 districts in Eastern Indonesia, eliminate maternal and neonatal tetanus by 2011 and revitalize the routine immunization system, including in tsunami-affected areas.

21. In 28 supported districts, the Improving Maternal Health in Indonesia model — funded by the Australian Agency for International Development and the United Kingdom Department for International Development — to support the Making Pregnancy Safer Government strategy resulted in skilled health personnel attending 15 per cent more births, while more than 90 per cent of hospitals increased capacity to respond effectively to emergency obstetric and neonatal complications.

22. Between 2008 and 2010, the water and environmental sanitation programme, with support from the Government of the Netherlands, has contributed to the development of improved water supply facilities in 147 villages and improved hygiene and sanitation in 211 villages and 240 schools in 25 districts and 6 provinces of Eastern Indonesia. In addition, the programme has contributed to the improvement of water, sanitation and hygiene in five urban slum areas.

23. The rights of children, young people and women affected and infected by HIV have received needed attention in the national HIV agenda, which led to the development of a funded national strategy. With funding from the Netherlands, the strategic plan for education now includes HIV education in the high-HIV-prevalence province of Papua, providing prevention of mother-to-child transmission of HIV care and support services to families affected by HIV/AIDS.

24. Primary school-age children from nearly 7,000 schools across the country enjoy the Creating Learning Communities for Children model, which is funded by New Zealand Aid and currently being replicated in 86 districts. Mainstreaming Good Practices in Basic Education, a project funded by the European Union, aims at addressing capacity gaps in planning, monitoring, budgeting and supervision and is being implemented in an additional 2,600 schools from 12 districts.

25. The Canadian International Development Agency funded capacity development for 9 provinces and 23 districts in evidence-based planning and budgeting with the Monitoring Millennium Development Goals at a local-level model as well as a District Situation Analysis on Children and Women using the human rights-based approach to programming. This increased capacity and the strengthened partnerships around pro-child social policies, planning and budgeting led to stronger Government commitments as reflected in the RPJM 2010 to 2014.

26. During the Indian Ocean tsunami response, 159 integrated health services units (posyandu) and 300 earthquake-resistant schools were constructed with direct UNICEF support and funding from multiple donors. In addition, 8,556 teachers and principals were trained with improved teaching and learning techniques to address workforce capacity gaps following the disaster. No outbreak of disease was recorded and no child was trafficked; 2,562 children were placed in immediate family, communities or extended family. In addition, 14,200 children attended 21 children's centres across Aceh and Nias that provided integrated child protection services, including psychosocial and legal assistance.

### **Lessons learned**

27. Since 2005, UNICEF has redefined its role and strategies towards more sustainable development in Indonesia's evolving context, leading to coverage of more programme areas. The 2008 midterm review (MTR) of the country programme for 2006 to 2010 conducted by UNICEF and the Government and the 2009 Strategic Moment of Reflection recommended implementing a strategic shift upstream to remain a relevant development partner in a middle-income country context. The following lessons were identified to support that shift:

(a) Strengthen upstreaming in all UNICEF work. UNICEF should increasingly engage in evidence-informed advocacy at national and subnational levels — to ensure the rights of the most vulnerable children are addressed in policy formulation and budget allocation in all sectors — and develop collaborative relationships and partnerships to increase the dialogue on children's rights.

(b) Leverage models for policy formulation. The MTR recognized that models and pilots were not strategically used, had weak linkages with policy, and were spread over 16 provinces and 100 districts without clear *ex ante* defined expectations and exit strategies. This overstretched UNICEF capacity to provide support to strengthen systems at the subnational level.

(c) Strategic targeting is critical to address disparities and fulfil the rights of vulnerable children and women. For UNICEF, this entails strengthening government capacity, particularly at the subnational level, to ensure available resources are translated into outcomes for the most vulnerable.

(d) Decentralization can work for children. The political transformation in Indonesia calls for greater attention to the dynamic between central and subnational governments. UNICEF will move from project-based service delivery to capacity development of subnational authorities in evidence-based planning and budgeting, management and monitoring of quality social services.

(e) Communication for development should be used strategically for sustainable achievements across programmes. Communication for development has been mainstreamed into programme components to address specific social behaviours preventing children from fully enjoying their rights. However, the 2008 MTR calls for an overall strategy on communication for development so it can influence power relationships including those related to gender, by enabling right holders to engage duty bearers in dialogue, developing their capacity to become agents of change rather than targets of service delivery.

## The country programme, 2011-2015

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources*</i>	<i>Total</i>
Policy advocacy and partnerships for children	7 700	14 000**	21 700
Child survival and development	5 600	75 500	81 100
Education and adolescent development	4 800	17 500	22 300
Child protection	3 900	10 000	13 900
Cross-sectoral costs	5 700	10 500	16 200
<b>Total</b>	<b>27 700</b>	<b>127 500</b>	<b>155 200</b>

\* Indicative estimates based on the availability of future funding opportunities, donor contributions, private sectors and thematic funds. Estimate excludes emergency funding.

\*\* Includes fund-raising expenses charged to other resources.

### Preparation process

28. The country programme exercise was carried out with guidance from the National Development Planning Agency (*Bappenas*). The 2008 MTR and the Strategic Moment of Reflection in October 2009 were critical processes to define the country programme framework and strategies.

### Programme components results and strategies

29. The programme supports the Government in realizing the rights of children, paying particular attention to addressing vulnerabilities and reducing disparities.



Specific programme results are detailed under each programme component below. Using a human rights-based approach to programming, overall strategies to achieve those results include (a) evidence-based advocacy to formulate child-friendly policies that reduce disparities and for public social spending in partnership with academic and research centres; (b) capacity development for relevant institutions to offer basic quality services and for individuals to access them; and (c) strengthened Government capacity for disaster risk reduction and response.

### **Relationship to national priorities and the UNDAF**

30. The country programme will contribute to the Government's priorities as stated in the National Plan of Action for Children and Women and the Government's RPJM 2010 to 2014, aiming for a developed and inclusive Indonesia that ensures a sustainable and high quality of life for its entire population. It also builds on the Jakarta Commitment of 12 January 2009, aiming to strengthen Government ownership of development programmes while ensuring a coordinated approach among its development partners.

31. The programme is synchronized with the United Nations Development Assistance Framework (UNDAF) 2011-2015, to ensure greater United Nations coherence. Programme components contribute directly to the three UNDAF focus areas: (a) enhancing equity; (b) promoting effective participation; and (c) strengthening national and local resilience.

### **Relationship to international priorities**

32. The country programme, guided by the Convention on the Rights of the Child, the Concluding Observations on Indonesia's report to the Committee on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, supports the principles of *A World Fit for Children* and the Millennium Declaration and Development Goals. The programme contributes to the UNICEF medium-term strategic plan (MTSP) 2006-2013.

### **Programme components**

33. **Policy advocacy and partnerships for children.** This programme component supports the Government's RPJM to advance the well-being and rights of children and women. Support will be given to all other programme components, with a focus on social policy, budgeting, social protection, evidence-based advocacy, knowledge management, communications for development, media relations and private-sector fundraising and partnerships.

34. To ensure effective advocacy, the programme will expand and strengthen UNICEF partnerships with the Government, non-governmental organizations, faith-based organizations, United Nations agencies, international financing institutions, the media, academia and the private sector. These efforts spotlight children in public dialogue and decisions in the context of Indonesia's policy and fiscal space. Anticipated programme component results by 2015 are the following: (a) child disparity across all sectors reduced through evidence-based planning, policy and resource allocation at the national level and in five MTSP focus provinces; (b) increased prioritization of children and women's rights in policies, programmes and resources strengthened as a result of strategic partnerships and improved

knowledge management; and (c) children and young people express themselves to influence policies and practices affecting their lives.

35. **Child survival and development programme.** This component will provide strategic support to address persistent disparities in health and nutrition outcomes, systemic obstacles in the health sector and limited understanding of the scope of the epidemiological transition.

36. Cooperation include a number of areas: (a) providing technical assistance to improve policies, access to and uptake of health services for poor and vulnerable children and women; (b) developing capacity in health and human resources, particularly in remote, poor areas; and (c) improving health information systems, monitoring and evaluation; documenting lessons learned to improve governance, services and resource allocation.

37. UNICEF will support policy-related analysis, research and piloting new approaches. Aceh, NTT, and Papua provinces will receive priority as per the UNDAF; other districts and provinces with specific epidemiological or equity issues will be considered for modelling. Partners will include the Ministry of Health, the Ministry of Home Affairs, the Ministry of Finance, *Bappenas*, relevant United Nations agencies, the United States Centers for Disease Control and Prevention, academia, professional organizations and civil society.

38. The following programme component results are expected by 2015: (a) children and women benefit from improved access to, and delivery of, quality basic services, such as nutrition, water, sanitation, hygiene and prevention of mother-to-child transmission of HIV, including in emergencies; and (b) families and communities sustain positive behaviours resulting in improved health for children and women.

39. **Education and adolescent development.** This component will use evidence-based data analysis to advocate for policies to improve education systems, laws and regulations, and sector-wide programming to increase enrolment, participation, learning and completing primary and secondary education, including during emergencies.

40. Major partners include *Bappenas*, Ministry of National Education, Ministry of Religious Affairs, Ministry of Home Affairs, Ministry of Health, Ministry of Youth and Sports, the National Family Planning Coordination Board, the National Disaster Management Agency, government offices at provincial and district levels, and national and provincial AIDS commissions. Stronger partnerships will be developed with Indonesian universities and research institutions at national and subnational levels, international and multilateral organizations, including with relevant United Nations agencies, civil society organizations and the media.

41. The following programme component results are expected by 2015: (a) children and young people, especially vulnerable populations, are equipped with adequate knowledge, basic education and life skills to cope with challenges and opportunities; (b) improved government and community-based organization capacities at national and subnational levels for implementing holistic early childhood development; (c) strengthened legislation and increased budget allocations for achieving school readiness for children below the age of seven; and (d) improved education-sector preparedness plans and strengthened capacities of government and civil society organizations to respond to disasters and emergencies.

42. **Child protection programme.** This component emphasizes comprehensive child protection systems at national and subnational levels. Priorities include (a) strengthened service delivery systems at the national and subnational levels; (b) promoting family-based care; (c) developing a child-sensitive justice system; and (d) promoting restorative justice for child offenders. The programme will continue to assist the Government in universal birth registration.

43. A child protection information management system will collect routine data to strengthen national and subnational analysis of key child protection indicators in order to inform policy, planning and budget allocations. The programme will collaborate with universities to strengthen research capacities regarding child protection issues.

44. The following programme component results are expected by 2015: (a) a comprehensive and community-based child protection system (social welfare, police, and justice) in five MTSP focus provinces; (b) monitoring data collection systems on child protection for policy, planning and budgeting purposes; and (c) children protected from immediate and long-term impact of conflicts and natural disasters.

45. **Cross-sectoral costs.** Costs cover coordination and management of the country programme in the country and zone offices, including supply and logistics, communication, planning, monitoring and evaluation.

#### **Major partnerships**

46. Working through the UNDAF, the country programme will cooperate with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) in maternal and child health; the World Food Programme in nutrition; the United Nations Educational, Scientific and Cultural Organization (UNESCO) in education; the Joint United Nations Programme on HIV/AIDS, UNESCO, UNFPA and WHO in combating HIV/AIDS; the International Labour Organization in combating child labour; and with the World Bank to address child poverty and disparities. UNICEF will strengthen partnerships with the private sector in Indonesia and with National Committees for UNICEF in several countries, and continue partnerships with the Australian Government's Overseas Aid Program (AusAID), the European Commission, the Netherlands, the New Zealand Agency for International Development, Norway, and the United States Agency for International Development.

#### **Monitoring, evaluation and programme management**

47. The five-year Integrated Monitoring and Evaluation Plan (IMEP) will examine monitoring and evaluation activities. UNICEF will conduct in-depth studies on (a) the impact of climate change on children; (b) the impact of migration on children; and (c) the needs of adolescents and youth.

48. UNICEF will pursue a more strategic approach to evaluation. This includes (a) managing rather than implementing the evaluation function; (b) coordinating evaluation in line with the Paris Declaration and the Jakarta Commitment following the successful integrated monitoring and evaluation approach supported by UNICEF, AusAID, the United Kingdom Department for International Development and the German Agency for Technical Cooperation; (c) engaging the Government to

evaluate key supported programmes; and (d) building strategic partnerships by supporting the Indonesian Evaluation Association.

49. Investments in knowledge management will support the commitment of UNICEF to be a knowledge leader for children while meeting the demand for evidence to replicate successful programmes.

50. UNICEF will work with the Central Statistics Bureau, *Bappenas*, and other United Nations agencies, as well as with academic and research centres, on statistics, surveys and other quantitative and qualitative data collection and analysis pertaining to children and women's rights, such as multiple indicator cluster surveys and knowledge, attitudes and practices studies. UNICEF will support capacity development at national and subnational levels, to allow for a stronger and ongoing situation analysis of children and women.

51. Country-specific results-monitoring based on the CPD results matrix will cover both national and subnational levels through the field offices. DevInfo will be used for data management, presentation and sharing. District-level Millennium Development Goals monitoring and situation analysis will support evidence-based advocacy.

52. An MTR will be held in 2013, coordinated with other United Nations agencies. More effective and regular field and monitoring visits, with a focus on cross-sectoral linkages and the development, documentation and replication of sound models will strengthen programme coordination.

53. *Bappenas* will coordinate for UNICEF within the Government of Indonesia and lead various review processes at the national and subnational levels. For the 2013 MTR, an evaluation of the subnational role of UNICEF will assess the extent to which the new engagement of the organization at the decentralized level contributes to the achievement of results for children. UNICEF will endeavour to prioritize mainstreaming gender in all activities.

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